



# Medical flight test (MFT) report F

## Pilot with diabetes treated with potentially performance-affecting hypoglycaemic medication

Please print and complete this form as follows.  
Sections 1 and 3 to be completed by candidate.  
Sections 4 to be completed by examiner or instructor.

Note: For commercial pilots the medical flight test should preferably be undertaken on the first line flight, as testing in the simulator may not adequately replicate the relevant aspects of the flight environment.

### 1. Candidate's personal particulars

Name (in full) .....  
CAA reference number .....  
Date of birth .....  
Current address .....  
.....  
.....  
Telephone numbers Home..... Mobile .....

### 2. Purpose of the test

To determine that the applicant demonstrates knowledge of the aeromedical issues relevant to diabetes and demonstrates safe management of their health condition whilst exercising licence privileges.

Please note that separate reports may be required for different classes and types of aircraft.

### 3. Declaration

I, the candidate, understand the purpose of the medical flight test (section 2) and consent to the sharing of medical information provided in this document.

Signature ..... Date.....

Candidate's CAA reference number. ....

**4. Medical flight test report**

I, the examiner / instructor, have discussed the purpose of the medical flight test (section 2).

Aircraft / simulator type & registration .....

Flight / sectors assessed .....

Blood testing machine used: for example, name, brand and model

.....

Date & place of test .....

**Acceptable**

Appropriate briefing on diabetes conducted using UK CAA briefing sheet **Yes**  **No**

Evidence of compliance with blood testing in accordance with relevant protocol **Yes**  **No**

Check log book and glucose memory meter congruity for previous flight(s) **Yes**  **N/A**  **No**

Tests conducted in a safe manner without interference with safe operations **Yes**  **No**

Tests conducted at correct times in accordance with schedule **Yes**  **No**

Time	Flight phase	Result & Comments

Spare meter available? **Yes**  **No**

Appropriate stowage of equipment / resources **Yes**  **No**

Availability of carbohydrate – state what .....

Candidate's CAA reference number. ....

**Additional comments** on the candidate's ability to operate safely (required) and any recommendations (for example, type / class specific issues)

Name of examiner or instructor (please print). ....

Position. ....

UK CAA licence / certificate number. ....

Signature .....

Date .....

This form should be emailed to the CAA Medical Department: [medicalweb@caa.co.uk](mailto:medicalweb@caa.co.uk)