



**MEDICAL DECLARATION FOR LICENCES AND PERMITS REQUIRING A CATEGORY 4 MEDICAL STANDARD**

All applicants are to complete parts A and B. *Student pilot permit - aeroplane* and *recreational pilot permit* applicants are required to have part C completed.

**IT IS AN OFFENCE UNDER SECTION 7.3(l)(a) OF THE AERONAUTICS ACT TO KNOWINGLY MAKE A FALSE DECLARATION.**

**Part A - Please type or print in block letters**

Issue/re-issue of a student pilot permit <input type="checkbox"/> Glider <input type="checkbox"/> Ultra-light <input type="checkbox"/> Aeroplane			Issue/renewal of a pilot licence/permit <input type="checkbox"/> Glider <input type="checkbox"/> Ultra-light <input type="checkbox"/> Recreational		
Full given name(s)		Surname		Former Surname	
Address		Telephone Number (999-999-9999)		Gender <input type="radio"/> M <input type="radio"/> F	
		Place of Birth			Date of Birth (yyyy-mm-dd)

**Part B - Medical Declaration (If you have ever suffered from any of the conditions listed below you must undergo a medical examination with a Civil Aviation Medical Examiner)**

If you have ever held a civil aviation licence or permit state

_____	_____
Licence/Permit Name	Licence/Permit Number

I hereby declare

1. That I have never suffered from any of the conditions listed below

(A) Epilepsy, fits, or seizures; (B) Significant head injury; (C) Severe headaches or migraine; (D) Diabetes requiring insulin or other medication; (E) Heart disease, heart attack, or high blood pressure; (F) Coronary by-pass surgery or angioplasty; (G) Chronic chest, sinus or ear condition; (H) Chronic abdominal condition requiring medication;	(I) Eye trouble (e.g. vision not correctable to 20/30, inability to pass a motor vehicle vision test); (J) Nervous conditions requiring therapy or medication; (K) Recurrent fainting, dizziness or blackout; (L) Kidney disease/stones; (M) Any other physical or mental disability; (N) Alcohol or chemical dependence or abuse; (O) Any difficulty with hearing or speech.
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2. That I have never been denied, on medical grounds

(A) A motor vehicle operators licence; (B) A civil aviation personnel licence, or permit, or	(C) Life insurance
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I hereby consent to the release of the above medical information to Transport Canada and to Transport Canada's Medical Advisors. Ultra-light and glider applicants require a witness' signature. Recreation pilot permit applicants do not.

_____	_____	_____
Applicant's Signature	Date (yyyy-mm-dd)	Witness' Signature

**Part C - Medical Declaration for Student Pilot Permit - Aeroplane and Recreation Pilot Permit Applicants (This must be countersigned by a physician licensed in Canada.)**

**Physician's Attestation:**

I have read the declaration made in Part B and to the best of my knowledge of the applicant's medical history, the declaration is accurate.

_____	
Physician's Name (Please Print)	
_____	_____
Physician's Signature	Physician's Telephone Number (999-999-9999)

Electrocardiogram (if required)

Normal     Abnormal

\_\_\_\_\_

Date (yyyy-mm-dd)

Licencing - Region

Entered in Computer     Initials \_\_\_\_\_    Date (yyyy-mm-dd) \_\_\_\_\_