



Download this form before you begin

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Purpose of this form

Use this form if your DAME or CASA has requested you complete it. This will enable CASA to conduct a risk assessment of your alcohol intake in relation to your application for a CASA Medical Certificate.

Who is this form for?

This form is for Pilots and Air Traffic Controllers applying for a CASA medical certificate, to be completed with their DAME, General Practitioner, Alcohol and Drug Specialist or Counsellor.

Information needed to complete this form

This form is to be completed by the applicant with their appropriate medical professional. All 10 alcohol related questions are to be completed and score at completion to identify alcohol risk and provide targeted medical advice. Advice also to be provided by the appropriate medical professional on current safe recommendations for alcohol consumption and general information on the risks of alcohol.

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.

Applicant

1 What are the **applicant** details?

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

Legal entity/full name

ARN

Date of birth (DD/MM/YYYY)

/ /

Gender identity

Male

Female

Undefined

How risky is your drinking?

2 Answer the 10 questions below to find out how risky your drinking is.

Alcohol use can affect your health and interfere with certain medications and treatments.

Standard drink guide

A full strength can or stubbie contains one and a half standard drinks

Drink type	Alcohol percentage
Full strength beer 285ml	4.8%
Full strength beer can or stubbie 375ml	4.8%
Low strength beer 425ml	2.7%
Pre-mix spirits 285ml	5%
Wine 100ml	11.5%
Spirits 30ml	40%

Questionnaire

Select from the answers below and place the number that corresponds with your answer in the box on the right side of the question. Try to answer the questions in terms of 'standard drinks'

1. How often do you have a drink containing alcohol?

0	1	2	3	4	Score
Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week	

2. How many standard drinks do you have on a typical day when you are drinking?

0	1	2	3	4	Score
1 or 2	3 or 4	5 or 6	7 to 9	10 or more	

3. How often do you have six or more standard drinks on one occasion?

0	1	2	3	4	Score
Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

4. How often during the last year have you found that you were not able to stop drinking once you had started?

0	1	2	3	4	Score
Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

0	1	2	3	4	Score
Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week	

Questionnaire continued

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

0	1	2	3	4	Score
Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week	

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

0	1	2	3	4	Score
Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week	

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

0	1	2	3	4	Score
Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week	

9. Have you or someone else been injured as a result of your drinking?

0	1	2	3	4	Score
No		Yes, but not in the last year		Yes, during the last year	

10. Has a relative, friend, a doctor or another health worker been concerned about your drinking or suggested you cut down?

0	1	2	3	4	Score
No		Yes, but not in the last year		Yes, during the last year	

Questionnaire continued

Add up all the numbers in the score boxes and record your total

Steps to assess your drinking

3

A healthy lifestyle includes a good diet and regular exercise

- Check your total against the Risk Level chart below.
- Compare your drinking with the Low-Risk Guidelines below
- Check if you fit into any of the Additional Risk categories below.
- Have a look at the Tips for Changing Your Drinking below
- Check the Take Action category below.

Risk levels

Total score	Risk level	Advice
0 to 7	Low risk but..	Check out the low risk guidelines and additional risks to get the right mix
8 to 15	Risky – your drinking has potential to cause harm..	Consider low risk drinking, your diet and exercise. Try the tips for change.
16 and above	High Risk – likely that you are damaging your health and having problems	Seriously consider changing your drinking. Talk to your doctor or health professional

Low Risk Guidelines

Low-risk drinking to reduce the lifetime risk of harm from disease or injury for healthy men and women is:

- On any day no more than 2 standard drinks for men and 1 standard drink for women is advised.
- Have regular alcohol-free days.
- Healthy men and women should aim to drink no more than 10 standard drinks in a week noting the less you drink, the lower your risk of harm from alcohol.
 - No more than 4 standard drinks on any one day (on a special occasion, not regular drinking). These drinks should be spread out over several hours and be taken with food.
 - For women who are planning to become pregnant, or who are pregnant or breastfeeding, no alcohol is the safest option.

Additional Risks

- Do you have a health condition made worse by alcohol, ie diabetes, hepatitis, pancreatitis etc?
- Do you have heart disease, high blood pressure or are gaining weight?
- Are you on medications?
- Do you suffer from depression, anxiety or PTSD?
- Do you experience mood swings or irritability?
- Do you have trouble sleeping?
- Are you over 65?

Even if you are in the low-risk category you may need to drink less if you are in one of the above groups that are more susceptible to the effects of alcohol. Talk to your doctor or other health professional

Tips for changing your drinking

- Don't drink on an empty stomach – eat before and during drinking
- Choose light beer or other low alcohol drinks
- Set a limit to your drinking time
- Start with water, juice or soft drink to quench your thirst
- Drink slowly and don't top up drinks
- Do other things while drinking – play pool/cards etc
- Refill your own glass
- Count your standard drinks
- Drink at your own place and avoid shouts
- Have one to two alcohol free days or more each week
- Consider having an alcohol-free month as part of a healthy lifestyle

Take Action

If your drinking is risky or high risk you need more help, talk to your doctor or other health professional, alternatively further information is available on www.alcohol.gov.au

Declaration

- 4** I declare that:
- All statements in this notification 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 notification.
 - I understand CASA will use the currently held details to process this application and it is my responsibility to ensure my details are correct prior to lodgement.
 - 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 application checklist.
 - I acknowledge that to knowingly make a false or misleading statement in this application 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



By post – return this form and all supporting documents to:
CASA Aviation Medicine
GPO Box 1544
Canberra ACT 2601