





Health Declaration for Airside Driving Permit Form

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DOCUMENT DETAILS

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VERSION HISTORY

Serial, Version, Revision History		Prepared by	Revision Date	Details
1	017.01.01	Fareed Malek	04.04.2022	New form

REFERENCES

References	Document number
Guideline to Medical Requirements for Airside Drivers	AOD-AS-00-GDL-001

1 FORM PURPOSE

The purpose of this form is to document medical assessments conducted for Airside users by a Ministry of Health registered health professional, to be submitted with the Airside Driving Permit application as verification of the driver's medical fitness.

2 FORM

2.1 Application Type and Health Assessment Requirements

Declaration number	
Initial Application	<input type="checkbox"/> Full Health Assessment and Declaration attached
Renewal (aged under 45 years)	<input type="checkbox"/> Driver and Manager Declaration attached
Renewal (aged over 45 years)	<input type="checkbox"/> Full Health Assessment and Declaration attached
Review (following driving accident / incident at work)	<input type="checkbox"/> Full Health Assessment and Declaration attached

2.2 Airside Driving Permit Requirements

Area for which the permit is required		
Area	Class 1 (not exceeding 3.5 tonnes)	Class 2 (over 3.5 tonnes)
Airside roads	<input type="checkbox"/>	<input type="checkbox"/>
Maneuvering area	<input type="checkbox"/>	<input type="checkbox"/>
Aprons	<input type="checkbox"/>	<input type="checkbox"/>

2.3 Driver Declaration

Surname		Forename	
Employer		Nationality	
Date of birth		Airport ID	
Age		Department	
Company name		Job title	
Company address		Work tel. number	
Please indicate either "Yes" or "No" against each question. (Any "Yes" response will require a health assessment)			
Has a doctor or nurse advised you against any form of driving at present?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any medical condition, health problem, or take any type of medication, which may impair your ability to drive safely either now or in the future (Note: Any applicant with insulin dependent diabetes, any form of epilepsy, any form of heart disease including past heart attack, alcohol dependency, sight in		<input type="checkbox"/> Yes	<input type="checkbox"/> No

one eye only, sleep apnoea, or those taking any medicine which could affect their ability to drive safely, must have a health assessment prior to pass issue or renewal)?		
Within the last 2 years have you been involved in any road traffic accident, either in the airside environment or on public roads, where eyesight, health or medication was a factor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any disability, which is likely to affect driving safety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have completed the above by putting a circle around the correct response and understand that any false declaration on this form could result in prosecution and other disciplinary action. (The fact that the airside environment is not a public road does not give exemption from this requirement). I understand that a.) If I am advised by an optician, doctor, or nurse, to wear spectacles or contact lenses when driving, then this advice must be followed, and b.) If I have any doubt whatsoever about my fitness to drive, either now or in the future, I must stop driving immediately and contact my manager.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driver's signature		Date

2.4 Line Manager Declaration

<ul style="list-style-type: none"> I recommend this individual for an Airside Driving Permit In my opinion, there is no reason to suspect that the applicant is in any way unsafe to drive (factors to be considered include driving safety record, known alcohol abuse, any declared history of problem/medication) and is medically fit to drive meeting at least equivalent health standards I confirm that I have read: "Guideline to Medical Fitness Requirements for Airside Drivers" guidance relating to airside driving health requirements. I confirm that a safe system of work is in place within my organization based on these documents. This includes a requirement for my employees to present themselves safe to work, and to notify their employer immediately if in any doubt about their fitness to drive on health grounds 			
Manager's name		Signature	
Telephone number		Date	

2.5 Health Assessment

For completion by health professionals only or separate report to be submitted in line with below.

This is to certify that this individual attended for a health assessment including historical medical factors relevant to driving safety, examination as per BIA Guideline to Medical Fitness Requirements for Airside Drivers e.g. distance vision, visual fields, colour perception, hearing, diabetes mellitus, blood pressure etc. The result, based on knowledge of the BIA requirements and the task of airside driving, is as follows:

Meets health standards required for Airside Driving Permit		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restrictions / adjustments needed to ensure safety? (if so, define, including likely duration):			
Disability Discrimination comments (if relevant):			
Other comments			
Glasses / lenses mandatory when driving?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of next occupational health assessment if other than routine?			
Colour perception/blindness		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other relevant details:			
Location (address/telephone number and practice stamp):			
Health assessor's name			
Health assessor's signature		Date of assessment	