Microlight and Recreational Pilot medical statement

CAA Client / Licence Number: *(if known)*			Date of Birth *(dd.mmm.yyyy)*	Click here to enter a date.
Title: *(Mr/Mrs/Miss)*	...	Family Name:		
Last Name:		Given Name:		
Country of Birth:			Nationality:	
Address for Service: Applicant must provide an address in Mongolia and promptly notify any changes.				
Tel:			Mob:	
Fax:			Email:	

Applicant's Declaration

I hereby declare that to the best of my knowledge and belief I am in good health.

I am not receiving medical care and so far as I am aware do not suffer from any of the conditions listed (a) to (e) below.

I also declare that I do not suffer from any 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 an aircraft safely.

I fully understand that if at any time hereafter I know or suspect that I have developed any condition listed hereunder, I shall cease flying and inform flying organisation.

If my physical or mental condition renders me unsafe to fly I will cease to fly until I have obtained a medical opinion from a Medical Examiner that I am fit to fly.

Applicant's Signature		**Date**	Click here to enter a date.

If an applicant is unable to sign the above because of a medical condition listed in “Medical Statement” (a) to (e), and the condition is stabilized by medication, and the Medical Examiner considers the candidate may be fit to fly, then the candidate may sign below acknowledging that he/she may only fly after meeting all of the obligations placed on the certificate by the Medical Examiner on this form under the “RESTRICTION” on Summary list.

Applicant's Signature		**Date**	Click here to enter a date.

DOCTOR TO COMPLETE THIS PAGE

Medical Guidelines

- The validity of this certificate is **FIVE** years for pilots up to the age of 40 years and **TWO** years for pilots over the age of 40 years, and **ONE** years for pilots over the age of 60 years, unless otherwise specified.
- Any minor injury, medically prescribed drugs, dental anesthesia, illness not referred to on this Medical Statement and blood donation probably makes the pilot temporarily unfit to fly. The pilot should seek medical advice before resuming flying.
- Persons with Red/Green colour eyesight deficiencies may not fly as a PIC within control zones unless they hold an FRTO certificate and the aircraft is equipped with an approved communication radio.
- The Medical Examiner may consult (if considered necessary) with the MCAA Medical Advisor at phone number **71285020** or **PEL@mcaa.gov.mn**.
- **TICK** the appropriate box and **CROSS OUT** the statements that don't apply.

Please indicate 'yes' or 'no· if your patient has any of the conditions listed below. *If yes, please provide copies of any relevant specialist reports and/or provide sufficient detail in the 'Comments' section to demonstrate or confirm the degree of control.*		*Is this medical condition likely to affect, or does it raise concerns about, their ability to safely control an aircraft?*
Hearing ☐ Yes ☐ No	**Ordinary conversation at 3 metres?** (with hearing aid if necessary) *Please specify:*	☐ Yes ☐ No Doctor's signature: Date: dd mmm yyyy
Visual problems ☐ Yes ☐ No	eg. Colour deficiency*, cataracts, glaucoma, visual acuity less than 6/12, field deficits *Please specify:* ** use CAA 24067-212 form for Operational colour vision assessment*	☐ Yes ☐ No Doctor's signature: Date: dd mmm yyyy

Eyesight

If special circumstance s exist the applicant may apply to the medical section for an exemption from meeting the eyesight requirements.

PIC without PAX	**With correcting lenses**	Both
	Without correcting lenses	Both
Visual acuity		at least 6/12

* *At least 6/12 using both eyes, or using one eye if monocular vision.*

PIC with PAX	**With correcting lenses**	Left	Right	Both
	Without correcting lenses	Left	Right	Both
Visual acuity		at least 6/18	at least 6/18	at least 6/9

** *Each eye must be tested separately and then both eyes together. If the applicant does not meet the standards for an individual eye, then they may have monocular vision*.

Peripheral vision (Peripheral vision standard is 140° for all PIC)

☐ Normal	☐ Reduced	*(If reduced refer the applicant to an optometrist or ophthalmologist. Please note that the applicant cannot be recommended as fit to fly if they have reduced peripheral vision below 140°)*

☑ Yes ☐ No

Doctor's signature:

Date: dd mmm yyyy

Diabetes

☐ Yes ☐ No

PLEASE TICK ALL BOXES THAT APPLY

☐ **Type 1** (Specialist reports required for PIC with PAX)

☐ **Type 2**

☐ **Insulin** ☐ **Oral agents** ☐ **Diet controlled**

If yes, please provide copies of any relevant specialist reports and/or provide sufficient detail in the comments section to demonstrate or confirm the degree of control.

