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Australian Government
Civil Aviation Safety Authority



Designated Aviation Medical Examiners (DAME) Handbook

June 2024

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Glossary

Acronyms and abbreviations

Acronym / abbreviation	Descriptions
ARN	Aviation Reference Number
AMSANZ	Aviation Medical Society of Australia and New Zealand
AMSL	Above Mean Sea Level
ASAM	Australasian Society of Aerospace Medicine
AsMA	Aerospace Medicine Association
ATPL	Airline Transport Pilot Licence
CAA	Civil Aviation Act
CAR	Civil Aviation Regulations
CASR	Civil Aviation Safety Regulations
CASA	Civil Aviation Safety Authority (Australia)
CO	Designated Aviation Eye Examiner
DAME	Designated Aviation Medical Examiner
DAO	Designated Aviation Ophthalmologist
FAA	Federal Aviation Administration (US)
IAASM	International Academy of Aviation and Space Medicine
ICAO	International Civil Aviation Organization
JAA	Joint Aviation Authorities (Europe)
MRS Online	Medical Records System Online
MTOW	Minimum Take-Off Weight
PMO	Principal Medical Officer
VFR	Visual Flight Rules

Reference material

Document type	Title
Regulation	Part 67 of the <i>Civil Aviation Safety Regulations 1998</i>

Revision history

Revisions to this Standard Operating Procedure are recorded below in order of most recent first.

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5.1	June 2024	Chapter 7.10	Updated to include new colour vision policy
5.0	Jan 2024	Chapter 1 Chapter 5.2 Chapter 5.3	Update template Added to match template, all chapters now +1 Add Class 5 Add Class 5 and BC2 validities.
4.0	July 2022	Section 12	Update section 12
3.0	May 2022	Section 10	Update section 10
2.0	April 2022	Template Update	Updated
1.3	Aug 2018	All sections	Update and review
1.2	June 2016	All sections	Update and review
1.1	April 2012	All sections	Update and review
1.0	Feb 2008	Template and content of all sections	Update and review

1. Purpose

The designated aviation medical examiner (DAME) Handbook (the Handbook) has been developed by CASA to provide to DAMEs guidance or impose requirements in performing their role. It also explains the approach CASA takes in dealing with a range of medical conditions that it is expected that a DAME would adopt.

It also helps to inform what investigations or specialist reviews may be helpful in assisting CASA or the DAME in making a medical decision. Medical science progresses rapidly, new developments in medicine become accepted as best practice, and thereby change the existing practice. While it is desirable for the Handbook to be accurate and up to date, this is not always possible due to resource limitations.

Irrespective of the state of currency of the contents of a section of the Handbook, it is important to recognise that the decisions that CASA makes are on a case-by-case basis and will from time-to-time not match the generic information that is provided in the Handbook. This is either because the Handbook is not adequately up-to-date, or because the decision is based on the individual circumstances of the applicant under consideration.

As noted above, the Handbook is meant only as a source of guidance to DAMEs on issues which are of relevance in considering aero-medical certification of pilots with certain conditions and injuries.

It is not intended to be a policy statement that sets out the manner in which CASA will proceed to make decisions in any given case.

2. Scope

CASA and its antecedent organisations have published advice for DAMEs concerning practical and administrative aspects of their duties for many years. The most comprehensive and semi-permanent repository of such advice has been CASA's DAME Handbook, which originated in the late 1980s. The original hard copy publication was an amalgam of advice derived from many sources. Some of the material can be traced back to directives produced by the Aviation Medicine Branch within the Australian Department of Civil Aviation during the 1950s. A considerable debt is due also to earlier published advice from other Regulators, particularly CAA (New Zealand) and the US FAA.

The DAME Handbook was never intended to be completely prescriptive or authoritative, particularly in its more clinically oriented sections. The principal purpose of creating (and maintaining) such a publication is to provide a compact ready reference for DAMEs and anyone else in CASA's procedures related to aeromedical certification. Soon after The DAME Handbook was first published, a need for further explanation and elaboration of its contents became obvious, leading to creation of periodic DAME Newsletters issued by the Director of Aviation Medicine. Jointly, these publications aspired to answer DAMEs' FAQs and to provide guidance that would reduce errors and facilitate expeditious handling of the medical examinations and reports concerning applicants prepared for CASA.

By 1998, The DAME Handbook was showing distinct signs of nearing the end of its useful life. Parts of the Handbook had been so qualified and specifically interpreted that it was sometimes difficult for DAMEs and even for staff of CASA Aviation Medicine Section to understand all requirements. Thereafter, an interim revision was produced to remove the more glaring inconsistencies and contradictions that existed between it and some DAME Newsletters. At the same time, CASA had determined that all its future public documents should be created and maintained in electronic format, available on-line, rather than as hard copy. This decision had other major implications, particularly the accessibility of all such documents to unrestricted public scrutiny.

The first on-line version of The DAME Handbook was posted on CASA's website in May 1999. It represented only an interim answer to a continuing need to provide succinct, accessible, relevant advice to DAMEs and other interested persons. At that stage, much of its contents still derived from the reverence accorded to our authoritative forebears, who had not been constrained to reach decisions on evidence-based medicine principles. At least the style was brought into line with modern CASA standards.

The next priority was to review the contents of the system-based chapters. This task has continued ever since. CASA intended that this process would continue indefinitely, to ensure relevance and currency of

guidance provided. However, with rapid advances in medicine and increased and continuous need to update the Handbook, a decision was made in 2012 to re-create the Handbook in a manner that aimed at providing critically focused information - in the process changing from a primer in aviation medicine to a guidance document for DAMEs.

The new Handbook provides little if any information about medical conditions. This omission is deliberate and based on the awareness of several sites that are dedicated to medical information - sites that are maintained and updated almost weekly. What the Handbook provides is information about what is CASA's approach to medical certification, and what information is required for an appropriate risk assessment to be carried out.

CASA is committed to procedural transparency and to meeting best-practice standards in all its activities. Aviation Medicine Section's accelerating, continuous review of The DAME Handbook reflects that commitment and will result in the availability of a better, cross- referenced and more practically useful guide.

3. DAME/DAO Designations

3.1 Appointment and legal status of DAMEs

To exercise the privileges of a Flight Crew Licence or Air Traffic Control or Flight Service Licences, it is necessary to hold a medical certificate at the standard appropriate to the licence held. Designated aviation medical practitioners perform the necessary medical examinations for the medical certificate application under the [Civil Aviation Safety Regulations 1998](#) (CASR).

The persons appointed by CASA to perform these examinations are known as DAMEs or Designated Aviation Ophthalmologists (DAOs). They are responsible to CASA through its Principal Medical Officer (PMO), who oversees the administration of DAMEs and DAOs.

3.1.1 'Credentialed' DAMEs and DAOs

To meet CASA's needs and the needs of applicants for medical certification, regulation 67.055 of the CASR also enables CASA to declare appropriately qualified persons to be taken to be a DAME.

Under regulation 67.075 of the CASR, certain optometrists can also be declared to be taken to be a DAO, so that they can perform the examinations carried out by DAOs. These persons are known as Credentialed Optometrists (COs). If you wish to be credentialed as a CO contact Optometry Australia for details of training courses. See also discussion on Locum Approvals in which is also dealing with the credentialed persons.

3.1.2 Delegation to issue Class 2 medical certificates

By [CASA 26/18 — Issue of class 2 medical certificates \(Designated Aviation Medical Examiners\) delegation 2018](#), CASA delegated to all DAMEs the power to issue a Class 2 medical certificate, conditional on certain requirements in the delegation being met.

All DAMEs have the ability to assess and issue, where appropriate, Class 2 medical certificates, as a CASA delegate. Training and other requirements are detailed below. A DAME has a choice as to whether to issue a Class 2 medical certificate as a delegate of CASA.

Medical practitioners are required to maintain suitable professional indemnity insurance for cover of \$20 million. Evidence of this cover may be required (see DAME Handbook Chapter 13).

To request appointment or reappointment as a DAME or DAO, complete [Application for appointment or reappointment as Designated Aviation Medical Examiner or Designated Aviation Ophthalmologist form 755](#). Intending applicants may wish first to obtain additional information from the CASA DAME Liaison Officer via email dame.liaison@casa.gov.au.

3.1.3 Training Requirements—DAMEs and DAOs

All DAME applicants must meet the requirements of regulation 67.045 of CASR before being able to be appointed as a DAME. They must have undergone an acceptable course of training.

See CASA Website '[Eligibility and training for DAMEs & DAOs](#)'

All DAO applicants must meet the requirements of regulation 67.0465 of CASR before being able to be appointed as a DAME.

3.2 Qualifications and experience

3.2.1 Initial Appointment

Persons designated by CASA to perform Flight Crew and Air Traffic Services medical examinations must be registered with the Australian Health Practitioners Regulation Authority or (for doctors in other jurisdictions, the country in which they practice as DAMEs).

In accordance with regulation 67.045 of [CASR](#), a person may only be appointed as a DAME if the applicant has received training in aviation medicine or has demonstrated competence in aviation medicine.

Possession of the 'Australian Certificate in Civil Aviation Medicine' or similar qualification is the normal minimum requirement for appointment as a DAME. A list of approved aviation medicine courses that CASA will routinely approve for this purpose is available on the CASA website. It includes face-to-face and online training. Applicants for appointment as DAMEs on the basis of completion of other courses should contact CASA's DAME Liaison Officer via email dame.liaison@casa.gov.au to discuss requirements.

DAOs are encouraged to undertake the full DAME training course which will provide the context in which they provide their services. These practitioners are required to undertake continuing professional education approved by CASA. CASA will accept evidence of completion of continuing professional education required by an appropriate professional college, association or registration authority as satisfying this requirement.

It is a condition of appointment, that DAMEs, DAOs and COs resident in Australia are required to be members of the Australasian Society of Aerospace Medicine (ASAM). Overseas DAMEs are expected to show evidence of membership of a suitable aerospace medicine association to facilitate continuing professional development.

All designated examiners should, as far as possible, be aware of the conditions in which applicants for medical certification are employed or operate. CASA encourages designated examiners to acquire practical experience of these conditions.

Designation is usually granted only to practitioners in full-time practice. For practitioners who are not in fulltime practice, an adequate level of availability must be demonstrated. Designation can be granted for more than one location, subject to approval.

Prior to appointment, and periodically thereafter, DAMEs are required to give an undertaking to abide by specified conditions of appointment. This is contained Application for appointment or reappointment as Designated Aviation Medical Examiner or Designated Aviation Ophthalmologist form 755.

3.2.2 Renewal of appointment

It is a condition of appointment, that DAMEs are required to attend periodic training seminars or courses in aviation medicine approved by CASA. Approved aviation medicine courses and seminars are posted on the CASA website. Attendance at other aerospace medicine scientific meetings, may contribute to meeting this requirement, but DAMEs should check with CASA first.

DAMEs may also apply individually for approval of other appropriate training activities. Documented attendance at an appropriate activity is required as per the guidelines published on the web site.

Continued designation as a DAME is subject to the conditions set out in the application for appointment in Application for appointment or reappointment as Designated Aviation Medical Examiner or Designated Aviation Ophthalmologist form 755.

3.2.3 Duration of designation

CASA appoints DAMEs and DAOs for periods specified at the time of appointment. They are required to re-apply for appointment at the end of each such period (in the interest of continuity, DAMEs who are desirous of re-issue should apply at least 30 days before the end of the period of designation).

DAMEs must ensure that they fulfil continuing education requirements and provide evidence of these to CASA at the time of renewal. The online eLearning component is an important part of this requirement.

Failure to observe the relevant conditions of appointment as set out in [Application for appointment or reappointment as Designated Aviation Medical Examiner or Designated Aviation Ophthalmologist form 755](#) may be grounds for cancellation of designation.

The designation cannot be exercised if the DAME ceases to practise at the location(s) for which he/she is appointed unless CASA approves a change in practice location by issuing a new appointment document with the new location.

Note: DAME appointments relate to those nominated locations which have been applied for. A change of location **must** be approved by CASA. This will also ensure that applicants have up-to-date information about DAME location and contacts.

Designation does not extend to a designated examiner's partners, assistants, locums, or successors. Designated examiners who wish to have other practitioners act when they are not available, should apply for a DAME appointment. Adequate time must be allowed to permit designation to be processed.

For DAMEs' proposed locums, completion of an approved aviation medicine course is a prerequisite for approval. CASA does not usually approve locum appointments for periods of less than four weeks.

3.3 Duties and responsibilities of DAMEs

3.3.1 Code of Conduct

All DAMEs must comply with the 11.1 Code of conduct for DAMEs, DAOs and Cos.

3.3.2 Notification of change in medical condition

If the holder of a medical certificate tells a DAME or DAO about a medical condition that is safety-relevant, then the DAME or DAO must inform CASA of the condition within five working days.

A medically significant condition is safety-relevant if it reduces, or is likely to reduce, a person's ability to exercise the privilege of the licence they hold or have applied for.

Note that certain minor conditions (see 7.6 Temporary Incapacity of Certificate Holders) need not be reported until the applicant's next-following routine medical assessment. [CASR](#) 67.125 refers.

3.3.3 How to report

Communication with Aviation Medicine (AvMed) in the Client Services Centre by the DAME, DAO or Credentialed Optometrist to CASA should be via the online Medical Records System (MRS) notification. Details of how to do this are available in the Designated Aviation Medical Examiners MRS user guide.

See CASA Website for [Medical Records System](#)

3.3.4 Template available in medical records system

It is strongly recommended that DAME's use the supplied templates for communicating with the pilot or controller.

A range of templates are available, including grounding advice and clearances to exercise the privileges of their licence to which their medical certificate(s) relate. This ensures the advice is clearly communicated, and simultaneously updates CASA about the condition.

Details of the condition, treatment and supporting documentation must be uploaded with the notification.

3.3.5 Identification of applicant

The DAME must be satisfied as to the identity of each applicant for medical certification. Unless the DAME personally knows the applicant, he/she must sight a photographic identity document of the applicant. In the majority of cases, the MRS will provide the photograph on file. It is recommended that where photographic identification is provided by the applicant, a copy is taken by the DAME for MRS and DAME records.

The DAME is required to certify that they have formally identified each applicant: [CASR](#) 67.170 refers.

Note: It is prudent to remind applicants to bring photographic identification to their appointments.

3.3.6 Undertaking the medical examination

Applicants are required to give complete and accurate responses to all questions. The DAME is expected to review the applicant's answer to the medical history questions in the medical assessment report, in

conjunction with the applicant. They must ensure that the applicant understands each such question. The DAME should seek to clarify the safety-relevance of a positive response and include additional information where relevant. For example, headaches range from the trivial symptom to the severe migraine. The DAME should clarify which applies.

If a positive response is **not** felt to be safety-relevant, the reasons should be provided (as a comment) to avoid additional delay while this information is later sought.

In the event that the DAME answers the questions on the form on behalf of the applicant, it is essential that the applicant is able to review the responses to confirm accuracy.

All answers that are indicative of a clinical issue should be explored with the applicant.

The DAME must examine personally each applicant presenting for examination and record the results in the medical assessment report. Where the DAME obtains assistance from another staff member (nurse, other health professional) for performance of part of the examination, the DAME remains responsible and accountable for the conduct of the **entire** examination.

The DAME is to perform or arrange for any investigations or specialist assessments that are necessary for the examiner to be satisfied that the applicant meets the medical standard for the Class of medical certificate sought. Notification of tests and reports which have been arranged should be included in the appropriate question at the end of the medical application.

3.3.7 Declaration and consent

The application form contains an important declaration concerning the accuracy and completeness of the information provided by the applicant. It also includes consent for the release of medical information. It is essential that the applicant has the opportunity to read and understand this before acknowledging acceptance during the application process. It is recommended that DAMEs allow an applicant to read this consent before their appointment. It is also available to applicants when they complete the questionnaire.

The DAME is to comply with CASA's directions concerning completion and lodgement of medical reports. Details are available at 6.1 Submission of Medical Examinations.

3.3.8 Professional standards

The DAME is to maintain an up-to-date knowledge of the relevant civil aviation medical standards and techniques required by CASA and by International Civil Aviation Organization (ICAO), and also interpret these requirements for applicants for medical certification. In particular, the DAME is to understand and implement advice from CASA contained in the DAME Newsletters or of changes to the Handbook. Details of meetings are provided in the DAME Newsletter.

3.3.9 Administrative matters

The DAME is to notify CASA promptly of any change of address, change of e-mail address, change of telephone number, or absence from practice for periods of four weeks or more.

The DAME is to display his/her certificate of appointment as a DAME in his or her professional rooms.

The official CASA stamp is no longer issued to DAME's and has **no role** in the processing of applications.

DAMEs are requested to inform CASA of details when they learn of the death of any medical certificate holder (although this is not a requirement of appointment, such notice is useful for avoiding unnecessary communications from CASA, and also for monitoring of the health of Australia's aviation workforce).

