



Medical Declaration (Pilot Certificate)

In accordance with Operations Manual Section 2.16 paragraphs 2 and 4, I

(Please insert name and member number)

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 Class 1, Class 2 or RAMP-C Medical Certificate (copy attached) as applicable.

Medical Examination required:

If you suffer from:

- Epilepsy;
- diabetes (Type 1 or 2);
- a heart condition/disease or paralysis;
- mental illness (medicated or otherwise); or
- you are 75 years of age or over;

RAAus require a medical statement from your doctor (GP) stating your health standard is equivalent to that required for the issue of a private motor vehicle driver Licence in Australia.

Note: If you are an instructor or higher Approval holder and we hold a copy of your current Class 2 Medical Certificate, please disregard this medical declaration.

Member Signature _____ Date _____

Witness Signature _____ Date _____



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 administer your membership information
- To help with tasks such as certification and other administration relating to your information
- To contact you regarding matters relating to safety, 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 file and remains secured 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 will not be made available to any other organisation, 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.raaus.com.au

Always remember you can gain access to your file in accordance with the Privacy Act of 1988 (Commonwealth) and information can be 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 organisations other than those provided above. This means 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 ratings, Approval, L2 or other approvals will not appear on the website)

Member Name and Number: _____

Member Signature: _____



Recreational Aviation Australia

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Medical Statement – Confirmation of Driver Licence health standard

To Recreational Aviation Australia administration

I certify that on this date

I examined (member name)

RAAus member number

And I have determined he or she is fit to the equivalent health standard for a private motor vehicle driver licence in Australia for the purposes of a RAAus Student, Converting or Pilot Certificate.

Yours sincerely

Signature
(Doctor Name)
(Medical practice name)
(address)

(Please place doctors stamp here)