

gcwa@westnet.com.au



MEDICAL DETAILS

Do you or have you ever suffered from any ailment of following type?

(Please answer each question)

- (1) Nervous Disorder
- (2) Fits
- (3) Head Injury
- (4) Heart Disease
- (5) Diabetes
- (6) Ear Disorder
- (7) Eye Disease
- (8) Respiratory Disease
- (9) Other Serious Injury or Major Surgical Operations
- (10) Any other abnormalities in your Medical History

If so, please give details

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DECLARATION:

I hereby agree to advise the Club Committee before flying further should any change to my present state of health occur, which could conceivably have any effect on my capability to pilot a glider, during the period that I maintain membership with the club I further understand and agree to undergo a Medical Examination at the direction of the Club Committee at any time should the Committee require me to do so.

Signature
Dated

