



HANG GLIDING FEDERATION OF AUSTRALIA

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DECLARATION OF FITNESS

CER-01_V20160106

NOTE: Please complete all details in **BLOCK** letters.

HGFA No: _____ Given Name: _____ Surname: _____	
Email Address: _____	
Address: _____	
_____	State: _____ P/code: _____
Discipline: Hang Gliding [<input type="checkbox"/>]	Paragliding [<input type="checkbox"/>] Weightshift Microlighting [<input type="checkbox"/>] PPG [<input type="checkbox"/>]
Flight Training Facility: _____	

DECLARATION OF FITNESS (Please circle appropriate answer)

- 1/ Is it necessary for you to wear spectacles or contact lenses in order to read the licence plate on a motor car at a distance of 25 metres in good daylight? Yes / No
- 2/ Do you suffer, or have you at any time suffered from diabetes? Yes / No
- 3/ Are you being treated with insulin or any other substances to reduce blood sugar? Yes / No
- 4/ Do you suffer, or have you at any time suffered from: Yes / No
- ~ Epilepsy ? Yes / No
- ~ Fits ?
- ~ Attacks of giddiness, blackouts, fainting or other sudden periods of unconsciousness? Yes / No
- ~ Any permanent disability to either hand, arm, foot or leg, or either eye? Yes / No
- ~ Any medical, physical or mental disabilities likely to affect your efficiency in controlling the aircraft you will be taught to fly? Yes / No

If you have answered YES to any question, please state full details:

I declare, to the best of my knowledge and belief, that the answers to all questions above are correct and I have a standard of health equivalent to that required for the issue of a private motor vehicle driver licence in Australia, in accordance with 4.1.4 of the HGFA Operations Manual.

Signed: _____ Date: _____