



**Guidance for GP’s assessing persons for  
a Recreational Aviation Medical Practitioner’s  
Certificate (RAMPC)**

Refer to: CASR Part 61 and CASR Part 67.D

This guidance is designed to assist Registered Medical Practitioners (hereafter referred to as GP’s) in assessing an application for the issue of Recreational Aviation Medical Practitioner’s Certificate.

It is important you carefully read this document and the supporting information prior to assessing an applicant’s eligibility for the issue of a Recreational Aviation Medical Practitioner’s Certificate.

**About this application form and the application process**

**Form 166**

The Recreational Aviation Medical Practitioner’s Certificate Form (166) is the form approved by CASA for the Recreational Aviation Medical Practitioner’s Certificate. This application form, once filled out correctly and acknowledged by CASA addresses the requirements of CASR Part 61 (See 61.405, 61.410 and 61.415) when exercising the privileges of the recreational pilot licence.

The application Form 166 is made up of 3 different parts

<b>Form 166A</b> – Recreational Aviation Medical Practitioner’s Certificate Questionnaire	To be completed by applicant prior to assessment
<b>Form 166B</b> – Medical Practitioner’s Clinical Examination Proforma - Part 1 & Part 2	To be completed by assessing GP
<b>Form 166C</b> – Recreational Aviation Medical Practitioner’s Certificate	To be signed and completed by both the applicant and assessing GP

The applicant shall submit all three completed Parts of the application to CASA. The assessing GP must also retain copies of all three parts.

**Note:** CASA will not issue an acknowledgement of a Recreational Aviation Medical Practitioner’s Certificate where disqualifying conditions are identified in either the process of the application or from the applicant’s previous medical records held by CASA.

**Section A: What is a Recreational Aviation Medical Practitioner’s Certificate?**

CASR Part 61 provides for an additional medical standard called the Recreational Aviation Medical Practitioner’s Certificate that allows appropriately licenced pilots to exercise the privileges of the recreational pilot licence without the requirement to hold a CASA class 2 medical. The Recreational Aviation Medical Practitioner’s Certificate is based on a modified unconditional driver’s licence medical certificate for a private motor vehicle. The additional medical standards are defined in CASR Part 67.D

This modified certificate must be issued by a GP under uniform (but CASA modified) medical standards contained in the latest Austroads Inc. publication *Assessing fitness to drive for commercial and private vehicle drivers: medical standards for licensing and clinical management guidelines* (currently March 2012), using the patient questionnaire and clinical examination proformas at the end of this Guidance.

To obtain the benefit of the Recreational Aviation Medical Practitioner’s Certificate, the pilot must be appropriately licensed and endorsed. Only a light-weight, single-engine, aircraft may be flown, under the visual flight rules (V.F.R.), at or below 10,000 feet, with passengers restricted to 1 other person expressly informed about the pilot’s different kind of medical certificate. Aerobatics are not permitted. The restrictions on passengers and aerobatics do not apply if another pilot, with a CASA class 1 or class 2 medical certificate, is in the control seat of the light aircraft.

## Guidance for GP's assessing persons for a Recreational Aviation Medical Practitioner's Certificate

---

As with the Austroads driver's licence medical certification, the examining GP acts as the certifying physician. He or she must be familiar with the Austroads medical standards for the issue of an **unconditional driver's licence 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 to determine preliminary unconditional private motor vehicle medical fitness.

Note that, for CASA's purposes, the commonly encountered requirement to wear standard prescribed refractive corrective lenses should not, *on its own*, cause a person to fail to meet the applicable Austroads medical standard for issue of an unconditional driver's licence for a private motor vehicle provided the person's visual acuity can be corrected with spectacles or contact lenses with Distance Visual Acuity to at least 6/12 in 1 eye and at least 6/18 in the other eye. (It is important to note that should an applicant be required to wear lenses to achieve this level of visual acuity, on the certificate, Form 166C, the check box is marked to reflect this requirement.)

If the applicant is otherwise assessed as not meeting the applicable Austroads medical standard for issue of an **unconditional driver's licence for a private motor vehicle**, the applicant must NOT be issued with any form of "conditional" certificate for aviation purposes. The person has the option of presenting to a CASA designated aviation medical examiner (**DAME**) to undergo an examination for a CASA class 2 medical certificate which may be granted in some circumstances subject to CASA conditions. However, even if the applicant is assessed as meeting the applicable Austroads medical standards for issue of an *unconditional driver's licence for a private motor vehicle*, the applicant must be further assessed to determine that he or she is not disqualified by the CASA modifications to the Austroads standards from having the higher Recreational Aviation Medical Practitioner's Certificate.

