



NOTICE OF PROPOSED AMENDMENT (NPA) No 2008-17c

**DRAFT OPINION OF THE EUROPEAN AVIATION SAFETY AGENCY,
FOR A COMMISSION REGULATION establishing the implementing rules for the
licensing and medical certification of pilots
and**

**DRAFT DECISION OF THE EXECUTIVE DIRECTOR OF THE EUROPEAN AVIATION
SAFETY AGENCY on
acceptable means of compliance and guidance material on the licensing and medical
certification of pilots**

"Implementing Rules for Pilot Licensing"

C. Part-Medical

TABLE OF CONTENTS

A. EXPLANATORY NOTE AND APPENDICESSEE NPA 2008-17a

B. DRAFT OPINION AND DECISION PART-FCL.....SEE NPA 2008-17b

C. DRAFT OPINION AND DECISION PART-MEDICAL 3

 I DRAFT OPINION PART-MEDICAL 3

 II DRAFT DECISION AMC AND GM FOR PART-MEDICAL..... 22

C. DRAFT OPINION AND DECISION PART-MEDICAL**I Draft Opinion Part-Medical****Annex II to the Implementing Regulation
PART-MEDICAL****SUBPART A
GENERAL REQUIREMENTS****Section 1****General****MED.A.001 Competent authority**

For the purpose of this Part, the competent authority shall be the authority designated by the Member State where the aeromedical centre (AeMC), the aeromedical examiner (AME) or the general medical practitioner (GMP) to whom a person applies for the issue of a medical certificate have their principal place of business.

MED.A.005 Scope

This Part establishes the requirements for:

- (a) the issuance, validity, revalidation and renewal of the medical certificate required for exercising the privileges of a pilot licence or of a student pilot;
- (b) the certification of AMEs;
- (c) the qualification of general medical practitioners.

MED.A.010 Definitions

For the purposes of this Part, the following definitions apply:

- 'Colour safe' means the ability of an applicant to readily distinguish the colours used in air navigation and correctly identify aviation coloured lights.
- 'Eye specialist' means an ophthalmologist or a vision care specialist qualified in optometry and trained to recognise pathological conditions.
- 'Investigation' means the assessment of a suspected pathological condition of an applicant by means of examinations and tests in order to verify the presence or absence of a medical condition.
- 'Limitation' means a condition placed on the medical certificate or licence that shall be complied with whilst exercising the privileges of the licence.
- 'Refractive error' means the deviation from emmetropia measured in dioptres in the most ametropic meridian, measured by standard methods.
- 'Licensing authority' means the competent authority of the Member State that issued the pilot licence, or where the pilot has applied for the issue of a licence in accordance with Part-FCL, or when the pilot has not yet applied for the issue of a licence, the competent authority in accordance with this Part.

MED.A.015 Medical confidentiality

All persons involved in medical examination, assessment and certification shall ensure that medical confidentiality is respected at all times.

MED.A.020 Medical certification

- (a) A student pilot shall not fly solo unless that student pilot holds a valid medical certificate, as required for the relevant licence.
- (b) Applicants for and holders of a leisure pilot licence (LPL) shall hold a valid LPL medical certificate.
- (c) Applicants for and holders of a private pilot licence (PPL) shall hold a valid class 2 medical certificate.
- (d) Applicants for and holders of a balloon pilot licence (BPL) involved in commercial ballooning shall hold a valid class 2 medical certificate.
- (e) If a night flying qualification is added to a PPL or LPL, the pilot shall be colour safe.
- (f) Applicants for and holders of a commercial pilot licence (CPL), a multi-crew pilot licence (MPL), or an airline transport pilot licence (ATPL) shall hold a valid class 1 medical certificate.
- (g) If an instrument rating is added to a PPL, the pilot shall undertake pure tone audiometry examinations according to the periodicity and the standard required for class 1 medical certificate holders.
- (h) A pilot shall not hold more than one valid medical certificate at any time.

MED.A.025 Decrease in medical fitness

- (a) Pilots shall not exercise the privileges of their licence and related ratings or certificates at any time when they are aware of any decrease in their medical fitness which might render them unable to safely exercise those privileges.
- (b) Pilots shall not take or use any medication prescribed or non-prescribed which is likely to interfere with the safe exercise of the privileges of the applicable licence.
- (c) Pilots shall not exercise the privileges of their licence and related ratings or certificates whilst receiving any medical, surgical or other treatment that is likely to interfere with flight safety.

Section 2**Issuance, revalidation and renewal of medical certificates****MED.A.030 Competence for the issue, revalidation and renewal of medical certificates**

- (a) A medical certificate shall only be issued, revalidated or renewed once the required medical examinations have been completed and a fit assessment is made.
- (b) *Initial issue*
 - (1) Class 1 medical certificates shall be issued by an AeMC.
 - (2) Class 2 medical certificates shall be issued by an AeMC or an AME.
 - (3) LPL medical certificates shall be issued by an AeMC, an AME or, if permitted under national law, by a general medical practitioner (GMP).
- (c) *Revalidation and renewal*
 - (1) Class 1 and class 2 medical certificates shall be revalidated or renewed by an AeMC or an AME.
 - (2) LPL medical certificates shall be revalidated or renewed by an AeMC, an AME or, if permitted under national law, by a GMP.

- (d) Notwithstanding (b) and (c), in the cases of referral the licensing authority may issue the medical certificate.

MED.A.035 Application for a medical certificate

- (a) Applications for a medical certificate shall be made in a format established by the competent authority.
- (b) Applicants for a medical certificate shall provide the AeMC, AME or GMP as applicable, with:
- (1) proof of their identity;
 - (2) a written declaration of medical facts concerning personal and family history;
 - (3) a written declaration as to whether they have previously undergone an examination for a medical certificate and, if so, by whom and with what result.
 - (4) a declaration as to whether they have ever been assessed as unfit or had a medical certificate suspended or revoked.
- (c) When applying for a revalidation or renewal of the medical certificate, applicants shall present it to the AeMC, AME or GMP prior to the relevant examinations.

MED.A.040 Requirements for the issue, revalidation and renewal of medical certificates

The AeMC, AME or GMP shall only issue, revalidate or renew a medical certificate when:

- (a) the pilot has provided them with a complete medical history and, if required by the AeMC, AME or GMP, results of medical examinations and tests conducted by the applicant's doctor or any medical specialists;
- (b) they have conducted all the relevant medical examinations and assessments to verify that the pilot complies with the requirements for the relevant medical certificate.

MED.A.045 Limitations to medical certificates

(a) *Limitations to class 1 and class 2 medical certificates*

- (1) When, in accordance with the aeromedical examinations and assessments, the applicant does not fully comply with the requirements for the relevant class of medical certificate but is considered to be not likely to jeopardise flight safety the AeMC or AME shall:
 - (i) in the case of applicants for a class 1 medical certificate refer the decision on fitness of the applicant to the licensing authority as indicated in Subpart B, except those requiring a limitation related only to the use of corrective lenses;
 - (ii) in the case of applicants for a class 2 medical certificate, evaluate whether the applicant is able to perform their duties safely when complying with one or more limitations endorsed on the medical certificate, and issue the medical certificate with limitation(s) as necessary.
- (2) When assessing whether a limitation is necessary, particular consideration shall be given to:
 - (i) whether accredited medical opinion indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence applied for is not likely to jeopardise flight safety;
 - (ii) the applicant's ability, skill and experience relevant to the operation to be performed.

(b) *Limitations to LPL medical certificates*

When the applicant does not fully meet the requirements for medical fitness, the GMP shall refer the applicant to an AeMC or AME which shall comply with the requirements established in (a) for class 2 medical certificates

(c) *Limitation codes*

(1) Operational multi-pilot limitation (OML)

- (i) The holder of a medical certificate with an OML limitation shall only operate an aircraft in multi-pilot operations, when the other pilot is fully qualified on the relevant type of aircraft, is not subject to an OML and is not more than 60 years of age.
- (ii) When the holder of a CPL or an ATPL has been referred to the licensing authority, it shall assess whether the medical certificate may be issued with a limitation to be used only in the context of a multi-pilot environment.
- (iii) The OML for class 1 medical certificates shall only be imposed and removed by the licensing authority.

(2) Operational Safety Pilot Limitation (OSL).

The holder of a medical certificate with an OSL limitation shall only operate an aircraft when another pilot fully qualified to act as pilot-in-command on the relevant class or type of aircraft is carried on board, the aircraft is fitted with dual controls and the other pilot occupies a seat at the controls.

(3) Other limitations may consist of:

- (i) a restriction of the period of validity of the medical certificate (TML);
- (ii) a requirement to use correcting lenses whilst exercising the privileges of the licence(s):
 - correction for defective distant vision (VDL)
 - correction for defective distant, intermediate and near vision (VML)
 - correction for defective near vision (VNL)
 - correction by means of contact lenses only (CCL);
- (iii) a restriction to operate as co-pilot only (OCL),
- (iv) a restriction to a specified type of operation (SSL) or aircraft (OAL);
- (v) a restriction to operate only with an approved prosthesis (APL) or approved hand controls (AHL);
- (vi) a restriction to operate only without passengers (OPL) in the case of PPL or LPL;
- (vii) a requirement to undergo specific regular medical examination(s) (SIC);
- (viii) a restriction to operate during day only (VCL); or
- (ix) a requirement for specialist ophthalmological examinations (RXO).

(4) Any other limitation may be imposed on the holder of a medical certificate if required to ensure flight safety.

(d) Any limitation imposed on the holder of a medical certificate shall be specified therein.

MED.A.050 Obligations of AeMC, AME and GMP

(a) When conducting medical examinations and assessments, AeMC, AMEs and GMP shall:

- (1) ensure that communication with the applicant can be established without language barriers.
- (2) make the applicant aware of the consequences of providing incomplete, inaccurate or false statements on their medical history.

(b) After completion of the aeromedical examinations and assessment, AeMC, AMEs and GMPs shall:

- (1) advise the applicant whether fit, unfit or referred to the licensing authority;
- (2) inform the applicant of any limitation that may restrict flight training or the privileges of the licence, if applicable;

- (3) if the applicant has been assessed as unfit, inform them of their right of appeal to the licensing authority;
- (4) submit without delay a signed report to include the assessment result and a copy of the medical certificate to the licensing authority.
- (c) When the pilot has to be referred to the licensing authority in accordance with MED.A.045, the AeMC, AME or GMP shall transfer the relevant medical documentation to the licensing authority.
- (d) AeMC, AME and GMP shall maintain records with details of medical examinations and assessments performed for the issue, renewal or revalidation of medical certificates and their results, in accordance with national legislation.

When the AME undertakes aeromedical examinations at an AeMC, the records shall be kept in accordance with the applicable national legislation and the AeMC's procedures.

- (e) Upon request by the competent authority, AeMC, AMEs and GMP shall submit to the competent authority all aeromedical records and reports, and any other information, as required for oversight activities.

MED.A.055 Validity, revalidation and renewal of medical certificates

(a) Validity

- (1) Class 1 medical certificates shall be valid for a period of 12 months.
- (2) Notwithstanding to paragraph (1) the period of validity shall be reduced to 6 months for pilots who:
 - (i) are engaged in single-pilot commercial air transport operations carrying passengers and have reached the age of 40
 - (ii) have reached the age of 60.
- (3) Class 2 medical certificates shall be valid for a period of:
 - (i) 60 months until the pilot reaches the age of 40. A medical certificate issued prior to reaching the age of 40 shall cease to be valid after the pilot reaches the age of 42;
 - (ii) 24 months between the age of 40 and 50. A medical certificate issued prior to reaching the age of 50 shall cease to be valid after the pilot reaches the age of 51; and
 - (iii) 12 months after the age of 50.
- (4) LPL medical certificates shall be valid:
 - (i) until the age of 45;
 - (ii) between the age of 45 and 60, for a period of 60 months. A LPL medical certificate issued prior to reaching the age of 60 shall cease to be valid after the pilot reaches the age of 62; and
 - (iii) after the age of 60, for a period of 24 months.
- (5) These periods shall be calculated from the date of the medical examination in the case of initial issue and renewal, and from the expiry date of the previous medical certificate in the case of revalidation.

(b) Revalidation

Examinations for the revalidation of a medical certificate may be undertaken up to 45 days prior to the expiry date of the medical certificate.

(c) Renewal

- (1) If the pilot does not comply with paragraph (b), a renewal examination shall be required.
- (2) In the case of class 1 and class 2 medical certificates,

- (i) If the medical certificate has expired for more than 2 years, the AeMC or AME shall only conduct the renewal examination after assessment of the aeromedical records of the pilot.
- (ii) If the medical certificate has expired for more than 5 years, the requirements for initial issue shall apply.

Section 3 Suspension and revocation

MED.A.060 Suspension of exercise of privileges

(a) *Class 1 and class 2 medical certificates*

Holders of class 1 and class 2 medical certificates shall not exercise the privileges granted by their licences when they:

- (1) have undergone a surgical operation or invasive procedure;
- (2) have been admitted to a hospital or medical clinic;
- (3) have commenced the regular use of any medication;
- (4) first require correcting lenses;
- (5) have suffered any significant personal injury involving incapacity to function as a member of the flight crew;
- (6) have been suffering from any illness involving incapacity to function as a member of the flight crew for a period of at least 21 days;
- (7) are pregnant.

(b) In these cases, holders of a medical certificate shall without undue delay seek the advice of an AeMC or AME. The AeMC or AME shall assess the medical fitness of the pilot and decide whether they are fit to resume the exercise of their privileges.

(c) *LPL medical certificates*

Holders of a LPL medical certificate shall inform their doctor or vision care specialist that they are licence holders before they are examined. If pilots are told that the condition from which they are suffering may make it unsafe to perform their duties, they shall not exercise the privileges of their licence until advised to do so by a GMP or an AME.

MED.A.065 Suspension and revocation of medical certificates

(a) The licensing authority shall suspend or revoke a medical certificate when it has identified a safety risk or if it has clear evidence that the person has carried out or has been involved in one or more of the following activities:

- (1) obtaining a medical certificate by falsification of submitted documentary evidence or by providing a false declaration;
- (2) exercising the privileges of the licence in violation of the provisions of paragraph MED.A.025;
- (3) violation of the provisions of paragraph MED.A. 060.

(b) The competent authority may suspend the certificate pending investigation of any of the circumstances indicated in (a), when there is a justified concern that allowing the holder to continue to exercise their privileges during that time may have an adverse effect on safety.

(c) Upon suspension or revocation, the pilot shall immediately return the medical certificate to the licensing authority.

Subpart B
REQUIREMENTS FOR MEDICAL CERTIFICATES

Section 1

General

MED.B.001 General

- (a) Applicants for a medical certificate shall be free from any:
- (1) abnormality, congenital or acquired;
 - (2) active, latent, acute or chronic disease or disability;
 - (3) wound, injury or sequelae from operation;
 - (4) effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken;
- that would entail a degree of functional incapacity which is likely to interfere with the safe exercise of the privileges of the applicable licence(s) or could render the applicant likely to become suddenly unable to exercise the privileges of the licence(s) safely.
- (b) Applicants shall be issued a medical certificate only if they comply with all the requirements of this Subpart applicable to the class of medical certificate they apply for.
- (c) Applicants for a medical certificate shall undergo an aeromedical examination and assessment in accordance with the requirements prescribed in this Subpart.
- (d) The AME or AeMC or, in the case of referral, the licensing authority may require the applicant to undergo additional medical examinations and investigations when clinically indicated.

