

## ANNEX

The text of the amendment is arranged to show deleted text, new or amended text as shown below:

- deleted text is marked with ~~strike through~~;
- new or amended text is highlighted in grey;
- an ellipsis ‘[...]’ indicates that the remaining text is unchanged in front of or following the reflected amendment.

**Annex IV to Commission Regulation (EU) No 1178/2011 is amended as follows:**

### ANNEX IV

#### [PART-MED]

#### SUBPART A

#### GENERAL REQUIREMENTS

##### SECTION 1

##### *General*

#### **MED.A.001 Competent authority**

For the purpose of this Part, the competent authority shall be:

- (a) for aero-medical centres (AeMC):
  - (1) the authority designated by the Member State where the AeMC has its principal place of business;
  - (2) where the AeMC is located in a third country, the Agency;
- (b) for aero-medical examiners (AME):
  - (1) the authority designated by the Member State where the AMEs have their principal place of practice;
  - (2) if the principal place of practice of an AME is located in a third country, the authority designated by the Member State to which the AME applies for the issue of the AME certificate;
- (c) for general medical practitioners (GMP), the authority designated by the Member State to which the GMP notifies his/her activity;
- (d) for occupational health medical practitioners (OHMP) assessing the medical fitness of cabin crew, the authority designated by the Member State to which the OHMP notifies his/her activity.

## MED.A.005 Scope

This Part establishes the requirements for:

- (a) the issue, validity, revalidation and renewal of the medical certificate required for exercising the privileges of a pilot licence or of a student pilot;
- (b) the medical fitness of cabin crew;
- (c) the certification of AMEs; and
- (d) the qualification of GMPs and of occupational health medical practitioners (OHMP).

## MED.A.010 Definitions

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

- ‘Accredited medical conclusion’ means the conclusion reached by one or more medical experts acceptable to the licensing authority, on the basis of objective and non-discriminatory criteria, for the purposes of the case concerned, in consultation with flight operations or other experts as necessary, for which an operational risk assessment may be appropriate,
- ‘Aero-medical examination’ means an inspection, palpation, percussion, auscultation or any other means of investigation for ~~diagnosing disease~~ determining the medical fitness to exercise the privileges of the licence, or to carry out cabin crew safety duties,
- ‘Assessment’ means the conclusion on the medical fitness of ~~a person~~ an applicant based on the evaluation of the ~~person’s~~ applicant’s medical history and/or aero-medical examinations as required in this Part and further examinations ~~as necessary~~, and/or medical tests ~~as clinically indicated such as, but not limited to, ECG, blood pressure measurement, blood testing, X ray,~~
- ‘Colour safe’ means the ability of an applicant to readily distinguish the colours used in air navigation and to correctly identify aviation coloured lights,
- ‘Eye specialist’ means an ophthalmologist or a vision care specialist qualified in optometry and trained to recognise pathological conditions,
- ‘Investigation’ means the assessment of a suspected pathological condition of an applicant by means of examinations and tests in order to verify the presence or absence of a medical condition,
- ‘Licensing authority’ means the competent authority of the Member State that issued the licence, or to which a person applies for the issue of a licence, or, when a person has not yet applied for the issue of a licence, the competent authority in accordance with ~~this Part~~ FCL,
- ‘Limitation’ means a condition placed on the medical certificate, ~~licence~~ or cabin crew medical report that shall be complied with whilst exercising the privileges of the licence, or cabin crew attestation,
- ‘Medical history’ means a narrative or record of past diseases, injuries, treatments, and other medical facts, including unfit assessment(s) or limitation of a medical certificate, that are or may be relevant to an applicant’s current state of health and aero-medical fitness,
- ‘Misuse of substances’ means the use of one or more psychoactive substances by aircrew in a way that:
  - a. constitutes a direct hazard to the user or endangers the lives, health or welfare of others; and/or

- b. causes or worsens an occupational, social, mental or physical problem or disorder,
- ‘Psychoactive substances’ means alcohol, opioids, cannabinoids, sedatives and hypnotics, cocaine, other psychostimulants, hallucinogens, and volatile solvents, whereas coffee and tobacco are excluded,
- ‘Refractive error’ means the deviation from emmetropia measured in dioptres in the most ametropic meridian, measured by standard methods,
- ‘Significant’ means a degree of a medical condition, the effect of which would prevent the safe exercise of the privileges of the licence or of the cabin crew safety duties.

#### **MED.A.015 Medical confidentiality**

All persons involved in aero-medical examinations, assessments and certification shall ensure that medical confidentiality is respected at all times.

#### **MED.A.020 Decrease in medical fitness**

- (a) Licence holders shall not exercise the privileges of their licence(s) and related ratings or certificates, and student pilots shall not fly solo, at any time when they:
  - (1) are aware of any decrease in their medical fitness which might render them unable to safely exercise those privileges;
  - (2) take or use any prescribed or non-prescribed medication which is likely to interfere with the safe exercise of the privileges of the applicable licence(s);
  - (3) receive any medical, surgical or other treatment that is likely to interfere with ~~flight safety~~ the safe exercise of the privileges of the applicable licence(s).
- (b) In addition, ~~licence~~ holders of a medical certificate shall, without undue delay and before exercising the privileges of their licence, seek aero-medical advice when they:
  - (1) have undergone a surgical operation or invasive procedure;
  - (2) have commenced the regular use of any medication;
  - (3) have suffered any significant personal injury involving incapacity to function as a member of the flight crew;
  - (4) have been suffering from any significant illness involving incapacity to function as a member of the flight crew;
  - (5) are pregnant;
  - (6) have been admitted to hospital or medical clinic;
  - (7) first require correcting lenses.
- (c) In these cases referred to in (b):
  - (1) holders of class 1 and class 2 medical certificates shall seek the advice of an AeMC or AME. The AeMC or AME shall assess their medical fitness ~~of the licence holder~~ and decide whether they are fit to resume the exercise of their privileges;
  - (2) holders of LAPL medical certificates shall seek the advice of an AeMC or AME, or the GMP who signed the medical certificate. The AeMC, AME or GMP shall assess their medical fitness ~~of the licence holders~~ and decide whether they are fit to resume the exercise of their privileges.

- (d) Cabin crew members shall not perform duties on an aircraft and, where applicable, shall not exercise the privileges of their cabin crew attestation when they are aware of any decrease in their medical fitness, to the extent that this condition might render them unable to discharge their safety duties and responsibilities.
- (e) In addition, if ~~in any~~ of the medical conditions specified in (b)(1) to (b)(5) ~~apply~~, cabin crew members shall, without undue delay, seek the advice of an AME, AeMC, or OHMP as applicable. The AME, AeMC or OHMP shall assess the medical fitness of the cabin crew members and decide whether they are fit to resume their safety duties.