The CASA modifications arise because of the inherent differences in risk between driving a private motor vehicle and flying light aircraft. As a result, a person's compliance with the Austroads standards for an unconditional driver's licence for a private motor vehicle, will not be sufficient to qualify for a Recreational Aviation Medical Practitioner's Certificate unless they also comply with the higher CASA modifications of those standards. There are certain medical conditions for which more stringent requirements apply for the purposes of operating as pilot in command of an aircraft and, therefore, the CASA modifications must override the lower Austroads standards.

### Section B: Austroads Disqualifying Medical Conditions

The relevant medical conditions are as follows:

#### 1. Cancer

The Austroads guidelines provide that the criteria for an unconditional private motor vehicle driver's licence are NOT met if the person has evidence of primary or secondary cancer within the brain. However, there may be aviation safety - relevant risks of cancer outside the cerebrum and, therefore, with a history of cancer within the 5 years before the medical assessment, the applicant must be determined as not meeting the modified CASA standard.

Note, however, that basal cell skin cancers, are not disqualifying if they have been successfully excised and other treatment conditions are met.

In practice this means that:

- (a) each basal cell skin cancer has been treated by excision with no metastasized sequelae; and
- (b) since at least the last occurrence of a basal cell skin cancer, the person has been under active and continuous case management by:
  - (i) a specialist oncology physician or surgeon; and
  - (ii) 1 of the following:
    - (A) the same GP (the **treating GP**) in a professional medical practice;
    - (B) a GP in the professional medical practice with the treating GP (a **colleague GP**);
    - (C) if the treating GP and the colleague GP are no longer in the medical practice— a successor GP in the treating GP's former medical practice; and (c) the assessment for the RAMPC is carried out by the treating GP or, if he or she is not available, by a GP mentioned in sub-subparagraph (b) (ii) (B) or (C).

## Guidance for GP's assessing persons for a Recreational Aviation Medical Practitioner's Certificate

---

As is obvious from its strict terms, this concession is only available to a person who has been under focused, active and continuous treatment by the same or professionally-related medical practitioners who have full access to the person's medical history.

### 2. ECG changes

The Austroads guidelines provide that the criteria for an unconditional private motor vehicle driver's licence are NOT met if a conduction defect is causing symptoms. Some ECG changes may carry aviation safety-relevant risks without any symptoms and, therefore, with ECG changes, the applicant must be determined as not meeting the modified CASA standard.

### 3. Heart failure

The Austroads guidelines provide that the criteria for an unconditional private motor vehicle driver's licence are NOT met if symptoms arise on moderate exertion. Heart failure may give rise to aviation safety-relevant risks without symptoms on moderate exertion, for example, risk of arrhythmia and hypoxia in flight may impair oxygenation. Therefore, subject to what follows below, with a history of heart failure, the applicant must be determined as not meeting the modified CASA standard.

For the purposes of the modified CASA standard, a history of heart failure for a person does NOT include a history in which the person meets ALL of the following requirements:

(a) the person has not had an episode of heart failure **for at least 3 years** at the time of the assessment;

(b) since at least the last episode of heart failure, the person has been under active and continuous case management by:

(i) a specialist cardiovascular physician or surgeon; and

(ii) 1 of the following:

(A) the same GP (the **treating GP**) in a professional medical practice;

(B) a GP in the professional medical practice with the treating GP (a **colleague GP**);

(C) if the treating GP and the colleague GP are no longer in the medical practice— a successor GP in the treating GP's former medical practice;

(c) the assessment for the RAMPC is carried out by: the treating GP; or if he or she is not available, by a colleague GP; or if he or she is not available, by a successor GP in the treating GP's former medical practice. As is obvious from its strict terms, this concession is only to be available to a person who has been under focused, active and continuous treatment by the same or professionally-related GP who has full access to the person's relevant medical history.