3.4 Duties and responsibilities of DAOs and COs

On becoming aware of any condition that is safety relevant in the holder of or applicant for an aviation medical certificate, the DAO or CO must notify CASA of full details within **five** working days. Note that certain minor conditions need not be reported until the applicant's next-following routine medical assessment (see 6.5 Temporary Incapacity of Certificate Holders). [CASR](#) 67.125 refers.

The DAO or CO Duties and Responsibilities of DAOs and COs must be satisfied as to the identity of each applicant for medical certification. Unless the DAME or CO personally knows the applicant, they must sight a

photographic identity document of the applicant. Subsequently, the DAO or CO is required to certify that they have formally identified each applicant. CASR 67.170 refers.

The DAO or CO must examine personally each applicant presenting for examination and record the results in the eye examination report via MRS online. The DAO or CO is to comply with CASA's directions concerning completion and lodgement of eye examination reports.

See [examiners with Farnsworth lantern testing facilities](#) on the CASA website.

The DAO or CO must ensure that the applicant signs Application for aviation medical certificate declaration form 011A on completion of the examination, enter their details on the statement, and forward it to CASA within the period specified.

The DAO or CO must maintain an up-to-date knowledge of the relevant civil aviation medical standards and techniques required by CASA and by ICAO, and also interpret these requirements for applicants for medical certification. In particular, the DAO or CO is to understand and implement advice from CASA contained in the DAME Newsletters or of changes to the DAME Handbook.

The DAO or CO is required to display his/her certificate of appointment as a DAO or CO in his or her professional rooms.

The official CASA stamp is no longer issued to DAMEs and has **no role** in the processing of applications.

3.5 Facilities and equipment

DAMEs are required to provide the facilities and equipment as set out in the [Application for appointment or reappointment as Designated Aviation Medical Examiner or Designated Aviation Ophthalmologist form 755](#) under 'Conditions of Appointment of DAMEs'—paragraph 5.

Note: DAMEs using testing equipment, such as audiometers, spirometers etc, are responsible for ensuring that the equipment is serviced and calibrated according to the manufacturer's specifications.

DAOs and COs are required to provide appropriate facilities and equipment for eye examinations as required by CASA.

4. Legal

4.1 Powers under the Civil Aviation Safety Regulations

The Civil Aviation Safety regulations (CASR) confer the following powers on DAMEs:

- Extension of the period in force of a current medical certificate (which must not be longer than two months, see CASR 67.220 (4)), unless it bears the condition 'Renew by CASA only'. Refer CASR 67.210.
- Renewal of the validity of a medical certificate that expired within three months of the examination unless it bears the condition 'Renew by CASA only'. Refer CASR 67.225.
- Direction of an applicant for medical certification to provide or to authorise release by other parties of any information necessary to determine whether the applicant meets the required medical standard for certification. Refer CASR 67.225(3).
- Certification of continuing fitness for duty of pregnant air traffic control staff during late pregnancy. Refer CASR 67.235(2).

Certification of return of fitness to exercise privileges of a licence in a medical certificate holder who has been affected by a medically significant condition for a prescribed period. Refer CASR 67.265(4) and 67.270(3).

4.2 Indemnification of medical reporting

The CASR provides indemnification against civil or criminal liability for any DAME that, in good faith, performs an indemnified act in accordance with the Regulations. Refer CASR 67.140.

For this purpose, 'an indemnified act' means any act whereby a DAME, (including a CO) advises CASA of any concerns over the ability of a medical certificate holder or applicant to meet a required medical standard for such certification. CASA requires such advice to include written notification via the MRS.

Health practitioners and some organisations may have concerns about the handling and passing of personal medical information to CASA. Obligations relating to the MRS are detailed in [Chapter 13](#) of the DAME Handbook.

4.3 Fees

CASA does not set or recommend fees for general DAME, DAO, or CO examinations. A DAME can decide what fee to impose for conducting a medical examination.

Additional examinations and Medicare

Where additional consultations or investigations are necessary to ascertain if an applicant for medical certification meets the required medical standard(s), the applicant is usually responsible for meeting any costs involved. If such tests are undertaken principally for occupational purposes, they will not generally be eligible for rebate from Medicare Australia. However, if additional tests are required to elucidate a health problem for which medical opinion, investigation or treatment is clinically necessary, these should be rebatable. Affected applicants should be advised to discuss their individual cases with Medicare Australia.

DAMEs should ensure that they are clear in their advice to applicants about the correct use of Medicare rebates, to avoid misunderstanding and incorrect claiming of the rebate.

5. Medical Certificates

5.1 Licences

Aircrew and air traffic services licences are issued to applicants who have met the relevant technical and theoretical standards. Once a licence is issued, it continues in effect indefinitely unless suspended or cancelled. In general, a valid medical certificate appropriate for the class of licence must be held for the licence holder to legally exercise the privileges of the licence.

5.2 Classes of medical certificates for licence types

The three medical standards expressed in the CASR relate to Class 1, 2 and 3 medical certificates as follows:

Classes of medical certificates

Medical Standard	Applicable to
Class 1	Holders of Air Transport Pilot Licence, Commercial Pilot Licence, Flight Engineer, or Flight Navigator Licences.
Class 2	Holders of Student Pilot, Private Pilot, Commercial Pilot Balloons and Flight Radio Operator Licences.
Class 3	Holders of Air Traffic Services qualification (air traffic control or flight service licences).

An additional administrative standard (not expressed in the CASR) is now used for the 'Basic Class 2' & 'Class 5' certificate issued by CASA pursuant to an exemption.

Basic Class 2 Certificate

Medical Standard	Applicable to
Basic Class 2	Private pilots flying piston engine powered aircraft (limited to the visual flight rules) carrying up to five non-fare paying passengers.

Class 5 Medical Self-declaration

Medical Standard	Applicable to
Class 5	Private and recreational pilots flying for non-commercial activities. Student pilots conducting solo flights in an aircraft. Applicants for a recreational pilot licence or for the grant of a rating other than an operational rating on a recreational pilot licence. Restricted to aircraft with a MTOW up to 2000kg, maximum altitude of 10,000 feet AMSL, limited to day VFR only, carrying no more than 2 persons on board including crew members and no aerobatics or formation flying.

The eligibility requirements are listed in the instrument that grants the exemption for those who hold a record of a class 5 medical self-declaration.

The essence of these requirements include that the pilot or applicant for a licence or rating:

- must not have an excluded medical condition; and
- must not be regularly taking excluded medication; and
- must consider the information in the Guidelines for Medical Assessment document, including by consulting with a medical practitioner or other health care provider where recommended; and
- must not have ever had an aviation medical certificate cancelled or refused; and
- must not have ever had a private driver licence refused or cancelled on medical grounds; and
- must provide CASA with a copy of any driver's license medical examination that they are required to undergo.

A person who has been provided with a record of class 5 medical self-declaration:

- must renew their medical self-declaration on or before the renewal date that appears on the record; and
- must self-suspend or surrender their declaration if their medical circumstances change and they are no longer eligible for the exemption.

The process for making a self-declaration of medical fitness is:

- using the online process through MRS; and
- completing a mandatory online learning module; and
- completing the declaration of eligibility and acknowledgement of the exemption requirements; and
- paying the required administration fee.

An applicant for the online medical self-assessment process who has been required to undergo a driver's licence medical examination for any reason is required to provide a copy of their driver licence medical examination at the time of making the self-declaration.

Comprehensive details on the medical, operational, and administrative aspects of the class 5 medical self-declaration scheme are available in the Guidelines document. If a pilot, medical practitioner, or health care provider requires advice or support on the pilot's eligibility, they are encouraged to consult with a DAME, aerospace medicine specialists, or to seek advice from CASA Aviation Medicine.

5.3 Maximum validity period

See also 7.8 Periodic examinations requirements.

Unless otherwise advised by CASA Aviation Medicine:

Classes of medical certificates and the maximum validity period

Medical Standard	Duration of validity
Class 1	Medical certificate has a maximum validity period of one year, but for air transport pilot licence (ATPL) holders who are 60 years and over, the maximum validity period is 6 months. (Refer to Chapter 5.4 : Special reports and periodic tests required for medical certification, for an explanation about 'major' and 'minor' medicals).
Class 2	Medical certificate has a maximum validity period of 4 years for applicants less than 40 years of age on the day of issue, and 2 years for all other cases.
Class 3	Medical certificate has a maximum validity period of 2 years.
Basic Class 2	Medical certificate has a maximum validity period of 5 years for applicants less than 40 years of age on the day of issue, 2 years for applicants between 40-69 and 1 year for applicants who are 70 and over.

Medical Standard	Duration of validity
Class 5	<p>A Class 5 medical self-declaration has a maximum validity period of:</p> <ul style="list-style-type: none"> • 5 years, for pilots aged between 16 and 39 on the date of making the self-declaration; or • 2 years, for pilots aged between 40 and 74 on that date; or • 2 years, for pilots aged between 16 and 74 on that date who hold a conditional private driver's licence; or • 1 year, for pilots aged 75 years and over on that date.

Where an applicant's medical condition is under review, the duration of a Class 1, 2 or 3 medical certificate validity may be varied at the discretion of the Principal Medical Officer (PMO).

5.3.1 Validity length and dates

- If an applicant sits a major medical examination within 28 days of their certificate expiration date, then they will get a Class 1 medical certificate valid for a maximum of one year from that same anniversary date, and for an ATPL holder, a maximum validity date six months from that anniversary date.
- If an applicant sits their medical examination prior to the 28-day period before their expiry date for either their Major or Minor medical, their anniversary date will change to the date they sit the medical.

5.4 Special reports and periodic tests required for medical certification.

Periodic tests required in association with applications are listed in the reference chart. Automatic reminders are provided by the online system.

Designated aviation medical examiner's reference charts

5.4.1 Coronary heart disease risk factor prediction chart (CRI)

Use this profile for professional pilots 5 yearly (or private pilots, if clinically indicated) and every year for pilots over 60 years of age:

1. Find points for each risk factor.
2. Sum points for all risk factors
3. Age + HDL-C + Total-C + SBP + Smoker + Diabetes + ECG-VVH = Point total
4. For stress ECG if greater than 14 Points
5. If LBBB needs stress echo or perfusion scan.

A PDF version of the coronary heart disease risk factor prediction chart is also available.


5.4.2 Valid medical tests and specialist reports

- Periodic tests and reports should be no more than 90 days old at the time of the medical application.
- Special medical tests and reports required to fulfil surveillance requirements must be provided as specified by CASA (or DAME) in surveillance letters.
- To avoid delays, DAMEs should remind applicants requiring tests or reports to make appointments in advance wherever possible.
- All reports performed in connection with aviation medical requirements should be uploaded to MRS in full (see [chapter 6.1](#) Electrocardiographs for more information). This enables minor abnormalities to be tracked over time, for example, with stress electrocardiograms and echocardiograms.

- Tests must be undertaken consistent with the [Clinical Practice Guidelines](#).

- Note: On occasions, applicants may have undergone certain of these tests or specialist reviews independently of the CASA requirement. If they fulfil the recency requirement these reports are acceptable to CASA and should be uploaded to MRS.
- Note: DAMEs should ensure all documentation conforms to accepted standards for medical record-keeping. They must be careful to ensure correct identity of the subject of the report, the nature of the report, relevant dates, authorship etc.
- Note: DAMEs must recognise their duty of care to an applicant. Where a medical finding is identified, the DAME must ensure the information is conveyed promptly to the appropriate doctor for further investigation or other action.

5.4.3 Minimum class for licence type, special reports, and tests



Australian Government
Civil Aviation Safety Authority

AVMED+

Aviation Medicine Contacts:

AvMed - Call 131 757 and select:

- Option 1 for Medical Certificates
- Option 2 for MRS Support
- Option 3 for Complex Management Cases only
- Option 4 for DAME Enquiries

Assessments/IT Issues:
AvMed@casa.gov.au

DAME Liaison:
dame.liaison@casa.gov.au

CCM Cases:
clinical.governance@casa.gov.au

MyCASA Portal Assistance:
Call 131 757 & Option 4 and then Option 1

Clinical Practice Guidelines:
www.casa.gov.au/licences-and-certificates/medical-professionals/dames-clinical-practice-guidelines

CASA Medical Processing Fees:
As at 01 November 2023

• Processing Fee - Original / Renewal - Basic Class 2	\$10
• Processing Fee - Original / Renewal - Class 2	\$65
• Processing Fee - Original / Renewal - Class 1 & 3	\$75
• Extension or Interim Medical Certificate	\$50
• Application for a Reconsideration of a CASA decision	\$150

Minimum Class medical for issue of licence

Type	Class 1	Class 2	Class 3	BC2	RAMPC
RPL - Recreational Pilot Licence					●
PPL - Private Pilot Licence		●			
CPL - Commercial Pilot Licence	●				
ATPL - Airline Transport Pilot Licence	●				
FLTENG - Flight Engineer	●				
ATC - Air Traffic Controller			●		
CPB - Commercial Pilot Balloon Licence		●			
FSO - Flight Service Officer			●		

Special Reports & Tests

Age (yrs)	Ser., Lips & Bl. GI	Audio	Eye	ECG	PREDICT Calculation		
Initial Issue							
All	1,3	1,3	1,3	1,3	1,3		
Renewals							
25	1,3	1,3		1,3	1,3		
30	1,3	1,3		1,3	1,3		
32				1,3			
34				1,3			
35	1,3	1,3			1,3		
36				1,3			
38				1,3			
40	1,3	1,3		An ECG is required yearly from age 40 to 80 for Class 1 & every 2 years for Class 3.	1,3		
45	1,3	1,3			1,3		
50	1,3	1,3			1,3		
55	1,3	1,3			1,3		
60	To be done each year over 60 years.	1,3	1,3		To be done each year over 60 years.		
62			1,3				
64			1,3				
65		1,3					
66			1,3				
68			1,3				
70		1,3	1,3				
72			1,3				
74			1,3				
75		1,3					
76			1,3				
78			1,3				
80+	Additional requirements advised individually						
Class 2 & Basic Class 2	No additional tests required unless clinically indicated						

5.4.4 Over 60 ATPL Requirements

According to the [Chicago Convention \(ICAO\) Annex 1, section 1.2.5.2.1](#), once an Airline Transport Pilot Licence (ATPL) holder passes their 60th birthday, they must sit six monthly medical examinations. Whilst this is not expressed in the CASR, CASA has a discretion as to the minimum period of a medical certificate.

- Note: ATPL applicants 60 years or over, undertake all the routine periodic tests at the first medical undertaken at that age. This is termed the 'Major' medical. Six months later, at the second medical at that particular age, termed the 'Minor' medical, the periodic tests do not need repeating unless specific concerns are identified requiring fresh review, or there is an existing surveillance requirement.
- Note: DAMEs and applicants should carefully consider dates of periodic tests to ensure they do not fall out of sync thus incurring additional cost and effort.

5.4.4.1 Scenario 1 – ATPL over 60

Once an applicant turns 62 years of age, the first medical after their birthday will be a major medical examination. (refer to MRS which shows requirement for glucose and lipids, cardiac risk index, and eye examination) Six months later the applicant will then be required to complete a minor medical examination which would not require these periodic tests.

5.4.4.2 Scenario 2 - ATPL over 60

For a 62-year-old applicant with a surveillance requirement, the first medical after the birthday will be a major medical examination. (periodic tests must be provided as per requirement). In addition, the surveillance reports must also be considered as required in the direction from CASA.

