



## 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 Private 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** (downloaded from the ASRA website) **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 (can be filled in online)

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.

Membership No: **A** Pilot's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 (Please print)  
 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 Private Motor Vehicle drivers.

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

<input type="checkbox"/> Fit <input type="checkbox"/> Unfit	If conditional, please fill in the expiry date of this medical examination.      ____/____/____
to fly <b>solo</b> 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 the **ASRA Registrar, PO Box 3070 Mandurah East WA 6210** or **upload the form to your online personal file.**