



Medical flight test (MFT) report F

Pilot with diabetes treated with potentially performance-affecting hypoglycaemic medication

Please print and complete this form as follows.
Sections 1 and 3 to be completed by candidate.
Sections 4 to be completed by examiner or instructor.

Note: For commercial pilots the medical flight test should preferably be undertaken on the first line flight, as testing in the simulator may not adequately replicate the relevant aspects of the flight environment.

1. Candidate’s personal particulars

Name (in full)
CAA reference number
Date of birth
Current address
.....
.....
Telephone numbers Home..... Mobile

2. Purpose of the 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.

Please note that separate reports may be required for different classes and types of aircraft.

3. Declaration

I, the candidate, understand the purpose of the medical flight test (section 2) and consent to the sharing of medical information provided in this document.

Signature

Date.....

Candidate’s CAA reference number.

4. Medical flight test report

I, the examiner / instructor, have discussed the purpose of the medical flight test (section 2).

Aircraft / simulator type & registration

Flight / sectors assessed

Blood testing machine used: for example, name, brand and model

Date & place of test

- | | |
|--|---|
| | Acceptable |
| Appropriate briefing on diabetes conducted using UK CAA briefing sheet | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Evidence of compliance with blood testing in accordance with relevant protocol | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Check log book and glucose memory meter congruity for previous flight(s) | Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> |
| Tests conducted in a safe manner without interference with safe operations | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Tests conducted at correct times in accordance with schedule | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Time	Flight phase	Result & Comments

- | | |
|---|--|
| Spare meter available? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Appropriate stowage of equipment / resources | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Availability of carbohydrate – state what | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Candidate's CAA reference number.

Additional comments on the candidate's ability to operate safely (required) and any recommendations (for example, type / class specific issues)

Name of examiner or instructor (please print).

Position.

UK CAA licence / certificate number.

Signature

Date

This form should be emailed to the CAA Medical Department: medicalweb@caa.co.uk