JAA LICENSING SECTORIAL TEAM

REVISED VERSION
Consultation

* * *

Draft NPA Text
Draft NPA-FCL 28
Medical

JAA Sectorial Team on Licensing Requirements, JAR-FCL

JAR-FCL 3
Subparts A, B & C

CONTENTS:

Section A

Section B

15. JAR-FCL 3.235

Section C

1. JAR-FCL 3.250
2. JAR-FCL 3.255
3. JAR-FCL 3.260
4. JAR-FCL 3.270
5. JAR-FCL 3.275
6. JAR-FCL 3.280
7. JAR-FCL 3.290
8. JAR-FCL 3.300
9. JAR-FCL 3.315
10. JAR-FCL 3.335
11. JAR-FCL 3.340
12. JAR-FCL 3.345
13. JAR-FCL 3.350
14. JAR-FCL 3.355

JAR–FCL 3.015
Acceptance of licences, ratings, authorisations, approvals or certificates

New paragraph (d) fitted in

(a) *Licences, ratings, authorisations, approvals or certificates issued by JAA Member States*

(1) Where a person, an organisation or a service has been licensed, issued with a rating, authorisation, approval or certificated by the Authority of a JAA Member State in accordance with the requirements of JAR–FCL and associated procedures, such licences, ratings, authorisations, approvals or certificates shall be accepted without formality by other JAA Member States.

(d) When an authority issues a licence which deviates from JAR-FCL, the endorsement 'Issued as a Deviation in accordance with JAR-FCL 1.015' shall be made on the licence, under item XIII and, if appropriate, on the medical certificate.

JAR–FCL 3.035
Medical fitness

Adjustment to paragraphs (c), (d), (e)

(a) *Fitness.* The holder of a medical certificate shall be mentally and physically fit to exercise safely the privileges of the applicable licence.

(b) *Requirement for medical certificate.* In order to apply for or to exercise the privileges of a licence, the applicant or the holder shall hold a medical certificate issued in accordance with the provisions of JAR–FCL Part 3 (Medical) and appropriate to the privileges of the licence.

(c) *Aeromedical disposition.* After completion of the examination the applicant shall be advised whether fit, unfit or referred to the Authority. The Authorised Medical Examiner (AME) shall inform the applicant of any ***medical*** condition ~~(s)~~ ***or limitation*** (~~medical,~~ operational or otherwise) that may restrict flying training and/or the privileges of any licence issued.

(d) *Operational ~~Multicrew Limitation~~ **Multi-pilot Limitation** (~~OML – Class 1 only~~ **Class 1 'OML'**).*

(1) The ***multi-pilot*** limitation "valid only as or with qualified co-pilot" is to be applied when the ~~holder of~~ ***applicant for*** a CPL or an ATPL does not fully meet the class 1 medical certificate requirements but is considered to be within the accepted risk of incapacitation (see JAR-FCL 3 (Medical), IEM FCL A, B and C). This limitation is applied by the Authority in the context of a multi-pilot environment. A ~~"valid only as or with qualified co-pilot"~~ ***multi-pilot (Class 1 'OML')*** limitation can only be issued or removed by the Authority ***, except in case of pregnant Class 1 pilots with a temporary 'OML' limitation during the first 26 weeks of gestation (see JAR-FCL 3.195, 3.315 and Appendix 8 (1)).***

(2) The other pilot shall be qualified on the type, not be over the age of 60, and not be subject to an OML.

(e) *Operational ~~Multicrew~~ Limitation for F/E (~~OML for FE – Class 1 only~~ **OFL - Valid for flight engineer duties only**)*

(1) The limitation of ~~OML for F/E~~ ***OFL - Valid for flight engineer duties only*** is to be applied when the holder of a F/E licence does not fully meet the Class 1 medical certificate requirements but is considered to be within the accepted risk of incapacitation (see JAR-FCL 3 (Medical), IEM FCL A, B, and C). This limitation is applied by the Authority and can only be removed by the Authority.

(2) The other flight crew ~~member~~ ***members*** shall not be subject to an OML.

(f) *Operational Safety Pilot Limitation (OSL - Class 2 only).* A safety pilot is a pilot who is qualified to act as PIC on the class/type of aeroplane and carried on board the aeroplane, which is fitted with dual controls, for the purpose of taking over control should the PIC holding this specific medical certificate restriction become incapacitated (see IEM FCL 3.035). An OSL can only be issued or removed by the Authority.

JAR–FCL 3.040
Decrease in medical fitness

Adjustment to paragraphs (b), (d)

(a) *Holders of medical certificates* shall not exercise the privileges of their licences, related ratings or authorisations 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) Holders of medical certificates shall not take any prescription or non-prescription medication or drug, or undergo any other treatment, unless they are completely sure that the medication~~, drug~~ or treatment will not have any adverse effect on their ability to perform safely their duties. If there is any doubt, advice shall be sought from the AMS, an AMC, or an AME. Further advice is given in IEM FCL 3.040.

(c) Holders of medical certificates shall, without undue delay**,** seek the advice of the AMS, an AMC or an AME when becoming aware of:

(1) hospital or clinic admission for more than 12 hours; or

(2) surgical operation or invasive procedure; or

(3) the regular use of medication; or

(4) the need for regular use of correcting lenses.

(d) Holders of medical certificates who are aware of:

(1) any significant personal injury involving incapacity to function as a member of a flight crew; or

(2) any illness involving incapacity to function as a member of a flight crew throughout a period of 21 days or more; or

(3) being pregnant, shall inform the ~~Authority~~ ***AMS or the AME, who shall subsequently inform the AMS,*** in writing of such injury or pregnancy, and as soon as the period of 21 days has elapsed in the case of illness. The medical certificate shall be deemed to be suspended upon the occurrence of such injury or the elapse of such period of illness or the confirmation of the pregnancy, and:

(4) in the case of injury or illness the suspension shall be lifted upon the holder ***by the AME in consultation with the AMS*** being medically ~~examined~~ ***assessed by the AME*** or under arrangements made by the ~~Authority~~ ***AMS*** and being pronounced fit to function as a member of the flight crew, or upon the ~~Authority~~ ***AMS*** exempting, subject to such conditions as it thinks ~~fit~~ ***appropriate***, the holder from the requirement of a medical examination; and

(5) in the case of pregnancy, the suspension may be lifted ***by the AME in consultation with the AMS or*** by the Authority for such period and subject to such conditions as it thinks ~~fit~~ ***appropriate*** (see JAR–FCL 3.195(c) and 3.315(c)) and shall cease upon the holder being medically ~~examined~~ ***assessed by the AME or*** under arrangements made by the Authority after the pregnancy has ended and being pronounced fit to resume her functions as a member of the flight crew. ***If an AME assesses a pregnant Class 1 pilot as fit Class 1, a multi-pilot (Class 1 'OML') limitation shall be entered. At the end of the pregnancy and following fit assessment by an AME the multi-pilot (Class 1 'OML') limitation may be removed by the AME, informing the AMS.***

JAR–FCL 3.045 Special circumstances

Adjustment to paragraph (b), new paragraph (c)

(a) It is recognised that the provisions of all parts of JAR–FCL will not cover every possible situation. Where the application of JAR–FCL would have anomalous consequences, or where the development of new training or testing concepts would not comply with the requirements, an applicant may ask the Authority concerned for an exemption. An exemption may be granted only if it can be shown that the exemption will ensure or lead to at least an equivalent level of safety.

(b) Exemptions are divided into short term exemptions and long term exemptions (more than 6 months). The granting of a long term exemption may only be undertaken in agreement with the ~~JAA FCL Committee~~ ***Licensing Sectorial Team (LST)***.

For medical ~~variation and~~ review policy see JAR–FCL 3.125.

(c) When a new medical technology, medication or procedure is identified that may justify the certification of applicants otherwise not in compliance with the requirements, an Authority may form a Research and Development Working Group (REDWIG) to develop and evaluate a new certification protocol. The protocol will be limited to flights in aircraft registered in this Authority, and in Authorities that permit it. As part of the evaluation process Mandatory Occurrence Reporting will be required for all incidents.

JAR-FCL 3.080
Aeromedical Section (AMS)

Adjustment to paragraph (b)

JAR–FCL 3.080 Aeromedical Section (AMS)

(a) *Establishment.* Each JAA Member State will include within its Authority one or more physicians experienced in the practice of aviation medicine. Such physicians shall either form part of the Authority, or be duly empowered to act on behalf of the Authority. In either case they shall be known as the Aeromedical Section (AMS).

(b) *Medical Confidentiality.* Medical Confidentiality shall be respected at all times. The Authority will ensure that all oral or written reports and electronically stored information on medical matters of licence holders/applicants are made available ***only*** to ~~an~~ ***the*** AMS, ***AMC or AME handling the application and*** ~~in order to be used by the Authority~~ for ***the purpose of*** completion of a medical assessment. The applicant or his physician shall have access to all such documentation in accordance with national law.

JAR–FCL 3.090
Authorised Medical Examiners (AMEs)

Adjustment to paragraph (d), reintroduction of paragraph (g)

(a) *Designation.* The Authority will designate and authorise Medical Examiners (AMEs), within its national boundaries, qualified and licensed in the practice of medicine. Physicians resident in non-JAA Member States wishing to become AMEs for the purpose of JAR–FCL may apply to the Authority of a JAA Member State. Following appointment the AME shall report to and be supervised by the Authority of that State. For Class 1 applicants such AMEs shall be restricted to carrying out standard periodic revalidation/renewal assessments.

(b) *Number and location of examiners.* The Authority will determine the number and location of examiners it requires, taking account of the number and geographic distribution of its pilot population.

(c) *Access to documentation.* An AME, responsible for coordinating assessment results and signing reports, shall be allowed access to any prior aeromedical documentation held by the AMS and related to such examinations as that AME is to carry out.

(d) *Training.* AMEs shall be qualified and licensed in the practice of medicine and shall have received training in aviation medicine ***acceptable to the Authority***. They should acquire practical knowledge and experience of the conditions in which the holders of licences and ratings carry out their duties.

(1) *Basic training in Aviation Medicine* (see AMC FCL 3.090)

(i) Basic training for physicians responsible for the medical selection and surveillance of Class 2 flying personnel shall consist of a minimum of 60-hours of lectures including practical work (examination techniques). ***The basic training in Aviation Medicine shall be acceptable to the Authority.***

(ii) A final examination shall conclude the basic training course. A certificate will be awarded to the successful candidate.

(iii) Possession of a certificate of basic training in Aviation Medicine constitutes no legal right to be ~~approved~~ ***authorised*** as an AME for Class 2 examinations by an AMS.

(2) *Advanced training in Aviation Medicine*

(i) Advanced training in Aviation Medicine for physicians responsible for the medical examination and assessment and surveillance of Class 1 flying personnel should consist of a minimum of 120-hours of lectures (60 additional hours to basic training) and practical work, training attachments and visits to Aeromedical Centres, Clinics, Research, ATC, Simulator, Airport and industrial facilities. ***The advanced training in Aviation Medicine shall be acceptable to the Authority.***

Training attachments and visits may be spread over three years. Basic training in Aviation Medicine shall be a compulsory entry requirement (see AMC FCL 3.090).

(ii) A final examination shall conclude this advanced training course in Aviation Medicine and a certificate shall be awarded to the successful candidate.

(iii) Possession of a certificate of Advanced Training in Aviation Medicine constitutes no legal right to be ~~approved~~ ***authorised*** as an AME for Class 1 or Class 2 examinations by an AMS.

(3) *Refresher Training in Aviation Medicine.* During the period of authorisation an AME is required to attend a minimum of 20 hours ~~approved~~ refresher training ***acceptable to the Authority***. A minimum of 6 hours must be under the direct supervision of the AMS. Scientific meetings, congresses and flight deck experience may be approved by the AMS for this purpose, for a specified number of hours (see AMC FCL 3.090).

(e) *Authorisation.* An AME will be authorised for a period not exceeding three years. Authorisation to perform medical examinations may be for Class 1 or Class 2 or both at the discretion of the Authority. To maintain proficiency and retain authorisation an AME should complete at least ten aeromedical examinations each year. For re-authorisation the

AME shall have completed an adequate number of aeromedical examinations to the satisfaction of the AMS and shall also have undertaken relevant training during the period of authorisation (see AMC FCL 3.090). **[ ]**

[(f) Enforcement. A JAA Member State may at any time in accordance with its national procedures revoke any Authorisation it has issued in accordance with the requirements of JAR-FCL if it is established that an AME has not met, or no longer meets, the requirements of JAR-FCL or relevant national law of the State of license issue.**]**

(g) Transitional Arrangements. Authorised Medical Examiners (AMEs) appointed prior to implementation of JAR-FCL 3 will be required to attend training in the requirements and documentation of JAR–FCL Part 3 (Medical) but may continue at the discretion of the Authority to exercise the privileges of their authorisation without completion of JAR–FCL 3.090(d)(1) & (2).

JAR–FCL 3.091 Aeromedical examination and assessment – General

New requirement fitted in

(a) Compliance with JARs. The examinations and assessments shall be carried out in accordance with the relevant requirements of JAR-FCL 3 and associated procedures.

(b) Reference material. Subparts B and C contain the requirements for Class 1 and Class 2 applicants, respectively. The Appendices to Subparts B and C contain the requirements for those applicants outside the limits of Subparts B or C for Class 1 and Class 2 applicants, respectively. The JAA Manual of Civil Aviation Medicine contains descriptions of good medical and aeromedical practice and the procedures that may be applied in aeromedical examinations and assessments.

JAR-FCL 3.100
Medical certificates

Adjustment to paragraphs (a), (b), (e)

(a) *Content of certificate.* The medical certificate shall contain the following information:

(1) Reference number (as designated by the Authority)

(2) Class of certificate

(3) Full name

(4) Date of birth

(5) Nationality

(6) ~~Date and place of initial medical examination~~ ***Expiry date of the medical certificate***

(a) For Class 1:

(i) expiry date (single pilot commercial air transport operations carrying passengers);

(ii) expiry date (other commercial operations);

(iii) expiry date of previous medical certificate;

(b) For Class 2:

(i) expiry date of the medical certificate;

(ii) expiry date of previous medical certificate

(7) Date of ~~last extended~~ ***previous*** medical examination

(8) Date of last electrocardiography

(9) Date of last audiometry

(10) Limitations~~, conditions and/or variations~~

(11) AME / ***AMC / AMS*** name, number and signature

(12) Date of ~~general~~ examination

(13) Signature of applicant.

(b) *Initial issue of medical certificates.* Initial Class 1 medical certificates shall be issued. The issue of initial Class 2 certificates shall be by the AMS or may be delegated to an AMC or AME.

(c) *Revalidation and renewal of medical certificates.* Class 1 or 2 medical certificates may be re-issued by an AMS, or may be delegated to an AMC or an AME.

(d) *Disposition of certificate*

(1) A medical certificate shall be issued, in duplicate if necessary, to the person examined once the examination is completed and a fit assessment made.

(2) The holder of a medical certificate shall submit it to the AMS for further action if required (see IEM FCL 3.100).

(3) The holder of a medical certificate shall present it to the AME at the time of the revalidation or renewal of that certificate (see IEM FCL 3.100).

(e) *Certificate annotation, ~~variation,~~ limitation or suspension*

(1) When a review has been performed and a ~~variation granted~~ ***medical certificate has been issued*** in accordance

with Paragraph JAR–FCL 3.125 ~~this fact~~ ***any limitation that may be required*** shall be stated on the medical certificate (see IEM FCL 3.100) ~~in addition to any conditions that may be required, and may be entered on the licence at the discretion of the Authority~~ .

(2) Following a medical certificate renewal examination, the AMS may, for medical reasons duly justified and notified to the applicant and the AMC or AME, limit or suspend a medical certificate issued by the AMC or by the AME.

(f) *Denial of Certificate*

(1) An applicant who has been denied a medical certificate will be informed of this in writing in accordance with IEM FCL 3.100 and of his right of review by the Authority.

(2) Information concerning such denial will be collated by the Authority within 5 working days and be made available to other Authorities. Medical information supporting this denial will not be released without prior consent of the applicant.

JAR-FCL 3.105
Period of validity of medical certificates

Adjustment to paragraphs (a), (b)

(a) *Period of validity.* A medical certificate shall be valid from the date of the initial general medical examination and for:

(1) Class 1 medical certificates, 12 months except that ***,*** for ~~holders~~ ***applicants*** who

(i) are engaged in single-pilot commercial air transport operations carrying passengers and have passed their 40th birthday, or

(i) have passed their 60th birthday

~~have passed their 40th birthday the interval is reduced to six months.~~ ***the period of validity shall be reduced to 6 months.*** **[**This increase in frequency after the 40th birthday does not apply to flight engineers.**]**

(2) Class 2 medical certificates, 60 months until age ~~30~~ ***40***, then 24 months until age 50 and 12 months thereafter.

(3) The expiry date of the medical certificate is calculated on the basis of the information contained in (1) and (2). The validity period of a medical certificate (including any associated extended examination or special investigation) shall be determined by the age at which the medical examination of the applicant takes place.

(4) Despite (2) above, a medical certificate issued prior to the holder's ~~30th~~ ***40th*** birthday will not be valid for Class 2 privileges after his ~~32nd~~ ***42nd*** birthday.

(5) The period of validity of the medical certificate may be reduced when clinically indicated.

(b) *Revalidation.*

(1) If the medical revalidation is taken up to 45 days prior to the expiry date calculated in accordance with (a), the ~~validity~~ ***expiry*** of the new certificate ~~extends from the previous medical certificate expiry date by~~ ***is calculated by adding*** the period stated in (a)(1) or (2) ~~as applicable.~~ ***, as applicable, to the expiry date of the previous medical certificate.***

(2) A medical certificate revalidated prior to its expiry becomes invalid once a new certificate has been issued.

(c) *Renewal.* If the medical examination is not taken within the 45 day period referred to in (b) above, the expiry date will be calculated in accordance with paragraph (a) with effect from the date of the next general medical examination.

(d) *Requirements for revalidation or renewal.* The requirements to be met for the revalidation or renewal of medical certificates are the same as those for the initial issue of the certificate, except where specifically stated otherwise.

(e) *Reduction in the period of validity.* The period of validity of a medical certificate may be reduced by an AME in consultation with the AMS when clinically indicated.

(f) *Additional examination.* Where the Authority has reasonable doubt about the continuing fitness of the holder of a medical certificate, the AMS may require the holder to submit to further examination, investigation or tests. The reports shall be forwarded to the AMS.

See further Appendix 1 to JAR–FCL 3.105.

JAR–FCL 3.115 Use of Medication~~, drugs~~ or other treatments

Adjustment to title and paragraph (a)

(a) A medical certificate holder who is taking any prescription or non-prescription medication ~~or drug~~ or who is receiving any medical, surgical, or other treatment shall comply with the requirements of JAR-FCL 3.040. Further advice is given in IEM FCL 3.040.

(b) All procedures requiring the use of a general or spinal anaesthetic shall be disqualifying for at least 48 hours.

(c) All procedures requiring local or regional anaesthetic shall be disqualifying for at least 12 hours.

JAR-FCL 3.125
Variation and review policy

Adjustment to title of paragraph, splitting paragraph (a) into two new paragraphs (a) and (b), renumbering old paragraph (b) into (c), adjustment to new paragraphs (a), (b), (c)

JAR–FCL 3.125 ~~Variation and review policy~~ *Delegation of Fit Assessment, Review Policy and Secondary Review*

(a) ~~*AMS Review.*~~ ***Delegation of fit assessment***

(i) If the medical requirements prescribed in JAR–FCL Part 3 (Medical) for a particular licence are not fully met by an applicant**,** the appropriate medical certificate shall not be issued, revalidated or renewed by the AMC or AME but the decision shall be referred to the ~~Authority~~ ***AMS***. If there are provisions in JAR–FCL Part 3 (Medical) that the ~~individual~~ ***applicant*** under certain conditions ~~(as indicated by the use of should or may~~ ***in accordance with the Appendices to Subparts B and C***~~)~~ ~~can~~ ***may*** be ~~considered~~ ***assessed as*** fit**,** ***the AMS may do so. Such fit assessments may be delegated to the AMC or AME at the discretion of the AMS.***~~, a variation may be granted by the Authority.~~

(ii) An AMC or AME that assesses an applicant as fit under delegated authority as in (a) (i) shall inform the AMS of the details of such assessment.

(b) Review Policy

The AMS may issue, revalidate or renew a medical certificate after due consideration has been given to the requirements, acceptable means of compliance and guidance material and to:

(1) the medical deficiency in relation to the operating environment;

(2) the ability, skill and experience of the applicant in the relevant operating environment;

(3) a medical flight test, if appropriate; and

(4) the requirement for application of any limitations~~, conditions or variations~~ to the medical certificate and licence ***(see JAR-FCL 3.100 (e)(1) and IEM 3.100 (c)***.

Where the issue of a certificate will require more than one limitation, ~~condition or variation,~~ the additive and interactive effects upon flight safety must be considered by the AMS before a certificate can be issued.

~~(b)~~***(c)*** *Secondary review*.

Each Authority will constitute a secondary review procedure, with independent medical advisers, experienced in the practice of aviation medicine, to consider and evaluate contentious cases.

Appendix 1 to JAR–FCL 3.105
Validity [period/transfer] of medical [records for Class 1 and Class 2 renewal]

Adjustment to paragraph (1) (a)

1 Class 1

(a) If a licence holder allows his Medical Certificate to expire by more than five years, renewal shall require an initial or extended, at AMS discretion, aeromedical examination, performed at an AMC which has obtained his **[**relevant**]** medical records. ~~**(**[For example, the**]** EEG may be omitted unless clinically indicated.)~~

(b) If a licence holder allows his Medical Certificate to expire by more than two years but less than five years, renewal shall require the prescribed standard or extended examination to be performed at an AMC which has obtained his **[**relevant**]** medical **[**records**]**, or by an AME at the discretion of the AMS, subject to the records of medical examinations for flight crew licences being made available to the medical examiners.

(c) If a licence holder allows his certificate to expire by more than 90 days but less than two years, renewal shall require the prescribed standard or extended examination to be performed at an AMC, or by an AME at the discretion of the AMS.

(d) If a licence holder allows his certificate to expire by less than 90 days, renewal shall be possible by standard or extended examination as prescribed.

2 Class 2

(a) If an Instrument Rating is added to the licence, pure tone audiometry must have been performed within the last 60 months if the licence holder is 39 years of age or younger, and within the last 24 months if the licence holder is 40 years of age or older.

(b) If a licence holder allows his Medical Certificate to expire by more than five years, renewal shall require an initial aeromedical examination. Prior to the **[**certificate issue**]** the **[**relevant**]** medical **[**records**]** shall be obtained by the AME.

(c) If a licence holder allows his Medical Certificate to expire by more than **[**two**]** year**[**s**]** but less than five years, renewal shall require the prescribed examination to be performed. Prior to the examination the **[**relevant**]**medical **[**records**]** shall be obtained by the AME.

