

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)

NOTES FOR THE PILOT



1. The Medical Declaration.

The medical declaration must be signed by you and countersigned by your GP to render it valid. This is required before your first solo flight, and at periodic revalidation intervals as indicated on the form. The declaration will expire after the period indicated on the form and must be replaced by another declaration to allow the holder to fly as Pilot in Command. The minimum age for signing is 6 months prior to your 16th birthday (the minimum age for solo flying).

For most types of flying, if you do not meet the DVLA Group 2 (professional) driving standards, but do reach the Group 1 (private) driving standards, once you have been issued with your licence, you may only fly solo, unless the aircraft is fitted with dual controls and your only passenger is also a pilot qualified and licensed to fly the aircraft, is seated at one set of controls and can access and operate the controls (Note 3). This passenger will act as your 'safety pilot' and must be briefed accordingly (Note 4). For balloon flying see Note 5.

2. Information to provide to your GP.

You must provide the relevant information for your GP - '**Notes for the General Practitioner**' and '**NPPL Medical Assessment Process**'.

These are published on the CAA's web site and are also available from the National Pilot Licensing Group (NPLG Ltd), the British Microlight Aircraft Association (BMAA), the British Balloon and Airship Club (BBAC) or the British Rotorcraft Association (BRA). Your GP will not be able to countersign your declaration until they have read this information, which explains the procedure to be followed if you have a history of any of the specified medical conditions. Your GP may need to contact a Medical Declaration Adviser for further advice.

3. Fitness to Fly.

Whenever you intend to go flying it is **your personal responsibility** to ensure that you are fit to act as pilot in command. Illness or injury, taking medication, fatigue, pregnancy, medical procedures or surgical operations will usually entail a period of unfitness. **If in doubt about your fitness you should refrain from flying and seek advice from your GP.**

4. Decrease in Medical Fitness.

On referral for a medical investigation or procedure, or after any serious illness or injury, you must discuss your fitness with a doctor. This may be your treating doctor or your GP. **It is your responsibility to ensure that, at each consultation, any doctor providing medical advice is aware that you are a pilot.** If any doctor advises that you are unfit for flying, you must not fly until that assessment has been changed. A Medical Declaration Adviser can give advice about flying to your treating doctor or GP.

Rarely, your GP and/or a Medical Declaration Adviser may consider that the declaration should be compulsorily suspended during your period of reduced medical fitness. In this exceptional circumstance, the CAA is responsible for the suspension of the medical declaration and determining whether you are fit to return to flying subsequently,

5. Corrective Lenses.

If you wear spectacles or contact lenses they should be worn whilst flying and, a readily available spare pair of spectacles must be carried.

6. Keeping your Medical Declaration current.

Your licence is not valid without a current Medical Declaration. **It is your responsibility to check that the expiry date on the Medical Declaration is correct.** The Medical Declaration is for use **ONLY** with a UK National PPL (SSEA, microlight or SLMG) or a UK PPL (Balloon and Airship or Gyroplane) or under exemption ORS4 912 or 913 as applicable.

7. Copy of Medical Declaration.

NPPL Holders must send the Medical Declaration to the appropriate National PPL administrative body (NPLG Ltd for SSEA and SLMG, BMAA for microlights) upon request. If sending the original, it is advisable to retain a copy.

8. Notes.

Note 1: Glider pilots use the NPPL system of medical declaration to validate the BGA gliding certificate, licence and instructor ratings.

Note 2: If your GP does not countersign your Declaration you will need to apply to a CAA approved Aeromedical Examiner for an EU medical certificate (LAPL or Class 2).

Note 3: The 'safety pilot' may hold a Group 1 Medical Declaration.

Note 4: The 'safety pilot' should be briefed on the broad nature of your medical condition and the circumstances in which they may need to take over control of the aircraft.

Note 5: For balloon or airship flying, if you reach the Group 1 but not Group 2 driving standards, alternative limitations may apply. Advice is available from the BBAC.

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NOTES FOR THE GENERAL PRACTITIONER



1. Countersignature of Medical Declaration

The Medical Declaration for a NPPL is a declaration of fitness to fly. It requires a signature from the pilot confirming that they have read the notes about present and future fitness to fly and a countersignature from you, their GP, verifying there is nothing in the medical history that would prevent them reaching the appropriate DVLA standard. The latest version of these standards can be found on the DVLA website (<http://www.dft.gov.uk/dvla/medical/ataglance.aspx>).

