

Doctor's Statement – Confirmation of Driver Licence health standard

MEMBER TO COMPLETE

Privacy statement

Recreational Aviation Australia values your privacy and is committed to ensuring the security of your data and the requirements of the Privacy Act 1988 are met for all RAAus members. Please view the [RAAus Privacy Policy](#) on our website for more specific information.

I confirm I have reviewed the policy and am informed about how my member information is managed and agree my information may be provided to other members of RAAus, as relevant.

OPT OUT

I do not want my details provided to other members of RAAus

NOTE: Ticking this box will mean your information will not be made available to other members on the RAAus website if you hold additional qualifications such as ratings and approvals.

Member signature _____ Date _____

EXAMINER TO COMPLETE

To Recreational Aviation Australia administration

I certify that on this date _____

I examined (member name) _____

RAAus member number _____

And I have determined they are fit to the equivalent health standard for a private motor vehicle driver licence in Australia.

Yours sincerely

(Signature)

(Doctor Name)

(Medical practice name)

(Address)

(Please place doctor's stamp)