5.4.5 Table of over 60 years ATPL testing requirements

Age	Major	Minor	Medical Exam	ECG	Serum Bloods & Fasting Glucose	Audio	Eye Report	Calculate PREDICT Score	CASA Audit Requirements	Glucose Tolerance Test	Stress Test
60	✓	-	✓	✓	✓	✓	✓	✓	If applicable	If fasting blood glucose is 5.5 or above	If CRI Score > 14
60.5	-	✓	✓	-	-	-	-	-	If CSR specifically states 6-month requirements	-	-
61	✓	-	✓	✓	✓	-	-	✓	If applicable	If fasting blood glucose is 5.5 or above	If CRI Score > 14
61.5	-	✓	✓	-	-	-	-	-	If CSR specifically states 6-month requirements	-	-
62	✓	-	✓	✓	✓	-	✓	✓	If applicable	If fasting blood glucose is 5.5 or above	If CRI Score > 14
62.5	-	✓	✓	-	-	-	-	-	If CSR specifically states 6-month requirements	-	-
63	✓	-	✓	✓	✓	-	-	✓	If applicable	If fasting blood glucose is 5.5 or above	If CRI Score > 14
63.5	-	✓	✓	-	-	-	-	-	If CSR specifically states 6-month requirements	-	-
64	✓	-	✓	✓	✓	-	✓	✓	If applicable	If fasting blood glucose is 5.5 or above	If CRI Score > 14
64.5	-	✓	✓	-	-	-	-	-	If CSR specifically states 6-month requirements	-	-

Age	Major	Minor	Medical Exam	ECG	Serum Bloods & Fasting Glucose	Audio	Eye Report	Calculate PREDICT Score	CASA Audit Requirements	Glucose Tolerance Test	Stress Test
65	✓	-	✓	✓	✓	✓	-	✓	If applicable	If fasting blood glucose is 5.5 or above	If CRI Score > 14
65.5	-	✓	✓	-	-	-	-	-	If CSR specifically states 6-month requirements	-	-
66	✓	-	✓	✓	✓	-	✓	✓	If applicable	If fasting blood glucose is 5.5 or above	If CRI Score > 14
66.5	-	✓	✓	-	-	-	-	-	If CSR specifically states 6-month requirements	-	-
67	✓	-	✓	✓	✓	-	-	✓	If applicable	If fasting blood glucose is 5.5 or above	If CRI Score > 14
67.5	-	✓	✓	-	-	-	-	-	If CSR specifically states 6-month requirements	-	-
68	✓	-	✓	✓	✓	-	✓	✓	If applicable	If fasting blood glucose is 5.5 or above	If CRI Score > 14
68.5	-	✓	✓	-	-	-	-	-	If CSR specifically states 6-month requirements	-	-
69	✓	-	✓	✓	✓	-	-	✓	If applicable	If fasting blood glucose is 5.5 or above	If CRI Score > 14
69.5	-	✓	✓	-	-	-	-	-	If CSR specifically states 6-month requirements	-	-
70	✓	-	✓	✓	✓	✓	✓	✓	If applicable	If fasting blood glucose is 5.5 or above	If CRI Score > 14

6. Medical Exams

6.1 Submission of medical examinations

6.1.1 Applicant expectations

There is an increasing focus on timely service delivery in all regulatory processes. Once the application is complete it should be submitted to CASA **within five working days**.

Because final submission is sometimes overlooked, an automated reminder will be sent out to DAMEs. If further information is awaited from the applicant, the reminder does not apply.

6.1.2 Online submissions and the Aviation Health Record

From 2015, CASA has received all applications electronically using its MRS. The external facing component is known as the Aviation Health Record and reflects the emphasis on a holistic view of health contributing to aviation safety.

This is a lifetime record and is progressively updated with medical information by the DAME.

A full review is undertaken at each application for a medical certificate, but further information may be added whenever there is a change in medical condition. DAMEs are reminded of the obligation to report such changes within **five working days**.

See CASA Website for '[Grounding - DAME Consultation and CASA Notification](#)'

Paper applications are not acceptable for a number of safety reasons. MRS provides important information about the applicant to DAMEs. It also prevents attempts to lodge multiple applications. It is expected therefore, that DAMEs will familiarise themselves with the applicant's history prior to the examination.

6.1.3 Other medical reports

Additional reports and test results should be entered directly into MRS, where appropriate (e.g., glucose and lipids) or uploaded electronically into the applicant's file. This must be done in a timely manner to minimise delays to applicants—typically within one working day.

It is essential that reports are uploaded individually and then correctly identified by the type of report (e.g., resting ECG, neurologist's report etc). Failure to do so results in required documents not being identified and avoidable delays because the applicant is asked to provide them a second time.

6.1.4 Specialist Reports

Specialists can be provided with online access to provide reports directly to CASA. Please contact Aviation Medicine if you require this access.

6.2 Regulatory Requirements

6.2.1 Declaration

When submitting an application for a medical certificate, the applicant is required to complete an online declaration.

DAMEs **must** ensure applicants have read and understood it prior to electronically signing it.

Note: It is strongly recommended that DAMEs make available to applicants a copy of the declaration and consent document prior to the medical examination.

The aviation safety system depends upon applicants for medical certificates to honestly and truthfully answer all questions posed of them by CASA and DAMEs and to diligently comply with the regulatory requirements. CASA promotes a 'just reporting culture' but this does not protect persons who recklessly or intentionally make false or misleading statements to CASA. Pilots and controllers with undisclosed safety-relevant conditions present a hazard to others and themselves. Additionally, they may attract additional legal and insurance liabilities, should an accident occur.

Prior to undertaking any aeromedical examination, the examiner is to inform each applicant of the possible legal consequences of a deliberate false or misleading statement made with the intention of obtaining a medical certificate.

A false or misleading statement with respect to a medical certificate is an offence punishable by up to 12 months imprisonment under the Criminal Code, section 137.1. In addition, an applicant commits an offence if they knowingly or recklessly make a false or misleading statement in relation to the application for the Medical Certificate. In this situation, CASA is prevented by [CASR 67.180](#) from issuing a Medical Certificate and DAMEs or CASA **must** refuse to issue the certificate.

6.2.2 Consents

A complete medical history is essential for an accurate risk assessment. In the application there are important consents for the release of medical information—see [Chapter 3.3](#) Duties and responsibilities of DAMEs.

For all medical examinations, CASA requires that the DAME personally ask the applicant the questions in the 'Examination' tab of the application, then personally record the answers given. This allows the DAME to assess the applicant's understanding of the questions and to provide any necessary explanations.

CASA similarly requires that the DAO/CO personally ask the applicant the questions in the medical history section of the eye assessment report, and personally record the answers given. This allows the DAO/CO to assess the applicant's understanding of the questions and to provide any necessary explanations.

6.3 The Medical Certificate

A medical certificate confirms:

- details of the class of medical certificate held.
- the validity dates.
- if the applicant fails to meet the medical standard
- restrictions imposed on the medical certificate (refer 8.2 Frequently used conditions endorsed on medical certificates)
- surveillance required.

6.3.1 Certificates issued by DAMEs

DAMEs are delegated to issue only class 2 medical certificates and are subject to compliance with all conditions of the delegation.

DAMEs are not obliged to assess an application, but may refer the application to CASA, and in certain cases must do so. See 12.1 DAME's assessment and issue of class 2 certificates for further details.

6.3.2 Certificates revalidated by DAMEs

Where permitted by [CASR 67.220](#) and [67.225](#), DAMEs may revalidate an existing current medical certificate or one that has expired for less than three months (see following Section). As a matter of law, every medical certificate is a new medical certificate. A medical certificate issued by a DAME under [CASR 67.225](#) is a revalidated medical certificate that had expired for less than three months.

6.4 Medical certificate extension or short-term re-issue

[CASR](#) 67.220 states:

67.220 Medical certificates—extension of period in force by DAMEs

1. A DAME must, on receiving an application under regulation 67.210 for an extension of the period during which a current medical certificate remains in force:
 - a. deal with the application in accordance with the Designated Aviation Medical Examiner's Handbook
 - b. extend the period only if the DAME is satisfied that this will not adversely affect the safety of air navigation.
2. If the DAME extends the period during which a medical certificate remains in force, the DAME must:
 - a. enter the period of the extension on the certificate or
 - b. give to the holder of the certificate a written notice setting out the period of the extension.
3. A medical certificate may be extended by a DAME only once.
4. An extension by a DAME of the period during which the certificate remains in force must not be for longer than two months after the day when the certificate would expire if the period had not been extended.

This process is facilitated by MRS, which asks at the end of the examination: 'Do you want to revalidate the applicant's medical certificate?' If yes, a new medical certificate is produced. The DAME signs the certificate, which may then be printed off (from the MRS document tree) and is automatically emailed to the applicant at their registered email.

A medical certificate can only be extended or issued if the DAME is satisfied that this will not adversely affect the safety of air navigation. Medical Certificates must not be extended or issued in the following circumstances:

1. There is a medical condition which may adversely affect the safety of air navigation.
2. The words 'Do not renew' or 'Renew by CASA only' appear on the existing certificate.
3. An initial application has been made for a class of certificate.
4. The Applicant's medical certificate has been suspended which remains in place.
5. Where the timing of the application does not meet the date criteria—examples are listed below.

If a DAME has any concerns about an applicant meeting the medical standard, he/she must decline to revalidate the medical certificate and refer the matter to CASA for determination. Relevant specialist opinions and/or investigations should be obtained, and the results forwarded to CASA, together with the DAME's opinion concerning the applicant's fitness for certification.

Date criteria: **Extensions** can only be issued as follows (refer CASR 67.220):

- If the applicant's medical certificate has not expired and the assessment is conducted more than 28 days before the expiry date shown on the certificate—for up to two calendar months from the date of the assessment. (But see 'Exception for ATPL recertification' below)

Example: Medical certificate expires 31 December 2018 Person arrives for medical exam on 01 December 2018. Certificate can be extended until 1 February 2019.

- If the applicant's medical certificate has not expired and the assessment is conducted within 28 days preceding the expiry date shown on the certificate - for up to two calendar months beyond the expiry date shown on the certificate.

Example: Medical certificate expires 31 December 2018. Person arrives for medical exam 14 December 2018. Certificate can be extended until 28 February 2019.

Date criteria: A **new issue** of a certificate by a DAME (not as a delegate of CASA) can only be issued as follows (refer CASR 67.225):

- If the applicant's medical certificate has expired, and the assessment is conducted within three calendar months of the expiry date shown on the certificate—a new medical certificate can be issued by the DAME for up to two calendar months from the date of the assessment.

Example: Medical certificate expires 31 December 2010. Person arrives for medical exam 1 March 2011. Certificate can be extended until 1 May 2011.

6.5 Actions on medical certificates

6.5.1 Directions to provide medical information

CASR 67.230 provides for CASA to require medical examination of certificate holders. This may be by submitting to an examination or the disclosure of information. Given the wide range of pathologies and the diverse skills required of certificate holders, relevant information may be required from a wide range of sources.

6.5.2 Suspensions

Under CASR 67.240, if CASA directs the holder of a medical certificate to submit to an examination under regulation 67.230, or to authorise the disclosure of information to CASA under that regulation, CASA may, in writing, suspend the medical certificate.

Medical certificates are suspended, and applicants directed to provide the necessary authority or information relevant to the suspension. The suspension remains in effect until CASA has provided the applicant with written notice that the suspension has been lifted.

Applicants are given the opportunity to provide information relevant to their medical certificate if they wish to dispute suspension notices. This is the 'Show cause' process.

Note: DAMEs are not delegated with powers to suspend medical certificates.

Note: In pregnancy, a pilot's medical certificate is taken to be suspended during the period beginning immediately after the end of the 30th week of gestation. No additional paperwork is required. However, a DAME is required to certify that the pilot is fully recovered following delivery or termination of the pregnancy. Refer CASR 67.235.

6.5.3 Cancellations

If, after undergoing an examination, the standard is not met, CASA may cancel a medical certificate under CASRs 67.255. Cancellation or suspension may also occur under 67.260 in various circumstances, for example, where the applicant has contravened a condition or failed to comply with a direction under 67.230. Failure to provide required information can lead to a cancellation of the certificate.

Note: DAMEs are not delegated with powers to cancel medical certificates.

6.5.4 Appeal options

If an applicant is dissatisfied with CASA's decision on an application for a medical certificate, there are a number of options.

- Discussion with the DAME and CASA. Experience demonstrates that often questions or frustration with the process can be addressed when the applicant can talk over the matters of concern. This is the quickest and cheapest option for all concerned.

Where this is insufficient, disagreement about the decision (merits review) may be handled as follows:

- reconsideration of the decision may be requested (there is a cost of \$150, and this can take 6-12 weeks). This application is made through MRS in the same way as an application for a medical certificate. It must be made within 21 days of the date the applicant is advised of the certification decision. The reconsideration of an application submitted to CASA must not be carried out solely by the CASA officer who made the decision being reconsidered. [CASR 67.190]
- the matter may be reviewed by the Commonwealth Administrative Appeals Tribunal (AAT). Applications must be made to the AAT within 28 days of the date of the certification decision. Legal advice should be sought in relation to the rights of review.

CASA recommends that applicants be advised to apply for reconsideration before seeking review in the [Commonwealth Administrative Appeals Tribunal](#).

Note: Reconsiderations cannot be sought in relation to a decision to cancel a medical certificate.

Where the complaint relates to the process, for example how AvMed staff dealt with matters, disagreement with AvMed about extra reports or results, or delays in processing, and contact with AvMed has not resolved the problem, complaints should be referred to:

- Industry Complaints Commissioner
- Commonwealth Ombudsman.

6.6 Identification of CASA examiners (DAMEs, DAOs and COs)

6.6.1 Aviation Reference Number

Each designated examiner (including approved locum examiners) requires an individual aviation reference number (ARN), which must be obtained from CASA. Find out about [applying for an ARN](#).

6.6.2 Locum Approvals

Locum approval must be obtained from CASA prior to the dates requested. CASA requires an email request including the requested date, the full name and contact details, CV, and evidence of current medical registration of the proposed locum. Once locum approval is gained in writing (by the issue of a CASRs 67.055 / 67.075 declaration that the locum is taken to be a DAME or DAO), the locum is able to perform aviation medical examinations and/or ophthalmological examinations using an issued non-regular examiner number.

Under the CASR, such locums are treated the same as DAMEs and DAOs in terms of indemnification, rights, and responsibilities. Locums are required to abide by the Conditions of Appointment.

7. Additional or Special Testing

7.1 Electrocardiographs

Routine electrocardiographs are required at specified intervals for Class 1 and Class 3 medical certification. They may also be required on clinical grounds by all classes.

All ECGs must contain with the following:

- applicant's full name
- applicant's ARN
- date of recording.
- 12 lead and rhythm strip (correctly labelled)
- standard calibration (10mm/mV)
- speed 25mm per second
- self-reporting included (if available)
- cardiologists report (if available).

DAMEs should check all ECGs and note on the CASA application form (or secure messaging if ECG is performed separately from an application) any safety relevant abnormalities.

Note: ECGs must be uploaded and correctly labelled on MRS (Category: Cardio/ECG resting).

Refer [Chapter 5.4](#) Special reports and periodic tests required for medical certification.

7.2 Acceptable blood pressure levels

Item 1.10 of table 67.150, Item 2.10 of table 67.155 2.10, and Item 3.10 of table 67.160 of the CASR specify that the systolic and diastolic blood pressures are within limits specified by CASA from time to time in the (even if approved drugs are used to maintain the blood pressure within those limits).

The acceptable upper limits are as follows:

- Systolic BP: 150 mm of Hg
- Diastolic BP: 90 mm of Hg

Applicants with blood pressure levels above this cut-off must be referred to their treating doctor, and it is recommended that applicants with high normal levels also seek medical review to minimise long-term complications.

Note: These upper limits are higher than best practice for medical management and have been chosen to allow for variation in and between management regimes. Refer to RACGP Red Book for further information.

Note: Higher BP recordings may increase the Cardiovascular risk Index (CRI).

7.3 Hearing Tests

7.3.1 Conversational voice test (Class 2 only)

Must be undertaken according to a recognised protocol. If the results are uncertain or unsatisfactory a pure tone audiometry is required.

7.3.2 Pure tone audiogram (Class 1 and 3)

Pure tone must be undertaken according to the periodic testing schedule. Testing must include the following frequencies as per CASR Part 67. Table 67.150 item 1.30.

Test frequencies: 500Hz, 1000Hz, 2000Hz, 3000Hz.

7.4 Special hearing tests

7.4.1 Speech audiogram

Failure to meet the standard obliges the applicant to undergo speech discrimination test (speech audiometry). Currently we require discrimination in one or more ears of 90% or better at any non-harmful sound level.

7.4.2 Operational flight test

If the applicant fails the speech-based hearing test, an in-flight test may be offered to experienced pilots. The operational check will involve evaluation of relevant aspects of the applicant's hearing by a CASA Flying Operations Inspector or an Authorised Testing Officer with test material transmitted from a control tower. Ideally the test should be conducted in the Class of aircraft that is the same as that which the applicant normally operates.

Standard protocol should be obtained from CASA and provided to flight testing officer.

7.4.3 Hearing aids and cochlear implants

It is essential that pilots using hearing aids or amplification for flying are tested in circumstances which replicate their individual practice or operational requirement. In other words, if a pilot uses hearing aids to fly, the flight test must confirm satisfactory performance.

The pure-tone audiogram performed by a DAME, or any other person is treated by the Aviation Medicine Section as a screening test only and is never used as the final arbiter of an applicant's ability to meet the hearing requirements for a Medical Certificate. Audiograms performed by DAMEs are acceptable. However, any audiometer used for CASA-required audiograms must have been calibrated within two years of the date of such examinations.

Note: The audiogram result is to be entered into the medical examination report even when a full audiogram is uploaded.

Note: DAMEs are requested to upload the full audiogram whenever audiometry is undertaken. This enables trends to be identified which may be of longer-term medical significance.

