

MEDICAL DECLARATIONS

INSTRUCTIONS

All pilots are required to complete a medical declaration on joining and annually with their membership renewal. This declaration has two sections:

1. If a pilot can truthfully complete declaration 1 OR 2 in section 1 then no further action is required.
2. If a pilot cannot complete section 1 then section 2 must be completed by a registered medical practitioner.

Applicants unable to complete section 1 on joining or due to a new or changed condition since joining require completion of the medical examiners form. This should be completed by a Registered Medical Practitioner with knowledge of your condition and its current management, such as your GP or a Medical Specialist. If they are unable to do so for any reason then Applicants or Practitioners may seek further advice from the NZHGPA via the administrator's office.

Form 1

MEDICAL DECLARATIONS

Medical Declaration 1.

Full Name PIN.....

I hereby declare that I do not suffer from any of the following specific conditions.

- a) Epilepsy or other periodic disturbance of consciousness, giddiness, panic or anxiety attacks, motion sickness, neurological disorders or history of severe head injury.
- b) Diabetes requiring insulin therapy.
- c) Heart condition, high or low blood pressure, chest pains or Angina Pectoris or any form of heart disease.
- d) Episodes of shortness of breath or lung disease.
- e) Chronic ear or sinus disease.
- f) Psychiatric disorder.
- g) A history of alcoholism or drug addiction.
- h) Any condition requiring regular medication with antihistamines, antihistaminics, antispasmodics, sedatives or narcotics.
- i) Physical impairment, recent sprains or muscular injuries, dislocations, bone disorders, fragile skin, prosthetics or known disability.
- j) Pregnancy.

I also declare that; I do not have any established history of or currently suffer from any other medical condition, disease or disability, either physical or mental health or serious behavioural problems, 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 within 14 days the NZHGPA Administrator in confidence by email at; admin@nzhgpa.org.nz or letter, of any changes occurring which would affect this Medical Examiner Certificate declaration.

Signed Date

Medical Declaration 2.

Applicants for Renewal with a previously declared condition that is stable with no change may sign the declaration below. Otherwise please have **Form 2, Medical Examiners Certificate** completed and submitted to the NZHGPA administrator's office prior to renewing your membership.

Full Applicants Name

PIN.....

I declare that to the best of my knowledge my medical condition which I have previously notified to the NZHGPA is stable with no change that would affect my ability to fly a glider safely since I last provided a Medical Examiners Certificate.

I understand that it is my responsibility to inform within 14 days the NZHGPA Administrator in confidence by email at; admin@nzhgpa.org.nz or letter, of any changes occurring which would affect this Medical Examiner Certificate declaration.

NOTE: Medical standards similar to those applied for driving in NZ should be applied to recreational pilots.

Signed

Date(dd/mm/yy)

Form 2

MEDICAL EXAMINERS CERTIFICATE

Information for Applicant

Form 2 below is to be completed if you cannot complete one of the medical declarations on Form 1 due to a condition listed or any medical condition, disease or disability, either mental or physical or any visual defect, or medication, which would be likely affect your ability to fly a glider safely.

OR

Due to a change in a previously declared condition.

Full Applicant Name

PIN (if already a NZHGPA member)

No PIN (non-member) Address:

Telephone Number:

From my knowledge of the medical history of the candidate above, and/or from the result of a medical examination, 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 which ever does not apply) a passenger.

NOTE: Medical standards similar to those applied for driving in NZ should be applied to recreational pilots.

Signed

(Registered Medical Practitioner)

Medical Examiner (Full name).....

Medical Practice:

Date(dd/mm/yy)

NZHGPA OFFICE USE ONLY:

Authorised by.....

Signed

Date(dd/mm/yy)