Please specify:

☐ Yes ☐ No

Doctor's signature:

Date: dd mmm yyyy

Cardiovascular conditions

☐ Yes ☐ No

(excluding controlled hypertension)
If yes, refer to comments section (reports required)

Please specify:

☐ Yes ☐ No

Doctor's signature:

Date: dd mmm yyyy

Mental disorders

☐ Yes ☐ No

Please specify:

☐ Yes ☐ No

Doctor's signature:

Date: dd mmm yyyy

Muscular/ skeletal disorder/ Locomotor

eg. limb loss, paralysis, arthritis.

Please specify:

☐ Yes ☐ No

Doctor's signature:

conditions ☐ Yes ☐ No		Date: dd mmm yyyy
Neurological and related conditions ☐ Yes ☐ No	eg. Cerebrovascular Accident, Multiple Sclerosis, Parkinson's Disease, Transient Ischaemic Attacks, Alzheimer's Disease, dementia, head injury etc. *Please specify:*	☐ Yes ☐ No Doctor's signature: Date: dd mmm yyyy

MEDICAL EXAMINER TO COMPLETE THIS PAGE

Other disorders ☐ Yes ☐ No	eg. Obstructive Sleep Apnoea, respiratory, syncope and/or vestibular disorders, dizziness, metabolic/endrocrine. *Please specify details of disorders:*	☐ Yes ☐ No Doctor's signature: Date: dd mmm yyyy
Epilepsy/ seizures or blackout ☐ Yes ☐ No	Refer to Medical aspects of fitness to fly. *Date of last attack / event:*	☐ Yes ☐ No Doctor's signature: Date: dd mmm yyyy
Medications ☐ Yes ☐ No	The applicant is on medication which may affect their ability to fly. *Please specify details of medications:*	☐ Yes ☐ No Doctor's signature: Date: dd mmm yyyy

The applicant has seen a relevant specialist - report may be stapled inside this form	☐ Yes ☐ No
Please specify:	
A specialist report is required	☐ Yes ☐ No
Please specify:	

COMMENTS

Please provide copies of any relevant specialist reports (if applicable) that are available, including final diagnosis and current treatment/medication and likely side effects. Indicate how the patient's flying ability may be affected by the medical condition. Indicate if condition has been stable.

Legal information for doctors

Personal Privacy Act allows for personal information to be disclosed where this is necessary "to avoid prejudice to the maintenance of the law by any public sector agency, including the prevention, detection, investigation, prosecution and punishment of offences".

CAR requires Medical Examiner to provide information about their patients if they consider that their patient should not fly, or should only fly subject to limitations, and is likely to continue to fly an aircraft contrary to doctor's advice. In these circumstances the provisions of the Personal Privacy Act that protect such information from disclosure do not apply and the Medical Examiner concerned who gives such notice in good faith is not liable for any civil or professional liability because of any disclosure of personal medical information in that notice.

Medical Statement

I am a Medical Examiner to the Civil Aviation Authority, and I understand that the above applicant wishes to fly as a Microlight aircraft pilot or Recreational pilot.

Following questioning and Medical Examination in accordance with published guidelines on this form, I am not aware of any reason why it should not be safe medically for the applicant to fly, nor am I aware that the applicant suffers from any uncontrolled acute or latent conditions listed in (a) to (e) below.

(a) Epilepsy and other periodic disturbances of consciousness, giddiness, history of severe head injury
(b) Diabetes, requiring insulin therapy.
(c) High blood pressure, coronary artery disease.
(d) A history of alcoholism or drug addiction.
(e) Psychiatric disorder.

To my knowledge the applicant is not taking any medication which will jeopardise pilot / passenger safety.

Summary	*TICK the appropriate box and CROSS OUT the statements that don't apply*

Having regard to *Medical aspects of fitness to fly* and knowledge of the medical details of the applicant I am of the opinion that the applicant is:

1. Medically fit to fly:
☐ **Fit to fly as a PIC with a passenger**

2. Medically fit to fly:
☐ **Fit to fly solo as a PIC without a passenger.**

Medical Examiner's Signature		**Date**	Click here to enter a date.
Full Name			
Address			
Medical Examiner Stamp			
Any restrictions applied by Medical Examiner			
This Medical Statement Expires on	Click here to enter a date.		