

Acceptable Medical Certificates

CASA ARN: [REDACTED] Page 2

DOB: [REDACTED] Nationality: Australian

Class 2 Expires end: 21 May 2014

Restrictions: 2. Distance vision correction must be worn whilst exercising the privileges of this licence
14. Reading Correction to be available whilst exercising the privileges of this licence

[Signature]

Pooshan Navathe
Principal Medical Officer, Aviation Medicine
CASA

Australian Government
Civil Aviation Safety Authority

CIVIL AVIATION MEDICAL CERTIFICATE

CASA ARN: [REDACTED] Page 3

Additional Requirements for Flight in ICAO Signatory States Other than Australia

Medical	Class 1	Class 2
Last Examination:	N/A	21 May 2012

Dates of Audiogram, ECG and Ophthalmic examinations are no longer presented on the medical certificate.

Certificate Re-Validation (DAME Use Only)

Re-Validated by: _____ (name)
on: _____ (date)
Valid until: _____ (date)

[Signature]

CASA ARN: [REDACTED] Page 4

* maximum validity period is prescribed in CASR 97.220 and 97.225

Australian Government
Civil Aviation Safety Authority

Tax Invoice
CASA
GPO Box 2005
Canberra ACT 2601
ABN: 44 808 014 470

CASA ARN: [REDACTED]
Address: [REDACTED]

Amount Paid: 75 excluding GST
Date Payment Received: 23 May 2012
Receipt No: 344291

Payment for: 16.3 Medical Certificate (Class 2)
(Paid by Third Party Ref: 124521)

CASA Class 1, 2 or 3 Medical Certificate - Acceptable



THE GLIDING FEDERATION OF AUSTRALIA INC

ABN: 62 433 264 48
LEVEL 1, 34 SOMERTON ROAD, SOMERTON, VICTORIA 3062.
PHONE +61 (0) 3 9303 7805, FAX +61 (0) 3 9303 7960.

Medical Practitioner's Certificate of Fitness

Pilots who are unable to make the declaration at Appendix 1 of the GFA Operational Regulations must have this certificate signed before flying a sailplane as pilot in command.

The medical standards applicable for the issuing of this Certificate are the Austroads standards for the issue of a driver's licence medical certificate for a private motor vehicle. These standards are to be found at:

<http://www.austroads.com.au/driver-licences/assessing-fitness-to-drive>

Pilots who hold a GFA Instructor rating or wishing to hold a Charter authorisation and do not hold a valid CASA Flight Crew Licence Medical Certificate must also have this Certificate signed, regardless of having made the declaration at Appendix 1.

NOTE FOR THE MEDICAL PRACTITIONER: As with the Austroads driver's licence medical certification, the examining registered medical practitioner acts as the certifying physician. He or she must be familiar with the Austroads standards for the issue of a driver's licence medical certificate for a private motor vehicle. When faced with an applicant with a medical condition, reference must be made to the appropriate chapter of the Austroads guidelines. The standards contained in 'Assessing Fitness to Drive' are guidelines only and health professionals are encouraged to use their professional discretion and to take into consideration the full picture of a person's health.

I hereby certify that I have examined the applicant _____ (name)

of _____ Post Code _____
and to the best of my knowledge he/she is not suffering from a medical condition which would preclude him/her from flying a sailplane as pilot in command.

This Certificate shall be valid for a maximum of two years in respect of a pilot aged 40 or over at the time of the examination, or for a maximum of four years in respect of a pilot aged under 40 at the time of examination.

(Please use remarks section below if the validation period is to be varied)

☐ Initial certificate ☐ Renewal (Tick as appropriate)

Remarks (as applicable)

Doctor's Name _____ (please print)

Signature _____ Date _____

Form OPS F006(b)

August 2013

Approved GFA Medical Certificate



THE GLIDING FEDERATION OF AUSTRALIA INC

ABN: 62 433 264 48
LEVEL 1, 34 SOMERTON ROAD, SOMERTON, VICTORIA 3062.
PHONE +61 (0) 3 9303 7805, FAX +61 (0) 3 9303 7960.

Declaration of Physical Fitness

Note: This declaration is to be made annually by members who intend to fly as "pilot in command" and do not hold a valid CASA Medical Certificate or a Medical Practitioner's Certificate of Fitness in the form at Appendix 2 of the GFA Operational Regulations.

I, _____ (name) of _____
_____ (address) Post Code _____

hereby declare that to the best of my knowledge I am not suffering from any physical condition that would preclude me from operating a glider as pilot in command.