### 4. Hearing

The Austroads do not specify a standard for hearing-impaired individuals. In aviation, carriage and use of radios is required and inability to hear appropriately must give rise to aviation safety-relevant risks. Therefore, those individuals who are unable to hear a conversational voice from a distance of 2 metres must be assessed as not meeting the modified CASA standard, unless the hearing deficit is corrected by the use of a medically prescribed hearing aid.

### 5. Physical Limitations

The presence of any physical limitations or disabilities constitutes an aviation safety-relevant risk and must disqualify the person as not meeting the modified CASA standard. Such individuals may, however, be assessed by CASA on a case-by-case basis for a conditional class 2 medical certificate which may allow, for example, the use of appropriate aircraft modification.

### 6. Transient Ischaemic Attacks

The Austroads guidelines provide that the criteria for an unconditional private motor vehicle driver's licence are NOT met if the person has had a transient ischaemic attack. Risk of future neurological events increases after 1 attack giving rise to obvious aviation safety-relevant risks. Therefore, if there is a history of a transient ischaemic attack, the applicant must be assessed as not meeting the modified CASA standard.

### 7. Multiple Sclerosis, Cerebral Palsy, Parkinson's disease

The aviation safety-relevant risks of these and similar conditions vary depending on the nature and severity of the disease, its treatment and the ongoing prognosis. Therefore, for that reason, with a

## Guidance for GP's assessing persons for a Recreational Aviation Medical Practitioner's Certificate

---

history of any of these conditions the applicant must be assessed as not meeting the modified CASA standard.

### 8. Head injury

The Austroads criteria are NOT met if the person has a head injury causing chronic functional disturbances. However, aviation safety-relevant risks such as post traumatic epilepsy may be present in the absence of chronic functional disturbances. Therefore, with a history of head injury that is more than trivial, the applicant must be assessed as not meeting the modified CASA standard. For aviation safety-relevant purposes, an injury is considered to be more than trivial if the person has suffered 1 or more of the following in relation to a head injury:

- (a) loss of consciousness;
- (b) post-traumatic amnesia;
- (c) abnormal findings on head CT or MRI investigation;

### 9. Renal Calculus Disease

The Austroads guidelines consider the risk of renal calculi to be remote for private motor vehicle driving because of the driver's ability to pull over to the side of the road if symptoms occur. However, this is obviously not possible in aviation. Therefore, a person with any history of renal calculi or renal colic must be assessed as not meeting the modified CASA standard.

### 10. Vestibular Disorders

The Austroads guidelines do NOT overtly require persons to be free of vertigo and appear to suggest that benign paroxysmal positional vertigo (**BPPV**) meets the medical standards because private motor vehicle driving is conducted in the upright position. However, aviation activities are not normally conducted in an exclusively upright position. Therefore, the presence of active vertigo, or a history of BPPV, must result in an assessment that the person does not meet the modified CASA standard.

### 11. Visual Acuity

The Austroads standard requires uncorrected visual acuity in the better eye (or both eyes) to be better than 6/12. However, CASA's requirements are that corrected visual acuity be at least 6/12 in one eye and 6/18 in the other eye.

### 12. CASA Medical Audit conditions

Where an applicant is currently subject to a CASA medical audit they will be unable to hold a Recreational Aviation Medical Practitioner's Certificate. Under a Class 2 Medical Certificate which is endorsed with 'CASA audit required' applicants have the ability to hold a certificate which can then be revalidated by a DAME but CASA will audit the certificate before it is issued. The nature of a Recreational Aviation Medical Practitioner's Certificate does not allow an applicant who is subject to CASA medical audit conditions to hold a Recreational Aviation Medical Practitioner's Certificate due to the requirement the certificate be unconditional.

## Section C: Other guidance

### 1. Presence or absence of disqualifying conditions to be determined

It should be noted that the presence or absence of each of these disqualifying conditions must be expressly determined by the assessing GP. The objective presence of 1 or more of the disqualifying conditions disqualifies a person from eligibility to hold a Recreational Aviation Medical Practitioner's Certificate, including if the certificate is issued in error based on an incomplete or misleading case history given by the patient. It is, therefore, essential for the person to make full disclosure to the GP, and for that GP to carefully evaluate the patient in the light of this Guidance.

### 2. Loss or suspected loss of aviation fitness

If there is a loss, or suspected loss, of aviation fitness (whether the concern arises in the mind of the person, or of his or her GP, or of CASA), a person holding a Recreational Aviation Medical Practitioner's Certificate must follow certain procedures involving his or her GP.

