

AFI FLIGHT TRAINING
SPORT PILOT MEDICAL AFFIDAVIT

Sport Pilot Regulations

FAR 61.303(b) A person using a U.S. driver's license to meet the requirements of this paragraph must-

- (1) Comply with each restriction and limitation imposed by that person's U.S. driver's license and any judicial or administrative order applying to the operation of a motor vehicle;
- (2) Have been found eligible for the issuance of at least a third-class airman medical certificate at the time of his or her most recent application (if the person has applied for a medical certificate);
- (3) Not have had his or her most recently issued medical certificate (if the person has held a medical certificate) suspended or revoked or most recent Authorization for a Special Issuance of a Medical Certificate withdrawn; and
- (4) Not know or have reason to know of any medical condition that would make that person unable to operate a light-sport aircraft in a safe manner.

I, _____ acknowledge by signing below that I have read and understand the federal regulations and agree to comply with them while operating as Pilot in Command of any AFI Flight Training, Light Sport aircraft.

I do not know of any medical condition that would adversely affect my ability to operate an aircraft. Those medical conditions include, but are limited to: frequent or severe headaches, dizziness or fainting spells, unconsciousness, eye or vision except glasses, hay fever or allergy, asthma or lung disease, heart or vascular trouble, high or low blood pressure, stomach disorders, liver disorders, intestinal problems, neurological disorders, substance dependence, suicide attempts or motion sickness requiring medication.

If at any time in the future, my medical condition changes, or I have reason to believe that a medical condition may exist that could affect my ability to operate an aircraft safely, I will notify AFI Flight Training representatives immediately. I further understand that I am not authorized to operate, rent, or otherwise fly as Pilot in Command of any AFI Flight Training aircraft with any known medical condition that may make me unable to operate that aircraft.

PRINT NAME _____ DATE _____

Signature _____

AFI Staff _____