



THE GLIDING FEDERATION OF AUSTRALIA INC

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Medical Practitioner's Certificate of Fitness

Pilots who are unable to make the declaration at Appendix 1 of the GFA Operational Regulations must have this certificate signed before flying a sailplane as pilot in command.

The medical standards applicable for the issuing of this Certificate are the Austroads standards for the issue of an unconditional driver's licence medical certificate for a private motor vehicle. These standards are to be found at: <http://www.austroads.com.au/driver-licences/assessing-fitness-to-drive>

Pilots who hold a GFA Instructor rating or wishing to hold a Charter authorisation and do not hold a valid CASA Flight Crew Licence Medical Certificate must also have this Certificate signed, regardless of having made the declaration at Appendix 1.

NOTE FOR THE MEDICAL PRACTITIONER: As with the Austroads driver's licence medical certification, the examining registered medical practitioner acts as the certifying physician. He or she must be familiar with the Austroads standards for the issue of a driver's licence medical certificate for a private motor vehicle. When faced with an applicant with a medical condition, reference must be made to the appropriate chapter of the Austroads guidelines. The standards contained in 'Assessing Fitness to Drive' are guidelines only and health professionals are encouraged to use their professional discretion and to take into consideration the full picture of a person's health.

I hereby certify that I have examined the applicant(name)

of Post Code

and to the best of my knowledge he/she is not suffering from a medical condition which would preclude him/her from flying a sailplane as pilot in command.

This Certificate shall be valid for a maximum of two years in respect of a pilot aged 40 or over at the time of the examination, or for a maximum of four years in respect of a pilot aged under 40 at the time of examination.

(Please use remarks section below if the validation period is to be varied)

Initial certificate

Renewal

(Tick as appropriate)

Remarks (as applicable)

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Doctor's Name (please print)

Signature

Date