The person must:

- (a) report his or her medical condition to:
  - (i) the GP who issued the Recreational Aviation Medical Practitioner Certificate; or
  - (ii) if that GP is not reasonably available— another GP; or

## **Guidance for GP's assessing persons for a Recreational Aviation Medical Practitioner's Certificate**

---

- (iii) another GP nominated by CASA; and
- (b) be re-assessed by the GP for a Recreational Aviation Medical Practitioner Certificate; and
- (c) be considered by the GP to meet the aviation fitness standards for a Recreational Aviation Medical Practitioner Certificate.

If the GP considers that the person does continue to meet the aviation fitness standards, he or she may issue a new Recreational Aviation Medical Practitioner's Certificate. However, he or she does not have to issue a new certificate – in which case, the person's existing Recreational Aviation Medical Practitioner's Certificate remains valid until its expiry date, or until it may be again affected by concerns about loss, or suspected loss, of aviation fitness.

If the GP considers that the person does not meet the aviation fitness standards and informs the person of this, no further action is required of the GP. The person, however, must cease flying and notify CASA on the CASA online portal designated for this purpose, that they no longer hold a valid Recreational Aviation Medical Practitioner's Certificate.

It should be noted that a pilot who has been assessed as not meeting the aviation fitness standards may apply to a DAME for a class 2 medical certificate. Because the CASA class 2 certification process involves a specialist level of expertise, coupled with the capacity for a greater level of oversight, it may be possible for the person who applies to a DAME to receive a restricted medical certificate that is subject to CASA conditions.

### **3. Assessment**

The GP is to complete the Medical Practitioner Clinical Examination Proforma (Form 166B), based on the patient's signed Recreational Aviation Medical Practitioner's Questionnaire (Form 166A).

If the applicant is assessed as meeting the required standard, the doctor should sign and date the Recreational Aviation Medical Practitioner's Certificate (Form 166C) and hand it to the patient. The patient must also be provided with the patient's signed Recreational Aviation Medical Practitioner's Questionnaire (Form 166A) and the Medical Practitioner Clinical Examination Proforma (Form 166B).

The pilot is required to submit all 3 Forms to CASA.

The GP should retain copies of the Questionnaire (Form 166A) and the Medical Practitioner Clinical Examination Proforma (Form 166B) and the Recreational Aviation Medical Practitioner Certificate (Form 166C).

### **4. Unfitness and the role of DAMEs**

There is no provision on the Recreational Aviation Medical Practitioner's Certificate (Form 166C) for unfitness or conditional certification. If the patient does not meet the aviation fitness standards, no Form 166C can be provided to the patient. However, the patient may apply to a DAME and there are some circumstances where CASA may issue a CASA Class 2 medical certificate subject to conditions.



**IMPORTANT INFORMATION FOR APPLICANTS**

- 1: With the introduction of CASR Part 61, the Driver's Licence Medical Aviation (DLMA) has been replaced by the Recreational Aviation Medical Practitioner's Certificate (RAMPC). The medical criteria for issue of the RAMPC are unchanged compared to the DLMA.
- 2: You **MUST** submit a scanned copy of the completed application by email to [rec.medical@casa.gov.au](mailto:rec.medical@casa.gov.au). Applications received by post will be immediately returned and not acknowledged by CASA.
- 3: When booking the appointment with the GP, you are advised to indicate the purpose of the appointment as it may take longer than a standard consultation.
- 4: If you need to wear corrective lens, ensure you have them with you for the assessment.
- 5: When you are applying for the medical, you must inform your doctor of any condition that may adversely affect your ability to fly safely. You and your doctor **MUST** review the [disqualifying conditions](#) before completing any of the application forms.
- 6: Your medical records held by CASA will be reviewed before CASA will acknowledge the RAMPC application. If CASA knows of any disqualifying conditions, your application will not be approved. If you wish to continue to fly you will need to apply for a class 2 medical.
- 7: Your certifying doctor must not be related to you or have a conflict of interest in assessing your application.
- 8: When completing this application ensure the certifying doctor retains a complete copy of your application.
- 9: Please ensure your application is completed correctly and that all required supporting documentation is provided. Incomplete applications will not be returned to you for amendment. **Fields marked with an \* are mandatory.**

**Applicant Details as per Birth Certificate / Passport:**

Title:\* \_\_\_\_\_

Family Name:\* \_\_\_\_\_

Given Names:\* \_\_\_\_\_

Date of Birth:\* \_\_\_\_\_

**Applicant ARN:\***

--	--	--	--	--	--

**CONTACT DETAILS**

**Note:** You are required to notify CASA of any changes to your personal contact information (refer to CASR 11.070). Correspondence, including permissions issued as a result of this application, will be sent electronically to the email address your application has been sent from.