Only a GP from the UK practice with whom the pilot is registered may countersign the declaration. You are not being asked to assess an applicant's fitness to fly and there is no requirement to undertake a medical examination unless you wish to check a specific health parameter. Your countersignature confirms the absence of a medical history that would preclude holding a DVLA Group 1 or 2 Licence (with modifications for certain conditions - see below Notes 2, 3 and 4).

The UK Civil Aviation Authority is responsible for these medical standards which acknowledge that an accurate knowledge of a pilot's past medical history is the most important information in assessing a future risk of incapacitation.

2. Group 2 Standard

If the applicant wishes to carry passengers, there should be nothing in their medical history that would prevent them reaching the DVLA Group 2 standards for professional driving. Two exceptions (where Group 2 driving is precluded but flying is not) are applicants who are monocular or have a high uncorrected visual acuity. The advice of a Medical Declaration Advisor should be sought in either of these circumstances.

3. Group 1 Standard

If the applicant does not meet Group 2 standards they may still be considered fit to fly with certain restrictions e.g. not permitted to fly with passengers. Such applicants must not have a condition that would prevent them meeting the DVLA Group 1 private driving standards. Because of the differences between flying and driving, in particular the ability to pull over quickly to the side of the road when driving, the medical declaration standards will occasionally need to be more restrictive for pilots than drivers. However, these situations are relatively rare (e.g. angina, heart failure and pneumothorax).

4. NPPL Medical Assessment Process

An algorithm for common medical problems (such as coronary artery disease, other cardiac disease, diabetes, drug/alcohol misuse, epilepsy, neurological disease, physical disability, psychiatric disorders, respiratory disease and visual disorders) is available for guidance and indicates where the DVLA standards may not apply. The applicant will provide this for you. If the applicant has a condition which falls under any of these headings and has not provided you with the guidance, you should defer the assessment until it is available.

5. Further Advice

If you have any doubts about an applicant's fitness, if the guidance does not cover a particular condition, or if the DVLA "At a Glance" notes state that, for a particular condition, DVLA notification is necessary, a Medical Declaration Advisor (MDA) (**not** the DVLA) should be contacted. MDAs are doctors who give advice on behalf of aviation organisations about the NPPL and medical declaration systems and can be approached for specialist advice about flying. Please ask the applicant to confirm the type of flying they wish to undertake and the relevant organisation you should contact. Contact will normally only be required at the first assessment for a Medical Declaration or if the applicant's medical condition changes.

Simple Single Engine Aircraft (SSEA)	Dr I C Perry	Telephone: 01264 889659
LAA		E-mail: npplmedical@laa.uk.com
Self Launching Motor Glider (SLMG)	Dr S Gibson	E-mail: npplmedical@gliding.co.uk
Microlight	Dr P Yeoman and Dr R Leigh	E-mail: npplmedicaladvisor@bmaa.org
Balloons and Airships	Dr D Bareford	E-mail: medical@bbac.org
Gyroplanes	Mr S Ledingham	E-mail: medical@BritishRotocraftAssociation.org

If specific aviation medical advice is needed about an individual the Medical Declaration Advisor will be able to discuss the case with you, to enable you to countersign the declaration or deny, as appropriate. The applicant will be responsible for forwarding any relevant reports or investigations if necessary.