**MED.A.025 Obligations of the AeMC, AME, GMP and OHMP**

- (a) When conducting ~~aero-medical examinations and/or assessments~~ as required in this Part, the AeMC, AME, GMP and OHMP shall:
  - (1) ensure that communication with the ~~person-applicant~~ can be established without language barriers;
  - (2) make the ~~person-applicant~~ aware of the consequences of providing incomplete, inaccurate or false statements on their medical history;
  - (3) notify the licensing authority, or, in the case of cabin crew attestation holders, notify the competent authority, if the applicant provides incomplete, inaccurate or false statements on their medical history; and
  - (4) notify the licensing authority if an applicant withdraws the application for a medical certificate at any stage of the process.
- (b) After completion of the ~~aero-medical examinations and/or assessments~~, the AeMC, AME, GMP and OHMP shall:
  - (1) advise the ~~person-applicant~~ whether fit, unfit or referred to the licensing authority, AeMC or AME as applicable;
  - (2) inform the ~~person-applicant~~ of any limitation that may restrict flight training or the privileges of their licence, or cabin crew attestation as applicable;
  - (3) if the ~~person-applicant~~ has been assessed as unfit, inform ~~him/her~~ them of ~~his/her~~ their right of a ~~secondary~~-review of the decision according to the procedures of the competent authority; ~~and~~
  - (4) in the case of applicants for a medical certificate, submit without delay to the licensing authority a signed, or electronically authenticated, report containing the detailed results of the ~~aero-medical examinations and assessments as required for the class of medical certificate to include the assessment result~~ and a copy of the application form, the examination form, and the medical certificate ~~to the licensing authority~~; and
  - (5) inform the applicant of their responsibilities in the case of decrease in medical fitness, as specified in MED.A.020.
- (c) Where consultation with the licensing authority is required in accordance with this Part, the AeMC and AME shall follow the procedure established by the competent authority.
- (de) AeMCs, AMEs, GMPs and OHMPs shall maintain records with details of ~~aero-medical examinations and assessments performed in accordance with this Part and their results in accordance with national legislation~~ for a minimum of 10 years, or for a longer period if so determined by national legislation.

- (ed) ~~When required for medical certification and/or oversight functions, AeMCs, AMEs, GMPs and OHMPs shall submit to the medical assessor of the competent authority, upon request, all aero-medical records and reports, and any other relevant information- when required for:~~
- (1) medical certification;
  - (2) oversight functions.

## SECTION 2

### *Requirements for medical certificates*

#### **MED.A.030 Medical certificates**

- (a) A student pilot shall not fly solo unless that student pilot holds a medical certificate, as required for the relevant licence.
- ~~(b) Applicants for and holders of a light aircraft pilot licence (LAPL) shall hold at least an LAPL medical certificate.~~
- ~~(c) Applicants for and holders of a private pilot licence (PPL), a sailplane pilot licence (SPL), or a balloon pilot licence (BPL) shall hold at least a Class 2 medical certificate.~~
- ~~(d) Applicants for and holders of an SPL or a BPL involved in commercial sailplane or balloon flights shall hold at least a Class 2 medical certificate.~~
- (b) An applicant for a Part-FCL licence shall hold a medical certificate issued in accordance with Part-MED and appropriate to the licence privileges applied for.
- (c) When exercising the privileges of a:
- (1) light aircraft pilot licence (LAPL), the pilot shall hold at least a valid LAPL medical certificate;
  - (2) private pilot licence (PPL), a sailplane pilot licence (SPL), or a balloon pilot licence (BPL), the pilot shall hold at least a valid class 2 medical certificate;
  - (3) SPL or a BPL involved in commercial sailplane or balloon flights, the pilot shall hold at least a valid class 2 medical certificate; and
  - (4) commercial pilot licence (CPL), a multi-crew pilot licence (MPL), or an airline transport pilot licence (ATPL), the pilot shall hold a valid class 1 medical certificate.
- (de) If a night rating is added to a PPL or LAPL, the licence holder shall be colour safe.
- ~~(f) Applicants for and holders of a commercial pilot licence (CPL), a multi-crew pilot licence (MPL), or an airline transport pilot licence (ATPL) shall hold a Class 1 medical certificate.~~
- (eg) If an instrument rating or en route instrument rating is added to a PPL, the licence holder shall undertake pure tone audiometry examinations in accordance with the periodicity and the standard required for class 1 medical certificate holders.
- (fh) A licence holder shall not at any time hold more than one medical certificate issued in accordance with this Part.

#### **MED.A.035 Application for a medical certificate**

- (a) Applications for a medical certificate shall be made in a ~~format~~ form and manner established by the competent authority.

- (b) Applicants for a medical certificate shall provide the AeMC, AME or GMP as applicable, with:
- (1) proof of their identity;
  - (2) a signed declaration:
    - (i) of medical facts concerning their medical history;
    - (ii) as to whether they have previously applied for a medical certificate or have undergone an aero-medical examination for a medical certificate and, if so, by whom and with what result;
    - (iii) as to whether they have ever been assessed as unfit or had a medical certificate suspended or revoked.
- (c) When applying for a revalidation or renewal of the medical certificate, applicants shall present the most recent medical certificate to the AeMC, AME or GMP prior to the relevant aero-medical examinations.

#### **MED.A.040 Issue, revalidation and renewal of medical certificates**

- (a) A medical certificate shall only be issued, revalidated or renewed once the required aero-medical examinations and/or assessments, as applicable, have been completed and the applicant has been assessed as fit assessment is made.
- (b) ~~Initial issue:~~ *Initial issue*
- (1) Class 1 medical certificates shall be issued by an AeMC.
  - (2) Class 2 medical certificates shall be issued by an AeMC or an AME.
  - (3) LAPL medical certificates shall be issued by an AeMC, an AME or, if permitted under the national law of the Member State where the licence is issued, by a GMP.
- (c) ~~Revalidation and renewal:~~ *Revalidation and renewal*
- (1) Class 1 and Class 2 medical certificates shall be revalidated or renewed by an AeMC or an AME.
  - (2) LAPL medical certificates shall be revalidated or renewed by an AeMC, an AME or, if permitted under the national law of the Member State where the licence is issued, by a GMP.
- (d) The AeMC, AME or GMP shall only issue, revalidate or renew a medical certificate if:
- (1) the applicant has provided them with a complete medical history and, if required by the AeMC, AME or GMP, results of medical examinations and tests conducted by the applicant's doctor-physician or any medical specialists; and
  - (2) the AeMC, AME or GMP have has conducted the aero-medical assessment based on the medical examinations and tests as required for the relevant medical certificate to verify that the applicant complies with all the relevant requirements of this Part.
- (e) The AME, AeMC or, in the case of referral, the licensing authority may require the applicant to undergo additional medical examinations and investigations when clinically indicated before they the medical certificate is issued, revalidated or renewed a medical certificate.
- (f) The licensing authority may issue or reissue a medical certificate, as applicable, if:
- (1) a case is referred;

- (2) it has identified that corrections to the information on the certificate are necessary, in which case the holder shall return it to the licensing authority.

#### **MED.A.045 Validity, revalidation and renewal of medical certificates**

(a) *Validity*

- (1) Class 1 medical certificates shall be valid for a period of 12 months.
- (2) The period of validity of Class 1 medical certificates shall be reduced to 6 months for licence holders who:
  - (i) are engaged in single-pilot commercial air transport operations carrying passengers and have reached the age of 40;
  - (ii) have reached the age of 60.
- (3) Class 2 medical certificates shall be valid for a period of:
  - (i) 60 months until the licence holder reaches the age of 40. A medical certificate issued prior to reaching the age of 40 shall cease to be valid after the licence holder reaches the age of 42;
  - (ii) 24 months between the age of 40 and 50. A medical certificate issued prior to reaching the age of 50 shall cease to be valid after the licence holder reaches the age of 51; and
  - (iii) 12 months after the age of 50.
- (4) LAPL medical certificates shall be valid for a period of:
  - (i) 60 months until the licence holder reaches the age of 40. A medical certificate issued prior to reaching the age of 40 shall cease to be valid after the licence holder reaches the age of 42;
  - (ii) 24 months after the age of 40.
- (5) The validity period of a medical certificate, including any associated examination or special investigation, shall be:
  - (i) determined by the age of the applicant at on the date when the aero-medical examination takes place; and
  - (ii) calculated from the date of the aero-medical examination in the case of initial issue and renewal, and from the expiry date of the previous medical certificate in the case of revalidation.

