FSG 1400-02 SUBSTANCE USE DISORDERS

Document Status:	Current
Document Type:	Flight Surgeon Guideline
FSG Number:	1400-02
Original Source:	FSG 1400-02
Approval:	AMA
SME:	Aeromedical Psychiatry
OPI:	Air Div Surg
Effective Date:	9 Feb 2021
Last Reviewed:	24 June 2025

REFERENCES:

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RECORD OF AMENDMENTS:

Date (DD/MM/YY)	Change/Reason
29/JAN/24	Removed conflicting wording regarding abstinence requirements from the main document (para 22, 25, 29) and the Statement of Understanding (para 1). Amendments clarify that abstinence is required from the addictive substance as well as all other legal and illegal mood altering substances apart from caffeine, nicotine, and medically necessary prescriptions authorized by a flight surgeon.

	Reference to the Low Risk Drinking guidelines is removed as it is no longer up to date.
24/JUN/25	Significant revision and update including: • Medical monitoring of abstinence is mandatory, not discretionary • Inclusion of Problematic Substance Use category • Updating the abstinence requirements to be two years rather than lifelong for Mild Substance Use Disorder • Participation in aftercare program or approved peer support program to support recovery is mandatory.

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SCOPE OF THIS GUIDELINE

1. This Flight Surgeon Guideline (FSG) provides direction regarding the assessment of substance use in RCAF aircrew. The guidance in this document is to be used in the context of initial evaluation, treatment requirements, medical administration and evaluation for return to flying and controlling duties.

DEFINITIONS

2. Substance Use Disorder (SUD): is a medical condition defined in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5TR) as a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues to use the substance despite significant impairment. SUD is further characterized as being mild, moderate, or severe depending upon the number of symptoms experienced (ref A).

3. Substance Induced Disorder (SID): includes intoxication, withdrawal, and other substance induced medical disorders (ref A).

4. Problematic Substance Use: the use of any psychoactive substances in a manner that directly or indirectly affects occupational/aviation safety or places the individual, coworkers, family members, or the general public at risk.

   This may include an episode or pattern of use that:
   - causes a direct hazard to the user and the health or welfare of others;
   - causes or worsens an occupational, social, mental or physical problem;
   - or undermines safety and operational effectiveness (ref B, C, D).

   A concomitant medical diagnosis of SUD may or may not be present.

5. Psychoactive substances in the context of this document refers to all legal and illegal mood-altering substances apart from caffeine and tobacco.

BACKGROUND

MILITARY ENVIRONMENT AND SUD

6. Military populations, including the Canadian Armed Forces, have a higher prevalence of engaging in problematic substance use compared to the general population. A recent epidemiological review on alcohol misuse identified a lifetime prevalence among CAF members of 32 percent. The percentage of CAF members reporting possible alcohol use disorder within the past year by environment was 2.4 percent of air force personnel; 4.3 percent of naval personnel; and 5.7 percent of army personnel (ref E).

7. The potential impact of the use of psychoactive substances on operational safety and effectiveness is recognized by the CAF and orders specific to consumption of legal

substances and duty requirements to mitigate this risk are clearly outlined in refs D, F, and G. Relevant considerations for RCAF aircrew:

a. Alcohol consumption within the 24-hour period must be of an amount that permits total clearance from the body by the time they report for duty and there shall be no consumption at all within 12 hours of flight or controlling duties (ref G);

b. Cannabis consumption within 28 days of any known or expected performance of aircrew duties (ref D);

c. The chain of command has a responsibility to refer personnel for medical assessment in regard to substance use when there is reason for concern via the DND-4006 (ref D, F).

MEDICAL AND SAFETY CONSIDERATIONS

8. Patients with SUD not engaged in a structured treatment and recovery support framework are at a higher risk of relapse (ref H). The provision of both initial treatment support and then extended medical follow-up and recovery support is essential for full recovery.

9. The standard of care/treatment goal of SUD in aviation and other safety sensitive environments is abstinence based care with extended medical monitoring, including the use of laboratory testing, to assess continued recovery. Abstinence based care is supported via a multidisciplinary approach including primary care and mental health.

