

To: CONVENER
c/o Ministry of Transport Level 6, Novell House, 89 The Terrace
P O Box 3175, Wellington, New Zealand

APPLICATION FOR REVIEW OF A MEDICAL CERTIFICATION DECISION



IMPORTANT: An application to the Convener for review of a medical certification decision must be made within 20 working days of the decision being made

1. Fill out personal details below and enter your name and client ID on pages 2 and 3
2. Attach a copy of the medical certification decision you wish to have reviewed
3. Read the statements on this form carefully
4. Sign and date the form at the bottom of this page
5. Check the box on this page alongside the reason you are applying to the convener for a review
6. Got to page 2 and complete the details in Box 1 or Box 2 depending on which reason you are applying for a review
7. Write a brief statement in Section A on page 3 detailing the reason you are applying for a review by the Convener
8. List any supporting documentation such as medical reports, in Section B on page 3 and attached copies of the reports to this application
9. Specify in Section C on page 3 any person to whom you wish to have copied any information obtained by the Convener about you – for example; your specialist, GP, Lawyer or other
10. Post the application form and attachments to the Convener at the address above.

Title: _____

CAA Client Number: _____

Name: _____

Licence details: _____

Postal Address: _____

Class of Medical Certificate: _____

Date last medical certificate issued: _____

Email: _____

Daytime telephone: _____

Fax: _____

I request that the decision(s), marked below, made in respect of my medical certificate or application for a medical certificate, be reviewed by the Convener.

Reason for review:



Check Box

My application for medical certificate has been denied

_____ →

Got to Box 1 →

I have been issued a new medical certificate and conditions, restrictions or endorsements have been imposed

_____ →

Got to Box 1 →

My medical certificate has been endorsed with conditions, restrictions or endorsements

_____ →

Got to Box 2 →

My medical certificate has been revoked

_____ →

Got to Box 2 →

I am aware that under section 27L(3)(C) and section 27M(2)(b)(iii) of the Civil Aviation Act 1990 I may be required, at my own expense, to “undertake any other tests, examinations, or re-examinations conducted by any suitably qualified and experienced person” or to provide “any medical information, as the Convener considers reasonably necessary” to carry out his or her review. I also understand that the review process involves the communication of medical information about me between CAA, the Convener and other health professionals at the Convener’s discretion and that if I wish the Convener to communicate with any other person in relation to the review, I must first provide my consent to the Convener in writing.

Signature _____

Date: _____

Medical Certificate & Notice Details:

Box 1 Requesting a review of a decision to deny a certificate or to
 Answer issue a certificate with conditions, restrictions or
 Q1 – Q5 endorsements under s27B of the Civil Aviation Act 1990

Q 1 Date of application for medical certificate: _____

Q 2 Date of medical examination: _____

Q 3 Name and designation of Medical Examiner who conducted the medical examination: _____

Q 4 Date of medical certification decision: _____

Q 5 Name and designation of Medical Examiner (if different from Q3) who notified you of the medical certification decision: _____



Check Box

ME1 ME 2



Check Box

ME1 ME 2

CAA Central Medical Unit

Box 2 Requesting a review of a decision to impose conditions, restrictions or endorsements on an existing medical certificate or revoke a medical certificate, under s271 of the
 Answer Civil Aviation Act 1990
 Q6 – Q7

Q 6 Date of medical certification decision: _____

Q 7 Name and designation of Medical Examiner who notified you of the medical certification decision: _____



Check Box

ME1 ME 2

CAA Central Medical Unit

Name: _____

CAA Client Number: _____

Details of reasons for review & list of attachments

SECTION A

Please detail the reasons you are applying to the Convener for a review of a medical certification decision – attach more pages if required.

SECTION B

Supporting documentation including medical reports should be listed below and attached to this application.

SECTION C

The names of any person to whom you wish to have copied any information (including medical information) obtained by the Convener about you, for example your specialist, GP, lawyer, or other/
