

## MEDICAL REQUIREMENTS

### 1. Medical Declarations and Certificates

- 1.1 No person may act as Pilot-in-Command of a glider or powered glider unless:
- (a) That person holds a valid NZGA Medical Declaration in the form prescribed overleaf; or
  - (b) That person holds a valid NZ CAA Class 1 or Class 2 Medical Certificate or a valid ICAO Flight Crew Licence; or
  - (c) As a visiting Foreign Pilot, provides evidence of holding an acceptable equivalent to the NZGA Medical Declaration.
- 1.2 The holder of a NZGA Medical Declaration or a Medical Certificate is to declare a change of health affecting the validity of the declaration or certificate, and is to advise the Chief Flying Instructor of the NZGA Affiliate, or the CAA, of this fact. The appropriate Medical Practitioner should be consulted to check if the change of health affects the validity of the certificate.

### 2. Validity Periods

#### 2.1 Student Glider Pilot

- 2.1.1 The validity period for a Student Glider Pilot shall be non-terminating, provided the requirements of paragraphs 1.1 and 1.2 above are complied with.

#### 2.2 Qualified Glider Pilot

- 2.2.1 Provided the requirements of paragraphs 1.1 and 1.2 above are complied with, **the validity period for a Qualified Glider Pilot shall be non-terminating, unless they are exercising the privileges of a passenger rating or a gliding instructor rating** in which case the validity period shall be as follows:
- (a) 60 months, where the applicant is less than 40 years of age on the date that the Medical Practitioner signs the Medical Certificate; or
  - (b) 24 Months, where the applicant is 40 years of age or more, but less than 50 years of age on the date that Medical Practitioner signs the Medical Certificate; or
  - (c) 12 months, where the applicant is 50 years of age, or more, on the date that the Medical Practitioner signs the Medical Certificate.

**3. Recording**

- 3.1 A copy of the NZGA Medical Declaration or type and validity period of the Medical Certificate, as appropriate, are to be forwarded to the Chief Flying Instructor of the NZGA Affiliate controlling the flying of the pilot concerned.
- 3.2 All Medical Certificates held by an Affiliate must be available, on demand, for inspection by an Officer of the CAA.

**4. Additional Requirements**

- 4.1 The Director, CAA, may require the holder of a Medical Certificate to complete such additional medical examinations necessary to ensure the holder's continuing medical fitness to instruct or carry passengers in a glider or powered glider.

**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 his 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.

**MEDICAL DECLARATION AND CERTIFICATE**

Full Name.....  
(First Names) (Surname)

**Candidate's Declaration:**

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 or the Civil Aviation Authority of any changes that may affect this declaration.

Signed ..... Date .....

**Medical Examiner's Certificate:**

From my knowledge of the medical history of the above, and/or from the result of a medical examination, I certify that to the best of my knowledge and belief 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 ..... Registration Stamp .....