7.5 Assessment by Designated aviation ophthalmologists or Credential optometrist

Aviation eye examinations must be undertaken according to the periodic testing schedule and if indicated. The [Clinical practice guidelines](#) provide further information about common conditions such as glaucoma, diabetes etc.

A person whose visual acuity in either eye is worse than 6/60 must provide a full ophthalmic report (CASA Eye Report) to CASA. [CASR 67.150, 155, 160]

They must be undertaken by designated aviation ophthalmologist (DAOS) or credential optometrist (Cos).

Location and contact details are available on the relevant website (insert links for DAO and CO).

Note: DAOs and COs must ensure they obtain and record an adequate ophthalmological history. All examinations must be reported using the online MRS system.

7.6 Temporary incapacity of certificate holders

Refer CASR 67.265 and CASR 67.270.

CASA requires medical certificate holders who experience any medically significant changes in medical condition to inform CASA or a DAME of such changes.

The information is required to be conveyed to CASA or a DAME after the applicant has been aware of the change:

- Class 1 medical certificate holder, for longer than seven days
- Class 2 medical certificate holder, for longer than 30 days
- Basic Class 2 medical certificate holder, for longer than 30 days
- Class 3 medical certificate holder, for longer than 30 days.

Then the DAME is required to notify CASA of the matter within five working days.

Refer CASR 67.125. Notification to CASA must be via online MRS.

A licence holder must not perform any act authorised by the licence while he or she has a medically significant condition which impairs his or her ability to do the act. Before resuming the exercise of privileges under the licence, the licence holder must obtain prior confirmation of fitness from a DAME, as follows:

- Class 1 licence holder, where the medically significant condition has been present for longer than seven days.
- Class 2 licence holder, where the medically significant condition has been present for longer than 30 days.
- Basic Class 2 licence holder, where the medically significant condition has been present for longer than 30 days.
- Class 3 licence holder, where the medically significant condition has been present for longer than 30 days.

A DAME usually need not perform a full medical examination in these circumstances but should satisfy him/herself that the applicant has recovered from the illness, injury or other medically significant condition and meets the required medical standard for exercise of the privileges of any licence held. Published guidance must be followed such as the [Clinical practice guidelines](#). If the confirmation of fitness is questionable or outside of the published guidelines, DAMEs should liaise with CASA to determine the best approach.

Licence holders who fail to observe these requirements may be subject to heavy penalties, so DAMEs should take every opportunity to emphasise these legal requirements to them. Pilots should also be made aware of the potential for other consequences such as insurance status.

Note: Clearance should only be issued after complete recovery—not in anticipation.

Note: Notification to CASA by DAMEs, DAOs and Cos must be made using MRS Medical Assessment Report facility. It is strongly recommended the pilot/controller is given a letter confirming their status, using the MRS-supplied templates for this purpose.

7.6.1 Common minor self-limiting conditions

Certain trivial conditions in medical certificate holders need not be reported to CASA unless present at an applicant's routine medical assessment. However, DAMEs are to advise applicants that these conditions must have resolved fully, without sequelae, prior to applicants resuming the exercise of privileges.

Common examples include the following:

- influenza, coryza, other URTI
- cough in the absence of wheezing
- sinusitis
- occasional, mild headaches
- uncomplicated urinary tract infection
- gastroenteritis
- uncomplicated haemorrhoid(s) if not bleeding and requiring only symptomatic treatment.
- mild allergic rhinitis if no nasal blockage present and no antihistamine treatment required
- minor soft tissue injuries without residual pain
- muscular pain of short duration not requiring long-term medication and not related to any significant underlying chronic illness.
- dysmenorrhoea not requiring medication or absence from work.
- treated chronic fungal nail infections.
- dental extractions.

7.7 Additional investigations and specialist opinions

The DAME should refer an applicant (or arrange referral through the applicant's usual general practitioner) for appropriate specialist review(s) and/or other investigations whenever a significant abnormality in the history or physical examination of an applicant is detected.

The CASA DAME Clinical practice guidelines ([The Guidelines](#)) guide DAMEs in conducting aviation medical examinations in accordance with the DAME Handbook. The Guidelines describe how CASA expects DAMEs will approach particular issues and matters during examinations. They may also indicate relevant factors and limitation types, CASA may consider when deciding aviation medical certificate applications, noting its decisions are based on each applicant's circumstances. The Guidelines cover specific medical conditions as well as more general topics.

Unless an aeromedical specialist is being consulted, a referral should **not be to seek an opinion about whether the pilot meets the CASR medical standard**. That decision rests in law with CASA, and its delegates.

Note: It is recommended that the headings listed in the [Clinical Practice Guidelines](#) are copied into the referral letter (MRS templates may be used, or where applicable, the downloadable report forms, e.g. for migraine).

Once the DAME has collated all relevant investigations and reports concerning the applicant, these should be uploaded and correctly labelled via MRS and sent to CASA. The DAME's own opinion about whether the applicant meets the required standard(s) for medical certification may be attached, and whether medical certification with appropriate conditions is compatible with the safety of air navigation.

Where an applicant fails to return for follow up or completion of the assessment is delayed for more than three months for any reason, the DAME should forward to CASA advice of the situation and upload any reports available. Thereafter, in the event of further delays, or of the applicant failing to return for review, the DAME should advise CASA by secure messaging in MRS.

In general, inactive applications are administratively terminated after twelve months of inactivity.

7.8 Periodic examinations requirements

7.8.1 Timing of periodic examinations

Certificate	Frequency	Requirements on Initial Issue
Class 1 ATPL	12-monthly until age 60, then 6-monthly	Audio, Eye, ECG, Serum Lipids, Blood Glucose
Class 1 CPL	12-monthly	Audio, Eye, ECG, Serum Lipids, Blood Glucose
Class 2	Four-yearly until age 40, then two-yearly	N/A
Class 3	Two-yearly	Audio, Eye, ECG, Serum Lipids, Blood Glucose

7.8.2 Examinations

Type	Examination
Audio	Hearing Test / Audiogram
Eye	Specialist Eye Examination
ECG	Electrocardiogram
Serum Lipids	Total Cholesterol (fasting), HDL and LDL fractions
Blood Glucose	Blood Glucose (fasting)
Stress ECG	Exercise ECG on Bruce Protocol (no requirement for cardiologist referral)

Notes:

- All ECGs performed in connection with medical examinations marked with an asterisk (*) in the 'Age' column in the Class 1 and 3 table below are to be forwarded to the CASA Aviation Medicine Section.
- All abnormal ECGs are to be forwarded to the Aviation Medicine Section with medical assessment forms.
- Each applicant who scores more than 14 points on the Coronary Heart Disease Risk Factor Prediction Chart (CRI) must undergo a stress test evaluated by a cardiologist.
- Each applicant for a Class 1 or Class 3 medical certificate should have his/her risk score calculated at the original medical examination, then at the first medical examination after age 25, thereafter every 5 years until age 60, thereafter annually.
- Fasting serum lipid estimations must include total cholesterol, high and low density lipoprotein cholesterol fractions. Be certain to specify this on the pathology request form as an 'Occupational Requirement'. (This alerts the pathology laboratory that the investigation is not HIC rebatable and usually ensures it will be performed, even when other lipid values are within normal limits).
- On occasions, applicants may have undergone certain of these tests or specialist reviews independently of the CASA requirement. CASA will accept certified true copies of recent results (only).

7.8.3 Classes 1 and 3 additional requirements

The image below gives the additional tests/examinations that are required at each renewal examination for applicants for Class 1 and 3 Medical Certificates. Requirements for applicants aged more than 80 years will be advised individually.

Special Reports & Tests

Age (yrs)	Ser., Lips & Bl. GI	Audio	Eye	ECG	PREDICT Calculation
Initial Issue					
All	1,3	1,3	1,3	1,3	1,3
Renewals					
25	1,3	1,3		1,3	1,3
30	1,3	1,3		1,3	1,3
32				1,3	
34				1,3	
35	1,3	1,3			1,3
36				1,3	
38				1,3	
40	1,3	1,3		An ECG is required yearly from age 40 to 80 for Class 1 & every 2 years for Class 3.	1,3
45	1,3	1,3			1,3
50	1,3	1,3			1,3
55	1,3	1,3			1,3
60	To be done each year over 60 years.	1,3	1,3		To be done each year over 60 years.
62			1,3		
64			1,3		
65		1,3			
66			1,3		
68			1,3		
70		1,3	1,3		
72			1,3		
74			1,3		
75		1,3			
76			1,3		
78			1,3		
80+	Additional requirements advised individually				
Class 2 & Basic Class 2	No additional tests required unless clinically indicated				

7.9 Tests for alcohol and other drugs

For certain applicants, routine periodic urinalysis (or other tests) for substance use is a requirement of continued medical certification. It is medico-legally essential that such testing be performed in accordance with the specified protocol, as determined by CASA for the individual applicant.

It is essential that the test substrate is appropriate to the substance(s) under investigation for example blood, urine or hair. Please seek advice from CASA by calling 131 757 or emailing AvMed@casa.gov.au

One of the features of addiction related behaviour is denial. To promote recovery, openness and transparency is required involving the applicant, the regulator (CASA and DAME) and the operator. Delays in provision of required tests, adulteration of specimens and concealment of use all suggest stabilised abstinence has not been achieved. DAMES are encouraged to promote an open discussion between all parties about the proposed surveillance and the importance of compliance. CASA will usually seek the applicant's consent to share medical information openly between the applicant, company medical advisers, union and relevant medical specialists. This facilitates a faster return to work together with a greater opportunity for workplace support in recovery.

Relevant sources of advice and assistance include:

- [Australasian Medical Review Officers Association](#) (AMROA)
- [Human Interventions and Motivation Study](#) (HIMS Australia)
- FACHAM (list is available on [The Royal Australasian College of Physicians](#) (RACP) website).

Note: DAMEs should view with concern any delays or other failure to comply with testing and surveillance requirements. CASA should be notified of such concerns as soon as practicable.

7.10 Tests of colour vision

The following information details the types of vision colour tests for both pilots and air traffic controllers.

Pilot colour visions tests

We have 3 tiers of colour vision testing to determine whether a pilot meets the standard for colour vision. If you do not meet the standard, a DAME will issue you a medical certificate with restrictions.

Colour vision testing for pilots follows a sequence:

- Tier 1: Pseudoisochromatic plates (Ishihara PIP)
- Tier 2: Farnsworth lantern test (FALANT). Optec 900 test is also acceptable where FALANT is not available.
- Tier 3: You can choose to do either:
 - Colour assessment and diagnosis (CAD) test
 - Australian Operational Colour Vision Assessment (AOCVA).

The AOCVA is the final tier 3 assessment. For example, if you fail the CAD but pass the AOCVA we deem you have met the standard.

A person who fails the AOCVA means they don't meet the standard, even if they pass the CAD test.

DAMES, DAOs and Cos perform tier 1 tests with every aviation medical examination, as this is a requirement under ICAO Annex 1 Chapter 6.

Tier 2 tests are widely available through optometrists and ophthalmologists around Australia.

Tier 3 CAD test uses a specialised device that has limited availability. Only CASA-approved AOCVA Flight Examiners can perform tier 3 AOCVA tests.

Search for AOCVA flight examiner details on our Aviation medical contacts.

You can find full details on the conduct of the AOCVA in the CASA Flight Examiner Handbook. We also provide the medical certification for outcomes of colour vision assessment in the Clinical Practice Guideline.

Air traffic controllers colour vision tests

Air traffic controllers must pass the tier 1 test.

Air traffic controllers don't have the option to do tier 2 or tier 3 tests. If you do not pass the tier 1 test, you are not eligible for a Class 3 medical certificate.

7.11 Health promotion activities

ICAO requires states to include health promotion activities in the medical assessment process, with the aim of reducing longer-term health risks. [\[Annex 1: 1.2.4.3\]](#) By the identification of remediable and treatable risk factors and conditions, it is possible to reduce the long-term health risks to pilots and controllers.

It is therefore a requirement that at the conclusion of the medical, DAMEs provide feedback to applicants on their health status. Advice should be given about any modifiable risk factors identified. MRS provides trend data on matters such as blood pressure and weight and should be used to support recommendations.

DAMEs are not expected to become involved in treatment (unless the applicant is also a patient), but should provide a referral for the applicant, to attend their regular treating doctor. This should explain the areas of concern.

Note: Referrals or other actions taken must be recorded at the end of the medical in MRS. It is recommended to use the MRS templates, which will ensure a record is kept and available for future applications. This is an ICAO Standard and will therefore be auditable.

8. Conditions/Endorsements

8.1 Conditions and endorsements

Whenever appropriate, CASA (or DAME delegate for Class 2 certificates) places a condition or conditions of use on an applicant's medical certificate(s) which influences the validity of the medical certificate(s). Multiple conditions may be placed on a medical certificate, and different conditions may be placed on different classes of medical certificate held by an individual.

Conditions must be placed on the medical certificate. Where potentially sensitive medical information is involved, DAMEs may elect to provide a letter to the applicant stating the condition or endorsement, but they must reference the dated letter on the medical certificate. For example, the medical certificate states 'restricted in accordance with CASA/DAME Dr X letter dated dd/mm/yyyy'.

CASR 67.180(8) states that a medical certificate issued to an applicant who does not meet the relevant medical standard for the issue of the certificate, or to whom subparagraph (2)(f)(ii) applies, must bear a note of that fact. This means that anybody who does not meet the regulatory standard and is assessed under flexibility must have this note on the medical certificate—'Holder does not meet the relevant medical standard'.

DAMEs must offer applicants the opportunity to 'show cause' why a particular restriction may not be applied to their certificate.

DAMEs must provide details of appeal options (reconsiderations, Administrative Appeals Tribunal) to applicants.

Note: It is recommended that DAMEs use the templates provided in MRS for this purpose, modified to suit the individual circumstances.

8.2 Frequently used conditions endorsed on medical certificates

Frequently used conditions are numbered for ease of reference and may be found on the endorsements page.

8.3 Multi-crew endorsement

CASA uses multi-crew endorsements as a means of risk mitigation. Their use enables pilots to continue flying despite the presence of medically significant conditions which would otherwise pose an unacceptable risk to the safety of air navigation.

When a Class 1 or Class 2 medical certificate is endorsed with the condition **Holder to fly as or with a qualified co-pilot or Holder to fly with safety pilot only**, all of the following conditions apply:

1. The holder is restricted to operating either as or with a qualified co-pilot while exercising the privileges of the licence validated by the medical certificate.

Note: It is sometimes possible for an applicant to have an 'as or with co-pilot' restriction on a Class 1 medical certificate but an unrestricted Class 2 medical certificate.

2. Aircraft requirements:
 - a. the aircraft flown must be configured with side-by-side seating in the cockpit.
 - b. the aircraft being flown must have a full set of dual flying controls.
3. Certificate holder requirements:
 - a. wear a shoulder restraint harness at all times when occupying a control seat.
 - b. be prepared to relinquish command or control of the aircraft at the onset of any incapacity.
 - c. ensure that the other pilot has read the requirements in this document.
4. Other pilot's requirements:
 - a. occupy a control seat, except for short absences (absences only in the cruise with the autopilot engaged)
 - b. be endorsed and current on the aircraft type being flown.
 - c. be appropriately rated for the in-flight conditions.
 - d. has a medical certificate not restricted to multi-crew flight operations?
 - e. be aware of the type of incapacity the pilot may suffer in flight.
 - f. be prepared to take over the aircraft controls during critical phases of flight.
 - g. be competent and capable of concluding the flight safely from the control seat.

Note: This condition does not:

- preclude the medical certificate holder from being left on the flight deck alone in a 2-pilot operation.
- preclude the medical certificate holder from operating as a single pilot on a flight deck should the other pilot in a 2-pilot operation become incapacitated.

8.3.1 Class 3 'proximity' restriction

When a Class 3 medical certificate is endorsed with the condition Holder is required to inform employer of the nature and extent of his/her medical impairment and to co-operate in establishing mitigation strategies to minimise the effect of this impairment, the following applies:

The holder who has such a restriction on a Class 3 medical certificate is required to inform his/her employer of the nature and extent of his/her medical impairment and to co-operate with the employer in establishing strategies to minimise the risk of his/her impairment causing acute incapacitation. Relevant strategies may include, but are not limited to, measures such as special roster or shift arrangements, specified meal breaks, or guaranteed access to prescribed facilities.

When a Class 3 medical certificate is endorsed with the condition 'Holder may exercise the privileges of the licence without supervision, but there must at all times be another licensed air traffic controller who is aware of the holder's impairment present and able to assume the holder's air traffic management duties should the holder experience sudden incapacitation', the following applies:

The holder who has such a restriction on a Class 3 medical certificate is not permitted to undertake duty alone and is required to ensure, at the beginning of each shift, that his/her co-workers are aware of the type of incapacity the individual may experience while working and that at least one co-worker is available at all times to take over the individual's air traffic management duties should such a sudden incapacitation eventuate.

