Australian Government
Civil Aviation Safety Authority

SUMMARY OF CONSULTATION

CASA Class 5 Medical Self-Declaration Review Survey

File ref: D25/237199

December 2025

Acknowledgement of Country

The Civil Aviation Safety Authority (CASA) respectfully acknowledges the Traditional Custodians of the lands on which our offices are located and their continuing connection to land, water and community, and pays respect to Elders past, present and emerging.

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1 Overview

The Class 5 medical self-declaration scheme has been in operation since February 2024. It allows recreational and private pilots to self-assess and self-declare if they meet fitness and eligibility requirements and fly within operational limitations. It provides a more streamlined medical assessment pathway.

The purpose of the Class 5 medical self-declaration scheme was to provide a simple process for private and recreational pilots with low risk of medical impairment, to conduct low risk flying operations without mandatory medical assessment by a Designated Aviation Medical Examiner (DAME) or a medical practitioner. The development of the scheme included extensive discussion by the Part 67 Technical Working Group (TWG) regarding the operational limitations that are considered “low risk” flying operations for an aeromedically unscreened population.

CASA took an iterative and initially conservative approach to implementing the Class 5 medical self-declaration scheme. The scheme is based on comprehensive risk analysis and a careful examination of what other safety authorities do overseas. It includes operational limitations on what pilots can do when flying with a Class 5 medical self-declaration to ensure an acceptable level of risk is maintained.

Risk work was conducted during the policy development phase to help develop the operational limitations. This included risk assessment workshops and a risk summary statement, supported by risk registers and a bowtie risk assessment.

The operational limitations are designed to manage the increased risk of an inflight medical event leading to incapacitation or impairment (when compared to existing medical assessment requirements).

The scheme was supported with a communications campaign, mandatory training, guidance material and online capability through myCASA portal and the Medical Records System.

As the first scheme of its kind, with limited comparable data in Australia or internationally, CASA consulted to evaluate the safety outcomes of the scheme, people's experience with the application process and the medical and operational limitations, specifically whether respondents had any safety or risk-based information to suggest that the limitations could be adjusted.

The consultation period opened on 24 June and closed 14 July 2025. Feedback received has undergone a qualitative assessment as to whether any safety or risk-based information has been provided that needs to be considered.

The survey is part of CASA's Post Implementation Review (PIR) of the Class 5 medical self-declaration scheme which was committed to so that CASA could ensure it is working as intended. The PIR is tracking to be completed in the first quarter of 2026.

2 Reference material

2.1 Acronyms

The acronyms and abbreviations used in this summary of consultation are listed in the table below.

Table 1: Acronyms

Acronym	Description
ASAP	Aviation Safety Advisory Panel
CAA	Civil Aviation Authority
CASA	Civil Aviation Safety Authority
DAME	Designated Aviation Medical Examiner
IFR	Instrument Flight Rules
MTOW	Maximum Take-off Weight
PIR	Post Implementation Review
POB	People On Board
RAAus	Recreational Aviation Australia
TWG	Technical Working Group
VFR	Visual Flight Rules

2.2 References

Legislation

Legislation is available on the Federal Register of Legislation website https://www.legislation.gov.au/

Table 2: Legislation references

Document	Title
Legislative Instrument	CASA EX01/24 - Flight Crew Medical Status (Class 5 Medical Self-declaration) Exemption 2024

Advisory material

CASA's advisory materials are available at https://www.casa.gov.au/publications-and-resources/guidance-materials

Table 3: Advisory material references

Document	Title
Guidelines	Guidelines - Medical Assessment for Aviation

3 Summary

As of 4 November 2025, there were 2,201 Class 5 self-declared medical holders, and 2,276 people have undergone the associated online training.

Over half of the respondents to the survey indicated that they have obtained a record of Class 5 medical self-declaration.

The survey analysis was conducted in a qualitative manner and was based on an assessment as to whether respondents had provided safety or risk-based information on the operational limitations that should be further considered by CASA, the TWG and the Aviation Safety Advisory Panel (ASAP).

4 Respondents

A total of 164 responses to the consultation were received. 85 respondents identified as a pilot - recreational or private, 36 as aircraft owner/operator, 19 as amateur/kit-build aircraft owners and 5 as pilot - commercial or air transport, and one respondent was a CASA officer.

114 respondents gave permission for their response to be published.

84 respondents indicated that they had obtained a record of Class 5 medical self-declaration.

CASA values the contributions made by all respondents. Where permission to publish has been granted by the respondent, individual consultation responses can be found on the consultation hub as part of this summary of consultation.

A majority of the 164 respondents were aware of CASA's Class 5 medical self-declaration scheme, with 84 having obtained a Class 5 medical self-declaration. 37 respondents didn't obtain a Class 5 medical self-declaration as they have a higher medical class and 13 as the operational limitations didn't suit them. 5 respondents were not aware of the Class 5 medical self-declaration scheme.

58 respondents estimated that they would fly 12-60 hours per year using the Class 5 medical self-declaration scheme, 79 respondents did not answer, and 27 respondents provided a variety of answers.

67 respondents stated that they sometimes flew with a passenger, 12 always have a passenger with them, 5 always fly alone and 80 did not respond. Of those respondents who fly with a passenger and responded, 61 said that their passenger was sometimes a licensed pilot and 13 said that their passenger was never a licensed pilot.

96 respondents provided comments and suggestions on the operational limitations associated with the Class 5 medical self-declaration scheme, with the following representation:

- 43 - pilots, recreational or private
- 23 - aircraft owner/operator
- 14 - amateur/kit-built aircraft owners
- 7 - sport and recreational aviation
- 3 - pilots, commercial air transport
- 1 - flight training organisation (aero club)
- 1 - flight instructor/examiner
- 1 - CASA officer.

