

## For the Applicant

---

The medical requirements to fly a microlight are mostly equivalent to those for driving a car, if you are fit to drive a car, you are most likely fit to fly a microlight (not necessarily with a passenger).

You can have your General Practitioner sign-off the medical for you, or go to an Aviation Medical Examiner. Most people prefer to use their GP.

There are two possible ways for you to declare yourself fit on the form...

If you **do not** suffer from any of the following...

- (a) Epilepsy and other periodic disturbances of consciousness, giddiness, history of severe head injury.
- (b) Diabetes, requiring insulin therapy.
- (c) High blood pressure, coronary artery disease.
- (d) A history of alcoholism or drug addiction.
- (e) Psychiatric disorder.

then you should sign at the FIRST Applicant Signature space.

If you do suffer from any of the above, then after discussing with your doctor you can sign at the SECOND Applicant Signature space.

When you have the medical completed, **show it to your instructor, and KEEP IT IN YOUR LOGBOOK.** Do NOT send it to us or include with your membership application.

## For the Doctor/Examiner

---

The applicant wishes to fly a microlight aircraft, the medical requirements for this are such that The Land Transport Authority booklet "*Fitness to Drive for Private Drivers*" shall be used as a basis for examination.

**If the applicant suffers from any of...**

- (a) Epilepsy and other periodic disturbances of consciousness, giddiness, history of severe head injury.
- (b) Diabetes, requiring insulin therapy.
- (c) High blood pressure, coronary artery disease.
- (d) A history of alcoholism or drug addiction.
- (e) Psychiatric disorder.

**they CAN be deemed fit to fly IF the condition is being controlled appropriately** and you are satisfied that the applicant is fit to fly with the condition under control and sensible precautions put in place.

For example, for an applicant with Type 1 Diabetes you could place a restriction that the applicant must test before flight to ensure the Blood Glucose level is within a safe level, and that the applicant carries some rapidly absorbable glucose snack when flying.

## Personal Details

Name :

(surname)

(first names)

Address :

Date of Birth :

## Candidate's Declaration

I hereby declare that to the best of my knowledge and belief I am in good health. I am not receiving medical care and so far as I am aware do not suffer from any of the conditions listed (a) to (e) below.

I also declare that I do not suffer from any medical condition or disability, either mental or physical including any visual defect or chronic ear, sinus or respiratory disease, or take any medication which would be likely to affect my ability to fly a Microlight safely. I fully understand that if at any time hereafter I know or suspect that I have developed any condition listed hereunder, I shall cease flying and inform RAANZ.

If my physical or mental condition renders me unsafe to fly I will cease to fly until I have obtained a medical opinion from a Registered Medical Practitioner that I am fit to fly.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

If an applicant is unable to sign the above because of a medical condition listed (a) to (e) below, and the condition is stabilised by medication, and the Medical Practitioner considers the candidate may be fit to fly, then the candidate may sign below acknowledging that **he/she may only fly after meeting all of the obligations placed on the certificate by the Medical Practitioner on this form under the heading RESTRICTIONS.**

Note : The Medical Practitioner may consult (if considered necessary) with the RAANZ Medical Officer at the address stated in the RAANZ Policy and procedures manual.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Medical Guidelines

The validity of this certificate is FOUR years for pilots up to the age of 40 years and TWO years for pilots over the age of 40 years, unless otherwise specified.

**The Land Transport Authority booklet "Fitness to Drive for Private Drivers" shall be used as a basis for examination.**

Any minor injury, medically prescribed drugs, dental anaesthesia, illness not referred to on this Medical Declaration and blood donation probably makes the pilot temporarily unfit to fly. The pilot should seek medical advice before resuming flying.

Persons with Red/Green colour eyesight deficiencies may not fly as a pilot in command within control zones unless they hold a F.R.T.O certificate and the aircraft is equipped with an approved communication radio.

### Medical Certificate

I am a **Designated Medical Examiner to the Civil Aviation Authority / Applicants Regular Medical Practitioner (delete one)**, and I understand that the above applicant wishes to fly as a pilot of a Microlight aircraft.

Following questioning and Medical Examination in accordance with published guidelines on this form , I am not aware of any reason why it should not be safe medically for the applicant to fly, nor am I aware that the applicant suffers from any **uncontrolled** acute or latent conditions listed in (a) to (e) below.

- (a) Epilepsy and other periodic disturbances of consciousness, giddiness, history of severe head injury.
- (b) Diabetes, requiring insulin therapy.
- (c) High blood pressure, coronary artery disease.
- (d) A history of alcoholism or drug addiction.
- (e) Psychiatric disorder.

To my knowledge the applicant is not taking any medication which could jeopardise pilot / passenger safety.

**The medical Examiner/Doctor determines that the applicant is either (choose one)**

- (a)  Fit to fly as a pilot in command with a passenger
- or
- (b)  Fit to fly solo as a pilot in command without a passenger.

**Applicant's Full Name** \_\_\_\_\_

**Doctor's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Doctor's Full Name** \_\_\_\_\_

**Doctor's Address** \_\_\_\_\_

**DME Stamp or Medical Practitioner Number:**

Where the Medical Practitioner applies restrictions to this certificate, this shall be recorded below.

### Restrictions

**This Medical Declaration EXPIRES on the** \_\_\_\_/\_\_\_\_/\_\_\_\_