(b) *Revalidation*

Aero-medical examinations and/or assessments, as applicable, for the revalidation of a medical certificate may be undertaken up to 45 days prior to the expiry date of the medical certificate.

(c) *Renewal*

- (1) If the holder of a medical certificate does not comply with (b), a renewal examination and/or assessment, as applicable, shall be required.
- (2) In the case of Class 1 and Class 2 medical certificates:

- (i) if the medical certificate has expired for less than 2 years, a routine revalidation aero-medical examination shall be performed;
  - (ii) if the medical certificate has expired for more than 2 years but less than 5 years, the AeMC or AME shall only conduct the renewal aero-medical examination after assessment of the aero-medical records of the applicant;
  - (iii) if the medical certificate has expired for more than 5 years, the aero-medical examination requirements for initial issue shall apply and the assessment shall be based on the revalidation requirements.
- (3) In the case of LAPL medical certificates, the AeMC, AME or GMP shall assess the medical history of the applicant and perform the aero-medical examinations and/or assessments, as applicable, in accordance with MED.B.005 and MED.B.095.

#### **MED.A.046 Suspension or revocation of medical certificates**

- (a) Upon revocation of the medical certificate, the holder shall immediately return the medical certificate to the licensing authority.
- (b) Upon suspension of the medical certificate, the holder shall return the medical certificate to the licensing authority on request of the authority.

#### **MED.A.050 Referral**

- (a) If an applicant for a Class 1 or Class 2 medical certificate is referred to the licensing authority in accordance with MED.B.001, the AeMC or AME shall transfer the relevant medical documentation to the licensing authority.
- (b) If an applicant for a LAPL medical certificate is referred to an AME or AeMC in accordance with MED.B.001, the GMP shall transfer the relevant medical documentation to the AeMC or AME.

## SUBPART B

### REQUIREMENTS FOR PILOT MEDICAL CERTIFICATES

#### SECTION 1

##### General

#### MED.B.001 Limitations to medical certificates

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

- (1) If the applicant does not fully comply with the requirements for the relevant class of medical certificate but is considered to be not likely to jeopardise ~~flight~~ the safety exercise of the privileges of the applicable licence, the AeMC or AME shall:
  - (i) in the case of applicants for a ~~€~~class 1 medical certificate, refer the decision on fitness of the applicant to the licensing authority as indicated in this Subpart;
  - (ii) in cases where a referral to the licensing authority is not indicated in this Subpart, evaluate whether the applicant is able to perform his/her duties safely when complying with one or more limitations endorsed on the medical certificate, and issue the medical certificate with limitation(s) as necessary;
  - (iii) in the case of applicants for a ~~€~~class 2 medical certificate, evaluate, in consultation with the licensing authority as indicated in this Subpart, whether the applicant is able to perform his/her duties safely when complying with one or more limitations endorsed on the medical certificate, and issue the medical certificate, as necessary with limitation(s) as necessary with limitation(s), in consultation with the licensing authority;
- (2~~iv~~) The AeMC or AME may revalidate or renew a medical certificate with the same limitation(s) without referring the applicant to or consulting with the licensing authority.

(b) *Limitations to LAPL medical certificates*

- (1) If a GMP, after due consideration of the applicant's medical history, concludes that the applicant does not fully meet the requirements for medical fitness, the GMP shall refer the applicant to an AeMC or AME, except those requiring a limitation related ~~only~~ to the use of corrective lenses or to the period of validity of the medical certificate.
- (2) If an applicant for an LAPL medical certificate has been referred, the AeMC or AME shall give due consideration to MED.B.005 and MED.B.095, evaluate whether the applicant is able to perform their duties safely when complying with one or more limitations endorsed on the medical certificate and issue the medical certificate with limitation(s) as necessary. The AeMC or AME shall always consider the need to restrict the pilot from carrying passengers (Operational Passenger Limitation, OPL).
- (3) The GMP may revalidate or renew an LAPL medical certificate with the same limitation without referring the applicant to an AeMC or AME.

(c) When assessing whether a limitation is necessary, particular consideration shall be given to:

- (1) whether accredited medical conclusion indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that the exercise of the privileges of the licence applied for is not likely to jeopardise flight safety;

(2) the applicant's ability, skill and experience relevant to the operation to be performed.

(d) *Operational limitation codes*

(1) Operational multi-pilot limitation (OML – Class 1 only)

- (i) When the holder of a CPL, ATPL or MPL does not fully meet the requirements for a Class 1 medical certificate and has been referred to the licensing authority, it shall be assessed whether the medical certificate may be issued with an OML 'valid only as or with qualified co-pilot'. This assessment shall be performed by the licensing authority.
- (ii) The holder of a medical certificate with an OML shall only operate an aircraft in multi-pilot operations when the other pilot is fully qualified on the relevant class and type of aircraft, is not subject to an OML and has not attained the age of 60 years.
- (iii) The OML for Class 1 medical certificates may only be initially imposed and only removed by the licensing authority.

(2) Operational Safety Pilot Limitation (OSL – Class 2 and LAPL privileges)

- (i) The holder of a medical certificate with an OSL limitation shall only operate an aircraft if another pilot fully qualified to act as pilot-in-command on the relevant class or type of aircraft is carried on board, the aircraft is fitted with dual controls and the other pilot occupies a seat at the controls.
- (ii) The OSL for Class 2 medical certificates may be imposed or and removed by the licensing authority or by an AeMC or AME in consultation with the licensing authority.
- (iii) The OSL for LAPL medical certificates may be imposed and removed by the licensing authority, an AeMC or AME.

(3) Operational Passenger Limitation (OPL – Class 2 and LAPL privileges)

- (i) The holder of a medical certificate with an OPL limitation shall only operate an aircraft without passengers on board.
- (ii) An The OPL for Class 2 medical certificates may be imposed and removed by the licensing authority or by an AeMC or AME in consultation with the licensing authority.
- (iii) An The OPL for a LAPL medical certificates limitation may be imposed and removed by the licensing authority, an AeMC or AME.

(4) Operational Pilot Restriction Limitation (ORL – Class 2 and LAPL privileges)

- (i) The holder of a medical certificate with an ORL shall only operate an aircraft;
  - (A) if another pilot fully qualified to act as pilot-in-command on the relevant class and type of aircraft is carried on board, the aircraft is fitted with dual controls and the other pilot occupies a seat at the controls; or
  - (B) without passengers on board.
- (ii) The ORL for class 2 medical certificates may be imposed and removed by the licensing authority or by an AeMC or AME in consultation with the licensing authority.

(iii) The ORL for LAPL medical certificates may be imposed and removed by the licensing authority, an AeMC or AME.

