Recreational Aircraft Association of New Zealand (Inc)

Microlight Aircraft Pilot: Medical Certificate and Pilot Declaration

Applicant's Full name	
Address	
Date of Birth	

Medical Certificate

I am (delete two)

- a CAA Designated Medical Examiner
- the Applicant's regular Medical Practitioner
- the Applicant's regular Nurse Practitioner

I understand that the above applicant wishes to fly as a pilot of a Microlight aircraft.

Following questioning and a Medical Examination in accordance with the standards and guidelines as listed below-

- 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 suffers from any uncontrolled acute or latent conditions listed 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 will jeopardise pilot or passenger safety.

I determine that the applicant is (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.

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

Practitioner's Signature		**Date**	
Full Name			
DME Stamp or Medical Practitioner Number			
This Medical Certificate EXPIRES on		**Up to 40 years old- 4 years Over 40 years old- 2 years**	

Applicant's Declaration

I hereby declare that to the best of my knowledge and belief I am in good health and have fully disclosed to the Medical Practitioner above any medical condition or disability, either mental or physical, and 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 (a) to (e) above, 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 of fitness to fly from a Registered Medical Practitioner.

Applicant's Signature		**Date**	

Medical guidelines

The NZTA/WWaka Kotahi guidelines 'Medical aspects of fitness to drive – A guide for health practitioners' for a **Class 1 Private Motor Vehicle** shall be used as a basis for examination.

Any minor injury, medically prescribed drugs, dental anesthesia, blood donation or illness may make 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 with the RAANZ Medical Advisor:

Dr Peter Vujcich 38B Ferry Lane Cromwell 9383 027 548 7931 vujcichp@gmail.com

Distribution: Scan/email or post a copy to RAANZ and keep a copy in your logbook for inspection on demand.