I further declare that I do not suffer or have not suffered from:

- Heart failure within the last 3 years
- Cancer in the last 5 years
- ECG changes
- Insulin dependent diabetes
- Transient ischaemic attacks (sometimes referred to as a mini stroke)
- Multiple sclerosis, cerebral palsy, Parkinson's disease
- Significant head injury
- Renal calculus disease (kidney stones)
- Vestibular disorders (vertigo)
- Inability to hear conversational voice at a distance of 2 metres (a hearing aid may be used)
- Physical limitations or disabilities

In the event of my contracting any physical condition precluding me from operating a glider as pilot in command, I undertake to the Gliding Federation of Australia that I will cease flying in that capacity while the condition makes it unsafe for me to do so.

Pilot's signature _____ Date _____

Signature of parent or guardian
(for persons under 18 years) _____

Note: Members who are unable to make this declaration may obtain a medical clearance to fly as pilot in command in the form at Appendix 2.

This declaration shall remain valid for a period of one year only

Form OPS F006(a)

August 2013

Approved GFA Medical Declaration

Acceptable Medical Certificates

Recreational Aviation Medical Practitioner's Certificate

Only an unmodified version of this form can be submitted to CASA. The patient and the GP should read CASA's Guidance for GPs Assessing Persons for a Recreational Aviation Medical Practitioner's Certificate, available on CASA's website (Guidance for GPs).

Section A: Patient Details and Declaration

Full Name				
Residential Address				
State	Postcode	Country		
Contact Phone	ARN			

I, _____ declare all the information provided by me for this application to the certifying doctor to be true and correct. I consent to the doctor providing CASA with information about me relevant to this medical assessment of my aviation fitness.

Signature: _____ Date: ____/____/____

Section B: Doctor's Details and Certification

Full Name		Provider number	
Email Address		Telephone number	
Postal Address			
State	Postcode	Country	

I CERTIFY that, using CASA's Recreational Aviation Medical Practitioner's Certificate and Medical Practitioner Clinical Examination Proformas from CASA's Guidance for GPs, I have examined the abovementioned patient in accordance with the aviation fitness standards, being the standards for an unconditional private motor vehicle driver's licence, as published by [Austroads Inc.](#), and modified by CASA for excluded conditions as explained in CASA's Guidance for GPs.

I CERTIFY that in my opinion, the patient:

1. **MEETS** the aviation fitness standards for issue of a Recreational Aviation Medical Practitioner's Certificate and **DOES NOT** have any of the disqualifying conditions mentioned in CASA's Guidance for GPs, the absence of which was expressly determined by me.
2. **IS NOT** related to me and I have no conflict of interest in signing off this applicant.

I was familiar with the patient's medical history over a period of ____ years and ____ months before issuing this medical certificate.

☐ The patient must wear corrective lenses at all times when using this certificate for aviation purposes.

Date of examination ____/____/____ Date certificate expires** ____/____/____

Signature: _____ Date: ____/____/____

*The Austroads Inc. publication *Assessing fitness to drive for commercial and private vehicle drivers: medical standards for licensing and clinical management guidelines*, being the version in force at the date this certificate was issued.

**For a person aged under 65 years -- not exceeding 2 years. For a person aged 65 years or over -- not exceeding 1 year.

CASA RAMPC - Acceptable

Examples of Unacceptable Medical Certificates

Form F312 V01 Mar 2012
Corporative Forms Area
This tear-off medical certificate must be carried when driving.

Licence Number (if known) [REDACTED]

Name of driver (please PRINT) [REDACTED]

(To be completed by the treating doctor if the driver is 75 years or older or question 6C of Part 2 has been completed)

Medical Certificate for Motor Vehicle Driver

Queensland Government

Medical Certificate Issue date: 22/11/2012
Review/expiry date (provide details from question 8): 20/12/2013

Licence class/es (provide details from question 7): R, C

Driving conditions/restrictions (provide details from questions 6C and 9):

fold here

QUEENSLAND TRANSPORT
10 DEC 2012

fold here

Doctor's details

Signature: [REDACTED]

Name (please PRINT): [REDACTED]

Provider No. 094292DH
Address and contact telephone number (office stamp): [REDACTED]

State Motor Vehicle Driver Medical - Unacceptable

Government of Western Australia
Department of Commerce

COMMERCIAL VEHICLE DRIVER MEDICAL ASSESSMENT

This Medical Assessment meets the requirements of the following Western Australian Government Authorities;
Department of Commerce, WorkSafe - Occupational Safety and Health Regulations (1996)
Main Roads Western Australia - Heavy Vehicle Accreditation 2003

Important Information:

- PLEASE READ THE INSTRUCTIONS ACCOMPANYING THIS FORM.
- COPIES OF PAGES 1 AND 2 OF THIS FORM NEED TO BE PROVIDED TO YOUR EMPLOYER, AS PROOF OF FITNESS TO DRIVE A COMMERCIAL VEHICLE.
- THE ORIGINAL OF THIS FORM - SHOULD BE KEPT BY YOU (THE APPLICANT), SO THAT ANY FUTURE EMPLOYER CAN GET A COPY FROM YOU FOR THEIR RECORDS.
- THIS FORM DOES NOT NEED TO BE SENT TO ANY WA GOVERNMENT AUTHORITY.

