



Return **FULLY** completed form and signed declaration to Aviation Medicine

Fax 02 62171640, e-mail dame.liaison@casa.gov.au GPO Box 1544, Canberra City, ACT 2601

<input type="checkbox"/> Designated Aviation Medical Examiner (<i>Sign Declaration at page 3</i>)	<input type="checkbox"/> New application	DAME/DAO stamp number: (for renewal)
<input type="checkbox"/> Designated Aviation Ophthalmologist (<i>Sign Declaration at page 5</i>)	<input type="checkbox"/> Renewal	
	<input type="checkbox"/> New location current DAME/DAO	

SURNAME:	GIVEN NAMES:
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Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth / /
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Address of consulting rooms (This address will be listed on the CASA website, PO Box not acceptable)

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..... Post code

Postal address if different from consulting room. (*Please note the postal address will be published on letters to applicants*)

..... Post code

Avge Hrs/Weeks at this location	Email address (<i>email required for correspondence</i>)
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Contact numbers:

Home () Work () Mobile Fax ()

University or medical school at which qualified, qualification obtained

Higher qualifications

Type of Aviation Medicine Qualification	Type of practice and/or registered specialty
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Experience in aviation medicine	Affiliation(s) with aero/space medical organisations
Pilot: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Attendance of aero/space medical scientific meetings in the last three years (or other relevant) **Please provide certificates of attendance where possible**

Date(s)	Organisation	Location
/ /		
/ /		
/ /		

DAME/DAO Checklist (*Please ensure you have provided all of the following*):

Appointment:	Re-appointment:
<input type="checkbox"/> Completed Application Form	<input type="checkbox"/> Completed Application Form
<input type="checkbox"/> Av Med/Franzco Qualification	<input type="checkbox"/> Listed attended Aviation Medicine Education (<i>not required for DAO's</i>)
<input type="checkbox"/> Evidence of Current Medical Registration	<input type="checkbox"/> Evidence of Current Medical Registration (<i>AHPRA web print out sufficient</i>)
<input type="checkbox"/> Curriculum Vitae	
<input type="checkbox"/> Aviation Reference Number (ARN)	

Office Use Only

Approved Yes No Appointed foryrs

Reason for non-approval / conditions of approval..... CGC / PMO / /

CONDITIONS OF APPOINTMENT

CASA DESIGNATED AVIATION MEDICAL EXAMINER (DAME)

1. Designation is for a period of four years unless earlier terminated, and is renewable.
2. Designation lapses if the aviation medical examiner ceases to practise in the locality for which he/she is designated.
3. Designation does not extend to the DAME's partners, assistants or locums unless written consent from the CASA Director of Aviation Medicine/Principal Medical Officer is obtained in advance of the requirement.
4. The DAME is required:
 - i. to conduct himself/herself in a professional manner and in accordance with the Australian Medical Association's Code of Ethics (details of which are available from the Association's web page www.ama.com.au);
 - ii. to be satisfied as to the identity of each applicant;
 - iii. to examine personally each application presenting for examination;
 - iv. to devote such time and skill to the examination of applicants as is necessary to elicit a careful history and to conduct a full and thorough examination;
 - v. at the conclusion of each medical examination to forward the report to CASA promptly;
 - vi. if the holder of a medical certificate tells a DAME about a medical condition that is relevant to aviation safety, the DAME must inform CASA of the condition within 5 working days;
 - vii. to keep informed of, and follow the relevant standards, techniques and administrative procedures associated with medical examinations detailed in *The DAME Handbook* and in the DAME Newsletter published by CASA on its website;
 - viii. to undertake continuing training, acceptable to CASA, in Aviation Medicine;
 - ix. to notify CASA if absent from active practice for more than 4 weeks;
 - x. to notify CASA of any change of address, of contact details, or of cessation of practice;
 - xi. on cessation of appointment as a DAME, to return the DAME stamp and to destroy or return any unused examination forms to CASA;
 - xii. to acknowledge CASA's right to terminate Designation should the DAME conduct himself/herself in a manner that is detrimental to the interests of CASA or breach any of these Conditions of Appointment;
 - xiii. **(Australian applicants only)** to effect and maintain membership of the Australasian Society of Aviation Medicine (ASAM) or other approved aviation medical/scientific organization;
 - xiv. to authorise CASA to publish in the DAME Newsletter and the CASA website the DAME's cessation of practice, resignation of appointment as a DAME or termination of appointment as a DAME by CASA;
 - xv. to authorise the regulatory authority of any ICAO Contracting State that designated or designates the DAME to disclose to CASA information about the DAME's performance and competence as a medical examiner; and

xvi. to authorise CASA to disclose to the regulatory authority of another ICAO Contracting State that designates medical examiners for that State that has designated the DAME or to which the DAME has applied to be designated, information about the DAME's performance as a medical examiner.

5. The DAME is required to provide the following facilities and equipment:

- i. a suitable examination room and general diagnostic equipment, including an accurate sphygmomanometer;
- ii. simple urine testing facilities;
- iii. Ishihara pseudoisochromatic chart (24 plate) for colour vision testing;
- iv. visual acuity charts(s) for use at 6 metres;
- v. N series test types for near vision testing;
- vi. ophthalmoscope;
- vii. a height measuring scale (cm);
- viii. weighing scales (kg);
- ix. an electrocardiograph machine which complies with the Australian Standard, or a reliable local source for obtaining ECGs when required. (A specimen tracing on a normal subject from this machine may be required); and
- x. a suitable computer, document scanner, modem and software package for communication with CASA. (Details will be notified from time to time).

Declaration by Applicant

I have read the Conditions of Appointment ('the Conditions') set out above and, if designated, I agree to accept the Conditions. Upon my designation, this declaration shall constitute my acknowledgment for the purposes of subparagraph 4 (xii) and respective authorisation for purposes of subparagraphs 4 (xv) and (xvi) of the Conditions.

Applicant's Signature.....Date / /

Name..... (Please use Block Capitals)

CONDITIONS OF APPOINTMENT

CASA DESIGNATED AVIATION OPHTHALMOLOGIST (DAO)

1. Designation is for a period of four years unless earlier terminated, and is renewable.
2. Designation lapses if the aviation medical examiner ceases to practise in the locality for which he/she is designated.
3. Designation does not extend to the DAO's partners, assistants or locums unless written consent from the CASA Director of Aviation Medicine/Principal Medical Officer is obtained in advance of the requirement.
4. The DAO is required:
 - i. to conduct himself/herself in a professional manner and in accordance with the Australian Medical Association's Code of Ethics (details of which are available from the Association's web page www.ama.com.au);
 - ii. to be satisfied as to the identity of each applicant;
 - iii. to examine personally each application presenting for examination;
 - iv. to devote such time and skill to the examination of applicants as is necessary to elicit a careful history and to conduct a full and thorough ophthalmic examination;
 - v. at the conclusion of each medical examination to forward the report to CASA promptly;
 - vi. to keep informed of, and follow the relevant standards, techniques and administrative procedures associated with ophthalmological examinations detailed in The DAME Handbook and in the DAME Newsletter published by CASA on its website;
 - vii. to notify CASA if absent from active practice for more than 4 weeks;
 - viii. to notify CASA of any change of address, of contact details, or of cessation of practice;
 - ix. on cessation of appointment as a DAO, to return the DAO stamp and to destroy or return any unused examination forms to CASA;
 - x. to acknowledge CASA's right to terminate Designation should the DAO conduct himself/herself in a manner that is detrimental to the interests of CASA or breach any of these Conditions of Appointment;
 - xi. **(Australian applicants only)** to effect and maintain membership of the Australasian Society of Aviation Medicine (ASAM) or other approved aviation medical/scientific organization;
 - xii. to authorise CASA to publish in the DAME Newsletter and the CASA website the DAO's cessation of practice, resignation of appointment as a DAO or termination of appointment as a DAO by CASA;
 - xiii. to authorise the regulatory authority of any ICAO Contracting State that designated or designates the DAO to disclose to CASA information about the DAO's performance and competence as a medical examiner; and
 - xiv. to authorise CASA to disclose to the regulatory authority of another ICAO Contracting State that designates medical examiners for that State that has designated the DAO or to which the DAO has applied to be designated, information about the DAO's performance as an ophthalmologist examiner.

Declaration by Applicant

I have read the Conditions of Appointment ('the Conditions') set out above and, if designated, I agree to accept the Conditions. Upon my designation, this declaration shall constitute my acknowledgment for the purposes of subparagraph 4 (x) and respective authorisation for purposes of subparagraphs 4 (xiii) and (xiv) of the Conditions.

Applicant's Signature.....Date / /

Name.....(Please use Block Capitals)