4.1 Key Themes - Operational limitations

Theme 1 - Maximum Take-Off Weight

Pilots with a Class 5 medical can only fly aircraft with a certificated Maximum Take-Off Weight (MTOW) of 2,000kg or less. This captures most aircraft on the Australian Register that private pilots operate and aligns with the UK Civil Aviation Authority (CAA) MTOW requirements for their Pilot Medical Declaration.

The first question on operational limitations asked for feedback on MTOW. Respondents were asked to comment on and provide suggestions for managing safety risks associated with MTOW.

Whilst just over a third of respondents provided comments on this question, only a small number provided safety or risk-based information to support their position on MTOW. Many respondents considered that the MTOW should not change. Some suggested increasing the MTOW, and others suggested decreasing it.

Respondents that expressed overall support for the current weight restriction, described it as sensible, reasonable and fair.

Many respondents raised objections to the current operational limitation without clear rationale, primarily stating that CASA should adopt the UK CAA self-declared medical or the US FAA BasicMed.

Questions and suggestions were received on the following:

- Comparison to Recreational Aviation Australia (RAAus) aircraft that are faster and more complex.
- Aircraft weight having no relevance to the pilot's medical fitness.
- Introducing a simple general practitioner sign off for increased MTOW.
- Introducing a second pilot for increased MTOW.
- The limitation should remain until further data is gathered, then review.

Theme 2 - People on Board

The second question on operational limitations asked for feedback on People on Board (POB). Respondents were asked to comment on and provide suggestions for managing safety risks associated with increased POB.

Just over half of respondents provided comments on this question, with a small number providing safety or risk-based information to support their position. Many respondents indicated strong support for increasing the number of POB to 4.

The common themes across the feedback were:

- Include an additional pilot to increase POB.
- Include an additional and higher medically certified pilot to increase POB.
- Comparison to the UK CAA's Pilot Medical Declaration permits up to 3 passengers.
- Ability to carry passengers up to the design capability of the aircraft.

Theme 3 - Altitude at 10,000 feet

The third question on operational limitations asked for feedback on altitude being restricted to 10,000 feet. Respondents were asked to comment on and provide suggestions for managing safety risks associated with increased altitude.

Many respondents indicated that they thought the current limitation was appropriate.

The common themes across the feedback were:

- Using supplemental oxygen.
- Consider different limitation for pressurised aircraft.
- Using a pulse oximeter.

Theme 4 - Access to airspace

The fourth question on access to airspace asked for feedback on having access to controlled airspace. Respondents were asked to comment on and provide suggestions for managing safety risks associated with access to controlled airspace. Most respondents indicated that they thought the access to airspace was appropriate and the common theme was that respondents believed that this improved safety.

Theme 5 - Aerobatics

The fifth question asked for feedback on aerobatic restrictions. Respondents were asked to comment on and provide suggestions for managing safety risks associated with allowing aerobatics.

Many respondents indicated that the current limitation should be removed, while other respondents indicated that aerobatics should remain restricted.

The common themes of those respondents wishing to include aerobatics in the Class 5 medical self-declared scheme include:

- Limit to solo activity, that is, no passengers.
- Exclude air shows and public displays.
- Include an appropriately qualified pilot as a passenger.
- Require a sportsman class.
- No low level.
- Limit to under 4G.
- Limit to loops, wing overs, simple aileron rolls with a G-limit of 3.5.
- Over non-built-up areas.

Theme 6 - Day VFR only

The sixth question asked for feedback on Class 5 pilots being limited to day Visual Flight Rules (VFR) operations. Respondents were asked to comment on and provide suggestions for managing safety risks associated with loosening this restriction, e.g. night VFR and Instrument Flight Rules (IFR).

Many respondents indicated that they thought the current limitation should be removed.

The common themes of those respondents wishing to include night VFR and IFR in the Class 5 medical self-declared scheme include:

- Limited night VFR be included as 1-hour prior to first light and 1-hour after last light.
- Introducing a tiered medical declaration, where Class 5A (basic) excludes night/IFR, but Class 5B (advanced) allows access based on additional criteria, such as flight review currency, medical history, or additional sign-off form.
- IFR is a higher standard of flying operation, and would improve safety, not reduce safety. Flying under IFR requires more frequent recency testing, and proficiency.
- Permitted with an annual medical examination.
- Allow pilots who hold an instrument rating and have previously held a Class 2 medical to use their IFR rating.
- Allow night VFR with currency requirements.
- Fly with a safety pilot in night VFR and IFR.
- Require an eye test.

Theme 7 - Formation flying

The seventh question asked for feedback on not allowing formation flying. Respondents were asked to comment on and provide suggestions for managing safety risks associated for allowing formation flying.

Many respondents indicated that they thought the current limitation should be removed.

For the smaller portion of respondents that thought formation flying should remain restricted, the common response was that the restriction was reasonable and appropriate.

The common themes of those respondents wishing to include formation flying in the Class 5 medical self-declared scheme include:

- The RAAus experience in this activity does not present an issue.
- Include a limitation of no passengers.
- Undergo a targeted visual assessment by an optometrist or ophthalmologist.
- Require a flight review every 2 years by a qualified formation instructor in addition to an annual flight review.
- Put a Class 5 pilot in the lead or trail position.
- The opinion that the Class 2 medical assessment does not contain a special eye test.

4.2 Application process and guidance material

Many respondents indicated that they found the application process very easy or somewhat easy.

Of the small number of respondents that found it somewhat difficult, issues accessing the portal was raised.

Many respondents also indicated that they found the online training useful.

5 Future direction

This feedback and the safety and risk-based information provided by respondents is being considered by the ASAP and TWG and their report will be available in the new year.