9. Administration

9.1 Quality assurance and audit

9.1.1 Good communication

Applications and reports should be submitted online to CASA as soon as possible following completion.

Poor quality reproductions of such reports are of no use to CASA or DAMEs and DAMEs are requested to ensure documentation is of a legible standard.

Use of emails is discouraged, for reasons of privacy and speed. DAMEs have access to secure messaging through the MRS and should use it. The system also avoids the risk of unintentional privacy breaches as might occur if an email is incorrectly addressed.

The DAME Newsletter is published regularly to keep DAMEs informed of developments. It is deliberately kept brief and focusses on current topics of interest. Previous editions are available online.

Note: Urgent service updates are provided on the 'Splash Screen' on the MRS logon page. This will advise if IT upgrades, or service work are due, and other urgent network information. It is updated as soon as AvMed has relevant information about MRS technical issues.

9.1.2 Medical Records

Maintenance of accurate contemporaneous medical records is essential. While the MRS provides a high-quality data store, DAMEs need to ensure that they have adequate practice records to meet their personal and practice obligations.

Practice records will need to comply with relevant professional requirements and ensure that practice staff working for the DAME also comply.

9.1.3 Practice Audit

Section 9 of the Civil Aviation Act 1988 provides CASA has the function of conducting comprehensive aviation industry surveillance. DAMEs will be audited against regulatory requirements from time-to-time. This may take the form of a paper-based review or a practice visit. The aim is to promote high quality practice and ensure compliance with the CASR. Findings will be advised in terms of:

- Level 1—administrative findings
- Level 2—safety-relevant findings and
- Level 3—regulatory breaches.

Developing a 'quality system' requires skill and effort. DAMEs are encouraged to seek advice and support from CASA, as well as develop collegial networks with other DAMEs, such as peer-review groups.

10. Applicants

10.1 Aviation reference number (ARN) and identification

All applicants must already have an Aviation Reference Number (ARN). These may be applied for on the [Applying for an aviation reference number](#) page.

All staff who access the online medical record system, must have their own ARN and password. Important privacy obligations are detailed in [Chapter 13](#) MRS Online—terms and conditions.

Correct identification of pilots and controllers is essential. In most cases MRS provides a photo for identification purposes. Practitioners may also wish to retain their own records of the applicant's drivers' licence or other photo ID. Where possible specialist and pathology reports should include the applicant's ARN. Care should always be taken in attaching reports to individual's files. Mistaken identity is an important cause of procedural and medical error.

10.2 Use of multiple DAMEs

We have a list of [DAMES and DAOs](#) on our website.

Pilots who operate in multiple locations may end up visiting a different DAME for every application. This may lead to a loss of continuity in the medical history and relationship with the DAME but is largely unavoidable.

However, there are some applicants who deliberately visit a different DAME on each occasion. This prevents a DAME from assessing an applicant over time, and of greater concern, it is sometimes used to reduce the chance of an adverse medical history being detected and acted upon.

DAMEs can identify the previous five DAMEs who have handled applications for an individual in the MRS. Where there are multiple DAMEs involved in applications, the reasons for this should be explored, and care taken to ensure the credibility of the information provided.

Similar concerns arise with applicants possessing medical certificates from overseas authorities. DAMEs **must always view the previous medical certificate** (or licence, if it is not a lifetime licence). Any restrictions or conditions should be noted, and information sought to determine the circumstances leading to the restriction or condition. In particular, the comment on the certificate stating that.

'...the applicant does not meet the regulatory standard.'

(or words to that effect) should prompt a request for information from the previous medical and details of the reasons for that assessment.

DAMEs should note that the CASA **application for a medical certificate** includes a consent at the end, which enables the requesting of medical reports from overseas authorities. This documentation should be sought prior to assessment.

For an authority like CASA, with an extensive number of overseas DAMEs, such travelling between them (or 'DAME shopping') presents a real safety risk. DAMEs with concerns must contact CASA for advice and assistance in resolving them.

11. Code of Conduct

11.1 Code of conduct for DAMEs, DAOs and COs

11.1.1 Applicability

In accordance with sub regulation 67.060(1)(b) of the CASR, a DAME must observe the **Code of Ethics of the Australian Medical Association**, as that Code is in effect from time to time.

The AMA Code of Ethics is designed to guide the conduct of medical practitioners in a general context and does not relate specifically to the statutory function assigned to DAMEs, DAOs and COs under the CASR.

This code of conduct supplements the requirements of the AMA Code of Ethics in order to address the particular role that DAMEs, DAOs and COs play in the process of medical certification under Part 67 of the CASR.

For the purposes of sub regulation 67.060(1)(a) of the CASR, it is a requirement that each DAME, and DAO must comply with this code of conduct in the performance of his or her duties and functions as a DAME, or DAO. This code of conduct serves as a best practice guide for COs (as they are not currently covered by Part 67).

11.1.2 Terminology

For ease of reference, the use of the term DAME in this document should be taken to mean DAMEs, DAOs, and (where applicable) COs. The term doctor should be read to mean 'doctors or optometrists where applicable'.

11.1.3 The purpose of the medical examination

The purpose of a medical examination performed by a DAME is to assist in determining the suitability for medical certification of medical certificate applicants. The DAME may perform these medical examinations as the applicant's own doctor (also referred to as the treating doctor) or purely in the capacity as a DAME (non-treating doctor).

As a DAME, the examination will include a consultation with the applicant, a physical examination and where necessary a file review of the applicant's medical history.

11.1.4 The role of the DAME

A DAME performs a medical examination and provides an impartial medical opinion to CASA. The DAME's role does **not** include providing any form of treatment to the applicant.

Certification decisions will be influenced by the DAME's opinion. Therefore, the DAME has a responsibility to ensure that professional opinions and recommendations are accurate, documented, objective and based on all the available evidence.

11.1.5 Aviation-related health promotion

DAMEs are required to implement appropriate aviation-related health promotion for pilots and controllers. [\[ICAO Annex 1 Chapter 6 1.2.4.3\]](#). Identification of health-related factors which can be managed to improve the health status will contribute to lowering the overall health-related risks.

A summary of these factors should be provided to the applicant, with a recommendation to attend the registered General Practitioner for further advice and management. Typical matters include lifestyle, alcohol, diet, exercise, weight, sleep etc. DAMEs should be careful to note the distinction between the regulatory role and that of the treating doctor. [See 'The role of the DAME' above.]

11.1.6 The DAME applicant relationship

The standard of care within the framework of the assessing relationship

The basis of the relationship between the applicant and the DAME is not the same as that within an established doctor-patient relationship (even when the DAME is also the applicant's usual doctor). However, applicants being assessed are often vulnerable and DAMEs are still required to maintain a professional standard of care. In this regard, the DAME must adhere to the principles in the Code of Health and Disability Services Consumers' Rights.

As such, the DAME should treat the applicant with respect, and ensure that they are not coerced, discriminated against, harassed or exploited. During any consultation with the applicant, the DAME is required to respect the applicant's dignity and communicate with the applicant in an appropriate professional manner that enables him or her to understand the information provided, and the role of the DAME.

11.1.7 Effective communication and consent

Some recurring problems in medical examinations performed by non-treating doctors are those related to poor communication with the applicant. This can lead to unmet expectations, misunderstandings and confusion about the DAME's responsibility to the applicant. Therefore:

- The DAME must ensure that the applicant understands the purpose of the medical examination and the role of the DAME. Although the applicant will usually be aware of this, the DAME should confirm this, and, if necessary, provide further explanation. This explanation should include discussion about the differences between the role of the DAME and the role of the applicant's own doctor.
- The DAME should clarify to the applicant that the role of the DAME is to gather the information and forward it to CASA. It is CASA's role to make the decision about eligibility for different classes of medical certificates, with or without restrictions or conditions. In certain circumstances, Class 2 assessments may be undertaken by DAMEs. (Refer 12.1 DAME's assessment and issue of Class 2 certificates).
- The DAME must explain what will happen during the examination and also ensure that the applicant is aware of what the DAME is doing throughout the consultation. This includes explaining the scope of the consultation and any tests that the examination may require.
- The DAME must obtain the applicant's informed consent to be examined. The DAME should ensure the applicant understands that any aspect of the medical examination will be included in the report to CASA. The DAME should not proceed with the examination if the applicant does not provide his or her consent. The DAME should also advise the applicant that he or she has the right to withdraw from the examination at any time and inform him or her that the report of the consultation (even if incomplete), will be forwarded to CASA. In such circumstances the DAME should record in the report to CASA at what point the examination was terminated and why.
- Ordering of additional tests and reports. CASA has identified a set of 'routine periodic' examinations that are required to be carried out at specified ages. Additional requirements may be requested by CASA. Where DAMEs choose to request additional tests, they should clearly spell out the reasons for the tests (likely to be required for assessment of aviation fitness, useful for applicant's health surveillance etc) and allow the applicants to exercise the choice of whether they wish to have the tests conducted and the consequence of declining to be subject to a test.
- The DAME must explain and ensure that the applicant understands what will happen after the consultation.
- Specifically, the DAME must ensure the applicant understands that the report must be provided to CASA. It is strongly recommended the DAME provides to the applicant a copy of the declaration and consent before the consultation. This gives them time to read and understand it.
- Any questions or requests for information should be directed through CASA's Freedom of Information process.

11.1.8 Recording a consultation

An applicant may want to record the consultation by video or audio tape. The DAME should consider such a request carefully and, if the DAME does not consent, ask the applicant to arrange for another DAME to conduct the examination.

11.1.9 Reports for CASA

Once the medical examination has been completed, the DAME who performed the examination must submit the medical examination form (and where necessary, additional reports) to CASA with his or her medical findings and/or opinion. Reports must be accurate and objective. In doing so:

- The DAME should not speculate or base recommendations on insufficient or flawed evidence.
- If the DAME is not satisfied that their medical opinion can be accurate, based on all available information, the DAME must clearly state this in the report.
- The DAME may choose to recommend further methods of investigation if appropriate (i.e., medical tests, x-rays etc).
- The results of any tests or investigations the DAME has ordered should be copied to the applicant's usual doctor.
- If the DAME detects a new medical condition as a result of the examination, the DAME should inform the applicant and refer him or her back to his or her usual doctor for further investigation. The DAME should notify the applicant's usual doctor in writing.
- Full, complete and open disclosure is fundamental. There will be occasions where there are conditions that DAMEs may believe are of no aviation significance. These conditions should be disclosed to CASA with comment as to why the DAME does not believe they are aeromedically relevant (with any justification). Where the DAME believes that there may be a risk to aviation, this should be clearly communicated to CASA.
- Even when it is CASA's role to make decisions about eligibility for different classes of medical certificates, with or without restrictions or conditions, DAMEs are able to make recommendations about restrictions or conditions.

11.1.10 Medical examinations of applicants who are the DAMEs general practice patients

In some circumstances the DAME may be the applicant's treating doctor as well as their DAME. This may be because the applicant lives in an isolated area where another DAME is unavailable. In this situation the DAME should clearly explain the difference in their role, so that the applicant understands that the usual dynamics of the doctor-patient relationship are different.

The DAME must ensure that any medical examination of an applicant for the purposes of medical certification under Part 67 of the CASR is accurate, objective and based on all the available evidence.

11.1.11 Financial influences for the non-treating doctors

The DAME must not allow for their interests or the applicant's personal interests to influence their examination, opinion or recommendations.

11.1.12 Declining to perform medical examinations

If a DAME does not consider themselves suitably qualified to conduct an examination or identifies a conflict of interest in relation to the examinee, the DAME must decline to examine the applicant. The DAME does not have to provide CASA with an explanation for doing so.

11.1.13 Advocacy and Conflicts of interest

DAMEs must ensure that any reports that they provide to CASA for medical certification purposes under Part 67 of the CASR are objective and expressed in professional terms.

Conflicts of interest should be actively managed. For example, DAMEs must not carry out medical examinations for members of their family and should avoid doing so with persons with whom they have commercial, financial or other relationships. For example, DAMEs should not examine business partners, or co-owners of aircraft.

Due to the paucity of aviation medicine specialists in Australia, DAMEs may occasionally find that they are requested by applicants or holders to provide evidence in support of reviews or appeals in tribunals or courts.

In doing so, DAMEs must use their best endeavours to identify and disclose actual and potential conflicts of interest and manage the conflict between their appointment as a DAME and that as an expert witness appropriately.

In the performance of any functions and duties, or the undertaking of any activities related to medical certification under Part 67 of the CASR, DAMEs must ensure that they remain objective and independent at all times and do not act as partisan advocates for the interests of medical certificate applicants or holders.

More information about conflicts of interest is good medical practice available from codes, guidelines and policies on the Medical Board of Australia website.

11.1.14 Obligation for professionalism in dealing with CASA

DAMEs must ensure that they maintain an appropriate professional relationship with CASA and that they do not engage in conduct which might bring CASA or any of its staff into disrepute.

This includes by:

- operating with CASA in a 'no surprises' manner
- communicating with CASA at all times in a professional manner
- disagreeing with, and arguing a point of view in an objective and evidence-based manner, and avoiding emotional or inflammatory statements
- not making disparaging or derogatory comments about CASA or individual CASA staff to applicants or other persons.

11.1.15 Managing complaints with CASA

There will be occasions where applicants or DAMEs may be dissatisfied with the way CASA has processed a medical application or about the decision that has been made.

Applicants should be provided the details of the website to enable making such complaints.

See CASA Website for pathways to make a complaint [here](#)

Where the DAME has a complaint, the first point of contact should be the DAME Liaison Officer, with escalation to the Principal Medical Officer (PMO), the Industry Complaints Commissioner, and the Director of Aviation Safety.

11.2 Conditions of Appointment under Civil Aviation Safety Regulations Part 67

CASR 67.060 states the appointment of a DAME is subject to the following conditions:

- a. that he or she complies with any requirement of the Designated Aviation Medical Examiner's Handbook that is applicable to him or her.
- b. that he or she observes the Code of Ethics of the Australian Medical Association, as that Code is in effect from time to time.
- c. that he or she undertakes continuing training in aviation medicine according to a course or system specified, or referred to, on the CASA website or otherwise approved by CASA.
- d. that, if he or she is convicted of an offence punishable by imprisonment for 12 months or longer (whether or not such a sentence is actually imposed), he or she tells CASA of the conviction in writing as soon as practicable.

The instrument of appointment of a DAME is also expressed to be subject to conditions imposed in accordance with regulation 11.056 of the CASR, namely:

1. the privileges of the appointment may only be exercised at the business address(es) specified above.
2. the DAME must comply with all the conditions of appointment in the attachment to the DAME or DAO Appointment or Reappointment form.
3. the DAME must comply with any requirement in CASA's DAME Handbook expressed as a mandatory obligation on a DAME.

For paragraph numbered 3, the following are mandatory obligations on a DAME. A breach of any of these conditions is a criminal offence and may also be grounds for CASA to terminate a person's appointment as a DAME:

1. The DAME is required:
 - a. to be satisfied as to the identity of each applicant.
 - b. to examine personally each application presenting for examination.
 - c. to devote such time and skill to the examination of applicants as is necessary to elicit a careful history and to conduct a full and thorough examination.
 - d. at the conclusion of each medical examination to forward the report to CASA as soon as practicable.
 - e. if the holder of a medical certificate tells the DAME about a medical condition that is relevant to aviation safety, the DAME must inform CASA of the condition within 5 working days.
 - f. keep themselves informed of, and follow the relevant standards, techniques and administrative procedures associated with medical examinations detailed in the DAME Handbook and in the DAME, Newsletter published by CASA on its website.
 - g. to notify CASA if absent from active practice for more than 4 weeks.
 - h. to notify CASA of any change of address, of contact details, or of cessation of practice.
 - i. to acknowledge CASA's right to terminate Designation should the DAME conduct himself/herself in a manner that is detrimental to the interests of CASA or breach any of these conditions of appointment.
 - j. to authorise CASA to publish in the DAME Newsletter and the CASA website the DAME's cessation of practice, resignation of appointment as a DAME or termination of appointment as a DAME by CASA.
 - k. to authorise, on request, the regulatory authority of any ICAO Contracting State that designated or designates the DAME to disclose to CASA information about the DAME's performance and competence as a medical examiner.
 - l. to authorise, on request, CASA to disclose to the regulatory authority of another ICAO Contracting State that designates medical examiners for that State that has designated the DAME or to which the DAME has applied to be designated, information about the DAME's performance as a medical examiner.
 - m. make their premises and documentation available for inspection by CASA.
2. A DAME is required to provide the following facilities and equipment:
 - a. a suitable examination room and general diagnostic equipment, including an accurate sphygmomanometer.
 - b. simple urine testing facilities.
 - c. Ishihara pseudoisochromatic chart (24 plate) for colour vision testing.
 - d. visual acuity charts(s) for use at 6 metres.
 - e. N series test types for near vision testing.
 - f. Ophthalmoscope.
 - g. a height measuring scale (cm).
 - h. weighing scales (kg).

