

## Instructor Medical Form (MED003)

This application is to be used by the holder of a RAAus Instructor rating or Approval. The information provided must be assessed with reference to the health standard required for an Austroads Commercial Vehicle Driver Licence by the applicant's treating doctor who is familiar with the patients' medical history.

Note: This form is not required if the applicant has supplied RAAus with a CASA Class 2 medical certificate or higher.

### PERSONAL DETAILS

Surname		Given names	
Preferred name		Title	Date of birth
Membership Number		Membership Expiry	
Phone (H)	Phone (M)	Phone (B)	
Residential address			
Suburb		State	Postcode
Postal address (if different)			
Suburb		State	Postcode
Email		Occupation	
Emergency contact name		Number	
Have you previously applied for a CASA Class 1 or 2 Medical Certificate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a CASA Class 1 or 2 Medical Certificate refused or varied?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Important: If you have answered Y (yes) to any of the above questions, please contact the Head of Flight Operations prior to proceeding with this Instructor Medical Form.</i>			
I have no current need for a CASA Class 1 or 2 Medical Certificate		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide reason/s why a CASA Class 2 or higher Medical Certificate was refused or varied (if applicable)			

### Applicants' consent and signature

I consent for Dr (insert name) \_\_\_\_\_ and Recreational Aviation Australia to discuss any safety relevant medical concerns in relation to my fitness to drive. The information I have provided to complete this form is accurate and represents my true medical condition at the time of the examination.

Further, I declare I have carefully considered the statements made in this Instructor Medical Form and to the best of my knowledge they are complete and correct. Any known and current medical conditions I am aware of have been disclosed as part of this examination.

Name:

Signature:

Date:

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### Assessment outcome:

I was familiar with the driver's medical history before conducting this assessment

☐ Yes ☐ No

I have sighted the applicants licence

☐ Yes ☐ No

I have examined the driver in accordance with Assessing Fitness to Drive 2016 standards for commercial vehicle drivers, and in my opinion the driver (tick ONE box from 1 to 4 and indicate recommended management):

**1. Unconditionally meets the medical criteria for fitness to drive** ☐

Meets all relevant medical criteria. No restrictions or conditions.

\*(Go direct to section 6 authorisation)

**2. Conditionally meets the medical criteria for fitness to drive** ☐

Has a medical condition that may impact on fitness to drive, but it is well controlled and meets the conditional criteria in Assessing Fitness to Drive 2016. May require person to be more frequently reviewed than prescribed under normal periodic review. See recommended date of next review below.

Person is required to wear the following aids/devices:

☐ Corrective lenses ☐ Hearing aid ☐ Other aids/devices (specify):

**3. Temporarily does not meet the medical criteria for fitness to drive** ☐

Does not meet relevant medical criteria (Unconditional or Conditional) and should not undertake normal driving duties. May perform alternative tasks. May return to driving following: an improvement in condition, response to treatment or confirmed diagnosis of undifferentiated illness.

**4. Permanently does not meet the medical criteria for fitness to drive** ☐

Does not meet relevant medical criteria and cannot perform normal driving duties in the foreseeable future.

**5. Recommended management:**

- ☐ Local doctor referral ☐ Laboratory tests  
☐ Specialist referral ☐ Drug test  
☐ More frequent periodic review (see recommended review date below)  
☐ Other, please describe (please attach additional information to the form if required)

Recommended date of next review (from date of assessment):

☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years ☐ Other (specify): \_\_\_\_\_

**6. Doctors' declaration and signature**

**\*Note:** The Austroads Medical Condition Notification Form may be utilised to advise RAAus of any significant condition affecting the applicants' ability to drive a motor vehicle.

- ☐ I confirm no additional specialist or occupational therapist assessment is required  
☐ I confirm I have sighted an identifying document or can personally identify the applicant

Examiners comments (if required)

**Health professional's details**

I (insert doctors' name): \_\_\_\_\_ have applied the Austroads Commercial Vehicle Driver criteria in assessing (insert applicants' name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctors' stamp (or address of the practice)