6. Special Limitations									
<p>The Medical Declaration Advisor may suggest special limitations which should be annotated at the bottom of the Medical Declaration. Examples include:</p> <ul style="list-style-type: none"> • Specific modifications to an aircraft (physical disability) • More frequent medical assessment (annual exercise ECG for coronary artery disease) • Flying only at a specific club with permission from a named flying instructor (psychiatric disorder) • Flying only solo or with a safety pilot (borderline case) 									
7. Validity of Medical Declaration									
<p>The minimum age for countersignature of a Medical Declaration is six months before the applicant's 16th birthday to allow solo flying on that birthday. After initial issue the validity periods of the medical declaration are as follows:</p> <table> <tr> <td>Up to, and including age 44</td> <td>Until 45th birthday or 5 years (whichever is longer)</td> </tr> <tr> <td>45 - 59</td> <td>5 years</td> </tr> <tr> <td>60 - 64</td> <td>Until 65th birthday or 1 year (whichever is longer)</td> </tr> <tr> <td>65 and over</td> <td>1 year</td> </tr> </table> <p>You may decide, in conjunction with the Medical Declaration Advisor, that an earlier review is appropriate. In this situation the anticipated date of the review should be written clearly on the Declaration Form.</p>		Up to, and including age 44	Until 45th birthday or 5 years (whichever is longer)	45 - 59	5 years	60 - 64	Until 65th birthday or 1 year (whichever is longer)	65 and over	1 year
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60 - 64	Until 65th birthday or 1 year (whichever is longer)								
65 and over	1 year								
8. Decrease in Medical Fitness									
<p>If the holder of a Medical Declaration becomes ill or pregnant, is injured, undergoes any surgical or other procedure, starts medication or has any reason to believe they are not fit to fly, they may need medical review and may seek your advice on their continued fitness to fly. If the situation is not covered by the DVLA guidance for Group 1 and 2 (as appropriate) please contact the relevant Medical Declaration Advisor for advice</p> <p>If the holder of a medical declaration develops an illness associated with lack of insight about their condition, particularly depression, psychosis or alcohol or drug abuse becomes evident and you believe their decreasing medical fitness renders them unfit to fly, you should immediately contact the relevant Medical Declaration Advisor. In this situation the Civil Aviation Authority may need to suspend the Medical Declaration.</p>									
9. Record Keeping									
<p>Once you have countersigned the Medical Declaration, please retain a copy for the pilot's medical record. Please also add a note in your patient's records so that all doctors consulted will be aware that your patient is a pilot.</p>									

National Private Pilot's Licence (NPPL) Medical Assessment Process

Notes

The key functional abilities for flying are for good vision and hearing together with the strength/coordination equivalent for driving a car. Medical incapacitation (particularly if unheralded) can pose more of a risk in the air as the pilot cannot usually 'pull-over' to deal with a medical issue. In the air, pilots are also potentially subjected to hypoxia and cold with increasing altitude.

The medical standards for the NPPL relate to the DVLA medical standards of fitness to drive. Group 2 (professional driving) standards are applied to pilots wishing to fly with passengers, but if these cannot be met, Group 1 (private driving) standards can be considered for solo flying or flying with another licensed and qualified pilot acting as a 'safety pilot' in the event of incapacitation or impairment of the pilot. **The DVLA should not be approached for advice about medical standards for flying.** Note: DVLA standards differ from NPPL for monocularity and uncorrected visual acuity.

The advice contained in DVLA At a Glance (<http://www.dft.gov.uk/dvla/medical/ata glance.aspx>) should be followed as if advising a driver of their fitness to drive. If there is any uncertainty, e.g. whether a limitation is necessary, advice from a Medical Declaration Advisor (MDA) should be sought. Special consideration should be made of pilots with multiple conditions. Where it is stated that the DVLA will arrange independent testing, the need for this, and how it should be done, should be discussed with an MDA. Medical review to continue flying may be required more frequently than the routine revalidation periods. The MDA can provide advice especially where pilots wish to undertake displays and/or aerobatics.

The following conditions will always require discussion with the MDA (if not previously discussed):

Diabetes treated with potentially hypoglycaemic medication		
Angina/coronary disease	Implanted cardiac devices	Heart failure
Cardiac valve replacement	Chronic lung disease	Pneumothorax
Recurrent fainting	Epilepsy	Cerebral disorders
Alcohol/substance misuse	Use of antidepressant medication	Psychotic disorders
Personality disorders	Physical disability	Any transplant
Malignant disease	Medication likely to cause drowsiness or incapacitation	
Sleep disorder	Endocrine disorder	Major surgery

A change in symptoms, the result of any repeat investigation, or treatment may require discussion with the MDA. Reversion to Group 1 privileges, or a period of unfitness, may be necessary.

The pilot is responsible for finding the name and contact details of the MDA concerned with his/her type of flying, and for making sure that copies of any relevant reports or investigations are available. Any fees associated with assessment are the responsibility of the pilot.