- i. an electrocardiograph machine which complies with the Australian Standard, or a reliable local source for obtaining ECGs when required (a specimen tracing on a normal subject from this machine may be required).
- j. a suitable computer, document scanner, modem, and software package for communication with CASA. (Details will be notified from time to time).

DAMEs should also be aware that their designation as a DAME does not extend to their DAME's partners, assistants or locums. However, under CASR 67.055 of CASR, CASA may declare, in writing, that the person holding or occupying a particular office or position from time to time or performing the duties of a particular office or position from time to time, is, taken to be a DAME. CASA may also declare, in writing, that a medical practitioner specified in the declaration is, for the purposes of doing a particular act or thing specified in the declaration, taken to be a DAME.

12. DAME 2 / Clinical Practice Guidelines

12.1 DAME's assessment and issue of Class 2 certificates

A DAME may issue a Class 2 medical certificate to an applicant if the DAME (a **DAME delegate**) holds a current instrument of delegation from CASA permitting this. The process set out in this Chapter for a DAME delegate to issue a medical certificate may only be used for Class 2 medical certificates OR Class 2 as part of Class 1. Only CASA may assess for, and issue, Class 1 and Class 3 medical certificates.

A DAME delegate may only issue a Class 2 medical certificate in accordance with the Limitations and Conditions set out in the DAME's instrument of delegation. One of those Conditions is that the DAME delegate must comply with any requirements, procedures or guidelines set out in [Chapter 13](#) of the DAME Handbook.

To undertake a Class 2 medical assessment, the DAME must complete the Medical Assessment Report (MAR) in MRS. This identifies the conditions, their safety-relevance, and the certification decision.

12.2 DAME prerequisites for eligibility to be a DAME delegate for issue of Class 2 medical certificates

A DAME delegate may only issue a Class 2 medical certificate using MRS. Therefore, to be able to use the delegation, a DAME must have established the necessary secure and reliable electronic links to the MRS.

To be able to use the delegation, a DAME must provide CASA with an authenticated copy of his or her signature which will be electronically affixed to certificates issued by the DAME.

For support with MRS Online, contact the MRS Online Administrator using the following contact details:

- Phone: 131 757 (Local call cost within Australia)
- International: +61 2 6217 1888
- Fax: +61 2 6217 1640
- Email: Avmed.ITsupport@casa.gov.au

To be able to use the delegation, a DAME must first must have successfully completed the CASA update and medical certification eLearning module on our website.

12.3 Excluded medical conditions and prior endorsements

A DAME must refer to CASA the aeromedical assessment of any application for a Class 2 medical certificate to replace an expiring or expired Class 2 medical certificate, if.

- the previous certificate was endorsed with DNR (Do Not Revalidate)
- the previous certificate was suspended, cancelled or refused.

A DAME delegate **must not** issue a Class 2 medical certificate for any **excluded medical condition** and must refer to CASA for assessment. If any excluded medical conditions are apparent or disclosed **before or during** a medical examination, the DAME must refer the applicant to CASA for assessment. The excluded medical conditions are that the applicant has, or has had, one or more of the following:

- seizure or epilepsy
- psychosis or a condition that could lead to psychosis.
- dementia.

If assessing a Class 2, a DAME must apply appropriate surveillance with a letter and a condition on the medical certificate as required. The DAME is responsible for ensuring the conditions of the surveillance are observed. The DAME must also ensure that surveillance requirements are recorded and updated in MRS.

Note: DAMEs should be familiar with the MRS surveillance tool, and ensure they have a practice procedure to initiate, and handle recalls and other surveillance requirements.

In all cases where the DAME does not wish to make the assessment or has particular concerns about a Class 2 medical certification, they should promptly submit to it CASA. CASA is available for advice where needed.

12.4 CASA's approach to aeromedical risk assessment for clinical problems other than excluded medical conditions

DAMEs must assess a Class 2 applicant in accordance with CASR Part 67. If an applicant fails to meet the Class 2 medical standard, further consideration may be possible under the flexibility provision in CASR 67.180 (2)(e)(ii), where having taken into account the result of the examination, the extent to which the standard is not met is not likely to endanger the safety of air navigation.

If a medical condition or clinical issue (other than an excluded medical condition) is identified during a medical examination, the next step is to conduct an aeromedical risk assessment.

An aeromedical risk assessment requires investigation of the following:

- the nature and extent of the medical condition itself
- the medical treatment for such a condition
- the stability of the condition for the duration of the Class 2 medical certificate if one were to be issued.
- the likelihood of a medical event occurring that could affect aviation safety (an aviation event), taking into account, in particular:
 - a. the effect of aviation on the condition (for example, low pressure, lack of oxygen, jet lag and long hours)
 - b. the effect of the condition on aviation (for example, the loss of sight in 1 eye affects the ability to undertake a visual scan). Each of these aspects can be individually risk-managed by consideration of the likelihood (mainly clinical) and consequences (mainly operational) of an aviation event occurring.

The mitigations might include any of the following:

- definitive treatment (e.g., cardiac ablation, appendectomy)
- maintenance therapy (antihypertensives, steroid inhalers)
- conditions and restrictions on the Class 2 medical certificate.

Operational limitations and restrictions, designed to mitigate risk, may be imposed by the DAME delegate as conditions on the Class 2 medical certificate.

In the operational setting examples of such operational limitations and restrictions might include requirements for one or more of the following:

- no passengers
- an additional pilot
- local flying only
- no flying over built up areas.

When safety relevant medical problems are identified, the DAME must actively consider whether to impose operational limitations and restrictions in the form of conditions on a Class 2 medical certificate. Where

aeromedical risk of a safety-relevant medical problem is **not** mitigated by conditions or restrictions, the application must be referred to CASA.

12.5 DAME Clinical Practice Guidelines

12.5.1 Use of the Guidelines during DAME examinations

The [DAME Clinical Practice Guidelines](#) provide a source of guidance to DAMEs. The Guidelines describe CASA's expectations about how certain medical issues or matters are to be approached and examined by the DAME.

The information provided in the Guidelines is generic and indicative only. However, subject to this limitation, a DAME delegate must reasonably follow the Guidelines and take them into account in assessing an application (his or her decision-making for the issue of Class 2).

The Guidelines are organised with a separate medical condition on each page and the initial view is alphabetical.

Each Guideline provides DAMEs with advice on clinical matters and the range of information to be considered by the DAME about the particular medical condition and how it is best approached to enable timely and effective decision making. Also provided are sections on indicative outcomes and information that can be useful for the applicant to know.

12.5.2 Use of the Guidelines during the DAME assessment process

Before making a medical assessment of an applicant, the DAME must first consider all of the information in the Guidelines as it applies to the applicant's medical conditions.

DAMEs should use the applicant data recording forms also available with the Guidelines [e.g., headache questionnaire]. This ensures complete and consistent history taking in the recording of more complex conditions.

DAMEs may also refer to CASA at an early stage for advice or clarification. A good initial decision is preferable to correcting mistakes.

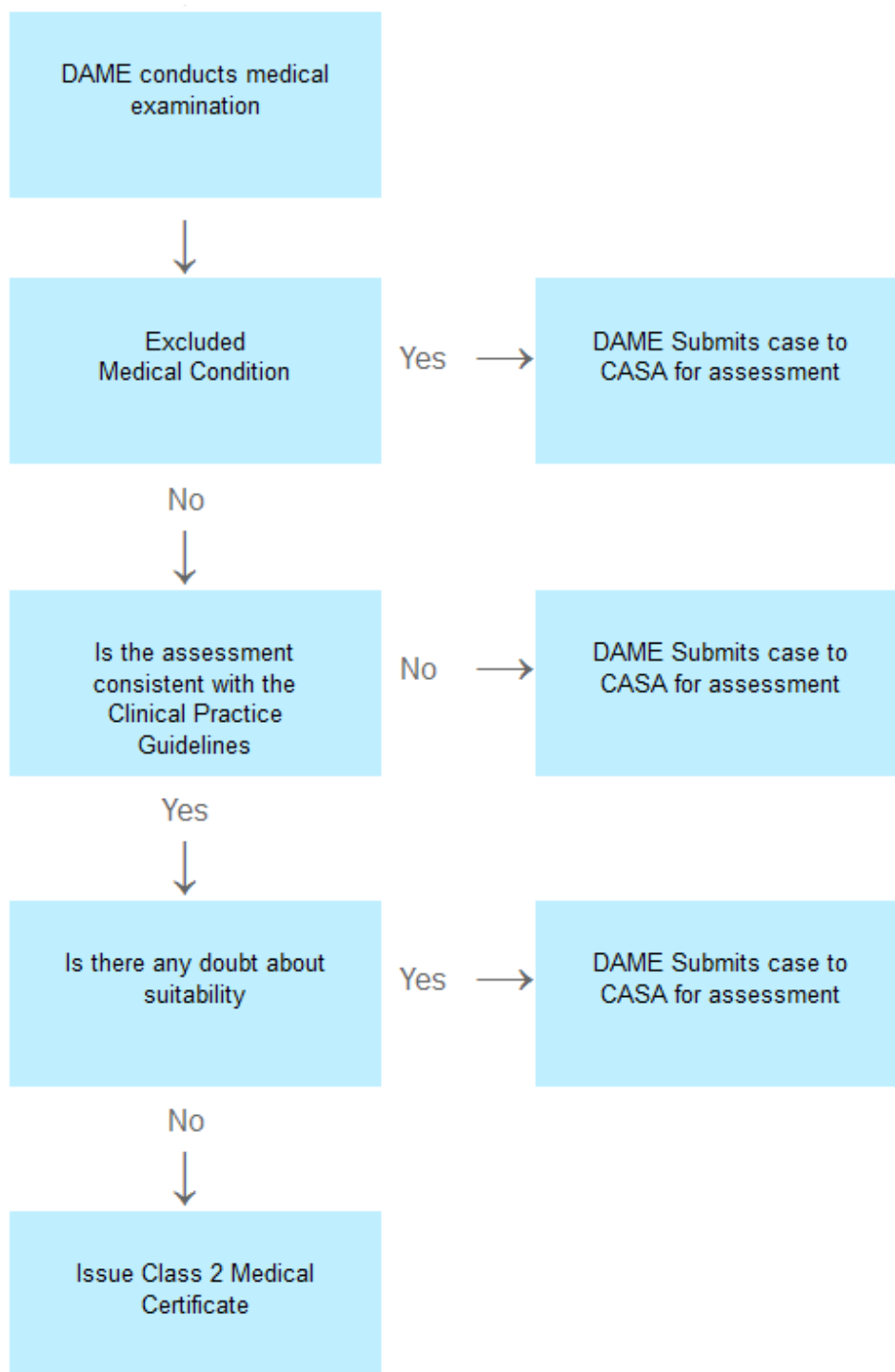
12.6 Procedure for a DAME to issue a Class 2 medical certificate

The process involved and the required procedure for a DAME to follow for the issue a Class 2 medical certificate is sequentially as follows:

1. The DAME must conduct a medical examination of the applicant.
2. The DAME must refer the application to CASA in the following circumstances:
 - the previous certificate was endorsed with DNR (Do Not Revalidate)
 - the previous certificate was suspended or cancelled.
 - if an excluded medical condition (see [Chapter 12.3](#) Excluded medical conditions and prior endorsements) is apparent or disclosed.
3. If the DAME's assessment following the medical examination is consistent with the DAME Clinical Guidelines (see [Chapter 12.5](#) DAME clinical practice guidelines), the DAME must issue a Class 2 medical certificate provided:
 - all necessary investigations and information required have been reviewed.
 - the DAME is satisfied that the assessment supports the issue of the Class 2 medical certificate.
 - there is no countervailing reason under the DAME delegation, the relevant regulations or this [Chapter 12](#) why a Class 2 medical certificate should not be issued.
4. If the DAME's assessment following the medical examination is inconsistent with the DAME Guidelines, the DAME must:

- not issue a Class 2 medical certificate
 - refer the applicant to CASA, with an opinion concerning a departure from the Guidelines.
 - ensure that the applicant is informed that the DAME's assessment is inconsistent with the DAME Guidelines and that the applicant must be referred to CASA for assessment.
5. Where the Guidelines are silent on a medical condition affecting a particular applicant, the DAME may make a decision based on the best medical knowledge and evidence available to the medical profession at the time. Reference should be made to the ICAO medical manual and other suitable references. Links are provided within MRS. However, the evidential basis for the risk assessment must be clearly described.
6. If, following an applicant's medical examination, the DAME:
- assesses that a Class 2 medical certificate should not be issued.
 - holds a reasonable doubt about the applicant's suitability to be issued with a Class 2 medical certificate, then the DAME must do the following.
 - not issue a medical certificate
 - refer the applicant to CASA for medical assessment.
 - inform CASA of the DAME's reasons for not issuing the certificate
 - ensure that the applicant is informed of the DAME's inclination or doubt, and that his or her application must be referred to CASA for assessment.
7. DAMEs must offer applicants the opportunity to 'show cause' why a particular restriction may not be applied to their certificate.
8. DAMEs must provide details of review options (CASA reconsideration, Administrative Appeals Tribunal) to applicants.

12.6.1 Flowchart of Class 2 medical certificate procedure



13. MRS online terms and conditions

Part 1 — Preliminary

13.1 DAME Activities

1. In accordance with sub regulation 67.180(2) of the CASR, DAMEs examine Applicants to assist CASA in determining the Applicants' suitability for medical certification. In performing this role, DAMEs will require access to MRS Online.
2. A DAME's functions under the CASR may also include:
 - a. extending a current medical certificate under sub regulation 67.2220(1), and
 - b. issuing a new medical certificate under sub regulation 67.225(3) where a medical certificate has expired.
3. Sections 2.4 and 10.1 provide further information about the role of DAMEs and the purpose of the medical examinations they perform.

13.2 Overview of MRS 2.0

1. From the Cutover Date, MRS Online is being upgraded to MRS 2.0. MRS 2.0 is a tool for processing applications for aviation medical certificates. It provides an online portal for Applicants to do the following:
 - a. apply for a medical certificate.
 - b. record medical information.
 - c. submit examinations.
 - d. make payments.
 - e. check the status of their application.
 - f. update their contact information.
2. MRS 2.0 also allows DAMEs, in real time within a secure online environment, to do the following:
 - a. carry out examinations and to submit examination findings.
 - b. identify an Applicant and receive alerts regarding the Applicant's medical history.
 - c. liaise with CASA.
3. MRS 2.0 retains all information entered so DAMEs can reuse it at future examinations. The information contained in MRS Online (MRS Records) comprises Sensitive Information about Applicants and their physical/mental health or disabilities.
4. For the purpose of DAME Activities, CASA will provide DAMEs with access to MRS Online subject to these Terms and Conditions.

13.3 CASA's privacy obligations

1. CASA's ability to Use Personal Information contained in MRS Records is regulated by the Privacy Act and by the APPs established under that Act.
2. The APPs impose various duties on CASA to appropriately manage and protect the Personal Information it Holds, especially Sensitive Information. These duties include obligations to take reasonable steps to undertake the following:
 - a. implement practices, procedures and systems for ensuring compliance with the APPs (APP 1.2).
 - b. ensure the Personal Information it collects, and Uses is up-to-date, complete and secure (APP 10).
 - c. protect the Personal Information it Holds from misuse and unauthorised disclosure (APP 11.1).

3. Aside from its legal obligations, CASA is accountable for ensuring that Individuals can trust it to appropriately handle and protect their Personal Information.
4. These Terms and Conditions have therefore been designed to ensure CASA can satisfy not only its obligations in this regard but community expectations as well.

13.4 Access rights to MRS 2.0

1. DAMEs can access MRS 2.0 for training or clinical purposes related to examinations. As appropriate, they can also Use MRS 2.0 to:
 - a. upload reports and information for CASA to consider in assessing an Applicant's suitability to hold, or continue to hold, an aviation medical certificate, and
 - b. in relation to Applicants they examine, email those Applicants (and only those Applicants) certain MRS Records relating to them.
2. CASA has configured the MRS 2.0 to grant DAMEs access rights to all MRS records, other than CASA's internal records. However, those rights are subject to DAMEs complying with these Terms and Conditions, including the duty only to access records they require for a legitimate purpose. To enforce this requirement, CASA monitors and routinely audits access to MRS Online.
3. Where relevant to their duties, DAME Personnel will also be able to access MRS 2.0 as Authorised DAME Personnel, though their access rights will be restricted to prevent them from accessing more information than they reasonably require to perform duties in support of DAME Activities.
4. DAMEs are liable for all –
 - a. actions logged under MRS Online logins assigned to them or to Authorised DAME Personnel; and
 - b. access to MRS Online by any DAME Personnel.