10. Medical evaluation of individuals who are ordered for assessment for SUD events such as intoxication or withdrawal that affects the workplace; driving under the influence; or altercations under the influence should be done carefully with consideration for potential impacts of the behaviour on the aeromedical risk. Engaging in acts that affect the safety of self and the public as well as binge drinking to the point of physiological withdrawal are signs that point to problematic substance use even in the absence of full SUD criteria being met.

11. Aircrew undergo more frequent medical assessments as the result of the regulatory requirement for ongoing medical certification to fly (ref I). Each aircrew medical should include discussion on the frequency and pattern of use of alcohol, cannabis, and other psychoactive substances. Individuals who report the use of psychoactive substances while on duty are demonstrating problematic substance use that is of concern in the aviation environment.

AEROMEDICAL RISKS

12. The aeromedical risks of an untreated SUD are significant and may include both acute and chronic effects on cognitive and physical performance:

a. Acute intoxication and residual effects (i.e. "hangover") may cause impaired cognition, judgment, fatigue, decreased G-tolerance, reduced motor coordination and reaction times;

b. Chronic use may lead to subtle cognitive impairment, manifesting as slowed reaction time, decreased memory, inattentiveness, difficulty in monitoring multiple sensory inputs, difficulty with decision-making, and difficulty making rapid shifts of attention from one stimulus to another;

c. SUDs are often linked with depression, anxiety, PTSD, and other psychiatric disorders, all of which can compromise aircrew mental fitness.

INITIAL ASSESSMENT

13. Aircrew presenting with concerns related to substance use require medical employment restrictions from flight and controlling duties until a full evaluation has been completed.

14. Laboratory testing including baseline drug, cannabis and alcohol screening is part of a complete medical assessment for substance use (ref L). Patients should be advised that this is part of undergoing a complete medical assessment and the results are not available to their chain of command.

15. Aircrew presenting either as the result of being referred by their chain of command using the DND 4006 or self-referred require:

    a. Initial clinical interview and examination focused on immediate safety concerns:

        i. Assess for signs or symptoms of withdrawal that may require immediate management;
        ii. Assess for signs or symptoms of intoxication that may present immediate safety risks; and
        iii. Assess for any safety considerations related to harm of self or others.

    b. Initial laboratory investigations (see also Annex A for summary table):

        i. Blood[1]: Complete blood count (CBC), Carbohydrate-deficient transferrin (CDT), Phosphatidylethanol, Gamma-glutamyl transferase (GGT), Aspartate aminotransferase (AST), Alanine aminotransferase (ALT), blood alcohol level (if there are concerns for recent use); and

        ii. Urine: Ethyl glucuronide (EtG) for alcohol, and 12 panel drug screen

[1] Availability of Carbohydrate-deficient transferrin and phosphatidylethanol testing may vary regionally. If the test is not available locally, document in the progress note.

c. Scheduled appointment with an aviation medicine primary care provider for a clinical interview to specifically assess against the DSM-5TR criteria (Refer to Table 1) for SUD to establish the diagnosis. The intent of the scheduled assessment is to allow for a full chart review to identify existing collateral information that may already be present and a time for a more detailed interview. Each criterion of the DSM-5 diagnostic must be specifically charted as met or not met. If there is evidence of problematic substance use but not full criteria for SUD, please contact the ASCS flight surgeon for a case-by-case review.

d. Scheduled interview with base or wing addictions clinician to carry out the DND-4384 Substance Related and Addictive Disorders Assessment.

e. Substance use disorder is frequently comorbid with other mental health conditions. If the aviation medicine provider suspects the presence of a concomitant mental health disorder, the primary care provider should offer an assessment and initial treatment in addition to a referral to local psychiatry for a diagnostic assessment in accordance with FSG 1400-01 Mental Health Disorders..

Table 1. DSM-5 Substance Use Disorder Criteria (Mild 2-3, Moderate 4-5, Severe 6+)

Impaired Control Over Substance Use:

1. Substance is taken in larger amounts than planned or over longer period than intended.
2. Persistent desire or unsuccessful attempts to cut down or control use.
3. A great deal of time obtaining/using/recovering from effects of use.
4. Craving or strong desire or urge to use.

