



AUSTRALIAN PARACHUTE FEDERATION

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FORM – R3

APF TANDEM INSTRUCTOR MEDICAL CERTIFICATION PROCEDURE

APF Rule and Regulations require a minimum Class 2 pilot's medical certificate issued by CASA. The APF may accept an alternative.

A Tandem Instructor medical Examination is available which allows for APF Tandem Instructors to have their medical status confirmed by their own regular GP.

The attached form is provided to APF members electronically, via the APF website or direct from the office on request.

The form is then to be taken to the candidate's regular GP and the various sections of the form completed.

The form is intended to be retained by the candidate's regular GP for their records and a simple signed statement, on the GP's letterhead stating that:

I, Dr.....
Have examined [*the candidate*] to the standard indicated on the APF Tandem Instructor Medical Form and confirm that he/she meets the requirements as defined on the form.
This medical is valid to: [*examination date + 2 or 4 years depending on the applicant's age at the time of the examination – Under 40 for four years; over 40 for two years*]

This letter is to be retained by the Tandem Instructor and produced as required as verification of their medical status.

The current form is identified as Form R3 2007, attached as page 2. Updates and amendments may be required to be made to the form APF will ensure 'version control' of the medical form is in place to allow for these instances.

If in doubt, CASA's Class 2 pilot's medical remains the acceptable medical approval for Tandem instructors to use.

APF TANDEM INSTRUCTOR MEDICAL EXAMINATION REPORT

Office Use

FORM – R3

Present this form to your General Practitioner. The form has Three main sections:

Section 1 - to be completed by the applicant, gives applicant details and recent flight / medical history.

Section 2 - to be completed by the Examining Doctor during interview and examination where required.

Section 3 – Statement & Signature Section to be completed by Applicant and Examining Doctor respectively.

Final recommendation to be provided by the Examiner and notified to the APF on official letterhead.

SECTION 1 (TO BE COMPLETED BY APPLICANT)

Telephone Numbers	Home ()	Business / Mobile ()	APF Number:
Given Names:		Family Name:	
Address (Number, Street):		City:	Post Code:
Country of Residence:	Date of Birth (D /M/ Y):	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Occupation:
Have you had any medical condition in the past 2 years which may affect your ability to perform your duties as a tandem instructor? If yes please give details:		Last Civil Aviation Medical Examination (D/M/Y) Place (City or Country):	

SECTION 2 - TO BE COMPLETED BY MEDICAL EXAMINER

Is there a family history of:	Yes	No	Details of Other family history noted under point 3. – To be completed by the Medical Examiner:	C.V Risk factors Examiner please tick (√)		
1. Cardiovascular disease or hypertension				Family History	Smoking	
2. Diabetes				Hypertension	Diabetes	
3. Other				Obesity	Serum Lipids	

REVIEW OF SYSTEMS – MEDICAL EXAMINER TO DISCUSS EACH OF THE FOLLOWING WITH THE APPLICANT

Has the applicant ever had or been treated for any of the following conditions:

	Yes	No		Yes	No
Head Injury, Dizziness, Loss of conscious			Gastrointestinal disorders		
Frequent or severe headaches			Musculo-skeletal disorders		
Allergies			Cardiovascular disorders including hypertension		
Psychiatric/neurological problems			Pulmonary disorders including Asthma		
Ear disease or deafness			Any other medical conditions that may effect flying or skydiving		
Epilepsy			Current medications (Prescriptions or Over the Counter)		

Does the applicant have any vision impairment? (Examiner to conduct vision tests and comment on results)

Does the applicant have any hearing impairment? (Examiner to test and comment on results)

TO BE COMPLETED BY THE MEDICAL EXAMINER

List any injuries, operations, serious illness or medications which in your medical opinion may affect the applicant's abilities when acting as a Tandem instructor;

SECTION 3

STATEMENT OF APPLICANT (To be completed by the applicant)

I hereby declare that I have read and provided the above information which to the best of knowledge is complete and correct. I recognise that this report and any other medical documentation submitted by me as part of my application for certificates under the APF is the property of the APF.

I authorise the release of any information contained herein or in other relevant medical reports including electrocardiograms, audiograms, special reports and other relevant medical information to the medical branch of the Civil Aviation Safety Authority for the sole purpose of establishing my medical fitness to act as a tandem instructor.

I am aware that it is an offence to make any false declaration in regard to my health for flight or parachuting operations.

Date (D/M/Y)

Applicants Signature

Witness Name and Signature

MEDICAL EXAMINER RECOMMENDATION (To be completed by the Medical Examiner)

I have known the applicant and am familiar with the applicant's medical history over the last: _____ yrs.

I certify that I have undertaken a medical examination of the above named applicant which includes noting particulars stated within this questionnaire and confirm that:

Please tick as appropriate (√)

I am satisfied the **applicant Is Fit to act as a tandem instructor** for the purpose of providing instructional tandem training

I recommend that the **applicant seek further medical examination** with a registered DAME before being cleared to act as instructor for the purpose of instructional tandem training.

Remarks:

Examiner Stamp

Medical Examiner Name & Signature

Examination Date

Valid To

Medical Recommendation Valid For 2 or 4 Years From Examination Date as Stated By Examiner

Medical examiner to see NOTES provided