

**PILOT WITH DIABETES TREATED WITH POTENTIALLY HYPOGLYCAEMIC MEDICATION**

**UNITED KINGDOM CIVIL AVIATION AUTHORITY**

**OPERATIONAL/MEDICAL FLIGHT TEST REPORT**

**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 Details:**

Name (in full): .....

CAA Ref No: Date .....

of Birth: Current ...../...../.....

Address: .....

.....

.....

Telephone Numbers

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**

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

Signature of candidate ..... Date ...../...../.....

Name: ..... CAA Ref No .....

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

Aircraft Type & Registration: .....

Flight/Sectors assessed: .....

Date & 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 sheet ..... Yes/No

Evidence of compliance with blood testing in accordance with relevant protocol..... Yes/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 operations..... Yes/No

Tests conducted at correct times in accordance with schedule ..... Yes/No

Time	Flight phase	Result & Comments		Time	Flight phase	Result & Comments

Spare meter available? ..... Yes/No

Appropriate stowage of equipment/resources ..... Yes/No

Availability of carbohydrate – state what ..... Yes/No

Comments:

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

Signed ..... Date ...../...../.....

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

Tel: 0330 022 1972 Email: Medicalweb@caa.co.uk Web: www.caa.co.uk

Reports submitted to Medical Department are disclosable by the CAA pursuant to the Data Protection Act