


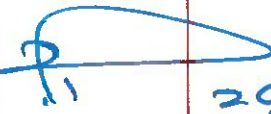
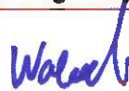



Driving Permit Request and Health  
Declaration  
Form

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## DOCUMENT DETAILS

|                                  |  |  |  |          |
|----------------------------------|--|--|--|----------|
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| Document Author                  | Name   | Designation  | Signature  | Date     |
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| Reviewed by                      | Name   | Designation  | Signature  | Date     |
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|                                  | Name   | Designation  | Signature  | Date     |
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| Approved by                      | Name   | Designation  | Signature  | Date     |
|                                  | Mohamed Yousif<br>AlBinfalah                 | Chief<br>Executive<br>Officer  |  | 3/6/24   |

## VERSION HISTORY

| Serial, Version, Revision History | Prepared by | Revision Date | Details    |   |
|-----------------------------------|-------------|---------------|------------|---|
| 1                                 | 017.01.01   | Fareed Malek  | 04.04.2022 | New form  |
| 2                                 | 17.01.02    | Ali AlAseeri  | 16/05/2024 | Combined the Airside Driving Permit request form with the health declaration form |

## REFERENCES

| References  | Document number   |
|---|-------------------|
| Guideline to Medical Requirements for Airside Drivers | AOD-AS-00-GDL-001 |
| Airside Driving Procedure                             | AOD-AO-00-SOP-003 |

## 1 Form Purpose

The purpose of this form is to facilitate the request of an airside driving permit and document medical assessments conducted for Airside users by a Ministry of Health registered health professionals, to be submitted with the Airside Driving Permit application as verification of the driver's medical fitness.

## 2 Applicant Details

|               |                |              |                |
|---------------|----------------|--------------|----------------|
| First Name    |                | Last Name    |                |
| CPR No.       |                | CPR Validity | dd / mm / yyyy |
| Date of birth | dd / mm / yyyy | Nationality  |                |
| Contact No.   |                | Job title    |                |
| Company name  |                | Department   |                |

|   |   |
|---|---|
| Application is for:   | <input type="checkbox"/> Airside Driving Permit - Roads Only (section 3 applies)<br><input type="checkbox"/> Health Declaration (section 4 applies) |
| <p><b>Note:</b> If the applicant is only required to provide a health declaration form, then section 3 will not be applicable. For instance, a requirement for a health declaration following an accident or incident occurrence which does not require the reapplication and reissuance of the airside driving permit.</p> |   |

### 3 Airside Driving Permit Roads Only Form

#### 3.1 Light License Details

|                               |   |
|-------------------------------|---|
| Possession of a Light License | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Light License No.             |   |
| First Issue Date              | dd / mm / yyyy  |
| Expiry Date                   | dd / mm / yyyy  |

#### 3.2 Heavy License Details

|                               |   |
|-------------------------------|---|
| Possession of a Heavy License | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Heavy License No.             |   |
| First Issue Date              | dd / mm / yyyy  |
| Expiry Date                   | dd / mm / yyyy  |

#### 3.3 BAC Airside Operations Familiarization

|  |                |
|--|----------------|
| Applicant completed familiarization on:              | dd / mm / yyyy |
| BAC Airside Operations familiarization delivered by: |                |
| Signature:   |                |
| BAC AIRSIDE OPERATIONS STAMP<br><br>dd / mm / yyyy   |                |

#### 3.4 Driving Permit Applicant Declaration

I confirm that the information contained in the driving permit application form is complete and accurate.

I agree to abide by the terms and conditions of the issuance of an Airside Driving Permit. I understand that failure to comply with Airport Safety and Security regulations and procedures may result in disciplinary action and/or immediate withdrawal of my Airport Pass or Driving Permit by BAC Aviation Security or BAC Airside Operations.

I shall immediately report to MoI Airport Police, or BAC Airside Operations, or BAC Pass Office any situation that might violate the safety or security of operations at the airport (unattended luggage or other objects, suspicious actions from passengers or staff, dangerous items such as guns, knives, explosives, corrosive substances etc.)

I shall immediately report the loss or theft of my Airport Pass or Driving Permit to the Mol Airport Police, to BAC Pass Office, and to my employer.