Section 2

Specific requirements for class 1 and class 2 medical certificates

MED.B.005 Cardiovascular System

- (a) *Examination*
- (1) A standard 12-lead resting electrocardiogram (ECG) and report shall be completed on clinical indication, and:
 - (i) For a class 1 medical certificate, at the examination for first issue of a medical certificate, then every 5 years until age 30, every 2 years until age 40, annually until age 50, and at all revalidation or renewal examinations thereafter;
 - (ii) For a class 2 medical certificate, at the first examination after age 40 and then every 2 years after age 50.
 - (2) Extended cardiovascular assessment shall be required when clinically indicated.
 - (3) For a class 1 medical certificate, an extended cardiovascular assessment shall be completed at the first revalidation or renewal examination after age 65 and then every 4 years.
 - (4) For a class 1 medical certificate, estimation of serum lipids, including cholesterol, shall be required at the examination for first issue of a medical certificate, and at the first examination after having reached the age of 40.
- (b) *Cardiovascular System – General*

- (1) Applicants shall not possess any cardiovascular disorder which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (2) Applicants for a class 1 medical certificate with any of the following conditions:
 - (i) aneurysm of the thoracic or supra-renal abdominal aorta, before or after surgery;
 - (ii) significant abnormality of any of the heart valves;
 - (iii) a cardiovascular condition requiring systemic anticoagulant therapy;
 - (iv) heart or heart/lung transplantationshall be assessed as unfit.
- (3) Applicants for a class 1 medical certificate with an established history or diagnosis of any of the following conditions shall be referred to the licensing authority:
 - (i) peripheral arterial disease before or after surgery;
 - (ii) aneurysm of the infrarenal abdominal aorta, before or after surgery;
 - (iii) minor cardiac valvular abnormalities,
 - (iv) after cardiac valve surgery,
 - (v) abnormality of the pericardium, myocardium or endocardium,
 - (vi) congenital abnormality of the heart, before or after corrective surgery;
 - (vii) recurrent vasovagal syncope,
 - (viii) arterial or venous thrombosis,
 - (ix) pulmonary embolism.
- (4) Applicants for a class 2 medical certificate with an established diagnosis of one of the conditions specified in (2) shall be evaluated by a cardiologist before a fit assessment can be considered.

(c) *Blood Pressure*

- (1) The blood pressure shall be recorded at each examination.
- (2) The applicant's blood pressure shall be within normal limits.
- (3) Applicants for a class 1 medical certificate:
 - (i) with symptomatic hypotension;
 - (ii) whose blood pressure at examination consistently exceeds 160 mmHg systolic and/or 95 mmHg diastolic, with or without treatment;shall be assessed as unfit.
- (4) The initiation of medication for the control of blood pressure shall require a period of temporary suspension of the medical certificate to establish the absence of significant side effects.

(d) *Coronary Artery Disease*

- (1) Applicants for a class 1 medical certificate with:
 - (i) suspected cardiac ischaemia; or
 - (ii) asymptomatic minor coronary artery disease requiring no treatment;shall be referred to the licensing authority and undergo cardiological evaluation to exclude cardiac ischaemia before a fit assessment can be considered.
- (2) Applicants for a class 2 medical certificate with any of the conditions detailed in (1) shall undergo cardiological evaluation before a fit assessment can be considered.

- (3) Applicants with:
- (i) cardiac ischaemia;
 - (ii) symptomatic coronary artery disease, or
 - (iii) symptoms of coronary artery disease controlled by medication;
- shall be assessed as unfit.
- (4) Applicants for the initial issue of a class 1 medical certificate with a history or diagnosis of:
- (i) cardiac ischaemia;
 - (ii) myocardial infarction; or
 - (iii) revascularisation for coronary artery disease;
- shall be assessed as unfit.
- (5) Applicants for a class 2 medical certificate who are asymptomatic after myocardial infarction or surgery for coronary artery disease shall undergo satisfactory cardiological evaluation before a fit assessment can be considered. Applicants for the revalidation of a class 1 medical certificate shall be referred to the licensing authority.

(e) *Rhythm/Conduction Disturbances*

- (1) Applicants for a class 1 medical certificate shall be referred to the licensing authority when they have any significant disturbance of cardiac conduction or rhythm, including any of the following:
- (i) disturbance of supraventricular rhythm, including intermittent or established sinoatrial dysfunction, atrial fibrillation and/or flutter and asymptomatic sinus pauses;
 - (ii) complete left bundle branch block;
 - (iii) Mobitz type 2 atrioventricular block;
 - (iv) broad and/or narrow complex tachycardia;
 - (v) ventricular pre-excitation; or
 - (vi) asymptomatic QT prolongation.
- (2) Applicants for a class 2 medical certificate with any of the conditions detailed in (1) shall be evaluated by a cardiologist before a fit assessment can be considered.
- (3) Applicants with any of the following:
- (i) incomplete bundle branch block;
 - (ii) complete right bundle branch block;
 - (iii) stable left axis deviation;
 - (iv) asymptomatic sinus bradycardia;
 - (v) asymptomatic sinus tachycardia;
 - (vi) asymptomatic isolated uniform supra-ventricular or ventricular ectopic complexes;
 - (vii) first degree atrioventricular block; or
 - (viii) Mobitz type 1 atrioventricular block,
- may be assessed as fit in the absence of any other abnormality and subject to satisfactory cardiological evaluation.
- (4) Applicants with a history of:
- (i) ablation therapy; or
 - (ii) pacemaker implantation;

shall undergo satisfactory cardiovascular evaluation before a fit assessment can be made. Applicants for a class 1 medical certificate shall be referred to the licensing authority.

- (5) Applicants with:
- (i) symptomatic sinoatrial disease;
 - (ii) complete atrioventricular block;
 - (iii) symptomatic QT prolongation;
 - (iv) an automatic implantable defibrillating system; or
 - (v) an anti-tachycardia pacemaker;
- shall be assessed as unfit.

MED.B.010 Respiratory System

- (a) Applicants with significant impairment of pulmonary function shall be assessed as unfit. A fit assessment may be considered once pulmonary function has recovered and is satisfactory.
- (b) For a class 1 medical certificate, applicants are required to undertake pulmonary function tests at the initial examination and on clinical indication.
- (c) For a class 2 medical certificate, applicants are required to undertake pulmonary function tests on clinical indication.
- (d) Applicants with a history or established diagnosis of:
 - (1) asthma;
 - (2) active inflammatory disease of the respiratory system;
 - (3) active sarcoidosis;
 - (4) pneumothorax;
 - (5) sleep apnoea syndrome;
 - (6) major thoracic surgery;shall undergo respiratory evaluation with a satisfactory result before a fit assessment can be considered.
- (e) Applicants for a class 1 medical certificate who have undergone a total pneumonectomy shall be assessed as unfit.

MED.B.015 Digestive System

- (a) Applicants shall not possess any functional or structural disease of the gastro-intestinal tract or its adnexa which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Applicants with any sequelae of disease or surgical intervention in any part of the digestive tract or its adnexa likely to cause incapacitation in flight, in particular any obstruction due to stricture or compression shall be assessed as unfit.
- (c) Applicants shall be free from herniae that might give rise to incapacitating symptoms.
- (d) Applicants with disorders of the gastro-intestinal system including:
 - (1) recurrent dyspeptic disorder requiring medication;
 - (2) pancreatitis;
 - (3) symptomatic gallstones;
 - (4) an established diagnosis or history of chronic inflammatory bowel disease; or

- (5) after surgical operation on the digestive tract or its adnexa, including surgery involving total or partial excision or a diversion of any of these organs;

shall be assessed as unfit. A fit assessment may be considered after successful treatment or full recovery after surgery and subject to satisfactory gastroenterological evaluation.

MED.B.020 Metabolic and Endocrine Systems

- (a) Applicants shall not possess any functional or structural metabolic, nutritional or endocrine disorder which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Applicants with metabolic, nutritional or endocrine dysfunction may be assessed as fit subject to demonstrated stability of the condition and satisfactory aeromedical evaluation.
- (c) *Diabetes mellitus*
- (1) Applicants with diabetes requiring insulin shall be assessed as unfit.
- (2) Applicants with diabetes mellitus not requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved. Applicants for a class 1 medical certificate shall be referred to the licensing authority.

MED.B.025 Haematology

- (a) Applicants shall not possess any haematological disease which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) For a class 1 medical certificate, haemoglobin shall be tested at each examination for the issue of a medical certificate.
- (c) Applicants with a haematological condition, such as:
- (1) abnormal haemoglobin, including, but not limited to anaemia, polycythaemia or haemoglobinopathy;
- (2) coagulation, haemorrhagic or thrombotic disorder;
- (3) significant lymphatic enlargement
- (4) acute or chronic leukaemia;
- (5) enlargement of the spleen;
- may be assessed as fit subject to satisfactory aeromedical evaluation. Applicants for a class 1 medical certificate shall be referred to the licensing authority.

MED.B.030 Genitourinary System

- (a) Applicants shall not possess any functional or structural disease of the renal or genito-urinary system or its adnexa which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Urinalysis shall form part of every aeromedical examination. The urine shall contain no abnormal element considered to be of pathological significance.
- (c) Applicants with any sequela of disease or surgical procedures on the kidneys or the urinary tract likely to cause incapacitation, in particular any obstruction due to stricture or compression shall be assessed as unfit.
- (d) Applicants with a genitourinary disorder, such as:
- (1) renal disease; or
- (2) one or more urinary calculi, or a history of renal colic;
- may be assessed as fit subject to satisfactory renal/urological evaluation.

- (e) Applicants who have undergone a major surgical operation in the urinary apparatus involving a total or partial excision or a diversion of its organs shall be assessed as unfit and be re-assessed after full recovery before a fit assessment can be made. In the case of applicants for a class 1 medical certificate the re-assessment shall be made by the licensing authority a minimum of three months after the operation.

MED.B.035 Infectious Disease

- (a) Applicants shall have no established medical history or clinical diagnosis of any infectious disease which is likely to interfere with the safe exercise of the privileges of the applicable licence(s) held.
- (b) Applicants who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.

MED.B.040 Obstetrics and Gynaecology

- (a) Applicants shall not possess any functional or structural obstetric or gynaecological condition which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Applicants who have undergone a major gynaecological operation shall be assessed as unfit for a period of three months or until full recovery.
- (c) *Pregnancy*
 - (1) In the case of pregnancy, when the AeMC or AME consider that the pilot is fit to exercise their privileges they shall limit the validity period of the medical certificate to the end of the 26th week of gestation. After this point, the certificate shall be suspended. The suspension shall be lifted after full recovery following the end of the pregnancy.
 - (2) Holders of class 1 medical certificates shall only exercise the privileges of their licences until the 26th week of gestation with an operational multi-pilot limitation (OML). Notwithstanding MED.A.045 in this case, the OML may be imposed and removed by the AeMC or AME.

MED.B.045 Musculoskeletal System

- (a) Applicants shall not possess any abnormality of the bones, joints, muscles or tendons, congenital or acquired which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) An applicant shall have sufficient sitting height, arm and leg length and muscular strength for the safe exercise of the privileges of the applicable licence(s).
- (c) An applicant shall have satisfactory functional use of the musculoskeletal system.

MED.B.050 Psychiatry

- (a) Applicants shall have no established medical history or clinical diagnosis of any psychiatric disease or disability, condition or disorder, acute or chronic, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Applicants with a mental or behavioural disorder due to alcohol or other substance use shall be assessed as unfit pending recovery and freedom from substance use and subject to satisfactory psychiatric evaluation. Applicants for a class 1 medical certificate shall be referred to the licensing authority.
- (c) Applicants with an established history or clinical diagnosis of schizophrenia, schizotypal or delusional disorder shall be assessed as unfit.
- (d) Applicants with a psychiatric condition such as:
 - (1) mood disorder;
 - (2) neurotic disorder;

- (3) personality disorder;
- (4) mental or behavioural disorder;

shall undergo satisfactory psychiatric evaluation before a fit assessment can be made. Applicants for a class 1 medical certificate shall be referred to the licensing authority.

- (e) Applicants with a history of a single or repeated acts of deliberate self-harm shall be assessed as unfit. Applicants shall undergo satisfactory psychiatric evaluation before a fit assessment can be considered. Applicants for a class 1 medical certificate shall be referred to the licensing authority.

MED.B.055 Psychology

- (a) Applicants shall have no established psychological deficiencies, which are likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) A psychological evaluation may be required as part of, or complementary to, a specialist psychiatric or neurological examination.

MED.B.060 Neurology

- (a) Applicants shall have no established medical history or clinical diagnosis of any neurological condition which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Applicants with an established history or clinical diagnosis of:
 - (1) epilepsy;
 - (2) recurring episodes of disturbance of consciousness of uncertain cause;
 shall be assessed as unfit.
- (c) Applicants with an established history or clinical diagnosis of:
 - (1) epilepsy without recurrence after age 5 and without treatment for more than 10 years;
 - (2) epileptiform EEG abnormalities and focal slow waves;
 - (3) progressive or non-progressive disease of the nervous system;
 - (4) a single episode of disturbance of consciousness of uncertain cause;
 - (5) loss of consciousness after head injury;
 - (6) penetrating brain injury;
 - (7) spinal or peripheral nerve injury;

shall undergo further evaluation before a fit assessment can be considered. Applicants for a class 1 medical certificate shall be referred to the licensing authority.

MED.B.065 Visual System

- (a) Applicants shall not possess any abnormality of the function of the eyes or their adnexa or any active pathological condition, congenital or acquired, acute or chronic, or any sequelae of eye surgery or trauma, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) *Examination*
 - (1) For a class 1 medical certificate:
 - (i) a comprehensive eye examination shall form part of the initial examination and be undertaken periodically depending on the refraction and the functional performance of the eye; and
 - (ii) a routine eye examination shall form part of all revalidation and renewal examinations.

- (2) For a class 2 medical certificate:
 - (i) a routine eye examination shall form part of the initial and all revalidation and renewal examinations; and
 - (ii) an extended eye examination shall be undertaken when clinically indicated.
- (c) Distant visual acuity, with or without correction, shall be:
 - (1) In the case of class 1 medical certificates, 6/9 or better in each eye separately and visual acuity with both eyes shall be 6/6 or better;
 - (2) In the case of class 2 medical certificates, 6/12 or better in each eye separately and visual acuity with both eyes shall be 6/9 or better. An applicant with substandard vision in one eye may be assessed as fit subject to satisfactory ophthalmic assessment.
 - (3) Applicants for an initial class 1 medical certificate with substandard vision in one eye shall be assessed as unfit. At revalidation, applicants with acquired substandard vision in one eye may be assessed as fit if it is unlikely to interfere with safe exercise of the licence held.
- (d) An applicant shall be able to read an N5 chart (or equivalent) at 30-50cms and an N14 chart (or equivalent) at 100cms, with correction if prescribed.
- (e) Applicants for a class 1 medical certificate shall be required to have normal fields of vision and normal binocular function.
- (f) Applicants who have undergone refractive surgery may be assessed as fit subject to satisfactory ophthalmic evaluation.
- (g) Applicants for class 1 medical certificate with a clinical diagnosis of keratoconus may be assessed as fit subject to a satisfactory examination by an ophthalmologist.
- (h) Applicants with:
 - (1) astigmatism; or
 - (2) anisometropia;
 may be assessed as fit subject to satisfactory ophthalmic evaluation.
- (i) Applicants with diplopia shall be assessed as unfit.
- (j) *Spectacles and contact lenses.* If satisfactory visual function is achieved only with the use of correction:
 - (1) spectacles or contact lenses shall be worn whilst exercising the privileges of the applicable licence(s);
 - (2) a spare set of similarly correcting spectacles shall be readily available for immediate use whilst exercising the privileges of the applicable licence(s).
 - (3) the correction shall provide optimal visual function, be well-tolerated and suitable for aviation purposes;
 - (4) if contact lenses are worn they shall be for distant vision, monofocal, non-tinted and well tolerated.
 - (5) applicants with a large refractive error shall use contact lenses or high-index spectacle lenses;
 - (6) no more than one pair of spectacles shall be used to meet the visual requirements.
 - (7) Orthokeratologic lenses shall not be used.

MED.B.070 Colour vision

- (a) Applicants shall be required to demonstrate the ability to perceive readily the colours that are necessary for the safe performance of duties.

- (b) *Examination*
 - (1) Applicants shall pass the Ishihara test for the initial issue of a medical certificate.
 - (2) Applicants who fail to obtain a satisfactory result in the Ishihara test shall undergo further colour perception testing to establish whether they are colour safe.
- (c) In the case of class 1 medical certificates, applicants shall have normal perception of colours or be colour safe. Applicants who fail further colour perception testing shall be assessed as unfit.
- (d) In the case of class 2 medical certificates, when the applicant does not have satisfactory perception of colours, their flying privileges shall be limited to daytime only.

