

To: CONVENER  
c/o Ministry of Transport,  
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. Go 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: \_\_\_\_\_

\_\_\_\_\_

Daytime telephone: \_\_\_\_\_

Email: \_\_\_\_\_

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 a new medical certificate has been declined

\_\_\_\_\_ →

Go to Box 1 →

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

\_\_\_\_\_ →

Go to Box 1 →

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

\_\_\_\_\_ →

Go to Box 2 →

My existing medical certificate has been revoked

\_\_\_\_\_ →

Go 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: \_\_\_\_\_

Name: \_\_\_\_\_

CAA Client Number: \_\_\_\_\_

# Medical Certificate & Notice Details:

**Box 1** Request for review of decision to decline application for a new certificate, or to issue a certificate with conditions, restrictions or endorsements  
Answer Q1 – Q5

Q 1 Date of application for new medical certificate: \_\_\_\_\_

Q 2 Date of medical examination: \_\_\_\_\_

Q 3 Name of Medical Examiner who conducted the medical examination: \_\_\_\_\_

Q 4 Date of medical certification decision: \_\_\_\_\_

Q 5 Name 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** Request for review of decision to impose conditions, restrictions or endorsements on an existing medical certificate or to revoke an existing medical certificate  
Answer Q6 – Q7

Q 6 Date of medical certification decision: \_\_\_\_\_

Q 7 Name 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

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### 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.

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### SECTION B

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

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### 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.

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