(5) **Special Restriction as Specified (SSL)**

The SSL on a medical certificate shall be followed by a description of the limitation.

- (e) Any other limitation may be imposed on the holder of a medical certificate if required to ensure flight safety.
- (f) Any limitation imposed on the holder of a medical certificate shall be specified therein.

*SECTION 2*

*Medical requirements for Class 1 and Class 2 medical certificates*

**MED.B.005 General medical requirements**

~~(a)~~ Applicants for a medical certificate shall be free from any:

- ~~(a1)~~ abnormality, congenital or acquired;
- ~~(b2)~~ active, latent, acute or chronic disease or disability;
- ~~(c3)~~ wound, injury or sequelae from operation;
- ~~(d4)~~ effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken; that would entail a degree of functional incapacity which is likely to interfere with the safe exercise of the privileges of the applicable licence(s) or could render the applicant likely to become suddenly unable to exercise the privileges of the licence(s) safely.
- ~~(b)~~ In cases where the decision on medical fitness of an applicant for a Class 1 medical certificate is referred to the licensing authority, this authority may delegate such a decision to an AeMC, except in cases where an OML is needed.
- ~~(c)~~ In cases where the decision on medical fitness of an applicant for a Class 2 medical certificate is referred to the licensing authority, this authority may delegate such a decision to an AeMC or an AME, except in cases where an OSL or OPL is needed.

*SECTION 2*

*Medical requirements for class 1 and class 2 medical certificates*

**MED.B.010 Cardiovascular System**

(a) *Examination*

- (1) A standard 12-lead resting electrocardiogram (ECG) and report shall be completed when clinically indicated ~~on clinical indication~~, and:
  - (i) for a ~~Class 1~~ medical certificate, at the **initial** examination ~~for the first issue of a medical certificate~~, then every 5 years until age 30, every 2 years until age 40, annually until age 50, and at all revalidation or renewal examinations thereafter;
  - (ii) for a ~~Class 2~~ medical certificate, at the ~~first initial~~ **initial** examination, then at the **first examination** after age 40 and then **every 2 years** after ~~at the first examination~~ after age 50, and every 2 years thereafter.

- (2) An Extended cardiovascular assessment shall be required when clinically indicated.
- (3) For a Class 1 medical certificate, an extended cardiovascular assessment shall be completed at the first revalidation or renewal examination after age 65 and every 4 years thereafter.
- (4) For a Class 1 medical certificate, estimation of serum lipids, including cholesterol, shall be required at the initial examination for the first issue of a medical certificate, and at the first examination after having reached the age of 40.

(b) *Cardiovascular System – General*

- (1) Applicants shall not suffer from any cardiovascular disorder which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (12) Applicants for a Class 1 medical certificate with any of the following conditions shall be assessed as unfit:
  - (i) aneurysm of the thoracic or supra-renal abdominal aorta, before or after surgery;
  - (ii) significant functional or symptomatic abnormality of any of the heart valves;
  - (iii) heart or heart/lung transplantation;
  - (iv) symptomatic hypertrophic cardiomyopathy.
- (23) Applicants for a Class 1 medical certificate with an established history or diagnosis of any of the following conditions shall be referred to the licensing authority before a fit assessment may be considered:
  - (i) peripheral arterial disease before or after surgery;
  - (ii) aneurysm of the thoracic or supra-renal abdominal aorta, before or after surgery;
  - (iii) aneurysm of the infra-renal abdominal aorta before or after surgery;
  - (iv) functionally insignificant cardiac valvular abnormalities;
  - (v) after cardiac valve surgery;
  - (vi) abnormality of the pericardium, myocardium or endocardium;
  - (vii) congenital abnormality of the heart, before or after corrective surgery;
  - (viii) recurrent vasovagal syncope of uncertain cause;
  - (ix) arterial or venous thrombosis;
  - (x) pulmonary embolism;
  - (xi) cardiovascular condition requiring systemic anticoagulant therapy.
- (34) Applicants for a Class 2 medical certificate with an established diagnosis of one of the conditions specified in (b)(21) and (b)(32) above shall be assessed evaluated by a cardiologist before a fit assessment can may be considered in consultation with the licensing authority.
- (4) Applicants with cardiac disorders other than those specified in (b)(1) and (b)(2) may be assessed as fit subject to satisfactory cardiological evaluation.

(c) *Blood Pressure*

- (1) The blood pressure shall be recorded at each examination.

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

(d) *Coronary Artery Disease*

- (1) Applicants for a Class 1 medical certificate with:
  - (i) suspected myocardial ischaemia;
  - (ii) asymptomatic minor coronary artery disease requiring no anti-anginal treatment;
 shall be referred to the licensing authority and undergo cardiological evaluation to exclude myocardial ischaemia before a fit assessment ~~can~~ may be considered.
- (2) Applicants for a Class 2 medical certificate with any of the conditions detailed in (d)(1) shall undergo cardiological evaluation before a fit assessment ~~can~~ may be considered.
- (3) Applicants with any of the following conditions shall be assessed as unfit:
  - (i) myocardial ischaemia;
  - (ii) symptomatic coronary artery disease;
  - (iii) symptoms of coronary artery disease controlled by medication.
- (4) Applicants for the initial issue of a Class 1 medical certificate with a history or diagnosis of any of the following conditions shall be assessed as unfit:
  - (i) myocardial ischaemia;
  - (ii) myocardial infarction;
  - (iii) revascularisation or stenting for coronary artery disease.
- (5) Applicants for a Class 2 medical certificate who are asymptomatic following myocardial infarction or surgery for coronary artery disease shall undergo satisfactory cardiological evaluation before a fit assessment ~~can~~ may be considered in consultation with the licensing authority. Applicants for the revalidation of a Class 1 medical certificate shall be referred to the licensing authority.

(e) *Rhythm/Conduction Disturbances*

- (1) Applicants for a Class 1 medical certificate shall be referred to the licensing authority when they have any significant disturbance of cardiac conduction or rhythm, including any of the following:
  - (i) disturbance of supraventricular rhythm, including intermittent or established sinoatrial dysfunction, atrial fibrillation and/or flutter and asymptomatic sinus pauses;

- (ii) complete left bundle branch block;
  - (iii) Mobitz type 2 atrioventricular block;
  - (iv) broad and/or narrow complex tachycardia;
  - (v) ventricular pre-excitation;
  - (vi) asymptomatic QT prolongation;
  - (vii) Brugada pattern on electrocardiography.
- (2) Applicants for a Class 2 medical certificate with any of the conditions detailed in (e)(1) shall undergo satisfactory cardiological evaluation before a fit assessment in consultation with the licensing authority ~~can~~ **may** be considered.
- (3) Applicants with any of the following:
- (i) incomplete bundle branch block;
  - (ii) complete right bundle branch block;
  - (iii) stable left axis deviation;
  - (iv) asymptomatic sinus bradycardia;
  - (v) asymptomatic sinus tachycardia;
  - (vi) asymptomatic isolated uniform supra-ventricular or ventricular ectopic complexes;
  - (vii) first degree atrioventricular block;
  - (viii) Mobitz type 1 atrioventricular block;
- may be assessed as fit in the absence of any other abnormality and subject to satisfactory cardiological evaluation.
- (4) Applicants with a history of:
- (i) ablation therapy;
  - (ii) pacemaker implantation;
- shall undergo satisfactory cardiovascular evaluation before a fit assessment ~~can~~ **may** be considered. Applicants for a Class 1 medical certificate shall be referred to the licensing authority. Applicants for a Class 2 medical certificate shall be assessed in consultation with the licensing authority.
- (5) Applicants with any of the following conditions shall be assessed as unfit:
- (i) symptomatic sinoatrial disease;
  - (ii) complete atrioventricular block;
  - (iii) symptomatic QT prolongation;
  - (iv) an automatic implantable defibrillating system;
  - (v) a ventricular anti-tachycardia pacemaker.