MED.B.075 Otorhino-laryngology

- (a) Applicants shall not possess any abnormality of the function of the ears, nose, sinuses or throat, including oral cavity, teeth and larynx, or any active pathological condition, congenital or acquired, acute or chronic, or any sequelae of surgery or trauma which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Hearing shall be satisfactory for the safe exercise of the privileges of the applicable licence(s).
- (c) *Examination*
 - (1) Hearing shall be tested at all examinations.
 - (i) In the case of class 1 medical certificates, and class 2 medical certificates when an instrument rating is to be added to the licence held, hearing shall be tested with pure tone audiometry at the initial examination and, at subsequent revalidation or renewal examinations, every five years until the age 40 and every two years thereafter.
 - (ii) When tested on a pure-tone audiometer, initial applicants shall not have a hearing loss of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, in either ear separately. Applicants for revalidation or renewal, with greater hearing loss shall demonstrate satisfactory functional hearing ability.
 - (iii) Applicants with hypoacusis shall demonstrate satisfactory functional hearing ability.
 - (2) A comprehensive ear, nose and throat examination shall be undertaken for the initial issue of a class 1 medical certificate and periodically thereafter when clinically indicated.
- (d) Applicants for a class 1 medical certificate with:
 - (1) an active pathological process, acute or chronic, of the internal or middle ear;
 - (2) unhealed perforation or dysfunction of the tympanic membrane(s);
 - (3) disturbance of vestibular function;
 - (4) significant restriction of the nasal passages;
 - (5) sinus dysfunction;
 - (6) significant malformation or significant, acute or chronic infection of the oral cavity or upper respiratory tract; or
 - (7) significant disorder of speech or voice;

shall undergo further medical examination and assessment to establish that the condition does not interfere with the safe exercise of the privileges of the licence held.

MED.B.080 Dermatology

Applicants shall have no established dermatological condition likely to interfere with the safe exercise of the privileges of the applicable licence(s) held.

MED.B.085 Oncology

- (a) Applicants shall have no established primary or secondary malignant disease likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) After treatment for malignant disease, applicants shall undergo satisfactory oncological evaluation before a fit assessment can be made. Class 1 applicants shall be referred to the licensing authority.
- (c) Applicants with an established history or clinical diagnosis of intracerebral malignant tumour shall be assessed as unfit.

Section 3**Specific requirements LPL medical certificates****MED.B.090 Medical examination of applicants for LPL medical certificates**

Aeromedical examination and assessment of applicants for a LPL medical certificate shall consist at least of the following:

- (1) evaluation of their medical history;
- (2) examination of vision;
- (3) urine test;
- (4) blood pressure test;
- (5) whispered voice test;
- (6) examination of musculoskeletal system.

Subpart C
AERO MEDICAL EXAMINERS (AMES)

MED.C.001 Privileges

- (a) The privileges of an AME are to issue, revalidate and renew class 2 medical certificates and LPL medical certificates, and conduct the relevant medical examinations and assessments.
- (b) Holders of an AME certificate may apply for an extension of their privileges to include medical examinations
 - (i) for the revalidation and renewal of class 1 medical certificates, when they comply with the requirements in paragraph MED.C.015; and
 - (ii)
- (c) The scope of the privileges of the AME, and any condition thereof, shall be specified in the certificate.

MED.C.005 Application

- (a) Application for certificate as an AME shall be made in a form and manner specified by the competent authority.
- (b) Applicants for an AME certificate shall provide the competent authority with:
 - (1) personal details and professional address;
 - (2) documentation demonstrating that they comply with the requirements established in MED.C.010, including a certificate of completion of the training course in aviation medicine appropriate to the privileges they apply for;
 - (3) a written declaration that the AME will issue medical certificates on the basis of the requirements of this Part and associated acceptable means of compliance (AMC) adopted by the European Aviation Safety Agency (the Agency). If the AME chooses to comply with alternative means of compliance, details shall be submitted with the declaration. The detailed information shall include a safety assessment demonstrating that the alternative means of compliance will achieve the objective set out in the implementing rules and the same level of safety as specified in the AMC adopted by the Agency.
- (c) When the AME undertakes aeromedical examinations in more than one location, they shall provide the competent authority with relevant information regarding all practice locations.

MED.C.010 Requirements for the issue of an AME certificate

Applicants for an AME certificate shall:

- (a) be fully qualified and licensed for the practice of medicine and hold a qualification in general practice or other medical speciality relevant to aeromedical practice;
- (b) have undertaken a training course in aviation medicine;
- (c) demonstrate to the competent authority that they:
 - (1) have adequate facilities and functioning equipment suitable for aeromedical examinations; and
 - (2) have in place the necessary procedures and conditions to ensure medical confidentiality according to the applicable national legislation.

MED.C.015 Requirements for the extension of privileges

Applicants for the extension of their privileges to medical examinations for the revalidation and renewal of class 1 medical certificates shall have:

- (a) conducted at least 30 examinations for the issue, revalidation or renewal of class 2 medical certificates; and
- (b) undertaken an additional training course in aviation medicine.

MED.C.020 Training courses in aviation medicine

- (a) Training courses in aviation medicine shall be approved by the competent authority of the Member State where the organisation providing it has its principal place of business. The organisation providing the course shall demonstrate that the course syllabus is adequate and that the persons in charge of providing the training have adequate knowledge and experience.
- (b) Except in the case of refresher training, the courses shall be concluded by a written examination on the subjects included in the course content.
- (c) The organisation providing the course shall issue a certificate of completion to applicants when they have obtained a pass in the examination.

MED.C.025 Changes to the AME certificate

- (a) AMEs shall notify the competent authority of the following changes which could affect their certificate:
 - (1) the AME is subject to disciplinary proceedings or investigation by a medical regulatory body;
 - (2) there are any changes to the conditions on which the certificate was granted, including the content of the statements provided with the application;
 - (3) the requirements for the issue are no longer met;
 - (4) there is a change of aeromedical examiner's practice location(s) or correspondence address.
- (b) Failure to inform the competent authority shall result in the suspension or revocation of the privileges of the authorisation.

MED.C.030 Validity of AME certificates

An AME certificate shall be issued for an unlimited duration. It shall remain valid subject to the holder:

- (a) continuing to fulfil the general conditions required for medical practice and maintaining registration as a medical practitioner according to national law;
- (b) undertaking a refresher training course in aviation medicine within the last 3 years;
- (c) having performed at least 10 medical examinations every year;
- (d) remaining in compliance with the terms of their authorisation; and
- (e) exercising their privileges in accordance with this Part.

Subpart D
GENERAL MEDICAL PRACTITIONERS (GMPS)

MED.D.001 Requirements for general medical practitioners

In order to issue LPL medical certificates, general medical practitioners (GMP) shall be fully qualified and licensed for the practice of medicine in accordance with applicable national rules, and

- (a) have completed postgraduate training in general medical practice or any speciality relevant to aeromedical practice ; or
- (b) have completed a training course in aviation medicine and have either:
 - (1) 1 year full-time, or part-time equivalent, experience in practicing a medical speciality relevant to aeromedical practice; or
 - (2) hold, or have held a pilot's licence for any kind of light aircraft.
- (c) declare their activity to the competent authority.

II Draft Decision AMC and GM for Part-Medical**AMC / GM
to
PART-MEDICAL****SUBPART A
GENERAL REQUIREMENTS****Section 1
General****AMC to MED.A.015****Medical confidentiality**

To ensure medical confidentiality, all medical reports and records should be securely held with accessibility restricted to authorised personnel.

AMC to MED.A.020**Medical certification**

A Class 1 medical certificate includes the privileges of Class 2 and LPL medical certificates. A Class 2 medical certificate includes the privileges of a LPL medical certificate.

AMC to MED.A.025**Decrease in medical fitness**

1. Holders of class 1 or class 2 medical certificates should seek the advice of an AeMC or AME if in any doubt about their fitness to fly.
2. Holders of LPL medical certificates should seek the advice of an AeMC, AME or GMP.

Section 2**Issuance, revalidation and renewal of medical certificates****AMC to MED.A.040****Requirements for the issue, revalidation and renewal of medical certificates – Limitations to LPL medical certificates**

LPL medical certificates should be issued following examination in accordance with the following report:

Leisure Pilot's Licence Medical Report

1	Pilot's details	
	Name:	Date of Birth:
		Identity No.:
	Address:	(Country code)
		(Number)
		Home Tel:
		Work Tel:
	E-mail:	Mobile Tel:
2	Doctor's details	
	Name:	
		Identity No.:
	Address:	(Country code)
		(Number)
		Home Tel:
		Work Tel:
	email:	Mobile Tel:

Instructions for completion of this report:

This report details the medical standard required for a pilot to hold a LPL medical certificate without limitations. It should be completed by the doctor, in the presence of the pilot. This report requires some physical examination. However, it is mainly based on the pilot's medical history. Therefore, the doctor completing this report should have good knowledge of the pilot's medical history. In case the doctor does not have this knowledge, reasonable attempt should be made to verify the pilot's past medical history. However, it is the pilot's responsibility to give an accurate account of their medical history and on this basis, at the end of this report; the pilot is required to sign a declaration of the truth of the medical history that they have given to the doctor.

This report consists of questions that have 'yes' or 'no' answers that are indicated by ticking boxes. If all ticks are in clear boxes the medical certificate can be issued immediately by the doctor undertaking this examination. If any of the ticks are in a shaded box the medical report should be referred to an AME or AeMC for further assessment.

The licence may need to be restricted. Examples of restrictions are the prohibition of passenger carriage, or in the case of a disabled pilot, a restriction to a demonstrated aircraft type with approved modifications.

3	General	Y	N
	Does the pilot:		
3.1	take a medication likely to cause drowsiness or interfere with operating a machine?		
3.2	drink more than 14 units of alcohol per week if a female, or more than 21 units of alcohol per week if a male (1 unit = 10 g of alcohol)?		

6.4	stroke or transient ischaemic attack?		
6.5	sudden and disabling dizziness/vertigo within the last 1 year with a liability to recur?		
6.6	subarachnoid haemorrhage?		
6.7	serious head injury within the last 18 months?		
6.8	brain tumour, either benign or malignant, primary or secondary?		
6.9	other brain surgery?		
6.10	chronic neurological disorders with significant symptoms, e.g. Parkinson's disease, Multiple Sclerosis?		
6.11	dementia or cognitive impairment?		
6.12	severe peripheral neuropathy?		
8	Coronary Artery Disease		
	<input type="checkbox"/> Yes If Yes refer to further details below		
	<input type="checkbox"/> No If No go to section		
		Y	N
8.1	Has the pilot had an acute coronary syndrome (ACS) including myocardial infarction (heart attack) within the last six weeks?		
8.1.1	Has the pilot had an ACS more than six weeks ago and since the ACS they have had a satisfactory cardiological evaluation including a normal exercise tolerance test?		
8.2	Has the pilot had angina within the last six weeks?		
8.2.1	Has the pilot had angina more than six weeks ago and since this time they have had a satisfactory cardiological evaluation including a normal exercise tolerance test?		
8.3	Has the pilot had angioplasty and/or stenting within the last six weeks?		
8.3.1	Has the pilot had angioplasty and/or stenting more than six weeks ago and since the procedure they have been free from angina and have had a satisfactory cardiological evaluation including a normal exercise tolerance test?		
8.4	Has the pilot had coronary artery bypass grafting within the last three months?		
8.4.1	Has the pilot had coronary artery bypass grafting more than 3 months ago and an exercise tolerance test conducted 3 months post operatively was normal and also a post operative cardiological evaluation was satisfactory?		
8.5	Is the pilot known to have a left ventricular ejection fraction of less than 0.4?		
9	Cardiac Arrhythmia	Y	N
9.1	Is the pilot's heart rhythm abnormal?		
10	Peripheral Arterial Disease	Y	N

10.1	Is the pilot known to have a thoracic or abdominal aortic aneurysm of transverse diameter of greater than 5 cm?		
10.2	Does the pilot have a history of aortic dissection?		
11	Valvular/Congenital Heart Disease		
	Does the pilot have a history of valvular or heart disease?		
	<input type="checkbox"/> Yes If Yes refer to further details below <input type="checkbox"/> No If No go to section 1		
		Y	N
11.1	Does the pilot have a history of congenital heart disease?		
11.2	Does the pilot have a history of heart valve disease?		
11.3	Does the pilot have a history of evidence of systemic embolism?		
11.4	Does the pilot currently have significant symptoms due to valvular/congenital heart disease or is the pilot likely to develop such symptoms?		
11.5	Has there been any progression of valvular/congenital heart disease since the last medical report? (if relevant)		
12	Cardiomyopathy	Y	N
12.1	Does the pilot have a history of heart failure?		
12.2	Does the pilot have a history of established cardiomyopathy?		
12.3	Does the pilot have a history of a heart or heart/lung transplant?		
13	Cardiac Investigations		
	Has the pilot had an abnormal resting electrocardiogram?		
	<input type="checkbox"/> Yes If Yes refer to further details below <input type="checkbox"/> No If No go to section 1		
		Y	N
13.1	an abnormal resting electrocardiogram not including: <ul style="list-style-type: none"> • right bundle branch block evaluated by a physician as not significant • left bundle branch block subsequently evaluated with a satisfactory cardiological evaluation including an exercise tolerance test. • suspected myocardial infarction subsequently evaluated with a satisfactory cardiological evaluation including an exercise tolerance test. • pre-excitation without an associated arrhythmia or likelihood of developing an arrhythmia. • voltage criteria for left ventricular hypertrophy without clinical or echocardiographic evidence of left ventricular hypertrophy. • rightward axis evaluated by a physician as not significant. • leftward axis evaluated by a physician as not significant. 		

14	Respiratory	Y	N
14.1	Does the pilot have a liability to a medical condition that puts them at an increased risk of developing a pneumothorax?		
14.2	Has the pilot had hospital treatment in the last year for breathing problems?		
15	Do you feel that the pilot has an important condition that has addressed in the questions above?	Y	N
16	Examination Part A The doctor will need to examine the pilot to answer these questions.	Y	N
16.1	Can the pilot see 6/12 in each eye and 6/9 binocularly (corrective lenses may be worn)?		
16.2	Does the pilot have a defect in their visual field that can be demonstrated on confrontation testing?		
16.3	Is the pilot's urine positive for glucose?		
16.4	Is the systolic blood pressure consistently 160 mmHg or more?		
16.5	Is the diastolic blood pressure consistently 95 mmHg or more?		
17	Examination Part B The doctor will only need to examine the pilot if uncertain of the answer.	Y	N
17.1	Does the pilot have a BMI of greater than 35?		
17.2	In a quiet room, can the pilot hear a whispered voice?		
17.3	Can the pilot climb two flights of stairs at a normal pace without stopping?		
17.4	When seated, is the pilot able to quickly and securely pick up, with each hand tested separately, a pencil that has been dropped on the floor?		
17.5	Can the pilot touch the top of their head with each hand tested separately?		
17.6	The upper limb strength and range of movement required to fly an aircraft is similar to that required to row a boat. Does the pilot have the strength and range of movement in their upper limbs in order to perform this movement normally?		
17.7	Pilots require normal pronation-supination in both forearms. This is the movement used to screw a corkscrew into and out of a cork. Does the pilot have the strength and range of movement for pronation-supination of both forearms to perform this movement normally?		
17.8	The lower limb strength and range of movement required to fly an aircraft is similar to that required in riding a bicycle. Is there the strength and range of movement in the pilot's hips, knees and ankles to enable the pilot to perform this movement normally?		

For all questions that have been answered with a tick in a shaded box, please note the question number and give further detail below:

If the pilot has previously undergone examination for a pilots licence, state when, where and with what result.

Has the pilot ever had a medical certificate denied suspended or revoked? If so, give details below.

No.	Comment/detail

If the pilot has previously undergone examination for a pilots licence, state when, where and with what result.

Has the pilot ever had a medical certificate denied, suspended or revoked? If so, give details below.

Pilot's Declaration

I declare that the medical history that I have given is true to the best of my knowledge.

I consent to release this medical information to the national licensing authority

Pilot

Signed.....

Date.....

