**Medical Declaration & Certificate of Fitness for RAF Air Cadets Flying**

**Part A. To** **be completed by the Issuing Officer at ATC Wing or CCF Contingent**

Date of Birth

(DD/MM/YYY)

Name of

Cadet

Sqn (ATC)

or Unit (CCF)

**Part B.** **Declaration of the Cadet shown in Part A.** See Notes to Cadets overleaf

I have read and understood the “Note for Cadets” printed with this declaration. I have discussed my medical history with my General Practitioner (GP) and have not withheld any relevant medical information from my doctor. I believe I am fit to fly at the standard indicated by my GP below. I give my consent for this form to be completed. I also give my consent for this information to be used by the RAF authorities as they see fit.

Signature of Cadet\* …………………………………. Name …………………………………………. Date ………………………

(\*or Parent/Guardian if cadet under 18 years of age)

**Part C. General Practitioner’s Countersignature.** See Notes to General Practitioners overleaf

Any special limitations as discussed with the CFMO (please do **NOT** include clinical details)

- I am the general practitioner of the cadet named in Part A and have access to his/her medical records.

- I have read the “Notes for the General Practitioner” printed overleaf and the “Guidance on Medical

Conditions for a Medical Declaration for Air Cadets” on page 3.

- I am aware of the DVLA medical requirements for private drivers and believe there is nothing in the

applicant’s medical history which would prevent him/her meeting said standards.

- If applicable, I have discussed the case with the RAF CFMO (see below) as per instructions overleaf.

I consider the above cadet (please tick **ONE** box only):

**Fit DVLA Group 1 (private driving) medical standards.** This would permit solo flying

**Unfit DVLA Group 1 medical standards**

Signature of GP ………………….…………………….

Name of GP

Please Print …………………………………………

GMC number ………………………………………….

Date of Signing …………………………………….. (The certificate is valid for 2 years from date of signing)

Practice Stamp (including Contact Details)

In case of discussion of the cadet with CFMO, the agreement has been:

**Notes for Cadets and Parents**

**1. The F6424 Medical Declaration.** The medical declaration must be signed by you (or parent/guardian if under 18 years of age) and countersigned by your GP to validate the certificate.

**2. Information to Provide to your GP.** You must provide your GP with all 3 pages plus Annex A of F6424. To be able to countersign the declaration, s/he must read this information which explains the procedure to be followed if you have a history of any of the specified medical conditions below. By signing, you grant permission for your GP to discuss your case with the RAF Command Flight Medical Officer if further advice is required.

**3. Fitness to Fly**. Whenever you intend to go flying, it is your personal responsibility to ensure that you are fit. Illness, injury, taking medication (unless already cleared), fatigue, pregnancy, medical procedures or surgical operations will usually result in temporary unfitness. **If in doubt, you should not fly.**

**4. Reduction in Medical Fitness.** Every time you receive new medication or treatment, medical investigation or procedure, or after any serious illness or injury, you must discuss your fitness to fly with a doctor. This may be your (hospital) treating doctor or your GP.

**Remind your GP that if you have had any of the above, he/she must contact CFMO to confirm your fitness to continue flying.**

If any doctor advises that you are unfit for flying, you must not fly until that assessment has been changed. Only CFMO can re-authorise you to fly after consultation with your treating doctor or GP.

**5. Corrective lenses.** If you wear spectacles or contact lenses, a readily available spare pair of spectacles must be carried when flying.

**6. Validity of your F6424.** The F6424 is valid for two years since countersigned by your GP. You may not fly beyond that date. It is your responsibility to check this.

**7. After Signing.** Your F6424 must be handed back to your ATC Sqn OC / CCF (RAF) Section Cdr for confirmation in your F3822 or F7537D and not forwarded to HQ RAFAC or CFMO. You are to retain possession of the completed certificate which must be handed to the VGS / AEF before training can start.

**Notes for General Practitioners**

1. **Validating F6424**. F6424 is a fit to fly medical declaration form, which must validated by:
   1. **the cadet** (or parent/guardian) signing to confirm that they have read the above notes about present and future fitness to fly and,
   2. **their GP** (a UK licensed GP with whom the cadet is registered) countersigning to verify that there is nothing in their medical history that would prevent them from reaching a DVLA Group 1 standard. NB: there is no requirement to perform a physical examination, unless you wish to check a specific health parameter.

You are not being asked to decide on the cadet’s fitness to fly or drive but to confirm **absence of any medical condition** which would preclude holding a DVLA Group 1 **(private driving)** licence (with modifications for certain conditions, see page 3). No clinical diagnosis is to be written in the form.

**2. Guidance on Medical Conditions for GPs.** A list of common medical problems is listed within the *Guidance for GPs* at page 3. They will **always** require further discussion with the Command Flight Medical Officer (CFMO) who is a RAF GP specialist in aviation medicine matters. Please ensure the cadet (or parent/guardian) has signed the form in order to discuss the case with CFMO.

**3. Further Advice.** If at any stage you have doubts about a cadet’s fitness to fly, and the DVLA “At a Glance” notes raise queries, then the CFMO is your point of contact for advice.