Part 2 — Guide to Terms and Conditions

13.5 Objectives

1. These Terms and Conditions set out various security measures DAMEs must adopt to protect MRS Records from misuse and unauthorised access/disclosure. These measures include ensuring the records are only accessed by those who are permitted to have them and who require them for a legitimate purpose.
2. CASA has taken certain security measures to protect MRS Records. These measures include ensuring that MRS Online is only accessible to DAMEs and Authorised DAME Personnel using individual logins. CASA conducts regular audits of system access and may contact DAMEs as a part of the audit process. CASA also has tools for detecting excessive or inappropriate use of MRS Online and will investigate any suspected instances of these sorts.

13.6 Overview of main Parts

1. The detailed requirements for DAMEs in using MRS Online are set out at Part 4 to Part 8. Part 9 and Part 10 relate to arrangements for administering MRS Online.
2. Part 4 requires DAMEs to establish a privacy management framework for handling and protecting MRS Records. This is principally to ensure compliance with APPs 1.2 and 1.3.
3. Part 5 sets out the circumstances in which DAMEs can Collect, Use and Disclose MRS Records. It prohibits DAMEs from doing these things otherwise. This is principally to ensure compliance with APP 11.1.
4. Part 6 describes requirements for DAMEs to do each of the following:
 - a. ensure the quality of Personal Information contained in MRS Records whenever they Collect, Use or Disclose this information.
 - b. not upload Material that is defamatory, misleading, inflammatory, or offensive.

- c. store MRS Records securely.
 - d. destroy or de-identify Personal Information in Disused Records, where authorised by CASA.
 - e. destroy or return MRS Records (other than Relevant Records) where demanded by CASA.
 - f. remove and, if required, replace a Relevant Record that CASA reasonably objects to.
5. These requirements are to satisfy APPs 10 and 11. They assist to ensure that, whenever a DAME uploads a Relevant Record, the Personal Information in those records is as accurate as possible and up to date at the time of uploading.
 6. Part 7 describes requirements for DAMEs to correct or alter Personal Information in Relevant Records, but generally only where it has notified CASA first. These requirements are to ensure compliance with APP 13. They include a duty for DAMEs to upload corrected versions of Relevant Records that are found to contain incorrect, inaccurate, or incomplete Personal Information.
 7. Part 8 details security measures DAMEs must adopt to protect MRS Records. These are to ensure compliance with APP 11 and to protect CASA's reputation as a trusted holder of Sensitive Information.
 8. Part 9 sets out arrangements for managing IP Rights. The purposes of these provisions are as follows:
 - a. enable Material to be uploaded to MRS Online and shared without breaching IP Rights or Moral Rights.
 - b. prohibit DAMEs from uploading Material if this would infringe another person's IP Rights or Moral Rights.
 - c. permit DAMEs to continue to own IP Rights in the Material they create and upload.
 - d. grant CASA rights to use Relevant Records, including a right to license it to others for DAME Activities.
 9. Part 10 relates to the general terms and conditions such as:
 - a. the duty of DAMEs to cooperate in CASA's running of MRS Online, including a duty to assist in resolving an MRS Online inquiry, investigation, or complaint; and
 - b. a disclaimer of CASA's liability for any loss resulting from errors in MRS Records.
 10. Part 10 also sets out transitional arrangements for Existing DAMEs who require some time after the Cutover Date to establish a compliant privacy management framework or practices for managing Redundant Accounts or Compromised Accounts.

13.7 Relationship to codes of ethics

1. The obligations imposed on DAMEs through these Terms and Conditions parallel many of the ethical and privacy obligations of all medical practitioners to safeguard a patient's personal health record. These include the obligations of doctors under:
 - a. clause 1.1 of the AMA Code of Ethics to:
 - i. maintain patient confidentiality; and
 - ii. ensure patient information is stored, accessed, and utilised securely.
 - b. the Medical Board of Australia's [Good medical practice: A code of conduct for doctors in Australia](#) to:
 - i. protect patient privacy and confidentiality (clause 3.4); and
 - ii. ensure medical records are held securely and protected against unauthorised access (clause 8.4.2).
 - c. The Royal Australasian College of Physicians' [Guidelines on ethics and professional conduct for occupational physicians](#) to:
 - i. strictly control access to medical records by occupational health service employees (clause 2.1); and
 - ii. employ appropriate security measures for storing or transmitting medical information (clause 2.2).

13.8 Breach of Terms and Conditions

1. In relation to DAMEs subject to Part 67 of the CASR, any DAME who breaches these Terms and Conditions will be regarded by CASA as having breached their conditions of appointment under regulation 67.060 or 67.080 of the CASR.

This includes conditions under sub regulations 67.060 (1) and 67.080 (1) that DAMEs observe the AMA Code of Ethics. Consequently, any breach of these Terms and Conditions may result in CASA cancelling the DAME's appointment under paragraph 67.095(1)(c) of the CASR for failing to meet a requirement for holding their appointment.

2. COs are not subject to Part 67 of the CASR. Optometry Australia appoint each CO to perform particular DAME Activities (i.e., aviation eye examinations) under an agreement made between them, CASA and Optometry Australia. This agreement includes the Credentialed Optometrist Rules (CO Rules). The CO Rules oblige COs to comply with:
 - a. the [Optometry Board of Australia's Code of Conduct](#) for optometrists (paragraph 3.1(d)); and
 - b. the DAME Handbook (paragraph 3.1(f)(viii)).
3. Consequently, any breach of these Terms and Conditions by a CO may result in Optometry Australia cancelling the CO's appointment under rule 3.4 of the CO Rules.
4. CASA may, in writing, cancel or suspend MRS Online access of any DAME or Authorised DAME Personnel if CASA is satisfied that any of the following has occurred:
 - a. the DAME or any DAME Personnel has breached these Terms and Conditions.
 - b. the cancellation or suspension is reasonably necessary to prevent a breach of these Terms and Conditions.
 - c. MRS Online's security or integrity has been, or may be, Compromised by the ICT System of their DAME Organisation.
 - d. the cancellation or suspension is otherwise appropriate, having regard to the need to protect MRS Online's security and integrity.
5. CASA may, in writing, suspend MRS access of any DAME or Authorised DAME Personnel while it investigates whether to act under subsection 13.18.4 in relation to that person's access.

Part 3 – Terminology

13.9 Definitions

1. The following terms and abbreviations have the following meanings:

Definition	Meaning
AMA Code of Ethics	is the Australian Medical Association's Code of Ethics.
AMA Privacy and Health Record	Resource Handbook means the Australian Medical Association's Privacy and health record resource handbook.
Applicant	means a pilot or air traffic controller who applies to CASA for an aviation medical certificate under Part 67 of the CASR.
Authorised DAME Personnel	means any DAME Personnel who needs access to MRS. Online because of their duties in supporting DAME Activities. This includes a nurse or receptionist responsible for assisting an Applicant to book a medical examination with a DAME.
CISS	means the Royal Australian College of General Practice's Computer and information security standards.

Definition	Meaning
CO	Rules has the meaning given at subsection 13.8.2.
Collects	includes, in relation to the collection of Personal Information or an MRS Record, gathers, acquires, or obtains from any source (including from an Individual) and by any means.
Commonwealth or Cth	means the Commonwealth of Australia.
Compromise	means any action that results in the loss, corruption or unauthorised Disclosure of protected information, or damage to any Material containing the information.
Compromised Account	means, in relation to an Authorised DAME Personnel's user account on an ICT System, an account that has been compromised. This includes an account for which the password or other access mechanism has been Compromised.
Copyright Act	is the Copyright Act 1968 (Cth).
Cutover Date	is 21 March 2016, being the date MRS 2.0 is launched as an online tool as described at section 13.2.
DAME Activity	means an activity performed by a DAME for the purpose of fulfilling their role as described at section 13.1. It includes training on the Use of MRS Online, as described at subsection 13.4.1.
DAME Organisation	means the organisation for which the DAME works in performing DAME Activities.
DAME Personnel	means any natural person who is an employee, officer, agent, or subcontractor of a DAME Organisation (other than a DAME).
Data Breach	means a situation in which Personal Information contained in an MRS Record Held or Used by a DAME or a DAME Organisation is Compromised, lost, or is Used/Disclosed without authorisation.
DBR Plan	means a DAME Organisation's Data Breach response plan, as described at section 13.12.
Disclose	includes, in relation to the disclosure of Personal Information or an MRS Record, make accessible to others.
Disused Records	has the meaning given at subsection 13.6.1.
Existing DAME	has the meaning given at subsection 13.18.1.
Existing Material	means Material developed independently of DAME Activities that is incorporated in or supplied as part of a Relevant Record.
Firewall	means a device that controls the flow of traffic between two ICT networks, acts as a filter on Material passing between the networks and allows only authorised traffic to pass through it.
Holds	means, in relation to the holding of Personal Information or MRS Records, controls, possesses or has a right/power to deal with.

Definition	Meaning
ICT System	means an information technology system used by a DAME Organisation that enables DAMEs and Authorised DAME Personnel to access MRS Online to perform or support DAME Activities. It includes all data, software, applications, and business systems held within, or transmitted over, the organisation's ICT environment.
Individuals	means, in relation to Personal Information, the individual to whom the information relates.
Intellectual Property Rights/IP Rights	means all copyright, patents, registered and unregistered trademarks (including service marks), registered designs, and other rights resulting from intellectual activity (other than Moral Rights).
Law	means any applicable statute, regulation, or subordinate legislation in force from time to time in Australia, whether made by a State, Territory, or the Commonwealth. It includes the common law and rules of equity as applicable from time to time.
Material	includes documents, equipment, software (including source code and object code versions), goods, information and data stored by any means including all copies and extracts of them.
Moral Right	has the meaning given at section 189 of the Copyright Act.
MRS 2.0	means the new version of MRS Online, as described at clause 13.2.
MRS Online	includes MRS 2.0
MRS Records	means the information contained in MRS Online, as described at subsection 13.2.3. It includes Personal Information contained in a record, as well as specialist medical reports and clinical test results.
OAIC	means the Office of the Australian Information Commissioner.
Privacy Act	is the Privacy Act 1988 (Cth).
Privacy Policy	means a DAME Organisation's privacy policy, as described at subsection 13.11.1.
Reasonable Steps	has the meaning give at subsection 13.9.2.
Redundant Account	means, in relation to a user account on an ICT System, the account of an Authorised DAME Personnel who has left the DAME Organisation or who no longer requires access to MRS 2.0.
Relevant Record	means an MRS Record created, or uploaded to MRS, by or at the direction of a DAME for a DAME Activity.
Terms and Conditions	means the terms and conditions on which CASA permits DAMEs to Use MRS Online, as set out in Chapter 13 .
Use	includes, in relation to the use of Personal Information or an MRS Record, accessing, viewing, handling, cross-matching, searching, downloading, copying, printing, storing or otherwise handling that information/record.

2. The term Reasonable Steps means, in relation to ensuring the quality and security of MRS Records, or to correcting or destroying an MRS Record, such steps as are reasonable in the circumstances, having regard to the following:
 - a. the amount and sensitivity of the information.
 - b. the resources and business model of the DAME Organisation.
 - c. the risks and possible adverse consequences for the Individual if the steps are not taken.
 - d. the information handling practices of the DAME Organisation, as set out in its Privacy Policy.
 - e. the practicability of taking the steps, including the time and cost involved.
 - f. in relation to steps taken to verify an Individual's identity, the steps are not unduly invasive and do not require the Individual to supply more information than is necessary for verification.

For further guidance about Reasonable Steps required to protect Personal Information in MRS Records, DAMEs should have regard to Part A of the OAIC's Guide to Securing Personal Information.

3. The terms DAME and doctor have the meanings given at section 13.9.
4. The terms Australian Privacy Principles (APPs), Personal Information and Sensitive Information have the meanings given in section 6 of the Privacy Act.
5. Other abbreviations used in this chapter (e.g., CASA, CASR, CO and MRS Online) have the meanings given on page 7 of this Handbook.

13.10 Interpretation

1. In this chapter, unless otherwise stated:
 - a. words in the singular number include the plural and words in the plural number include the singular.
 - b. headings are inserted for convenience only and do not affect the interpretation of these Terms and Conditions
 - c. words in text boxes operate as guidance notes only and are not to be regarded as obligatory provisions.
 - d. all references to parts, sections and subsections are to parts, sections, and subsections of this chapter.
 - e. all references to chapters are to chapters of this Handbook, and
 - f. where any word or phrase is given a defined meaning, any other part of speech or other grammatical form in respect of that word or phrase has a corresponding meaning.
2. To the extent that there is any inconsistency between this chapter and any other chapter, the provisions of this chapter will prevail.

Part 4 — Privacy Management Framework

13.11 Establish privacy practices, procedures, and systems

1. Each DAME must ensure their DAME Organisation develops, implements, communicates, and enforces a Privacy Policy applicable to the organisation's management of MRS Records. The policy must be:
 - a. clearly expressed; and
 - b. reviewed at least annually or whenever any new risk is identified.
2. If the DAME Organisation already has a Privacy Policy that can be applied or adapted to the DAME's management of MRS Records, the DAME can satisfy subsection 13.11.1 by using that policy and updating it as required.
3. As a minimum, the Privacy Policy must describe processes for each of the following:

- a. ensuring the Personal Information, the DAME Organisation collects and discloses is accurate, up-to-date, and complete.
 - b. using, storing, and disclosing Personal Information.
 - c. receiving and responding to privacy enquiries and complaints.
 - d. allowing individuals to access and correct their Personal Information promptly and easily.
 - e. employing appropriate measures (e.g., access control mechanisms, Firewalls, routing controls, copy protection and encryption measures) to ensure access is limited to:
 - i. DAMEs.
 - ii. on a need-to-know basis - Authorised DAME Personnel.
 - f. identifying, assessing, and managing security risks with Personal Information, including steps for:
 - i. ensuring Personal Information is appropriately handled by DAMEs and DAME Personnel (e.g., staff training and accountability/oversight measures).
 - ii. safely transferring and tracking the movement of Personal Information inside the DAME Organisation (e.g., measures for controlling the use of portable storage devices).
 - iii. suspending or deactivating any Compromised Account or Redundant Account.
 - iv. conducting regular reviews of security controls.
 - g. responding to any Data Breach in accordance with a DBR Plan.
 - h. destroying Personal Information that is no longer required for any legitimate business purpose, as required by APPs 4.3 and 11.2 (but in the case of MRS Records only where directed or authorised by CASA).
4. DAMEs must ensure these processes are systematically reviewed to ensure they remain effective and appropriate. Their Privacy Policy must demonstrate how and how often these reviews will occur.
- DAMEs should prepare their Privacy Policy in accordance with the OAIC's [Guide to developing an APP privacy policy](#). The [RACGP's privacy policy template](#) on handling patients' health records can be amended to include MRS Records.
5. CASA may, at any time, request a DAME to provide their Privacy Policy to check it is adequate for the purposes of this Part 4. The DAME must promptly comply with any request of this sort.

13.12 DBR Plan

1. This section applies to DBR Plans, to the extent they can be applied to Data Breaches.
2. Each DAME must ensure their DAME Organisation develops, implements, communicates, and enforces a DBR Plan setting out actions to be taken in response to a Data Breach and the personnel responsible for performing them. The plan must be:
 - a. clearly expressed.
 - b. reviewed at least annually or whenever any new risk is identified.
3. If the DAME Organisation already has a DBR Plan that can be applied or adapted to the DAME's management of MRS Records, the DAME can satisfy subsection 13.12.1 by using that plan and updating it as required.
4. As a minimum, the DBR Plan must describe the following:
 - a. a strategy for assessing and containing Data Breaches, including the roles of personnel responsible for implementing the strategy.
 - b. procedures for detecting Data Breaches, such as:
 - i. network 'security alarm' tools (e.g., intrusion detection/data loss prevention software, audit analysis and countermeasures against malicious code).
 - ii. training for DAMEs and DAME Personnel to identify and report errors in handling Personal Information.

- c. how a breach can be identified and what constitutes a breach (including internal errors or failures to follow information handling processes).
 - d. when and how a breach should be:
 - i. notified to the affected individual and other third parties (which, in the case of MRS Records, include CASA) so they can take steps to mitigate its effects.
 - ii. if required — escalated to the DAME Organisation's response team.
 - e. how the identification and response to a Data Breach will be recorded.
5. processes for evaluating the risks associated with a breach and for implementing measures to prevent future breaches.

DAMEs should prepare their DBR Plan in accordance with the OAIC's [Data breach notification guide: a guide to handling personal information and security breaches](#). Further guidance on preparing a DBR Plan is available at section 2 of the CISS.

Note: CASA may, at any time, request a DAME to provide their DBR Plan to check whether it is adequate for the purposes of this section 13.12. The DAME must promptly comply with any request of this sort.

