

FORM B16 SPORT & RECREATION MICROLIGHT PILOT MEDICAL DECLARATION & CERTIFICATE

01/07/14

Name: Date of Birth:/...../.....

Address: Phone Number:

..... Mobile Number:

..... E-mail Address:

CANDIDATE 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 I do not suffer from any of those conditions listed below. I also declare that I do not suffer from any visual defect or chronic ear, sinus or respiratory diseases or take any medication which would be likely to affect my ability to fly a Sport & Recreation Microlight Aircraft safely. I further understand that if any time in the future I know or suspect that I have developed any condition listed below I shall cease flying and inform the RNZAC. If my physical 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:/...../.....

SPORT & RECREATION MICROLIGHT PILOT MEDICAL CERTIFICATE:

I am the regular General Practitioner of the above candidate making an application to fly a Sport & Recreation Microlight Aircraft. Following questioning and a general medical examination I am not aware of any reason why it should not be safe medically for the applicant to fly a Sport & Recreation Microlight Aircraft, nor am I aware that the applicant suffers from:

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

To my knowledge the candidate is not taking any medication which could jeopardize flight safety.

Doctors Name:

Address: Phone Number:

Endorsements:

- 1. Glasses with corrective lenses shall be worn during flight. (Cross out if not applicable)
- 2. This Medical Certificate is only valid until: (State date and reason)
- 3. Other: (Specify)

Practice Stamp:

Doctor to Sign as being the Applicants regular General Practitioner.

Doctor Signature Date/...../.....

NOTES:

ANY MINOR INJURY, MEDICALLY PRESCRIBED DRUGS, ANAESTHESIA, ILLNESS NOT REFERRED TO ABOVE AND BLOOD DONATION COULD PROBABLY MAKE YOU TEMPORARILY UNFIT. YOU SHOULD SEEK MEDICAL ADVICE BEFORE RESUMING FLYING.

- 1. This medical certificate is valid for 5 years for persons aged under 40 or 2 years for persons aged 40 years and over at date of issue unless revoked or otherwise endorsed.
- 2. This Certificate is to remain on the candidates personal file and is to be available for inspection during an Audit.
- 3. When applying for a SPORT & RECREATION MICROLIGHT PILOT Certificate issue or renewal a copy of this Certificate must accompany the application.