

# MEDICAL DECLARATION

**United Kingdom National Private Pilot Licences,  
National PPL, PPL (Microlight), PPL (Balloon and Airship),  
PPL (Gyroplane) or for use under ORS4 865 (or any superseding ORS4)**



Please read attached Guidance Notes before completing this form

## 1. PILOT DECLARATION

Full name: ..... Date of birth: .....

I understand the 'Notes for the Pilot' printed with this declaration. I have discussed my medical history with my GP and have not withheld any relevant medical information from him/her. I believe that I am fit to fly as a pilot at the standard indicated by my GP below.

Types of flying intended:

Simple Single Engine Aircraft	Self Launching Motor Glider	Microlight	Balloon/ Airship	Gyroplane	Other	(please state)
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Signature of Pilot: ..... Date: .....

## 2. GENERAL PRACTITIONER COUNTERSIGNATURE

I am the general practitioner of the applicant named above and have seen his/her medical records. I have read 'Notes for the General Practitioner' printed with this declaration and have had access to the 'Guidance on Medical Conditions for a Medical Declaration'.

I am aware of the DVLA medical requirements for professional drivers and believe that there is nothing in the applicant's medical history which prevents him/her meeting the following standard.

**Please tick one box only** (the form is invalid if neither or both boxes are ticked)

Group 1 (Private Driving.) The medical standard met is satisfactory for solo flight unless the only passenger is also a pilot qualified and licensed to fly the aircraft, the aircraft is fitted with dual controls and the 'safety pilot' is seated at, and able to access and operate, one set of controls and has received a 'safety pilot' briefing.

**OR**

Group 2 (Professional Driving).

### Any special limitations:

A medical review is required by: ..... (insert date if applicable)

After discussion with: ..... (name of Medical Declaration Advisor) (if applicable)

Signature of doctor: ..... Date: .....

Please print name: ..... GMC No: .....

Practice address: .....

..... Postcode: .....

Practice stamp

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**Expiry date** (i.e. next medical assessment due on or up to 45 days before): .....

(Validity period is to be calculated from the date of the General Practitioners countersignature.)

If a new Medical Declaration is signed when the applicant already holds an existing Medical Declaration which expires within the next 45 days the validity period of the new Medical Declaration commences on the date on the date on which the current Medical Declaration expires.

**Validity periods:**

Initial – 45	to age 45 or 5 years, whichever is longer
45 - 59	5 years
60 - 64	to age 65 or 1 year, whichever is longer
65+	1 year