

2nd Class Medical Certificate

[Aviation Authority or Medical Examiner's Office Logo]

Certificate of Aviation Medical Fitness - Second Class

Certificate Number: [Unique Certificate ID]

Issued to:

Name: [Full Name of the Holder]

Date of Birth: [DD/MM/YYYY]

License Number: [Pilot License Number, if applicable]

Medical Examination Details:

Examination Date: [DD/MM/YYYY]

Examiner Name: [Full Name of the Medical Examiner]

Examiner License Number: [Medical License Number]

Certification Statement:

This is to certify that the above-named individual has undergone the prescribed medical examination in accordance with the aviation standards and regulations. Based on the findings of the examination, the individual meets the health requirements as set forth for Second Class Medical Certification, necessary for non-commercial piloting duties.

Medical Standards Met:

- **Vision:** Correctable to 20/20 in each eye
- **Hearing:** Satisfactory for the issuance of the certificate
- **ENT (Ear, Nose, Throat):** No disqualifying conditions detected
- **Neurological:** Free of any impairment that would interfere with aviation duties
- **Cardiovascular:** No significant abnormalities found

Limitations/Restrictions (if any):

[Specify any limitations or restrictions on the certificate, if applicable]

Validity:

This certificate is valid until [DD/MM/YYYY], subject to periodic medical evaluations as required by aviation regulations.

Issuing Authority:

[Name of the Aviation Authority or Medical Examiner's Office]

[Contact Information]

[Address]

Authorized Signature:

[Signature of the Medical Examiner]

Date: [DD/MM/YYYY]