(d) If a licence holder allows his certificate to expire by less than **[**two**]** year**[**s**]**, renewal shall require the prescribed examination to be performed.

An extended aeromedical examination shall always be considered to contain a standard aeromedical examination and thus count both as a standard and an extended examination.

JAR–FCL 3.130
Cardiovascular system – Examination

Adjustment to paragraphs (b), (d)

(a) An applicant for or holder of a Class 1 medical certificate shall not possess any abnormality of the cardiovascular system, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) A standard 12-lead resting electrocardiogram (ECG) and report are required 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 every 6 months~~ ***and at all revalidation or renewal examinations*** thereafter and on clinical indication.

(c) Exercise electrocardiography is required only when clinically indicated in compliance with paragraph 1 Appendix 1 to Subpart B.

(d) Reporting of resting and exercise electrocardiograms shall be by ***AME or other*** specialists acceptable to the AMS.

(e) Estimation of serum**[ ]** lipids, including cholesterol, is required to facilitate risk assessment at the examination for first issue of a medical certificate, and at the first examination after age 40 (see paragraph 2 Appendix 1 to Subpart B).

(f) At the first renewal/revalidation examination after age 65, a Class 1 certificate holder shall be reviewed at an AMC or, at the discretion of the AMS, review may be delegated to a cardiologist acceptable to the AMS.

JAR–FCL 3.135
Cardiovascular system – Blood pressure

Adjustment to paragraphs (a), (c)

(a) The blood pressure shall be recorded with the technique given in paragraph 3 Appendix 1 to Subpart B ***at each examination***.

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

(c) Treatment for the control of blood pressure shall be compatible with the safe exercise of the privileges of the applicable licence(s) and be compliant with paragraph 4 Appendix 1 to Subpart B. The initiation of ~~drug therapy~~ ***medication*** shall require a period of temporary suspension of the medical certificate to establish the absence of significant side effects.

(d) Applicants with symptomatic hypotension shall be assessed as unfit.

JAR–FCL 3.140
Cardiovascular system – Coronary artery disease

Adjustment to paragraphs (a), (c)

(a) Applicants with suspected **[**cardiac ischaemia**]** shall be investigated. **[**Those**]** with asymptomatic minor coronary artery disease, requiring no treatment may **[ ]** be ~~considered~~ ***assessed as*** fit by the AMS **[**if the investigations in**]** paragraph 5 Appendix 1 to Subpart B **[**are completed satisfactorily **]**.

(b) Applicants with symptomatic coronary artery disease**[**, or with cardiac symptoms controlled by medication,**]** shall be assessed as unfit.

[(c) After an ischaemic cardiac event (defined as a myocardial infarction, angina, significant arrhythmia or heart failure due to ischaemia, or any type of cardiac revascularisation) ***a fit assessment for*** initial Class 1 ~~certification~~ ***applicants*** is not possible. ~~Renewal or revalidation~~ ***At revalidation or renewal a fit assessment*** may be considered by the AMS if the investigations in paragraph 6 Appendix 1 to Subpart B are completed satisfactorily.**]**

[ ]

JAR–FCL 3.150 Cardiovascular system – General

Adjustment to paragraph (b)

(a) Applicants with peripheral arterial disease before or after surgery shall be assessed as unfit. Provided there is no significant functional impairment, a fit assessment may be considered by the AMS subject to compliance with paragraphs 5 and 6, Appendix 1 to Subpart B.

(b) Applicants with aneurysm of the thoracic or abdominal aorta, before or after surgery, shall be assessed as unfit. Applicants with aneurysm of the infra-renal abdominal aorta may be ~~considered~~ ***assessed as fit*** by the AMS at renewal or revalidation examinations, subject to compliance with paragraph 9 Appendix 1 to Subpart B.

(c) Applicants with significant abnormality of any of the heart valves shall be assessed as unfit.

(1) Applicants with minor cardiac valvular abnormalities may be assessed as fit by the AMS subject to compliance with paragraph 10 (a) and (b) Appendix 1 to Subpart B.

(2) Applicants with cardiac valve replacement/repair shall be assessed as unfit. A fit assessment may be considered by the AMS subject to compliance with paragraph 10(c) of Appendix 1 to Subpart B.

(d) Systemic anticoagulant therapy is disqualifying. Applicants who have received treatment of limited duration may be considered for a fit assessment by the AMS subject to compliance with paragraph 11 Appendix 1 to Subpart B.

(e) Applicants with any abnormality of the pericardium, myocardium or endocardium not covered above shall be assessed as unfit. A fit assessment may be considered by the AMS following complete resolution and satisfactory cardiological evaluation in compliance with paragraph 12 Appendix 1 to Subpart B.

(f) Applicants with congenital abnormality of the heart, before or after corrective surgery, shall be assessed as unfit. Applicants with minor abnormalities may be assessed as fit by the AMS following cardiological investigation in compliance with paragraph 13 Appendix 1 to Subpart B.

(g) Heart or heart/lung transplantation is disqualifying.

(h) Applicants with a history of recurrent vasovagal syncope shall be assessed as unfit. A fit assessment may be considered by the AMS in applicants with a suggestive history subject to compliance with paragraph 14 Appendix 1 to Subpart B.

JAR–FCL 3.155
Respiratory system – General

Adjustment to paragraphs (b), (c)

(a) An applicant for or the holder of a Class 1 medical certificate shall not possess any abnormality of the respiratory system, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) Posterior/anterior chest radiography ~~is~~ ***may be*** required at ~~the~~ initial ***, revalidation or renewal*** ~~examination~~ ***examinations*** ~~. It may be required at revalidation/renewal examinations~~ when indicated on clinical or epidemiological grounds.

(c) Pulmonary function tests (see paragraph 1 Appendix 2 to Subpart B) are required at the initial examination ***and on clinical indication***. ~~A peak flow test shall be performed at first revalidation or renewal examination after age 30, every 5 years until age 40, and every 4 years thereafter and on clinical indication~~. Applicants with significant impairment of pulmonary function (see paragraph 1 Appendix 2 to Subpart B) shall be assessed as unfit.

JAR–FCL 3.160
Respiratory system – Disorders

Adjustment to paragraphs (a), (b)

(a) Applicants with chronic obstructive airway disease shall be assessed as unfit. ***Applicants with only minor impairment of their pulmonary function may be assessed as fit.***

(b) Applicants with ~~reactive airway disease (bronchial asthma)~~ ***asthma*** requiring medication shall be assessed in compliance with paragraph 2 Appendix 2 to Subpart B.

(c) Applicants with active inflammatory disease of the respiratory system shall be assessed as temporarily unfit.

(d) Applicants with active sarcoidosis shall be assessed as unfit (see paragraph 3 Appendix 2 to Subpart B).

(e) Applicants with spontaneous pneumothorax shall be assessed as unfit pending full evaluation in compliance with paragraph 4 Appendix 2 to Subpart B.

(f) Applicants requiring major chest surgery shall be assessed as unfit for a minimum of three months following operation and 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) (see paragraph 5 Appendix 2 to Subpart B).

(g) Applicants with unsatisfactorily treated sleep apnoea syndrome shall be assessed as unfit.

JAR–FCL 3.170
Digestive system – Disorders

Adjustment to paragraphs (d), (e)

(a) Applicants with recurrent dyspeptic disorders requiring medication or with pancreatitis shall be assessed as unfit pending assessment in compliance with paragraph 1 Appendix 3 to Subpart B.

(b) Applicants with asymptomatic gallstones discovered incidentally shall be assessed in compliance with paragraph 2 Appendix 3 to Subpart B.

(c) Applicants with an established diagnosis or history of chronic inflammatory bowel disease shall **[ ]** be assessed as unfit (see paragraph 3 Appendix 3 to Subpart B).

(d) Applicants shall be ~~required to be~~ completely free from ~~those~~ herniae that might give rise to incapacitating symptoms.

(e) Applicants with any ~~sequela~~ ***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.

(f) 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, 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 interfere with the safe exercise of the privileges of the applicable licence(s) (see paragraph 4 Appendix 3 to Subpart B).

JAR–FCL 3.180
Haematology

Adjustment to paragraphs (b), (e)

(a) An applicant for or the holder of a Class 1 medical certificate shall not possess any haematological disease which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) Haemoglobin shall be tested at every medical examination ~~and cases of significant anaemia~~ ***. Applicants with abnormal haemoglobin shall be investigated. Applicants*** with a haematocrit below 32% shall be assessed as unfit (see paragraph 1 Appendix 5 to Subpart B).

(c) Applicants with sickle cell disease shall be assessed as unfit (see paragraph 1 Appendix 5 to Subpart B).

(d) Applicants with significant localised and generalised enlargement of the lymphatic glands and diseases of the blood shall be assessed as unfit (see paragraph 2 Appendix 5 to Subpart B).

(e) Applicants with acute leukaemia shall be assessed as unfit. After established remission, ~~certification~~ ***applicants*** may be ~~considered~~ ***assessed as fit*** by the AMS. ~~Initial applicants~~ ***Applicants*** with chronic leukaemias shall be assessed as unfit. ~~For certification see~~ ***After a period of demonstrated stability a fit assessment may be considered by the AMS. See*** paragraph 3 Appendix 5 to Subpart B.

(f) Applicants with significant enlargement of the spleen shall be assessed as unfit (see paragraph 4 Appendix 5 to Subpart B).

(g) Applicants with significant polycythaemia shall be assessed as unfit (see paragraph 5 Appendix 5 to Subpart B).

(h) Applicants with a coagulation defect shall be assessed as unfit (see paragraph 6 Appendix 5 to Subpart B).

JAR–FCL 3.195 Gynaecology and obstetrics

Adjustment to paragraphs (c), (d)

(a) An applicant for or the holder of a Class 1 medical certificate 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) An applicant with a history of severe menstrual disturbances unamenable to treatment shall be assessed as unfit.

(c) Pregnancy entails unfitness. If obstetric evaluation indicates a completely normal pregnancy, the applicant may be assessed as fit until the end of the 26th week of gestation, in accordance with paragraph 1 Appendix 8 to Subpart B ***by AMS, AMC or AME***. Licence privileges may be resumed upon satisfactory confirmation of full recovery following confinement or termination of pregnancy.

(d) An applicant who has undergone a major gynaecological operation shall be assessed as unfit for a ~~minimum~~ period of three months ~~and~~ ***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) (see paragraph 2 Appendix 8 to Subpart B).

JAR–FCL 3.210
Neurological requirements

Adjustment to paragraph (c)

(a) An applicant for or holder of a Class 1 medical certificate 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) Particular attention shall be paid to the following (see Appendix 11 to Subpart B):

(1) progressive disease of the nervous system,

(2) epilepsy and other causes of disturbance of consciousness,

(3) conditions with a high propensity for cerebral dysfunction,

(4) head injury,

(5) spinal or peripheral nerve injury.

(c) Electroencephalography is required ~~at the initial examination (see Appendix 11 to Subpart B) and~~ when indicated by the applicant's history or on clinical grounds ***(see Appendix 11 to Subpart B)***.

JAR–FCL 3.215
Ophthalmological requirements

Adjustment to paragraphs (b), (c), (d), new paragraph (e) inserted, old paragraph (e) renamed (f), adjustment to new paragraph (f)

(a) An applicant for or holder of a Class 1 medical certificate 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 sequela of eye surgery or trauma, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) An ophthalmological examination ***by an ophthalmologist or a vision care specialist acceptable to the AMS (All abnormal and doubtful cases shall be referred to an ophthalmologist acceptable to the AMS.)*** is required at the initial examination ~~(see paragraph 1 (a) Appendix 12 to Subpart B)~~ and shall include:

(1) History;

(2) Visual acuity, near, intermediate and distant vision: uncorrected; with best optical correction if needed;

(3) Objective refraction. Hyperopic applicants under age 25 in cycloplegia;

(4) Ocular motility and binocular vision;

(5) Colour vision;

(6) Visual fields;

(7) Tonometry on clinical indication and over age 40;

(8) Examination of the external eye, anatomy, media ***(slit lamp)*** and fundoscopy. ~~Slit lamp examination.~~

(c) A routine eye examination ***may be performed by an AME. It*** shall form part of all revalidation and renewal examinations (see paragraph 2 Appendix 12 to Subpart B) and shall include:

(1) History;

(2) Visual acuity, near, intermediate and distant vision: uncorrected and with best optical correction if needed;

(3) Morphology by ophthalmoscopy;

(4) Further examination on clinical indication.

(d) Where, in certificate holders the functional performance standards (6/9 ***(0,7)***, 6/9 ***(0,7)***, 6/6 ***(1,0)***, N14, N5) can only be reached with corrective lenses~~,~~ ***and the refractive error exceeds*** ± ***3 diopters,*** the applicant shall supply to the AME an examination report from an ophthalmologist or vision care specialist acceptable to the AMS (see paragraph 3 Appendix 12 to Subpart B). ~~The report must refer to an examination which was carried out at the time of the general medical examination and~~ **or** ~~in any case not more than 24~~ **60** ~~months before the general medical examination.~~

If the refractive error is within the range not exceeding +5 to -6 dioptres, then this examination must have been carried out within 60 months prior to the general medical examination. If the refractive error is outside this range, then this examination must have been carried out within 24 months prior to the examination. The examination shall include:

(1) History;

(2) Visual acuity, near, intermediate and distant vision: uncorrected; with best optical correction if needed;

(3) Refraction;

(4) Ocular motility and binocular vision;

~~(5) Colour vision;~~

~~(6)~~***(5)***Visual fields;

~~(7)~~***(6)***Tonometry over age 40;

~~(8)~~***(7)***Examination of the external eye, anatomy, media ***(slit lamp)*** and fundoscopy. ~~Slit lamp examination.~~

The report shall be forwarded to the AMS. If any abnormality is detected, such that the applicant's ocular health is in doubt, further ophthalmological examination will be required (see paragraph 4 Appendix 12 to Subpart B).

(e) ***Class 1 certificate holders over age 40 should undergo tonometry 2-yearly or submit a report of a tonometry which must have been carried out within 24 months prior to the examination.***

~~(e)~~***(f)*** Where ~~specialists~~ ***specialist*** ophthalmological examinations are required for any ***significant*** reason, the medical certificate is to be marked with the limitation "Requires specialist ophthalmological examinations – RXO". Such a limitation may be applied by an AME but may only be removed by the AMS.

JAR–FCL 3220
Visual requirements

Adjustment to paragraphs (b)(1), (2), (3), (4) and (6), (c), (e), (f), (g)(1), (3), (h)(1) and (2), insertion of new subparagraph (g)(3) and renumbering of former (g)(3) to (4)

(a) *Distant visual acuity.* Distant visual acuity, with or without correction, shall be 6/9 (0,7) or better in each eye separately and visual acuity with both eyes shall be 6/6 (1,0) or better (see JAR–FCL 3.220(g) below). No limits apply to uncorrected visual acuity.

(b) *Refractive errors.* Refractive error is defined as the deviation from emmetropia measured in dioptres in the most ametropic meridian. Refraction shall be measured by standard methods (see paragraph 1 Appendix 13 to Subpart B). Applicants shall be ~~considered~~ ***assessed as*** fit with respect to refractive errors if they meet the following requirements:

(1) Refractive error

(i) At the initial examination the refractive error shall ~~not exceed ±3~~ ***be within the range of + 5 to -6*** dioptres (see paragraph 2 (a) Appendix 13 to Subpart B).

(ii) At revalidation or renewal examinations, an applicant experienced to the satisfaction of the Authority with ***a*** refractive ~~errors~~ ***error not exceeding*** ~~up to +5/-8~~ **+5** dioptres ***or with a high myopic refractive error exceeding -6 dioptres*** may be ~~considered~~ ***assessed as*** fit by the AMS (see paragraph 2 (b) Appendix 13 to Subpart B).

(iii) Applicants with a large refractive error shall use contact lenses or high-index spectacle lenses.

(2) Astigmatism

(i) In an initial applicant with a refractive error with an astigmatic component, the astigmatism shall not exceed ~~2.0~~ ***2,0*** dioptres.

(ii) At recertification or renewal examinations, an applicant experienced to the satisfaction of the Authority with a refractive error with an astigmatic component not exceeding ~~3.0~~ ***3,0*** dioptres may be ~~considered~~ ***assessed as*** fit by the AMS.

(3) Keratoconus is disqualifying. The AMS may consider ~~re-certification~~ ***a fit assessment for revalidation or renewal*** if the applicant meets the ~~visual~~ requirements ***for visual acuity*** (see paragraph 3 Appendix 13 to Subpart B).

(4) Anisometropia

(i) In initial applicants the difference in refractive error between the two eyes (anisometropia) shall not exceed ~~2.0~~ ***2,0*** dioptres.

(ii) At recertification or renewal examinations, an applicant experienced to the satisfaction of the Authority with a difference in refractive error between the two eyes of up to ~~3.0~~ ***3,0*** dioptres may be ~~considered~~ ***assessed as*** fit by the AMS.

(5) The development of presbyopia shall be followed at all aeromedical renewal examinations.

(6) An applicant shall be able to read N5 chart (or equivalent) at 30–50 ~~cms~~ ***centimetres*** and N14 chart (or equivalent) at 100 ~~cms~~ ***centimetres***, with correction if prescribed (see JAR–FCL 3.220(g) below).

(c) An applicant with significant defects of binocular vision shall be assessed as unfit ~~. There is no stereoscopic test requirement~~ (see paragraph 4 Appendix 13 to Subpart B).

(d) An applicant with diplopia shall be assessed as unfit.

(e) An applicant with imbalance of the ocular muscles (heterophorias) exceeding (when measured with usual correction, if prescribed):

~~2.0~~ ***2,0*** prism dioptres in hyperphoria at 6 metres,
~~10.0~~ ***10,0*** prism dioptres in esophoria at 6 metres,
~~8.0~~ ***8,0*** prism dioptres in exophoria at 6 metres;

and

~~1.0~~ ***1,0*** prism dioptre in hyperphoria at 33 cms,
~~6.0~~ ***8,0*** prism dioptres in esophoria at 33 cms,
~~12.0~~ ***12,0*** prism dioptres in exophoria at 33 cms

shall be assessed as unfit. If the fusional reserves are sufficient to prevent asthenopia and diplopia the AMS may consider a fit assessment (see paragraph 5 Appendix 13 to Subpart B).

(f) An applicant with ***abnormal*** visual fields ~~which are not normal~~ shall be assessed as unfit (see paragraph 4 Appendix 13 to Subpart B).

(g) (1) If a visual requirement is met only with the use of correction, the spectacles or contact lenses must provide optimal visual function and be ***well-tolerated and*** suitable for aviation purposes. ***If contact lenses are worn they shall be uni-focal and for distant vision. Orthokeratologic lenses shall not be used.***

(2) Correcting lenses, when worn for aviation purposes, shall permit the licence holder to meet the visual requirements at all distances. No more than one pair of spectacles shall be used to meet the requirements.

(3) ***Contact lenses, when worn for aviation purposes, shall be monofocal and non-tinted.***

~~(3)~~***(4)*** A spare set of similarly correcting spectacles shall be readily available when exercising the privileges of the licence.

(h) Eye Surgery.

(1) Refractive surgery entails unfitness. ~~Certification~~ ***A fit assessment*** may be considered by the AMS (see paragraph 6 Appendix 13 to Subpart B).

(2) Cataract surgery, retinal surgery and glaucoma surgery entail unfitness. ~~Re-certification~~ ***At revalidation / renewal a fit assessment*** may be considered by the AMS (see paragraph 7 Appendix 13 to Subpart B).

JAR–FCL 3.225 Colour perception

Adjustment to paragraph (b)

(a) Normal colour perception is defined as the ability to pass the Ishihara test or to pass Nagel's anomaloscope as a normal trichromate (see paragraph 1 Appendix 14 to Subpart B).

(b) An applicant shall have normal perception of colours or be colour safe. ***At the initial examination applicants have to pass the Ishihara test.*** Applicants who fail Ishihara's test shall be assessed as colour safe if they pass extensive testing with methods acceptable to the AMS (anomaloscopy or colour lanterns – see paragraph 2 Appendix 14 to Subpart B). ***At revalidation or renewal colour vision needs only to be tested on clinical grounds.***

(c) An applicant who fails the acceptable colour perception tests is to be considered colour unsafe and shall be assessed as unfit.

JAR–FCL 3.230
Otorhinolaryngological requirements

Adjustment to paragraph (b)

(a) An applicant for or holder of a Class 1 medical certificate 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 sequela of surgery and trauma which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) A comprehensive otorhinolaryngological examination is required at the initial examination and subsequently ***on clinical indication*** ~~once every five years up to the 40th birthday and every two years thereafter~~ (~~extended~~ ***comprehensive*** examination – see paragraph 1 and 2 Appendix 15 to Subpart B) ***and shall include:***

(1) history

(2) clinical examination including otoscopy, rhinoscopy, and examination of the mouth and throat.

(3) tympanometry or equivalent

(4) clinical assessment of the vestibular system.

All abnormal and doubtful cases within the ENT region shall be referred to a specialist in aviation otorhinolaryngology acceptable to the AMS.

(c) A routine Ear-Nose-Throat examination shall form part of all revalidation and renewal examinations (see Appendix 15 to Subpart B).

(d) Presence of any of the following disorders in an applicant shall result in an unfit assessment.

(1) Active pathological process, acute or chronic, of the internal or middle ear.

(2) Unhealed perforation or dysfunction of the tympanic membranes (see paragraph 3 Appendix 15 to Subpart B).

(3) Disturbances of vestibular function (see paragraph 4 Appendix 15 to Subpart B).

(4) Significant restriction of the nasal air passage on either side, or any dysfunction of the sinuses.

(5) Significant malformation or significant, acute or chronic infection of the oral cavity or upper respiratory tract.

(6) Significant disorder of speech or voice.

JAR–FCL 3.235 Hearing requirements

Adjustment to paragraph (c), deletion of paragraph (d), renumbering of paragraph (e) to (d)

(a) Hearing shall be tested at all examinations. The applicant shall understand correctly conversational speech when tested with each ear at a distance of 2 metres from and with his back turned towards the AME.

(b) Hearing shall be tested with pure tone audiometry at the initial examination and at subsequent revalidation or renewal examinations every five years up to the 40th birthday and every two years thereafter (see paragraph 1 Appendix 16 to Subpart B).

(c) ~~At the initial examination for a Class 1 medical certificate there~~ ***There*** shall be no hearing loss in either ear, when tested separately, of more than ~~20 dB(HL) at any of the frequencies 500, 1000 and 2 000 Hz, or of more than 35 dB(HL) at 3 000 Hz. [ ]~~

~~(d) At recertification or renewal examinations there shall be no hearing loss in either ear, when tested separately of more than~~ 35 db (HL) at any of the frequencies 500, 1 000, and 2 000 Hz, or more than 50 db (HL) at 3 000 Hz~~. An applicant whose hearing loss is within 5 db (HL) of these limits in two or more of the frequencies tested shall undergo pure tone audiometry [annually].~~

~~(e)~~ ***(d)*** At revalidation or renewal, applicants with hypoacusis may be assessed as fit by the AMS if a speech discrimination test demonstrates a satisfactory hearing ability (see paragraph 2 Appendix 16 to Subpart B).

JAR–FCL 3.250 Cardiovascular system – Examination

Adjustment to paragraph (d), (e)

(a) An applicant for or holder of a Class 2 medical certificate shall not possess any abnormality of the cardiovascular system, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) A standard 12-lead resting electrocardiogram (ECG) and report are required at the examination for first issue of a medical certificate, at the first examination after the 40th birthday and at each aeromedical examination thereafter.

(c) Exercise electrocardiography is required only when clinically indicated in compliance with paragraph 1 Appendix 1 to Subpart C.

(d) Reporting of resting and exercise electrocardiograms shall be by ***AME or other*** specialists acceptable to the AMS.

(e) If two or more major risk factors (smoking, hypertension, diabetes mellitus, obesity, etc) are present in an applicant, estimation of **[**serum**]** lipids and serum cholesterol is required at the examination for first issue of a medical certificate and at the first examination after age 40 ***and on clinical indication.***

JAR–FCL 3.255
Cardiovascular system – Blood pressure

Adjustment to paragraph (a), (c)

(a) The blood pressure shall be recorded with the technique given in paragraph 3 Appendix 1 to Subpart C ***at each examination***.

(b) When the blood pressure at examination consistently exceeds 160 mmHg systolic and/or 95 mmHg diastolic with or without treatment the applicant shall be assessed as unfit.

(c) Treatment for the control of blood pressure shall be compatible with the safe exercise of the privileges of the applicable licence(s) and be ~~in compliance~~ ***compliant*** with paragraph 4 Appendix 1 to Subpart C. The initiation of ~~drug therapy~~ ***medication*** shall require a period of temporary suspension of the medical certificate to establish the absence of significant side effects.

(d) Applicants with symptomatic hypotension shall be assessed as unfit.

JAR–FCL 3.260
Cardiovascular system – Coronary artery disease

Adjustment to paragraphs (a), (c)

(a) Applicants with **[**suspected cardiac ischaemia shall be investigated. Those with**]** asymptomatic, minor, coronary artery disease**[**, requiring no treatment,**]** may be ~~considered~~ ***assessed as*** fit by the AMS **[**if the investigations in**]** paragraph 5 Appendix 1 to Subpart C **[**are completed satisfactorily **]**.

(b) Applicants with symptomatic coronary artery disease**[**, or with cardiac symptoms controlled by medication,**]** shall be assessed as unfit.

(c) **[**After an ischaemic cardiac event (defined as a myocardial infarction, angina, significant arrhythmia or heart failure due to ischaemia, or any type of cardiac revascularisation) ***a fit assessment for*** Class 2 ~~certification~~ ***applicants*** may be considered by the AMS if the investigations in paragraph 6 Appendix 1 to Subpart C are completed satisfactorily.**]**

[ ]

JAR–FCL 3.270 Cardiovascular system – General

Adjustment to paragraph (b)

(a) Applicants with peripheral arterial disease before or after surgery shall be assessed as unfit. Provided there is no significant functional impairment a fit assessment may be considered by the AMS subject to compliance with paragraphs 5 and 6, Appendix 1 to Subpart C.

(b) Applicants with aneurysm of the thoracic or abdominal aorta, before or after surgery, shall be assessed as unfit. Applicants with infra-renal abdominal aortic aneurysm may be ~~considered~~ ***assessed as*** fit by the AMS subject to compliance with paragraph 9 Appendix 1 to Subpart C.

(c) Applicants with significant abnormality of any of the heart valves shall be assessed as unfit.

(1) Applicants with minor cardiac valvular abnormalities may be assessed as fit by the AMS subject to compliance with paragraph 10(a) and (b) Appendix 1 to Subpart C.

(2) Applicants with cardiac valve replacement/repair shall be assessed as unfit. A fit assessment may be considered by the AMS subject to compliance with paragraph 10(c) Appendix 1 to Subpart C.

(d) Systemic anticoagulant therapy is disqualifying. Applicants who have received treatment of limited duration, may be considered for a fit assessment by the AMS subject to compliance with paragraph 11 Appendix 1 to Subpart C.

(e) Applicants with any abnormality of the pericardium, myocardium or endocardium not covered above shall be assessed as unfit. A fit assessment may be considered by the AMS following complete resolution and satisfactory cardiological evaluation in compliance with paragraph 12 Appendix 1 to Subpart C.

(f) Applicants with congenital abnormality of the heart, before or after corrective surgery, shall be assessed as unfit. A fit assessment may be considered by the AMS in compliance with paragraph 13 Appendix 1 to Subpart C.

(g) Heart or heart/lung transplantation is disqualifying.

(h) Applicants with a history of recurrent vasovagal syncope shall be assessed as unfit. A fit assessment may be considered by the AMS in an applicant with a suggestive history subject to compliance with paragraph 14 Appendix 1 to Subpart C.

JAR–FCL 3.275
Respiratory system – General

Adjustment to paragraph (c)

(a) An applicant for or the holder of a Class 2 medical certificate shall not possess any abnormality of the respiratory system, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) Posterior/anterior chest radiography is required only when indicated on clinical or epidemiological grounds.

(c) ~~A pulmonary peak flow test in accordance with paragraph 1 Appendix 2 to Subpart C, is required at the initial examination, at the first examination after the 40th birthday, every four years thereafter and when clinically indicated.~~ ***Pulmonary function tests (see paragraph 1 Appendix 2 to Subpart C) are required on clinical indication only.*** Applicants with significant impairment of pulmonary function shall be assessed as unfit (see paragraph 1 Appendix 2 to ~~subpart~~ ***Subpart*** C).

JAR–FCL 3.280
Respiratory system – Disorders

Adjustment to paragraphs (a), (b)

(a) Applicants with chronic obstructive airway disease shall be assessed as unfit. ***Applicants with only minor impairment of their pulmonary function may be assessed as fit.***

(b) Applicants with ~~reactive airway disease (bronchial asthma)~~ ***asthma*** requiring medication shall be assessed in compliance with paragraph 2 Appendix 2 to Subpart C.

(c) Applicants with active inflammatory disease of the respiratory system shall be assessed as temporarily unfit.

(d) Applicants with active sarcoidosis shall be assessed as unfit (see paragraph 3 Appendix 2 to Subpart C).

(e) Applicants with spontaneous pneumothorax shall be assessed as unfit pending full evaluation in compliance with paragraph 4 Appendix 2 to Subpart C.

(f) Applicants requiring major chest surgery shall be assessed as unfit for a minimum of three months following operation and 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) (see paragraph 5 Appendix 2 to Subpart C).

(g) Applicants with unsatisfactorily treated sleep apnoea syndrome shall be assessed as unfit.

JAR–FCL 3.290 Digestive system – Disorders

Adjustment to paragraphs (a), (d), (e)

(a) Applicants with ***recurrent*** dyspeptic disorders requiring medication or with pancreatitis shall be assessed as unfit pending examination in compliance with paragraph 1 Appendix 3 to Subpart C.

(b) Applicants with asymptomatic gallstones discovered incidentally shall be assessed in compliance with paragraph 2 Appendix 3 to subpart B and C.

(c) Applicants with an established diagnosis or history of chronic inflammatory bowel disease shall **[ ]** be assessed as unfit (see paragraph 3 Appendix 3 to Subpart C).

(d) Applicants shall be ~~required to be~~ completely free from ~~those hernias~~ ***herniae*** that might give rise to incapacitating symptoms.

(e) Applicants with any ~~sequela~~ ***sequelae*** of disease or surgical intervention on any part of the digestive tract or its adnexae likely to cause incapacitation in flight, in particular any obstruction due to stricture or compression, shall be assessed as unfit.

(f) 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, 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 interfere with the safe exercise of the privileges of the applicable licence(s) (see paragraph 4 Appendix 3 to Subpart C).

JAR–FCL 3.300 Haematology

Adjustment to paragraphs (b) and (e)

(a) An applicant for or the holder of a Class 2 medical certificate shall not possess any haematologic disease which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) Haemoglobin shall be tested at the initial examination for a medical certificate and when indicated on clinical grounds. ~~Cases of significant anaemia~~ ***Applicants with abnormal haemoglobin shall be investigated. Applicants*** with a haematocrit below 32% shall be assessed as unfit (see paragraph 1 Appendix 5 Subpart C).

(c) Applicants with sickle cell disease shall be assessed as unfit (see paragraph 1 Appendix 5 to Subpart C).

(d) Applicants with significant localised and generalised enlargement of the lymphatic glands and diseases of the blood shall be assessed as unfit (see paragraph 2 Appendix 5 to Subpart C).

(e) Applicants with acute leukaemia shall be assessed as unfit. After established remission, ~~certification~~ ***applicants*** may be ~~considered~~ ***assessed as fit*** by the AMS. ~~Initial applicants~~ ***Applicants*** with chronic leukaemias shall be assessed as unfit. ~~For certification see~~ ***After a period of demonstrated stability a fit assessment may be considered by the AMS. See*** paragraph 3 Appendix 5 to Subpart C.

(f) Applicants with significant enlargement of the spleen shall be assessed as unfit (see paragraph 4 Appendix 5 to Subpart C).

(g) Applicants with significant polycythaemia shall be assessed as unfit see paragraph 5 Appendix 5 to Subpart C.

(h) Applicants with a coagulation defect shall be assessed as unfit (see paragraph 6 Appendix 5 to Subpart C).

JAR–FCL 3.315 Gynaecology and obstetrics

Adjustment to paragraphs (c) and (d)

(a) An applicant for or the holder of a Class 2 medical certificate 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) An applicant with a history of severe menstrual disturbances unamenable to treatment shall be assessed as unfit.

(c) Pregnancy entails unfitness. If obstetric evaluation indicates a completely normal pregnancy, the applicant may be assessed as fit until the end of the 26th week of gestation, in accordance with paragraph 1 Appendix 8 to Subpart C ***by AMS, AMC or AME***. Licence privileges may be resumed upon satisfactory confirmation of full recovery following confinement or termination of pregnancy.

(d) An applicant who has undergone a major gynaecological operation shall be assessed as unfit for a ~~minimum~~ period of three months ~~and~~ ***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) (see paragraph 2 Appendix 8 to Subpart C).

JAR–FCL 3.335
Ophthalmological requirements

Adjustment to paragraphs (b), (c)

(a) An applicant for or holder of a Class 2 medical certificate 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 sequela of eye surgery or trauma, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) An ophthalmological examination ***by an ophthalmologist or a vision care specialist acceptable to the AMS or, at the discretion of the AMS, by an AME (All abnormal and doubtful cases shall be referred to an ophthalmologist acceptable to the AMS.)*** is required at the initial examination (see paragraph 1b Appendix 12 to Subpart C) and shall include:

(1) History;

(2) Visual acuity, near and distant vision; uncorrected; with best optical correction if needed;

(3) Ocular motility and binocular vision;

(4) Colour vision;

(5) Visual fields;

(6) Examination of the external eye, anatomy, media and fundoscopy.

(c) A routine eye examination ***may be performed by an AME. It*** shall form part of all revalidation and renewal examinations (see paragraph 2 Appendix 12 to Subpart C) and shall include:

(1) History;

(2) Visual acuity, near and distant vision: uncorrected~~;~~ ***and*** with best optical correction if needed;

(3) Examination of the external eye, anatomy, media and fundoscopy

(4) Further examination on clinical indication (see paragraph 4 Appendix 12 to Subpart C).

JAR–FCL 3340
Visual requirements

Adjustments to paragraphs (b)(1), (2), (3), (4)and (5), (c), (f)(1), (3) and (4), (g)(1) and (2)

(a) *Distant visual acuity.* Distant visual acuity, with or without correction, shall be 6/12 (0,5) or better in each eye separately and visual acuity with both eyes shall be 6/6 (1,0) or better (see JAR–FCL 3.340(f) below). No limits apply to uncorrected visual acuity.

(b) *Refractive errors.* Refractive error is defined as the deviation from emmetropia measured in dioptres in the most ametropic meridian. Refraction shall be measured by standard methods (see paragraph 1 Appendix 13 to Subpart C). Applicants shall be ~~considered~~ ***assessed as*** fit with respect to refractive errors if they meet the following requirements.

(1) Refractive error

(i) At the initial examination the refractive error shall not exceed ~~±5~~ ***+5 to -8*** dioptres (see paragraph 2 (c) Appendix 13 to Subpart C).

(ii) At ~~recertification~~ ***revalidation*** or renewal examinations, an applicant experienced to the satisfaction of the Authority with ***a*** refractive ~~errors~~ ***error not exceeding*** ~~up to + 5/-8 dioptres~~ **+5** dioptres ***or a high myopic refractive error exceeding -8 dioptres*** may be ~~considered~~ ***assessed as*** fit by the AMS (see paragraph 2 (c) Appendix 13 to Subpart C).

(iii) Applicants with a large refractive error shall use contact lenses or high-index spectacle lenses.

(2) Astigmatism

(i) In an initial applicant with a refractive error with an astigmatic component, the astigmatism shall not exceed ~~3.0~~ ***3,0*** dioptres.

(ii) At ~~recertification~~ ***revalidation*** or renewal examinations, an applicant experienced to the satisfaction of the Authority with a refractive error with an astigmatic component of more than ~~3.0~~ ***3,0*** dioptres may be ~~considered~~ ***assessed as*** fit by the AMS.

(3) Keratoconus is disqualifying. The AMS may consider ~~re-certification~~ ***a fit assessment*** if the applicant meets the ~~visual~~ requirements ***for visual acuity*** (see paragraph 3 Appendix 13 to Subpart C).

(4) In an applicant with amblyopia, the visual acuity of the amblyopic eye shall be 6/18 ~~(0/32)~~ ***(0,3)*** or better. The applicant may be ~~accepted~~ ***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 ~~(including refractive error)~~ can be demonstrated.

(5) Anisometropia

(i) In an initial applicant the difference in refractive error between the two eyes (anisometropia) shall not exceed ~~3.0~~ ***3,0*** dioptres.

(ii) At ~~recertification~~ ***revalidation*** or renewal examinations, an applicant experienced to the satisfaction of the Authority with a difference in refractive error between the two eyes (anisometropia) of more than ~~3.0~~ ***3,0*** dioptres may be ~~considered~~ ***assessed as*** fit by the AMS. Contact lenses shall be worn if the anisometropia exceeds ~~3.0~~ ***3,0*** dioptres.

(6) The development of presbyopia shall be followed at all aeromedical renewal examinations.

(7) An applicant shall be able to read N5 chart (or equivalent) at 30–50 cms and N14 chart (or equivalent) at 100 cms, with correction if prescribed (see JAR–FCL 3.340(f) below).

(c) An applicant with significant defects of binocular vision shall be assessed as unfit. ~~There is no stereoscopic test requirement~~ (see paragraph 4 Appendix 13 to Subpart C).

(d) An applicant with diplopia shall be assessed as unfit.

(e) An applicant with ***abnormal*** visual fields ~~which are not normal~~ shall be assessed as unfit (see paragraph 4 Appendix 13 to Subpart C).

(f) (1) If a visual requirement is met only with the use of correction, the spectacles or contact lenses must provide optimal visual function and be ***well-tolerated and*** suitable for aviation purposes. ***If contact lenses are worn they shall be uni-focal and for distant vision. Orthokeratologic lenses shall not be used.***

(2) Correcting lenses, when worn for aviation purposes, shall permit the licence holder to meet the visual requirements at all distances. No more than one pair of spectacles shall be used to meet the requirements.

(3) ***Contact lenses, when worn for aviation purposes, shall be monofocal and non-tinted.***

~~(3)~~***(4)*** A spare set of similarly correcting spectacles shall be readily available when exercising the privileges of the licence.

(g) Eye Surgery.

(1) Refractive surgery entails unfitness. ~~Certification~~ ***A fit assessment*** may be considered by the AMS (see paragraph 6 Appendix 13 to Subpart C).

(2) Cataract surgery, retinal surgery and glaucoma surgery entail unfitness. ~~Re-certification~~ ***A fit assessment*** may be considered by the AMS ***at revalidation or renewal*** (see paragraph 7 Appendix 13 to Subpart C).

JAR–FCL 3.345
Colour perception

Adjustment to paragrapsh (b), (d)

(a) Normal colour perception is defined as the ability to pass Ishihara's test or to pass Nagel's anomaloscope as a normal trichromate (see paragraph 1 Appendix 14 to Subpart C).

(b) An applicant shall have normal perception of colours or be colour safe. ***At the initial examination applicants have to pass the Ishihara test.*** Applicants who fail Ishihara's test ~~may~~ ***shall*** be assessed as colour safe if they pass extensive testing with methods acceptable to the AMS (anomaloscopy or colour lanterns) (see paragraph 2 Appendix 14 to Subpart C). ***At revalidation or renewal colour vision needs only to be tested on clinical grounds.***

(c) An applicant who fails the acceptable colour perception tests is to be considered colour unsafe and shall be assessed as unfit.

(d) A colour unsafe applicant may be assessed ~~by the AMS~~ as fit to fly by day only.

JAR–FCL 3.350
Otorhinolaryngological requirements

Deletion of paragraph (b), renumbering of paragraph (c) to (b) and (d) to (c), adjustment to new paragraph (b)

(a) An applicant for or holder of a Class 2 medical certificate 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 sequela of surgery and trauma which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

~~(b) A comprehensive otorhinolaryngological examination by an AME is required at the initial examination.~~

~~(c)~~ **(b)** A routine Ear-Nose-Throat examination shall form part of all ***initial,*** revalidation and renewal examinations (see paragraph 2 Appendix 15 to Subpart C).

~~(d)~~ **(c)** Presence of any of the following disorders in an applicant shall result in an unfit assessment.

(1) Active pathological process, acute or chronic, of the internal or middle ear.

(2) Unhealed perforation or dysfunction of the tympanic membranes (see paragraph 3 Appendix 15 to Subpart C).

(3) Disturbances of vestibular function (see paragraph 4 Appendix 15 to Subpart C).

(4) Significant restriction of the nasal air passage on either side, or any dysfunction of the sinuses.

(5) Significant malformation or significant, acute or chronic infection of the oral cavity or upper respiratory tract.

(6) Significant disorder of speech or voice.

JAR–FCL 3.355
Hearing requirements

Deletion of paragraph (b)(1), renumbering of (b)(2) to (b)(1) and (b)(3) to (b)(2), adjustment to paragraphs (b)(1) and (2)

(a) Hearing shall be tested at all examinations. The applicant shall be able to understand correctly ordinary conversational speech when at a distance of 2 metres from and with his back turned towards the AME.

(b) If an instrument rating is to be added to the applicable licence(s), a hearing test with pure tone audiometry (see paragraph 1 Appendix 16 to Subpart C) is required at the first examination for the rating and shall be repeated every 5 years up to the 40th birthday and every 2 years thereafter.

~~(1) At the initial examination for a Class 2 medical certificate with instrument ratings there shall be no hearing loss in either ear, when tested separately, of more than 20 dB(HL) at any of the frequencies 500, 1 000 and 2 000 Hz, or of more than 35 dB(HL) at 3 000 Hz. [.]~~

~~(2)~~ ***(1)*** ~~At recertification or renewal examinations there~~ ***There*** shall be no hearing loss in either ear, when tested separately of more than 35 db (HL) at any of the frequencies 500, 1 000, and 2 000 Hz, or more than 50 db (HL) at 3 000 Hz. ~~An applicant whose hearing loss is within 5 db (HL) of these limits in two or more of the frequencies tested shall undergo pure tone audiometry [annually].~~

~~(3)~~ ***(2)*** At ~~recertification~~ ***revalidation*** or renewal examinations applicants with hypoacusis may be assessed as fit by the AMS if a speech discrimination test demonstrates a satisfactory hearing ability (see paragraph 2 Appendix 16 to Subpart C).

JAR-FCL 3
Appendices to Subparts B & C

CONTENTS:

Appendix 1 to Subparts B & C
Cardiovascular system
(See JAR–FCL 3.130 through 3.150 and 3.250 through 3.270)

Adjustment to the Appendix, paragraphs 1, 2, 4, 6, 7(c)(1) to (6) and (d), 8, 9 (b) and (c), 11, 12, 13, 14

1 Exercise electrocardiography shall be required:

(a) when indicated by signs or symptoms suggestive of cardiovascular disease;

(b) for clarification of a resting electrocardiogram;

(c) at the discretion of an aeromedical specialist acceptable to the AMS;

(d) at age 65 and then every 4 years for Class 1 ~~recertification~~ ***revalidation or renewal***;

2 (a) Serum lipid estimation is case finding and significant abnormalities shall require review, investigation and supervision by the ***AMC or AME in conjunction with the*** AMS.

(b) An accumulation of risk factors (smoking, family history, lipid abnormalities, hypertension, etc.) shall require cardiovascular evaluation by the ~~AMS and, where appropriate,~~ ***AMC or AME*** in conjunction with the ~~AMC or AME~~ ***AMS***.

3 The diagnosis of hypertension shall require review of other potential vascular risk factors. The systolic pressure shall be recorded at the appearance of the Korotkoff sounds (phase I) and the diastolic pressure at their disappearance (phase V). The blood pressure should be measured twice. If the blood pressure is raised and/or the resting heart rate is increased, further observations should be made during the assessment .

4 Anti-hypertensive treatment shall be agreed by the AMS. Drugs acceptable to the AMS may include:

(a) non-loop diuretic agents;

(b) certain (generally hydrophilic) beta-blocking agents;

(c) ACE Inhibitors;

(d) angiotensin II AT1 blocking agents (the sartans);

(e) slow channel calcium blocking agents.

For Class 1, hypertension treated with ~~pharmacological agents~~ ***medication*** may require ~~restriction to~~ ***a*** multi-pilot ~~operations~~ ***(Class 1 'OML')***~~. For~~ ***or, for*** Class 2, a safety pilot ***(Class 2 'OSL')*** ~~restriction may be required~~ ***limitation***.

5 In suspected asymptomatic coronary artery disease, exercise electrocardiography shall be required **[**followed**]**, if necessary, **[**by further tests (myocardial perfusion scanning, stress echocardiography, coronary angiography or equivalent investigations acceptable to the AMS) which shall show no evidence of myocardial ischaemia or significant coronary artery stenosis.**]**

6 **[**After an ischaemic cardiac event, including revascularisation, applicants without symptoms shall have reduced any vascular risk factors to an appropriate level. Drugs ***Medication***, when used only to control cardiac symptoms, are not acceptable. All applicants should be on acceptable secondary prevention treatment.

A coronary angiogram obtained around the time of, or during, the ischaemic cardiac event shall be available. A complete and detailed clinical report of the ischaemic event, the angiogram and any operative procedures shall be available to the AMS.

There shall 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.

The whole coronary vascular tree shall be assessed as satisfactory by a cardiologist acceptable to the AMS, and particular attention should be paid to multiple stenoses and/or multiple revascularisations.

An untreated stenosis greater than 30% in the left main or proximal left anterior descending coronary artery should not be acceptable.

