

**AUSTRALIAN SPORT ROTORCRAFT  
ASSOCIATION INC**

ABN 53 412 417 012

**Guidelines for completing the F010 Medical Examiner's  
Certificate**

**Instructors and Passenger-carriers must comply with either:**

- A current Class 2 Aviation Medical Certificate (*please attach a photocopy*) OR**
- The standard set by the National Road Transport Commission & Austroads in their publication "Assessing Fitness to Drive 2003 for Commercial Vehicle Drivers Standard", and on their Website [www.austroads.com.au](http://www.austroads.com.au)**

**The NRTC & Austroads Standard for Commercial Vehicle Drivers is made up of Appendix 2.2, 2.3 & 2.4 and a Medical Examiner's Certificate.**

**Applicants must:**

- make an appointment with a Doctor of your choice (advise the purpose of the visit as this examination requires extra time);
- complete Appendix 2.2 of the Commercial Vehicle Drivers Health Assessment prior to the medical examination;
- present Appendix 2.2 and ASRA's Medical Examiners Certificate (F010) to the Doctor;
- bring spectacles, hearing aids, etc with you to the examination.

Applicants are advised that Appendix 2.2, 2.3 & 2.4 are available from [www.austroads.com.au](http://www.austroads.com.au) should you wish to provide the forms for your Doctor.

**Examining Doctor must:**

- have read and be familiar with Appendix 2.2, 2.3 & 2.4 of the NRTC & Austroads Standard for Commercial Vehicle Drivers;
- review Appendix 2.2 with the applicant and comment on any abnormality;
- complete Appendix 2.3 [& 2.4 if applicable] **and** the Medical Examiner's Certificate [F 010];
- please return the signed ASRA Medical Examiner's Certificate [F010] and App 2.4 if applicable, to the applicant.

AUSTRALIAN SPORT ROTORCRAFT ASSOCIATION INC



F010 - MEDICAL EXAMINER'S CERTIFICATE

ABN 53 412 417 012

I certify that I have examined (applicant's name) \_\_\_\_\_

In my opinion I consider that the applicant:

- A  Meets the medical criteria for a Driver Authority as set out in the *Medical Examinations of Commercial Vehicle Drivers, Assessing Fitness to Drive 2003*.
- B  Does not meet the medical criteria for a Driver Authority as set out in the *Medical Examinations of Commercial Vehicle Drivers, Assessing Fitness to Drive 2003*.
- C  Meets the criteria for a Drivers Authority (Conditional) to be issued on conditions outlined in the *Medical Examinations of Commercial Vehicle Drivers, Assessing Fitness to Drive 2003*, as set out below.

**For 'C' please complete the following:**

The applicant does not meet the criteria due to \_\_\_\_\_  
[medical reason for not meeting criteria], but may be issued a Conditional Drivers Authority provided [insert condition outlined in the *Medical Examinations of Commercial Vehicle Drivers, Assessing Fitness to Drive 2003, Appendix 2.4*]

These conditions can be found on Page \_\_\_\_\_ (insert page number) of the *Medical Examinations of Commercial Vehicle Drivers, Assessing Fitness to Drive 2003*

Doctor's Name: (please print) \_\_\_\_\_

Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

**INDEMNIFICATION OF EXAMINING DOCTOR**

In providing this report on whether the applicant meets or does not meet the criteria for a Driver Authority, as set out in the *Medical Examinations of Commercial Vehicle Drivers, Assessing Fitness to Drive 2003*, the doctor is indemnified from any civil or criminal action in relation to the report.

**Applicant to complete:**

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

Given Name: \_\_\_\_\_

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

Membership No: \_\_\_\_\_

Note 1 This medical certification must be undertaken at least every 4 years for persons under 40 years of age, and every 2 years for those over 40 years. Specific conditions may require more frequent certification and under certain circumstances "**for cause**" examinations may be required. See *Medical Examinations of Commercial Vehicle Drivers, Assessing Fitness to Drive 2003*, 3.5.9 page 23.

2 In the case of changes in any Medical condition please notify the **Registrar**.

3 If you are required to wear spectacles you must carry a spare pair, which is easily accessible in flight.

4 **Return the completed form to the ASRA Registrar, P O Box 666, Morisset NSW 2264**