



# THE GLIDING FEDERATION OF AUSTRALIA INC

ABN: 82 433 264 48  
C4/1-13 The Gateway, Broadmeadows Victoria 3047  
Phone: (03) 9359 1613



## GFA Pilot Medical Requirements - Frequently Asked Questions (FAQs)

### GP FAQs

The GFA Medical Requirements are more fully explained in the [GFA Operational Regulations](#), Section 3.2 and [Manual of Standard Procedures \(Part 2\)](#), Section 10.1.

**Medical Forms can be downloaded from the GFA Document & Forms Library at [THIS LINK](#).**

Please find below a selection of frequently asked questions and answers on the GFA pilot medical.

**Q. I don't have an aviation medicine background. Am I qualified to conduct an examination for the issue of a Medical Practitioner's Certificate of Fitness?**

Yes. You do not require aviation medicine training or a background as a pilot. All you need to do is to assess the applicant against the Austroads driver standard.

**Q. Am I being asked to approve a person to fly an aircraft?**

No. All you need to do is assess the applicant against the private Austroads driver standard. GFA has determined that a person who meets this standard will be permitted to act as the pilot in command of an aircraft.

**Q. Is there a minimum or maximum age limit for the issue of a Medical Practitioner's Certificate of Fitness? What do I do if the applicant is too young for a driver licence?**

There is no minimum or maximum age for the issue of a driver licence medical certificate. Pilots of gliders can fly solo at the age of 15 and may commence their flight training before that age. There is no upper age limit as long as the pilot can meet the required medical standard. A Medical Practitioner's Certificate of Fitness shall be valid for two years in respect of a pilot aged 40 or over at the time of examination, or four years in respect of a pilot aged under 40 at the time of examination.

**Q. I am not familiar with the pilot's medical history, does this have any impact?**

The driver licence medical certificate can be issued to any person meeting the required standard, however GFA recognises the value of the doctor/patient relationship. Pilots with a history of heart failure or cancer can only be assessed for a driver licence medical by their treating GP (or a colleague with access to the patient's medical history) and must be under case management.

**Q. Must I use the Austroads private driver licence standard with CASA's modifications to form an opinion on whether the pilot meets the fitness standard?**

No. The CASA modifications do not apply to Pilots flying under the auspices of the GFA.

**Q. I do not have the Austroads Assessing Fitness to Drive publication. Where can I find it?**

The [Assessing Fitness to Drive](#) publication is available from the Austroads website.

**Q. What forms do I need to complete and sign and how do I know if the pilot has provided me with all of the relevant information?**

You need to use the form specifically provided by the GFA ([OPS F006\(b\) - Medical Practitioner's Certificate of Fitness](#)), which can be downloaded from the [GFA website](#).

**Q. The pilot wears glasses or has a hearing aid. Can I still issue a driver licence medical certificate (aviation)?**

Yes, as long as the corrected vision and/or hearing meets the required standard. It must be noted on the medical certificate that the pilot requires vision correction to exercise the privilege of their pilot Certificate.

**Q. The pilot is pregnant. Can I issue a Medical Practitioner's Certificate of Fitness?**

Yes. It is the pilot's responsibility to stop flying when the safety of flight could be compromised.

**Q. Can I issue a Medical Practitioner's Certificate of Fitness as I would issue a conditional medical for a motor vehicle driver?**

Yes, providing the medical condition is controlled and unlikely to affect flight safety.

**Q. What if the pilot does not meet the Austroads standard?**

If the pilot does not meet the Austroads standard for the issue of a Medical Practitioner's Certificate of Fitness, no certificate is to be issued. You can suggest to the pilot that they can still visit a Designated Aviation Medical Examiner (DAME) to be assessed for a Class 2 aviation medical, which can be issued with conditions.

**Q. I require further guidance about a specific medical condition. Who can I contact?**

If you need guidance on a specific medical condition, contact GFA's Executive Manager, Operations by phone on 0492 887 598 or by email at [emo@glidingaustralia.org](mailto:emo@glidingaustralia.org).

**Q. I suspect the pilot may not be disclosing their full medical history. What should I do?**

You can advise the pilot that it is their responsibility to disclose their medical history. Do not issue the Medical Practitioner's Certificate of Fitness. If you believe that your advice may be ignored and there is a risk to aviation safety, advise GFA's Executive Manager, Operations by phone on 0492 887 598 or by email at [emo@glidingaustralia.org](mailto:emo@glidingaustralia.org).

**Q. A patient with a Medical Practitioner's Certificate of Fitness no longer meets the standard, either temporarily or permanently. What must I do?**

If the pilot has a temporary unfitness such as a sprained or broken limb, advise the pilot not to fly until you have assessed them as meeting the Austroads standard.

There is no need to re-issue a new Medical Practitioner's Certificate of Fitness when the pilot has regained fitness.

If the pilot has a long term unfitness, advise them that they no longer meet the required standard, they should not fly, and they should advise their CFI and the GFA that they are no longer using their Medical Practitioner's Certificate of Fitness. A new Medical Practitioner's Certificate of Fitness can be issued when the pilot is able to meet the required standard.

If you believe your advice to cease flying is being ignored, you should advise the GFA's Executive Manager, Operations by phone on 0492 887 598 or by email at [emo@glidingaustralia.org](mailto:emo@glidingaustralia.org).

