

**Airfield Operations Unit
 Airside Safety and Driving**

Health Declaration for Airside Driving Permit

Version 02

APPLICATION TYPE AND HEALTH ASSESSMENT REQUIREMENTS	
Initial Application	Full Health Assessment and Declaration attached (✖): <input type="checkbox"/>
Renewal (Aged under 45 years)	Driver and Manager Declaration attached (✖): <input type="checkbox"/>
Renewal (Aged over 45 years)	Full Health Assessment and Declaration attached (✖): <input type="checkbox"/>
Review (Following driving accident / incident at work)	Full Health Assessment and Declaration attached (✖): <input type="checkbox"/>

AIRSIDE DRIVING PERMIT REQUIREMENTS		
	Class 1 (Not exceeding 3.5 tonnes)	Class 2 (Over 3.5 tonnes)
Area for which the Permit is required (✖):		
Airside Roads and Aprons:	<input type="checkbox"/>	<input type="checkbox"/>
Manoeuvring Area:	<input type="checkbox"/>	<input type="checkbox"/>
Runway:	<input type="checkbox"/>	<input type="checkbox"/>

PART 1: DRIVER DECLARATION		
Surname:	Forename(s):	
Employer:	Nationality:	
Date of Birth:	Age:	Airport ID Card No:
Company Name:	Department:	
	Job Title:	
Company	Work Tel. Number:	
Address:		
Post Code:		
Please indicate either "Yes" or "No" against each question. (Any "Yes" response will require a health assessment):		
Has a doctor or nurse advised you against any form of driving at present?	No	Yes
Do you have any medical condition, health problem, or take any type of medication, which may impair your ability to drive safely either now or in the future (Note: Any applicant with insulin dependent diabetes, any form of epilepsy, any form of heart disease including past heart attack, alcohol dependency, sight in one eye only, sleep apnoea, or those taking any medicine which could affect their ability to drive safely, must have a health assessment prior to pass issue or renewal)?	No	Yes
Within the last 10 years have you been involved in any road traffic accident, either in the airside environment or on public roads, where eyesight, health or medication was a factor?	No	Yes
Do you have any disability, which is likely to affect driving safety?	No	Yes
I have completed the above by putting a circle around the correct response, and understand that any false declaration on this form could result in prosecution and other disciplinary action. (The fact that the airside environment is not a public road does not give exemption from this requirement). I understand that a.) If I am advised by an optician, doctor, or nurse, to wear spectacles or contact lenses when driving, then this advice must be followed, and b.) If I have any doubt whatsoever about my fitness to drive, either now or in the future, I must stop driving immediately and contact my manager.	No	Yes
Driver's Signature:	Date:	

PART 2: MANAGER DECLARATION

- I recommend this individual for an Airside Driving Permit
- In my opinion, there is no reason to suspect that the applicant is in any way unsafe to drive (factors to be considered include driving safety record, known alcohol abuse, any declared history of problem/medication) and is medically fit to drive meeting at least DVLA Group 1 equivalent health and vision standards
- I confirm that I have read: HSG136 "A Guide to Workplace Transport Safety and the Medical Standards for Drivers" guidance available on the Health and Safety Executive (HSE) website, the "At A Glance Guide to The Current Medical Standards of Fitness to Drive issued by the DVLA", as well as all relevant Doncaster Airport Ltd documentation relating to airside driving health requirements. I confirm that a safe system of work is in place within my organisation based on these documents. This includes a requirement for my employees to present themselves safe to work, and to notify their employer immediately if in any doubt about their fitness to drive on health grounds

Manager's Signature:

Name (Print):

Telephone Number:

Date:

PART 3: HEALTH ASSESSMENT
For completion by health professionals only

This is to certify that this individual attended for a health assessment including historical medical factors relevant to driving safety, examination including (but not limited to) distance vision, visual fields, colour perception, hearing and blood pressure. The result, based on knowledge of the local airport authority requirements and the task of airside driving, is as follows:

Meets health standards required for Airside Driving Permit (health and vision standards equivalent to DVLA Group 1) (*):

Restrictions / adjustments needed to ensure safety? (if so, define, including likely duration):

Disability Discrimination Act (DDA) comments (if relevant):

Other comments

Glasses / lenses mandatory when driving? (*):

Date of next Occupational Health assessment if other than routine?

Colour Perception / Blindness

Other relevant details:

Location (address / telephone number and practice stamp):

Health Assessor's Signature:

Health Assessor Name (Print):

Date of Assessment: