



Fit to Fly Form

PROGRAM:

DATE:

CLIENT ORGANISATION:

NAME:.....

CLIENT ACTIVITY COORDINATOR:

LIFT FLYING INSTRUCTOR:.....

Flying activities conducted on LIFT courses are fun and the safety is highly managed by aviation professionals. In order to maximise your safety, enjoyment and learning while participating on the course it is important that you are fit to fly. To assess your fitness to fly on this LIFT program please answer the following questions honestly and where required provide additional information.

I AM FEELING WELL TODAY	YES	NO
I HAVE HAD A COLD OR FLU IN THE LAST WEEK	YES	NO
I AM UNDER THE INFLUENCE OF DRUGS OR ALCOHOL	YES	NO
I AM HAPPY TO FLY TODAY	YES	NO
I CONSENT TO THE LIFT INSTRUCTOR LEANING ACROSS THE COCKPIT TO ACCESS TO ESSENTIAL AIRCRAFT CONTROLS	YES	NO
I CONSENT TO PHOTOGRAPHS BEING TAKEN OF ME WHILE PARTICIPATING IN THE PROGRAM TODAY	YES	NO

Details if you answered **NO** to any question above:

NAME:..... DATE:

SIGNATURE:.....