# Pilot Medical Self-Assessment

IMSAFE head-to-toe preflight checklist. Answer every item honestly before each flight.

Pilot name _____ Flight / aircraft _____ Date & time _____

## I — Illness

Am I sick?

| | YES | NO |
|---|---|---|
| No headache, allergies, or upset stomach | ☐ | ☐ |
| No injury or pain | ☐ | ☐ |

## M — Medication

Anything that affects flying?

| | YES | NO |
|---|---|---|
| No medication affecting judgment | ☐ | ☐ |
| No medication causing drowsiness | ☐ | ☐ |

## S — Stress

Under unusual pressure?

| | YES | NO |
|---|---|---|
| No significant money problems | ☐ | ☐ |
| No health issues | ☐ | ☐ |
| No stressful life changes | ☐ | ☐ |

## A — Alcohol

Have I been drinking? (choose one)

- ○ None — OK
- ○ Last drink 24 or more hours ago — OK
- ○ Last drink 8 to 24 hours ago — CAUTION
- ○ Last drink less than 8 hours ago — NO-GO

8 hours is the regulatory minimum; 24 hours is recommended after any recent use.

## F — Fatigue

Am I rested?

| | YES | NO |
|---|---|---|
| Not tired | ☐ | ☐ |
| No interrupted sleep | ☐ | ☐ |
| No impulse to doze off | ☐ | ☐ |

## E — Eating

Have I eaten properly?

| | YES | NO |
|---|---|---|
| Had a nourishing meal | ☐ | ☐ |
| Had proper nutrition | ☐ | ☐ |
| Had adequate hydration | ☐ | ☐ |

## E — Emotion

Am I emotionally ready?

| | YES | NO |
|---|---|---|
| Emotionally stable | ☐ | ☐ |
| No strong emotions affecting judgment (anger, depression, anxiety, etc.) | ☐ | ☐ |

## Final Decision

- ☐ **All items "Yes" (Alcohol: OK)** — I'm fit to fly.
- ☐ **Any "No", caution, or concern** — I discussed reasons to cancel or postpone this flight with another pilot / instructor / AME.

Pilot signature _____ Discussed with (name) _____

This self-assessment is a personal risk-management aid. It does not replace FAA regulations (including 14 CFR 91.17 and 61.53), medical certification requirements, or the advice of an Aviation Medical Examiner (AME). When in doubt, don't go.