**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 ExaminationFit 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)