



Freeport 102829  
 RAANZ Inc.  
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 07 825 2800



**Medical Declaration and Certificate**

**Revision date April 2015**

<b>Full name</b>	
<b>Address</b>	
<b>Date of Birth</b>	

**Applicant'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.**

<b>Applicant's Signature</b>		<b>Date</b>	
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If an applicant is unable to sign the above because of a medical condition listed (a) to (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.

<b>Applicant's Signature</b>		<b>Date</b>	
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**Medical Certificate**

I am a Designated Medical Examiner to the Civil Aviation Authority / Applicant's 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.

- To my knowledge the applicant is not taking any medication which will jeopardise pilot / passenger safety.
- (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)**

<input type="checkbox"/>	<b>Fit to fly as a pilot in command with a passenger</b>
<input type="checkbox"/>	<b>Fit to fly solo as a pilot in command without a passenger.</b>

<b>Doctor's Signature</b>		<b>Date</b>	
<b>Full Name</b>			
<b>Address</b>			
<b>DME Stamp or Medical Practitioner Number</b>			
<b>Restrictions</b>	<b>Where the Medical Practitioner applies restrictions to this certificate, these shall be recorded below.</b>		
<b>This Medical Declaration EXPIRES on</b>			

*See overleaf for Medical Guidelines*

#### 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 document "Medical Aspects of Fitness to Drive" at <http://www.nzta.govt.nz/resources/medical-aspects/> for a **Class 1 Private Motor Vehicle** shall be used as a basis for examination.
- ✧ Any minor injury, medically prescribed drugs, dental anesthesia, 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 an FRTO certificate and the aircraft is equipped with an approved communication radio.
- ✧ The Medical Practitioner may consult (if considered necessary) with the RAANZ Medical Advisor:  
**Dr Peter Vujcich, Box 17 Kerikeri 0245, 027 548 7931, [vujcichp@gmail.com](mailto:vujcichp@gmail.com)**