**PASSENGER BRIEFING FORM**

This form is to be retained with the Authorization Sheets for the duration of the flight.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | | Rank | | |
| Department | | | | |
| NOK Details Name | | | | |
| Address | | | | |
| Relationship | | | | |
| Approval for flight |  | | | |
| REQUIREMENT | NAME and RANK | SIGNATURE | DATE | VALID |
| Survival Aids Brief |  |  |  | 1 month |
| Emergency and Ditching/Ejection Brief |  |  |  | 1 month |
| Passenger Anthropometrics and Boarding Weight within Limits |  |  |  | 1 month |
| Medical Examination  Fit for Category Flight |  |  |  | 24 hours (only required for Cat 1 and 2 Flights) |
| Self Certification Medical[[1]](#footnote-1):   * I am not receiving medical treatment * I do not have a cold or chest disorder * I have highlighted any significant medical conditions to the Aircraft Commander. * For Service personnel: I am Medical Category A4 or above. |  |  |  | 24 hours |
| Self Certification Drills[[2]](#footnote-2): I fully understand the instructions I have received in the use of survival equipment and the emergency and ditching/ejection procedures for the above Air System type. I am confident that I might carry out those procedures if the need arises. |  |  |  | 1 Month |
| Authorizing Officer for the flight |  |  |  | Same day |

1. Certification for cadets/minors **should** be completed by their parent or guardian. [↑](#footnote-ref-1)
2. Certification for cadets/minors **should** be completed by the qualified personnel delivering instruction. [↑](#footnote-ref-2)