At least 6 months from the ischaemic cardiac event, including revascularisation, the following investigations shall be completed: **]**

(a) a**[**n**]** exercise ECG **[**(symptom limited**]** to Bruce Stage IV, or equivalent**[**)**]**, **[ ]** showing no evidence of myocardial ischaemia **[**nor rhythm disturbance;**]**

(b) **[**an echocardiogram (or equivalent test acceptable to the AMS) 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;**]**

(c) **[**in cases of angioplasty/stenting, a myocardial perfusion scan or stress echocardiography (or equivalent test acceptable to the AMS) 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;**]**

(d) **[**Further investigations, such as a 24 hour ECG, may be necessary to assess the risk of any significant rhythm disturbance.**]**

[ ]

Follow-up shall be yearly (or more frequently if necessary) to ensure that there is no deterioration of cardiovascular status. It shall include a review by a specialist acceptable to the AMS, exercise ECG and cardiovascular risk assessment. Additional investigations may be required by the AMS.

After coronary artery vein bypass grafting, a myocardial perfusion scan (or equivalent test acceptable to the AMS) shall be performed if there is any indication, and in all cases within five years from the procedure.

In all cases coronary angiography, or an equivalent test acceptable to the AMS, shall be considered at any time if symptoms, signs or non-invasive tests indicate cardiac ischaemia.

AMS assessment

Successful completion of the six month review will allow ***for a fit assessment with multi-pilot (Class 1 'OML') limitation for*** Class 1 applicants ~~to fly multi-pilot (OML)~~.

Class 2 applicants having fulfilled the criteria mentioned in paragraph (6) may fly ~~unrestricted~~ ***without a safety pilot (Class 2 'OSL') limitation***, but the AMS may require a period of flying with a safety pilot before solo flying is authorised. Class 2 applicants ~~(for renewal)~~ ***for*** revalidation ***or renewal*** ~~)~~ can fly, at the discretion of the AMS, with a safety pilot ~~limitation (OSL~~ ***Class 2 'OSL'*** **)** ***limitation*** having completed ~~only~~ an exercise ECG to the standards in 6 (a) above.

[ ]

[7**]** **[ ]** Any ~~significant~~ **[ ]** rhythm or conduction **[**disturbance**]** requires evaluation by a cardiologist acceptable to the AMS **[**and appropriate follow-up in the case of a fit assessment **]**.

[(a)**]** Such evaluation shall include:

(1) **[**Exercise ECG to the Bruce protocol or equivalent. The test should be to maximum effort or symptom limited. Bruce stage 4 shall be achieved and no significant abnormality of rhythm or conduction, nor evidence of myocardial ischaemia shall be demonstrated. Withdrawal of cardioactive medication prior to the test should be considered.**]**

(2) **[ ]** 24-hour ambulatory ECG **[**which shall demonstrate no**]** significant **[**rhythym or**]** conduction disturbance, **[ ]**

(3) **[ ]** 2D Doppler echocardiogram **[**which shall**]** show**[ ]** no significant selective chamber enlargement, **[ ]** or **[**significant**]** structural, **[**or**]** functional abnormality**[**, and a left ventricular ejection fraction of at least 50%.**]**

[ ]

[(b) Further evaluation may include:

(1) ~~Repeat~~ ***Repeated*** 24-hour ECG recording;**]**

[(2)**]** electrophysiological **[**study**]**;

[(3) myocardial perfusion scanning, or equivalent test;

(4) cardiac MRI or equivalent test;

(5) coronary angiogram or equivalent test (see Appendix 1 paragraph 6).**]**

[ ]

[(c) AMS Assessment Class 1

(1) Atrial fibrillation/flutter

(i) ~~Initial~~ ***For initial*** Class 1 ~~certification shall be limited to~~ applicants ***a fit assessment shall be limited to those*** with a single episode of arrhythmia which is considered by the AMS to be unlikely to recur.

(ii) Revalidation/renewal Class 1 shall be determined by the AMS.

(2) Complete right bundle branch block

(i) ~~Initial~~ ***For initial*** Class 1 ~~certification~~ ***applicants a fit assessment*** may be considered by the AMS if the applicant is under age 40 years. If over age 40 years, initial Class 1 applicants should demonstrate a period of stability, normally 12 months.

(ii) ~~Unrestricted~~ ***For*** Class 1 revalidation/renewal ***a fit assessment without a multi-pilot (Class 1 'OML') limitation*** may be considered if the applicant is under age 40 years. ~~An OML~~ ***A multi-pilot (Class 1 'OML') limitation*** should be applied for 12 months for those over 40 years of age.

(3) Complete left bundle branch block

Investigation of the coronary arteries is necessary in applicants over age 40.

(i) Initial Class 1 applicants should demonstrate a 3 year period of stability.

(ii) ~~Unrestricted~~ ***For*** Class 1 revalidation/renewal**,** ***after a 3 year period with a multi-pilot (Class 1 'OML') limitation applied, a fit assessment without multi-pilot (Class 1 'OML') limitation*** may be considered ~~after a 3 year period with an OML applied.~~

(4) Ventricular pre-excitation

(i) Asymptomatic Class 1 applicants with pre-excitation may be ~~considered~~ ***assessed as fit*** by the AMS ~~for~~ ***at*** revalidation/renewal with ~~OML~~ ***a multi-pilot (Class 1 'OML') limitation***.

(ii) Asymptomatic initial Class 1 applicants with pre-exitation may be ~~considered~~ ***assessed as fit*** by the AMS if an electrophysiological study , including adequate drug-induced autonomic stimulation reveals no inducible re-entry tachycardia and the existence of multiple pathways is excluded.

(5) Pacemaker**]**

Following permanent implantation of a subendocardial pacemaker a fit assessment **[**which shall be no sooner than**]** three months after insertion **[**shall require**]**:

~~(1)~~ ***(i)*** **[ ]** no other disqualifying **[**condition**]**;

~~(2)~~ ***(ii)*** a bipolar lead system **[ ]**;

~~(3)~~ ***(iii)*** **[** that**]** the applicant is not pacemaker dependent;

[~~(4)~~ ***(iv)*** regular follow-up including a pacemaker check; and**]**

[~~(5)~~**]** ***(v)*** **[**~~Revalidation/renewal~~**]** ***At Class 1 revalidation/renewal*** ~~is restricted to multi-crew operation~~ ***a fit assessment requires a multi-pilot*** (Class 1 'OML') ***limitation***. **[ ]**

[(6) Ablation

A fit assessment for Class 1 applicants having undergone successful catheter ablation shall ~~be restricted to OML operations~~ ***require a multi-pilot (Class 1 'OML') 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 ~~of restriction~~ ***with a multi-pilot (Class 1 'OML') limitation*** and / or observation may be necesssary.

(d) AMS assessment Class 2

The AMS assessment Class 2 should follow the Class 1 assessment procedures. ~~An OSL~~ ***A safety pilot (Class 2 'OSL')*** or OPL ***('valid only without passengers')*** ~~restriction~~ ***limitation*** may be considered.**]**

[8**]** ~~Unoperated~~ ***Applicants with unoperated*** infra-renal abdominal aortic aneurysms may be ~~considered~~ ***assessed as fit*** for ~~restricted~~ Class 1 ***with a multi-pilot (Class 1 'OML')*** or ***for*** Class 2 ~~certification~~ ***with a safety pilot (Class 2 'OSL') limitation*** by the AMS ~~if followed by six monthly ultra-sound scans~~. ***Follow-up by ultra-sound scans, as necessary, will be determined by the AMS.*** After surgery for infra-renal abdominal aortic aneurysm without complications, and after cardiovascular assessment, ~~restricted~~ Class 1 ~~or Class 2 certification~~ ***applicants*** may be ~~considered~~ ***assessed as fit*** by the AMS~~,~~ with ***a multi-pilot (Class 1 'OML') limitation and*** follow-up as approved by the AMS***, a Class 2 fit assessment may require a safety pilot (Class 2 'OSL') limitation.***

[9**]** (a) Unidentified cardiac murmurs shall require evaluation by a cardiologist acceptable to the AMS and assessment by the AMS. If considered significant, further investigation shall include at least 2D Doppler echocardiography.

(b) *Valvular Abnormalities*

(1) Bicuspid aortic valve is acceptable without ~~restriction~~ ***a multi-pilot (Class 1 'OML') or a safety pilot (Class 2 'OSL') limitation*** if no other cardiac or aortic abnormality is demonstrated~~, but requires biannual review with echocardiography~~. ***Follow-up with echocardiography, as necessary, will be determined by the AMS.***

(2) Aortic stenosis ***requires AMS review*** ~~(Doppler flow rate <2.0m/sec)~~ ***Left ventricular function must be intact. A history of systemic embolism or significant dilatation of the thoracic aorta are disqualifying. Those with a mean pressure gradient of up to 20 mm Hg*** may be ~~acceptable~~ ***assessed as fit*** ~~for multi-pilot operations~~. ***Those with mean pressure gradient above 20 mm Hg but no greater than 40 mm Hg may be assessed as fit for Class 2 or for Class 1 with a multi-pilot (Class 1 'OML') limitation. A mean pressure gradient up to 50 mm Hg may be acceptable, at the discretion of the AMS.*** ~~Annual review shall be required, with 2D Doppler echocardiography, by a cardiologist acceptable to the AMS.~~ ***Follow-up with 2D Doppler echocardiography, as necessary, will be determined by the AMS.***

(3) Aortic regurgitation may be acceptable ~~for unrestricted certification~~ ***without a multi-pilot (Class 1 'OML') or a safety pilot (Class 2 'OSL') limitation*** only if trivial. There shall be no demonstrable abnormality of the ascending aorta on 2D Doppler echocardiography. ~~Annual review shall be carried out by a cardiologist acceptable to the AMS.~~ ***Follow-up, as necessary, will be determined by the AMS.***

(4) Rheumatic mitral valve disease is normally disqualifying.

(5) Mitral leaflet prolapse/mitral regurgitation. Asymptomatic applicants with isolated mid-systolic click may need no ~~restriction~~ ***multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') limitation***. ~~Applicants~~ ***Class 1 applicants*** with uncomplicated minor regurgitation **[**may ~~need to~~**]** ~~be restricted to~~ ***may require a*** multi-pilot ~~operations~~ ***(Class 1 'OML') limitation*** **[**as determined by the AMS**]**. Applicants with evidence of volume overloading of the left ventricle demonstrated by increased left ventricular end-diastolic diameter shall be assessed as unfit. **[**Periodic**]** review **[ ]** and assessment **[**as determined**]** by the AMS is required.

(c) *Valvular surgery*

(1) Applicants with implanted mechanical valves shall be assessed as unfit.

(2) Asymptomatic applicants with a tissue valve who at least 6 months following surgery shall have satisfactorily completed investigations which demonstrate normal valvular and ventricular configuration and function may be considered for a fit assessment by the AMS as judged by:

(i) a satisfactory symptom limited exercise ECG to Bruce Stage IV or equivalent which a cardiologist acceptable to the AMS interprets as showing no significant abnormality. Myocardial scintigraphy/stress echocardiography shall be required if the resting ECG is abnormal and any coronary artery disease has been demonstrated. See also paragraphs 5, 6 and 7 of Appendix 1 to Subparts B & C;

(ii) a 2D Doppler echocardiogram showing no significant selective chamber enlargement, a tissue valve with minimal structural alterations and with a normal Doppler blood flow, and no structural, nor functional abnormality of the other heart valves. Left ventricular fractional or shortening shall be normal;

(iii) the demonstrated absence of coronary artery disease unless satisfactory re-vascularisation has been achieved – see paragraph 7 above;

(iv) the absence of requirement for cardioactive medication;

(v) ~~a follow-up with annual cardiological review by a cardiologist acceptable to the AMS with exercise ECG and 2D Doppler echocardiography~~. ***Follow-up with exercise ECG and 2D echocardiography, as necessary, will be determined by the AMS.***

A ***Class 1*** fit assessment shall ~~be limited to~~ ***require a*** multi-pilot ~~operation~~ (Class 1 ~~OML~~ ***'OML'***) ***limitation***. ~~Full Class 2 certification~~ ***A fit assessment for Class 2 applicants*** may be applicable ***without a safety pilot (Class 2 'OSL') limitation*** .

[10**]** Applicants following anticoagulant therapy require review by the AMS. Venous thrombosis or pulmonary embolism is disqualifying until anticoagulation has been discontinued. Pulmonary embolus requires full evaluation. Anticoagulation for possible arterial thromboembolism is disqualifying.

[11**]** Applicants with abnormalities of the epicardium/myocardium and/or endocardium, primary or secondary, shall be assessed as unfit until clinical resolution has taken place. Cardiovascular assessment by the AMS 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 ~~restriction to~~ multi-pilot ~~operation~~ (Class 1 'OML') or safety pilot ~~limitation~~ (Class 2 'OSL') ***limitation*** may be required ~~following certification~~ ***after fit assessment***.

[12**]** Applicants with congenital heart conditions including those surgically corrected, shall normally be assessed as unfit unless functionally unimportant and no medication is required. Cardiological assessment by the AMS shall be required. Investigations may include 2D Doppler echocardiography, exercise ECG and 24-hour ambulatory ECG. Regular cardiological review shall be required. ~~Restriction to multi-crew~~ ***Multi-pilot*** (Class 1 'OML') and safety pilot (Class 2 'OSL') ~~operation~~ ***limitation*** may be required.

[13**]** Applicants who have suffered recurrent episodes of syncope shall undergo the following:

(a) a symptom limited 12 lead exercise ECG to Bruce Stage IV, or equivalent, which a cardiologist acceptable to AMS interprets as showing no abnormality. If the resting ECG is abnormal, myocardial scintigraphy/stress echocardiography shall be required.

(b) a 2D Doppler echocardiogram showing no significant selective chamber enlargement nor structural nor functional abnormality of the heart, valves nor myocardium.

(c) a 24-hour ambulatory ECG recording showing no conduction disturbance, nor complex, nor sustained rhythm disturbance nor evidence of myocardial ischaemia.

(d) and may include a tilt test carried out to a standard protocol which in the opinion of a cardiologist acceptable to the AMS shows no evidence of vasomotor instability.

Applicants fulfilling the above may be assessed ***as*** fit, ~~restricted to~~ ***requiring*** multi-~~crew operation~~ ***pilot*** (Class 1 ~~OML~~ ***'OML***) or safety pilot ~~operation~~ (Class 2 ~~OSL~~ ***'OSL'***) ***limitation*** not less than 6 months following an index event provided there has been no recurrence. Neurological review will normally be indicated. ~~Unrestricted certification requires~~ 5 years freedom from attacks ***shall be required before a fit assessment without a multi-pilot (Class 1 'OML') or a safety pilot (Class 2 'OSL') limitation***. Shorter or longer periods of consideration may be accepted by the AMS according to the

individual circumstances of the case. Applicants who suffered loss of consciousness without significant warning shall be assessed as unfit.

[14**]** The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding ~~certification~~ ***assessment*** and should be consulted together with the Chapter specific to this system.

(See Section 2, Aviation Cardiology Chapter)

Appendix 2 to Subparts B & C
Respiratory System
(See JAR–FCL 3.155, 3.160, 3.275 and 3.280)

Adjustment to the Appendix, paragraphs 1, 2, 3, 4, 5, 6

1 Spirometric examination is required for initial Class 1 examination. An FEV1/FVC ratio less than 70% shall require evaluation by a specialist in respiratory disease. ~~For Class 2 ***on clinical indication and on revalidation / renewal examinations for Class 1 and Class 2 a pulmonary peak flow test is required. A pulmonary peak flow test may be replaced by a spirometric examination.*** , a ***A*** pulmonary peak flow test of less than 80% of predicted normal value according to age, sex and height shall require ***a spirometric examination. An FEV1/FVC ratio of less than 70% shall require*** evaluation by a specialist in respiratory diseases.~~

2 Applicants experiencing recurrent attacks of asthma shall be assessed as unfit.

(a) ***A fit assessment for*** Class 1 ~~certification~~ may be considered by the AMS if considered stable with acceptable pulmonary function tests and medication compatible with flight safety (no systemic steroids).

(b) ***A fit assessment for*** Class 2 ~~certification~~ may be considered by the AME in consultation with the AMS if considered stable with acceptable pulmonary function tests, medication compatible with flight safety (no systemic steroids), and a full report is submitted to the AMS.

3 Applicants with active sarcoidosis are unfit. ~~Certification~~ ***A fit assessment*** may be considered by the AMS if the disease is:

(a) investigated with respect to the possibility of systemic involvement; and

(b) limited to hilar lymphadenopathy shown to be inactive and the applicant requires no medication.

4 Spontaneous pneumothorax.

(a) ~~Certification~~ ***A fit assessment*** following a fully recovered single spontaneous pneumothorax may be acceptable after one year from the event with full respiratory evaluation.

(b) Recertification ***At revalidation or renewal a fit assessment may be considered by the AMS*** in ***with*** multi-pilot (Class 1 'OML') operations or under safety pilot (Class 2 'OSL') conditions may be considered by the AMS ***limitation*** if the applicant fully recovers from a single spontaneous pneumothorax after six weeks. Unrestricted recertification ***A fit assessment without multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') limitation*** may be considered by the AMS after one year from the event with full respiratory investigation.

(c) A recurrent spontaneous pneumothorax is disqualifying. ~~Certification~~ ***A fit assessment*** may be considered by the AMS following surgical intervention with a satisfactory recovery.

5 Pneumonectomy is disqualifying. ~~Certification~~ ***A fit assessment*** following lesser chest surgery may be considered by the AMS after satisfactory recovery and full respiratory evaluation. Multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') ~~restrictions~~ ***limitation*** may be appropriate.

6 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding ~~certification~~ ***assessment*** and should be consulted together with the Chapter specific to this system.

Appendix 3 to Subparts B & C
Digestive system
(See JAR–FCL 3.165, 3.170, 3.285 and 3.290)

Adjustment to the Appendix, paragraphs 1, 2, 3, 4, 5

1 (a) ~~Recurrent~~ ***Applicants with recurrent*** ~~dyspepsia~~ ***dyspeptic disorder*** requiring medication shall be investigated ~~by internal examination (radiologic or endoscopic). Laboratory testing should include haemoglobin assessment and faecal examination. Any demonstrated ulceration or significant inflammation requires evidence of recovery before recertification by the AMS~~.

(b) Pancreatitis is disqualifying. ~~Certification~~ ***A fit assessment*** may be considered by the AMS if the cause of obstruction (e.g. ~~drug~~ ***medication***, gallstone) is removed.

(c) Alcohol may be a cause of dyspepsia and pancreatitis. If considered appropriate a full evaluation of its use/abuse is required.

2 A single asymptomatic large gallstone may be compatible with ~~certification~~ ***a fit assessment*** after consideration by the AMS. An individual with asymptomatic multiple gallstones may be ~~considered for~~ ***assessed as fit for Class 2 or with*** ~~multicrew~~ ***multi-pilot*** (Class 1 'OML') ***limitation at Class 1 revalidation / renewal*** ~~or safety pilot (Class 2 'OSL') recertification~~ by the AMS.

3 ~~**[**Established c**]**hronic inflammatory bowel disease (**[**Crohn's Disease**]**, ulcerative colitis**[ ]**) is disqualifying. **[**In cases of ulcerative colitis **]** certification ***a fit assessment*** (Class 1 and 2) **[ ]** may be considered by the AMS if there is full remission **[**(minimum of one year)**]** and**[**, for Class 1, minimum **]** medication **[**only**]** is **[**required**]**. **[**Systemic steroids are not acceptable. In cases of Crohn's disease, certification ***a fit assessment***(Class 1 and Class 2) may be considered by the AMS if there is full remission (minimum of one year, without medication) and, for Class 1, disease was minimal and has completely excised surgically, and medication is not required. **[**A**]** Class 1 'OML' **[ ]** or **[ ]** Class 2 'OSL' **[ ]** restriction ***multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') limitation*** may be appropriate.~~ ***Inflammatory bowel disease is acceptable provided that it is in established remission and stabilised and that systemic steroids are not required for its control.***

4 Abdominal surgery is disqualifying for a minimum of three months. The AMS may consider ***an*** earlier ~~recertification~~ ***fit assessment ar revalidation or renwal*** if recovery is complete, the applicant is asymptomatic and there is ***only*** a minimal risk of secondary complication or recurrence.

5 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification ***assessment*** and should be consulted together with the Chapter specific to this system.

Appendix 4 to Subparts B and C
Metabolic, nutritional and endocrine disorders
(See JAR–FCL 3.175 and 3.295)

Adjustment to the Appendix, paragraphs 1, 2, 3, 4, 5

1 Metabolic, nutritional or endocrinological dysfunction is disqualifying. ~~Certification~~ ***A fit assessment*** may be considered by the AMS if the condition is asymptomatic, clinically compensated and stable with or without replacement therapy, and regularly reviewed by an appropriate specialist.

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

3 The use of antidiabetic drugs is disqualifying. In selected cases, however, the use of biguanides or alpha-glucosidase inhibitors may be acceptable for ***a Class 1 fit assessment with*** multi-pilot ~~operations~~ (Class 1 'OML') ***limitation*** or ~~unrestricted (Class 2) certification~~ ***a Class 2 fit assessment without a safety pilot (Class 2 'OSL') limitation***. The use of sulphonylureas may be acceptable for ~~restricted~~ ***a*** Class 2 ~~re-certification~~ ***fit assessment with a safety pilot (Class 2 'OSL') limitation at revalidation or renewal***.

4 Addison's disease is disqualifying. Re-certification (Class 1) or certification (Class 2) ***A fit assessment*** may be considered by the AMS***for Class 2or at revalidation or renewal for Class 1***, provided that cortisone is carried and available for use, whilst exercising the privileges of the licence. An "OML" or "OSL" ***A multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL')*** limitation may be required.

5 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding ~~certification~~ ***assessment*** and should be consulted together with the Chapter specific to this system.

Appendix 5 to Subparts B and C
Haematology
(See JAR–FCL 3.180 and 3.300)

Adjustment to the Appendix, paragraphs 1, 2, 3, 4, 5, 6, 7

1 Anaemias demonstrated by reduced haemoglobin level require investigation. Anaemia which is unamenable to treatment is disqualifying. ~~Certification~~ ***A fit assessment*** may be considered by the AMS in cases where the primary cause has been satisfactorily treated (e.g. iron deficiency or B12 deficiency) and haematocrit has stabilised at greater than 32%, or where minor thalassaemia or haemoglobinopathies are diagnosed without a history of crises and where full functional capability is demonstrated.