**Have you updated your personal and contact details with CASA?**

You should notify CASA of any changes using one of the following methods:

- Log onto the CASA Self Service Portal <https://portal.casa.gov.au/selfservice/>
- Submit Online Change of Details form <https://portal.casa.gov.au/casaforms/addrchange.htm>

**Section A: Recreational Aviation Medical Practitioner's Certificate Questionnaire**

Please answer the questions by ticking the correct box. If you are not sure, leave the question blank and ask your doctor what it means. The doctor will ask you additional questions during the examination.

**1. Current medical treatment or medication**

		<b>No</b>	<b>Yes</b>
1.1	Are you currently being treated by a doctor for any illness or injury?	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Are you receiving any medical treatment or taking any medication - either prescribed or otherwise? (Please take any medications with you to show the doctor)	<input type="checkbox"/>	<input type="checkbox"/>

**2. Medical History**

Have you ever had, or been told by a doctor that you had, any of the following?		<b>No</b>	<b>Yes</b>
2.1	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Chest pain, angina	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Any conditions requiring heart surgery	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Palpitations/irregular heartbeat	<input type="checkbox"/>	<input type="checkbox"/>
2.6	Abnormal shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
2.7	Head injury, spinal injury	<input type="checkbox"/>	<input type="checkbox"/>
2.8	Seizures, fits, convulsions, epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
2.9	Blackouts, fainting	<input type="checkbox"/>	<input type="checkbox"/>
2.10	Stroke	<input type="checkbox"/>	<input type="checkbox"/>
2.11	Dizziness, vertigo, problems with balance	<input type="checkbox"/>	<input type="checkbox"/>
2.12	Double vision, difficulty seeing	<input type="checkbox"/>	<input type="checkbox"/>
2.13	Colour blindness	<input type="checkbox"/>	<input type="checkbox"/>
2.14	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
2.15	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
2.16	Neck, back or limb disorders	<input type="checkbox"/>	<input type="checkbox"/>
2.17	Hearing loss or deafness or had an ear operation or use a hearing aid	<input type="checkbox"/>	<input type="checkbox"/>
2.18	Do you have difficulty hearing people on the telephone (including use of hearing aid if worn)?	<input type="checkbox"/>	<input type="checkbox"/>
2.19	Have you ever been told by a doctor that you had a psychiatric illness, or nervous disorder?	<input type="checkbox"/>	<input type="checkbox"/>
2.20	Have you ever had any other serious injury, illness, operation, or been in hospital for any reason?	<input type="checkbox"/>	<input type="checkbox"/>

**3. Sleep Disorders**

		<b>No</b>	<b>Yes</b>
3.1	Have you ever had, or been told by a doctor that you had a sleep disorder, sleep apnoea, or narcolepsy?	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Has anyone noticed that your breathing stops or is disrupted by episodes of choking during your sleep?	<input type="checkbox"/>	<input type="checkbox"/>

Sleep Disorder's continued next page

Using the below table how likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you haven't done some of these things recently try to work out how they would have affected you.

		would never doze off (0)	slight chance of dozing (1)	moderate chance of dozing (2)	high chance of dozing (3)	Score
3.3	<b>Sitting and reading</b>					
3.4	<b>Watching TV</b>					
3.5	<b>Sitting, inactive in a public place (e.g. a theatre or meeting)</b>					
3.6	<b>As a passenger in a car for an hour without a break</b>					
3.7	<b>Lying down to rest in the afternoon when circumstances permit</b>					
3.8	<b>Sitting and talking to someone</b>					
3.9	<b>Sitting quietly after a lunch without alcohol</b>					
3.10	<b>In a car while stopped for a few minutes in the traffic</b>					
<b>Total</b>						

**4. Alcohol and Drug use**

The Alcohol Use Disorders Identification Test (AUDIT) may be used to screen for alcohol dependence (refer below). The AUDIT relies on accurate responses to the questionnaire, and should be interpreted in the context of a global assessment that includes other clinical evidence

