

CONDITIONS REQUIRING MEDICAL ASSESSMENT FOR VGS GLIDING/AEF FLYING

TO COMPLETE TICK RESPONSE Y/N

CONDITIONS REQUIRING SCRUTINY	YES / NO		IF YES
Has the Cadet had a recent immunisation (inoculation / vaccination) or given a blood donation?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	DO NOT FLY WITHIN 24HRS OF TREATMENT. IF APPLICABLE GIVE DATE OF TREATMENT IN FURTHER INFO BOX.
Does the Cadet suffer any acute or chronic illness/condition or started a new course of treatment which would be aggravated by flight? This includes unstable illnesses which are likely to cause sudden incapacitation within the timescale of flight.	No <input type="checkbox"/>	Yes <input type="checkbox"/>	DO NOT FLY UNTIL RECOVERED
Is the Cadet impaired by an injury limiting the use of their limbs? For example sprains, strains or broken bones?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	DO NOT FLY UNTIL RECOVERED
Is the Cadet suffering from an ear, nose, throat or sinus conditions?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	DO NOT FLY UNTIL RECOVERED
Is the Cadet pregnant?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	DO NOT FLY
Does the cadet have a condition that requires the use of oxygen therapy?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	DO NOT FLY
Does the Cadet have a limited exercise capacity or tolerance, due to chest (heart or lung) illness or disease? If the Cadet can walk 50 yards/metres at a normal pace or climb one flight of stairs without severe breathlessness select NO.	No <input type="checkbox"/>	Yes <input type="checkbox"/>	DO NOT FLY
Does the Cadet experience fits, faints or blackouts (including epilepsy)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	DO NOT FLY
Has the Cadet undergone a recent surgical procedure or had a general, spinal or epidural anaesthetic? Note: For dental (local) anaesthetics Cadets are not permitted to fly for 24Hrs after procedure.	No <input type="checkbox"/>	Yes <input type="checkbox"/>	DO NOT FLY UNTIL FULLY RECOVERED - MINIMUM 7 DAYS. IF APPLICABLE GIVE DATE OF TREATMENT IN FURTHER INFO BOX.
Does the cadet suffer from a pneumothorax (a 'collapsed lung' where air is trapped between lung and chest wall)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	DO NOT FLY FOR 1 MONTH FROM LAST TREATMENT. IF APPLICABLE GIVE DATE OF TREATMENT IN FURTHER INFO BOX.
Does the Cadet have an acute, unstable or untreated psychiatric conditions. For example: Fear of flying, claustrophobia or panic attacks.	No <input type="checkbox"/>	Yes <input type="checkbox"/>	DO NOT FLY UNTIL TREATED AND SYMPTOMS STABLE
Does the Cadet have any stable chronic disease not covered above or any disease with a sudden or unpredictable onset or deterioration.	No <input type="checkbox"/>	Yes <input type="checkbox"/>	ATC SQN OC / CCF (RAF) SECT CDR START F6424 PROCEDURE - REF: ACTO 31 / 32
Does the Cadet have stable Asthma (STEP 1 or 2)? The Cadet is considered unstable if they have night symptoms waking them more than once a week or if they require daytime reliever medication more than 3 times a week. If Cadet has used oral steroids or antibiotics to treat Asthma within the last 6 months start F6424 procedure.	No <input type="checkbox"/>	Yes <input type="checkbox"/>	FIT TO FLY IF CONDITIONS STABLE - MUST CARRY MEDICATION IN FLIGHT
Does the Cadet have Asthma which is <u>not</u> stable (STEP 3 or above)? This includes the use of long-acting beta agonists, oral treatments or high-dose steroids?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	ATC SQN OC / CCF (RAF) SECT CDR START F6424 PROCEDURE. REF: ACTO 31 / 32
Does the Cadet have Type 1 Diabetes. Note: Type 1 Diabetes is acceptable if blood sugars are well controlled. An insulin pump (if used) must be able to be moved as to be fitted in to flying clothing. Check sugars prior to flight. Type 2 Diabetes is acceptable.	No <input type="checkbox"/>	Yes <input type="checkbox"/>	FIT TO FLY IF CONDITIONS STABLE - MUST CARRY GLUCOSE IN FLIGHT
Does the Cadet have a haematological (blood) disorder? For example: Sickle-Cell disease, Anaemias or Haemophilia. Note: All haematological disorders should be considered.	No <input type="checkbox"/>	Yes <input type="checkbox"/>	ATC SQN OC / CCF (RAF) SECT CDR START F6424 PROCEDURE. REF: ACTO 31 / 32
Does the Cadet have a history of Migraines?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	RISK ASSESS. DO NOT FLY WITH SYMPTOMS OR ATTACK CAN OCCUR WITHIN FLIGHT TIMEFRAME
Does the Cadet have a cognitive, emotional, behavioural or developmental condition? For example: ADHD, conduct disorders, dyspraxia and autism spectrum disorders.	No <input type="checkbox"/>	Yes <input type="checkbox"/>	ATC SQN OC / CCF (RAF) SECT CDR START F6424 PROCEDURE. REF: ACTO 31 / 32
Is the Cadet impaired by any stable injury, illness or congenital condition limiting mobility or use of limbs?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	ATC SQN OC / CCF (RAF) SECT CDR START F6424 PROCEDURE. REF: ACTO 31 / 32
Does the Cadet have any psychiatric disorder?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	ATC SQN OC / CCF (RAF) SECT CDR START F6424 PROCEDURE. REF: ACTO 31 / 32
Does the Cadet suffer from any severe allergy (requiring the use epipen or equivalent)? Cadets with very severe allergies which are unstable or unpredictable are unfit for flight. Those likely to be exposed to allergens in flight (Rubbers, Plastics) are also unfit to fly.	No <input type="checkbox"/>	Yes <input type="checkbox"/>	FIT TO FLY IF CONDITIONS ARE ACCEPTABLE TO FLIGHT ENVIRONMENT. MUST CARRY MEDICATION IN FLIGHT