Doctor's declaration

I declare that I have examined the pilot to the standards established by Regulation **XXXXX** and following the acceptable means of compliance adopted by the European Aviation Safety Agency.

Signed.....

Date.....

If all the questions have been answered with ticks in a clear box and the pilot and doctor have signed this report, the medical certificate can now be issued.

If any question has been answered with a tick in a shaded box, this medical report has to be sent to an AME or AeMC for further evaluation.

AMC to MED.A.045**Limitations to class 1, class 2 and LPL medical certificates**

- (a) An AeMC or AME may refer the decision on fitness of the applicant to the licensing authority in borderline cases or where fitness is in doubt.
- (b) In cases where a fit assessment can only be considered with a limitation, the AeMC, AME or the licensing authority should evaluate the medical condition of the applicant in consultation with flight operations and other experts if necessary.

AMC to MED.A.050**Obligations of AeMC, AME and GMP – report to the licensing authority**

1. The report required in MED.A.050 (b)(4) should detail the results of the examination and the evaluation of the findings with regard to medical fitness.
2. In the case of LPL medical certificates, the report should be the form indicated in AMC to MED A.040.
3. The report may be submitted in electronic format, but adequate identification of the examiner should be ensured.
4. If the medical examination is carried out by two or more AMEs or GMPs, only one of them should be responsible for coordinating the results of the examination, evaluating the findings with regard to medical fitness, and signing the report.

AMC to MED.A.055**Validity, revalidation and renewal of medical certificates – validity period**

The validity period of a medical certificate (including any associated examination or special investigation) is determined by the age at which the medical examination of the applicant takes place.

Subpart B
REQUIREMENTS FOR MEDICAL CERTIFICATES

Section 1

Specific requirements for class 1 and class 2 medical certificates

Chapter A

AMC for Class 1 medical certificates

AMC A to MED.B.005

CARDIOVASCULAR SYSTEM – Class 1 medical certificates

(a) EXAMINATION

Exercise electrocardiography

An exercise ECG when required as part of a cardiovascular assessment should be symptom limited and completed to a minimum of Bruce Stage IV or equivalent.

(b) GENERAL

1. *Cardiovascular Risk Factor Assessment*

- 1.1. Serum lipid estimation is case finding and significant abnormalities should require review, investigation and supervision by the AeMC or AME in conjunction with the licensing authority.
- 1.2. An accumulation of risk factors (smoking, family history, lipid abnormalities, hypertension, etc.) should require cardiovascular evaluation by the AeMC or AME in conjunction with the licensing authority.

2. *Cardiovascular Assessment*

- 2.1. Reporting of resting and exercise electrocardiograms should be by the AME or other specialist.
- 2.2. The extended cardiovascular assessment should be undertaken at an AeMC or may be delegated to a cardiologist.

3. *Peripheral Arterial Disease*

Provided there is no significant functional impairment, a fit assessment may be considered by the licensing authority provided:

- (i) Applicants without symptoms of coronary artery disease have reduced any vascular risk factors to an appropriate level.
- (ii) All applicants should be on acceptable secondary prevention treatment.
- (iii) Exercise electrocardiography should be satisfactory. Further tests may be required which should show no evidence of myocardial ischaemia or significant coronary artery stenosis.

4. *Aortic Aneurysm*

- 4.1. Applicants with an aneurysm of the infra-renal abdominal aorta may be assessed as fit for Class 1 with a multi-pilot () limitation by the licensing authority. Follow-up by ultra-sound scans, as necessary, should be determined by the licensing authority
- 4.2. Applicants may be assessed as fit by the licensing authority after surgery for an infra-renal aortic aneurysm with a multi-pilot limitation at revalidation if the blood pressure, exercise

electrocardiographic response and cardiovascular assessment are satisfactory. Regular cardiological review should be required.

5. *Cardiac Valvular Abnormalities*

5.1. Applicants with previously unrecognised cardiac murmurs should require evaluation by a cardiologist and assessment by the licensing authority. If considered significant, further investigation should include at least 2D Doppler echocardiography.

5.2. Applicants with minor cardiac valvular abnormalities may be assessed as fit by the licensing authority. Applicants with significant abnormality of any of the heart valves should be assessed as unfit.

5.2.1. Aortic Valve Disease

- (i) Applicants with bicuspid aortic valve may be assessed as fit if no other cardiac or aortic abnormality is demonstrated. Follow-up with echocardiography, as necessary, should be determined by the licensing authority.
- (ii) Applicants with aortic stenosis require licensing authority review. Left ventricular function should be intact. A history of systemic embolism or significant dilatation of the thoracic aorta is disqualifying. Those with a mean pressure gradient of up to 20 mm Hg may be assessed as fit. Those with mean pressure gradient above 20 mm Hg but no greater than 40 mm Hg may be assessed as fit with a multi-pilot limitation. A mean pressure gradient up to 50 mm Hg may be acceptable. Follow-up with 2D Doppler echocardiography, as necessary, should be determined by the licensing authority.
- (iii) Applicants with trivial aortic regurgitation may be assessed as fit. A greater degree of aortic regurgitation should require a multi-pilot limitation. There should be no demonstrable abnormality of the ascending aorta on 2D Doppler echocardiography. Follow-up, as necessary, should be determined by the licensing authority.

5.2.2. Mitral Valve Disease

- (i) Asymptomatic applicants with an isolated mid-systolic click due to mitral leaflet prolapse may be assessed as fit.
- (ii) Applicants with rheumatic mitral stenosis should normally be assessed as unfit.
- (iii) Applicants with uncomplicated minor regurgitation may be assessed as fit. Periodic cardiological review should be determined by the licensing authority.
- (iv) Applicants with uncomplicated moderate mitral regurgitation may be considered as fit with a multi-pilot limitation if the 2D Doppler echocardiogram demonstrates satisfactory left ventricular dimensions and satisfactory myocardial function is confirmed by exercise electrocardiography. Periodic cardiological review should be required, as determined by the licensing authority.
- (v) Applicants with evidence of volume overloading of the left ventricle demonstrated by increased left ventricular end-diastolic diameter should be assessed as unfit.

6. *Valvular surgery*

Applicants with cardiac valve replacement/repair should be assessed as unfit. A fit assessment may be considered by the licensing authority.

6.1. Aortic valvotomy should be disqualifying.

- 6.2. Mitral leaflet repair for prolapse is compatible with a fit assessment provided post-operative investigations are satisfactory.
- 6.3. Asymptomatic applicants with a tissue valve who, at least 6 months following surgery, are taking no cardioactive medication may be considered for a fit assessment with a multi-pilot limitation by the licensing authority. Investigations which demonstrate normal valvular and ventricular configuration and function should have been completed as demonstrated by:
- (i) a satisfactory symptom limited exercise ECG. Myocardial scintigraphy/stress echocardiography should be required if the exercise ECG is abnormal or any coronary artery disease has been demonstrated.
 - (ii) a 2D Doppler echocardiogram showing no significant selective chamber enlargement, a tissue valve with minimal structural alteration and a normal Doppler blood flow, and no structural or functional abnormality of the other heart valves. Left ventricular fractional shortening should be normal.

Follow-up with exercise ECG and 2D echocardiography, as necessary, should be determined by the licensing authority.

7. *Thromboembolic Disorders*

Arterial or venous thrombosis or pulmonary embolism is disqualifying until anticoagulation has been discontinued. Pulmonary embolus should require full evaluation. Following cessation of anti-coagulant therapy, for any indication, applicants should require review by the licensing authority.

8. *Other Cardiac Disorders*

- 8.1. Applicants with a primary or secondary abnormality of the pericardium, myocardium or endocardium should be assessed as unfit. A fit assessment may be considered by the licensing authority following complete resolution and satisfactory cardiological evaluation which may include 2D Doppler echocardiography, exercise ECG and/or myocardial scintigraphy/stress echocardiography and 24-hour ambulatory ECG. Coronary angiography may be indicated. Frequent review and a multi-pilot limitation may be required after fit assessment.
- 8.2. Applicants with a congenital abnormality of the heart, including those who have undergone surgical correction, should be assessed as unfit. Applicants with minor abnormalities that are functionally unimportant may be assessed as fit by the licensing authority following cardiological assessment. No cardioactive medication is acceptable. Investigations may include 2D Doppler echocardiography, exercise ECG and 24-hour ambulatory ECG. Regular cardiological review should be required.

9. *Recurrent Vasovagal Syncope*

- 9.1. Applicants with a history of recurrent vasovagal syncope should be assessed as unfit. A fit assessment may be considered by the licensing authority after a 6 month period without recurrence provided cardiological evaluation is satisfactory. Such evaluation should include:
- (i) a satisfactory symptom limited 12 lead exercise ECG to Bruce Stage IV or equivalent. If the exercise ECG is abnormal, myocardial scintigraphy/stress echocardiography should be required.
 - (ii) a 2D Doppler echocardiogram showing no significant selective chamber enlargement nor structural or functional abnormality of the heart, valves or myocardium.
 - (iii) a 24-hour ambulatory ECG recording showing no conduction disturbance, complex or sustained rhythm disturbance or evidence of myocardial ischaemia.
- 9.2. A tilt test carried out to a standard protocol showing no evidence of vasomotor instability may be required.
- 9.3. Neurological review should be required.
- 9.4. A multi-pilot limitation should be required until a period of 5 years has elapsed without recurrence. The licensing authority may determine a shorter or longer period of multi-pilot

limitation according to the individual circumstances of the case.

9.5. Applicants who experienced loss of consciousness without significant warning should be assessed as unfit.

(c) BLOOD PRESSURE

1. The diagnosis of hypertension should require review of other potential vascular risk factors.
2. Anti-hypertensive treatment should be agreed by the licensing authority. Medication acceptable to the licensing authority may include:
 - (i) non-loop diuretic agents;
 - (ii) ACE Inhibitors;
 - (iii) angiotensin II blocking agents (sartans);
 - (iv) slow channel calcium blocking agents;
 - (v) certain (generally hydrophilic) beta-blocking agents.
3. Following initiation of medication for the control of blood pressure, applicants should be reassessed to verify that the treatment is compatible with the safe exercise of the privileges of the licence held.

(d) CORONARY ARTERY DISEASE

1. Chest pain of uncertain cause should require full investigation.
2. In suspected asymptomatic coronary artery disease, exercise electrocardiography should be required. Further tests may be required which should show no evidence of myocardial ischaemia or significant coronary artery stenosis.
3. Evidence of exercise induced myocardial ischaemia should be disqualifying.
4. After an ischaemic cardiac event, including revascularisation, applicants without symptoms should have reduced any vascular risk factors to an appropriate level. Medication, when used to control cardiac symptoms, is not acceptable. All applicants should be on acceptable secondary prevention treatment.
 - 4.1. A coronary angiogram obtained around the time of, or during, the ischaemic cardiac event and a complete, detailed clinical report of the ischaemic event, the angiogram and any operative procedures should be available to the licensing authority:
 - (i) There should be no stenosis more than 50% in any major untreated vessel, in any vein or artery graft or at the site of an angioplasty/stent, except in a vessel leading to an infarct. More than two stenoses between 30% and 50% within the vascular tree should not be acceptable.
 - (ii) The whole coronary vascular tree should be assessed as satisfactory by a cardiologist, and particular attention should be paid to multiple stenoses and/or multiple revascularisations.
 - (iii) An untreated stenosis greater than 30% in the left main or proximal left anterior descending coronary artery should not be acceptable.
 - 4.2. At least 6 months from the ischaemic cardiac event, including revascularisation, the following investigations should be completed (equivalent tests may be substituted):
 - (i) an exercise ECG showing no evidence of myocardial ischaemia nor rhythm disturbance;
 - (ii) an echocardiogram showing satisfactory left ventricular function with no important abnormality of wall motion (such as dyskinesia or akinesia) and a left ventricular ejection fraction of 50% or more;

- (iii) in cases of angioplasty/stenting, a myocardial perfusion scan or stress echocardiogram which should show no evidence of reversible myocardial ischaemia. If there is any doubt about myocardial perfusion in other cases (infarction or bypass grafting) a perfusion scan should also be required;
 - (iv) further investigations, such as a 24 hour ECG, may be necessary to assess the risk of any significant rhythm disturbance.
- 4.3. Follow-up should be yearly (or more frequently if necessary) to ensure that there is no deterioration of cardiovascular status. It should include a review by a cardiologist, exercise ECG and cardiovascular risk assessment. Additional investigations may be required by the licensing authority.
 - 4.4. After coronary artery vein bypass grafting, a myocardial perfusion scan or equivalent test should be performed if there is any indication, and in all cases within 5 years from the procedure.
 - 4.5. In all cases coronary angiography shall be considered at any time if symptoms, signs or non-invasive tests indicate cardiac ischaemia.
 - 4.6. Successful completion of the six month or subsequent review will allow a fit assessment with a multi-pilot limitation.

(e) RHYTHM AND CONDUCTION DISTURBANCES

1. Any significant rhythm or conduction disturbance should require evaluation by a cardiologist and appropriate follow-up in the case of a fit assessment. Such evaluation should include:
 - (i) Exercise ECG to the Bruce protocol or equivalent. Bruce stage 4 should be achieved and no significant abnormality of rhythm or conduction, or evidence of myocardial ischaemia should be demonstrated. Withdrawal of cardioactive medication prior to the test should be considered.
 - (ii) 24-hour ambulatory ECG which should demonstrate no significant rhythm or conduction disturbance,
 - (iii) 2D Doppler echocardiogram which should show no significant selective chamber enlargement or significant structural or functional abnormality, and a left ventricular ejection fraction of at least 50%.

Further evaluation may include (equivalent tests may be substituted):

 - (iv) Repeated 24-hour ECG recording;
 - (v) Electrophysiological study;
 - (vi) Myocardial perfusion scanning;
 - (vii) Cardiac MRI;
 - (viii) Coronary angiogram.
2. Applicants with frequent or complex forms of supra ventricular or ventricular ectopic complexes require full cardiological evaluation.
3. *Ablation*

Applicants who have received ablation therapy should be assessed as unfit. A fit assessment may be considered by the licensing authority following successful catheter ablation and should require a multi-pilot limitation for at least one year, unless an electrophysiological study, undertaken at a minimum of two months after the ablation, demonstrates satisfactory results. For those in whom the long term outcome cannot be assured by invasive or non-invasive testing, an additional period with a multi-pilot limitation and/or observation may be necessary.
4. *Supraventricular Arrhythmias*

- 4.1. Applicants with significant disturbance of supraventricular rhythm, including sinoatrial dysfunction, whether intermittent or established, should be assessed as unfit. A fit assessment may be considered by the licensing authority if cardiological evaluation is satisfactory.
- 4.2. Atrial fibrillation/flutter
 - (i) For initial applicants a fit assessment should be limited to those with a single episode of arrhythmia which is considered by the licensing authority to be unlikely to recur.
 - (ii) For revalidation, applicants may be assessed as fit if cardiological evaluation is satisfactory.
- 4.3. Applicants with asymptomatic sinus pauses up to 2.5 seconds on resting electrocardiography may be assessed as fit if exercise electrocardiography, echocardiography and 24 hour ambulatory ECG are satisfactory.
- 4.4. Symptomatic sino-atrial disease should be disqualifying.

5. *Heart Block*

Applicants with Mobitz type 2 AV block should require full cardiological evaluation and may be assessed as fit in the absence of distal conducting tissue disease.

6. *Complete right bundle branch block*

Applicants with complete right bundle branch block should require cardiological evaluation on first presentation and subsequently:

- (i) For initial applicants under 40 years of age a fit assessment may be considered by the licensing authority. Initial applicants over 40 years should demonstrate a period of stability of approximately 12 months.
- (ii) For revalidation a fit assessment may be considered if the applicant is under 40 years. A multi-pilot limitation should be applied for 12 months for those over 40 years of age.

7. *Complete left bundle branch block*

A fit assessment may be considered by the licensing authority.

- (i) Initial applicants should demonstrate a 3 year period of stability.
- (ii) For revalidation, after a 3 year period with a multi-pilot limitation applied, a fit assessment without multi-pilot limitation may be considered.
- (iii) Investigation of the coronary arteries is necessary for applicants over age 40.

8. *Ventricular pre-excitation*

A fit assessment may be considered by the licensing authority.

