



**UNITED KINGDOM CIVIL AVIATION AUTHORITY
PILOT WITH LIMB PROSTHESIS ASSESSMENT FORM**

This form should be completed in full by the applicant, the applicant’s usual prosthetist, an aircraft engineer and a Chief Flying Instructor (or equivalent). Please complete each section with as much detail as possible. If no information is known or available for a particular question, please state this clearly.

1) Purpose of assessment

To give assurance that the candidate’s disability and the prosthesis proposed for use do not interfere with, or pose a risk to, the safe exercise of licence privileges.

The 3 elements to this are:

- a) The suitability of the proposed prosthesis from a clinical, design, strength and fit perspective
- b) The appropriateness and reliability of the prosthesis in performing the intended functions in physically integrating with the aircraft from an engineering perspective
- c) The ability for the candidate to demonstrate safe performance of pre-flight checks, aircraft flight control and equipment operation, safe flying techniques in routine and emergency conditions, and appropriate aircraft evacuation scenarios

Note: separate reports will be required for different classes and types of aircraft and for each prosthesis used if more than one is available.

2) Candidate’s personal particulars (to be completed by candidate):

Name (in full)

CAA reference number

Date of birth / /

Current address

.....

.....

.....

Telephone numbers Home Work Mobile

Declaration

- I understand the purpose of this assessment
- I will notify any changes or modifications to the prosthesis to my AME, who will determine whether the assessment needs to be repeated
- I undertake to comply with any restrictions or limitations placed on my medical certificate

Signature of candidate **Date** / /

Please send completed form(s) to:

Medical Department
Civil Aviation Authority
Aviation House
Beehive Ringroad
West Sussex RH6 0YR

3) Prosthesis assessment (to be completed by usual prosthetist):

Type of prosthesis upper limb / lower limb / above / below knee / other

Name / model

Year of introduction (and number in use if known)

Date of last maintenance check / /

Date of next maintenance check / /

Is the prosthesis or any part that interfaces with the aircraft manufactured to a national or international standard? For example, has account been taken of the generalised maximum control loads of the relevant aircraft certification specification, such as EASA's CS-23 for light aeroplanes or CS-27 for light helicopters? **Yes / No**

Is safety data available relating to component or other failures? **Yes / No**

Are there electronic, including Bluetooth, components that might interfere with aircraft systems? **Yes / No**

Are there any reported failures / detachments for this type of prosthesis relevant to use in an aircraft? **Yes / No**

Are there any concerns with fitting/comfort and have there been any episodes of prosthesis detachment for this applicant? **Yes / No**

Are there any additional requirements, e.g. carrying a spare prosthesis or parts, that would mitigate risk in the event of a malfunction? **Yes / No**

If YES to any of the questions above, please give details in the free text section below and / or on additional sheets.

Please comment on whether the use of the prosthesis raises any concerns relating to controlling an aircraft and expand on any of the above questions.

.....
.....
.....
.....
.....
.....
.....
.....
.....

Name of prosthetist (please print)

Signature **Date** / /

Workplace and credentials

4) Practical engineering and integration assessment (to be completed by an LAA or BMAA Inspector for the respective permit aircraft or a BCAR or PART 66 Engineer as applicable for a C of A Aircraft):

Is the strength / robustness / general fitness for purpose of the prosthetic and its connection to the aircraft clearly adequate 'by inspection', i.e. without the need for a detailed loads assessment / stress analysis? Yes / No

Is a detailed assessment of fitness for purpose required? Yes / No

Were any changes to the prosthetic or its attachment(s) necessary as a result of the engineering assessment? Yes / No

Once the strength / robustness / general fitness for purpose of the prosthetic and its connection to the aircraft is confirmed, include a brief summary of the assessment before signing below.

If YES to any of the questions above, please give details below and / or on additional sheets, INCLUDING APPLICABLE REPORT(S) / DATA. Photographs may assist the explanation of design and or interfaces.

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Name of aircraft engineer (please print)

Signature **Date** / /

Aircraft engineer status (i.e. Inspector number and / or CAA licence reference)
.....

5) Medical flight test report (to be completed by flight examiner)

Aircraft type & registration
Modifications (if any):
Artificial aids used by the candidate
Date of test / / Place of test

Please have particular regard to normal flight conditions and actions in the event of emergencies or aircraft failures.

Freedom of range of movement, strength, dexterity, and agility as required for ingress, egress, when completing the test with the aircraft. **Acceptable / Borderline / Unacceptable**

Freedom of range of strength, dexterity, and agility as required for movement of controls and control inputs, when completing the test. **Acceptable / Borderline / Unacceptable**

No impediment of access to, and operation of, ancillary controls, switches or levers. **Acceptable / Borderline / Unacceptable**

For any response that is 'BORDERLINE' or 'UNACCEPTABLE', please give details in the free text section below and / or on additional sheets.

Please comment on the candidate's overall and specific ability to compensate for their disability and expand on any of the above questions where necessary.

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Name of examiner (please print)

Signature **Date** / /

CAA licence number