AUSTRALIAN SPORT ROTORCRAFT ASSOCIATION INC

Guidelines for completing the F011B Pilots Medical Examiner's Certificate



ASRA members undertaking flying activities must comply with the following medical standards to exercise their flying privileges:

The medical standard and certification interval are set out in the ASRA Operations Manual section 2.1.10. This Medical Examiners Certificate (F011B) is to be assessed to the standard set by the National Transport Commission & Austroads in their publication "Assessing Fitness to Drive 2022 (as amended) for <u>Private Vehicle Drivers Standard</u>" and on their Website https://austroads.com.au/ or https://austroads.com.au/.../AP-G56-22_Assessing_Fitness_Drive.pdf

- **NOTE:** Specific conditions may require more frequent certification and under certain circumstances "**for cause**" **examinations** may be required.
 - Return the completed form F011B to the ASRA Registrar, PO Box 50 Hove SA 5048, email registrar@asra.org.au or upload the F011B 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.
- The Appendix 2.2 Medical Condition Notification Form is available for printing from the publication "Assessing Fitness to Drive 2022 (as amended) should you wish to provide the form to your doctor in case your medical assessment is conditional. <u>https://austroads.com.au/.../Medical_condition_notification_form.pdf</u>

Examining Doctor must:

- Have read and be familiar with the NTC & Austroads Standard for Private Vehicle Drivers;
- Review Appendix 2.1 & 2.2 with the applicant and comment on any abnormality;
- Complete the F011B Medical Examiner's Certificate on page 2;
- Complete Appendix 2.2 only if Medical Examiner's Certificate (F011B) is to be conditional;
- Return the signed ASRA Medical Examiner's Certificate (F011B) & Appendix 2.2 if applicable, to the applicant.

AUSTRALIAN SPORT ROTORCRAFT ASSOCIATION INC

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F011B PILOTS MEDICAL EXAMINER'S CERTIFICATE

| | | | | | ABN 53 412 417 012 | | |
|--|-----------------------------|-------------|-----------|---------|--------------------|--|--|
| Applicant to complete: | Membership No: A | | | | | | |
| | Given Name: | | | | | | |
| | Family Name: | | | | | | |
| | Date of Birth: | | | | | | |
| | | | | | | | |
| I certify that I have examined the I have known/treated the application | | Date: | 1 | 1 | | | |
| In my opinion I consider that the | applicant: | | | | | | |
| A Meets the medical criteria for a Driver Authority as set out in the <i>Medical Examinations</i> of <i>Private Vehicle Drivers, Assessing Fitness to Drive Revised 2022</i> (as amended). | | | | | | | |
| B Does not meet the medical criteria for a Driver Authority as set out in the <i>Medical Examinations of Private Vehicle Drivers, Assessing Fitness to Drive Revised 2022</i> (as amended). | | | | | | | |
| C Meets the criteria for a Drivers Authority (Conditional) to be issued on conditions outlined in the "Medical Examinations of Private Vehicle Drivers, Assessing Fitness to Drive Revised 2022 (as amended). | | | | | | | |
| For 'C' please attach the completed Appendix 2.2 Medical Condition Notification Form (as outlined in the "Medical Examinations of Private Vehicle Drivers, Assessing Fitness to Drive Revised 2022 as amended). | | | | | | | |
| Doctor's Name (please print): | | | | Da | ate: | | |
| Doctor's Signature: | | | | | | | |
| Address: | | | | | | | |
| INDEMNIFICATION OF EXAMINING DOCTOR | | | | | | | |
| In providing this report on wheth out in the <i>Medical Examinations</i> amended), the Doctor is indemr | of Private Vehicle Drivers, | Assessing F | itness to | Drive R | evised 2022 (as | | |

Note: 1 In the case of changes in any medical condition please notify the <u>registrar@asra.org.au</u>

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