- (i) Asymptomatic initial applicants with pre-excitation may be assessed as fit by the licensing authority if an electrophysiological study, including adequate drug-induced autonomic stimulation reveals no inducible re-entry tachycardia and the existence of multiple pathways is excluded.
- (ii) Asymptomatic applicants with pre-excitation may be assessed as fit by the licensing authority at revalidation with a multi-pilot limitation.

9. *Pacemaker*

9.1. Applicants with a subendocardial pacemaker should be assessed as unfit. A fit assessment may be considered at revalidation by the licensing authority no sooner than three months after insertion and should require:

- (i) no other disqualifying condition;
- (ii) a bipolar lead system;
- (iii) that the applicant is not pacemaker dependent;

- (iv) regular follow-up including a pacemaker check; and
- (v) a multi-pilot limitation.

9.2. Applicants with an anti-tachycardia pacemaker should be assessed as unfit.

10. *QT Prolongation*

Prolongation of the QT interval on the ECG associated with symptoms should be disqualifying. Asymptomatic applicants require cardiological evaluation for a fit assessment.

11. *Implantable Cardioverter Defibrillators*

Applicants with an automatic implantable defibrillating system should be assessed as unfit.

AMC A to MED.B.010

RESPIRATORY SYSTEM – class 1 medical certificates

1. Examinations

1.1 Spirometry

Spirometric examination is required for initial examination. A low FEV₁/FVC ratio at initial examination should require evaluation by a specialist in respiratory disease.

1.2 *Chest radiography*

Posterior/anterior chest radiography may be required at initial, revalidation or renewal examinations when indicated on clinical or epidemiological grounds.

2. *Chronic obstructive airways disease*

Applicants with chronic obstructive airways disease should be assessed as unfit. Applicants with only minor impairment of their pulmonary function may be assessed as fit.

3. *Asthma*

For applicants with asthma requiring medication or experiencing recurrent attacks of asthma, a fit assessment may be considered if the asthma is considered stable with satisfactory pulmonary function tests and medication is compatible with flight safety (systemic steroids are disqualifying).

4. *Inflammatory disease*

For applicants with active inflammatory disease of the respiratory system a fit assessment may be considered when the condition has resolved without sequelae and no medication is required.

5. *Sarcoidosis*

5.1. Applicants with active sarcoidosis should be assessed as unfit. Investigation should be undertaken with respect to the possibility of systemic involvement. A fit assessment may be considered if no medication is required, and the disease is investigated and shown to be limited to hilar lymphadenopathy and inactive.

5.2. Applicants with cardiac sarcoid should be assessed as unfit.

6. *Pneumothorax*

6.1. Applicants with a spontaneous pneumothorax should be assessed as unfit. A fit assessment may be considered if respiratory evaluation is satisfactory:

- (i) one year following full recovery from a single spontaneous pneumothorax;
- (ii) at revalidation, six weeks following full recovery from a single spontaneous pneumothorax, with a multi-pilot limitation;
- (iii) following surgical intervention in the case of a recurrent pneumothorax provided there is satisfactory recovery.

6.2. A recurrent spontaneous pneumothorax that has not been surgically treated is disqualifying.

6.3. A fit assessment following full recovery from a traumatic pneumothorax as a result of an accident or injury may be acceptable once full absorption of the pneumothorax is demonstrated.

7. *Thoracic surgery*

7.1. Applicants requiring major thoracic surgery should be assessed as unfit for a minimum of three months following operation or until such time as the effects of the operation are no longer likely to interfere with the safe exercise of the privileges of the applicable licence(s).

7.2. A fit assessment following lesser chest surgery may be considered by the AMS after satisfactory recovery and full respiratory evaluation.

8 *Sleep apnoea syndrome*

Applicants with unsatisfactorily treated sleep apnoea syndrome should be assessed as unfit.

AMC A to MED.B.015

DIGESTIVE SYSTEM – class 1 medical certificates

1. *Oesophageal varices*

Applicants with oesophageal varices should be assessed as unfit.

2. *Pancreatitis*

Applicants with pancreatitis should be assessed as unfit pending assessment. A fit assessment may be considered if the cause (e.g. gallstone, other obstruction, medication) is removed.

3. *Gallstones*

3.1. Applicants with a single asymptomatic large gallstone discovered incidentally may be assessed as fit if not likely to cause incapacitation in flight.

3.2. An applicant with asymptomatic multiple gallstones may be assessed as fit with a multi-pilot limitation.

4. *Inflammatory bowel disease*

Applicants with an established diagnosis or history of chronic inflammatory bowel disease should be assessed as fit if the inflammatory bowel disease is in established remission and stable and that systemic steroids are not required for its control.

5. *Peptic ulceration*

Applicants with peptic ulceration should be assessed as unfit pending full recovery and demonstrated healing.

6. *Abdominal surgery*

6.1. Abdominal surgery is disqualifying for a minimum of three months. An earlier fit assessment may be considered if recovery is complete, the applicant is asymptomatic and there is only a minimal risk of secondary complication or recurrence.

6.2. Applicants who have undergone a surgical operation on the digestive tract or its adnexa, involving a total or partial excision or a diversion of any of these organs, should be assessed as unfit for a minimum period of three months or until such time as the effects of the operation are no longer likely to interfere with the safe exercise of the privileges of the applicable licence(s).

AMC A to MED.B.020**METABOLIC AND ENDOCRINE SYSTEMS - class 1 medical certificates**1. *Metabolic, nutritional or endocrine dysfunction*

Applicants with metabolic, nutritional or endocrine dysfunction should be assessed as fit if the condition is asymptomatic, clinically compensated and stable with or without replacement therapy, and regularly reviewed by an appropriate specialist.

2. *Obesity*

Applicants with a Body Mass Index ≥ 35 may be assessed as fit only if the excess weight is not likely to interfere with the safe exercise of the applicable licence(s) and a satisfactory cardiovascular risk review has been undertaken.

3. *Addison's disease*

Addison's disease is disqualifying. A fit assessment may be considered provided that cortisone is carried and available for use whilst exercising the privileges of the licence. Applicants may be assessed as fit with a multi-pilot limitation.

4. *Gout*

Applicants with acute gout should be assessed as unfit. A fit assessment may be considered once asymptomatic, after cessation of treatment or the condition is stabilised on anti-hyperuricaemic therapy.

5. *Thyroid dysfunction*

Applicants with hyperthyroidism or hypothyroidism should be assessed as unfit. A fit assessment may be considered when a stable euthyroid state is attained.

6. *Abnormal glucose metabolism*

Glycosuria and abnormal blood glucose levels require investigation. A fit assessment may be considered if normal glucose tolerance is demonstrated (low renal threshold) or impaired glucose tolerance without diabetic pathology is fully controlled by diet and regularly reviewed.

7. *Diabetes mellitus*

Subject to good control of blood sugar with no hypoglycaemic episodes:

- (i) applicants with diabetes mellitus may be assessed as fit.
- (ii) the use of certain antidiabetic medications may be acceptable for a fit assessment with a multi-pilot limitation.

AMC A to MED.B.025**HAEMATOLOGY - class 1 medical certificates**1. *Abnormal haemoglobin*

Applicants with abnormal haemoglobin shall be investigated.

2. *Anaemia*

2.1. Applicants with anaemia demonstrated by a reduced haemoglobin level or haematocrit less than 32 % should be assessed as unfit and require investigation. A fit assessment may be considered in cases where the primary cause has been treated (e.g. iron or B12 deficiency) and the haemoglobin or haematocrit has stabilised at a satisfactory level.

2.2. Anaemia which is unamenable to treatment is disqualifying.

3. *Polycythaemia*

Applicants with polycythaemia should be assessed as unfit and require investigation. A fit assessment with a multi-pilot limitation may be considered if the condition is stable and no associated pathology is demonstrated.

4. *Haemoglobinopathy*

4.1. Applicants with a haemoglobinopathy should be assessed as unfit. A fit assessment may be considered where minor thalassaemia or other haemoglobinopathy is diagnosed without a history of crises and where full functional capability is demonstrated. The haemoglobin level should be satisfactory.

4.2. Applicants with sickle cell disease shall be assessed as unfit.

5. *Coagulation disorders*

Applicants with a coagulation disorder should be assessed as unfit. A fit assessment may be considered if there is no history of significant bleeding episodes.

6. *Haemorrhagic disorders*

Applicants with a haemorrhagic disorder require investigation. A fit assessment with a multi-pilot limitation may be considered if there is no history of significant bleeding.

7. *Thrombo-embolic disorders*

7.1. Applicants with a thrombotic disorder require investigation. A fit assessment with a multi-pilot limitation may be considered if there is no history of significant clotting episodes.

7.2. Applicants with a deep vein thrombosis or pulmonary embolus shall be assessed as unfit. A fit assessment may be considered after anti-coagulation therapy is discontinued.

7.3. An arterial embolus is disqualifying.

8. *Disorders of the lymphatic system*

Applicants with significant localised and generalised enlargement of the lymphatic glands and diseases of the blood should be assessed as unfit and require investigation. A fit assessment may be considered in cases of acute infectious process which is fully recovered or Hodgkin's lymphoma or other lymphoid malignancy which has been treated and is in full remission.

9. *Leukaemia*

9.1. Applicants with acute leukaemia should be assessed as unfit. Once in established remission, applicants may be assessed as fit.

9.2. Applicants with chronic leukaemia should be assessed as unfit. After a period of demonstrated stability a fit assessment may be considered.

9.3. Applicants with a history of leukaemia should have no history of central nervous system involvement and no continuing side-effects from treatment of flight safety importance. Haemoglobin and platelet levels should be satisfactory. Regular follow-up is required.

10. *Splenomegaly*

Applicants with splenomegaly should be assessed as unfit and require investigation. A fit assessment may be considered when the enlargement is minimal, stable and no associated pathology is demonstrated, or if the enlargement is minimal and associated with another acceptable condition.

AMC A to MED.B.030

GENITOURINARY SYSTEM - class 1 medical certificates

1. *Abnormal urinalysis*

Investigation is required if there is any abnormal finding on urinalysis.

2. *Renal disease*
 - 2.1. Applicants presenting with any signs of renal disease should be assessed as unfit. A fit assessment may be considered if blood pressure is satisfactory and renal function is acceptable.
 - 2.2. The requirement for dialysis is disqualifying.
3. *Urinary calculi*
 - 3.1. Applicants with an asymptomatic calculus or a history of renal colic require investigation.
 - 3.2. Applicants presenting with one or more urinary calculi should be assessed as unfit and require investigation.
 - 3.3. A fit assessment with a multi-pilot limitation may be considered whilst awaiting assessment or treatment.
 - 3.4. A fit assessment without multi-pilot limitation may be considered after successful treatment for a calculus.
 - 3.5. With residual calculi, a fit assessment with a multi-pilot limitation may be considered.
4. *Renal/Urological surgery*
 - 4.1. Applicants who have undergone a major surgical operation on the urinary tract or the urinary apparatus involving a total or partial excision or a diversion of any of its organs shall be assessed as unfit for a minimum period of three months or until such time as the effects of the operation are no longer likely to cause incapacity in flight. After other urological surgery a fit assessment may be considered if the applicant is completely asymptomatic and there is minimal risk of secondary complication or recurrence.
 - 4.2. An applicant with compensated nephrectomy without hypertension or uraemia may be considered for a fit assessment.
 - 4.3. Applicants who have undergone renal transplantation may be considered for a fit assessment if it is fully compensated and tolerated with only minimal immuno-suppressive therapy after at least 12 months. Applicants may be assessed as fit with a multi-pilot limitation.
 - 4.4. Applicants who have undergone total cystectomy may be considered for a fit assessment if there is satisfactory urinary function, no infection and no recurrence of primary pathology. Applicants may be assessed as fit with a multi-pilot limitation.

AMC A to MED.B.035

INFECTIOUS DISEASE - class 1 medical certificates

1. *Infectious disease - General*

In cases of infectious disease consideration should be given to a history of, or clinical signs indicating, underlying impairment of the immune system.
2. *Tuberculosis*

Applicants with active tuberculosis should be assessed as unfit. A fit assessment may be considered following completion of therapy.
3. *Syphilis*

Acute syphilis is disqualifying. A fit assessment may be considered in the case of those fully treated and recovered from the primary and secondary stages.
4. *HIV infection*
 - 4.1. HIV positivity is disqualifying. A fit assessment with a multi-pilot limitation may be considered for individuals with stable, non-progressive disease. Frequent review is required.
 - 4.2. The occurrence of AIDS or AIDS related complex is disqualifying.

5 *Infectious hepatitis*

Infectious hepatitis is disqualifying. A fit assessment may be considered after full recovery.

AMC A to MED.B.040**OBSTETRICS AND GYNAECOLOGY - class 1 medical certificates**1. *Gynaecological surgery*

An applicant who has undergone a major gynaecological operation shall be assessed as unfit for a period of three months or until such time as the effects of the operation are not likely to interfere with the safe exercise of the privileges of the licence(s) if the holder is completely asymptomatic and there is only a minimal risk of secondary complication or recurrence.

2. *Severe menstrual disturbances*

An applicant with a history of severe menstrual disturbances unamenable to treatment shall be assessed as unfit.

3. *Pregnancy*

3.1. A pregnant pilot may be assessed as fit with a multi-pilot limitation during the first 26 weeks of gestation following review of the obstetric evaluation by the AeMC or AME who shall inform the licensing authority.

3.2. The AeMC or AME shall provide written advice to the applicant and the supervising physician regarding potentially significant complications of pregnancy.

AMC A to MED.B.045**MUSCULOSKELETAL SYSTEM - class 1 medical certificates**

1. An applicant with any significant sequela from disease, injury or congenital abnormality of the bones, joints, muscles or tendons with or without surgery requires full evaluation prior to a fit assessment.

2. In cases of limb deficiency, a fit assessment may be considered following a satisfactory medical flight test or simulator testing.

3. An applicant with inflammatory, infiltrative, traumatic or degenerative disease of the musculoskeletal system may be assessed as fit provided the condition is in remission and the applicant is taking no disqualifying medication and has satisfactorily completed a medical flight or simulator flight test. A limitation to specified aircraft type(s) may be required.

4. Abnormal physique, including obesity, or muscular weakness may require medical flight or flight simulator testing. Particular attention shall be paid to emergency procedures and evacuation. A limitation to specified aircraft type(s) may be required.

AMC A to MED.B.050**PSYCHIATRY - class 1 medical certificates**1. *Psychotic disorder*

A history of, or the occurrence of, a functional psychotic disorder is disqualifying unless in certain rare cases a cause can be unequivocally identified as one which is transient, has ceased and will not recur.

2. *Organic mental disorder*

An organic mental disorder is disqualifying. Once the cause has been treated an applicant may be assessed as fit following satisfactory psychiatric review.

3. *Psychotropic substances*

Use or abuse of psychotropic substances is disqualifying.

4. *Schizophrenia, schizotypal or delusional disorder*

Applicants with an established schizophrenia, schizotypal or delusional disorder should only be considered for a fit assessment if the licensing authority concludes that the original diagnosis was inappropriate or inaccurate or, in the case of a single episode of delirium, provided that the applicant has suffered no permanent impairment.

5. *Mood disorder*

An established mood disorder is disqualifying. A fit assessment may be considered after full consideration of an individual case, depending on the mood disorder characteristics and gravity and after all psychotropic medication has been stopped for an appropriate period.

6. *Neurotic, stress-related or somatoform disorder*

Where there is suspicion or established evidence that an applicant has a neurotic, stress-related or somatoform disorder, the applicant should be referred for psychiatric opinion and advice.

7. *Personality or behavioural disorder*

Where there is suspicion or established evidence that an applicant has a personality or behavioural disorder, the applicant should be referred for psychiatric opinion and advice.

8. *Disorders due to alcohol or other substance use*

8.1 Mental or behavioural disorders due to alcohol or other substance use, with or without dependency, are disqualifying.

8.2. A fit assessment may be considered after a period of two years documented sobriety or freedom from substance use. A fit assessment may be considered earlier with a multi-pilot limitation. Depending on the individual case, treatment and review may include:

- (i) in-patient treatment of some weeks followed by
- (ii) review by a psychiatric specialist and
- (iii) ongoing review including blood testing and peer reports, which may be required indefinitely.