### **MED.B.015 Respiratory System**

- (a) Applicants with significant impairment of pulmonary function shall be assessed as unfit. A fit assessment may be considered once pulmonary function has recovered and is satisfactory.

- (b) For a Class 1 medical certificate, applicants are required to undertake pulmonary morphological or functional tests at the initial examination and ~~on clinical indication~~ when clinically indicated.
- (c) For a Class 2 medical certificate, applicants are required to undertake pulmonary morphological or functional tests ~~on clinical indication~~ when clinically indicated.
- (d) Applicants with a history or established diagnosis of:
- (1) asthma requiring medication;
  - (2) active inflammatory disease of the respiratory system;
  - (3) active sarcoidosis;
  - (4) pneumothorax;
  - (5) sleep apnoea syndrome;
  - (6) major thoracic surgery;
  - (7) pneumonectomy;
  - (8) chronic obstructive pulmonary disease,
- shall undergo respiratory evaluation with a satisfactory result before a fit assessment ~~can~~ may be considered. Applicants with an established diagnosis of the conditions specified in (d)(3) and (d)(5) shall undergo satisfactory cardiological evaluation before a fit assessment ~~can~~ may be considered.
- (e) Aero-medical assessment:
- (1) applicants for a Class 1 medical certificate with any of the conditions detailed in (d) ~~above~~ shall be referred to the licensing authority.
  - (2) applicants for a Class 2 medical certificate with any of the conditions detailed in (d) ~~above~~ shall be assessed in consultation with the licensing authority.
- (f) Applicants for a class 1 medical certificate who have undergone a ~~total~~ pneumonectomy shall be assessed as unfit.

### **MED.B.020 Digestive System**

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

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

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

(de) Aero-medical assessment:

- (1) applicants for a Class 1 medical certificate with the diagnosis of the conditions specified in (c)(2), (c)(4) and (c)(5) shall be referred to the licensing authority;
- (2) fitness of Class 2 applicants with pancreatitis shall be assessed in consultation with the licensing authority.

### **MED.B.025 Metabolic and Endocrine Systems**

~~(a) Applicants shall not possess any functional or structural metabolic, nutritional or endocrine disorder which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).~~

(ab) Applicants with metabolic, nutritional or endocrine dysfunction may be assessed as fit subject to demonstrated stability of the condition and satisfactory aero-medical evaluation.

(be) *Diabetes mellitus*

- (1) Applicants with diabetes mellitus requiring insulin shall be assessed as unfit.
- (2) Applicants with diabetes mellitus not requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved and is stable.

(cd) Aero-medical assessment:

- (1) applicants for a Class 1 medical certificate requiring medication other than insulin for blood sugar control shall be referred to the licensing authority;
- (2) fitness of Class 2 applicants requiring medication other than insulin for blood sugar control shall be assessed in consultation with the licensing authority.

### **MED.B.030 Haematology**

~~(a) Applicants shall not possess any haematological disease which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).~~

(ab) For a Class 1 medical certificate, haemoglobin shall be tested at each examination for the issue of a medical certificate.

(be) Applicants with a haematological condition, such as:

- (1) coagulation, haemorrhagic or thrombotic disorder;
- (2) ~~chronic~~ leukaemia;

may be assessed as fit subject to satisfactory aero-medical evaluation.

(cd) Aero-medical assessment:

- (1) applicants for a Class 1 medical certificate with ~~one~~ any of the conditions specified in (eb) ~~above~~ shall be referred to the licensing authority;

- (2) fitness of Class 2 applicants with ~~one~~ any of the conditions specified in (e) above shall be assessed in consultation with the licensing authority.
- (de) Class 1 applicants with one of the haematological conditions specified below shall be referred to the licensing authority:
- (1) abnormal haemoglobin, including, but not limited to anaemia, erythrocytosis polycythaemia or haemoglobinopathy;
  - (2) significant lymphatic enlargement;
  - (3) enlargement of the spleen.

### **MED.B.035 Genitourinary System**

- (a) ~~Applicants shall not possess any functional or structural disease of the renal or genitourinary system or its adnexa which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).~~
- (ab) Urinalysis shall form part of every aero-medical examination. The urine shall contain no abnormal element considered to be of pathological significance.
- (be) Applicants with any sequelae of disease or surgical procedures on the genitourinary system or its adnexa kidneys or the urinary tract likely to cause incapacitation, in particular any obstruction due to stricture or compression, shall be assessed as unfit.
- (cd) Applicants with a genitourinary disorder, such as:
- (1) renal disease;
  - (2) one or more urinary calculi, or a history of renal colic;
- may be assessed as fit subject to satisfactory renal and urological evaluation as applicable.
- (de) Applicants who have undergone a major surgical operation in the genitourinary system or its adnexa urinary apparatus involving a total or partial excision or a diversion of its organs shall be assessed as unfit, and be re-assessed a After full recovery, before a fit assessment can may be considered. Applicants for a Class 1 medical certificate shall be referred to the licensing authority. for the re-assessment.

### **MED.B.040 Infectious Disease**

- (a) Applicants shall have no established medical history or clinical diagnosis of any infectious disease which is likely to interfere with the safe exercise of the privileges of the applicable licence(s) held.
- (b) Applicants who are HIV positive may be assessed as fit subject to satisfactory aero-medical evaluation. Applicants for a Class 1 medical certificate shall be referred to the licensing authority.

### **MED.B.045 Obstetrics and Gynaecology**

- (a) ~~Applicants shall not possess any functional or structural obstetric or gynaecological condition which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).~~
- (ab) Applicants who have undergone a major gynaecological operation shall be assessed as unfit until full recovery.

(be) *Pregnancy*

- (1) ~~In the case of pregnancy, if the AeMC or AME considers that the licence holder is fit to exercise her privileges, he/she shall limit the validity period of the medical certificate to the end of the 26th week of gestation. After this point, the certificate shall be suspended. The suspension shall be lifted after full recovery following the end of the pregnancy.~~
- (2) ~~Holders of Class 1 medical certificates shall only exercise the privileges of their licences until the 26th week of gestation with an OML. Notwithstanding MED. B.001 in this case, the OML may be imposed and removed by the AeMC or AME.~~

In the case of pregnancy, an applicant may continue to exercise her privileges until the end of the 26<sup>th</sup> week of gestation, only if the AeMC or AME considers that the licence holder is fit to do so. For holders of a class 1 medical certificate, an OML shall apply. Notwithstanding MED.B.001 in this case, the OML may be imposed and removed by the AeMC or AME. An applicant may resume exercising her privileges after recovery following the end of the pregnancy.

