

AUSTRALIAN SPORT ROTORCRAFT ASSOCIATION INC



ABN 53 412 417 012

Guidelines for completing the F010 Medical Examiner's Certificate

ASRA members who are Instructors and Passenger endorsed pilots must comply with the following medical standards to continue to exercise their flying privileges:

The medical standard and certification interval are set out in the ASRA Operations Manual section 2.01, paragraph 10. This Medical Examiners Certificate (F010) is to be assessed to the standard set by the National Transport Commission & Austroads in their publication "Assessing Fitness to Drive 2016 (as amended) for **Commercial Vehicle Drivers Standard**" and on their Website <https://austroads.com.au/> or <https://austroads.com.au/publications/assessing-fitness-to-drive/ap-g56>

- NOTE:**
- Specific conditions may require more frequent certification and under certain circumstances "**for cause**" examinations may be required.
 - Return the completed form F010 to the ASRA Registrar, PO Box 3070 Mandurah East WA 6210, email registrar@asra.org.au or upload the F010 to your online personal file.

Applicants must:

- make an appointment with a Doctor of your choice (advise the purpose of the visit as this examination requires extra time);
- bring spectacles, hearing aids, etc with you to the examination.

Applicants are advised that Appendix 2.2 is available for printing from https://austroads.com.au/data/assets/pdf_file/0022/104197/AP-G56-17_Assessing_fitness_to_drive_2016_amended_Aug2017.pdf

should you wish to provide the form for your Doctor.

Examining Doctor must:

- Have read and be familiar with the NTC & Austroads Standard for Commercial Vehicle Drivers;
- review Appendix 2.1 & 2.2 with the applicant and comment on any abnormality;
- complete the F010 Medical Examiner's Certificate on page 2;
- complete Appendix 2.2 only if applicable;
- return the signed ASRA Medical Examiner's Certificate (F010) & Appendix 2.2 if applicable, to the applicant.



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 Revised 2016* (as amended).
- 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 Revised 2016* (as amended).
- 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 Revised 2016* (as amended).

For 'C' please attach the completed Appendix 2.2 Medical Condition Notification Form (as outlined in the "*Medical Examinations of Commercial Vehicle Drivers, Assessing Fitness to Drive Revised 2016* as amended).

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 Revised 2016* (as amended), 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: **A**

- Note:**
- 1 In the case of changes in any medical condition please notify the registrar@asra.org.au
 - 2 If you are required to wear spectacles you must carry a spare pair which is easily accessible in flight.