



Download this form before you begin

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Purpose of this form

Use this form to apply for a Recreational Aviation Medical Practitioner's Certificate (RAMPC).

Who is this form for?

This form is for individuals who wish to hold a Recreational Aviation Medical Practitioner's Certificate. The CASR provides that the holder of a recreational pilot licence, who meets the RAMPC requirements, may only fly an aircraft with a MTOW below 1500 kg, in a single pilot aircraft, by day under the visual flight rules (V.F.R.), at or below 10,000 feet mean sea level, with no more than 1 passenger.

Information needed to complete this form

This form is made up of 3 sections which must be completed by the applicant and a Medical Practitioner.

Section A - Recreational Aviation Medical Practitioner's Certificate Questionnaire is to be **completed by the applicant** prior to assessment.

Sections 2A and 2B - Medical Practitioner Clinical Examination Proforma are to be completed by the assessing **Medical Practitioner**.

Section 3 - Recreational Aviation Medical Practitioner's Certificate is to be completed and signed by **both the applicant and assessing Medical Practitioner**.

The applicant must submit all three completed sections to CASA. The assessing medical practitioner must also retain copies of all three sections.

CASA will **not** issue an acknowledgement of a RAMPC where disqualifying conditions are identified, in either the application or the applicant's previous medical records held by CASA.

If the applicant is assessed and does not meet the modified 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 applicant has the option of presenting to a CASA designated aviation medical examiner (DAME) to undergo an examination for a CASA class 2 medical certificate. If the applicant is assessed as meeting the modified 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.

Aviation Reference Number (ARN)

An ARN is required to complete this form.

If you are the applicant and you do not have an ARN, [apply now](#).

Contact details

It is important the contact details on the ARN profile are current. CASA uses these contact details when processing this application.

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. 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's Privacy Statement](#).

For more information

Go to the [CASA website](#) or [contact us](#).

Section A - Recreational Aviation Medical Practitioner's Certificate Questionnaire

Answer the questions by checking the correct box prior to the GP assessment. 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.

Applicant

1 What are the **applicant** details?

Your contact details must be current. Update your contact details via [changing your details](#).

Full name ARN

Phone number Email address

2 Current **medical treatment** or **medication**

Take any medications with you to show the doctor

Question	No	Yes
Are you being treated by a doctor for any illness or injury ?	<input type="checkbox"/>	<input type="checkbox"/>
Are you receiving any medical treatment or taking any medication - either prescribed or otherwise?	<input type="checkbox"/>	<input type="checkbox"/>

Medical history

3 Have you **ever had**, or **been told** by a doctor that you had, any of the following?

Question	No	Yes
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease, Heart attack, Coronary Artery Disease, Angina, Heart Valve problems	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain, angina	<input type="checkbox"/>	<input type="checkbox"/>
Any conditions requiring heart surgery	<input type="checkbox"/>	<input type="checkbox"/>
Palpitations/irregular heartbeat	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Head injury, spinal injury	<input type="checkbox"/>	<input type="checkbox"/>
Severe headaches / Migraine	<input type="checkbox"/>	<input type="checkbox"/>
Seizures, fits, convulsions, epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Blackouts, fainting	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness, vertigo, problems with balance	<input type="checkbox"/>	<input type="checkbox"/>
Double vision, difficulty seeing, Detached Retina , Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>

3 Continued

Question	No	Yes
Colour blindness		
Kidney disease		
Diabetes		
Neck, back or limb disorders		
Hearing loss or deafness or had an ear operation or use a hearing aid		
Do you have difficulty hearing people on the telephone (including use of hearing aid if worn)?		
Are you aware of significant problems with memory loss or been given a diagnosis of Dementia?		
Have you ever been told by a doctor that you had a psychiatric illness, or nervous disorder?		
Have you ever had any other serious injury, illness, operation, or been in hospital for any reason?		

4 Sleep Disorders

Question	No	Yes
Have you ever had, or been told by a doctor that you had a sleep disorder, sleep apnoea, or narcolepsy?		

5 Please answer the following **STOP Bang questionnaire** below to determine if you might be at risk of obstructive sleep apnoea.

Questions	No (0)	Yes (1)
Do you Snore Loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?		
Do you often feel Tired, Fatigued, or Sleepy during the daytime (such as falling asleep during driving or talking to someone)?		
Has anyone Observed you Stop Breathing or Choking/Gasping during your sleep?		
Do you have or are being treated for High Blood Pressure?		
Body Mass Index (BMI) greater than 35?		
Age older than 50?		
Is your Neck size: 41cm or greater as a Female 43cm or greater as a Male		
Are you of Male gender?		

Alcohol and drug use

6 The **Alcohol Use Disorders Identification Test (AUDIT)** may be used to screen for alcohol dependence.

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.

