

RAFAC AVIATION MEDICAL FORM 1 (AvMed 1)
(Official Sensitive Personal When Complete)

PLEASE PRINT AND THEN COMPLETE AND SIGN THE FORM BY HAND

GUIDANCE NOTES FOR RAFAC AVIATION MEDICINE FORM 1 (AvMed1)

(Read These Guidance Notes Before Completing the Form)

Notes for Cadets, Parents and Legal Guardians

1. **Reason for the Form.** You are being offered the opportunity to go Flying and / or Gliding. Flying and Gliding are very safe activities but are not totally risk free. Medical conditions that could become worse in the air or could affect your ability to understand instructions or your ability to abandon the aircraft in an emergency increase risk to you and others and are not compatible with cadet flying or gliding. These conditions are listed on the form on the next page. The reason for the form is for you to declare any medical conditions you have so that a decision can be made on your medical suitability for flying and gliding.
2. **Name and Cadet Unit.** Make sure you write your name and Cadet Unit clearly on the form.
3. **Filling in the Medical Questionnaire.** The form is simple. The left column is a list of medical conditions. Study the words carefully and then answer the question by placing a ☒ in either **YES** or **NO**. You must answer all the questions. If you answer '**NO**' to all the questions, you will be fit to fly. If you answer '**YES**', to any question then the action in the right column will apply to you. Have a close look at the words in the right column because some items ask you to provide further information on dates of vaccinations, or medical treatment. The **Further Information Box** is where you should put these dates.
4. **Declaration.** Your safety and the safety of others is of greatest importance to the RAFAC. Read very carefully the wording of the Declaration you are signing. It is wrong to knowingly withhold or give false information. But, more importantly, by doing so you may be putting yourself and others at increased risk of an accident.
5. **Signature and Date.** You must sign and date the form. If you are under 18 years of age the form must also be signed by your parent or legal guardian
6. **Validity.** Your AvMed 1 lasts for 12 months from date of signing. Except that, if your medical condition changes during those 12 months you must fill in a new AvMed 1.
7. Once you have filled in and signed the form hand it to your Squadron OC or RAF Section Commander for scrutiny.

Notes for RAFAC ATC Squadron OC and CCF RAF Section Commanders

8. The AvMed 1 is a pre-requisite for all cadet AEF and Gliding.
9. Check that all questions have been answered and that the form has been signed. The AEFs and VGSs will not fly cadets with incomplete AvMed 1 Forms.
10. Sign the form.

Note: In the absence of the Sqn / Sec Cdr the form may be signed by an adult member of staff having access to the cadet's electronic records.

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Cadet Details:

