

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

Title	Date of birth	Gender
Last name	Given names	
Residential address		
Suburb	State	Postcode
Postal address (if different)		
Suburb	State	Postcode
Phone (M)	Phone (H)	Phone (B)
Email	Occupation	
Emergency contact name	Phone	

Have you previously applied for a CASA Class 1 or 2 Medical Certificate?

Yes No

Have you ever had a CASA Class 1 or 2 Medical Certificate refused or varied?

Yes No

Important: If you have answered Y (yes) to any of the above questions, please contact the Operations Manager prior to proceeding with this RAAus Medical Questionnaire and Examination form.

I have no current need for a CASA Class 1 or 2 Medical Certificate

Yes 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 Medical Questionnaire and Examination 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:

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
- Specialist referral
- Laboratory tests
- Drug test
- More frequent periodic review (see recommended review date below)
- Other, please describe (Please attached 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): _____

Health professional's details

***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.

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

Examiners comments (if required)

6. Doctors' declaration and signature

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)