CORPORATE
SERVICES
NETWORK

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Pilot Loss of Licence

Medical Questionnaire

CORPORATE SERVICES NETWORK

Medical Questionnaire

Section 1

Surname	
First name	
Rank	
Address	
Date of Birth	

(Please send birth certificate, or copy, or other evidence of DOB)

Section 2

a) Date commenced flying

b) Employers and periods

Employer	Period

c) Total flying hours

d) Flying hours within six (6) months immediately before grounding:

e) Type ratings current at time of grounding:

f) Annual / Net monthly salary:

Section 3

Number, type, date of first issue and name of issuing authority of all flying licenses:

a) Valid at commencement of grounding.

b) Of lower grading held in the past but expired (i.e. PPL, CPL) excluding licences already mentioned above.

Section 4

a) Contact name, address and email of your General Practitioner.

b) Contact name, address and email of your usual aviation medical examiner.

Section 5

Disabling condition

a) Diagnosis (if known)

b) When you first had symptoms (if bodily injury, give date of injury and circumstances in which it occurred)

c) When first found, suspected of diagnosed (if at routine renewal examination, please state so)

d) Names and contact details of all doctors concerned in diagnosis, investigation or treatments (please include email address if known)

e. Brief details of treatments, if any, including names of drugs

Section 6

Dates of all sick leave or periods of actual grounding taken for this condition

Section 7

Has the condition been notified to your medical examiner or licensing authority? If so, give dates of all periods of formal invalidation of your license or official grounding for this condition, plus present status. Please provide a copy of the letter assessing you 'temporarily' unfit by the licensing authority if/when received.

Section 8

Have you ever been grounded or had your license invalidated for any other condition? If so give dates and brief details.

Section 9

Have you ever in the past been required to take additional tests at routine license examination, been referred for specialist investigation, had to return for examination at less than the normal interval of time or been ordered to take drugs of follow any special diet? If so, please provide details and dates.

Section 10

Has any limitation or waiver ever been endorsed on your medical certificate (including wearing glasses)?
If so, please provide details and dates.

Section 11

Are you entitled to benefit from any other loss of license insurance arranged by you or your employer?
If so, give name of insurers, policy number, inception date and benefit payable (i.e. capital sum or number and amount of monthly benefits).

Corporate Services Network (CSN)

CSN is committed to complying with the Privacy Amendment (Enhancing Privacy Protection) Act 2012 which amends the Privacy Act 1988 and has resulted in the introduction of the 13 Australian Privacy Principles (APPs). CSN will ensure that all personal information held is treated in accordance with the Act and the APPs.

All personal information collected is used only for the assessment of a claim or the provision of an insurance related service. In order to affect this, your personal information may be disclosed to or requested from third parties such as an insurer, employer, broker, medical practitioner, Medicare or other parties as required by law.

Consequently, given the placement of this insurance it may be necessary to disclose your personal information to a third party in the UK. If so, we will take reasonable steps to ensure that the overseas recipient of your information will not breach the APPs.

CSN will take all reasonable steps to ensure that personal information held by CSN is secure from any misuse, interference, loss, unauthorised access, modification or disclosure.

CSN has a privacy enquiries and complaints handling procedure to deal with any enquiry or complaint you may have about how we have collected, used or managed your personal information. If you would like to make an enquiry or complaint, please complete the "Privacy Complaint or Query" form that is available on our website at www.csnet.com.au and send to privacy@csnet.com.au

Our complete Privacy Policy is located on the above website or can be obtained from us by contacting 612 8256 1770. Both the Privacy Policy and Statement were last updated on 12 March 2014.

Medical Authority and Declaration

I understand that by investigating my claim or by accepting proof of my claim, CSN has made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy.

I agree to CSN using and disclosing my personal information to the insurer, the Policy Holder, my employer, the insurance broker, my medical practitioners, my health providers, Medicare, or other parties as required by law. I understand this is pursuant to CSN's Privacy Policy and this document.

In the event of any conflict between the documents, this document will be determinative. This consent remains valid unless I alter or revoke it by giving written notice to CSN's Privacy Officer.

I authorise any person or entity, including those referred to above, to provide to CSN such personal information (including health information) as CSN in its absolute discretion considers relevant for its assessment of my claim or my entitlement to benefits.

I will use my best endeavours and render all reasonable assistance and cooperation to CSN in the assessment of my claim.

I confirm that any information that I supply will be true and correct and that I will not withhold any information likely to affect the acceptance or handling of my claim.

I understand that if I do not consent to the terms of this authority or revoke my consent, CSN may not be able to process or assess my claim.

I appoint CSN to do everything necessary or expedient to give effect to the transactions contemplated by the consents and authorisations in this document and to execute, on my behalf, any documents or to do such acts required to give effect to this Privacy Consent and Medical Authority.

Signature:

Name:

Date:

A copy of this claim form should be retained for your records