Applicant details – to be completed by the applicant

Family Name:	[REDACTED]	I consent to the relevant Department mentioned above contacting my Medical Practitioner for any further information relevant to their assessment of my fitness
Given Names:	[REDACTED]	
Date of Birth:	[REDACTED]	
Driver Licence Number:	[REDACTED]	
Applicant's signature: [REDACTED]		Date: [REDACTED]
Licence class: AK		Expiry date: [REDACTED]
<input checked="" type="checkbox"/> Licence application		<input type="checkbox"/> Renewal of current licence

Assessment of Fitness to Drive – to be completed by medical practitioner

Were you familiar with the patient's medical history prior to this examination? ☒ YES ☐ NO

If you answered no, to the above how long have you been treating this person: 2 yrs

Patient examined according to

☒ Commercial vehicle standards ☐ Private vehicle standards

Commercial Vehicle Driver Medical Assessment form Page 1 of 6

Commercial Motor Vehicle Driver Medical - Unacceptable

Australian Government
Civil Aviation Safety Authority

Form 166C

DRIVER LICENCE MEDICAL CERTIFICATE (AVIATION)

Only an unmodified version of this form can be submitted to CASA. The patient and the registered medical practitioner (the Doctor) should read CASA's *Guidance for GPs Assessing Persons for a DL Medical Certificate (Aviation)*, available on CASA's website (Guidance for GPs).

▼ **Patient details:**

Family Name: [REDACTED] Given Name: [REDACTED]
Date of Birth: [REDACTED] ARN: [REDACTED]
Address: [REDACTED]
Postal address (if different): [REDACTED]

▼ **Doctor's Certification**

I CERTIFY that, using CASA's DL Medical Questionnaire (Aviation) and Medical Practitioner Clinical Examination Proforma from CASA's *Guidance for GPs*, I have examined the abovementioned patient in accordance with the *aviation fitness standards*, being the standards for an unconditional private motor vehicle driver's licence, as published by Austroads Inc.* and modified by CASA for excluded conditions as explained in CASA's *Guidance for GPs*.

I CERTIFY that, in my opinion, the patient:

- MEETS the aviation fitness standards for issue of a driver's licence medical certificate (aviation); and
- ~~D~~ **DOES NOT** have any of the disqualifying conditions mentioned in CASA's *Guidance for GPs*, the absence of which was expressly determined by me.

▼ **Doctor's familiarity with patient** (delete if not applicable)

I was familiar with the patient's medical history over a period of [REDACTED] years before issuing this medical certificate.

Tick if appropriate:

☐ The patient must wear corrective lenses at all times when using this certificate for aviation purposes.

Date of Examination: [REDACTED] Date certificate expires**: [REDACTED]

▼ **Patient's permission**

I, [REDACTED] (patient name) consent to the doctor providing CASA with information about me relevant to this medical assessment of my aviation fitness.

Patient's signature: [REDACTED] Date: [REDACTED]

▼ **Doctor's details**

Full Name: [REDACTED] Provider No. [REDACTED]
Practice address: [REDACTED]
Postal address (if different): [REDACTED]
Email Address: [REDACTED]

▼ **Doctor's signature** [REDACTED] Date: [REDACTED]

*The Austroads Inc. publication *Assessing fitness to drive for commercial and private vehicle drivers: medical standards for licensing and clinical management guidelines*, being the version in force at the date this certificate was issued.
**For a person aged under 65 years – not exceeding 2 years. For a person aged 65 years or over – not exceeding 1 year.

CASA Driver Licence Medical Certificate - Unacceptable

Examples of Unacceptable Medical Certificates

MEDICAL PRACTITIONER'S CERTIFICATE OF FITNESS

NOTE: This certificate must be signed by a doctor in the event that you cannot make the declaration on the reverse of this form. This certificate shall have a validity of TWO YEARS.

I am the applicant's General Practitioner/a CASA Designated Medical Examiner (Delete as appropriate).

I hereby certify that I have examined the applicant
(Name).....

and that to the best of my knowledge he/she is not suffering from any medical condition which would preclude him/her from (Delete as appropriate):

- flying in a sailplane with another qualified pilot rated on type
- flying solo in a sailplane
- carrying passengers in a sailplane for hire and reward

(Delete as appropriate)

Initial Certificate/Renewal Certificate.