**4. Payment of Doctors Fee.** Once this form is completed, please give it back to the cadet in the envelope provided. Your practice may claim payment of a fee from the Accounts Section of HQ Air Cadets Organisation by completing and signing Annex A to RAF F6424. Please note that **all details** need to be completed to ensure payment.

**Guidance for GPs on Medical Conditions for a**

**Medical Declaration for RAF Air Cadets**

Good vision and hearing, together with the strength/coordination equivalent for driving a car, are the key functional abilities for exposure to RAF Air Cadets flying. Most cadets will fly with an instructor; some may progress to solo flying. Medical incapacitation, particularly if unheralded, can pose more of a risk in the air as the cadet would not be able to “pull-over”. Also, pilots may be subjected to hypoxia or cold with increasing altitude.

The RAF has accepted that medical standards for the RAF Air Cadet flying are very similar to those established by the DVLA for driving. Group 1 (private) driving standards are considered acceptable for solo flying or flying with another suitably qualified pilot. The DVLA “At a glance guide to the current medical standards of fitness to drive” for medical practitioners (available in the internet) can be used as if advising a patient on their fitness to drive. However, the **DVLA must not be approached** for advice on flying.

There are some conditions (see below) that will always require discussing before signing the form. Others may not be straightforward, or the DVLA guide recommends a limitation or perhaps arranging independent testing, or the cadet is suffering from more than one condition. In any case, if in doubt, advice must be sought from the **CFMO**. S/he is an RAF GP specialist in Aviation Medicine matters and can be contacted via email:

[AIR38Gp-CAM-CFMO-GpMbx@mod.gov.uk](mailto:AIR38Gp-CAM-CFMO-GpMbx@mod.gov.uk)

When doing so, please provide full clinical details of the Cadet. Rest assured that an MOD email address is as safe as an NHS one. Please include a telephone number where you could be contacted should further information be required.

CFMO must also be consulted when there is a change in symptoms, new investigations or therapies as a temporary period of unfitness may be necessary. Medical review to continue flying may be required more frequently than the routine revalidation periods.

**Conditions that will ALWAYS require discussion with the CFMO:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| • | **Asthma**: symptomatic or requiring use |  | • | **Autism** Spectrum Disorders |
|  | of oral steroids, antibiotics or |  | • | Use of **Antidepressant** medication |
|  | long-acting ß2 agonists within the |  | • | Psychotic Disorders |
|  | past 6 months. |  | • | Personality Disorders |
| • | **Diabetes** treated with potentially |  | • | Alcohol/substance Misuse |
|  | hypoglycaemic medication. |  | • | Physical Disability |
| • | Angina/coronary disease |  | • | Any Transplant |
| • | Permanent Pacemaker |  | • | Malignant Disease |
| • | Heart Failure |  | • | Medication likely to cause drowsiness |
| • | Cardiac Valve Replacement |  |  | or incapacitation |
| • | Chronic Lung Disease |  | • | Epilepsy |
| • | Pneumothorax |  | • | Cerebral Disorders |
| • | Medical condition necessitating |  | • | Recurrent Syncope |
|  | carrying Adrenaline autoinjectors. |  |  |  |

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| **Medical Declaration of Fitness for RAF Air Cadets Flying Claim Form for Doctor’s Fee** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | **RAF Form 6424**  **Annex A** | | | | | | |
| **To** **be completed by the Issuing Officer at ATC Wing or CCF Contingent in block capitals.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Name of Cadet** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Date of Birth** | | | |  | | | | | | | | | | | | | | | | | | **Sqn/Unit UIN** | | | | | | | | | |  | | | | | | | | | | | | | |  |
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|  | **Sqn (ATC) or Unit (CCF)** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **This claim form is invalid without the Issuing Officer’s details, signature and unit stamp.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Issuing Officer’s Details and Signature** | | | | | | | | | | | | | | | | | | | |  | | | | | **Issuing Stamp** | | | | | | | | | | | | | | | | | | | | |  |
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| **The practice may claim payment of the standard fee from RAF Air Cadets Funds by completing and signing the details below and sending the original form to the address below.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Practice Name** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **Practice Address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **Post Code** | | | | |  | | | | | | | | | | | | | | | | | | | | | **Tel No.** | | | | | | | |  | | | | | | | | | | | |  |
|  | **Email Address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **Payee Name if different to Practice** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **Sort Code** | | | | |  | | |  |  |  | | | |  | |  | | |  | |  | | | **Account No** | | | | | | |  | | | | |  |  | |  | |  |  |  |  | |  |
|  | **Doctors Name** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **Doctors Signature** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **Practice Tax Registration Number** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **Practice DUNS Number (if applicable)** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Please Return Form to:** | | | | | | | | | | | | |  | |  | | Exc Code | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  |  |
|  | **Accounts Section**  **HQ RAF Air Cadets’**  **RAF Cranwell**  **Sleaford (Lincs)**  **NG34 8HB** | | | | | | | | | | | | |  | |  | | Amount | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  |  |
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