I shall promptly return the Airport Pass, via the employer, to BAC Pass Office when it is expired or damaged; when the reason that justified its issuance has been terminated; or when an instruction for such purpose has been issued by the BAC Aviation Security Department.

|                            |  |             |  |
|----------------------------|--|-------------|--|
| <b>Applicant Signature</b> |  | <b>Date</b> |  |
|----------------------------|--|-------------|--|

### 3.5 Driving Permit Line Manager's Declaration

As the line manager, I confirm that, to the best of my knowledge, all information provided is true. I accept that the applicant is permitted to drive in the airside on the condition that neither Bahrain Airport Company nor any of its employees are to be held liable for any loss or damage caused to the requesting driver. I will ensure that the driver is confined to the Roads Only and must not drive on the maneuvering area except when specifically authorized by Bahrain Airport Company and Air Traffic Control to do so and is in possession of the appropriate Maneuvering Area driving permit.

I request that permission is given as specified, and I confirm that driving is required in order to assist in the performance of legitimate duties on behalf of the requesting organization, for a period not exceeding that outlined in the request. I agree that when the pass is no longer required for the applicant, I shall arrange for its immediate return to BAC Pass Office and recognize that failure to do so may result in further administration charges.

By authorizing this driving permit request, I agree that the organization I am representing will pay the published expenses administration associated with the issuance of a Driving Permit where the submitted documentation or applicant does not meet the required criteria, and that BAC Pass Office shall not be held accountable for any delays in the clearance process, cancellation or denial of the submitted request.

|                       |  |
|-----------------------|--|
| <b>Manager's name</b> |  |
| <b>Signature</b>      |  |
| <b>Date</b>           |  |

## 4 Health Declaration Form

### 4.1 Application Type and Health Assessment Requirements

|                    |  |
|--------------------|--|
| Initial or Renewal | <input type="checkbox"/> Initial<br><input type="checkbox"/> Renewal<br><input type="checkbox"/> Review (Following an accident or incident occurrence at work)   |
| Attachments        | <input type="checkbox"/> Health Assessment attached if required<br><b>Note:</b> Health assessments which have been conducted within 6 months of the application date shall be considered valid and can be attached with this request. More frequent health assessments shall be required where determined by a medical practitioner and/or where existing medical conditions or symptoms require such. |

### 4.2 Airside Driving Permit Requirements

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

### 4.3 Driver Declaration

|  |  |                              |                             |
|--|--|------------------------------|-----------------------------|
| First Name   |  | Last Name                    |                             |
| Date of birth  |  | Nationality                  |                             |
| Age  |  | CPR                          |                             |
| Contact No.  |  | Job title                    |                             |
| Company name   |  | Department                   |                             |
| 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 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)? |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



|   |                              |                             |
|---|------------------------------|-----------------------------|
| 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 |

#### 4.3.1 Health Declaration

I understand that any false declaration on this form could result in prosecution and other disciplinary action. 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.

|                           |  |             |  |
|---------------------------|--|-------------|--|
| <b>Driver's signature</b> |  | <b>Date</b> |  |
|---------------------------|--|-------------|--|

#### 4.4 Line Manager Declaration

- 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

|                       |  |
|-----------------------|--|
| <b>Manager's name</b> |  |
| <b>Signature</b>      |  |
| <b>Date</b>           |  |

#### 4.5 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): |                               |                             |
| 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?                              | Click or tap to enter a date. |                             |
| Colour perception/blindness   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| <b>Left Eye</b>   |                               | <b>Right Eye</b>            |
| <input type="text"/>  | Distance Vision               | <input type="text"/>        |
| <input type="text"/>  | Near Vision                   | <input type="text"/>        |
| <input type="text"/>  | Colour Vision                 | <input type="text"/>        |
| Other relevant details:   |                               |                             |

|   |  |                    |  |
|---|--|--------------------|--|
| Location (address/telephone number and practice stamp): |  |                    |  |
| Health assessor's name                                  |  |                    |  |
| Health assessor's signature                             |  | Date of assessment |  |
| Medical Centre Stamp<br>dd / mm / yyyy                  |  |                    |  |