Further Information:

Cadet Name:

ATC Sqn / CCF (RAF) Section:

ATC Wing / CCF (RAF) Contingent:

Signature of Cadet:

Date:

Declaration: I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statements. I also confirm that should the cadets medical history change since the medical examination above, I will ensure that the relevant ATC Sqn OC / CCF (RAF) Section Cdr is informed and a new RAFAC Av Med Form 1 is produced.

Parent/Guardian Signature:

GUIDANCE NOTES FOR COMPLETION RAFAC Av Med Form 1

1. Certain medical and physical conditions are incompatible with flying as they could place the cadet at risk and compromise Air Safety. A list of medical conditions incompatible with gliding/flying training or which may require further medical scrutiny can be found overleaf.
2. This Form should be completed by ticking either Yes or No to the question asked. The form indicates the actions required by the ATC Sqn OC / CCF (RAF) Section Cdr to gain medical clearance if any responses are Yes.
3. All questions (sections) should be completed in full. Failure to complete the form in full will result in non-acceptance of the form.
4. The RAFAC Av Med Form 1 must be signed by you and your parent/guardian (if you are under 18 years of age) to validate the certificate.
5. To satisfy gliding/flying medical requirements, cadets must be in possession of a completed RAFAC Av Med Form 1. Failure to be in the possession of a completed and signed Av Med Form 1 will invalidate the eligibility of a cadet to undertake gliding training. VGS/AEF staff are directed to refuse flying training to cadets not in possession of the relevant signed forms at the point of delivery.
6. Period of validity: Although this declaration is valid for three months from the date of signing, it is immediately invalidated should any change in fitness or health occur.
7. Reduction in Medical Fitness: If referred for a medical investigation or procedure, or after any serious illness or injury, you must reassess your medical fitness to fly. It is your responsibility to ensure that a new RAFAC Av Med Form 1 completed before undertaking aviation activity.
8. After Signing: Cadets are to hand the RAFAC Av Med Form 1 to your ATC Sqn OC / CCF (RAF) Section Cdr for scrutiny.