First Name	Surname	Sqn/CCF	Wing

CONDITIONS REQUIRING MEDICAL ASSESSMENT FOR VGS GLIDING/AEF FLYING (Fit to fly if answered 'NO'. Assessment Decision/Action applies if answered 'YES')			
TO COMPLETE THE FORM, TICK (✓) YES OR NO AS APPROPRIATE			
CONDITIONS REQUIRING SCRUTINY	Yes/No		ASSESSMENT DECISION/ACTION IF ANSWER IS YES
Has the Cadet had a recent immunisation (inoculation / vaccination) or given a blood donation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO NOT FLY WITHIN 24HRS OF TREATMENT. GIVE DATE OF TREATMENT IN FURTHER INFO BOX
Does the Cadet suffer from Cerebral Palsy	YES <input type="checkbox"/>	NO <input type="checkbox"/>	► DO NOT FLY (Unless holding CFMO (F6424) approval to fly iaw ACTO 31/32 Annex A Para 3 Note 1). ◀
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.	YES <input type="checkbox"/>	NO <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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO NOT FLY UNTIL RECOVERED
Is the Cadet suffering from an ear, nose, throat, or sinus condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO NOT FLY UNTIL RECOVERED
Is the Cadet pregnant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO NOT FLY
Does the cadet have a condition that requires the use of oxygen therapy?	YES <input type="checkbox"/>	NO <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 answer NO .	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO NOT FLY
Does the Cadet experience fits, faints or blackouts (including epilepsy)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO NOT FLY
Has the Cadet had a recent dental (local) anaesthetic?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO NOT FLY WITHIN 24HRS OF TREATMENT. GIVE DATE OF TREATMENT IN FURTHER INFO BOX
Has the Cadet undergone a recent surgical procedure or had a general, spinal or epidural anaesthetic?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO NOT FLY WITHIN 7 DAYS OF TREATMENT 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)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO NOT FLY WITHIN 1 MONTH OF LAST TREATMENT. GIVE DATE OF TREATMENT IN FURTHER INFO BOX
Does the Cadet have any stable chronic disease not covered above or any disease with a sudden or unpredictable onset or deterioration?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	► DO NOT FLY (Unless holding CFMO (F6424) approval to fly iaw ACTO 31/32 Annex A Para 3 Note 1). ◀
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 reliver medication more than 3 times a week.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	FIT TO FLY IF CONDITIONS STABLE – MUST CARRY MEDICATION IN FLIGHT (NOT FIT SOLO FLIGHT. GHOSTED SOLO ONLY)
Has the Cadet used oral steroids (tablets not inhaler) or antibiotics to treat Asthma within the last 6 months ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	► DO NOT FLY (Unless holding CFMO (F6424) approval to fly iaw ACTO 31/32 Annex A Para 3 Note 1). ◀
Does the Cadet have Asthma which is not stable (STEP 3 or above)? This includes the use of long-acting beta agonists, oral treatments or high-dose steroids.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	► DO NOT FLY (Unless holding CFMO (F6424) approval to fly iaw ACTO 31/32 Annex A Para 3 Note 1). ◀
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.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	FIT TO FLY IF CONDITIONS STABLE – MUST CARRY GLUCOSE IN FLIGHT (NOT FIT SOLO FLIGHT. GHOSTED SOLO ONLY)

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Does the Cadet have a haematological (blood) disorder? For example: Sickle-Cell disease, Anaemias or Haemophilia. Note: All haematological disorders should be considered.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	▶ DO NOT FLY (Unless holding CFMO (F6424) approval to fly iaw ACTO 31/32 Annex A Para 3 Note 1). ◀
Does the Cadet have a history of Migraines?	YES <input type="checkbox"/>	NO <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.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	▶ DO NOT FLY (Unless holding CFMO (F6424) approval to fly iaw ACTO 31/32 Annex A Para 3 Note 1). ◀
Is the Cadet impaired by any stable injury, illness or congenital condition limiting mobility or use of limbs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	▶ DO NOT FLY (Unless holding CFMO (F6424) approval to fly iaw ACTO 31/32 Annex A Para 3 Note 1). ◀
Does the Cadet have any psychiatric disorder?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	▶ DO NOT FLY (Unless holding CFMO (F6424) approval to fly iaw ACTO 31/32 Annex A Para 3 Note 1). ◀
Does the Cadet suffer from any severe allergy (requiring the use EPIPEN or equivalent)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	FIT TO FLY IF CONDITIONS ACCEPTABLE TO FLIGHT ENVIRONMENT. MUST CARRY MEDICATION IN FLIGHT (NOT FIT SOLO FLIGHT. GHOSTED SOLO ONLY)
Does the Cadet suffer from any VERY SEVERE allergies which are unstable or unpredictable? Those likely to be exposed to allergens in flight (Rubbers, Plastics) are also unfit to fly.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO NOT FLY
Has the cadet had COVID within the last month? Or are they suffering ongoing symptoms following COVID infection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO NOT FLY WITHIN ONE WEEK OF DATE OF LAST SYMPTOMS. GIVE DATE IN THE FURTHER INFO BOX

Further Information:

DECLARATION:	
I hereby declare that I have carefully considered the answers I have given on this RAFAC AvMed 1 form and that I have answered truthfully to the best of my knowledge, and that I have not withheld any relevant information. I also confirm that should my medical history change after the date of this declaration 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.	
Cadet Name	
Cadet Signature	
Date	
Parent/ Guardian Name (if cadet under 18)	
Parent Guardian Signature	

This AvMED 1 is Valid for 12 Months from the Date of Signing

ATC Sqn / CCF (RAF) Section:	I confirm that I have seen and scrutinised the above AvMED 1 and, can further confirm that, where required, the F6424 process has been completed and that the F6424 is attached.		
Name	Rank	Date	Signature