

FUNCTIONAL FLIGHT DECK HEARING TEST

1) Applicant's personal details

Full name: _____

Date of birth: ____/____/____ (dd/mm/yyyy)

2) Purpose of test

Based on EASA guidance, hearing loss greater than the requirements may be acceptable provided that there is normal hearing performance against a background noise that reproduces or simulates the masking properties of the flight deck noise in the cockpit upon speech and beacon signals. This test should be conducted where background noise is representative of the noise in the cockpit of the type of aircraft for which the pilot's licence and ratings are valid. Both aviation-relevant phrases and phonetically balanced words should be used in the speech material for discrimination testing.

AMC1 MED.B.080 Otorhinolaryngology (ENT) (class 1)

(a) Hearing

(1) Applicants should understand correctly conversational speech when tested with each ear at a distance of 2 metres from and with the applicant's back turned towards the AME.

(2) Applicants with hypoacusis may be assessed as fit if a speech discrimination test or functional flight deck hearing test demonstrates satisfactory hearing ability. A vestibular function test may be appropriate.

(3) If the hearing requirements can only be met with the use of hearing aids, the hearing aids should provide optimal hearing function, be well tolerated and suitable for aviation purposes.

AMC2 MED.B.080 Otorhinolaryngology (ENT) (class 2)

(a) Hearing

(1) Applicants should understand correctly conversational speech when tested with each ear at a distance of 2 metres from and with the applicant's back turned towards the AME.

(2) Applicants with hypoacusis may be assessed as fit if a speech discrimination test or functional cockpit hearing test demonstrates satisfactory hearing ability.

(3) If the hearing requirements can be met only with the use of hearing aids, the hearing aids should provide optimal hearing function, be well tolerated and suitable for aviation purposes.

(4) Applicants with profound deafness or major disorder of speech, or both, may be assessed as fit with an SSL, such as 'limited to areas and operations where the use of radio is not mandatory'. The aircraft should be equipped with appropriate alternative warning devices in lieu of sound warnings.

3) Declaration

Declaration: I understand the purpose of the medical flight test (see section 2)

Signature of applicant: _____ Date: ____/____/____

4) Test report

Aircraft Type and registration:

Date of test: ____/____/____

Place of test: _____

Please comment on the following:

1) Can the applicant hear adequately in the Aircraft/Simulator during all phases of flight? Yes ☐ No ☐

2). Does the applicant's hearing loss interfere with the ability to Communicate with ATC and/or other flight crew members during all phases of flight? Yes ☐ No ☐

3). Can the applicant accurately identify non-routine R/T phraseology? Yes ☐ No ☐

4). Can the applicant identify accurately the identification signals of Navigation Beacons? Yes ☐ No ☐

5). In your opinion, does the applicant's hearing loss interfere with flight safety? Yes ☐ No ☐

Comments on the applicant's ability to compensate for their hearing loss

Instructor/Examiner's Name: _____

Licence Number: _____

Signature: _____ Date: ____/____/____