9 *Deliberate self-harm*

A single self destructive action or repeated acts of deliberate self-harm are disqualifying. A fit assessment may be considered after full consideration of an individual case and may require psychiatric or psychological review. Neuropsychological assessment may also be required.

AMC A to MED.B.055

PSYCHOLOGY - class 1 medical certificates

Where there is suspicion or established evidence that an applicant has a psychological disorder, the applicant should be referred for psychological opinion and advice.

AMC A to MED.B.060

NEUROLOGY - class 1 medical certificates

1. *Epilepsy*

- 1.1. A diagnosis of epilepsy is disqualifying, unless there is unequivocal evidence of a syndrome of benign childhood epilepsy associated with a very low risk of recurrence, and unless the applicant has been free of recurrence and off treatment for more than 10 years. One or more convulsive episodes after the age of 5 are disqualifying. In the case of an acute symptomatic seizure, which is considered to have a very low risk of recurrence, a fit assessment may be considered.

- 1.2. An applicant may be assessed as fit with a multi-pilot limitation if:
 - (i) there is a history of a single afebrile epileptiform seizure;
 - (ii) there has been no recurrence after at least 10 years off treatment;
 - (iii) there is no evidence of continuing predisposition to epilepsy.

2. *Conditions with a high propensity for cerebral dysfunction*

An applicant with a condition with a high propensity for cerebral dysfunction should be assessed as unfit. A fit assessment may be considered after full evaluation.

3. *Clinical EEG abnormalities*

3.1. Electroencephalography is required when indicated by the applicant's history or on clinical grounds.

3.2. Epileptiform paroxysmal EEG abnormalities and focal slow waves should be disqualifying.

4. *Neurological disease*

Any stationary or progressive disease of the nervous system which has caused or is likely to cause a significant disability is disqualifying. However, in case of minor functional losses associated with stationary disease a fit assessment may be considered after full evaluation.

5. *Episode of disturbance of consciousness*

In the case of a single episode of disturbance of consciousness, which can be satisfactorily explained, a fit assessment may be considered.

6. *Head injury*

An applicant with a head injury which was severe enough to cause loss of consciousness or is associated with penetrating brain injury should be reviewed by a consultant neurologist. A fit assessment may be considered if there has been a full recovery and the risk of epilepsy is sufficiently low.

7. *Spinal or peripheral nerve injury*

An applicant with a history or diagnosis of spinal or peripheral nerve injury should be assessed as unfit. A fit assessment may be considered if neurological review and musculoskeletal assessments are satisfactory.

AMC A to MED.B.065

VISUAL SYSTEM - class 1 medical certificates

1. *Eye examination*

1.1. At each aeromedical revalidation examination, an assessment of the visual fitness should be undertaken and the eyes should be examined with regard to possible pathology.

1.2. All abnormal and doubtful cases should be referred to an ophthalmologist. Conditions which indicate ophthalmological examination include, but are not limited to, a substantial decrease in the uncorrected visual acuity, any decrease in best corrected visual acuity and/or the occurrence of eye disease, eye injury, or eye surgery.

1.3. Where specialist ophthalmological examinations are required for any significant reason, this should be imposed as a limitation on the medical certificate.

2. *Comprehensive eye examination*

A comprehensive visual examination by an eye specialist is required at the initial examination. All abnormal and doubtful cases should be referred to an ophthalmologist. The examination should include:

- (i) history;

- (ii) visual acuities; near, intermediate and distant vision (uncorrected and with best optical correction if needed);
- (iii) examination of the external eye, anatomy, media (slit lamp) and fundoscopy;
- (iv) ocular motility;
- (v) binocular vision;
- (vi) colour vision;
- (vii) visual fields;
- (viii) tonometry on clinical indication; and
- (ix) refraction. Hyperopic initial applicants under the age of 25 should undergo objective refraction in cycloplegia.

3. *Routine eye examination*

A routine eye examination may be performed by an AME and should include:

- (i) history;
- (ii) visual acuities; near, intermediate and distant vision (uncorrected and with best optical correction if needed);
- (iii) examination of the external eye, anatomy, media and fundoscopy;
- (iv) further examination on clinical indication.

4. *Refractive error*

4.1. At initial examination an applicant may be assessed as fit with:

- (i) hypermetropia not exceeding +5.0 dioptres;
- (ii) myopia not exceeding -6.0 dioptres;
- (iii) astigmatism not exceeding 2.0 dioptres;
- (iv) anisometropia not exceeding 2.0 dioptres;

provided that optimal correction has been considered and no significant pathology is demonstrated.

4.2. At revalidation an applicant may be assessed as fit with:

- (i) hypermetropia not exceeding +5.0 dioptres;
- (ii) myopia exceeding -6.0 dioptres;
- (iii) astigmatism exceeding 2.0 dioptres;
- (iv) anisometropia exceeding 2.0 dioptres (contact lenses should be worn if the anisometropia exceeds 3.0 dioptres);

provided that optimal correction has been considered and no significant pathology is demonstrated.

4.3. If the refractive error is +3.0 to +5.0 or -3.0 to -6.0 dioptres a review shall be undertaken 5 yearly by an eye specialist.

4.4. If the refractive error is greater than -6.0 dioptres, there is more than 3.0 dioptres of astigmatism or anisometropia exceeds 3.0 dioptres, a review shall be undertaken 2 yearly by an eye specialist.

In cases 4.3. and 4.4. above the applicant should supply the eye specialist's report to the AME. The report should be forwarded to the licensing authority as part of the medical examination report. All abnormal and doubtful cases should be referred to an ophthalmologist.

5. *Uncorrected visual acuity*

No limits apply to uncorrected visual acuity;

6. *Substandard vision*

6.1. Applicants with reduced central vision in one eye may be assessed as fit if the binocular visual field is normal and the underlying pathology is acceptable according to ophthalmological assessment. A satisfactory medical flight test and a multi-pilot limitation are required.

6.2. An applicant with acquired substandard vision in one eye may be assessed as fit with a multi-pilot limitation if:

- (i) the better eye achieves distant visual acuity of 6/6 (1.0), corrected or uncorrected;
- (ii) the better eye achieves intermediate visual acuity of N14 and N5 for near;
- (iii) in the case of acute loss of vision in one eye, a period of adaptation time has passed from the known point of visual loss, during which the pilot is assessed as unfit;
- (iv) there is no significant ocular pathology; and
- (v) a medical flight test is satisfactory.

6.3. An applicant with a visual field defect may be considered as fit if the binocular visual field is normal and the underlying pathology is acceptable to the licensing authority.

7. *Keratoconus*

Applicants with keratoconus may be considered for a fit assessment if the visual requirements are met with the use of corrective lenses and periodic review is undertaken by an ophthalmologist.

8. *Heterophoria*

Applicants with a heterophoria (imbalance of the ocular muscles) exceeding:

- At 6 metres 2.0 prism dioptres in hyperphoria,
- 10.0 prism dioptres in esophoria,
- 8.0 prism dioptres in exophoria;
- and
- At 33cms 1.0 prism dioptre in hyperphoria,
- 8.0 prism dioptres in esophoria,
- 12.0 prism dioptres in exophoria

should be assessed as unfit. The applicant should be reviewed by an ophthalmologist and if the fusional reserves are sufficient to prevent asthenopia and diplopia a fit assessment may be considered.

9. *Eye surgery*

9.1. After refractive surgery, a fit assessment may be considered provided that:

- (i) pre-operative refraction was no greater than +5 or -6 dioptres;
- (ii) post-operative stability of refraction has been achieved (less than 0.75 dioptres variation diurnally);
- (iii) examination of the eye shows no postoperative complications;
- (iv) glare sensitivity is within normal standards;
- (v) mesopic contrast sensitivity is not impaired;
- (vi) review is undertaken by an eye specialist.

9.2. Cataract surgery entails unfitness. A fit assessment may be considered after 3 months.

- 9.3 Retinal surgery entails unfitness. A fit assessment may be considered 6 months after successful surgery. A fit assessment may be acceptable earlier after retinal laser therapy. Follow-up may be required.
- 9.4. Glaucoma surgery entails unfitness. A fit assessment may be considered 6 months after successful surgery. Follow-up may be required.
- 9.5. For 9.2., 9.3. and 9.4. above, a fit assessment may be considered earlier if recovery is complete.
10. *Correcting lenses*
Correcting lenses should permit the licence holder to meet the visual requirements at all distances.

AMC A to MED B.070**COLOUR VISION - class 1 medical certificates**

1. At revalidation colour vision should be tested on clinical indication.
2. The Ishihara test (24 plate version) is considered passed if the first 15 plates, presented in a random order, are identified without error.
3. Those failing the Ishihara test should be examined either by:
 - (i) Anomaloscopy (Nagel or equivalent). This test is considered passed if the colour match is trichromatic and the matching range is 4 scale units or less, or by
 - (ii) Lantern testing. This test is considered passed if the applicant passes without error a test with accepted lanterns.

AMC A to MED.B.075**OTORHINOLARYNGOLOGY - class 1 medical certificates**

1. *Hearing*
 - 1.1. The applicant should understand correctly conversational speech when tested with each ear at a distance of 2 metres from and with the applicant's back turned towards the AME.
 - 1.2. The pure tone audiogram shall cover the 500Hz, 1000Hz, 2000Hz and 3000Hz frequency thresholds.
 - 1.3. An applicant with hypoacusis should be referred to the licensing authority. A fit assessment can be made if a speech discrimination test or functional flight deck hearing test demonstrates satisfactory hearing ability.
2. *Comprehensive otorhinolaryngological examination*
A comprehensive otorhinolaryngological examination should include:
 - (i) history;
 - (ii) clinical examination including otoscopy, rhinoscopy, and examination of the mouth and throat;
 - (iii) tympanometry or equivalent;
 - (iv) clinical assessment of the vestibular system.
3. *Ear conditions*
 - 3.1. An applicant with an active pathological process, acute or chronic, of the internal or middle ear should be assessed as unfit. A fit assessment may be considered once the condition has stabilised or there has been a full recovery.
 - 3.2. An applicant with an unhealed perforation or dysfunction of the tympanic membranes should be assessed as unfit. An applicant with a single dry perforation of non-infectious origin and

which does not interfere with the normal function of the ear may be considered for a fit assessment.

4. *Vestibular disturbance*

An applicant with disturbance of vestibular function should be assessed as unfit. A fit assessment may be considered after full recovery. The presence of spontaneous or positional nystagmus requires complete vestibular evaluation by an ENT specialist. Significant abnormal caloric or rotational vestibular responses are disqualifying. Abnormal vestibular responses shall be assessed in their clinical context.

5. *Sinus dysfunction*

An applicant with any dysfunction of the sinuses should be assessed as unfit until there has been full recovery.

6. *Oral/upper respiratory tract infections*

A significant, acute or chronic infection of the oral cavity or upper respiratory tract is disqualifying. A fit assessment may be considered after full recovery.

7. *Speech disorder*

A significant disorder of speech or voice is disqualifying.

AMC A to MED.B.080

DERMATOLOGY - class 1 medical certificates

1. Referral to the licensing authority should be made if doubt exists about the fitness of an applicant with eczema (exogenous and endogenous), severe psoriasis, bacterial infections, drug induced, or bullous eruptions or urticaria.
2. Systemic effects of radiant or pharmacological treatment for a dermatological condition should be considered before fit assessment.
3. In cases where a dermatological condition is associated with a systemic illness, full consideration should be given to the underlying illness before a fit assessment.

AMC A to MED.B.085

ONCOLOGY - class 1 medical certificates

1. Applicants may be assessed as fit after treatment for malignant disease if:
 - (i) there is no evidence of residual malignant disease after treatment;
 - (ii) time appropriate to the type of tumour has elapsed since the end of treatment;
 - (iii) the risk of in-flight incapacitation from a recurrence or metastasis is sufficiently low;
 - (iv) there is no evidence of short or long-term sequelae from treatment. Special attention should be paid to applicants who have received anthracycline chemotherapy;
 - (v) satisfactory oncology follow-up reports are provided to the licensing authority.
2. Applicants with pre-malignant conditions of the skin may be assessed as fit if treated or excised as necessary and there is regular follow-up.

Chapter B**AMC for Class 2 medical certificates****AMC B to MED.B.005****CARDIOVASCULAR SYSTEM - class 2 medical certificates****(a) EXAMINATION***Exercise electrocardiography*

An exercise ECG when required as part of a cardiovascular assessment should be symptom limited and completed to a minimum of Bruce Stage IV or equivalent.

(b) GENERAL1. *Cardiovascular Risk Factor Assessment*

An accumulation of risk factors (smoking, family history, lipid abnormalities, hypertension, etc.) requires cardiovascular evaluation.

2. *Cardiovascular Assessment*

Reporting of resting and exercise electrocardiograms should be by the AME or other specialist.

3. *Peripheral Arterial Disease*

A fit assessment may be considered for an applicant with peripheral arterial disease, or after surgery for peripheral arterial disease, provided there is no significant functional impairment, any vascular risk factors have been reduced to an appropriate level, the applicant is on acceptable secondary prevention treatment, and there is no evidence of myocardial ischaemia.

4. *Aortic Aneurysm*

4.1. Applicants with an aneurysm of the thoracic or abdominal aorta may be assessed as fit, subject to satisfactory cardiological evaluation and regular follow-up.

4.2. Applicants may be assessed as fit after surgery for a thoracic or abdominal aortic aneurysm subject to satisfactory cardiological evaluation.

5. *Cardiac Valvular Abnormalities*

5.1. Applicants with previously unrecognised cardiac murmurs require further evaluation.

5.2. Applicants with minor cardiac valvular abnormalities may be assessed as fit.

6. *Valvular surgery*

Applicants who have undergone cardiac valve replacement or repair should be assessed as fit if post-operative cardiac function and investigations are satisfactory.

7. *Other Cardiac Disorders*

7.1. Applicants with a primary or secondary abnormality of the pericardium, myocardium or endocardium should be assessed as unfit pending satisfactory cardiological evaluation.

7.2. Applicants with a congenital abnormality of the heart, including those who have undergone surgical correction, may be assessed as fit subject to satisfactory cardiological assessment.

8. *Recurrent Vasovagal Syncope*

Applicants with a history of recurrent vasovagal syncope should be assessed as fit after a 6 month period without recurrence provided cardiological evaluation is satisfactory. Neurological review may be indicated.

(c) BLOOD PRESSURE

1. When the blood pressure at examination consistently exceeds 160 mmHg systolic and/or 95 mmHg diastolic, with or without treatment, the applicant should be assessed as unfit.

2. The diagnosis of hypertension requires review of other potential vascular risk factors.
3. Applicants with symptomatic hypotension should be assessed as unfit.
4. Anti-hypertensive treatment should be compatible with flight safety.

(d) CORONARY ARTERY DISEASE

1. Chest pain of uncertain cause requires full investigation.
2. In suspected asymptomatic coronary artery disease cardiological evaluation should show no evidence of myocardial ischaemia or significant coronary artery stenosis.
3. After an ischaemic cardiac event, or revascularisation, applicants without symptoms should have reduced any vascular risk factors to an appropriate level. Medication, when used to control cardiac symptoms, is not acceptable. All applicants should be on acceptable secondary prevention treatment.
 - 3.1. A coronary angiogram obtained around the time of, or during, the ischaemic cardiac event and a complete, detailed clinical report of the ischaemic event, the angiogram and any operative procedures should be available.
 - (i) There should be no stenosis more than 50% in any major untreated vessel, in any vein or artery graft or at the site of an angioplasty/stent, except in a vessel leading to an infarct. More than two stenoses between 30% and 50% within the vascular tree should not be acceptable.
 - (ii) The whole coronary vascular tree should be assessed as satisfactory and particular attention should be paid to multiple stenoses and/or multiple revascularisations.
 - (iii) An untreated stenosis greater than 30% in the left main or proximal left anterior descending coronary artery should not be acceptable.
 - 3.2. At least 6 months from the ischaemic cardiac event, including revascularisation, the following investigations should be completed (equivalent tests may be substituted):
 - (i) an exercise ECG showing no evidence of myocardial ischaemia nor rhythm disturbance;
 - (ii) an echocardiogram showing satisfactory left ventricular function with no important abnormality of wall motion and a satisfactory left ventricular ejection fraction.
 - (iii) in cases of angioplasty/stenting, a myocardial perfusion scan or stress echocardiogram which shall show no evidence of reversible myocardial ischaemia. If there is any doubt about myocardial perfusion in other cases (infarction or bypass grafting) a perfusion scan will also be required;
 - (iv) Further investigations, such as a 24 hour ECG, may be necessary to assess the risk of any significant rhythm disturbance.
 - 3.3. Periodic follow-up should include cardiological review
 - 3.4. After coronary artery vein bypass grafting, a myocardial perfusion scan (or satisfactory equivalent test) should be performed if there is any indication, and in all cases within five years from the procedure for a fit assessment without a safety pilot limitation.
 - 3.5. In all cases coronary angiography should be considered at any time if symptoms, signs or non-invasive tests indicate cardiac ischaemia.
 - 3.6. Successful completion of the six month or subsequent review will allow a fit assessment. Applicants may fly with a safety pilot limitation having successfully completed only an exercise ECG.
4. Angina pectoris is disqualifying, whether or not it is abolished by medication.