### **MED.B.050 Musculoskeletal System**

- (a) ~~Applicants shall not possess any abnormality of the bones, joints, muscles or tendons, congenital or acquired which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).~~
- (ab) An applicant shall have sufficient sitting height, arm and leg length and muscular strength for the safe exercise of the privileges of the applicable licence(s).
- (be) An applicant shall have satisfactory functional use of the musculoskeletal system to enable them to safely exercise of the privileges of the applicable licence(s). In case of doubt, Fitness of the applicants for a class 1 medical certificate shall be referred to assessed in consultation with the licensing authority and applicants for a class 2 medical certificate shall be assessed in consultation with the licensing authority.

### **MED.B.055 PsychiatryMental Health**

- (a) ~~Applicants shall have no established medical history or clinical diagnosis of any psychiatric disease or disability, condition or disorder, acute or chronic, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).~~
- (a) Comprehensive mental health assessment shall form part of the initial class 1 aero-medical examination.
- (b) Drugs and alcohol screening shall form part of the initial class 1 aero-medical examination.
- (bc) Applicants with a mental or behavioural disorder due to use or misuse of alcohol or other use or abuse of psychotropic psychoactive substances shall be assessed as unfit pending recovery and freedom from psychoactive substance use or misuse and subject to satisfactory psychiatric evaluation after successful treatment. Applicants for a Class 1 medical certificate shall be referred to the licensing authority. Fitness of Class 2 applicants shall be assessed in consultation with the licensing authority.
- (ed) Applicants with an established medical history or clinical diagnosis of a psychiatric condition such as:
- (1) mood disorder;

- (2) neurotic disorder;
- (3) personality disorder;
- (4) mental or behavioural disorder;
- (5) misuse of a psychoactive substance,

shall undergo satisfactory psychiatric evaluation before a fit assessment can be made considered. A SIC limitation shall be imposed in case of a fit assessment.

- (de) Applicants with a history of a single or repeated acts of deliberate self-harm or suicide attempt shall be assessed as unfit. Applicants shall undergo satisfactory psychiatric evaluation before a fit assessment can be considered. A fit assessment may be considered after satisfactory psychiatric evaluation.
- (ef) Aero-medical assessment:
  - (1) applicants for a Class 1 medical certificate with one any of the conditions detailed in (bc), (ed) or (de) above shall be referred to the licensing authority;
  - (2) fitness of Class 2 applicants with one any of the conditions detailed in (bc), (ed) or (de) above shall be assessed in consultation with the licensing authority.
- (fg) Applicants with an established history or clinical diagnosis of schizophrenia, schizotypal or delusional disorder shall be assessed as unfit.

#### **MED.B.060 Psychology**

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

#### **MED.B.065 Neurology**

- ~~(a) Applicants shall have no established medical history or clinical diagnosis of any neurological condition which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).~~
- (ab) Applicants with an established history or clinical diagnosis of:
  - (1) epilepsy, except in the cases mentioned in (b)(1) and (b)(2);
  - (2) recurring episodes of disturbance of consciousness of uncertain cause;
 shall be assessed as unfit.
- (be) Applicants with an established history or clinical diagnosis of:
  - (1) epilepsy without recurrence after age 5;
  - (2) epilepsy without recurrence and off all treatment for more than 10 years;
  - (3) epileptiform EEG abnormalities and focal slow waves;
  - (4) progressive or non-progressive disease of the nervous system;
  - (5) inflammatory disease of the central or peripheral nervous system;
  - (6) migraine;

- (75) a single episode of disturbance of consciousness of uncertain cause;
- (86) loss of consciousness after head injury;
- (97) penetrating brain injury;
- (108) spinal or peripheral nerve injury;
- (11) disorders of the nervous system due to vascular deficiencies including haemorrhagic and ischaemic events,

shall undergo further evaluation before a fit assessment can may be considered. Applicants for a Class 1 medical certificate shall be referred to the licensing authority. Fitness of Class 2 applicants shall be assessed in consultation with the licensing authority.

### **MED.B.070 Visual System**

- ~~(a) Applicants shall not possess any abnormality of the function of the eyes or their adnexa or any active pathological condition, congenital or acquired, acute or chronic, or any sequelae of eye surgery or trauma, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).~~
- (ab) *Examination*
  - (1) For a Class 1 medical certificate:
    - (i) a comprehensive eye examination shall form part of the initial examination and shall be undertaken when clinically indicated and periodically depending on the refraction and the functional performance of the eye; and
    - (ii) a routine eye examination shall form part of all revalidation and renewal examinations.
  - (2) For a Class 2 medical certificate:
    - (i) a routine eye examination shall form part of the initial and all revalidation and renewal examinations; and
    - (ii) a comprehensive eye examination shall be undertaken when clinically indicated.
- ~~(c) Distant visual acuity, with or without correction, shall be:
 
  - (1) in the case of Class 1 medical certificates, 6/9 (0,7) or better in each eye separately and visual acuity with both eyes shall be 6/6 (1,0) or better;
  - (2) in the case of Class 2 medical certificates, 6/12 (0,5) or better in each eye separately and visual acuity with both eyes shall be 6/9 (0,7) or better. An applicant with substandard vision in one eye may be assessed as fit in consultation with the licensing authority subject to satisfactory ophthalmic assessment;
  - (3) applicants for an initial Class 1 medical certificate with substandard vision in one eye shall be assessed as unfit. At revalidation, applicants with acquired substandard vision in one eye shall be referred to the licensing authority and may be assessed as fit if it is unlikely to interfere with safe exercise of the licence held.~~
- ~~(d) An applicant shall be able to read an N5 chart (or equivalent) at 30-50 cm and an N14 chart (or equivalent) at 100 cm, with correction, if prescribed.~~
- ~~(e) Applicants for a Class 1 medical certificate shall be required to have normal fields of vision and normal binocular function.~~

- (f) ~~Applicants who have undergone eye surgery may be assessed as fit subject to satisfactory ophthalmic evaluation.~~
- (g) ~~Applicants with a clinical diagnosis of keratoconus may be assessed as fit subject to a satisfactory examination by an ophthalmologist. Applicants for a Class 1 medical certificate shall be referred to the licensing authority.~~
- (h) Applicants with:
- (1) astigmatism;
  - (2) anisometropia;
- ~~may be assessed as fit subject to satisfactory ophthalmic evaluation.~~
- (i) ~~Applicants with diplopia shall be assessed as unfit.~~
- (j) ~~Spectacles and contact lenses. If satisfactory visual function is achieved only with the use of correction:~~
- (1)
    - (i) ~~for distant vision, spectacles or contact lenses shall be worn whilst exercising the privileges of the applicable licence(s);~~
    - (ii) ~~for near vision, a pair of spectacles for near use shall be kept available during the exercise of the privileges of the licence;~~
  - (2) ~~a spare set of similarly correcting spectacles shall be readily available for immediate use whilst exercising the privileges of the applicable licence(s);~~
  - (3) ~~the correction shall provide optimal visual function, be well tolerated and suitable for aviation purposes;~~
  - (4) ~~if contact lenses are worn, they shall be for distant vision, monofocal, non tinted and well tolerated;~~
  - (5) ~~applicants with a large refractive error shall use contact lenses or high index spectacle lenses;~~
  - (6) ~~no more than one pair of spectacles shall be used to meet the visual requirements;~~
  - (7) ~~orthokeratological lenses shall not be used.~~

(b) Visual acuity

(1) Class 1 medical certificates:

- (i) 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.
- (ii) Initial examination: Applicants with substandard vision in one eye shall be assessed as unfit.
- (iii) Revalidation and renewal examinations: Notwithstanding (b)(1)(i), applicants with acquired substandard vision in one eye or acquired monocular vision shall be referred to the licensing authority and may be assessed as fit subject to a satisfactory ophthalmological evaluation.

