



AUSTRALIAN BALLOONING FEDERATION INC.

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ENGLISH PROFICIENCY & MEDICAL DECLARATIONS

1. MEMBER DETAILS			
ABF Member Number	Surname	First Name	Initial
	Preferred Name	Date of Birth (DD/MM/YYYY)	

2. ENGLISH PROFICIENCY		
<p>I confirm that I have sufficient verbal and written proficiency in the English language to communicate as required in Australia including operating a radio to send and receive audio messages, reading weather and NOTAM information and reading maps as may be required for ballooning.</p>		
Applicant Name	Signature	Date
Please have a current ABF member sign here to confirm that the above statement is true and correct.		
Member Name	Signature	Member No. Date

4. SELF DECLARATION OF PHYSICAL FITNESS									
To be completed by all applicants for/or holders of Balloon Pilot Certificates inc. student and temporary certificates.									
<p>4.1 <input type="checkbox"/> I hold a CASA issued medical</p> <p>My Aviation Reference Number (ARN) is: _____</p> <p>My medical is for class: <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3</p> <p>My CASA issued medical will expire on: _____</p>	<p>NOTE: If your CASA issued medical has expired you can NOT use this option for your declaration and must use either Option 2 or Option 3 below.</p> <p>A clear & legible photograph or scan of your current CASA issued medical must be included with this application.</p>								
<p>4.2 <input type="checkbox"/> I declare that I am fit to fly a hot air balloon</p> <p>In the absence of a CASA issued medical, you are fit to fly a hot air balloon provided you do not answer "Yes" to any of the following conditions:</p>	<table border="0"> <tr> <td><input type="checkbox"/> Epilepsy</td> <td><input type="checkbox"/> Fits</td> </tr> <tr> <td><input type="checkbox"/> Severe Head Injury</td> <td><input type="checkbox"/> Recurring Fainting</td> </tr> <tr> <td><input type="checkbox"/> Giddiness</td> <td><input type="checkbox"/> Blackouts</td> </tr> <tr> <td><input type="checkbox"/> Abnormally High Blood Pressure or previous Heart Disease</td> <td><input type="checkbox"/> I am taking Insulin for the control of Diabetes</td> </tr> </table>	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Fits	<input type="checkbox"/> Severe Head Injury	<input type="checkbox"/> Recurring Fainting	<input type="checkbox"/> Giddiness	<input type="checkbox"/> Blackouts	<input type="checkbox"/> Abnormally High Blood Pressure or previous Heart Disease	<input type="checkbox"/> I am taking Insulin for the control of Diabetes
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<p>4.3 <input type="checkbox"/> I require a medical practitioner's certificate of fitness - Use section 5 of this form.</p>									

5. MEDICAL PRACTITIONERS CERTIFICATE OF FITNESS

This section must be signed by a doctor in the event that you do not have a CASA issued medical and answer "Yes" to one or more of the items in section 4.

How do you know the applicant?

- I am the applicant's GP
 I am a CASA Designated Medical Examiner

I certify that I have examined the applicant _____ and that to the best of my knowledge he/she is not suffering from any medical condition which would preclude him / her from:

- Flying in a balloon with another pilot
 Flying solo in a balloon
 Carrying passengers in a balloon

Remarks:

Doctor's name

Signature

Date

6. APPLICANT TO COMPLETE

I _____ hereby declare that the above information is correct and that in the event of contracting or suspecting any of the conditions listed in 4 (2) above, I will cease flying until I have obtained a medical opinion that it is safe to continue flying.

NOTES:

1. Minor illnesses, the donation of blood, some medications and certain prescribed drugs may make you temporarily unfit to fly.
2. If you wear prescription lenses you should carry a spare pair easily accessible in flight.

Applicant / certificate holder's signature

Date

- I am under 18 years of age - Have a parent or guardian sign below.

Name of parent or guardian

Signature

Date