	(0)	(1)	(2)	(3)	(4)	Score
4.1	<b>How often do you have a drink containing alcohol</b>					
	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week	
4.2	<b>How many drinks containing alcohol do you have on a typical day when you are drinking?</b>					
	1 or 2	3 or 4	5 or 6	7, 8 or 9	10 or more	
4.3	<b>How often do you have six or more drinks on one occasion?</b>					
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4.4	<b>How often during the last year have you found that you were not able to stop drinking once you had started?</b>					
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4.5	<b>How often during the last year have you failed to do what was normally expected from you because of drinking?</b>					
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4.6	<b>How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</b>					
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4.7	<b>How often during the last year have you had a feeling of guilt or remorse after drinking?</b>					
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	



4.8	<b>How often during the last year have you been unable to remember what happened the night before because you had been drinking?</b>					
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4.9	<b>Have you or someone else been injured as a result of your drinking?</b>					
	No		Yes, but not in the last year		Yes, during the last year	
4.10	<b>Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?</b>					
	No		Yes, but not in the last year		Yes, during the last year	
<b>Total</b>						

		No	Yes
4.11	Do you use illicit drugs?	<input type="checkbox"/>	<input type="checkbox"/>
4.12	Do you use any drugs or medication not prescribed to you by a doctor	<input type="checkbox"/>	<input type="checkbox"/>

**5. Previous accident history**

		No	Yes
5.1	Have you been involved in a motor vehicle or aircraft accident in the past two years? If yes, provide details below.	<input type="checkbox"/>	<input type="checkbox"/>

**Section B: Patient Declaration**

<p>Patient Declaration</p> <p>I, _____ certify to the best of my knowledge the  <span style="margin-left: 100px;"><i>(Print Name)</i></span></p> <p>information supplied by me on this application to the certifying GP for the purpose of conducting an assessment of my medical fitness, is true and correct.</p> <p>Signature: _____ Date: ____ / ____ / ____</p>	
--	--

**Section A: Medical Practitioner Clinical Examination Proforma – Part 1**

The medical practitioner will be guided by findings in the patient questionnaire and may apply appropriate tests other than those outlined here, e.g. Mini Mental State or equivalent for cognitive conditions. This form (166B) is to be returned to the applicant by the examining health professional. Findings relevant to the person’s fitness must be recorded at the end of this Medical Practitioner Clinical Examination Proforma (Form 166B).

**1. Cardiovascular System**

1.1	Blood Pressure	Systolic	Diastolic
(a)	Initial measurement	(mm Hg)	(mm Hg)
(b)	repeat if necessary	(mm Hg)	(mm Hg)
1.2	Pulse rate	<input type="checkbox"/> Regular	<input type="checkbox"/> Irregular
1.3	Heart Sounds	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
1.4	Peripheral Pulses	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

**2. Chest/Lungs**

2.1	Chest/Lungs	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
-----	-------------	---------------------------------	-----------------------------------

**3. Abdomen (liver)**

3.1	Abdomen (liver)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
-----	-----------------	---------------------------------	-----------------------------------

**4. Neurological/Locomotor**

4.1	Cervical spine rotation	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
4.2	Back Movement	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
4.3	Upper Limbs		
(a)	Appearance	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
(b)	Joint movements	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
4.4	Lower Limbs		
(a)	Appearance	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
(b)	Joint movements	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
4.5	Reflexes	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
4.6	Romberg’s Sign*	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

\*A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by sides, for thirty seconds.

**5. Vision**

5.1	Visual Acuity	Right	Left
(a)	Uncorrected	<b>6/</b>	<b>6/</b>
(b)	Corrected	<b>6/</b>	<b>6/</b>
5.2	Visual Fields (confrontation to each eye)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

**6. Hearing**

6.1	Hearing	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
-----	---------	---------------------------------	-----------------------------------

**7. Urinalysis**

7.1	Protein	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
7.2	Glucose	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

**8. Neuropsychological Assessment**

8.1	Where clinically indicated apply the Mini Mental State Questionnaire or General Health Questionnaire or equivalent.	Score
-----	---	-------

## Section B: Medical Practitioner Clinical Examination Proforma - Part 2

For the purpose of completing Part 2, the GP may have to question the patient closely about each of the conditions and criteria listed below in order to express the GP's "yes" or "no" conclusion on the relevant criterion. To this end, the purpose of the questions should be carefully explained to the patient.