Part 5 — Dealing with MRS Records

13.13 Dealings by DAMEs

1. A DAME must not Collect, Use or Disclose an MRS Record except in accordance with this section 13.13. A DAME must not Use an MRS Record unless they genuinely need to do so for a DAME Activity.
2. A DAME may Collect, Use and Disclose an MRS Record where the collection, Use or disclosure is for any of the following:
 - a. for the purpose of performing a DAME Activity.
 - b. for the purpose of managing or operating MRS Online.
 - c. in response to a request by CASA.
3. A DAME may Use or Disclose an MRS Record containing Personal Information in any of the following circumstances:
 - a. they reasonably believe that:
 - i. the Use or disclosure is necessary to lessen or prevent a serious threat to an Individual's life, health, or safety; and
 - ii. it is unreasonable or impracticable to obtain the Individual's consent.
 - b. they notify CASA of the matters in paragraph and identify any person to whom an MRS Record is Disclosed.
 - c. where the notice under paragraph b relates to a disclosure, the disclosure occurs within five days after the notice is given.
4. A DAME may Collect, Use and Disclose an MRS Record if the collection, Use, or disclosure is required or authorised by Law.
5. Where the DAME discloses an MRS Record under subsection 13.13.4, the DAME must notify CASA of the reasons for the disclosure and the identity of the entity to which the record was disclosed.
6. A DAME may Disclose an MRS Record containing Personal Information to an Individual if the DAME is reasonably satisfied the disclosure is reasonably necessary for a DAME Activity or for the Individual's health treatment.
7. If:
 - a. an Individual asks a DAME for access to an MRS Record containing Personal Information; but

- b. the DAME determines the request cannot be granted under subsection 13.13.6, the DAME may not Disclose the record but may notify the Individual they can request it from CASA under APP 12.1 or under the Freedom of Information Act 1982 (Cth)
- 8. Where a DAME is permitted under subsection 13.13.6 to Disclose to an Individual an MRS Record containing Personal Information, the DAME may not disclose it to anyone else unless that disclosure is permitted under another provision of this section 13.13.

13.14 Dealings by Authorised DAME Personnel

1. This section applies to any Authorised DAME Personnel for whom a DAME or their DAME Organisation is responsible.
2. A DAME must ensure Authorised DAME Personnel do not Collect, Use or Disclose an MRS Record except in accordance with this section 13.14. A DAME must ensure that Authorised DAME Personnel do not Use an MRS Record unless they genuinely need to do so in support of DAME Activities.
3. Authorised DAME Personnel may only Collect and Use an MRS Record where the collection, Use or disclosure is for the following:
 - a. for the purpose of performing a duty in support of DAME Activities.
 - b. for the purpose of administrative management or operation of MRS Online.
 - c. in response to a request by CASA.
4. Where an Individual requests Personal Information contained in an MRS Record, such information must only be disclosed by the DAME, excepting system information about periodic and special test requirements relating to medical certification.

For further guidance about the Use and Disclosure of Personal Information in MRS Records, DAMEs should have regard to:

- a. the CISS.
- b. section 3 of the AMA Privacy and Health Record Resource Handbook.
- c. Part B of the [OAIC's Guide to Securing Personal Information](#).

Part 6 — Integrity of MRS Records

13.15 Quality of MRS Records

1. DAMEs must take Reasonable Steps to ensure that, whenever they Collect, Use or Disclose Personal Information contained in an MRS Record, that information is accurate, up-to-date, and complete.
2. As appropriate, the steps a DAME must take under subsection 13.15.1 may include the following:
 - a. implementing procedures to monitor the quality and accuracy of the Personal Information it Holds and where practical, to update that information on a regular basis.
 - b. ensuring that updated or new Personal Information, once verified, is promptly added to relevant MRS Records.
 - c. where the DAME proposes to Use or Disclose Personal Information that has not been verified recently, contacting the Individual to check it is still accurate and up to date.
 - d. conducting due diligence to ensure that Personal Information Collected from a third party is reliable (e.g., by checking that it has appropriate quality practices).
 - e. assessing the quality of Personal Information before using it for a new purpose.
3. DAMEs must not upload or create an MRS Record that contains defamatory, misleading, inflammatory, or offensive Material.

13.16 Storage and security of MRS Records

1. DAMEs will take Reasonable Steps to protect against Data Breaches in relation to any MRS Records they Hold or Use, or their DAME Organisation Holds or Uses.
2. DAMEs must ensure that all MRS Records containing Personal Information are stored and managed and in compliance with the security requirements described at Part 8.
3. In accordance with those requirements, DAMEs must ensure access to those records will be restricted to themselves and to Authorised DAME Personnel within their DAME Organisation.

13.17 Destruction of Personal Information in Disused Records

1. This section applies to MRS Records containing Personal Information, being records the DAME no longer requires for any Use or disclosure allowed under the APPs (Disused Records).
2. DAMEs must not destroy or de-identify any MRS Records except as authorised or required in writing by CASA.
3. In relation to any Disused Record a DAME Holds, the DAME must destroy or de-identify any Personal Information in that record where authorised or required by CASA under subsection 13.17.2.
4. Where a DAME is required to keep a Disused Record, they must ensure the record is stored separately from the DAME Organisation's operational information and preserved in accordance with any reasonable requirements set by CASA.

13.18 Destruction of MRS Records on demand

1. CASA may, at any time, request in writing for a DAME to destroy an MRS Record Held by the DAME (other than a Relevant Record).
2. Unless subsection 13.18.3 applies, a DAME must do the following:
 - a. promptly comply with any demand made by CASA under subsection 13.18.1.
 - b. if required by CASA — provide CASA with an assurance it has complied with the request.
3. A DAME is not required to comply with a request by CASA under subsection 12.18.1 to destroy Material in an MRS Record if the DAME is required by Law to retain the Material and has so informed CASA in writing.
4. If CASA makes a request under subsection 12.18.1 relating to Material contained in an MRS Record that the DAME:
 - a. has Disclosed to another person pursuant to subsections 13.13.3 or 13.13.4.
 - or
 - b. knows has otherwise been placed so that it is beyond the possession or control of the DAME or the DAME Organisation,
5. the DAME must provide full particulars (so far as they are known to the DAME) of the whereabouts of that Material and the identities of those who possess or control it.

13.19 Removal of Relevant Records

1. CASA may effectively remove from MRS, or may direct a DAME to effectively remove from MRS, a Relevant Record to the extent CASA reasonably considers that the record:
 - a. contains a defamatory, misleading, inflammatory, or offensive statement; or
 - b. affects, or is likely to affect, MRS Online's security or integrity.
2. Where CASA exercises its rights under subsection 13.19.1:

- a. it must give the responsible DAME written notice of the removal and provide reasons for its decision; and
- b. it may direct the DAME to:
- c. upload a replacement record addressing CASA's concerns; and
- d. notify CASA when it has done so.

Part 7 — Correction of Relevant Records

13.20 Correction of Relevant Record at CASA's request

1. This Part applies where CASA is required under APP 13 to correct or alter Personal Information contained in a Relevant Record.
2. CASA may request a DAME to do the following:
 - a. correct or alter Personal Information in a Relevant Record.
 - b. upload the amended record to MRS.
 - c. notify CASA when it has done so.
3. If a DAME refuses to comply with a request under subsection 13.20.2, CASA may direct the DAME to do the following:
 - a. attach to the record a statement prepared by the Individual in relation to the Personal Information contained in the record.
 - b. upload the record and statement to MRS.
 - c. notify CASA when it has done so.

13.21 Correction of Relevant Record on DAME's initiative

1. Where a DAME is satisfied a Relevant Record, it Holds is incorrect, or an Individual is able to establish it is incorrect, the DAME must (subject to subsection 13.21.3) take Reasonable Steps to correct the information so that it is accurate, complete and up to date.
2. Where this information is in a Relevant Record that is over 15 years old, the DAME must not alter the record, but must do the following:
 - a. prepare a statement to:
 - i. note the information is not correct.
 - ii. describe the correct information or else identify where it is Held.
 - b. attach the statement to the record.
 - c. upload the record and the statement to MRS.
 - d. notify CASA when it has done so.
3. The DAME must not correct, alter, or attach a statement to any Relevant Record without first notifying CASA in writing that the DAME intends to do so.
4. A DAME must not alter any MRS Record other than a Relevant Record except as authorised or required in writing by CASA.

13.22 Correction of Relevant Record at Individual's request

1. Where an Individual requests a DAME to correct Personal Information in a Relevant Record, the DAME must respond to the request within 30 days and must not charge for the request or for any corrections it makes.
2. If the DAME refuses an Individual's request under subsection 13.22.1, the DAME must:
 - a. give the Individual a written notice setting out the reasons for its refusal.
 - b. provide CASA with a copy of that notice.
3. If the DAME agrees to an Individual's request under subsection 13.22.1, it may correct or alter the Relevant Record in accordance with the procedure described at section 13.21.

13.23 Overview of security measures

1. DAMEs must ensure that their DAME Organisations implement appropriate safeguards to protect MRS Records they Collect, Hold or Use. These safeguards must include measures for maintaining the following security types for the purposes required under the organisation's Privacy Policy
 - a. **Physical security** includes physical measures designed to:
 - i. prevent Data Breaches and to detect and respond to intruders.
 - ii. ensure appropriate storage of MRS Records Held by the organisation; and
 - iii. ensure the secure destruction of MRS Records, or of Personal Information in Disused Records, where required or authorised by CASA.
 - b. **Information security** means a procedural system implemented to protect against Data Breaches.
 - c. **ICT security** means technological measures designed to ensure the ICT System:
 - i. restricts MRS access to DAMEs and Authorised DAME Personnel (e.g., access control mechanisms and encryption measures).
 - ii. can monitor and audit the Use of MRS Records within the DAME Organisation; and
 - iii. prevent and detect Data Breaches (e.g., copy protection, Firewalls, routing controls, intrusion detection/data loss prevention software).
 - iv. These measures include those required under clause 13.24.
 - d. **Personnel security** means a procedural system implemented to ensure that the only people who can access MRS are:
 - i. DAMEs.
 - ii. Authorised DAME Personnel whose suitability for having access has been determined by an appropriate evaluation process.
2. The security safeguards required under subsection 13.23.1 must reflect:
 - a. the sensitivity of the MRS Records they are designed to protect, and
 - b. the damage CASA or the Individual could suffer as a result of any Data Breach relating to those records.

For further guidance about security measures required to protect Personal Information in MRS Records, DAMEs should have regard to:

- the CISS.
- sections 3 and 4 of the AMA Privacy and Health Record Resource Handbook; and
- Part B of the OAIC's [Guide to Securing Personal Information](#).

13.24 User account management within DAME Organisation

1. This section applies to ICT Systems, to the extent they allow access to MRS.
2. Each DAME must ensure their DAME Organisation employs an ICT System with the following features for managing user accounts:
 - a. control mechanisms to ensure access to the system is limited to:
 - i. DAMEs.
 - ii. on a need-to-know basis — Authorised DAME Personnel.
 - b. access mechanisms (e.g., passwords) that:
 - i. are sufficiently secure and robust to manage the risk of Data Breaches.
 - ii. oblige users to change their password at least every 90 days or whenever they suspect their password has been Compromised.
 - iii. do not permit users to reuse any password they have used within the past year.
 - iv. suspend access after five unsuccessful log-on attempts or where an account has been inactive for more than 60 days.
 - c. audit logs and security controls to:
 - i. monitor and audit the Use of MRS Records within each account.
 - ii. identify any Data Breach or misuse of access privileges, whether attempted or actual.
 - iii. protect the integrity of MRS Records Held by the organisation.
3. Each DAME must ensure their DAME Organisation employs the following practices for managing user accounts on ICT Systems:
 - a. any Redundant Account is deactivated within a reasonable period after it becomes redundant.
 - b. any Compromised Account is suspended or deactivated as soon as practicable after the DAME Organisation becomes aware it has been compromised, in accordance with the procedures documented in the organisation's Privacy Plan, as required under paragraph 13.11.3f(iii).

13.25 Notification of changes and Data Breaches

1. A DAME must promptly notify CASA if any of the following occur:
 - a. their contact details change.
 - a. there is a material change in the legal structure or beneficial control of the DAME Organisation.
 - b. any Authorised DAME Personnel no longer require MRS access (e.g., due to a change in their position or responsibilities).
 - c. the DAME knows or suspects MRS Online's security has been Compromised by a Data Breach.

Part 9 — Intellectual Property

13.26 Scope of Intellectual Property

This Part 9 applies to Relevant Records and other Material uploaded to MRS by a DAME.

13.27 Existing Material

Nothing in this Part 9 affects the ownership of IP rights in any Material to which this part applies or any IP Rights in existing Material.

13.28 IP Rights in Material uploaded to MRS

1. A DAME must not upload Material to MRS unless they are satisfying either of the following:
 - a. own the IP Rights in that Material.
 - b. have all rights and licences to upload it and to allow it to be used for DAME Activities or other MRS purposes.
2. Each DAME grants to CASA a fee-free, non-exclusive, irrevocable, world-wide licence to Use, reproduce, adapt, communicate and publish the Material for any purpose relating to its functions under section 9 of the Civil Aviation Act 1988 (Cth). The licence granted to CASA under this subsection 13.28.2 includes rights to:
 - a. sublicense the Material to any person; and
 - b. to Disclose the Material to any of the persons described at sub regulation 67.180 (4) of the CASR for the purpose of an examination under sub regulation 67.180 (2) of the CASR.
3. CASA grants to each DAME a fee-free, non-exclusive, irrevocable, world-wide licence to Use, reproduce, adapt, communicate, and publish the Material they have accessed or downloaded from MRS for DAME Activities. The licence granted to DAMEs under this subsection is subject to the restrictions imposed by Part 5.
4. To the extent permitted by Law and for the benefit of CASA, a DAME consents, and must use best endeavours to ensure that each author of the Material consents in writing to the use by CASA of the Material, even if the use may otherwise be an infringement of the author's Moral Rights (other than the right not to have authorship of their work falsely attributed).

Part 10 — General terms and conditions

13.29 Duty to provide assistance

Where requested by CASA, a DAME must provide reasonable assistance in relation to any inquiry, investigation or complaint in connection with MRS Online's operation, including any Data Breach.

13.30 Duty to provide evidence of compliance measures

1. CASA may, at any time, request a DAME to provide any information CASA may reasonably require (including details about what security measures or procedures its DAME Organisation has implemented) to be satisfied the DAME has complied with its obligations under Part 4 to Part 8.
2. A DAME must promptly comply with any request made by CASA under subsection 13.30.1.

13.31 Duty to improve compliance measures where directed

1. If CASA reasonably considers the compliance measures a DAME or their DAME Organisation has employed are insufficient to fulfil any of the DAME's obligations under Part 4 to Part 8, it may direct the DAME to implement whatever improvements CASA reasonably considers are required to remedy that deficiency.
2. A DAME must promptly comply with any direction made by CASA under subsection 13.31.1.

13.32 No warranty for accuracy of MRS Records

1. CASA operates MRS Online so that DAMEs can upload and access MRS records, subject to any access controls. However, CASA is not responsible for the quality or content of any MRS Records uploaded by DAMEs.

2. These Terms and Conditions reference several external resources on Personal Information security. CASA is not responsible for those publications and does not warrant the accuracy of their contents.
3. CASA accepts no liability for any loss a DAME may suffer as a result of using or relying on the contents of any of the following:
 - a. an MRS records.
 - b. any other Material accessed through MRS.
 - c. any external resource referred to in these Terms and Conditions.
4. CASA does not guarantee continuity of access to, or operation of, MRS.

13.33 Transitional arrangements for Existing DAMEs

1. This section applies to doctors and other medical practitioners approved by CASA as DAMEs as at the Cutover Date (Existing DAMEs).
2. If, at the Cutover Date, the DAME Organisation of an Existing DAME does not have:
 - a. a Privacy Policy complying with section 13.11; or
 - b. a DBR Plan complying with section 13.12; or
 - c. practices for managing Redundant Accounts or Compromised Accounts in accordance with section 12.24, the DAME will not breach their obligations under those sections if they do all of the following:
 - i. notify CASA in writing by 1st May 2016 that they do not yet comply with any of those requirements and specify which ones.
 - ii. ensure the DAME Organisation takes all steps necessary to remedy that non-compliance by 1st June 2016 (or any later date agreed by CASA).
 - iii. confirm to CASA by 8th June 2016 (or any later date agreed by CASA) they have complied with paragraph e.
3. For the avoidance of doubt, subsection 13.33.2 does not derogate from:
 - a. any other obligations of an Existing DAME under these Terms and Conditions.or
 - b. any obligations already applying to an Existing DAME under:
 - i. the Privacy Act, CASR or any other Law; or
 - ii. any code of conduct or ethics, including the codes referred to at subsection 13.7.1.