Social Impairment:

5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home.
6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
7. Important social, occupational or recreational activities are given up or reduced because of substance use.
8. Craving or strong desire or urge to use.

Risky Use:

9. Recurrent use in situations that is physically hazardous to be impaired by use.
10. Continued use despite knowledge of the negative impact physically/psychologically.

Pharmacological Criteria:

11. Tolerance:
   a. A need for markedly increased amounts of the substance to achieve intoxication/desired effect;
   b. A markedly diminished effect with continued use of the same amount of the substance.

12. Withdrawal syndrome or using to relieve or avoid withdrawal.

TREATMENT REQUIREMENTS

16. Before they can be safely returned to flying or controlling duties, aircrew who have been diagnosed with problematic substance use or a substance use disorder must undergo treatment, complete a follow-up period of medical monitoring, and agree to abstain from the use of all psychoactive substances for a defined period of time. In the case of moderate or severe SUD, they must agree to abstain for the duration of their flying career. Annex B contains a summary table of the management of aircrew with SUD.

17. The flight surgeon must inform the aircrew that treatment for SUD is voluntary, but participation in the assessment, treatment and monitoring pathway is the only way they

can be safely returned to flying / controlling duties. Aircrew who do not adhere to these requirements are to be assigned permanent A7 – unfit aircrew duties.

18. The use of medications such as naltrexone and acamprosate in support of early remission and maintenance of abstinence may be a consideration for some SUD patients (ref K). These medications are not approved for use while engaged in aircrew duties, and aircrew will need to demonstrate successful abstinence after medication cessation prior to being considered for a return to aircrew duties. The decision to use medications should be undertaken after an informed discussion with the patient regarding their medical condition, prognosis, and treatment plan.

19. Mandatory lab testing requirements are outlined in Annex A and are to be ordered and reviewed by the aviation medicine provider. Random testing is recommended. The use of more frequent testing as part of a treatment program to support abstinence goals, assess treatment adherence, or as part of a contingency management treatment approach may be considered when clinically indicated.

20. Minimum treatment requirements are:

    a. Problematic Substance Use:

        i. Aircrew with problematic substance use will be required to undergo a medical monitoring period. The treatment requirements and duration of the monitoring period may involve some or all the requirements outlined for mild SUD depending upon the circumstances.

        ii. The determination of the follow-up and monitoring necessary, including the necessary duration, will be established in consultation with ASCS upon completion of the initial assessment outlined in para 13-15.

    b. Mild SUD:

        i. Structured outpatient counselling;

        ii. Upon successful completion of the initial treatment period, they must sign a Statement of Understanding (see Annex C) indicating that they understand and agree that they must abstain from all legal and illegal mood-altering substances apart from caffeine, nicotine and medications prescribed and authorized by a flight surgeon for the duration of their medical monitoring period (2 years);

        iii. Year 1: monthly follow-up is required with addictions counsellor, aviation medicine, and mandatory lab testing;

        iv. Year 2: quarterly follow-up is required with addictions counsellor, aviation medicine, and mandatory lab testing.

v. Throughout the two year monitoring period, participation in an aftercare recovery program and/or approved peer support recovery program is mandatory.

c. Moderate to Severe SUD:

i. Treatment with an intensive outpatient program or inpatient program;

ii. Upon successful completion of the initial treatment program, they must sign a Statement of Understanding (see Annex D) indicating that they understand and agree that they must abstain from all legal and illegal mood-altering substances apart from caffeine, nicotine and medications prescribed and authorized by a flight surgeon for the duration of their aircrew career;

iii. Year 1: monthly follow-up is required with addictions counsellor, aviation medicine, and mandatory lab testing;

iv. Year 2: quarterly follow-up (every 3 months) is required with addictions counsellor, aviation medicine, and mandatory lab testing;

v. Year 3: biannual follow-up (every 6 months) is required with addictions counsellor, aviation medicine, and mandatory lab testing; and

vi. Throughout the 3 year monitoring period, participation in an aftercare recovery program and/or approved peer support recovery program is mandatory.