The patient **must not** be issued with a Recreational Aviation Medical Practitioner's Certificate (RAMPC) if ANY of the following conditions are present, that is, if any "Yes" box is ticked.

### 9. Disqualifying Conditions

Condition	Criteria for non-issue of a Recreational Aviation Medical Practitioner's Certificate (RAMPC)	Yes	No	Restriction from
Blackouts	Has the patient ever experienced blackouts that cannot be diagnosed as syncope, seizure or another condition?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Acute Myocardial Infarction	Has the patient ever had an Acute Myocardial Infarction?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Angina	Is the patient subject to, or does the patient have any of the following: angina pectoris at rest; angina pectoris on minimal exertion despite medical therapy; unstable angina?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Coronary Artery Bypass Grafting	Has the patient ever had Coronary Artery Bypass Grafting or is the need for such a procedure indicated?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Percutaneous coronary intervention (PCI) e.g. angioplasty	Has the patient ever had or is there need for a Percutaneous coronary intervention?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Atrial Fibrillation	Has the patient ever had an episode of fibrillation resulting in syncope or incapacitating symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Paroxysmal arrhythmias (e.g. SVT atrial flutter, idiopathic ventricular tachycardia)	Has the patient had near or definite collapse?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Cardiac arrest	Has the patient ever suffered from cardiac arrest?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Cardiac Pacemaker	Does the patient require a cardiac pacemaker or has one been implanted or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Implantable cardioverter defibrillator (ICD)	Has the patient ever had an implantable cardioverter defibrillator implanted for ventricular arrhythmias or is the need for such a procedure indicated?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
ECG Changes: Strain patterns, bundle branch blocks, heart block, etc.	Does the patient's conduction defect cause symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Aneurysms – abdominal and thoracic	Does the patient have an unrepaired aortic aneurysm, whether thoracic or abdominal?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Valvular heart disease	Does the patient have symptoms on moderate exertion?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Dilated Cardiomyopathy	Does the patient have a dilated cardiomyopathy?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Hypertrophic Cardiomyopathy	Does the patient have Hypertrophic Cardiomyopathy?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Congenital Disorders	Does the patient have a complicated congenital heart disorder?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Heart Failure	Does the patient experience symptoms on moderate exertion?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Heart Transplant	Has the patient had a heart or heart/lung transplant, or is such a procedure indicated?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Hypertension	Does the patient have blood pressure that is consistently greater than 200 systolic or greater than 110 diastolic (whether treated or untreated)?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Syncope	Does the patient have a severe enough condition to cause episodes of loss of consciousness without warning?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads

--	--	--	--	--	--

Diabetes treated by glucose lowering agents other than insulin	Does the patient have end-organ complications that may affect driving, as per the Austroads publication, or has the patient had a recent 'severe hypoglycaemic event'?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Insulin-treated diabetes	Does the patient have insulin-treated diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Musculoskeletal Disorders	Is the patient's ability to perform the required driving activities inadequate?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Dementia	Has the patient ever had a diagnosis of dementia?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Seizures and Epilepsy	Has the patient ever experienced a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Ménière's disease	Does the patient have Ménière's disease that has produced vertigo within the preceding 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Aneurysms (unruptured intracranial aneurysms) and other vascular malformations of the brain	Does the patient have an unruptured intracranial aneurysm or other vascular malformation at high risk of major symptomatic haemorrhage?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Head Injury	Has the patient ever had head injury producing significant impairment of any of the following: visuospatial perception, insight, judgment, attention, reaction time, memory, sensation, muscle power, coordination, vision (including visual fields)?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Neuromuscular conditions	Does the patient have peripheral neuropathy, muscular dystrophy or any other neuromuscular disorder that significantly impairs muscle power, sensation or coordination?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Stroke	Has the patient ever had a stroke producing significant impairment of any of the following: visuospatial perception; insight; judgement; attention, reaction time, memory, sensation, muscle power; coordination; vision (including visual fields)?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Space-occupying lesions (including brain tumours)	Has the patient ever had a space-occupying lesion that results in significant impairment of any of the following: visuospatial perception, insight, judgment, attention, reaction time, memory, sensation, muscle power, coordination, vision (including visual fields)?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Subarachnoid haemorrhage	Has the patient ever had a subarachnoid haemorrhage?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Other neurological conditions	Does the patient have a neurological disorder that significantly impairs any of the following: visuospatial perception, insight, judgment, attention, reaction time, memory, sensation, muscle power, coordination, vision (including visual fields)?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Psychiatric conditions	Does the patient have a chronic psychiatric condition of such severity that it is likely to impair any of the following; the insight, behaviour, cognitive ability or perception required for safe driving?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Sleep apnoea	Does the patient have any of the following: established sleep apnoea syndrome (meaning, sleep apnoea on a diagnostic sleep study and moderate to severe excessive daytime sleepiness); frequent self-reported episodes of sleepiness or drowsiness while driving, any motor vehicle crash caused by inattention or sleepiness; a sleep disorder that, in opinion of the GP, represents a significant driving risk?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Narcolepsy	Has the patient ever had narcolepsy confirmed?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Substance use disorder	Does the patient have an alcohol or other substance use disorder, such as substance dependence or heavy frequent alcohol or other substance use, which is likely to impair safe driving?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads

