



## Download this form before you begin

Please download and complete with Adobe Acrobat. If you're using a browser to complete this form you may lose your information. Send this form and any attachments to [avmed@casa.gov.au](mailto:avmed@casa.gov.au).

## Purpose of this form

Use this form when further information is requested from CASA or when there is a significant change in the severity or frequency of your headaches.

## Who is this form for?

This form is for a DAME or treating doctor to report to CASA severe headaches and migraines in pilots and air traffic controllers so that CASA can investigate the report.

This form is not for the reporting of significant medical conditions to CASA for regulation 67.265 of the Civil Aviation Safety Regulations 1998.

## Information needed to complete this form

Take this form to your DAME or treating doctor to fill out with you.

## Aviation Reference Number (ARN)

An ARN is an identifier that is similar to an account or customer number. You will need an ARN to complete this form.

If you do not have an ARN, [apply for an ARN](#).

## Contact details

CASA will use the currently held contact details linked to your ARN profile.

If your address, contact or other details have changed, you must update them online using [changing your details](#) prior to lodging this form.

Failure to provide up to date contact details to CASA could result in additional fees being charged under the Civil Aviation (Fees) Regulations 1995 and may constitute a criminal offence.

## Privacy

Any personal information you provide to CASA is protected by the Privacy Act 1988 (Cth). CASA can only collect, use and disclose that information in accordance with that Act.

CASA will use the information collected in this form for purposes associated with performing its functions under civil aviation legislation and other Australian laws.

For full details on how CASA collects, protects and uses personal information, please refer to [CASA Privacy Statement](#).

## For more information

Go to the [CASA website](#) or call us on 131 757.

Notifier

1

What are the **notifier** details?

If your address, contact or other details have changed, you must update them using [changing your details](#).

Legal entity/full name

ARN

Contact number

Email address

History

2

What is the **history** of your headache(s)?

Date of **first attack** (DD/MM/YYYY)  
/ /

Date of **most recent attack** (DD/MM/YYYY)  
/ /

Number of headache(s) in the last year

How long does an attack last

Description of the headache(s)  
Written in your own words.



Attach additional pages if required

What medication are you taking (if any) for your headaches?

For symptoms?

For prevention?

Severity criteria

3

What is the severity of your pain?

Between 1 (mild) and 10 (severe)

4

Do you experience any of the following?

Symptom	No	Yes
Avoidance of routine activity	No	Yes
Distracting	No	Yes
Nausea	No	Yes
Vomiting	No	Yes
Photo/phonophobia	No	Yes
Motor or sensory features	No	Yes
Aura	No	Yes
Acute medical/hospital treatment needed	No	Yes

5

If you answered **yes** to **any** of questions above, you must provide details on the degree of incapacity below.



Attach additional pages if required

## Severity criteria

**6** What is your opinion of the severity of the headache?

Minor Distracting

Distracting (Able to continue but may impair performance) with **no** severity features.

Major Distracting

Continue activity but distracting, plus **one** severity criterion.

Incapacitating

Unable to continue routine activity.

## Predictability factors

**7** Do you have any **patterns or triggers** to your headache(s)?

Symptom		
Premenstrual	<b>No</b>	<b>Yes</b>
Contraceptive Pill	<b>No</b>	<b>Yes</b>
Weekends	<b>No</b>	<b>Yes</b>
Foods/drinks	<b>No</b>	<b>Yes</b>
Other	<b>No</b>	<b>Yes</b>

**8** If you answered **yes** to **any** of questions above, you must provide details below.

 **Attach additional pages if required**

**9** Do you have any warning signs of the headache(s)?

**No**

**Yes**

How long before the attack?

Describe the warning

 **Attach additional pages if required**

## Notification checklist

**10** Select/specify attachments:

GP Records (required if obtainable) is attached

Neurologist details is attached

Special Eye Report is attached

If other please specify

## Doctors's declaration

### 11 I declare that:

- All statements in this notice are true and correct in every particular and that I have read and understood all provisions of the Civil Aviation Safety Regulations 1998 which are relevant to this notice.
- I acknowledge that to knowingly make a false or misleading statement in this notice is an offence against the Criminal Code Act 1995 (Cth).

Doctor's full name

Contact number

Email address

Address or Practice stamp

Type of ID used to identify clients

Indicate the type of photographic ID sighted, serial number and expiry date.

Doctor's signature

Date (DD/MM/YYYY)

/ /

## Notifier declaration

### 12 I declare that:

- All statements in this notice are true and correct in every particular and that I have read and understood all provisions of the Civil Aviation Safety Regulations 1998 which are relevant to this notice.
- I understand CASA will use the currently held details to process this notice and it is my responsibility to ensure my details are correct prior to lodgment.
- I consent to CASA using and disclosing my personal information in accordance with CASA Privacy Statement including exchanging the information with Commonwealth, State and Territory government agencies.
- I have attached all required documentation specified in the notification checklist.
- I acknowledge that to knowingly make a false or misleading statement in this notice is an offence against the Criminal Code Act 1995 (Cth).

Full name

Signature

Date (DD/MM/YYYY)

/ /

## Returning your form



By email – attach this form and all supporting documents. Send them to [avmed@casa.gov.au](mailto:avmed@casa.gov.au)



By post – return this form and all supporting documents to:  
**CASA Client Services Centre**  
**GPO Box 2005**  
**Canberra ACT 2601**