



**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			Issue/renewal of a pilot licence/permit		
<input type="checkbox"/> Glider	<input type="checkbox"/> Ultra-light	<input type="checkbox"/> Aeroplane	<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		Citizen of	
	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

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

<p>(A) A motor vehicle operators licence;</p> <p>(B) A civil aviation personnel licence, or permit, or</p>	<p>(C) Life insurance</p>
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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.

<p>_____</p> <p style="text-align:center;">Physician's Name (Please Print)</p> <p>_____</p> <p style="text-align:center;">Physician's Signature</p>	<p>_____</p> <p style="text-align:center;">Physician's Telephone Number (999-999-9999)</p>
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Electrocardiogram (if required)

Normal  Abnormal

\_\_\_\_\_

Date (yyyy-mm-dd)

Licencing - Region

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