Visual Fields	Does the patient's binocular visual field NOT have a horizontal extent of at least 110 degrees within 10 degrees above and below the horizontal midline, or if there is any significant visual field loss (scotoma) within a central radius of 20 degrees of the foveal fixation or other scotoma likely to impede driving performance?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Monocular vision	Is the patient monocular?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Diplopia	Does the patient experience any diplopia (other than physiological diplopia) when fixating objects within the central 20 degrees of the primary direction of gaze?	<input type="checkbox"/>	<input type="checkbox"/>	Austroads
Cancer	Has the patient had cancer within last 5 years (excluding basal cell carcinomas)?	<input type="checkbox"/>	<input type="checkbox"/>	CASA
ECG changes	Has the patient ever had any ECG changes?	<input type="checkbox"/>	<input type="checkbox"/>	CASA
Heart failure	Does the patient have a history of past or current heart failure? See guidance material for qualifications	<input type="checkbox"/>	<input type="checkbox"/>	CASA
Hearing	Is the patient unable to hear a conversational voice from a distance of 2 metres?	<input type="checkbox"/>	<input type="checkbox"/>	CASA
Physical limitations	Does the patient have any physical limitations or disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	CASA
Transient ischaemic attacks (TIA)	Has the patient ever had a transient ischaemic attack?	<input type="checkbox"/>	<input type="checkbox"/>	CASA
Multiple Sclerosis, Cerebral Palsy, Parkinson's Disease	Does the patient have any of these conditions?	<input type="checkbox"/>	<input type="checkbox"/>	CASA
Head Injury	Does the patient have a history of head injury that is more than trivial? See guidance material for qualifications	<input type="checkbox"/>	<input type="checkbox"/>	CASA
Renal calculus disease	Does the patient have any history of renal calculi or renal colic?	<input type="checkbox"/>	<input type="checkbox"/>	CASA
Vestibular disorders	Does the patient have active vertigo, or a history of benign paroxysmal positional vertigo?	<input type="checkbox"/>	<input type="checkbox"/>	CASA
CASA Audit	Is the patient currently subject to medical audit conditions imposed by CASA	<input type="checkbox"/>	<input type="checkbox"/>	CASA
Visual Acuity	Does the patient FAIL the visual acuity standard? (visual acuity standard is that the patient's visual acuity is corrected by his or her lenses to at least 6/12 in 1 eye and at least 6/18 in the other eye)	<input type="checkbox"/>	<input type="checkbox"/>	CASA

**10. Relevant Clinical Findings**

Comment here on relevant findings from the questionnaire or clinical examination, referring to:	
10.1	The unconditional private motor vehicle driver's licence medical standards contained in Austroads Assessing fitness to drive for commercial and private vehicle drivers: medical standards for licensing and clinical management guidelines, March 2012, or later version.
10.2	The disqualifying medical conditions listed in the CASA Guidance for GPs assessing persons for a Recreational Aviation Medical Practitioner's Certificate.

**Section C: Registered Medical Practitioner's Details**

Full Name: _____ Signature: _____ Date: ____ / ____ / ____
--



# 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	<input type="text"/>

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:

- 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 GP's, the absence of which was expressly determined by me.
- 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.