MEDICAL ADMINISTRATION

21. Medical category administration requirements for aircrew with SUD are summarized in Table 2.

INITIAL TREATMENT PERIOD

22. Air Factor: During the initial treatment period and stabilization, all aircrew with SUD should be assigned Temporary A7 – unfit aircrew duties.

23. Aircrew with problematic substance use without a diagnosis of SUD will require a temporary category for additional medical monitoring. The need for restriction from aircrew duties and the duration will be assessed on a case by case basis in review with ASCS.

24. Geographic and Occupational Factors: The Director of Medical Policy (DMEDPOL) MEL Aide Memoire (Ref J) advises the following medical employment limitations

(MEL) during the initial treatment and stabilization period for personnel who have been diagnosed with SUD:

a. Temporary G4/G5 for frequent medical follow-up;

b. Temporary O4 with safety sensitive MEL:

i. Medically unfit to drive military vehicles

ii. Unable to safely handle and/or effectively operate a service weapon

iii. Unable to remain alert/vigilant

iv. Unable to supervise personnel

v. Member is medically unfit to perform duties that include frequent movement, relocation, isolation, and temporary duty away from their home or unit, either in an overseas or domestic operation or tasking.

25. After stabilization has occurred, continuation of temporary Geographic limitations throughout the temporary close medical monitoring period will be necessary – 2 years for Mild SUD; 3 years for Moderate to Severe SUD.

26. Upon completion of the temporary category close medical monitoring period, aircrew with moderate or severe SUD will require a G3 permanent category for enhanced screening prior to operational deployment.

RETURN TO AIRCREW DUTIES

27. In order to return to aircrew duties:

a. A minimum of six months of monitored abstinence (refer to para 20 for monitoring requirements) after initial treatment completion is required;

b. The clinicians providing care – addictions counsellor and aviation medicine provider must consider that the patient is adherent with treatment and follow-up including aftercare programs; has a low risk of relapse; and document their support for a safe to return to flight duties (all reports must be on the chart); and

c. ASCS authorization is required.

28. Aircrew with mild SUD may be considered for a return to flying after six months of monitored abstinence. An A3 air factor indicating the requirements for more frequent medical follow-up in order to maintain flight status is required throughout the temporary close medical monitoring period:

a. TCAT post stabilization: A3/T6 – fit aircrew duties; requires monthly medical follow-up to maintain aircrew fitness

b. Year 2: A3/T12 – fit aircrew duties; requires medical follow-up every 3 months to maintain aircrew fitness

29. Aircrew with moderate to severe SUD may be considered for a return to restricted Air Factor at six months of monitored abstinence when the requirements in para 23 have been met, with MEL assigned depending upon their trade:

a. Pilots: A3/T6 – fit to fly with or as copilot qualified on type; domestic flying only; requires monthly medical follow-up to maintain aircrew fitness

b. AEC: A3/T6 – no solo live controlling; unfit AWACs; requires monthly medical follow-up to maintain aircrew fitness

c. SAR: A3/T6 - fit SAR training to include para and dive; no operational SAR duties; requires monthly medical follow-up to maintain aircrew fitness

d. All other aircrew: A3/T6 – fit domestic flying only; requires monthly medical follow-up to maintain aircrew fitness

30. Aircrew with moderate to severe SUD may be considered for a return to full aircrew duties after one year of monitored abstinence, with continued geographic limitations throughout the temporary category close monitoring period. An A3 air factor indicating the requirements for more frequent medical follow-up in order to maintain flight status is required throughout the temporary close medical monitoring period:

a. Year 2: A3T12 - fit aircrew duties; requires medical follow-up every 3 months to maintain aircrew fitness

b. Year 3: A3T12 – fit aircrew duties; requires medical follow-up every 6 months to maintain aircrew fitness

31. Upon completion of the temporary category close monitoring period, aircrew with a diagnosis of moderate to severe SUD will require a permanent category with a recommendation for enhanced screening prior to operational deployments through D Med Pol Med Standards.

