

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 : <ul style="list-style-type: none"> • 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 : 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.

² Certification for cadets/minors **should** be completed by the qualified personnel delivering instruction.