(2) Class 2 medical certificates:

- (i) 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 6/9 (0,7) or better.

(ii) Notwithstanding (b)(2)(i), applicants with substandard vision in one eye or monocular vision may be assessed as fit in consultation with the licensing authority and subject to a satisfactory ophthalmological evaluation.

(3) Applicants shall be able to read an N5 chart or equivalent at 30-50 cm and an N14 chart or equivalent at 100 cm, if necessary with correction.

(c) Refractive error and anisometropia

(1) Applicants with refractive errors or anisometropia may be assessed as fit subject to satisfactory ophthalmic evaluation.

(2) Notwithstanding (c)(1), applicants for a class 1 medical certificate with:

(i) myopia exceeding  $-6.0$  dioptres;

(ii) astigmatism exceeding  $2.0$  dioptres;

(iii) anisometropia exceeding  $2.0$  dioptres

shall be referred to the licensing authority and may be assessed as fit subject to a satisfactory ophthalmological evaluation.

(3) Notwithstanding (c)(1), applicants for a class 1 medical certificate with hypermetropia exceeding  $+5.0$  dioptres shall be referred to the licensing authority and may be assessed as fit subject to a satisfactory ophthalmological evaluation provided there are adequate fusional reserves, normal intraocular pressures and anterior angles and no significant pathology has been demonstrated. Notwithstanding (b)(1)(i), corrected visual acuity in each eye shall be 6/6 or better.

(4) Applicants with a clinical diagnosis of keratoconus may be assessed as fit subject to a satisfactory examination by an ophthalmologist. Applicants for a class 1 medical certificate shall be referred to the licensing authority.

(d) Binocular function

(1) Applicants for a class 1 medical certificate shall have normal binocular function.

(2) Applicants with diplopia shall be assessed as unfit.

(e) Visual fields

Applicants for a class 1 medical certificate shall have normal fields of vision.

(f) Eye surgery

Applicants who have undergone eye surgery shall be assessed as unfit until full recovery of visual function. A fit assessment may be considered subject to satisfactory ophthalmological evaluation.

(g) Spectacles and contact lenses

(1) If satisfactory visual function is achieved only with the use of correction, the spectacles or contact lenses shall provide optimal visual function, be well-tolerated and suitable for aviation purposes.

(2) No more than one pair of spectacles shall be used to meet the visual requirements when exercising the privileges of the applicable licence(s).

(3) For distant vision, spectacles or contact lenses shall be worn when exercising the privileges of the applicable licence(s).

- (4) For near vision, a pair of spectacles shall be kept available when exercising the privileges of the applicable licence(s).
- (5) A spare set of similarly correcting spectacles, for distant or near vision as applicable, shall be readily available for immediate use when exercising the privileges of the applicable licence(s).
- (6) If contact lenses are worn when exercising the privileges of the applicable licence(s), they shall be for distant vision, monofocal, and non-tinted and well-tolerated.
- (7) Applicants with a large refractive error shall use contact lenses or high-index spectacle lenses.
- (8) Orthokeratological lenses shall not be used.

### **MED.B.075 Colour vision**

- (a) Applicants shall be required to demonstrate the ability to ~~perceive~~ readily perceive the colours that are necessary for the safe ~~performance of duties~~ exercise of the privileges of the applicable licence(s).
- ~~(b) Examination~~
  - ~~(1) Applicants shall pass the Ishihara test for the initial issue of a medical certificate.~~
  - ~~(2) Applicants who fail to pass in the Ishihara test shall undergo further colour perception testing to establish whether they are colour safe.~~
- ~~(c) In the case of Class 1 medical certificates, applicants shall have normal perception of colours or be colour safe. Applicants who fail further colour perception testing shall be assessed as unfit. Applicants for a Class 1 medical certificate shall be referred to the licensing authority.~~
- ~~(d) In the case of Class 2 medical certificates, when the applicant does not have satisfactory perception of colours, his/her flying privileges shall be limited to daytime only.~~
- (b) *Examination and assessment*
  - (1) Applicants shall pass the Ishihara test for the initial issue of a medical certificate.
  - (2) Class 1 medical certificates:
    - (i) Notwithstanding (b)(1), applicants for a class 1 medical certificate who do not pass the Ishihara test shall be referred to the licensing authority and shall undergo further colour perception testing to establish whether they are colour safe.
    - (ii) Applicants for a class 1 medical certificate shall be normal trichromats or shall be colour safe.
    - (iii) Applicants who fail further colour perception testing shall be assessed as unfit.
  - (3) Class 2 medical certificates:
    - (i) Notwithstanding (b)(1), applicants for a class 2 medical certificate who do not pass the Ishihara test shall undergo further colour perception testing to establish whether they are colour safe.
    - (ii) Applicants who do not have satisfactory perception of colours shall be limited to exercising the privileges of the applicable licence(s) in daytime only.

## MED.B.080 ~~Otorhino-laryngology~~ Otorhinolaryngology (ENT)

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

- (1) Applicants for a class 1 medical certificate with the disturbance of vestibular function a medical condition specified in (b)(1), (b)(4), or (b)(5) shall be referred to the licensing authority.
- (2) Fitness of class 2 applicants with the disturbance of vestibular function a medical condition specified in (b)(4) or (b)(5) shall be assessed in consultation with the licensing authority.
- (3) Fitness of class 2 applicants for an instrument rating or en route instrument rating with the condition specified in (b)(1) shall be assessed in consultation with the licensing authority.

### **MED.B.085 Dermatology**

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

### **MED.B.090 Oncology**

- ~~(a) Applicants shall have no established primary or secondary malignant disease likely to interfere with the safe exercise of the privileges of the applicable licence(s).~~
- (ab) After treatment for Applicants with primary or secondary malignant disease, applicants shall undergo satisfactory oncological evaluation before a fit assessment can be made considered. Applicants for a class 1 medical certificate applicants shall be referred to the licensing authority. Fitness of class 2 applicants shall be assessed in consultation with the licensing authority.
- (be) Applicants with an established history or clinical diagnosis of an intracerebral malignant tumour shall be assessed as unfit.

*SECTION 3*

*Specific requirements for LAPL medical certificates*

**MED.B.095 Medical examination and/or assessment of applicants for LAPL medical certificates**

- (a) An applicant for a LAPL medical certificate shall be assessed based on aero-medical best practice.
- (b) Special attention shall be given to the applicant's complete medical history.
- (c) The initial assessment, all subsequent re-assessments after age 50 and assessments in cases where the medical history of the applicant is not available to the examiner shall include at least the following:
  - (1) clinical examination;
  - (2) blood pressure;
  - (3) urine test;
  - (4) vision;
  - (5) hearing ability.
- (d) After the initial assessment, subsequent re-assessments until age 50 shall include:
  - (1) an assessment of the LAPL holder's medical history; and
  - (2) the items specified in ~~paragraph~~(c) as deemed necessary by the AeMC, AME or GMP in accordance with aero-medical best practice.