2 Lymphatic enlargement requires investigation. ~~Certification~~ ***A fit assessment*** may be considered by the AMS in cases of acute infectious process which is fully recovered or Hodgkin's lymphoma and Non Hodgkin's lymphoma of high grade which has been treated and is in full remission. ~~If chemotherapy has included anthracycline treatment, cardiological review shall be required (see Manual Aviation Cardiology, chapter 1, paragraph 10).~~

3 In cases of chronic leukaemia ~~recertification~~ ***a fit assessment*** may be considered by the AMS ~~if diagnosed as lymphatic at stages O, I (and possibly II) without anaemia and minimal treatment, or 'hairy cell' leukaemia and are stable with normal haemoglobin and platelets.~~ ***There shall be no history of central nervous system involvement and no continuing side-effects from treatment of flight safety importance. Haemoglobin and platelet levels shall be satisfactory.*** Regular follow-up is required. ~~If chemotherapy has included anthracycline treatment, cardiological review shall be required (see Manual Aviation Cardiology, chapter 1, paragraph 10).~~

4 Splenomegaly requires investigation. The AMS may consider ~~certification~~ ***a fit assessment*** where the enlargement is minimal, stable and no associated pathology is demonstrable (e.g. treated chronic malaria), or if the enlargement is minimal and associated with another acceptable condition (e.g. Hodgkin's lymphoma in remission).

5 Polycythaemia requires investigation. The AMS may consider restricted certification ***a fit assessment with a multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') limitation*** if the condition is stable and no associated pathology has been demonstrated.

6 Significant coagulation defects require investigation. The AMS may consider ~~restricted certification~~ ***a fit assessment with a multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') limitation*** if there is no history of significant bleeding or clotting episodes.

7 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding ~~certification~~ ***assessment*** and should be consulted together with the Chapter specific to this system.

Appendix 6 to Subparts B and C
Urinary system
(See JAR–FCL 3.185 and 3.305)

Adjustment to the Appendix, paragraphs 2, 3, 4, 5

1 Any abnormal finding upon urinalysis requires investigation.

2 An asymptomatic calculus or a history of renal colic requires investigation. While awaiting assessment or treatment, the AMS may consider ~~recertification~~ ***a fit assessment at revalidation or renewal*** with a multi-pilot ~~limitation~~ (Class 1 'OML') or safety pilot ~~limitation~~ (Class 2 'OSL') ***limitation***. After successful treatment ~~unrestricted certification~~ ***a fit assessment without multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') limitation*** may be considered by the AMS. For residual calculi, the AMS may consider ~~recertification~~ ***a fit assessment at revalidation or renewal*** with a multi-pilot ~~limitation~~ (Class 1 'OML')~~,~~ ***or*** safety pilot ~~limitation~~ (Class 2 'OSL') ***limitation***, or ~~unrestricted~~ ***, for*** Class 2 ~~recertification~~ ***, without safety pilot (Class 2 'OSL') limitation***.

3 Major urological surgery is disqualifying for a minimum of three months. The AMS may consider ~~certification~~ ***a fit assessment*** if the applicant is completely asymptomatic and there is a minimal risk of secondary complication or recurrence.

4 Renal transplantation or total cystectomy is not acceptable for initial Class 1 certification ***at initial examination***. Recertification ***At revalidation or renewal a fit assessment*** may be considered by the AMS in the case of:

(a) renal transplant which is fully compensated and tolerated with ***only*** minimal immuno-suppressive therapy after at least 12 months; and

(b) total cystectomy which is functioning satisfactorily with no indication of recurrence, infection or primary pathology.

In both cases ~~'multi-pilot'~~ ***a multi-pilot*** (Class 1 'OML') or ~~'safety pilot'~~ ***safety pilot*** (Class 2 'OSL') ~~restriction~~ ***limitation*** may be ~~considered necessary~~ ***appropriate***.

5 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding ~~certification~~ ***assessment*** and should be consulted together with the Chapter specific to this system.

Appendix 7 to Subparts B and C
Sexually transmitted diseases and other infections
(See JAR–FCL 3.190 and 3.310)

Adjustment to the Appendix, paragraphs 2, 3, 4

1 HIV positivity is disqualifying.

2 ~~Recertification~~ ***At revalidation or renewal a fit assessment*** of HIV positive individuals ~~to~~ ***with*** multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') ~~operations~~ ***limitation*** may be considered by the AMS subject to frequent review. The occurrence of AIDS or AIDS related complex is disqualifying.

3 Acute syphilis ~~is~~ disqualifying. ~~Certification~~ ***A fit assessment*** may be considered by the AMS in the case of those fully treated and recovered from the primary and secondary stages.

4 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification ***assessment*** and should be consulted together with the Chapter specific to this system.

Appendix 8 to Subparts B and C
Gynaecology and obstetrics
(See JAR–FCL 3.195 and 3.315)

Adjustment to the Appendix, paragraphs 1, 2, 3

1 The AMS ***or the AME or AMC in coordination with the AMS*** may ~~approve certification of~~ ***assess*** pregnant aircrew ***as fit*** during the first 26 weeks of gestation following review of the obstetric evaluation. The AMS, ***AMC or AME*** shall provide written advice to the applicant and the supervising physician regarding potentially significant complications of pregnancy (see Manual). Class 1 certificate holders ~~shall be restricted to~~ ***require a temporary*** multi-pilot ~~operations~~ (Class 1 'OML') ***limitation. In case of pregnant Class 1 certificate holders this temporary multi-pilot (Class 1 'OML') limitation may be imposed and, following confinement or termination of the pregnancy, removed by the AME or AMC informing the AMS.***

2 Major gynaecological surgery is disqualifying for a minimum of three months. The AMS may consider ***an*** earlier ~~recertification~~ ***fit assessment at revalidation or renewal*** if the holder is completely asymptomatic and there is only a minimal risk of secondary complication or recurrence.

3 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding ~~certification~~ ***assessment*** and should be consulted together with the Chapter specific to this system.

Appendix 9 to Subparts B and C
Musculoskeletal requirements
(See JAR–FCL 3.200 and 3.320)

Adjustment to the Appendix, paragraphs 1, 2, 3, 4

1 Abnormal physique, including obesity, or muscular weakness may require medical flight or flight simulator testing approved by the AMS. Particular attention shall be paid to emergency procedures and evacuation. ~~Restriction to specified type(s) or multi~~ ***Multi***-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') ~~operations~~ ***limitation or limitation restricted to demonstrated aircraft type(s) ('OAL') or to specified type(s)*** may be required.

2 In cases of limb deficiency, ~~recertification (Class 1) and certification (Class 2)~~ ***a fit assessment*** may be considered by the AMS ***for Class 2, or at revalidation or renewal for Class 1*** according to JAR-FCL 3.125 and 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 ~~considered for certification~~ ***assessed as fit*** by the AMS. 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 when necessary, ~~restriction to specified type(s) or~~ multi-pilot (Class 1'OML') or safety pilot (Class 2 'OSL') ~~operation~~ ***limitation or limitation restricted to demonstrated aircraft type(s) ('OAL') or to specified type(s)*** may be required.

4 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding ~~certification~~ ***assessment*** and should be consulted together with the Chapter specific to this system.

Appendix 10 to Subparts B and C
Psychiatric requirements
(See JAR–FCL 3.205 and 3.325)

Adjustment to the Appendix, paragraphs 1, 2, 3, 4

1 An established schizophrenia, schizotypal or delusional disorder is disqualifying. ~~Certification~~ ***A fit assessment*** may only be considered if the AMS 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.

2 An established mood disorder is disqualifying. The AMS may consider ~~certification~~ ***a fit assessment*** 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.

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

4 Mental or behavioural disorders due to alcohol or other substance use, with or without dependency, are disqualifying. ~~Certification~~ ***A fit assessment*** may be considered by the AMS after a period of two years documented sobriety or freedom from ~~drug~~ ***substance*** use. ~~Recertification~~ ***At revalidation or renewal a fit assessment*** may be considered earlier ***– and a*** multi-~~crew~~ ***pilot*** ~~limitation~~ (Class 1 ~~OML~~ ***'OML'***) or safety pilot limitation (Class 2 ~~OSL~~ ***'OSL'***) may be appropriate. Depending on the individual case and at the discretion of the AMS treatment and review may include:

(a) in-patient treatment of some weeks followed by]

(b) review by a psychiatric specialist acceptable to the AMS; and

(c) ongoing review including blood testing and peer reports, which may be required indefinitely.

Appendix 11 to Subparts B and C
Neurological requirements
(See JAR–FCL 3.210 and 3.330)

Adjustment to the Appendix, paragraphs 1, 2, 4, 5, 6, 7, 8

1 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*** the AMS may consider ***a fit assessment*** ~~minor functional losses, associated with stationary disease, acceptable~~ after full evaluation.

2 ~~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 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 is disqualifying. However, an acute symptomatic seizure which is considered by a consultant neurologist acceptable to the AMS to have a very low risk of recurrence may be accepted by the AMS.~~ ***A history of one or more episodes of disturbance of consciousness of uncertain cause is disqualifying. In case of a single episode of such disturbance of consciousness, which can be satisfactorily explained, a fit assessment may be considered by the AMS, but a recurrence is normally disqualifying.***

3 Epileptiform paroxysmal EEG abnormalities and focal slow waves normally are disqualifying. Further evaluation shall be carried out by the AMS.

4 ~~A history of one or more episodes of disturbance of consciousness of uncertain cause is disqualifying. A single episode of such disturbance of consciousness may be accepted by the AMS when satisfactorily explained but a recurrence is normally disqualifying.~~ ***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. However, in case of an acute symptomatic seizure which is considered to have a very low risk of recurrence by a consultant neurologist acceptable to the AMS a fit assessment may be considered by the AMS.***

5 An applicant having had a single afebrile epileptiform seizure which has not recurred after at least 10 years while off treatment, and where there is no evidence of continuing predisposition to epilepsy, may be granted a licence ***assessed as fit*** if the risk of a further seizure is considered in ***to be within*** the limits acceptable to the AMS. For ***a*** Class 1 certification ***fit assessment*** an "OML" ***a multi-pilot (Class 1 'OML')*** limitation shall be applied.

6 Any head injury which has been severe enough to cause loss of consciousness or is associated with penetrating brain injury must be assessed by the AMS and be seen by a consultant neurologist acceptable to the AMS. There must be a full recovery and a low risk (~~in~~ ***within*** the limits acceptable to the AMS) of epilepsy before ~~re-certification~~ ***a fit assessment*** is possible.

7 ~~Consideration~~ ***Assessment*** of applicants with a history of spinal or peripheral nerve injury shall be undertaken in conjunction with the musculo-skeletal requirements, Appendices and Manual Chapter.

8 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding ~~certification~~ ***assessment*** and should be consulted together with the Chapter specific to this system. All intracerebral malignant tumours are disqualifying.

Appendix 12 to Subparts B and C
Ophthalmological requirements
(See JAR–FCL 3.215 and 3.335)

Adjustment to the Appendix, paragraphs 1, 2, 5

1 (a) At the initial examination for a Class 1 ***medical*** certificate the ophthalmological examination shall be carried out by an ophthalmologist acceptable to the AMS or by a vision care specialist acceptable to the AMS. All abnormal and doubtful cases shall be referred to an ophthalmologist acceptable to the AMS.

(b) At the initial examination for a Class 2 ***medical*** certificate the examination shall be carried out by an ophthalmologist acceptable to the AMS or by a vision care specialist acceptable to the AMS or, at the discretion of the AMS, by an AME. ***All abnormal and doubtful cases shall be referred to an ophthalmologist acceptable to the AMS.*** Applicants requiring visual correction to meet the standards shall submit a copy of the recent spectacle prescription.

2 At each aeromedical ~~recertification~~ ***revalidation*** or renewal examination an assessment of the visual fitness of the licence holder shall be performed and the eyes shall be examined with regard to possible pathology. All abnormal and doubtful cases shall be referred to an ophthalmologist acceptable to the AMS.

3 Owing to the differences in provision of optometrist services across the JAA Member States, for the purposes of these requirements, each nation's AMS shall determine whether the training and experience of its vision care specialists is acceptable for these examinations.

4 Conditions which indicate specialist 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.

5 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding ~~certification~~ ***assessment*** and should be consulted together with the Chapter specific to this system.

Appendix 13 to Subparts B & C
Visual requirements
(See JAR–FCL 3.215, 3.220, 3.335 and 3.340)

Adjustment to the Appendix, paragraphs 2, 3, 4, 5, 6, 7

1 Refraction of the eye and functional performance shall be the index for assessment.

2 (a) *Class 1.* ~~If the refractive error is within the range ±5~~ ***not exceeding +5 to -6*** dioptres. ***For those, who reach the functional performance standards (6/9 (0,7), 6/9 (0,7), 6/6 (1,0), N14, N5) only with corrective lenses*** the AMS may consider ***a*** Class 1 ~~certification~~ ***fit assessment if the refractive error is not exceeding +5 to -6 dioptres and*** if :

(1) no significant pathology can be demonstrated;

(2) optimal correction has been considered ~~.~~ ***;***

(3) ***5 yearly review is undertaken by an ophthalmologist or vision care specialist acceptable to the AMS, if the refractive error is outside the range ±3 diopters.***

(b) ~~*Class 1.* If the refractive error is within the range –5/-8 dioptres at the renewal or recertification examinations the AMS may consider re-certification provided that:~~

Class 1. The AMS m ay consider a fit assessment at revalidation or renewal if the myopic refraction is greater than -6 dioptres if :

(1) no significant pathology can be demonstrated;

(2) optimal correction has been considered;

~~(3) the ametropy is not caused by ocular pathology;~~

~~(4) 2 yeaqly review is undertaken by an ophthalmologist or vision care specialist acceptable to the AMS.~~

(3) ***a 2 yearly review is undertaken by an ophthalmologist or vision care specialist acceptable to the AMS for those with a myopic refraction greater than -6 dioptres.***

(c) *Class 2* If the refractive error is within the range –5/–8 dioptres ***at initial examination or exceeding -8 dioptres at revalidation / renewal***, the AMS may consider ***a fit assessment for*** Class 2 ~~certification~~ provided that:

(1) no significant pathology can be demonstrated;

(2) optimal correction has been ~~considered~~ ;

~~(3) the ametropy is not caused by ocular pathology;~~

~~(4) 5 yearly review is undertaken by an ophthalmologist or vision care specialist acceptable to the AMS.~~

3 The AMS may consider ~~re-certification~~ ***fit assessment for Class 2 and fit assessment for Class 1 at revalidation or renewal*** after diagnosis of a keratoconus provided that:

(a) the visual requirements are met with the use of corrective lenses;

(b) ~~6-monthly~~ review is undertaken by an ophthalmolo gist acceptable to the AMS, ***the frequency to be determined by the AMS***.

4 (a) Monocularity ~~entails unfitness for a Class 1 certificate. The AMS may consider recertification for a Class 2 certificate if the underlying pathology is acceptable according to ophthalmic specialist assessment and subject to a satisfactory flight test~~ .

(1) Monocularity entails unfitness for a Class 1 certificate.

(2) In the case of an initial Class 2 applicant who is functionally monocular, the AMS may consider a

fit assessment if,

(a) the monocularity occured after the age of 5

(b) at the time of initial examination, the better eye achieves the following:

(i) distant visual acuity (uncorrected) of at least 6/6
(ii) no refractive error
(iii) no history of refractive surgery
(iv) no significant pathology,

(c) a flight test with a suitably qualified pilot acceptable to the Authority, who is familiar with the potential difficulties associated with monocularity must be satisfactory.

(d) Operational limitations, as specified by the aviation authority, may apply.

(3) The AMS may consider a fit assessment at revalidation or renewal for Class 2 applicants if the underlying pathology is acceptable according to ophthalmological specialist assessment and subject to a satisfactory flight test with a suitably qualified pilot acceptable to the Authority, who is familiar with the potential difficulties associated with monocularity.

Operational limitations as specified by the Authority, may apply.

(b) ~~Central~~ ***Applicants with central*** vision in one eye below the limits stated in JAR–FCL 3.220 may be ~~considered~~ ***assessed as fit*** ~~for Class 1 recertification~~ ***at revalidation or renewal for Class 1*** if the binocular visual field is normal and the underlying pathology is acceptable according to ~~ophthalmic~~ ***ophthalmological*** specialist assessment. A satisfactory flight test ~~is required and operations limited to~~ ***and*** multi-pilot (Class 1 'OML') ~~only~~ ***limitation are required.***

(c) In case of reduction of vision in one eye to below the limits stated in JAR–FCL 3.340 ***a fit assessment at revalidation or renewal for*** Class 2 ~~recertification~~ may be considered if ***the*** underlying pathology and the visual ability of the remaining eye are acceptable following ~~ophthalmic~~ ***ophthalmological*** evaluation acceptable to the AMS and subject to a satisfactory medical flight test, if indicated.

(d) 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 AMS.

5 Heterophorias. The applicant/certificate holder shall be reviewed by an ophthalmologist acceptable to the AMS. The fusional ~~reserves~~ ***reserve*** shall be tested using a method acceptable to the AMS (e.g. Goldman Red/Green binocular fusion test).

6 After refractive surgery, ~~certification~~ ***a fit assessment*** for Class 1 and for Class 2 may be considered by the AMS provided that:

(a) pre-operative refraction (as defined in JAR-FCL 3.220(b) and 3.340(b)) was ~~less than 5 dioptres~~ ***no greater than +5 or - 6 dioptres*** for Class 1 and ~~less than +5/-8 dioptres~~ ***no greater than +5 or -8 dioptres*** for Class 2***;***

(b) satisfactory stability of refraction has been achieved (less than ~~0.75~~ ***0,75*** dioptres variation diurnally);

(c) examination of the eye shows no postoperative complications;

(d) glare sensitivity is within normal standards; ~~and~~

(e) mesopic contrast ~~sensitiviety~~ ***sensitivity*** is not impaired ~~.~~ ***;***

(f) review is undertaken by an ophthalmologist acceptable to the AMS at the discretion of the AMS.

7 (a) Cataract surgery. ~~Certification~~ ***A fit assessment*** for Class 1 and for Class 2 may be considered by the AMS after 3 months, provided that the visual requirements are met either with contact lenses or with intraocular lenses ***(monofocal, non-tinted)***.

(b) Retinal surgery. ~~Re-certification~~ ***A fit assessment*** for Class ~~1~~ **2** and ~~certification~~ ***a fit assessment*** for Class ~~2~~ ***1 at revalidation or renewal*** may be considered by the AMS normally 6 months after successful surgery. ***A fit assessment for Class 1 and 2 may be acceptable to the AMS after retinal Laser therapy.*** ~~The applicant should be re-examined by an ophthalmologist annually.~~***Follow-up, as necessary, will be determined by the AMS***

(c) Glaucoma surgery. ~~Re-certification for Class 1 and certification for Class 2~~ ***A fit assessment*** may be considered by the AMS ***6 months after successful surgery*** ~~normally~~ ***for Class 2 or at revalidation or renewal for Class 1*** ~~6 months after successful surgery~~. ~~The applicant should be re-examined by an ophthalmologist semi-annually.~~ ***Follow-up, as necessary, will be determined by the AMS.***

Appendix 15 to Subparts B and C
Otorhinolaryngological requirements
(See JAR–FCL 3.230 and 3.350)

Adjustment to the Appendix, paragraphs 1, 2, 5

1 At the initial examination a comprehensive ORL examination ***(for further guidance see JAA Manual of Civil Aviation Medicine)*** shall be carried out by ***an AMC*** or ~~under the guidance and supervision of~~ a specialist in aviation otorhinolaryngology acceptable to the AMS.

2 ~~(a)~~ At revalidation or renewal examinations all abnormal and doubtful cases within the ENT region shall be referred to a specialist in aviation otorhinolaryngology acceptable to the AMS.

~~(b) At intervals stated in JAR–FCL 3.230(b) the revalidation or renewal examination shall include a comprehensive ORL examination carried out by or under the guidance and supervision of a specialist in aviation otorhinolaryngology acceptable to the AMS.~~

3 A single dry perforation of non-infectious origin and which does not interfere with the normal function of the ear may be considered acceptable for certification.

4 The presence of spontaneous or positional nystagmus shall entail complete vestibular evaluation by a specialist acceptable to the AMS. In such cases no significant abnormal caloric or rotational vestibular responses can be accepted. At revalidation or renewal examinations abnormal vestibular responses shall be assessed in their clinical context by the AMS.

5 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding ~~certification~~ ***assessment*** and should be consulted together with the Chapter specific to this system.

Appendix 16 to Subparts B and C
Hearing requirements
(See JAR–FCL 3.235 and 3.355)

Adjustment to the Appendix, paragraph 2

1 The pure tone audiogram shall cover **[ ]** the frequencies from **[**500 – 3000**]** Hz. Frequency thresholds shall be determined as follows:

[ ]
500 Hz
1 000 Hz
2 000 Hz
3 000 Hz
[ ]

2 (a) Cases of hypoacusis shall be referred to the AMS for further evaluation and assessment.

(b) If satisfactory hearing in a noise field corresponding to normal flight deck working conditions during all phases of flight can be demonstrated, ~~recertification~~ ***a fit assessment*** may be considered ~~by the AMS~~***at revalidation or renewal***.

Appendix 18 to Subparts B and C
Dermatological requirements
(See JAR–FCL 3.245 and 3.365)

Adjustment to the Appendix, paragraphs 2, 3, 4, 5

1 Any skin condition causing pain, discomfort, irritation or itching can distract flight crew from their tasks and thus affect flight safety.

2 Any skin treatment, radiant or pharmacological, may have systemic effects which must be considered before ~~assessing fit/unfit or restricted to~~ ***fit assessment. A*** multi-pilot (Class 1 'OML') ~~/~~ ***or*** safety pilot (Class 2 'OSL') ~~operations~~ ***limitation may be required.***

3 *Malignant or Pre-malignant Conditions of the Skin*

(a) Malignant melanoma, squamous cell epithelioma, ~~Bowens~~ ***Bowen's*** disease and ~~Pagets~~ ***Paget's*** disease are disqualifying. ~~Certification~~ ***A fit assessment*** may be considered by the AMS if, when necessary, lesions are totally excised and there is adequate follow-up.

(b) ~~Basal~~ ***In case of basal*** cell epithelioma ***,*** ~~or~~ rodent ulcer, keratoacanthoma ~~and~~ ***or*** actinic keratoses ~~will require~~ ***a fit assessment may be considered after*** treatment and/or excision ~~in order to maintain certification~~.

4 ~~Other~~ ***In case of other*** skin conditions:

(a) Acute or widespread chronic eczema,

(b) Skin reticulosis,

(c) Dermatological aspects of a generalised condition ,

and similar conditions require ~~consideration~~ ***assessment*** of treatment and any underlying condition before ***fit*** assessment by the AMS.

5 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding ~~certification~~ ***assessment*** and should be consulted together with the Chapter specific to this system.

Appendix 19 to Subparts B and C
Oncology Requirements
(See JAR-FCL 3.246 and 3.370)

Adjustment to the Appendix, paragraphs 1, 2

1 ~~Class 1 certification~~ ***A fit assessment*** may be considered by the AMS ***for Class 1*** and ~~Class 2 certification may be considered~~ by the AME in consultation with the AMS ***for Class 2*** if:

(a) There is no evidence of residual malignant disease after treatment;

(b) Time appropriate to the type of tumour has elapsed since the end of treatment;

(c) The risk of inflight incapacitation from a recurrence or metastasis is within limits acceptable to the AMS;

(d) There is no evidence of short or long-term sequelae from treatment. ~~Applicants~~ ***Special attention shall be paid to applicants*** who have received anthracycline chemotherapy ~~shall require cardiological review~~;

(e) Arrangements for follow-up are acceptable to the AMS.

