



Enabling the disadvantaged and disabled of all ages to share the exhilaration and fulfilment of flying

MEDICAL SELF-DECLARATION FORM

This declaration must be completed on behalf of all those flying as listed on the application form
If you have any doubts about signing the declaration, we advise that you contact your GP.

Please name all participants below:

HW guest	
Parent and/or carer	
Sibling	
Sibling	

DECLARATION

I hereby declare that to the best of my knowledge I neither have, nor have I been diagnosed with, any medical condition which would cause an adverse effect during flight.

I further declare that I have no medical condition which is likely to be exacerbated by the forces exerted on my body during flight, and I understand that, in the event of an emergency evacuation, I may not be able to exit from the aircraft until assistance arrives.

On behalf of myself and all those on board, I confirm that I have read and understood this declaration of fitness to fly.

SIGNATURE:

PRINT NAME	DATE:
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Next of kin/emergency contact (someone who is not flying)

Name

Email

Phone Number