

All pilots are required to annually complete a medical declaration. The declaration is in two forms. If a pilot can truthfully complete the first form, no further action is required. Pilots unable to complete the first form are required to consult a Registered Medical Practitioner. Practitioners may seek advice from the NZHGPA chief medical advisor via the Administrators Office.

Medical Declaration Form 1

Full Name

(Christian Name)

(Surname)

1. I hereby declare that I do not suffer from any of the following specific conditions.
 - (a) Epilepsy or other periodic disturbance of consciousness, giddiness, or history of severe head injury.
 - (b) Diabetes requiring insulin therapy.
 - (c) High Blood Pressure, chest pains or Angina Pectoria or any form of heart disease.
 - (d) Episodes of shortness of breath or lung disease.
 - (e) Psychiatric disorder.
 - (f) Chronic ear or sinus disease.
 - (g) A history of alcoholism or drug addiction.
 - (h) Any condition requiring regular medication with antihistamines, antihistaminics, antispasmodics, sedatives or narcotics.
2. I also declare that I do not have any established history of or suffer from any other medical condition, disease or disability, either mental or physical or any visual defect, or take any medication, which would be likely to affect my ability to fly a glider safely.

I understand that it is my responsibility to inform the Club Safety officer or the Civil Aviation Authority of New Zealand of any changes occurring which would affect this declaration.

Signed Date (dd/mm/yy)

Should a medical condition exist which would disqualify a candidate from this declaration, a Medical Examiners Certificate may be sought.

Medical Declaration Form 2

Medical Examiners Certificate

From my knowledge of the medical history of the above, and. or from the result of a medical examination, and/or after consultation with the NZHGPA Chief Medical Advisor, I certify that to the best of my knowledge and belief the above named applicant is fit to fly a glider with/without (cross out whichever does not apply) a passenger.

Signed Date (dd/mm/yy)
(Registered Medical Practitioner)