

UNITED KINGDOM CIVIL AVIATION AUTHORITY

OPERATIONAL/MEDICAL FLIGHT TEST REPORT

DIABETES TREATED WITH POTENTIALLY HYPOGLYCAEMIC MEDICATION

1) Candidate's Personal Details:

Name (in full):

CAA Ref No:

Date of Birth: / /

Current Address:

.....

.....

Telephone Number - Home:

Work: Mobile:

2) Purpose of test:

To determine that the applicant demonstrates knowledge of the aeromedical issues relevant to diabetes and demonstrates safe management of their health condition whilst exercising licence privileges

3) Declaration

Declaration: ***I understand the purpose of the medical flight test***

Signature of Candidate

Date / /

4) Medical Flight Test Report (To be completed by Company TRE for Class 1, CFI or FIE for Class 2 or LAPL)

Aircraft/Simulator Type and Registration:

Flight/Sectors assessed:

Date and Place Of Test: / / -

Examiner's Name (please print):

Examiner's CAA Licence No:

Blood Testing machine Used:

Acceptable

Appropriate briefing on diabetes conducted using UK CAA briefing sheetYes/No
 Evidence of compliance with blood testing in accordance with relevant protocolYes/No
 Check Log book and glucose memory meter congruity for previous flight(s) Yes/No/N/A
 Tests conducted in safe manner without interference with safe operationsYes/No
 Tests conducted at correct times in accordance with schedule.....Yes/No

Time	Flight phase	Result and Comments		Time	Flight phase	Result and Comments

Spare meter available?.....Yes/No
 Appropriate stowage of equipment/resourcesYes/No
 Availability of carbohydrate – state what.....Yes/No

Comments

Recommendations (e.g. any type/class-specific issues)

Signed Date / /

Return to:
 CAA Medical Department
 Aviation House
 Gatwick Airport South
 West Sussex RH6 0YR