Question	(0)	(1)	(2)	(3)	(4)	Score
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 time a month	2-3 time a week	4 or more a week	
How many drinks containing alcohol do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10 or more	
How often do you have six or more drinks on one occasion?	Never	Monthly or less	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Monthly or less	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of drinking?	Never	Monthly or less	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking season?	Never	Monthly or less	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Monthly or less	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Monthly or less	Monthly	Weekly	Daily or almost daily	
Have you or someone else been injured as a result of your drinking?	No		yes, but not in the last year		yes, during the last year	
Has a relative, friend, a doctor or another health worker been concerned about your drinking or suggested you cut down?	No		yes, but not in the last year		yes, during the last year	

Total

7 Drug use

Question	No	Yes
Do you use illicit drugs?		
Do you use any drugs or medication not prescribed to you by a doctor?		

Previous accident history

8 Have you been involved in a motor vehicle or aircraft accident in the past two years?

If yes, provide details

 **Attach additional pages if required**

Application checklist

9 Are you attaching any documents to this application?

Patient declaration

10 I declare that:

- To the best of my knowledge the 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.

Full name

Signature

Date (DD/MM/YYYY)

/ /

Take this **completed questionnaire** and the following **Medical Practitioner Clinical Examination Proforma** questions with you to the GP appointment.

Section 2A - Medical Practitioner Clinical Examination Proforma

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 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.

11 Cardiovascular assessment

Item	Result
Height	
Weight	
BMI	

Item	Systolic (mm Hg)	Diastolic (mm Hg)
Initial Blood Pressure		
Repeat if necessary		

Item	Result	
Pulse rate	Regular	Irregular
Heart Sounds	Normal	Abnormal
Heart Murmurs clinically significant	Present	Absent
Peripheral Pulses	Normal	Abnormal

12 Chest/Lungs

Item	Result	
Chest/Lungs	Normal	Abnormal

13 Abdomen (liver)

Item	Result	
Abdomen (liver)	Normal	Abnormal

14 Neurological/Locomotor

Upper Limbs	Result	
Appearance	Normal	Abnormal
Joint movements	Normal	Abnormal

Lower Limbs	Result	
Appearance	Normal	Abnormal
Joint movements	Normal	Abnormal

Item	Result	
Cervical spine rotation	Normal	Abnormal
Back movement	Normal	Abnormal
Reflexes	Normal	Abnormal
Romberg's Sign -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.	Normal	Abnormal

15 Vision

Visual Acuity	Left	Right
Uncorrected	6 /	6 /
Corrected	6 /	6 /
Visual Fields (confrontation to each eye)	Normal	Abnormal

16 Hearing

Item	Result	
Hearing	Normal	Abnormal

17 Urinalysis

Item	Result	
Protein	Normal	Abnormal
Glucose	Normal	Abnormal

18 Neuropsychological Assessment

Item	Score
Where clinically indicated apply the Mini Mental State Questionnaire or General Health Questionnaire or <u>MoCA</u>	

19 STOP Bang sleep apnoea scoring checklist (for question 5)

Total (Each YES score = 1 point)

Score of 2 or less = acceptable

Score of 3 = refer for sleep study

Score of 4 or more = cannot clear and refer to sleep specialist for opinion on medical fitness

Maximum score = 8

Section 2B - Medical Practitioner Clinical Examination Proforma

For the purpose of completing Section 2B, the GP may have to question the patient closely about each of the conditions and criteria listed below in order to express the GPs “No” or “Yes” 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.

20 Disqualifying conditions

Condition	Criteria for non-issue of a RAMPC	No	Yes	Restriction from
Blackouts	Has the patient ever experienced blackouts that cannot be diagnosed as syncope, seizure or another condition?			Austrroads
Acute Myocardial Infarction	Has the patient ever had an Acute Myocardial Infarction?			Austrroads
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?			Austrroads
Coronary Artery Bypass Grafting	Has the patient ever had Coronary Artery Bypass Grafting or is the need for such a procedure indicated?			Austrroads
Percutaneous coronary intervention (PCI) e.g. angioplasty	Has the patient ever had or is there need for a Percutaneous coronary intervention?			Austrroads
Atrial Fibrillation	Has the patient ever had an episode of fibrillation resulting in syncope or incapacitating symptoms?			Austrroads
Paroxysmal arrhythmias (e.g. SVT atrial flutter, idiopathic ventricular tachycardia)	Has the patient had near or definite collapse?			Austrroads
Cardiac arrest	Has the patient ever suffered from cardiac arrest?			Austrroads
Cardiac Pacemaker	Does the patient require a cardiac pacemaker or has one been implanted or replaced?			Austrroads
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?			Austrroads
ECG Changes: Strain patterns, bundle branch blocks, heart block, etc.	Does the patient's conduction defect cause symptoms?			Austrroads
Aneurysms – abdominal and thoracic	Does the patient have an unrepaired aortic aneurysm, whether thoracic or abdominal?			Austrroads
Valvular heart disease	Does the patient have symptoms on moderate exertion?			Austrroads
Dilated Cardiomyopathy	Does the patient have a dilated cardiomyopathy?			Austrroads
Hypertrophic Cardiomyopathy	Does the patient have Hypertrophic Cardiomyopathy?			Austrroads
Congenital Disorders	Does the patient have a complicated congenital heart disorder?			Austrroads
Heart Failure	Does the patient experience symptoms on moderate exertion?			Austrroads
Ventricular Assist Devices (VAD)	Has the patient had a ventricular assist device inserted?			Austrroads
Heart Transplant	Has the patient had a heart or heart/lung transplant, or is such a procedure indicated?			Austrroads