(e) RHYTHM AND CONDUCTION DISTURBANCES1. *Ablation*

A fit assessment may be considered following successful catheter ablation subject to satisfactory cardiological review undertaken at a minimum of two months after the ablation.

2. *Supraventricular Arrhythmias*

2.1. Applicants with significant disturbance of supraventricular rhythm, including sinoatrial dysfunction, whether intermittent or established, may be assessed as fit if cardiological evaluation is satisfactory.

2.2. Applicants with atrial fibrillation/flutter may be assessed as fit if cardiological evaluation is satisfactory.

2.3. Applicants with asymptomatic sinus pauses up to 2.5 seconds on resting electrocardiography may be assessed as fit if cardiological evaluation is satisfactory.

3. *Heart Block*

3.1. Applicants with first degree and Mobitz type 1 A-V block may be assessed as fit.

3.2. Applicants with Mobitz type 2 AV block may be assessed as fit in the absence of distal conducting tissue disease.

4. *Complete right bundle branch block*

Applicants with complete right bundle branch block may be assessed as fit subject to satisfactory cardiological evaluation.

5. *Complete left bundle branch block*

Applicants with complete left bundle branch block may be assessed as fit subject to satisfactory cardiological assessment.

6. *Ventricular pre-excitation*

Applicants with ventricular pre-excitation should be assessed as fit subject to satisfactory cardiological evaluation.

7. *Pacemaker*

7.1. Applicants with a subendocardial pacemaker may be assessed as fit no sooner than three months after insertion provided:

- (i) there is no other disqualifying condition;
- (ii) a bipolar lead system is used;
- (iii) the applicant is not pacemaker dependent; and
- (iv) the applicant has regular follow-up including a pacemaker check.

7.2. Applicants with an anti-tachycardia pacemaker should be assessed as unfit.

AMC B to MED.B.010**RESPIRATORY SYSTEM - class 2 medical certificates**1. *Chest radiography*

Posterior/anterior chest radiography may be required if indicated on clinical grounds.

2. *Chronic obstructive airways disease*

Applicants with only minor impairment of pulmonary function may be assessed as fit.

3. *Asthma*

Applicants with asthma may be assessed as fit if the asthma is considered stable with satisfactory pulmonary function tests and medication is compatible with flight safety (systemic steroids are disqualifying).

4. *Inflammatory disease*

Applicants with active inflammatory disease of the respiratory system should be assessed as unfit pending resolution of the condition.

5. *Sarcoidosis*

5.1 Applicants with active sarcoidosis should be assessed as unfit. Investigation should be undertaken with respect to the possibility of systemic involvement. A fit assessment may be considered once the disease is inactive.

5.2 Applicants with cardiac sarcoid should be assessed as unfit.

6. *Pneumothorax*

6.1. Applicants with spontaneous pneumothorax should be assessed as unfit. A fit assessment may be considered if respiratory evaluation is satisfactory six weeks following full recovery from a single spontaneous pneumothorax or following recovery from surgical intervention in the case of treatment for a recurrent pneumothorax.

6.2. A fit assessment following full recovery from a traumatic pneumothorax as a result of an accident or injury may be acceptable once full absorption of the pneumothorax is demonstrated.

7. *Thoracic surgery*

Applicants requiring major thoracic surgery should be assessed as unfit until such time as the effects of the operation are no longer likely to interfere with the safe exercise of the privileges of the applicable licence(s).

8 *Sleep apnoea syndrome*

Applicants with unsatisfactorily treated sleep apnoea syndrome should be assessed as unfit.

AMC B to MED.B.015**DIGESTIVE SYSTEM - class 2 medical certificates**1. *Oesophageal varices*

Applicants with oesophageal varices should be assessed as unfit.

2. *Pancreatitis*

Applicants with pancreatitis should be assessed as unfit pending satisfactory recovery.

3. *Gallstones*

3.1. Applicants with a single asymptomatic large gallstone or asymptomatic multiple gallstones may be assessed as fit.

3.2. Applicants with symptomatic single or multiple gallstones should be assessed as unfit. A fit assessment may be considered following gallstone removal.

4. *Inflammatory bowel disease*

Applicants with an established diagnosis or history of chronic inflammatory bowel disease should be assessed as fit provided that the disease is stable and not likely to interfere with the safe exercise of the privileges of the applicable licence(s).

5. *Peptic ulceration*

Applicants with peptic ulceration should be assessed as unfit pending full recovery.

6. *Abdominal surgery*

6.1. Abdominal surgery is disqualifying. A fit assessment may be considered if recovery is complete, the applicant is asymptomatic and there is only a minimal risk of secondary complication or recurrence.

6.2. Applicants, who have undergone a surgical operation on the digestive tract or its adnexa, involving a total or partial excision or a diversion of any of these organs, should be assessed as unfit until such time as the effects of the operation are no longer likely to interfere with the safe exercise of the privileges of the applicable licence(s).

AMC B to MED.B.020**METABOLIC AND ENDOCRINE SYSTEMS - class 2 medical certificates**1. *Metabolic, nutritional or endocrine dysfunction*

Metabolic, nutritional or endocrine dysfunction is disqualifying. A fit assessment may be considered if the condition is asymptomatic, clinically compensated and stable.

2. *Obesity*

Obese applicants may be assessed as fit only if the excess weight is not likely to interfere with the safe exercise of the applicable licence(s).

3. *Addison's disease*

Applicants with Addison's disease may be assessed as fit provided that cortisone is carried and available for use whilst exercising the privileges of the licence.

4. *Gout*

Applicants with acute gout should be assessed as unfit until asymptomatic.

5. *Thyroid dysfunction*

Applicants with thyroid disease may be assessed as fit once a stable euthyroid state is attained.

6. *Abnormal glucose metabolism*

Glycosuria and abnormal blood glucose levels require investigation. A fit assessment may be considered if normal glucose tolerance is demonstrated (low renal threshold) or impaired glucose tolerance is fully controlled by diet and regularly reviewed.

7. *Diabetes mellitus*

Applicants with diabetes mellitus may be assessed as fit. The use of certain antidiabetic medications may be acceptable.

AMC B to MED.B.025**HAEMATOLOGY - class 2 medical certificates**1. *Abnormal haemoglobin*

Haemoglobin should be tested when clinically indicated.

2. *Anaemia*

Applicants with anaemia demonstrated by a reduced haemoglobin level or low haematocrit should be assessed as fit once the primary cause has been treated and the haemoglobin or haematocrit has stabilised at a satisfactory level.

3. *Polycythaemia*

Applicants with polycythaemia may be assessed as fit if the condition is stable and no associated pathology is demonstrated.

4. *Haemoglobinopathy*

Applicants with a haemoglobinopathy should be assessed as fit if minor thalassaemia or other haemoglobinopathy is diagnosed without a history of crises and where full functional capability is demonstrated.

5. *Coagulation and Haemorrhagic disorders*

Applicants with a coagulation or haemorrhagic disorder may be assessed as fit if there is no likelihood of significant bleeding.

6. *Thrombo-embolic disorders*

6.1. Applicants with a thrombotic disorder may be assessed as fit if there is no likelihood of significant clotting episodes.

6.2. Applicants with a deep vein thrombosis or pulmonary embolus should be assessed as fit after anti-coagulation therapy is discontinued.

7. *Disorders of the lymphatic system*

Applicants with significant enlargement of the lymphatic glands or haematological disease should be assessed as fit if the condition is unlikely to interfere with the safe exercise of the privileges of the applicable licence(s). Applicants may be assessed as fit in cases of acute infectious process which is fully recovered or Hodgkin's lymphoma or other lymphoid malignancy which has been treated and is in full remission.

8. *Leukaemia*

8.1. Applicants with acute leukaemia should be assessed as fit once in established remission.

8.2. Applicants with chronic leukaemia should be assessed as fit after a period of demonstrated stability.

8.3. In cases 8.1 and 8.2. above there should be no history of central nervous system involvement and no continuing side-effects from treatment of flight safety importance. Haemoglobin and platelet levels should be satisfactory. Regular follow-up is required.

9. *Splenomegaly*

Applicants with splenomegaly may be assessed as fit if the enlargement is minimal, stable and no associated pathology is demonstrated or if the enlargement is minimal and associated with another acceptable condition.

AMC B to MED.B.030**GENITOURINARY SYSTEM - class 2 medical certificates**1. *Renal disease*

Applicants presenting with renal disease may be assessed as fit if blood pressure is satisfactory and renal function is acceptable. The requirement for dialysis is disqualifying.

2. *Urinary calculi*

2.1. Applicants presenting with one or more urinary calculi should be assessed as unfit.

2.2. Applicants with an asymptomatic calculus or a history of renal colic require investigation.

2.3. While awaiting assessment or treatment, a fit assessment with a safety-pilot limitation may be considered.

2.4. After successful treatment the applicant may be assessed as fit.

2.5. For parenchymal residual calculi, the applicant may be assessed as fit.

3. *Renal/Urological surgery*

- 3.1. Applicants who have undergone a major surgical operation on the urinary tract or the urinary apparatus involving a total or partial excision or a diversion of any of its organs should be assessed as unfit until such time as the effects of the operation are no longer likely to cause incapacity in flight. After other urological surgery, a fit assessment may be considered if the applicant is completely asymptomatic and there is minimal risk of secondary complication or recurrence presenting with renal disease may be assessed as fit if blood pressure is satisfactory and renal function is acceptable. The requirement for dialysis is disqualifying.
- 3.2. An applicant with compensated nephrectomy without hypertension or uraemia may be considered fit.
- 3.3. Renal transplantation may be considered if it is fully compensated and tolerated with only minimal immuno-suppressive therapy after at least 12 months.
- 3.4. Total cystectomy may be considered if there is satisfactory urinary function, no infection and no recurrence of primary pathology.

AMC B to MED.B.035

INFECTIOUS DISEASE - class 2 medical certificates

1. *Tuberculosis*

Applicants with active tuberculosis should be assessed as unfit until completion of therapy.

2. *HIV infection*

A fit assessment of HIV positive individuals may be considered if investigation provides no evidence of clinical disease, subject to frequent review. The occurrence of AIDS or AIDS related complex is disqualifying.

AMC B to MED.B.040

OBSTETRICS AND GYNAECOLOGY - class 2 medical certificates

1. *Gynaecological surgery*

An applicant who has undergone a major gynaecological operation should be assessed as unfit until such time as the effects of the operation are not likely to interfere with the safe exercise of the privileges of the licence(s).

2. *Pregnancy*

- 2.1. A pregnant pilot may be assessed as fit during the first 26 weeks of gestation following satisfactory obstetric evaluation.
- 2.2. Licence privileges may be resumed upon satisfactory confirmation of full recovery following confinement or termination of pregnancy.

AMC B to MED.B.045

MUSCULOSKELETAL SYSTEM - class 2 medical certificates

1. An applicant with any significant sequela from disease, injury or congenital abnormality of the bones, joints, muscles or tendons with or without surgery should require full evaluation prior to fit assessment.
2. In cases of limb deficiency, a fit assessment may be considered following a satisfactory medical flight test.
3. An applicant with inflammatory, infiltrative, traumatic or degenerative disease of the musculoskeletal system may be assessed as fit provided the condition is in remission and the applicant is taking no disqualifying medication and has satisfactorily completed a medical flight test. A limitation to specified aircraft type(s) may be required.

4. Abnormal physique or muscular weakness may require a satisfactory medical flight test. A limitation to specified aircraft type(s) may be required.

AMC B to MED.B.050**PSYCHIATRY - class 2 medical certificates**

1. *Psychotic disorder*

A history of, or the occurrence of, a functional psychotic disorder is disqualifying unless in certain rare cases a cause can be unequivocally identified as one which is transient, has ceased and will not recur.

2. *Psychotropic substances*

Use or abuse of psychotropic substances likely to affect flight safety is disqualifying.

3. *Schizophrenia, schizotypal or delusional disorder*

An applicant with a history of schizophrenia, schizotypal or delusional disorder may only be considered fit if the original diagnosis was inappropriate or inaccurate as confirmed by psychiatric evaluation or, in the case of a single episode of delirium, provided that the applicant has suffered no permanent impairment.

AMC B to MED.B.055**PSYCHOLOGY- class 2 medical certificates**

Applicants with a psychological disorder may need to be referred for psychological or neuropsychiatric opinion and advice.

AMC B to MED.B.060**NEUROLOGY - class 2 medical certificates**

1. *Epilepsy*

An applicant may be assessed as fit if:

- (i) there is a history of a single afebrile epileptiform seizure, considered to have a very low risk of recurrence;
- (ii) there has been no recurrence after at least 10 years off treatment;
- (iii) there is no evidence of continuing predisposition to epilepsy.

2. *Conditions with a high propensity for cerebral dysfunction*

An applicant with a condition with a high propensity for cerebral dysfunction should be assessed as unfit. A fit assessment may be considered after full evaluation.

3. *Neurological disease*

Any stationary or progressive disease of the nervous system which has caused or is likely to cause a significant disability is disqualifying. In case of minor functional loss associated with stationary disease a fit assessment may be considered after full evaluation.

4. *Head injury*

An applicant with a head injury which was severe enough to cause loss of consciousness or is associated with penetrating brain injury should be assessed as fit if there has been a full recovery and the risk of epilepsy is sufficiently low.

AMC B to MED.B.065**VISUAL SYSTEM - class 2 medical certificates**1. *Eye examination*

- 1.1. At each aeromedical revalidation examination an assessment of the visual fitness of the licence holder should be undertaken and the eyes should be examined with regard to possible pathology. Conditions which indicate further ophthalmological examination include, but are not limited to, a substantial decrease in the uncorrected visual acuity, any decrease in best corrected visual acuity and/or the occurrence of eye disease, eye injury, or eye surgery.
- 1.2. At the initial assessment the examination should include ocular motility, binocular vision, colour vision and visual fields.
- 1.3. At the initial assessment the applicant should submit a copy of the recent spectacle prescription if visual correction is required to meet the visual requirements.

2. *Routine eye examination*

A routine eye examination should include:

- (i) history;
- (ii) visual acuities; near, intermediate and distant vision (uncorrected and with best optical correction if needed);
- (iii) examination of the external eye, anatomy, media and fundoscopy;
- (iv) further examination on clinical indication

3. *Visual Acuity*

In an applicant with amblyopia, the visual acuity of the amblyopic eye shall be 6/18 (0,3) or better. The applicant may be assessed as fit provided the visual acuity in the other eye is 6/6 (1,0) or better, with or without correction, and no significant pathology can be demonstrated.

4. *Substandard vision*

- 4.1. Reduced stereopsis, abnormal convergence not interfering with near vision and ocular misalignment where the fusional reserves are sufficient to prevent asthenopia and diplopia may be acceptable.
- 4.2. An applicant with substandard vision in 1 eye may be assessed as fit subject to a satisfactory flight test if the better eye:
 - (i) achieves distant visual acuity of 6/6 (1.0), corrected or uncorrected;
 - (ii) achieves intermediate visual acuity of N14 and N5 for near;
 - (iii) has no significant pathology.
- 4.3. An applicant with a visual field defect may be considered as fit if the binocular visual field is normal and the underlying pathology is acceptable.

