

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 the F6424, together with a completed consent form, via their Wing HQ, to HQ AC (GL AO) who 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 school when starting his gliding scholarship. The cadet will not be allowed to carry out his gliding scholarship until he has produced a valid F6424.

NOTES 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 uniovular 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

APPENDIX 2 TO
ANNEX A TO
INST 9

FORM OF CONSENT

To be attached to the F6424 and returned to HQ AC **ONLY** if there are any additional comments of a medical nature, other than a requirement to wear corrective spectacles.

_____ (Address)

_____ (Date)

HQ Air Cadets (GL AO)
Royal Air Force College
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)

*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