20 Continued

Condition	Criteria for non-issue of a RAMPC	No	Yes	Restriction from
Hypertension	Does the patient have blood pressure that is consistently greater than 200 systolic or greater than 110 diastolic (whether treated or untreated)?			Austrroads
Syncope	Does the patient have a severe enough condition to cause episodes of loss of consciousness without warning?			Austrroads
Diabetes treated by glucose lowering agents other than insulin	Does the patient have end-organ complications that may affect driving, as per the Austrroads publication, or has the patient had a recent 'severe hypoglycaemic event'?			Austrroads
Insulin-treated diabetes	Does the patient have insulin-treated diabetes?			Austrroads
Musculoskeletal Disorders	Is the patient's ability to perform the required driving activities inadequate?			Austrroads
Dementia	Has the patient ever had a diagnosis of dementia?			Austrroads
Seizures and Epilepsy	Has the patient ever experienced a seizure?			Austrroads
Ménière's disease	Does the patient have Ménière's disease that has produced vertigo within the preceding 2 years?			Austrroads
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?			Austrroads
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)?			Austrroads
Neuromuscular conditions	Does the patient have peripheral neuropathy, muscular dystrophy or any other neuromuscular disorder that significantly impairs muscle power, sensation or coordination?			Austrroads
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)?			Austrroads
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)?			Austrroads
Subarachnoid haemorrhage	Has the patient ever had a subarachnoid haemorrhage?			Austrroads
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)?			Austrroads
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?			Austrroads
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?			Austrroads

20 Continued

Condition	Criteria for non-issue of a RAMPC	No	Yes	Restriction from
Narcolepsy	Has the patient ever had narcolepsy confirmed?			Austrroads
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?			Austrroads
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?			Austrroads
Monocular vision	Is the patient monocular?			Austrroads
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?			Austrroads
Cancer	Has the patient had cancer within last 5 years (excluding basal cell carcinomas)?			CASA
ECG changes	Has the patient ever had any ECG changes?			CASA
Heart failure	Does the patient have a history of past or current heart failure? See Recreational pilot medical disqualifying conditions for more information			CASA
Hearing	Is the patient unable to hear a conversational voice from a distance of 2 metres?			CASA
Physical limitations	Does the patient have any physical limitations or disabilities?			CASA
Transient Ischaemic Attacks (TIA)	Has the patient ever had a Transient Ischaemic Attack?			CASA
Multiple Sclerosis, Cerebral Palsy, Parkinson's Disease	Does the patient have any of these conditions?			CASA
Head Injury	Does the patient have a history of head injury that is more than trivial? See Recreational pilot medical disqualifying conditions for more information			CASA
Renal calculus disease	Does the patient have any history of renal calculi or renal colic?			CASA
Vestibular disorders	Does the patient have active vertigo, or a history of benign paroxysmal positional vertigo?			CASA
CASA Audit	Is the patient currently subject to medical audit conditions imposed by CASA			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)			CASA
Lung or respiratory disease	Does the patient have a lung or respiratory disease that impairs their normal daily activities or requires treatment with oxygen therapy?			CASA

Relevant Clinical Findings

21 Comment here on **relevant findings from the questionnaire** or **clinical examination**, referring to:

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.

 **Attach additional pages if required**

The disqualifying medical conditions listed in the CASA Guidance for GPs assessing persons for a RAMPC.

 **Attach additional pages if required**

Registered Medical Practitioner

22 What are the Medical practitioner's details?

Full name

Signature

Date (DD/MM/YYYY)

/ /



Only an **unmodified version** of this form can be submitted to Civil Aviation Safety Authority. The patient and the GP should read CASA's Guidance for GPs Assessing Persons for a Recreational Aviation Medical Practitioner's Certificate, available on CASAs website (Guidance for GPs).

Patient Details and Declaration

23 I declare that 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.

Full name	ARN
Phone number	Email address
Residential address	
Signature	Date (DD/MM/YYYY) / /

24 Doctor's Details and Certification

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.

Full name	Provider number
Phone number	Email address
Postal address	

I certify that:

- Using CASA's Recreational Aviation Medical Practitioner's Certificate and Medical Practitioner Clinical Examination Proformas from CASAs Guidance for GPs, have examined the above mentioned 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 CASAs Guidance for GPs.
- 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 (DD/MM/YYYY) / /	Date certificate expires (DD/MM/YYYY) For a person aged under 65 years - not exceeding 2 years. For a person aged 65 years or over - not exceeding 1 year.
Signature	/ / Date signed (DD/MM/YYYY) / /