



**SPORT AVIATION CORP LIMITED
MEDICAL CERTIFICATE AND DECLARATION**

Medical Certificate: Microlight Aircraft

Applicants Name (Block Letters)	Surname:		
	First Name(s):		
Date of Birth	Day:	Month:	Year:
Address			

Section A Candidates 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 in Section C (a) – (e). I also declare that I do not suffer from any other 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 any time hereafter I know or suspect that I have developed any conditions listed overleaf, I shall cease flying and inform Sport Aviation Corp Limited. If my physical or mental condition renders me unfit 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.

Applicants Signature:		Date:	
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If an applicant is unable to sign the above because of a medical condition listed in Section C (a) – (e) below, and the condition is stabilized 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 SAC Medical Officer at the address stated in the SAC Policy and Procedures Manual.

Applicants Signature:		Date:	
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Medical Guidelines

The validity of this certificate is **FIVE 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.

Continued overleaf

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 pilot-in-command within control zones unless they hold a F.R.T.O. certificate and the aircraft is fitted with an approved communications radio.

Section B Medical Certificate

I am a Designated Medical Examiner to the Civil Aviation Authority / Applicant's Regular General 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 Section C (a) – (e). To my knowledge the candidate is not taking any medication which could jeopardise Pilot / Passenger safety.

Section C

- (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.

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

- Fit to fly as a pilot in command with a passenger
- Fit to fly solo as a pilot in command without a passenger

Applicants Full Name:			
Doctors Signature:		Date:	
Doctors Full Name:			
Doctors Address:		DME or Practice Stamp:	
RESTRICTIONS:			

This Medical Declaration EXPIRES on _____ / _____ / _____