Remarks:

Doctor's name (please print) Date

Signature..... Date

NOTE:
1. The medical standards for GFA glider pilots are those specifications for a driver's licence, the specific guidelines for which can be viewed at <http://www.austroroads.com.au/cms/AFTD%20web%20Aust%202006.pdf>
2. The medical conditions for which a medical clearance is required are: Epilepsy, Fits, Severe Head Injury, Recurrent Fainting, Giddiness, Blackouts, Abnormally High Blood Pressure or previous Heart Disease or when the applicant is taking Insulin for the control of diabetes

24/06/2008

Appendix 2

THE GLIDING FEDERATION OF AUSTRALIA

MEDICAL PRACTITIONER'S CERTIFICATE OF FITNESS

Pilots who are unable to make the declaration at Appendix 1 must have this certificate signed before flying a sailplane as pilot in command.

The medical standards applicable for the issuing of this Certificate are as for the Austroads fitness to drive test - Private vehicle drivers. These standards are to be found at: <http://www.austroroads.com.au/aftd/index.html>

Pilots who wish to hold a GFA Charter authorisation and do not hold a valid CASA Flight Crew Licence Medical Certificate must also have this Certificate signed, regardless of having made the declaration at Appendix 1.

I am the applicant's usual general medical practitioner and I hereby certify that I have examined the applicant (name).....
of..... Post Code

and to the best of my knowledge he/she is not suffering from a medical condition which would preclude him/her from flying a sailplane as pilot in command

This Certificate shall be valid for a maximum of two years in respect of a pilot aged 40 or over at the time of the examination, or for a maximum of four years in respect of a pilot aged under 40 at the time of examination.

(Please use remarks section below if the validation period is to be varied)

Initial certificate/renewal

Remarks:

Doctor's name (please print)..... Date

Signature..... Date 16.7.2013

HEAVY VEHICLE DRIVER'S LICENCE
WESTERN AUSTRALIA

Department of Transport

Western Australian
Dangerous Goods Driver Licence

16.7.2013

Out-of-date Form - Unacceptable

Out-of-date Form - Unacceptable

Copy of Driver's Licence - Unacceptable

Examples of Unacceptable Medical Certificates


1st November 2012

To whom it may concern:

Re: 
DOB: 


This is to certify that  does not have any medical conditions that preclude his being a glider instructor and may continue to perform in this role.

Yours faithfully,



Declaration by GP - Unacceptable

State Training Centre
Pyrites Road
Brakunga 5252
South Australia


"Safety First - Come Home Safe"

SA COUNTRY FIRE SERVICE
ABN No. 97 677 077 835
Phone: (08) 8398 9900
Facsimile: (08) 8398 6997
e-mail: cfs.training@cfs.sa.gov.au

SELF CONTAINED BREATHING APPARATUS WEARER MEDICAL

CONFIDENTIAL – DO NOT COPY

THIS ORIGINAL DOCUMENT MUST BE RETURNED TO THE CFS STATE TRAINING CENTRE – COPIES OF THIS DOCUMENT WILL NOT BE ACCEPTED


INVOICE: THE INVOICE FOR THIS CONSULTATION MUST BE BILLED TO THE PATIENT AND ATTACHED TO THIS FORM INCLUDING A CLAIM FORM FOR PROCESSING. THANKYOU

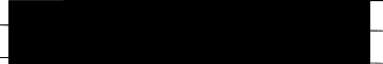
PLEASE ENSURE ALL FIELDS ARE COMPLETED AND A CLAIM FORM IS ATTACHED

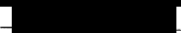
REASON FOR MEDICAL

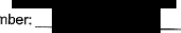
☐ Initial Breathing Apparatus Course Course attendance date: _____

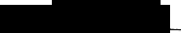
☒ Medical Renewal SCBA Project Manager: _____

Applicants Name: 


Address: 


Phone Number: 

Membership Number: 

Date of Birth: 

Date of Medical: 10/05/13

Brigade: 



This medical is valid for 6 (six) months from date of examination

SCBA MEDICAL APPEAL PROCESS:

If as a result of your CFS SCBA MEDICAL you have been identified as not meeting the medical requirements and you wish to appeal the finding, please make contact directly to the State Training Centre SCBA Project Manager on 8398 9928. There are avenues of appeal open to you to seek a second opinion from a CFS appointed qualified medical specialist.

NOTE: THIS DOCUMENT MUST BE PRINTED IN COLOUR

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Workplace Medical Certificate - Unacceptable