Table 2 Medical Administration of Aircrew with Substance Use Disorder

Medical Category	Mild SUD TCAT MEL	Moderate to Severe SUD TCAT MEL
Initial Stabilization TCAT	A7T6 – unfit aircrew duties	A7T6 – unfit aircrew duties
TCAT after stabilization achieved	A3T6 - fit aircrew duties; requires monthly medical follow-up to maintain aircrew fitness	Pilots: A3/T6 – fit to fly with or as copilot qualified on type; domestic flying only; requires monthly medical follow-up to maintain aircrew fitness AEC: A3/T6 – no solo live controlling; unfit AWACs; requires monthly medical follow-up to maintain aircrew fitness SAR: A3/T6 - fit SAR training to include para and dive; no operational SAR duties; requires monthly medical follow-up to maintain aircrew fitness All other aircrew: A3/T6 – fit domestic flying only; requires monthly medical follow-up to maintain aircrew fitness
Year 2 TCAT	A3T12 - fit aircrew duties; requires medical follow-up every 3 months to maintain aircrew fitness	A3T12 - fit aircrew duties; requires medical follow-up every 3 months to maintain aircrew fitness
Year 3 TCAT	TCAT not required; Return to unrestricted air factor	A3T12 – fit aircrew duties; requires medical follow-up every 6 months to maintain aircrew fitness
PCAT	Not required	G3 PCAT for enhanced screening prior to operational deployment Return to unrestricted air factor

ANNEX A: MANDATORY LAB TESTING REQUIREMENTS

Summary of Mandatory Lab Testing Requirements	
Initial Assessment ▪ This testing is carried out upon completion of the initial treatment for substance use	Blood: Complete blood count (CBC), Carbohydrate-deficient transferrin (CDT)[1], Phosphatidylethanol, Gamma-glutamyltransferase (GGT), Aspartate aminotransferase (AST), Alanine aminotransferase (ALT), blood alcohol if concern for recent use Urine: Ethyl glucuronide (EtG) for alcohol, and 12 panel drug screen
Monthly[1,2]	Urine: Ethyl glucuronide (EtG) for alcohol, and 12 panel drug screen
Quarterly[1,2] or Biannual[1,2]	Blood: Complete blood count (CBC), Carbohydrate-deficient transferrin (CDT), Gamma-glutamyltransferase (GGT), Phosphatidylethanol, Aspartate aminotransferase (AST), Alanine aminotransferase (ALT) Urine: Ethyl glucuronide (EtG) for alcohol, and 12 panel panel drug screen
[1]CDT testing may not be available in all regions; add document in progress note if test cannot be obtained [2]Testing should be carried out randomly	

ANNEX B: MANAGEMENT OF RCAF AIRCREW WITH SUBSTANCE USE DISORDER

	Mild Substance Use Disorder	Moderate/Severe Substance Use Disorder
Temporary Category Close Medical Monitoring Period	2 years	3 years
PCAT required	No	Yes
Abstinence Requirements	2 years	Duration of flying career
Minimum Treatment Requirements	Structured outpatient counselling focused	Intensive Outpatient or Inpatient treatment
Frequency and Duration of Abstinence Monitoring Testing[1,2]	Year 1: monthly Year 2: every 3 months	Year 1: monthly Year 2: every 3 months Year 3: every 6 months
Sobriety Maintenance Requirements	Participation in an approved aftercare program and/or approved peer support recovery program for two years Monthly follow-up x 1 year with addictions counsellor and aviation medicine provider; followed by Quarterly follow-up x 1 year with addictions counsellor and aviation medicine provider	Participation in an approved aftercare program and/or approved peer support recovery program for three years Monthly follow-up x 1 year with addictions counsellor and aviation medicine provider; followed by Quarterly follow-up x 1 year with addictions counsellor and aviation medicine provider; followed by Biannual follow-up x 1 year with addictions counsellor and aviation medicine provider
Return to flight duties	After 6 months of monitored abstinence[1], return to flight duties with ongoing close medical monitoring	After 6 months of monitored abstinence[1], may return to modified[3] flight duties with ongoing close medical monitoring. After 12 months of monitored abstinence, may return to flight duties with ongoing close medical monitoring

