



F011 Solo and Student Pilots Medical Certification

ABN 53 412 417 012

The Medical standard for Pilots flying solo in Gyroplanes is equivalent to those required to obtain a Motor Vehicle Drivers Licence in Australia.

This declaration is to be completed by all members before flying as a Pilot or Student Pilot in a Gyroplane.

- NOTE:**
- Pilots who are unable to make the declaration in section A must complete Section B.
 - Pilots who intend to **instruct or carry passengers** must complete **ASRA Form F010 Medical Examiners Certificate** (available from Registrar) **DO NOT USE THIS FORM.**
 - This medical certification must be undertaken at least every 4 years for persons under 40 years of age, and every 2 years for those 40 years of age and over. Specific conditions may require more frequent certification and under certain circumstances **“for cause” examinations** may be required.

SECTION A

I declare truthfully that I am not taking Insulin for the control of Diabetes, and I do not now, and have never suffered from the following:

Epilepsy, Fits, Severe Head Injury, Recurrent Fainting, Giddiness, Blackouts, Uncontrolled High Blood Pressure, Previous Heart Disease, or any condition that could be considered to be detrimental to the safe operation of a Gyroplane.

I further agree that, in the event of my contracting, suspecting or being advised of any of the above conditions, I will cease flying immediately until I have obtained Medical Certification (F011- section B) that it is safe to continue flying.

Pilot's Name:

.....
(Please print)

Membership No: **A**

.....

Signature:

.....

Date:

.....

Guardians Signature:

.....

(for persons under 18 years)

SECTION B MEDICAL EXAMINERS CERTIFICATE

I certify that I have examined the applicant

Name:

DOB:

and I further certify that to the best of my knowledge he/she is not suffering from any medical condition which would preclude him/her from complying with the AustRoads Standards for Motor Vehicle drivers.

In my opinion he/she is (please tick the appropriate box)

Fit Unfit to fly **solo** in a Gyroplane.

Doctor's Name: (Please print)

.....

Doctor's Signature:

Date:

- Note**
- 1 Minor illnesses, the donation of blood, some medications and certain prescribed drugs may make you temporarily unfit to fly.
 - 2 If you are required to wear spectacles you must carry a spare pair, which must be easily accessible in flight.
 - 3 Return the completed form to ASRA at PO Box 3070 Mandurah East WA 6210