2 ~~Multi~~ ***A multi***-pilot (Class 1 ~~OML~~ ***'OML'***) for ~~recertification~~ ***Class 1 revalidation or renewal*** or ***a*** safety pilot (Class 2 ~~OSL~~ ***'OSL'***) ~~restriction~~ ***limitation for Class 2*** may be appropriate.

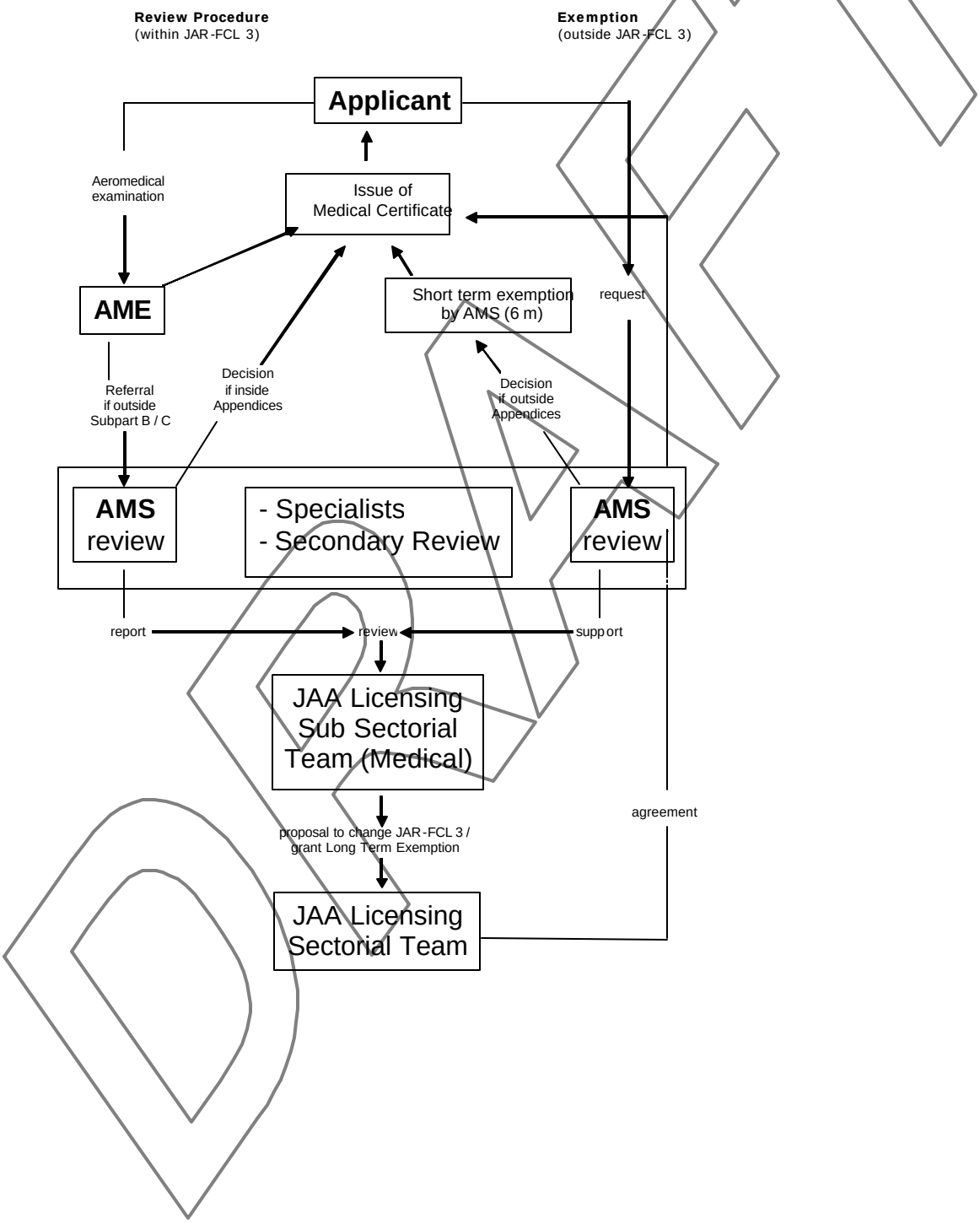
JAR-FCL 3 - Section 2
Acceptable Means of Compliance (AMC) / Interpretative Explanatory Material (IEM)

CONTENTS:

IEM FCL 3.045

Adjustment to title and replacement of diagram with an amended version

IEM FCL 3.045
Procedures for medical certification exemptions/ ~~variations~~ *review procedures*
See JAR–FCL 3.045, *3.125*



IEM FCL 3.095(a) & (b)
Adjustments to table
Summary of minimum [ ] requirements

For full text see JAR-FCL 3.105, Subpart B and C, Appendices 1 to 19

LICENCE	**CLASS 1** **COMMERCIAL PILOT** **AIRLINE TRANSPORT PILOT**	**CLASS 2** **STUDENT PILOT** **PRIVATE PILOT**
INITIAL EXAMINATION **(Reference JAR–FCL 3.100)**	AMC	AMC OR AME *
ISSUE OF MEDICAL CERTIFICATE **(JAR-FCL 3.100)**	Initial: AMS Renewal: AMC or AME	AMC or AME
VALIDITY OF MEDICAL CERTIFICATE ~~**ROUTINE MEDICAL EXAMINATION**~~ **(3.105**)	~~Under 40 [12 monhts]~~ ~~40 and over 6 months~~ ~~[Flight engineers: 12 months]~~ **under 40 - 12 months** **40 - 59 ,single-pilot comm. airtransp. carrying pax - 6 months** **40 - 59, other comm. airtransp. - 12 months** **60 and over - 6 months**	Under ~~30~~ 40 – **[**60 monhts**]** **[**~~30,~~ **40** -49**]** – **[**24 months**]** 50 and over – **[**12 months**]**
~~**CHEST X-RAY**~~ ~~**(3.155 and 3.275)**~~	At initial	If indicated
[ ]	**[ ]**	**[ ]**
HAEMOGLOBIN **(3.180 and 3.300)**	At initial then every examination	At initial
ELECTROCARDIOGRAM **(3.130 and 3.250)**	At initial then under 30 – 5 yearly 30 – 39 – 2 yearly 40 – 49 – annually 50 and over – ~~6 monthly~~ **all reval / renewal**	At initial then **[ ]**40 – 49 – 2 yearly 50 and over – annually
AUDIOGRAM **(3.235 and 3.355)**	At initial then under 40 – 5 yearly 40 and over – 2 yearly	At initial issue of instrument rating then under 40 – 5 yearly 40 and over – 2 yearly
~~**[EXTENDED]**~~ **COMPREHENSIVE OTORHINOLARYNGOLOGICAL EXAMINATION** **(3.230 and 3.350)**	At initial ***by AMC or specialist*** then under 40 – 5 yearly ~~40 and over – 2 yearly~~ ***if indicated***	~~At initial by AME~~
~~**[EXTENDED]**~~ **OPHTHALMOLOGICAL EXAMINATION**	At initial ~~then every 2 years if refractive correction is required for medical~~ certification **and if refractive error**	At initial by AME ***or specialist*** ~~[then every 5 years if refractive error is over +/-~~

(3.215 and 3.335, [Appendix 1])	**exceeds +/- 3 dptr** **Specialist reports every 5 years if refractive error exceeds +3 up to and including +5dptr or exceeds - 3 up to and including -6 dptr** **Specialist reports every 2 years if refractive error exceeds -6 dptr**	~~5 dioptres~~**]**
TONOMETRY **(3.215)**	**over 40 years - 2 yearly**	
LIPID PROFILE **(3.130 and 3.250)**	At initial then age 40	If two or more coronary risk factors are identified at initial then age 40
PULMONARY FUNCTION TESTS **(3.155 and 3.275)**	At initial then ***if indicated*** ~~peak flow~~ ~~at age 30, 35, 40 then 4 yearly~~	~~Peak flow at initial then~~ ~~at age 40~~ ~~Then 4 yearly~~ ***If indicated***
URINALYSIS **(3.185 and 3.305)**	At initial then every examination	At initial then every examination

This Table summarises the principal requirements. Full requirements are detailed in ~~Part~~ **JAR-FCL** 3 Subparts B and C and Appendices 1 to 18.

Note: Any tests may be required at any time if clinically indicated (JAR –FCL 3.105(f)).

*AMC = Aeromedical Centre of a JAA Member State

*AME = Authorised Medical Examiner

IEM FCL 3.095(c) (1)
Adjustment to title and several text boxes

LOGO

CIVIL AVIATION ADMINISTRATION COUNTRY

APPLICATION FORM FOR AN AVIATION MEDICAL CERTIFICATE

Complete this page fully and in block capitals - Refer to instructions pages for details. MEDICAL IN CONFIDENCE

(1) JAA State of licence issue:	(2) Class of medical certificate applied for 1st ☐ 2nd ☐ Others ☐	
(3) Surname:	(4) Previous surname(s):	(12) Application Initial ☐ Revalidation/Renewal ☐
(5) Forenames:	(6) Date of birth: (7) Sex Male ☐ Female ☐	(13) Reference number:
(8) Place and country of birth: (10) Permanent address: Country: Telephone No.: Mobile No: e-mail: @	(9) Nationality: (11) Postal address (if different) Country: Telephone No.:	(14) Type of licence applied for: (15) Occupation (principal) (16) Employer (17) Last medical examination Date: Place:
(18) Aviation licence(s) held (type): Licence number: State of issue: (20) Have you ever had an aviation medical certificate denied, suspended or revoked by any licensing authority? No ☐ Yes ☐ Date: Country: Details:	(19) Any Limitations on Licence/ Med. Cert. No ☐ Yes ☐ Details: (21) Flight time hours total: (22)Flight time hours since last medical: (23) Aircraft presently flown:	
(24) Any aircraft accident or reported incident since last medical? No ☐ Yes ☐ Date: Place: Details: (27) Do you drink alcohol ? ☐ No ☐ Yes, amount (29) Do you smoke tobacco? ☐ No, never ☐ No, date stopped: ☐ Yes, state type and amount:	(25) Type of flying intended: (26) Present flying activity Single pilot ☐ Multi pilot ☐ (28) Do you currently use any medication? No ☐ Yes ☐ State drug, dose, date started and why:	

General and medical history: Do you have, or have you ever had, any of the following? (Please tick).

Note: if revalidating at the same venue as last examination, tick only boxes relating to any medical/surgical/ophthalmic or other events or changes since last examined. If 'no change' state this in 'Remarks'.

	Yes	No		Yes	No		Yes	No	**Family history of:**	Yes	No
101 Eye trouble/eye operation			112 Nose, throat or speech disorder			123 Malaria or other tropical disease			170 Heart disease		
102 Spectacles and/or contact lenses ever worn			113 Head injury or concussion			124 A positive HIV test			171 High blood pressure		
			114 Frequent or severe headaches			125 Sexually transmitted disease			172 High cholesterol level		
103 Spectacle/contact lens prescriptions change since last medical exam.			115 Dizziness or fainting spells			126 Admission to hospital			173 Epilepsy		
			116 Unconsciousness for any reason			127 Any other illness or injury			174 Mental illness		
104 Hay fever, other allergy			117 Neurological disorders; stroke,			128 Visit to medical practitioner			175 Diabetes		
105 Asthma, lung disease			epilepsy, seizure, paralysis, etc			since last medical examination			176 Tuberculosis		
106 Heart or vascular trouble			118 Psychological/psychiatric trouble			129 Refusal of life insurance			177 Allergy/asthma/eczema		
107 High or low blood pressure			of any sort			130 Refusal of flying licence			178 Inherited disorders		
108 Kidney stone or blood in urine			119 Alcohol/drug/substance abuse						179 Glaucoma		
109 Diabetes, hormone disorder			120 Attempted suicide								
110 Stomach, liver or intestinal trouble			121 Motion sickness requiring medication			132 Medical rejection from or for military service			**Females only:**		
111 Deafness, ear disorder			122 Anaemia / Sickle cell trait/other			133 Award of pension or			150 Gynaecological, menstrual problems		
			blood disorders			compensation for injury or illness			151 Are you pregnant?		

(30) **Remarks:** If previously reported and no change since, so state.

(31) **Declaration:** I hereby declare that I have carefully considered the statements made above and to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statements. I understand that if I have made any false or misleading statements in connection with this application, or fail to release the supporting medical information, the Authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under national law. CONSENT TO RELEASE OF MEDICAL INFORMATION: I hereby authorise the release of all information contained in this report and any or all attachments to the Aeromedical Section and where necessary the Aeromedical Section of another JAA Member State, recognising that these documents or electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times.

Date	Signature of applicant	Signature of AME (Witness)
_____	_____	_____

(IEM FCL 3.095 (c) (2)

Adjustment to title text and several text boxes

INSTRUCTIONS PAGE FOR COMPLETION OF THE APPLICATION FORM FOR AN AVIATION MEDICAL CERTIFICATE

This Application Form, all attached Report Forms and Reports are required in accordance with ICAO Instructions and will be transmitted to the ~~Authority (Aeromedical Section)~~ Aeromedical Section Medical Confidentiality shall be respected at all times.

The Applicant must personally complete in full all questions (boxes) on the Application Form. Writing must be in Block Capitals using a ball-point pen and be legible. Exert sufficient pressure to make legible copies. If more space is required to answer any question, use a plain sheet of paper bearing the information, your signature and the date signed. The following numbered instructions apply to the numbered headings on the application form.

NOTICE: Failure to complete the application form in full or to write legibly will result in non-acceptance of the application form. The making of False or Misleading statements or the Withholding of relevant information in respect of this application may result in criminal prosecution, denial of this application and/or withdrawal of any medical certificate(s) granted.

1. JAA STATE APPLIED TO: State name of Country this application is to be forwarded to.	**17. LAST MEDICAL APPLICATION:** State date (day, month, year) and place (town, country). ~~Initial~~ . Initial applicants state 'NONE'.
2. CLASS OF MEDICAL CERTIFICATE: Tick appropriate box. Class 1: Professional Pilot Class 2: Private Pilot Others: All other uses, e.g. ATC, Cabin Crew	**18. AVIATION LICENCE HELD:** State type of licences held as answered in Question 14. Enter licence number and ~~Country~~ State of issue for each licence. If no licences are held, state 'NONE'.
3. SURNAME: State Surname/ Family name.	**19. ANY ~~CONDITIONS / LIMITATIONS / VARIATIONS~~ ON THE LICENCE / MEDICAL CERTIFICATE:** Tick appropriate box and give details of any ~~conditions / limitations / variations~~ on your licences / medical certificates, e.g. vision, colour vision, safety pilot, etc.
4. PREVIOUS SURNAME(S): If your surname or family name has changed for any reason, state previous name(s).	**20. MEDICAL CERTIFICATE DENIAL OR REVOCATION:** Tick 'YES' box if you have ever had a medical certificate denied or revoked even if only temporary. If 'YES', state date (DD/MM/YYYY) and Country where occurred.
5. FORENAMES: State first and middle names (maximum three).	**21. PILOT FLIGHT TIME TOTAL:** State total number of hours flown.
6. DATE OF BIRTH: Specify in order Day(DD), Month(MM), Year(YYYY) in numerals, e.g. 22-08-1950.	**22. PILOT FLIGHT TIME SINCE LAST MEDICAL:** State number of hours flown since your last medical examination.
7. SEX: Tick appropriate box.	**23. AIRCRAFT PRESENTLY FLOWN:** State name of principal aircraft flown, e.g. Boeing 737, Cessna 150, etc.
8. PLACE OF BIRTH: State Town and Country of birth.	**24. AIRCRAFT ACCIDENT/INCIDENT:** If 'YES' box ticked, state Date (DD/MM/YYYY) and Country of Accident/Incident.
9. NATIONALITY: State name of country of Citizenship.	**25. TYPE OF FLYING INTENDED:** State whether airline, charter, single-pilot commercial air transport carrying passengers, agriculture, pleasure, etc.
10. PERMANENT ADDRESS:. State permanent postal address and country. Enter telephone area code as well as number.	**26. PRESENT FLYING ACTIVITY:** Tick appropriate box to indicate whether you fly as the SOLE pilot or not.
11. POSTAL ADDRESS: If different from permanent address, state full current postal address including telephone number and area code. If the same, enter 'SAME'.	~~29~~ **27. DO YOU DRINK ALCOHOL:** Tick applicable box. If yes, state State weekly alcohol consumption e.g. 2 litres beer.
12. APPLICATION: Tick appropriate box.	**28. DO YOU CURRENTLY USE ANY MEDICATION:** If 'YES', give full details - name, how much you take and when, etc. Include any non-prescription medication.
13. REFERENCE NUMBER: State Reference Number allocated to you by your National Aviation Authority. Initial Applicants enter 'NONE'.	~~27~~ ~~29.~~ **DO YOU SMOKE TOBACCO?** Tick applicable box. Current smokers state type (cigarettes, cigars, pipe) and amount (e.g. 2 cigars daily; pipe - 1 oz. weekly)
14. TYPE OF LICENCE APPLIED FOR (OR INTENDED): State type of licence applied for from the following list: Aeroplane Transport Pilot Licence Commercial Pilot Licence/Instrument Rating Commercial Pilot Licence Private Pilot Licence/Instrument Rating Private Pilot ~~Student Pilot~~ And whether Fixed Wing / Rotary Wing / Both Other – Please specify	**GENERAL AND MEDICAL HISTORY** All items under this heading from number 101 to ~~150~~ 179 inclusive must have the answer 'YES' or 'NO' ticked. You MUST tick 'YES' if you have ever had the condition in your life and describe the condition and approximate date in the **30. REMARK**S box. All questions asked are medically important even though this may not be readily apparent. Items numbered 170 to 179 relate to immediate family history whereas items numbered 150 to 151 must be answered by female applicants only. If information has been reported on a previous application form and there has been no change in your condition, you may state 'Previously Reported, No Change Since'. However, you must still tick 'YES' to the condition. Do not report occasional common illnesses such as colds.
15. OCCUPATION:	

16. EMPLOYER: If principal occupation is pilot, then state employer's name or if self-employed, state 'self'.	**31. DECLARATION AND CONSENT TO OBTAINING AND RELEASING INFORMATION:** Do not sign or date these declarations until indicated to do so by the AME who will act as witness and sign accordingly.

AN APPLICANT HAS THE RIGHT TO REFUSE ANY TEST AND TO REQUEST REFERRAL TO THE AUTHORITY (AMS). HOWEVER, THIS MAY RESULT IN TEMPORARY DENIAL OF MEDICAL CERTIFICATION.

(IEM FCL 3.095 (c) (3)

Adjustment to the text

AME MEDICAL EXAMINATION GUIDELINES

BEFORE STARTING THE MEDICAL EXAMINATION, CHECK BOTH THE LICENCE AND THE PREVIOUS MEDICAL CERTIFICATE. The licence is checked to verify the identity of the applicant. Should an applicant not have his/her licence or previous medical certificate, you should contact the Authority (Aeromedical Section) to check prior details and requirements. If the applicant is an initial applicant, you should have him/her satisfactorily establish their identity by other means.

The previous medical certificate is checked for limitations. The limitation 'Special Instructions – contact AMS' requires you to contact the relevant AMS for special instructions which may even require the applicant to be examined at a designated location or centre. ***If a pilot has been outside the limits of JAR-FCL 3, Section 1, Subparts B or C, but has been certified after review procedure by the AMS, the limitation 'REV - Medical certificate issued after review procedure, special instructions may apply, AMS may be contacted' indicates that special instructions may apply. It allows any AME to be aware of that and to contact the AMS for more information if deemed necessary. However, the holder of the medical certificate should present the written report of the AMS concerning the review procedure to the AME to allow quicker processing (Reference JAR-FCL 3.125).***

You should then check the previous medical certificate to establish what tests are required for that medical, i.e. ECG.

Hand the applicant the Application Form and the guidelines for its completion. Instruct the applicant to complete the form but NOT to sign it until instructed. You should go over the form with the applicant elucidating further information as necessary to determine the significance of any entry and asking further questions as an aide-memoire. When you are satisfied that the form is complete and legible, request the applicant to sign and date the form and then sign yourself as witness. If the applicant refuses to complete the application form fully or refuses to sign the declaration consent to release of medical information, you must inform the applicant that you may not issue a medical certificate regardless of the result of the clinical examination; also that you must refer the complete documentation of that examination to the relevant AMS for a decision. This AMS is expected to state that their application for a medical certificate is incomplete and not acceptable.

Perform the medical examination and complete the Medical Examination Report Form as per instructions. Review all tests required and confirm all performed. If an Extended Medical Examination is being performed, confirm completion and receipt of ORL and Ophthalmology report forms.

Review all forms for correctness of answers and results. If you are satisfied that the applicant meets the JAA Standards, issue a new certificate of the appropriate class. When completing the certificate, verify that all the required information is entered and in particular that all limitations, conditions, variations and their corresponding codes are entered on Page 4. Dates of future examinations and tests can be completed at the option of the AME. Ask the applicant to then sign the certificate after your signature.

If all the JAA medical standards are not clearly met, or if a doubt exists about the fitness of the applicant for the class of medical certificate applied, either refer the decision to the AMS or deny issuance of a certificate. ~~Denial of a certificate requires that a 'Notification of denial of medical certificate' form is completed and given to the applicant.~~ He/she must be informed of their right to review by the AMS and it should be explained to them why a certificate is being denied.

Complete all forms as soon as possible and certainly within 5 days. Forward them to your national AMS (or supervisory AMS if you are an AME based in a non-JAA State). If a medical certificate has been denied or decision referred, documentation must be forwarded immediately by post and preferably also by fax.

IEM FCL 3.095 (c) (4)

Editorial Changes to order of subjects and other editorial changes (Colour perception, Urinalysis)

MEDICAL EXAMINATION REPORT

(201) Examination Category	(202) Height	(203) Weight	(204) Colour Eye	(205) Colour Hair	(206) Blood Pressure - seated (mmHg)		(207) Pulse - resting	
Initial ☐ Reval/Renewal ☐ Extended ☐ Special referral ☐	(cm)	(kg)			Systolic	Diastolic	Rate (bpm)	Rhythm reg ☐ irreg ☐

Clinical exam: Check each item

	Normal	Abnormal		Normal	Abnormal
(208) Head, face, neck, scalp			(218) Abdomen, hernia, liver, spleen		
(209) Mouth, throat, teeth			(219) Anus, rectum		
(210) Nose, sinuses			(220) Genito - urinary system		
(211) Ears, drums, eardrum motility			(221) Endocrine system		
(212) Eyes - orbit & adnexa; visual fields			(222) Upper & lower limbs, joints		
(213) Eyes - pupils and optic fundi			(223) Spine, other musculoskeletal		
(214) Eyes - ocular motility; nystagmus			(224) Neurologic - reflexes, etc.		
(215) Lungs, chest, breasts			(225) Psychiatric		
(216) Heart			(226) Skin, identifying marks and lymphatics		
(217) Vascular system			(227) General systemic		

(228) **Notes:** Describe every abnormal finding. Enter applicable item number before each comment.

