

Medical Requirements for Glider Pilots

Experience throughout the world has shown that detailed medical requirements, as applied to powered aircraft pilots, are not necessary for glider pilots. The normal training syllabus will ensure that any pupil with a physical handicap affecting their ability to safely control a glider will not be cleared for solo operations.

However, some medical information is necessary in order to reduce the chance of a sudden in-flight incapacitation, and the Registered Medical Practitioner is required to certify the candidate's declaration of this information.

Candidate's Declaration

Full Name _____
First names *Surname*

Date of Birth _____

I hereby declare that to the best of my knowledge and belief I am in good health and do not suffer from any of the following conditions:

- (a) Epilepsy or other periodic disturbances of consciousness, giddiness, or a history of moderate or severe head injury.
- (b) Diabetes requiring insulin therapy.
- (c) High blood pressure, coronary artery disease.
- (d) A history of alcoholism or drug addiction.
- (e) Any condition requiring regular medication with antihistamines, antispasmodics, sedatives or tranquillisers.

I also declare that I do not have any established history of or 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 glider safely.

I understand that it is my responsibility to inform the Chief Flying Instructor of my GNZ affiliate about any change of health or the existence of a previously undetected medical condition that may affect the validity of this declaration.

Signed _____ **Date** _____

Medical Practitioner's Certificate

From my knowledge of the medical history of the person named above, and/or from the result of a medical examination[‡], I certify that to the best of my knowledge and belief that the above declaration is correct and I am not aware of any reason why it should not be safe medically for the pilot to fly as pilot-in-command of a glider or powered glider.

Signed _____ **Date** _____
Registered Medical Practitioner

Printed Name _____ **Verification Stamp**

[‡] The LTNZ publication *Medical aspects of fitness to drive* may be used as a guide for examination. Copies of any specialist reports may be stapled to this form.