5. *Eye Surgery*

- 5.1. After refractive surgery, a fit assessment may be considered provided that there is stability of refraction, there are no postoperative complications and no increase in glare sensitivity.
- 5.2. After cataract, retinal or glaucoma surgery a fit assessment may be considered once recovery is complete.

6. *Correcting lenses*

Correcting lenses should permit the licence holder to meet the visual requirements at all distances.

AMC B to MED B.070**COLOUR VISION - class 2 medical certificates**

1. At revalidation colour vision should be tested on clinical indication.
2. The Ishihara test (24 plate version) is considered passed if the first 15 plates, presented in a random order, are identified without error.

AMC B to MED.B.075**OTORHINO-LARYNGOLOGY - class 2 medical certificates**

1. *Hearing*
 - 1.1 The applicant should understand correctly conversational speech when tested with each ear at a distance of 2 metres from and with the applicant's back turned towards the AME.
 - 1.2. An applicant with hypoacusis should be assessed as fit if a speech discrimination test or functional cockpit hearing test demonstrates satisfactory hearing ability.
2. *Examination*

An ear, nose and throat (ENT) examination should form part of all revalidation and renewal examinations.
3. *Ear conditions*
 - 3.1. An applicant with an active pathological process, acute or chronic, of the internal or middle ear should be assessed as unfit until the condition has stabilised or there has been a full recovery.
 - 3.2. An applicant with an unhealed perforation or dysfunction of the tympanic membranes should be assessed as unfit. A single dry perforation of non-infectious origin and which does not interfere with the normal function of the ear may be considered for a fit assessment.
4. *Vestibular disturbance*

An applicant with disturbance of vestibular function should be assessed as unfit pending full recovery.
5. *Sinus dysfunction*

An applicant with any dysfunction of the sinuses should be assessed as unfit until there has been full recovery.
6. *Oral/ upper respiratory tract infections*

A significant, acute or chronic infection of the oral cavity or upper respiratory tract is disqualifying until full recovery.
7. *Speech disorder*

A significant disorder of speech or voice should be disqualifying.
8. *Air passage restrictions*

An applicant with significant restriction of the nasal air passage on either side or significant malformation of the oral cavity or upper respiratory tract should be assessed as fit if ENT evaluation is satisfactory.

AMC B to MED.B.080**DERMATOLOGY - class 2 medical certificates**

In cases where a dermatological condition is associated with a systemic illness, full consideration should be given to the underlying illness before a fit assessment.

AMC B to MED.B.085

ONCOLOGY- class 2 medical certificates

1. Applicants may be assessed as fit after treatment for malignant disease if:
 - (i) there is no evidence of residual malignant disease after treatment;
 - (ii) time appropriate to the type of tumour has elapsed since the end of treatment;
 - (iii) the risk of in-flight incapacitation from a recurrence or metastasis is sufficiently low;
 - (iv) there is no evidence of short or long-term sequelae from treatment that may adversely affect flight safety
2. Applicants with pre-malignant conditions of the skin may be assessed as fit if treated or excised as necessary and there is regular follow-up.

Section 2
Specific requirements for LPL medical certificates

AMC to MED.B.090**1. CARDIOVASCULAR SYSTEM**

- 1.1. The applicants' pulse and blood pressure should be examined.
- 1.2. Applicants with any of the following conditions should be assessed as unfit or have their privileges limited to operations without carrying passengers:
 - (i) if their left ventricular ejection fraction is known to be less than 0.4;
 - (ii) when the blood pressure, with or without treatment, at examination consistently exceeds 160 mmHg systolic and /or 95 mmHg diastolic;
 - (iii) when they do not have a satisfactory exercise test;
 - (iv) when they have an aortic aneurysm in the range of 5.5 cm to 6.5 cm.
- 1.3. Applicants that have:
 - (i) Pre-excitation associated with a significant arrhythmia;
 - (ii) Aneurysms of greater than 6.5 cm;
 - (iii) Symptomatic hypertrophic cardiomyopathy;should be assessed as unfit.
- 1.4. *General*

Applicants with a cardiac murmur may be assessed as fit if the murmur is assessed as being of no pathological significance.
- 1.5. *Blood Pressure*

The initiation of medication to control blood pressure requires a period of at least 2 weeks temporary suspension of the medical certificate to establish the absence of side effects.
- 1.6. *Coronary Artery Disease*

Applicants with suspected cardiac ischemia should be investigated before a fit assessment can be made.
- 1.7. *Angina*

Applicants, with or without treatment, who have been free from angina for 6 weeks, and who have had a satisfactory cardiological evaluation to include an exercise test, or equivalent test, that is negative for ischemia, may be assessed as fit.
- 1.8. *Elective Angioplasty*

Applicants should not have had an elective angioplasty within the last 6 weeks. Thereafter, applicants who have had a satisfactory cardiological evaluation to include an exercise test, or equivalent test that is negative for ischemia may be assessed as fit.
- 1.9. *Coronary Artery By-Pass Grafting*

Applicants should not have had Coronary Artery By-Pass Grafting within the last 3 months. Thereafter, applicants who have had a satisfactory cardiological evaluation to include an exercise test, or equivalent test that is negative for ischemia may be assessed as fit.
- 1.10. *Heart Attack*

Applicants should not have had a heart attack within the last 6 weeks. Thereafter, applicants who have had a satisfactory cardiological evaluation to include an exercise test, or equivalent test that is negative for ischemia may be assessed as fit.

1.11. Rhythm and conduction disturbances

Applicants with a significant disturbance of cardiac rhythm should be assessed as unfit unless the rhythm disturbance is assessed by a specialist as not likely to interfere with the safe exercise of the privilege of the LPL.

1.12. Sinoatrial disease, atrio-ventricular conduction defects, atrial flutter/fibrillation, narrow or broad complex tachycardia

A fit assessment may be made when the arrhythmias has been controlled for 3 months and the LV ejection fraction is >0.4.

1.13. Pacemaker implant

A fit assessment may be made 6 weeks after pacemaker implantation subject to satisfactory cardiological evaluation.

1.14. Successful Catheter Ablation

A fit assessment may be made 6 weeks after successful catheter ablation.

1.15. Left bundle branch block

A fit assessment can be made in applicants who have had a satisfactory cardiological evaluation to include an exercise test, or equivalent test. Applicants who do not meet the exercise test requirement may be assessed as fit for the OPL limitation.

1.16. Pre-excitation

Unless associated with an arrhythmia, applicants may be assessed as fit subject to satisfactory cardiological evaluation.

1.17. Arterial Disease

- (i) Ascending/descending thoracic and abdominal aortic aneurysm.

Aneurysms of <5.5 cm diameter may be assessed as fit in applicants who have had a satisfactory cardiological evaluation including an exercise test, or equivalent test.

- (ii) Hypertrophic Cardiomyopathy

Hypertrophic cardiomyopathy is disqualifying if symptomatic. If asymptomatic a fit assessment can be made if 3 of the following criteria can be met: 1) There is no family history of sudden death in a first degree relative from presumed hypertrophic cardiomyopathy. 2) A cardiologist can confirm that the hypertrophic cardiomyopathy is not severe and that the wall thickness does not exceed 3 cm. 3) No significant abnormality of heart rhythm has been demonstrated. 4) There is at least 25 mmHg increase in blood pressure during exercise testing.

1.18 Heart or lung transplant

A fit assessment may be made for applicants who have had a satisfactory cardiological evaluation to include an exercise test, or equivalent test and have a left ventricular ejection fraction of >0.4.

2. METABOLIC AND ENDOCRINE SYSTEMS

2.1. Applicants with diabetes mellitus managed by insulin should have their privileges limited to operation without carrying passengers, provided they have good recognition of the warning symptoms of hypoglycaemia. Blood sugar should be in a normoglycaemic range while exercising the privileges of the LPL and should be measured before and during flight.

2.2 Applicants with diabetes mellitus managed by insulin should not have the privilege to fly helicopters.

2.3 Applicants with diabetes mellitus managed by tablets or diet may be assessed as fit.

3. GENITOURINARY SYSTEM

- 3.1. The urine is examined for glucose at every examination.
- 3.2. Glycosuria should be investigated. A fit assessment may only be made if the glycosuria is not of pathological significance.
- 3.3. Applicants with urinary calculi likely to cause renal colic are assessed as unfit.

4. OBSTETRICS AND GYNAECOLOGY

Pregnancy

In the case of pregnancy applicants can only exercise the privileges of their licence until the 26th week of pregnancy.

5. PSYCHIATRY AND PSYCHOLOGY

- 5.1. Following an alcohol related seizure applicants should be assessed as unfit for a minimum period of one year and until such time that freedom from substance use is established and can be demonstrated. After this date, the applicant may be considered fit with a limitation to operations without carrying passengers. This limitation may be removed after a period of 5 years after the seizure.
- 5.2. Applicants with a history of alcohol dependency may be assessed as fit provided that they have been abstaining from alcohol for at least 1 year and their blood parameters have normalised. However, their privileges should be limited to operating without carrying passengers for a minimum period of 2 years or until such time that freedom from substance use is established and can be demonstrated.
- 5.3. History of severe anxiety or depressive states. Applicants may be assessed as fit if they are well and have been stable for 6 months. Medication must not cause side effects that would interfere with alertness or concentration.
- 5.4. History of psychosis.

Applicants should be assessed as unfit if they are taking anti-psychotic medication. Applicants that have recovered from a psychosis should be well and stable and off medication for 3 years.

6. NEUROLOGY

- 6.1. Applicants that have had 2 or more episodes of transient global amnesia should be assessed as unfit.
- 6.2. *Cerebrovascular Disease*

Following a stroke or transient ischemic attack applicants should be assessed as unfit for a minimum period of 1 month. After this date, if there has been a full function recovery applicants may be assessed as fit with their privileges limited to operations without carrying passengers for a minimum period of 11 months. A satisfactory exercise ECG is required to remove the limitation.
- 6.3. *Epilepsy*
 - (i) Applicants with a history of epilepsy may be assessed as fit if they have been free from epileptic attacks for at least 10 years without anticonvulsant medication in that time.
 - (ii) Applicants with a history of presumed loss of consciousness or altered awareness with seizure markers (unconsciousness for more than 5 minutes, amnesia greater than 5 minutes, injury, tongue biting, incontinence, remain conscious but with confused behaviour, headache post attack) may be assessed as fit if they have had no further episodes for at least 5 years.
 - (iii) Applicants may be assessed as fit but with their privileges limited to operating without carrying passengers if their last episode of loss of consciousness or altered awareness

with seizure markers occurred more than one year ago and they have had no further episodes off all treatment during this period.

6.4. *Simple faint*

Applicants who have had a simple faint may be assessed as fit, provided that fainting is unlikely to reoccur

6.5. *Chronic neurological disorders* (e.g. Parkinson's disease, Multiple Sclerosis)

Applicants may be assessed as fit if they are stable with adequate functional ability

6.6. *Liability to sudden giddiness* (e.g. Meniere's disease)

If recurrent attacks are unlikely to occur, applicants may be assessed as fit for operations without passengers, if symptom free after 1 year the limitation may be lifted.

6.7. *Benign supratentorial tumour treated by craniotomy*

If cured and seizure free, applicants may be considered for operations without carrying passengers after one year. If cured and seizure free the limitation can be lifted after a further 4 years.

6.8. *Any treatment for a pituitary tumour*

If there is no visual field defect and the applicant is fully recovered, the applicant may be considered for operations without carrying passengers. The limitation may be lifted after a further 6 months.

6.9. *Malignant brain tumours*

Grade 1-4 tumours are permanently disqualifying. Applicants with low grade infra tentorial tumours can be assessed as fit for operations without carrying passengers after specialist review and when free of disease for 1 year. The limitation may be lifted after a further 4 years.

6.10. *Serious head injury*

A fit assessment may be considered when specialist assessment suggests that the risk of seizure is no greater than 2% per annum and there has been a full clinical recovery.

6.11. *Intracranial haematoma*

A fit assessment may be considered when specialist assessment suggests that the risk of seizure is no greater than 2% per annum and there has been a full clinical recovery.

6.12. *Acute subdural haematoma*

- (i) A fit assessment may be considered when specialist assessment suggests that the risk of seizure is no greater than 2% per annum and there has been a full clinical recovery.
- (ii) If treatment has been with burr holes and there has been a full clinical recovery, the applicant may be considered for operations without carrying passengers after 6 months.
- (iii) If treatment has been by craniotomy and there has been a full clinical recovery, the applicant may be considered for operations without carrying passengers after 1 year.
- (iv) The limitations can be lifted when specialist assessment suggests that the risk of seizure is no greater than 2% per annum.

6.13. *Chronic subdural treated surgically*

If fully recovered, the applicant may be considered for operations without carrying passengers. The limitation may be lifted after 6 months if fully recovered.

6.14. *Acute intracerebral haemorrhage*

A fit assessment may be considered when specialist assessment suggests that the risk of seizure is no greater than 2% per annum and there has been a full clinical recovery.

- (i) Subarachnoid haemorrhage. If no cause is found, and there has been full recovery, and cerebral angiography is normal, the applicant may be considered for operations without carrying passengers after 6 months.
- (ii) If the cause is an anterior or posterior intra cranial aneurysm and this has been treated by surgery and there is no deficit the applicant may be considered for operations without carrying passengers when recovery has taken place. The limitation may be lifted after 1 year.
- (iii) If the cause is a middle cerebral aneurysm that this has been treated by surgery and there is no deficit, the applicant may be considered for operations without carrying passengers after 6 months. The limitation may be lifted after 1 year. Where surgery is not used, but other techniques are used, such as insertion of coils into the artery, the applicant may be considered for operations without carrying passengers when clinically recovered and when there is evidence of complete ablation of the aneurysm. The limitation may be lifted when specialist assessment suggests that the risk of seizure is no greater than 2% per annum.
- (iv) If the subarachnoid haemorrhage has not been treated, and if clinically recovered, the applicant may be considered for operations without carrying passengers after 6 months. The limitation shall not be lifted.

6.15. *Incidental finding of intracranial aneurysm*

- (i) If untreated, anterior circulation aneurysms excluding cavernous carotid must be <13 mm in diameter. Posterior circulation aneurysms must be <7 mm diameter. If these size limits are not met the applicant may be considered for operations without carrying passengers.
- (ii) If treated by surgery the applicant may be considered for operations without carrying passengers when clinically recovered. The limitation may be lifted after 1 year.

6.16. *Subarachnoid haemorrhage due to intracranial arteriovenous malformation*

- (i) If treated surgically and the applicant has been free of seizures and is clinically recovered, the applicant may be considered for operations without carrying passengers after 1 year. The limitation can be lifted after a further 9 years.
- (ii) If no treatment takes place the applicant may be considered for operations without carrying passengers. The limitation should not be lifted.

7. **VISUAL SYSTEM**

7.1. The applicant's visual acuity and visual fields are examined.

7.2. *Acuity*

The applicant's visual acuity with or without corrective lenses should be 6/9 binocularly and 6/12 in each eye.

7.3. *Amblyopia or Monocularity*

An applicant with amblyopia or monocularly may be assessed as fit, subject to a satisfactory flight test, if the visual acuity in the unaffected eye is with or without correction 6/6 or better.

7.4. *Visual field defects*

Applicants shall have a normal binocular visual field or a normal monocular visual field.

7.5. *Colour Vision*

For the grant of a night rating applicants should have correctly identified 9 of the first 15 plates of the 24-plate edition of Ishihara pseudoisochromatic plates. A vision care specialist or a doctor may have conducted this test.

8. OTORHINO-LARYNGOLOGY

The applicant should be able to hear a whispered voice in a quiet room.

Subpart D
GENERAL MEDICAL PRACTITIONERS (GMPS)

AMC to MED.D.001

Requirements for general medical practitioners

A speciality relevant to aeromedical practice in the sense of MED.D.001(a) should be considered as any speciality that gives competence to perform medical assessments in any of the systems described in Subpart B.