Visual acuity

(229) *Distant vision at 5m /6m*

	uncorrected		Spectacles	Contact lenses
Right eye		Corr. to		
Left eye		Corr. to		
Both eyes		Corr. to		

(230) *Interm. vision*

N14 at 100 cm	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(231) *Near vision*

N5 at 30-50 cm	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(232) **Glasses** Yes ☐ No ☐ Type:

(233) **Contact lenses** Yes ☐ No ☐ Type:

Refraction	Sph	Cyl	Axis	Add
Right eye				
Left eye				

(313) **Colour perception** Normal ☐ Abnormal ☐

Pseudo-isochromatic plates Type: Ishihara (24 plates)

(236) **Pulmonary function**

Peak Expiratory Flow _____ l/min

Normal ☐ Abnormal ☐

(237) **Haemoglobin**

_____ _____ ~~g/dl~~ ***(unit)***

Normal ☐ Abnormal ☐

(235) **Urinanalysis** Normal ☐ Abnormal ☐

Glucose	Protein	Blood	Other

Accompanying Reports	Normal	Abnormal / Comment
(238) ECG		
(239) Audiogram		
(240) Ophthalmology		
(241) ORL (ENT)		
~~(242) Chest X-ray~~		
(243) Blood lipids		
(244) Pulmonary function		
(246) Other (what?)		

(247) **Aviation medical examiner's recommendation**

Name of applicant: Date of birth:

_____ _____

☐ Fit Class _____

☐ Medical certificate issued by undersigned (copy attached) class _____

☐ Unfit class _____ (JAR-FCL 3 para _____)

No of plates:	No of errors:

(234) **Hearing** (when 241 not performed)	Right ear ☐	Left ear ☐
Conversational voice test (2 m)	Yes ☐	Yes ☐
back turned to examiner	No	No

Audiometry				
Hz	500	1000	2000	3000
Right				
Left				

☐ Deferred for further evaluation. If yes, why and to whom?

(248) **Comments, restrictions, limitations:**

(249) **Medical examiner's declaration:**

I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

(250) Place and date:	Examiner's Name and Address:(Block Capitals)	AME Stamp with AME No.:
Authorised Medical Examiners Signature:	E-mail: Telephone No.: Telefax No.:	

IEM FCL 3.095 (c) (5)

Adjustment to text (new item 313 "Colour perception" inserted), further editorial changes (items 335, 336, 337)

AME INSTRUCTIONS FOR COMPLETION OF THE MEDICAL EXAMINATION REPORT FORM

All questions (boxes) on the Medical Examination Report Form must be completed in full. If an Otorhinolaryngology Examination Report Form is attached, then Questions 209, 210, 211, and 234 may be omitted. If an Ophthalmology Examination Report Form is attached then Questions 212, 213, 214, 229, 230, 231, 232, and 233 may be omitted.

Writing must be in BLOCK CAPITALS using a ball-point pen and be legible. Exert sufficient pressure to make legible copies. Completion of this form by typing/printing is both acceptable and preferable. If more space is required to answer any question, write on a plain sheet of paper the applicant's name, the information, your signature and the date signed. The following instructions apply to the same numbered headings on the Medical Examination Report Form.

NOTICE – Failure to complete the medical examination report form in full as required or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of False or Misleading statements or the withholding of relevant information by an AME may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

201 EXAMINATION CATEGORY – Tick appropriate box.
Initial – Initial examination for either Class 1 or 2; also initial exam.for upgrading from Class 2 to 1 (notate 'upgrading' in Section 248).
Renewal / Revalidation – Subsequent ROUTINE examinations.
Extended Renewal / Revalidation – Subsequent ROUTINE examinations which include comprehensive Ophthalmological and ORL examinations.

202 HEIGHT – Measure height without shoes in centimetres to nearest cm.

203 WEIGHT – Measure weight in indoor clothes in kilograms to nearest kg.

204 EYE COLOUR – State colour of applicants eyes from the following list: brown, blue, green, hazel, grey, multi.

205 HAIR COLOUR – State colour of applicants hair from the following list: brown, black, red, fair, bald.

206 BLOOD PRESSURE – Blood Pressure readings should be recorded as Phase 1 for Systolic pressure and Phase 5 for Diastolic pressure. The applicant should be seated and rested. Recordings in mm Hg.

207 PULSE (RESTING) – The pulse rate should be recorded in beats per minute and the rhythm should be recorded as regular or irregular. Further comments if necessary may be written in Section 228, 248 or separately.

SECTION 208 – 227 inclusive constitute the general clinical examination and each of the sections must be checked as Normal or Abnormal.

208 HEAD, FACE, NECK, SCALP – To include appearance, range of neck and facial movements, symmetry, etc.

209 MOUTH, THROAT, TEETH – To include appearance of buccal cavity, palate motility, tonsillar area, pharynx and also gums, teeth and tongue.

210 NOSE, SINUSES – To include appearance and any evidence of nasal obstruction or sinus tenderness on palpation.

211 EARS, DRUMS, EARDRUM MOTILITY – To include otoscopy of external ear, canal, tympanic membrane. Eardrum motility by valsalva manoeuvre or by pneumatic otoscopy.

212 EYES – ORBIT AND ADNEXA, VISUAL FIELDS – To include appearance, position and movement of eyes and their surrounding structures in general, including eyelids and conjunctiva. Visual fields check by campimetry, perimetry or confrontation.

213 EYES – PUPILS AND OPTIC FUNDI – To include appearance, size, reflexes, red reflex and fundoscopy. Special note of corneal scars.

214 EYES – OCULAR MOTILITY, NYSTAGMUS – To include range of movement of eyes in all directions; symmetry of movement of both eyes; ocular muscle balance; convergence; accommodation; signs of nystagmus.

215 LUNGS, CHEST, BREAST – To include inspection of chest for deformities, operation scars, abnormality of respiratory movement, auscultation of breath sounds. Physical examination of female applicants breasts should only be performed with informed consent.

216 HEART – To include apical heart beat, position, auscultation for murmurs, carotid bruits, palpation for trills.

217 VASCULAR SYSTEM – To include examination for varicose veins, character and feel of pulse, peripheral pulses, evidence of peripheral circulatory disease.

218 ABDOMEN, HERNIA, LIVER, SPLEEN – To include inspection of abdomen; palpation of internal organs; check for inquinal hernias in particular.

219 ANUS, RECTUM – Examination only with informed consent.

220 GENITO-URINARY SYSTEM – To include renal palpation; inspection palpation male/female reproductive organs only with informed consent.

221 ENDOCRINE SYSTEM – To include inspection, palpation for evidence of hormonal abnormalities/imbalance; thyroid gland.

222 UPPER AND LOWER LIMBS, JOINTS – To include full range of movements of joints and limbs, any deformities, weakness or loss. Evidence of arthritis.

223 SPINE, OTHER MUSCULOSKELETAL – To include range of movements, abnormalities of joints.

224 NEUROLOGIC – REFLEXES ETC. To include reflexes, sensation, power, vestibular system – balance, romberg test, etc.

225 PSYCHIATRIC – To include appearance, appropriate mood/thought, unusual behaviour.

226 SKIN, LYMPHATICS, IDENTIFYING MARKS – To include inspection of skin; inspection, palpation for lymphadenopathy, etc. Briefly describe scars, tattoos, birthmarks, etc. which could be used for identification purposes.

227 GENERAL SYSTEMIC – All other areas, systems and nutritional status.

228 NOTES – Any notes, comments or abnormalities to be described – extra notes if required on paper, signed and dated.

229 DISTANT VISION AT 5/6 METRES – Each eye to be examined separately and then both together. First without correction, then with spectacles (if used) and lastly with contact lenses, if used. Record visual acuity in appropriate boxes. Visual acuity to be tested at either 5 or 6 metres with the appropriate chart for the distance.

230 INTERMEDIATE VISION AT 1 METRE – Each eye to be examined separately and then both together. First without correction, then with spectacles if used and lastly with contact lenses if used. Record visual acuity in appropriate boxes as ability to read N14 at 100 cm (Yes/No).

231 NEAR VISION AT 30–50 CMS. – Each eye to be examined separately and then both together. First without correction, then with spectacles if used and lastly with contact lenses, if used. Record visual acuity in appropriate boxes as ability to read N5 at 30–50 cm (Yes/No).

Note: Bifocal contact lenses and contact lenses correcting for near vision only are not acceptable.

232 SPECTACLES – Tick appropriate box signifying if spectacles are or are not worn by applicant. If used, state whether unifocal, bifocal, varifocal or look-over.

233 CONTACT LENSES – Tick appropriate box signifying if contact lenses are or are not worn. If worn, state type from the following list; hard, soft, gas-permeable or disposable.

313 COLOUR PERCEPTION - *Tick appropriate box signifying if colour perception is normal or not. If abnormal state number of plates of the first 15 of the pseudo-isochromatic plates (Ishihara 24 plates) have not been read correct.*

234 HEARING – Tick appropriate box to indicate hearing level ability as tested separately in each ear at 2 m.

235 ~~URINANALYSIS~~ URINALYSIS – State whether result of urinalysis is normal or not by ticking appropriate box. If no abnormal constituents, state NIL in each appropriate box.

236 ~~PULMONARY PEAK FLOW RATE~~ FEV1/FVC – When required or on indication, state actual value obtained in ~~L/min~~ **%** and state if normal or not with reference to height, age, sex and race.

237 HAEMOGLOBIN – Enter actual haemoglobin test result ~~in g/dl~~ ***and state units used***. Then state whether normal value or not by ticking appropriate box.

238–246 ACCOMPANYING REPORTS – One box opposite each of these sections must be ticked. If the test is not required and has not been performed, then tick the NOT PERFORMED box. If the test has been performed (whether required or on indication) complete the normal or abnormal box as appropriate. In the case of question 246, the number of other accompanying reports must be stated.

247 MEDICAL EXAMINER'S RECOMMENDATION – Enter name of applicant in Block Capitals and then tick appropriate box with applicable class of Medical Certificate. If a fit assessment is recommended, please indicate whether a Medical Certificate has been issued or not. An applicant may be recommended as Fit for Class 2 but also deferred or recommended as Unfit for Class I. If an Unfit recommendation is made, applicable JAR Med. Para No(s) must be entered. If an applicant is deferred for further evaluation, indicate the reason and the doctor to whom applicant referred.

248 COMMENTS, RESTRICTIONS, LIMITATIONS, ETC. – Enter here your findings and assessment of any abnormality in the history or examination. State also any limitation required.

249 MEDICAL EXAMINERS DETAILS – In this section the AME must sign the declaration, complete his name and address in block capitals, contact telephone number (and fax if available) and lastly stamp the relevant box with his designated AME stamp incorporating his AME number.

250 PLACE AND DATE – Enter the place (town or city) and the date of examination. The date of examination is the date of the general examination and not the date of finalisation of form. If the medical

examination report is finalised on a different date, enter date of finalisation in Section 248 as 'Report finalised on .....'.

IEM FCL 3.095 (c) (6)

Adjustment to boxes 12, 302 (deleting row "extended", editorial change), 314 (another column inserted for uncorrected vision), 320 (typoid)

OPHTHALMOLOGY EXAMINATION REPORT

Complete this page fully and in block capitals – Refer to instructions pages for details

JAA STATE

MEDICAL IN CONFIDENCE

Applicant's details

(1) JAA State applied to:	(2) Class of medical certificate applied for 1st ☐ 2nd ☐ Others ☐ ☐		
(3) Surname:	(4) Previous sur name(s):		(12) Application Initial ☐ Revalidation/Renewal ☐
(5) Forenames:	(6) Date of birth:	(7) Sex Male ☐ Female ☐	(13) Reference number:
(8) Place and country of birth:	(9) Nationality:		(14) Type of licence desired:

(301) **Consent to release of medical information:** I hereby authorise the release of all information contained in this report and any or all attachments to the Aeromedical Examiner, the Authority and where necessary the Aeromedical Section of another State, recognising that these documents or any other electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times.

Date: _____ Signature of the applicant: _____ Signature of medical examiner (witness): _____

(302) Examination Category

Initial ☐

~~Extended~~ ☐

Reval / Renewal ☐

Special referral ☐

(303) Ophthalmological history:

Clinical examination

Check each item	Normal	Abnormal
(304) Eyes, external & eyelids		
(305) Eyes, Exterior (slit lamp, ophth.)		
(306) Eye position and movements		
(307) Visual fields (confrontation)		
(308) Pupillary reflexes		
(309) Fundi (Ophthalmoscopy)		
(310) Convergence cm		
(311) Accommodation D		

(312) *Ocular muscle balance* (in prisme dioptres)

Distant at 5/6 metres	Near at 30–50 cm
Ortho	Ortho
Eso	Eso
Exo	Exo
~~Hyper~~	Hyper
Cyclo	Cyclo

Tropia Yes No Phoria Yes No

Fusional reserve testing Not performed Normal Abnormal

(313) *Colour perception*

Pseudo-Isochromatic plates Type:

No of plates: No of errors:

Advanced colour perception testing indicated Yes No

Method:

Colour SAFE Colour UNSAFE

Visual acuity

(314) *Distant vision at 5 m /6 m*	uncorrected	Spectacles Corrected to	Contact lenses
Right eye			
Left eye			
Both eyes			

(315) *Intermediate vision at 1 m*	uncorrected	Spectacles Corrected to	Cont. lens.
Right eye			
Left eye			
Both eyes			

(316) *Near vision at 30–50 cm*	uncorrected	Spectacles Corrected to	Cont. lens.
Right eye			
Left eye			
Both eyes			

(317) *Refraction*	Sph	Cylinder	Axis	Near (add)
Right eye				
Left eye				

Actual refraction examined Spectacles prescription based

(318) *Spectacles* Yes ☐ No ☐

Type:

(319) *Contact lenses* Yes ☐ No ☐

Type:

(320) *Intra-ocular pressure*

Right (mmHg)	Left (mmHg)
Method	Normal ☐ Abnormal ☐

(321) **Ophthalmological remarks and recommendation:**

(322) **Examiner's declaration:**

I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

(323) Place and date:	Ophth Examiner's Name and Address:(Block Capitals)	AME or Specialist Stamp with No:
Authorised Medical Examiner's Signature:	Telefax No.: Telefax No.:	


DRAFT

IEM FCL 3.095 (c) (7)

Adjustment to text (items 302, 314 - 316)

INSTRUCTIONS FOR COMPLETION OF THE OPHTHALMOLOGY EXAMINATION REPORT FORM

Writing must be in Block Capitals using a ball-point pen and be legible. Exert sufficient pressure to make legible copies. Completion of this form by typing or printing is both acceptable and preferable. If more space is required to answer any question, use a plain sheet of paper bearing the applicant's name, the information, your signature and the date signed. The following numbered instructions apply to the numbered headings on the Medical Examination Report Form.

NOTICE – Failure to complete the medical examination report form in full as required or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of False or Misleading statements or the withholding of relevant information by an authorised examiner may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

GENERAL – The AME or Ophthalmology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3, 4, 5, 6, 7, 12 and 13 on the form and then sign and date the **consent to release of medical information** (Section 301) with the examiner countersigning as witness.

302 EXAMINATION CATEGORY – Tick appropriate box.
Initial – Initial examination for either Class 1 or 2; also initial exam. for upgrading from Class 2 to 1 (notate 'upgrading' in Section 303).
~~Extended~~ ~~Renewal~~ / Revalidation / Renewal – Subsequent ~~ROUTINE~~ comprehensive Ophthalmological examinations ***(due to refractive error)***.
Special Referral – NON Routine examination for assessment of an ophthalmological symptom or finding.

303 OPHTHALMOLOGY HISTORY – Detail here any history of note or reasons for special referral.

CLINICAL EXAMINATION – SECTIONS 304-309 INCLUSIVE – These sections together cover the general clinical examination and each of the sections must be checked as Normal or Abnormal. Enter any abnormal findings or comments on findings in Section 321.

310 CONVERGENCE – Enter near point of convergence in cms. as measured using RAF Near Point Rule or equivalent. Please also tick whether Normal or Abnormal and enter abnormal findings and comments in Section 321.

311 ACCOMMODATION – Enter measurement recorded in Dioptres using RAF Near Point Rule or equivalent. Please also tick whether Normal or Abnormal and enter abnormal findings and comments in Section 321.

312 OCULAR MUSCLE BALANCE – Ocular Muscle Balance is tested at Distant 5 or 6 ms and Near at 30-50 cms and results recorded. Presence of Tropia or Phoria must be entered accordingly and also whether Fusional Reserve Testing was NOT performed and if performed whether normal or not.

313 COLOUR PERCEPTION – Enter type of Pseudo-Isochromatic Plates (Ishihara) as well as number of plates presented with number of errors made by examinee. State whether Advanced Colour Perception Testing is indicated and what methods used (which Colour Lantern or Anomaloscopy) and finally whether judged to be Colour Safe or Unsafe. Advanced Colour Perception Testing is usually only required for initial assessment unless indicated by change in applicant's colour perception.

314–316 VISUAL ACUITY TESTING AT 5/6 ms, 1 m and 30–50 cms. – Record actual visual ~~activity~~ ***acuity*** obtained in appropriate boxes. If correction not worn nor required, put line through corrected vision boxes. Distant visual acuity to be tested at either 5 or 6 metres with the appropriate chart for that distance.

317 REFRACTION – Record results of refraction. Indicate also whether for Class 2 applicants, refraction details are based upon spectacle prescription.

318 SPECTACLES – Tick appropriate box signifying if spectacles are or are not worn by applicant. If used, state whether unifocal, bifocal, varifocal or look-over.

319 CONTACT LENSES – Tick appropriate box signifying if contact lenses are or are not worn. If worn, state type from the following list; hard, soft, gas-permeable, disposable.

320 INTRA-OCULAR PRESSURE – Enter Intra-Ocular Pressure recorded for right and left eyes and indicate whether normal or not. Also indicate method used – applanation, air etc.

321 OPHTHALMOLOGY REMARKS AND RECOMMENDATIONS – Enter here all remarks, abnormal findings and assessment results. Also enter any limitations recommended. If there is any doubt about findings or recommendations the examiner may contact the AMS for advice before finalising the report form.

322 OPHTHALMOLOGY EXAMINERS DETAILS – In this section the Ophthalmology examiner must sign the declaration, complete his name and address in block capitals, contact telephone number (and fax if available) and lastly stamp the report with his designated stamp incorporating his AME or specialist number.

323 PLACE AND DATE – Enter the place (town or city) and the date of examination. The date of examination is the date of the clinical examination and not the date of finalisation of form. If the Ophthalmology examination report is finalised on a different date, enter date of finalisation on Section 321 as 'Report finalised on .....'.

IEM FCL 3.095 (c) (8)

Adjustment to boxes 12, 402(deleting rows "extended" and "Renewal" / Reval), (408 (editorial change)

OTORHINOLARYNGOLOGY EXAMINATION REPORT

Complete this page fully and in block capitals – Refer to instructions pages for details.

JAA STATE

MEDICAL IN CONFIDENCE

Applicant's details

(1) JAA State applied to:	(2) Class of medical certificate applied for 1st 2nd Others		
(3) Surname:	(4) Previous surname(s):		(12) Application Initial Revalidation/Renewal
(5) Forenames:	(6) Date of birth:	(7) Sex Male Female	(13) Reference number:

(401) **Consent to release of medical information:** I hereby authorise the release of all information contained in this report and any or all attachments to the Aeromedical Examiner, the Authority and where necessary the Aeromedical Section of another State, recognising that these documents or any other electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Authority, providing that I or my physician may have access to them according to national law. Medical Confiidentiality will be respected at all times.

Date: Signature of the applicant: Signature of medical examiner (witness)

(402) Examination Category
Initial
~~Extended~~
~~Renewal/Reval~~
Special referral

(403) Otorhinolaryngology history:

Clinical examination

Check each item	Normal	Abnormal
(404) Head, face, neck, scalp		
(405) Buccal cavity, teeth		
(406) Pharynx		
(407) Nasal passages and naso-pharynnx (incl. anterior r hinoscopy)		
(408) Vestibular system incl. Romberg test		
(409) Speech		
(410) Sinuses		
(411) Ext acoustic meati, tympanic membranes		
(412) Pneumatic otoscopy		
(413) Impedance tympanometry including Valsalva menoeuvre (initial only)		

(419) *Pure tone audiometry*

dB HL (hearing level)

Hz	Right ear	Left ear
250		
500		
1000		
2000		
3000		
4000		
6000		
8000		

Additional testing (if indicated)	Not performed	Normal	Abnormal
(414) Speech audiometry			
(415) Posterior rhinoscopy			
(416) EOG; spontaneous and positional nystagnus			
(417) Differential caloric test or vestibular autorotation test			
(418) Mirror or fibre laryngoscopy			

(420) *Audiogram*

o = Right – – – = Air
x = Left ..... = Bone

dB/HL								
–10								
0								
10								
20								
30								
40								
50								
60								
70								
80								
90								
100								
110								
120								
Hz	250	500	1000	2000	3000	4000	6000	8000

(421) **Otorhinolaryngology remarks and recommendation:**

(422) **Examiner's declaration:**

I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

(423) Place and date:	ORL Examiner's Name and Address:(Block Capitals)	AME or Specialist Stamp with No:
Authorised Medical Examiner's Signature:		

Telephone No.:
Telefax No.:

IEM FCL 3.095 (c) (9)

Adjustment to text (item 402)

INSTRUCTIONS FOR COMPLETION OF THE OTORHINOLARYNGOLOGY EXAMINATION REPORT FORM

Writing must be in Block Capitals using a ball-point pen and be legible. Exert sufficient pressure to make legible copies. Completion of this form by typing or printing is both acceptable and preferable. If more space is required to answer any question, use a plain sheet of paper bearing the applicant's name, the information, your signature and the date signed. The following numbered instructions apply to the numbered headings on the Otorhinolaryngology Examination Report Form.

NOTICE – Failure to complete the medical examination report form in full as required or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of False or Misleading statements or the withholding of relevant information by an authorised examiner may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

GENERAL – The AME or Otorhinolaryngology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3, 4, 5, 6, 7, 12 and 13 on the form and then sign and date the **consent to release of medical information** (section 401) with the examiner countersigning as witness.

402 EXAMINATION CATEGORY – Tick appropriate box.
Initial – Initial examination for Class 1; also initial exam. for upgrading from Class 2 to 1 (notate 'upgrading' in Section 403)
~~Extended Renewal / Revalidation – Subsequent ROUTINE comprehensive ORL examinations~~
Special Referral – NON Routine examination for assessment of an ORL symptom or finding

403 OTORHINOLARYNGOLOGY HISTORY – Detail here any history of note or reasons for special referral.

CLINICAL EXAMINATION – SECTIONS 404-413 INCLUSIVE – These sections together cover the general clinical examination and each of the sections must be checked as Normal or Abnormal. Enter any abnormal findings and comments on findings in Section 421.

