

AIR CADET MEDICAL CERTIFICATE OF FITNESS FOR GLIDER PILOT TRAINING

PART A - To be completed by the cadet if over 16 yrs (or by the parent or guardian if the cadet is under 16 yrs)

I give my consent for this certificate to be completed in respect of:

Full Name of Cadet _____ Date of Birth: _____
 ATC Sqn or CCF (RAF) Section _____ Signature _____
 Capacity of signatory Self/
 Parent/Guardian* _____ Date _____

* Delete as applicable

Notes for Guidance of Cadet

Do not pay any fee to the doctor; he/she will claim payment from HQ Air Cadets.

PART B - "Extract from Records" - to be completed by the applicants doctor after reading the notes overleaf

I certify that, to the best of my knowledge, the above cadet who is my National Health Service or Private patient does/does not* suffer from any of the diseases or disabilities listed overleaf. He/she does/does not* require to wear corrective spectacles when flying.

* delete as applicable

Additional comments (if any) _____

Signature of Doctor _____ Name (in Capitals) _____
 Date: _____ Surgery Address _____

TOP HALF OF FORM TO BE HANDED TO CADET WHEN COMPLETED

BOTTOM HALF OF FORM TO BE COMPLETED AND USED BY DOCTOR TO CLAIM FEE

<p>PART C – Claim for doctor’s fee</p> <p>Full Name of Cadet <input style="width: 100%;" type="text"/></p> <p>Date of Birth <input style="width: 100%;" type="text"/></p> <p>ATC SQN or CCF (RAF) <input style="width: 100%;" type="text"/></p> <p>Issuing Officers Signature <input style="width: 100%;" type="text"/></p> <p>Date <input style="width: 100%;" type="text"/></p> <p>THE DOCTOR MAY CLAIM PAYMENT of the standard fee as agreed between the Ministry of Defence and the British Medical Association BY COMPLETING and signing Part C and sending an original copy to:</p> <p style="text-align: center;">HQ AIR CADETS RAF CRANWELL SLEAFORD LINCS NG34 8HB F.A.O ACCOUNTS</p> <p>I have completed Part B of the RAF Form 6424 in respect of the Cadet named above and hereby claim the standard fee payable.</p> <p>Doctors Name (Please Print) <input style="width: 100%;" type="text"/></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; font-weight: bold;">FOR ACCTS OFFICE USE</p> <p>TXN NO: <input style="width: 100%;" type="text"/></p> <p>DBA NO: <input style="width: 100%;" type="text"/></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center;">Stamp of Issuing ATC Wg HQ or CCF (RAF) Section</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> </div> <p style="text-align: center; font-weight: bold;">Cheques to be made payable to:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Address:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Post Code: <input style="width: 100%;" type="text"/></p> <p>Tel No: <input style="width: 100%;" type="text"/></p> <p>Doctors Signature <input style="width: 100%;" type="text"/></p>
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PLEASE ENSURE THAT PART C IS COMPLETED BEFORE SENDING THE CLAIM FOR DOCTOR’S FEE TO HQ AIR CADETS.

NOTES FOR GUIDANCE OF ATC AND CCF (RAF) STAFF

Please ensure that details of the cadet, the issuing officer's signature, and the authorising stamp are completed at Parts A and C before the form is handed to the cadet.

Please ensure the cadet understands he is to return the top half of the form to his Squadron or Section Commander after it is completed by the doctor.

IF THE DOCTOR DISCLOSES ANY MEDICAL CONDITION other than the wearing of spectacles the Squadron or Section Commander is to SEND SECTIONS A & B OF THE F6424, together with a completed consent form, via their Wing HQ or OC RAF Section CCF to:

<p>HQ AIR CADETS RAF CRANWELL SLEAFORD LINCS NG34 8HB Attention AO Flying</p>
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The AO Flying Admin will then obtain the decision of the Command Flight Medical Officer on the cadet's fitness for training to solo standard. Further details are given in ACP 20A ACTI 32 (for ATC), or ACP 22 Instruction 9 (for CCF).

After the Squadron or Section Commander has checked the form and any medical queries have been resolved, the F6424 is to be returned to the cadet to take with him to the gliding squadron when starting his gliding scholarship.

THE CADET WILL NOT BE ALLOWED TO CARRY OUT HIS GLIDING SCHOLARSHIP UNTIL HE HAS PRODUCED A VALID F6424.

NOTE FOR GUIDANCE OF THE APPLICANT'S DOCTOR

We assume you can complete this certificate from your personal knowledge of your patient; we do not expect a comprehensive examination. If you consider that you have insufficient knowledge please annotate the form accordingly. The Cadet's application is for gliding training to solo standard. We consider the conditions given below to be among those diseases or disabilities that might prove to be a source of danger to the cadet or others while he/she is flying a glider. Air Cadets who suffer from any of these conditions should not, therefore, be certified on this form to be fit for gliding. Please provide additional comments in the box overleaf and note particularly the questions in relation to asthma. After completion please detach the bottom part of the form (Part C) to claim your payment.

Please hand the top part of the form (Parts A and B) to the applicant for return to his/her Unit.

Neurological

Any history of epilepsy, fits or blackouts
Any history of psychiatric illness
History of migraine
Tics

Othorhinolaryngological

Sinusitis, ie Recurrent history of sinus problems
Acute otitis media or externa (*until cured*)
Chronic suppurating otitis media or weak scarred ear-drum

Abdomen

Colostomy
Abdominal operation within last month
Other significant abdominal conditions.

Endocrine and Drugs

Diabetes
Under treatment by antihistamines, tranquilizers, or decongestant drugs, or any type of drugs with side effects that could affect alertness and judgement.

Respiratory

Acute respiratory conditions (*until cured*)
Chronic asthma or bronchitis
History of spontaneous pneumothorax
Asthma - frequency and severity of attacks.
- date of last attack
- treatment required
- use of prophylactic therapy

Cardiovascular

Any history of cardiac illness
Hypertension with diastolic greater than 100mm Hg

Visual

Visual field defect or uniuocular vision
Vision not correctable to 6/9:6/9. If unaided vision is worse than 6/9:6/9, the cadet is required to wear corrective flying spectacles when flying

Locomotor

Any defect likely to affect ability to use glider controls eg limitation of movement of shoulder, elbow, hip or knee; limitation of grip or painful movement of a joint.

FORM OF CONSENT

To be attached to the F6424 and returned to HQ AC with Parts A and B of the form.

Cadet address: _____

Date: _____

HQ Air Cadets (AO Flying Admin)
Royal Air Force
Cranwell
Sleaford
Lincolnshire
NG34 8HB

Dear Sir

FORM OF CONSENT

I, _____ (name) of _____
_____ (address), hereby give
my consent for the Command Flight Medical Officer to approach my medical practitioner(s), to obtain
whatever medical information you require.

Yours faithfully

_____ (Signature)* _____ (Sqn/CCF)

Cadet/Parent/Guardian (delete as applicable)

*In the case of a child under the age of 16 years this form should be completed by the parent or guardian.

Name and Address of General Practitioner

Name and Address of Hospital Specialist

Tel: _____

Tel: _____