[1] The abstinence monitoring period begins upon completion of initial treatment program for substance use disorder
[2] Refer to Annex A for summary of testing requirements
[3] Modified flight duties will vary by trade, refer to para 25 for details

ANNEX C: STATEMENT OF UNDERSTANDING FOR AIRCREW WITH MILD SUBSTANCE USE DISORDER

I have read and fully understand the FSG 1400-02 and understand the medical follow-up requirements and agree to adhere to the following conditions:

1. I agree to abstain from all legal and illegal mood-altering substances apart from caffeine, nicotine and medications prescribed and authorized by a flight surgeon in any form as a requirement for returning to flying or controlling duties and further agree that I will remain abstinent as long as I am in the temporary category medical monitoring period.

2. I understand that ending the medical monitoring period must be authorized by ASCS;

3. I understand that a further diagnosis of substance use disorder with a different substance or a relapse will result in grounding and may result in permanent A7 disqualification;

4. I will actively participate in an organized aftercare recovery program or approved peer support recovery program. An equivalent approach must be sanctioned by my medical monitoring team, Flight Surgeon, Wing/Base Addiction Counselor;

5. I acknowledge that I will be asked to provide no-notice drug, alcohol, and cannabis testing and must maintain total abstinence for the duration of my medical monitoring period. Testing will occur for at least two years. If the clinical situation warrants, the testing may continue for a longer duration of time.

6. I will follow the recommendations made by the treatment facility and the Wing/Base Flight Surgeon, Wing/Base Addiction Counselor.

7. I will attend scheduled assessment/treatment and counseling sessions as required by the Flight Surgeon/Medical Officer and Wing/Base Addiction Counselor.

I understand that the conditions within this contract are non-negotiable to retain aircrew status. The above aspects of treatment are part of a total treatment package and will require my full cooperation and participation if I am to receive maximum benefit.

My signature indicates that I have read and understand the conditions. I am aware that should I either not wish to agree to the conditions or not follow the conditions that I will be grounded and awarded an Air Factor of A7.

Member's Name (Print)	Member's Signature	Date

Witness' Name (Print)	Witness' Signature	Date

ANNEX D: STATEMENT OF UNDERSTANDING FOR AIRCREW WITH MODERATE TO SEVERE SUBSTANCE USE DISORDER

I have read and fully understand the FSG 1400-02 and understand the medical follow-up requirements and agree to adhere to the following conditions:

1. I agree to abstain from all legal and illegal mood-altering substances apart from caffeine, nicotine and medications prescribed and authorized by a flight surgeon in any form as a requirement for returning to flying or controlling duties and further agree that I will remain abstinent for the duration of my aircrew career.

2. I understand that a further diagnosis of substance use disorder with a different substance or a relapse will result in grounding and may result in permanent A7 disqualification;

3. I will actively participate in an organized aftercare recovery program or approved peer support recovery program. An equivalent approach must be sanctioned by my medical monitoring team, Flight Surgeon, Wing/Base Addiction Counselor;

4. I acknowledge that I will be asked to provide no-notice drug, alcohol, and cannabis testing and must maintain total abstinence for the duration of my aircrew career. Testing will occur for at least three years. If the clinical situation warrants, the testing may continue for a longer duration of time.

5. I will follow the recommendations made by the treatment facility and the Wing/Base Flight Surgeon, Wing/Base Addiction Counselor.

6. I will attend scheduled assessment/treatment and counseling sessions as required by the Flight Surgeon/Medical Officer and Wing/Base Addiction Counselor.

I understand that the conditions within this contract are non-negotiable to retain aircrew status. The above aspects of treatment are part of a total treatment package and will require my full cooperation and participation if I am to receive maximum benefit.

My signature indicates that I have read and understand the conditions. I am aware that should I either not wish to agree to the conditions or not follow the conditions that I will be grounded and awarded an Air Factor of A7.

Member's Name (Print)	Member's Signature	Date

Witness' Name (Print)	Witness' Signature	Date