ADDITIONAL TESTING – SECTIONS 414-418 INCLUSIVE – These tests are only required to be performed if indicated by history or clinical findings and are not routinely required. For each test one of the boxes must be completed – if the test is not performed then tick that box – if the test has been performed then tick the appropriate box for a normal or abnormal result. All remarks and abnormal findings should be entered in section 421.

419 PURE TONE AUDIOMETRY – Complete figures for dB HL (Hearing Level) in each ear at all listed frequencies.

420 AUDIOGRAM – Complete Audiogram from figures as listed in Section 419.

421 OTORHINOLARYNGOLOGY REMARKS AND RECOMMENDATIONS – Enter here all remarks, abnormal findings and assessment results. Also enter any limitations recommended. If there is any doubt about findings or recommendations the examiner may contact the AMS for advice before finalising the report form.

422 OTORHINOLARYNGOLOGY EXAMINERS DETAILS – In this section the Otorhinolaryngology examiner must sign the declaration, complete his name and address in block capitals, contact telephone number (and fax if available) and lastly stamp the report with his designated stamp incorporating his AME or specialist number.

423 PLACE AND DATE – Enter the place (town or city) and the date of examination. The date of examination is the date of the clinical examination and not the date of finalisation of form. If the ORL examination report is finalised on a different date, enter date of finalisation in Section 421 as 'Report finalised on .....'.

IEM FCL 3.100 (a)
Adjustment to medical certificates
Medical Certificate Class 1/2

MEDICAL CERTIFICATION

MINIMUM PERIODIC REQUIREMENTS

ABBREVIATED TEXT

~~Full~~ ***For full*** text ~~refer to~~ ***see*** JAR-FCL 3.105, Subpart B and C ~~and~~ **,** Appendices 1 to 18, ***IEM FCL 3.095 (a) & (b)***

INITIAL EXAMINATION	CLASS 1 CPL ATPL AMC	CLASS 2 PPL AMC or AME
~~Max. medical~~ ***Validity of Medical Certificate*** ~~certificate validity~~ (***max.*** *45 days for* ~~reexam~~ ***before revalidation***) No extensions	Under 40 ~~40 plus~~ - 12 months ***40-59, single-pilot comm. airtr.carryg. pax*** - 6 months ***40-59, other comm.airtr.*** - ***12 months*** ***60 and over*** - ***6 months***	Under 30 ***40*** - 60 months ~~30~~ ***40*** – 49 - 24 months 50 ~~plus~~ ***and over*** - 12 months
Haemoglobin	Every examination	If indicated
Electrocardiogram	Under 30 - 5 yearly 30–39 - 2 yearly 40–49 - Annually ~~50 plus~~ ***Over 50*** - ~~6 monthly~~ ***all reval/ renew***	40 – 49 ~~50 plus~~ - 2 yearly ***50 and over*** - Annually
Audiogram	Under 40 - 5 yearly ~~40 plus~~ ***Over 40*** - 2 yearly	Initial Instrument Rating Under 40 - 5 yearly ~~40 plus~~ ***Over 40*** - 2 yearly
~~Extended otorhinolaryng~~ ***Comprehensive ORL***	Under 40 ~~40 plus~~ - ~~5 yearly~~ ***Initial then if indicated*** - ~~2 yearly~~	If indicated
~~Extended~~ ~~o~~***Ophthalmology***	~~Under 40~~ ~~40 plus~~ ***Initial*** - ***specialist*** ***If refr.error > +/- 3dptr*** - ***specialist*** ***If refr.error > +3 to +5 dptr or > -3 to -6 dptr*** - ***specialist rep.*** 5 yearly ***If refr.error > -6 dptr*** - ***specialist rep.*** 2 yearly	Initial then if indicated
Tonometry	***over 40*** - ***2 yearly***	
Lipid profile Pulmonary ~~Peak Flow~~ ***Function Test***	***Initial then*** ~~Age~~ ***age*** 40 ~~Ages 30, 35, 40, then 4 yearly~~ ***Initial then if indicated***	If 2 or more risk factors initial and at age 40 ~~Age 40, then 4 yearly~~ ***If indicated***
~~Urinalysis~~ ***Urinalysis***	Every examination	Every examination
Any test may be required at any time if clinically indicated		

LOGO

NAME OF NATIONAL AUTHORITY

NATIONAL LANGUAGE 1/2
MEDICAL CERTIFICATE CLASS
1/2

PERTAINING TO A
FLIGHT CREW LICENCE

I Nat. Lang./*State of issue*:

III Nat. Lang./*JAA Licence No(s) (if Held) and/or NAA licence/reference No(s) (if applicable)*:

IV National language/ *Last and first name of holder*:

XIV National lang./*Date of birth: (dd/mm/yyyy)*

VI National lang./*Nationality*:

VII National language/ *Signature of holder*:

I Nat. Lang./* Medical Certificate Class 1/2 (Class of certificate)

X National lang./** Expiry date:
Class 1 (single pilot commercial air transport carrying passengers)(dd/mm/yyyy):
Class 1 (other commercial operations)(dd/mm/yyyy)
Class 2 (dd/mm/yyyy):

XIII National lang./*Limitations*:
*** Code. Description :

X Nat. Lang./**** *Date of issue*:
(dd/mm/yyyy)

Signature of issuing officer:

XI National lang./*Stamp*:

IX. Nat. Lang./ Expiry date of this certificate (dd/mm/yyyy)	Class 1 (6 m)	(dd/mm/yyyy)
	Class 1 (12 m)	(dd/mm/yyyy)
	Class 2	

Nat. Lang./ Examination date: (dd/mm/yyyy)		
Nat. Lang./Expiry date of previous Medical Certificate		
Nat. Lang./ Advisory Information	Most recent (dd/mm/yyyy)	Next (dd/mm/yyyy)
Nat. Lang./ECG		
Nat. L/ Audiol compr. ENT		
Nat. L/ Ophthalmol (when required)		

2 3 4

* Need not be included here if already on front page
** If the Class 1 expiry date is included in the table at the end of the certificate, along with the other dates, it needs not be included here
*** Either the code plus the written description is placed in this section, or just the code. If just the code, a written description (in English) of what the code means needs to be included elsewhere on the certificate
**** Date of issue is date the certificate is issued and signed

IEM FCL 3.100 (b)
Medical Certificate Class 2

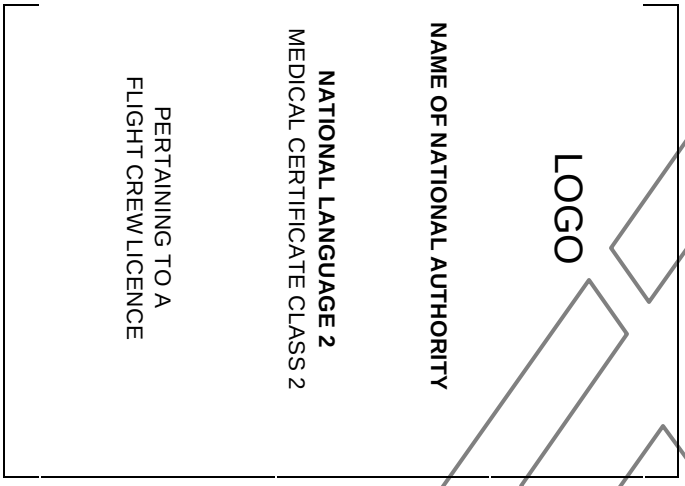
MEDICAL CERTIFICATION

MINIMUM PERIODIC REQUIREMENTS

ABBREVIATED TEXT

~~Full~~ ***For full*** text ~~refer to~~ ***see*** JAR-FCL 3.105, Subpart B and C ~~and~~ **,** Appendices 1 to 18, ***IEM FCL 3.095 (a) & (b)***

INITIAL EXAMINATION	*CLASS 1 CPL ATPL* *AMC*	*CLASS 2 PPL* *AMC or AME*
~~*Max. medical*~~ ***Validity of Medical Certificate*** ~~*certificate validity*~~ (***max.*** *45 days* ~~*for renewal*~~ ***before revalidation***) No extensions	Under 40 ~~40 plus~~ - 12 months ***40-59, single-pilot comm. airtr.carryg. pax*** - 6 months ***40-59, other comm.airtr.*** - ***12 months*** ***60 and over*** - ***6 months***	Under ~~30~~ ***40*** - 60 months ~~30~~ ***40*** – 49 - 24 months 50 ~~plus~~ ***and over*** - 12 months
Haemoglobin	Every examination	If indicated
Electrocardiogram	Under 30 - 5 yearly 30–39 - 2 yearly 40–49 - Annually ~~50 plus~~ ***Over 50*** - ~~6 monthly~~ ***all reval/ renew***	40 – 49 ~~50 plus~~ - 2 yearly ***50 and over*** - Annually
Audiogram	Under 40 - 5 yearly ~~40 plus~~ ***Over 40*** - 2 yearly	Initial Instrument Rating Under 40 - 5 yearly ~~40 plus~~ ***Over 40*** - 2 yearly
~~Extended otorhinolaryng~~ ***Comprehensive ORL***	~~Under 40~~ ~~40 plus~~ ***Initial then if indicated*** - ~~5 yearly~~ - ~~2 yearly~~	If indicated
~~Extended~~ **O**phthalmology	~~Under 40~~ ~~40 plus~~ ***Initial*** - ***specialist*** ***If refr.error > +/- 3dptr*** - ***specialist*** ***If refr.error > +3 to +5 dptr or > -3 to -6 dptr*** - ***specialist rep.*** 5 yearly ***If refr.error > +5 dptr*** - ***specialist rep.*** 2 yearly	Initial then if indicated
Tonometry	***over 40*** - ***2 yearly***	
Lipid profile	***Initial then*** ~~Age~~ ***age*** 40	If 2 or more risk factors initial and at age 40
Pulmonary ~~Peak Flow~~ ***Function Test***	~~Ages 30, 35, 40, then 4 yearly~~ ***Initial then if indicated***	~~Age 40, then 4 yearly~~ ***If indicated***
~~Urinanalysis~~ ***Urinalysis***	Every examination	Every examination
Any test may be required at any time if clinically indicated		


LOGO
NAME OF NATIONAL AUTHORITY
NATIONAL LANGUAGE 2
MEDICAL CERTIFICATE CLASS 2
PERTAINING TO A
FLIGHT CREW LICENCE

I Nat. Lang./*State of Issue*

III Nat. Lang.:/JAA Licence No(s) (if held) and/or NAA licence/reference No(s) (if applicable):

IV National language/ *Last and first name of holder:*

XIV National lang.:/*Date of birth* @*dd/mm/yyyy)*

VI National lang./*Nationality:*

VII National language/ *Signature of holder:*

2

I. Nat. Lang./* *Medical certificate Class 2* **(Class of certificate)

IX National lang./** Expiry date Class 2 (dd/mm/yyyy):

XIII National lang./*Limitations:*
*** Code: Description:

X Nat. Lang./*** *Date of issue (dd/mm/yyyy)*

signature of issuing officer:

XI National lang./*Stamp:*

3

IX. National language /Expiry date of this certificate Class 2: (dd/mm/yyyy)

Nat. Lang./ Examination date : *(dd/mm/yyyy)*	Nat. Lang/Expiry date of previous Medical Certificate	Nat. Lang./ Advisory /Information	Most recent (dd/mm/yyyy)	Next (dd/mm/yyyy)
		Nat. Lang./ECG		
		Nat. Lang./ Audiogram/ compl. ENT		
		Nat. Lang./ Ophthalmology (where required)		

4

* Need not be included here if already on front page
** If the Class 1 expiry date is included in the table at the end of the certificate, along with the other dates, it needs not be included here
*** Either the code plus the written description is placed in this section, or just the code. If just the code, a written description (in English) of what the code means needs to be included elsewhere on the certificate
**** Date of issue is date the certificate is issued and signed

IEM FCL 3.100 (c)
LIMITATIONS, CONDITIONS AND VARIATIONS

Adjustment to title and table, 3 additional codes added in table and explanations (OFL, REV, FEV), additional remarks with asterisks as reference, adjustment to explanations of VML, OPL, SIC, AMS, RXO.

LIMITATIONS~~, CONDITIONS AND VARIATIONS~~

CODE	LIMITATION, CONDITION, VARIATION	IMPOSED BY	REMOVED BY
TML	VALID ONLY FOR ..... MONTHS	AME/AMC/AMS	AMS
VDL	SHALL WEAR CORRECTIVE LENSES AND CARRY A SPARE SET OF SPECTACLES	AME/AMC/AMS	AMS
VML	SHALL WEAR MULTIFOCAL LENSES AND CARRY A SPARE SET OF ~~SPECTICLES~~ **SPECTACLES**	AME/AMC/AMS	AMS
VNL	SHALL HAVE AVAILABLE CORRECTIVE SPECTACLES FOR NEAR VISION AND CARRY A SPARE SET OF SPECTACLES	AME/AMC/AMS	AMS
VCL	VALID BY DAY ONLY	AMS**	AMS
OML	VALID ONLY AS OR WITH QUALIFIED CO-PILOT	AMS*	AMS*
OFL	**CLASS 1 VALID FOR FLIGHT ENGINEER DUTIES ONLY**	**AMS**	**AMS**
OCL	VALID ONLY AS CO-PILOT	AMS	AMS
OSL	VALID ONLY WITH SAFETY PILOT AND IN AIRCRAFT WITH DUAL CONTROLS	AMS	AMS
OAL	RESTRICTED TO DEMONSTRATED AIRCRAFT TYPE	AMS	AMS
OPL	VALID ONLY WITHOUT PASSENGERS	AMS	AMS
APL	VALID ONLY WITH APPROVED PROSTHESIS	AMS	AMS
AHL	VALID ONLY WITH APPROVED HAND CONTROLS	AMS	AMS
AGL	VALID ONLY WITH APPROVED EYE PROTECTION	AMS	AMS
SSL	(SPECIAL RESTRICTIONS AS SPECIFIED)	AMS	AMS
SIC	SPECIAL INSTRUCTIONS – CONTACT AMS	AMS	AMS
AMS	RECERTIFICATION OR RENEWAL ONLY BY AMS	AMS	AMS
REV	**MEDICAL CERTIFICATE ISSUED AFTER REVIEW PROCEDURE, SPECIAL INSTRUCTIONS MAY APPLY, AMS MAY BE CONTACTED**	**AMS**	**AMS**
RXO	REQUIRES SPECIALIST OPHTHALMOLOGICAL EXAMINATIONS	AME/AMC/AMS	AMS
~~FEV~~	**For F/E DUTIES VALID FOR AN ADDITIONAL PERIOD OF 6 MONTHS**	**AME/AMC/AMS**	**AMS**

* ***in case of pregnancy by AMS, AMC, AME***
** ***in case of colour deficient Class 2 applicants by AMS, AMC, AME***

LIMITATION TML

- **TML** **'VALID ONLY FOR _____ MONTHS'**

EXPLANATION:
The period of validity of your medical certificate has been limited to the duration as shown above for the reasons explained to you by your Authorised Medical Examiner. This period of validity commences on the date of your medical examination. Any period of validity remaining on your previous medical certificate is now no longer valid. You should present for re-examination when advised and follow any medical recommendations. (Reference JAR-FCL 3.105(e)).

LIMITATION VDL

•VDL 'SHALL WEAR CORRECTIVE LENSES AND CARRY A SPARE SET OF SPECTACLES'

EXPLANATION:
In order to comply with the vision requirements of your licence, you are required to wear those spectacles or contact lenses that correct for defective distant vision as examined and approved by an Authorised Medical Examiner whilst exercising the privileges of your licence. You must also carry with you a similar set of spectacles. Should you wear contact lenses, you must carry a spare set of spectacles as approved by an AME. You may not wear contact lenses whilst exercising the privileges of your licence until cleared to do so by an AME. You must also carry a spare set of spectacles. (Reference JAR-FCL 3.220(h) and JAR-FCL 3.3440(f)).

LIMITATION VML

- **VML** **'SHALL WEAR MULTIFOCAL SPECTACLES AND CARRY A SPARE SET OF SPECTACLES'.**

EXPLANATION:
In order to comply with the vision requirements of your licence, you are required to wear those spectacles that correct for defective distant, intermediate and near vision as examined and approved by the Authorised Medical Examiner whilst exercising the privileges of your licence. Contact lenses or full frame spectacles, when either correct for near vision only, may not be worn. You must also carry a spare set of spectacles.

LIMITATION VNL

- **VNL** **'SHALL HAVE AVAILABLE CORRECTIVE SPECTACLES FOR NEAR VISION AND CARRY A SPARE SET OF SPECTACLES'**

EXPLANATION:
In order to comply with the vision requirements of your licence, you are required to carry with you those spectacles that correct for defective near vision as examined and approved by an Authorised Medical Examiner whilst exercising the privileges of your licence. Contact lenses or full frame spectacles, when either correct for near vision only, may not be worn. You must also carry a spare set of spectacles. (Reference JAR-FCL 3.220(h) and JAR-FCL 3.340(f)).

LIMITATION VCL

- **VCL** **'VALID BY DAY ONLY'**

EXPLANATION:
This limitation applies to private pilots and can therefore only be applied to a Class 2 medical certificate. This allows private pilots with varying degrees of colour deficiency to operate within specified circumstances. (Reference JAR-FCL 3.345(e)).

LIMITATION OML

- **OML** **'VALID ONLY AS OR WITH QUALIFIED CO-PILOT'**

EXPLANATION:
This applies to crew members who do not meet the medical requirements for single crew operations, but are fit for multi-~~crew~~ ***-pilot*** operations.

LIMITATION OFL for F/E

- **OFL 'CLASS 1 VALID FOR FLIGHT ENGINEER DUTIES ONLY'**

EXPLANATION:
This applies to flight engineers who do not fully meet the medical requirements for a Class 1 medical certificate, but are fit for F/E duties in multi-pilot operations.

LIMITATION OCL

- **OCL** **'VALID ONLY AS CO-PILOT'**

EXPLANATION:
This limitation is a further extension of the OML limitation and is applied when, for some well defined medical reason, the individual is assessed as safe to operate in a co-pilot role but not in command. (Reference JAR-FCL 3.100(e)).

LIMITATION OSL

- **OSL** **'VALID ONLY WITH SAFETY PILOT AND IN AIRCRAFT WITH DUAL CONTROLS'.**

EXPLANATION:
This limitation requires that the aircraft have dual flying controls. The Safety Pilot must be qualified as PIC on the class/type of aircraft and rated for the flight conditions. He must occupy a control seat, be aware of the type(s) of possible incapacity that you may suffer and be prepared to take over the aircraft controls during flight. (Reference JAR-FCL 3.035 and IEM FCL 3.035).

LIMITATION OAL

- **OAL** **'RESTRICTED TO DEMONSTRATED AIRCRAFT TYPE'**

EXPLANATION:
This limitation may apply to a pilot who has a limb deficiency or some other anatomical problem which had been shown by medical flight test or flight simulator testing to be acceptable but to require a restriction to a specific type of aircraft. (Reference JAR-FCL 3.200 and 3.320 – particularly Appendix 9 Paragraph 2).

LIMITATION OPL

- **OPL** **'VALID ONLY WITHOUT PASSENGERS'**

EXPLANATION:
This limitation may be considered when a pilot with a musculo-skeletal problem, or some other medical condition, may involve an ~~incresed~~ ***increased*** element of risk to flight safety which might be acceptable to the pilot but which is not acceptable for the carriage of passengers.

LIMITATION APL

- **APL** **'VALID ONLY WITH APPROVED PROTHESIS'**

EXPLANATION:
This is similar in application to Limitation OPL and revolves around cases of limb deficiency. (Reference JAR-FCL 3.200 and 3.320, Appendix 9 Paragraph 2).

LIMITATION AHL

- **AHL** **'VALID WITH APPROVED HAND CONTROLS'**

EXPLANATION:
(Reference JAR-FCL 3.320, Appendix 9 Paragraph 2).

LIMITATION AGL

- **AGL** **'VALID ONLY WITH APPROVED EYE PROTECTION'**

EXPLANATION:
(Reference JAR-FCL 3.215, 3.220, 3.335, 3.340 and, in particular, Appendix 13 Paragraph 3).

LIMITATION SSL

- **SSL** **'SPECIAL RESTRICTIONS AS SPECIFIED'**

EXPLANATION:
This limitation is for use in cases that are not clearly defined in JAR-FCL Part 3 (Medical) but where a limitation is considered to be appropriate by the AMS. (Reference JAR-FCL 3.125).

LIMITATION SIC

- **SIC** **'SPECIAL INSTRUCTIONS – AME TO CONTACT AMS'**

EXPLANATION:

This limitation requires the AME to contact the AMS before embarking upon renewal or recertification medical assessment. It is likely to concern a medical history ***or a special instruction*** of which the AME should be aware prior to undertaking the assessment. (Reference JAR-FCL 3.100(e)***, JAR-FCL 3.125 (a), (b)***).

LIMITATION AMS

- **AMS** **'RECERTIFICATION OR RENEWAL ONLY BY AMS'**

EXPLANATION:
The AMS, as the duly empowered part of the National Aviation Authority with overall responsibility for medical certification, has the right to determine that a certificate shall be issued be the AMS only and not by an AMC or an AME, if the medical circumstances so require. (Reference JAR-FCL 3.125 ***(a),*** (b) ~~(c)~~).

LIMITATION REV

- ***REV*** ***'MEDICAL CERTIFICATE ISSUED AFTER REVIEW PROCEDURE, SPECIAL INSTRUCTIONS MAY APPLY, AMS MAY BE CONTACTED'***

EXPLANATION:

If a pilot has been outside the limits of JAR-FCL 3, Section 1, Subparts B or C, but has been certified after review procedure by the AMS, this annotation allows any AME to be aware of the previous AMS review procedure and to contact the AMS for more information if deemed necessary. Special instruction(s) not mentioned on the medical certificate might apply. However, the holder of the medical certificate should present the written report of the AMS concerning the review procedure to the AME to allow quicker processing (Reference JAR-FCL 3.125).

LIMITATION RXO

- **RXO** **'REQUIRES SPECIALIST OPHTHALMOLOGICAL EXAMINATIONS'**

EXPLANATION:
Where specialist ophthalmological examinations are required for any significant reason, the medical certificate is to be marked with the limitation "Requires specialist ophthalmological examinations– RXO". Such a limitation may be applied by an AME but may only be removed by the AMS.

(Reference JAR-FCL 3.215(h)).

LIMITATION FEV

- **FEV 'For F/E duties valid for an additional period of 6 months'**

EXPLANATION:
The validity of a medical certificate Class 1 is reduced from 12 to 6 months over age 40. This does not apply for flight engineers. In those over age 40, who hold a pilot licence and an additional flight engineer licence the medical certificate has a validity of 6 months for pilot duties and for an additional period of 6 months (altogether 12 months) for flight engineers.

JAR-FCL 3 - Section 2
JAA Manual of
Civil Aviation Medicine

CONTENTS: