



# RECREATIONAL AVIATION AUSTRALIA

## Annual Medical Declaration

In accordance with Section 2.16 para 2.a of the Recreational Aviation Australia Operations Manual, I

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**(Please insert Name and Member #)**

Certify that my health standard is equivalent to that required for the issue of a private motor vehicle drivers licence in Australia, or I hold a current CASA 1, Class 2 or RAMPC Medical Certificate (copy attached) as applicable.

Medical Examination

If you:

- Suffer from epilepsy
- Suffer from diabetes
- Suffer from a heart condition/disease or paralysis of
- Mental illness (medicated or otherwise) or
- Are 75 years of age or over

You will need a medical statement from your doctor stating you are fit to drive a motor vehicle.

**N.B.** *Your doctor may refer you to a Health Services Australia (H.S.A) for further examination if required.*

*If you are an instructor or hold a higher qualification and we hold a copy of your current Class 2 Medical Certificate please disregard this medical declaration.*

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

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



# RECREATIONAL AVIATION AUSTRALIA

## Use of Personal Information Respecting Your Privacy

Recreational Aviation Australia is aware of the importance of your private information. As such we treat your personal information (e.g. your name and address, etc.) in accordance with the laws relating to privacy in Australia. Information provided by you on any application form and/or any other information we have about you during your membership is collected for the following reasons:

- To assist us to generally administer your membership account
- To help with the many tasks such as certification and other administration relating to your account
- It enables us to contact you in the case of matters relating to safety issues, updates on membership services, and products and any other details we consider that you may be interested in.

The information is entered on our computer database, may be included with your hard - copy file and locked in our office, with only staff having access to all information you have provided.

All information provided by you on these forms is recorded by our office and is not made available to any other party, other than for safety reasons. We may need to provide some of your personal information to AMSA or ATSB for search and rescue purposes. We may also be required to provide information by law under an Order, to provide information to the Family Law Courts and drug enforcement agencies as well as other government bodies, for the purpose of assisting them in enquires should they arise.

If you require more details regarding our privacy policy please call Recreational Aviation Australia on 02 6280 4700 or log into our website at: [www.raa.asn.au](http://www.raa.asn.au).

Always remember you can gain access to your file in accordance with the Privacy Act of 1988 (Commonwealth) and you can have it corrected or amended as required.

You must appreciate all information provided on your file came directly from you and will have your signature on it. It is possible that the office will contact you in order to verify any information supplied.

Please indicate below if you are happy for your details to be issued to other members who request details of members with similar interests.

If we receive no response, it is assumed you **DO NOT** wish your details be made available to other members. No personal / contact information will be printed / provided to external bodies other than those outlined above. This will mean your information will not appear in lists provided to members for Instructors, L2 maintainers or other listings.

- Yes, make my contact details available to other members of Recreational Aviation Australia
- No, my details may not be made available to members of Recreational Aviation Australia (**note** information about Instructor rating/s, L2 or other approvals will not appear on the website)

Member Name and Number: \_\_\_\_\_

Member Signature: \_\_\_\_\_

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**Recreational Aviation Australia**

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Fyshwick ACT 2609  
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**Medical Statement: Confirmation of Driver Licence health standard**

Dear RAAus administration,

I certify on this date ....., I examined (member name).....

RAAus membership number ..... and I have found him/her fit to drive a motor vehicle in accordance with the Austroad medical assessment for the purposes of a RAAus Student or Pilot Certificate.

Sincerely,

Signature

(Doctor name)

(Medical practice name)

(address)

(Please place doctors stamp here)