**Q. A patient has recovered from a medical unfitness and now meets the required medical standard. Can I re-issue a Medical Practitioner's Certificate of Fitness?**

Yes. The process is the same as the initial issue.

### Medical conditions requiring a Medical Practitioner's Certificate of Fitness

There are certain medical conditions for which a self-declaration is inappropriate. The relevant medical conditions are as follows:

#### 1. CANCER

As there may be aviation safety-relevant risks of cancer, pilots with a history of cancer within the previous 5 years are required to undergo an examination by a Registered Medical Practitioner.

Basal cell skin cancers are not disqualifying if they have been successfully excised and other treatment conditions are met. In practice this means that:

- a) each basal cell skin cancer has been treated by excision with no metastasized sequelae; and
- b) since at least the last occurrence of a basal cell skin cancer, the person has been under active and continuous case management by:
  - i. a registered medical practitioner who is a specialist oncology physician or surgeon; and
  - ii. One of the following:
    - (A) the same registered medical practitioner (the **treating GP**) in a professional medical practice;
    - (B) a registered medical practitioner in the professional medical practice with the treating GP (a **colleague GP**);
    - (C) if the treating GP and the colleague GP are no longer in the medical practice — a successor registered medical practitioner in the treating GP's former medical practice; and
- c) the assessment for the Medical Practitioner's Certificate of Fitness is carried out by the treating GP or, if he or she is not available, by a registered medical practitioner mentioned in sub-subparagraph (b) (ii) (B) or (C).

As is obvious from its strict terms, this concession is only available to a person who has been under focused, active and continuous treatment by the same or professionally-related medical practitioners who have full access to the person's medical history.

#### 2. ECG CHANGES

Some ECG changes may carry aviation safety-relevant risks without any symptoms and, therefore, with ECG changes, the applicant must be assessed by a Registered Medical Practitioner.

#### 3. HEART FAILURE

Heart failure may give rise to aviation safety-relevant risks without symptoms on moderate exertion, for example, risk of arrhythmia and hypoxia in flight may impair oxygenation. Therefore, subject to what follows below, with a history of heart failure, the applicant must be assessed by a Registered Medical Practitioner who is:

- i. a registered medical practitioner who is a specialist cardiovascular physician or surgeon; or
- ii. One of the following:
  - (A) the treating registered medical practitioner in a professional medical practice;
  - (B) a registered medical practitioner in the professional medical practice with the treating GP (a colleague GP);
  - (C) if the treating GP and the colleague GP are no longer in the medical practice — a successor registered medical practitioner in the treating GP's former medical practice.

A history of heart failure for a person does NOT include a history in which the person has not had an episode of heart failure for at least 3 years at the time of the assessment.

#### 4. HEARING

The Austroads do not specify a standard for hearing-impaired individuals. In aviation, carriage and use of radios is required and inability to hear appropriately must give rise to aviation safety-relevant risks. Therefore, those individuals who are unable to hear a conversational voice from a distance of 2 metres must be assessed by a Registered Medical Practitioner, unless the hearing deficit is corrected by the use of a medically prescribed hearing aid.

#### 5. PHYSICAL LIMITATIONS

The presence of any physical limitations or disabilities constitutes an aviation safety-relevant risk. Where safety aspects cannot be adequately assessed by the CFI of the member's gliding club, the applicant must be assessed by a Registered Medical Practitioner.

#### 6. TRANSIENT ISCHAEMIC ATTACKS

Risk of future neurological events increases after one attack giving rise to obvious aviation safety-relevant risks. Therefore, if there is a history of transient ischaemic attacks, the applicant must be assessed by a Registered Medical Practitioner.

#### 7. MULTIPLE SCLEROSIS, CEREBRAL PALSY, PARKINSON'S DISEASE

The aviation safety-relevant risks of these and similar conditions vary depending on the nature and severity of the disease, its treatment and the ongoing prognosis. Therefore, for that reason, with a history of any of these conditions a pilot must be assessed by a Registered Medical Practitioner.

#### 8. HEAD INJURY

Head injury can cause chronic functional disturbances. However, aviation safety-relevant risks such as post traumatic epilepsy may be present in the absence of chronic functional disturbances. Therefore, with a history of head injury that is more than trivial, the member must be assessed by a Registered Medical Practitioner. For aviation safety-relevant purposes, an injury is considered to be more than trivial if the person has suffered one or more of the following in relation to a head injury:

- a) loss of consciousness;
- b) post-traumatic amnesia;
- c) abnormal findings on head CT or MRI investigation;

#### 9. RENAL CALCULUS DISEASE

The Austroads guidelines consider the risk of renal calculi to be remote for private motor vehicle driving because of the driver's ability to pull over to the side of the road if symptoms occur. However, this is obviously not possible in aviation. Therefore, the risk to a person with any history of renal calculi or renal colic must be assessed by a Registered Medical Practitioner.

#### 10. VESTIBULAR DISORDERS

The Austroads guidelines do NOT overtly require persons to be free of vertigo and appear to suggest that benign paroxysmal positional vertigo (BPPV) meets the medical standards because private motor vehicle driving is conducted in the upright position. However, aviation activities are not normally conducted in an exclusively upright position. Therefore, risk from the presence of active vertigo, or a history of BPPV, must be considered by a Registered Medical Practitioner.