## SUBPART D

### AERO-MEDICAL EXAMINERS (AME), GENERAL MEDICAL PRACTITIONERS (GMP), OCCUPATIONAL HEALTH MEDICAL PRACTITIONERS (OHMP)

#### SECTION 1

#### *Aero-Medical Examiners*

##### **MED.D.001 Privileges**

- (a) The privileges of an AME are to issue, revalidate and renew class 2 medical certificates and LAPL medical certificates, and to conduct the relevant medical examinations and assessments.
- (b) Holders of an AME certificate may apply for an extension of their privileges to include medical examinations for the revalidation and renewal of class 1 medical certificates, if they comply with the requirements in MED.D.015.
- (c) The privileges of a holder of an AME certificate referred to in (a) and (b) include the privileges to conduct cabin crew members' aero-medical examinations and assessments and to provide the related cabin crew members' medical reports, as applicable, in accordance with this Part.
- (de) The scope of the privileges of the AME, and any condition thereof, shall be specified in the certificate.
- (e) An AME certificate holder shall not at any time hold more than one AME certificate issued in accordance with Regulation (EC) No 216/2008 and its implementing rules.
- (fd) Holders of an AME certificate ~~as an AME~~ shall not undertake aero-medical examinations and assessments in a Member State other than the Member State that issued their AME certificate ~~as an AME~~, unless they have:
  - (1) been granted access by the host Member State to exercise their professional activities as a specialised doctor;
  - (2) informed the competent authority of the host Member State of their intention to conduct aero-medical examinations and assessments, and to issue medical certificates within the scope of their privileges as AME; and
  - (3) received a briefing from the competent authority of the host Member State.

##### **MED.D.005 Application**

- (a) An Application for an AME certificate, or for an extension of the privileges of the AME certificate, ~~as an AME~~ shall be made in a form and manner specified by the competent authority.
- (b) Applicants for an AME certificate shall provide the competent authority with:
  - (1) personal details and professional address;
  - (2) documentation demonstrating that they comply with the requirements established in MED.D.010, including ~~a certificate~~ evidence of successful completion of the training course in aviation medicine appropriate to the privileges they apply for;

- (3) a written declaration that the AME will issue medical certificates on the basis of the requirements of ~~this Part~~ Regulation (EC) No 216/2008 and its implementing rules.
- (c) When the AME undertakes aero-medical examinations in more than one location, they shall provide the competent authority with relevant information regarding all practice locations and practice facilities.

#### **MED.D.010 Requirements for the issue of an AME certificate**

Applicants for an AME certificate with the privileges for the initial issue, revalidation and renewal of class 2 medical certificates and LAPL medical certificates shall:

- (a) be fully qualified and licensed for the practice of medicine and have evidence of completion ~~hold a Certificate of Completion~~ of specialist medical training;
- (b) have ~~undertaken~~ successfully completed a basic training course in aviation medicine, including practical training in the examination methods and aero-medical assessments;
- (c) demonstrate to the competent authority that they:
- (1) have adequate facilities, procedures, documentation and functioning equipment suitable for aero-medical examinations; and
  - (2) have in place the necessary procedures and conditions to ensure medical confidentiality.

#### **MED.D.015 Requirements for the extension of privileges**

Applicants for an AME certificate extending their privileges to the revalidation and renewal of class 1 medical certificates shall hold a valid certificate as an AME and have:

- (a) conducted at least 30 examinations for the issue, revalidation or renewal of class 2 medical certificates over a period of no more than ~~5~~ 3 years preceding the application;
- (b) ~~undertaken~~ successfully completed an advanced training course in aviation medicine, including practical training in the examination methods and aero-medical assessments; and
- (c) undergone practical training of a duration of 2 to 4 days at an AeMC or under supervision of the ~~licensing~~ competent authority.

#### **MED.D.020 Training courses in aviation medicine**

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

### **MED.D.025 Changes to the AME certificate**

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

### **MED.D.030 Validity of AME certificates**

An AME certificate shall be ~~issued~~ ~~valid~~ for a period not exceeding 3 years. ~~It shall be revalidated subject to the holder~~ Following formal application it shall be:

- ~~(a) continuing to fulfil the general conditions required for medical practice and maintaining registration as a medical practitioner according to national law;~~
- ~~(b) undertaking refresher training in aviation medicine within the last 3 years;~~
- ~~(c) having performed at least 10 aero-medical examinations every year;~~
- ~~(d) remaining in compliance with the terms of their certificate; and~~
- ~~(e) exercising their privileges in accordance with this Part.~~
- (a) revalidated providing the holder:
- (1) continues to fulfil the general conditions required for medical practice and maintains their licence for the practice of medicine;
  - (2) has undertaken refresher training in aviation medicine within the last 3 years;
  - (3) has performed at least 10 aero-medical examinations every year;
  - (4) remains in compliance with the terms of their AME certificate;
  - (5) exercises their AME privileges in accordance with this Part; and
  - (6) demonstrates the maintenance of their aero-medical competency in accordance with the procedure established by the competent authority.
- (b) renewed providing the holder fulfils the criteria for revalidation or the following requirements:
- (1) continues to fulfil the general conditions required for medical practice and maintains their licence for the practice of medicine;
  - (2) has undertaken refresher training in aviation medicine within the previous year;
  - (3) undergone practical training at an AeMC or under supervision of the competent authority within the previous year;
  - (4) remains in compliance with the provisions of MED.D.010; and

- (5) demonstrates the maintenance of their aero-medical competency in accordance with the procedure established by the competent authority

*SECTION 2*

*General Medical Practitioners (GMPs)*

**MED.D.035 Requirements for general medical practitioners**

(a) GMPs shall act as AMEs for issuing LAPL medical certificates only:

- (a1) if they exercise their activity in a Member State where GMPs have appropriate access to the full medical records of applicants; and
- (b2) in accordance with any additional requirements established under national law;
- (cb) ~~In order to issue LAPL medical certificates, general medical practitioners (GMP) shall be if~~ they are fully qualified and licensed for the practice of medicine in accordance with national law; and
- (c) ~~GMPs acting as AMEs shall notify their activity to the competent authority.~~
- (d) if they have notified the competent authority before starting such activity.

### SECTION 3

#### *Occupational Health Medical Practitioners (OHMPs)*

##### **MED.D.040 Requirements for occupational health medical practitioners**

~~OHMPs shall only conduct aero-medical assessments of cabin crew if:~~

- ~~(a) the competent authority is satisfied that the relevant national occupational health system can ensure compliance with the applicable requirements of this Part;~~
- ~~(b) they are licensed in the practice of medicine and qualified in occupational medicine in accordance with national law; and~~
- ~~(c) have acquired knowledge in aviation medicine as relevant to the operating environment of cabin crew.~~

In Member States where the competent authority is satisfied that the relevant national occupational health system can ensure compliance with the applicable requirements of this Part, OHMPs may conduct aero-medical assessments of cabin crew if:

- (a) they are fully qualified and licensed in the practice of medicine and qualified in occupational medicine;
- (b) the in-flight working environment and safety duties of the cabin crew were included in their occupational medicine qualification syllabus, or other training or operational experience; and
- (c) they have notified the competent authority before starting such activity.