COMMENT RESPONSE DOCUMENT (CRD) TO NOTICE OF PROPOSED AMENDMENT (NPA) 2009-02e

for an Agency Opinion on a Commission Regulation establishing the Implementing Rules for the medical fitness of cabin crew

and

a draft Decision of the Executive Director of the European Aviation Safety Agency on Acceptable Means of Compliance and Guidance Material on the medical fitness of cabin crew

"Implementing Rules for Medical Fitness of Cabin Crew"

CRD c. 3 – Comments on Cabin Crew Medical Fitness

NOTE:

All comments to NPA 2009-02e with regard to cabin crew medical fitness are provided below. However, whilst individual responses have been provided for the comment review with regard to pilot medical certificates, another work method has been applied with regard to cabin crew medical fitness for the following reasons:

- NPA 2008-17c on pilot medical certification was published on 05 June 2008 for a comment period that closed on 28 February 2009;
- NPA 2009-02e on cabin crew medical fitness was published on 31 January 2009 for a comment period that closed on 31 July 2009;
- EASA Management Board 03/2009 decision of 15 September 2009 approved the 'Joint Commission and EASA approach for rulemaking in the context of the extension of Community competences', including a different working method to be used for the comment review.

At the date of this Management Board decision, the comment review with regard to cabin crew medical fitness (NPA 2009-02e) had only just started and the new working method could be applied.
Comments should therefore be looked at together with the Comment Response Summary Table (CRST) including the summary of comments, responses and tracked changes to the NPA text (see CRD to NPA 2009-02e – CRD c.4) and the 'Clean resulting text' (see CRD to NPA 2009-02e – CRD b.2. and b.3).

E. X. Supplement to Draft Opinion Part-MED p. 14

comment	*384*	comment by: *Flybe*
	To have a phsical medial assessment required and in the over 40 and 50 at such a regular time scale is not cost effective or justified. While Flight Crew have regular medical checks for safety purposes, you would need to justify what danger an a/c would be in if a cabin crew member became incapacitated.	

comment	*810*	comment by: *DGAC*
	General comment : A physical aptitude is needed to perform "evacuate procedures" as detailed in AMC CC.TRA.125 paragraph 6-1 and 6-2 and para 3 about "normal and emergency procedures " It is the reason why we have to keep medical regulations and survey by AME or AeMC under the competency of the authority in each country. Many objections are written against this kind of medical regulations. For instance we have read that the risk of sudden inflight incapacitation of a cabin crew member is not a concern for the safety. May be it is true but it is not the problem. The problem is to keep the ability to manage procedures for emergency or for evacuation. We have also read that use of psychotropic medication be not a concern among cabin crew. No it's false because of the reason of the treatment and the side effects on personality, attitude, behavior, stress, vigilance etc..... and summarizing on mental block before an emergency situation. We keep in mind that the cabin crew efficient condition needs a fine quality of training and a guaranteed physical and mental state. Physical on locomotor system ,hearing condition, ***[???]*** vision have to be correct. Mental must be without history of psychiatric disorder or fragility or addiction to psychotropic	

substance or medication.

comment 882 comment by: *KLM Cityhopper*

Comment. Specific medical criteria for cabin crew on safety grounds are unjustified. There is no evidence that sudden incapacity would jeapordise flight safety. If it is deemed necessary to stipluate medical requirements for cabin crew, they should not be placed in the rules where they are difficult to change.
Justification. If medical criteria are to be introduced they must be open to simple evidence based review in the light of medical advances.

Proposal The detail should be placed in guidance material or AMCs, thus allowing easier amendment in the event of increased knowledge of certain conditions and/or improvements in medical management and in the light of scientific evaluation of the impact of implementing these rules.

comment 932 comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Relevant Text:
MED.A.001 Competent authority
For the purpose of this Part, the competent authority shall be the authority … / …
to whom a person applies for the issue of a medical certificate ... / ...
MED.A.005 Scope
This Part establishes the requirements for:
(a) the issuance, validity, revalidation and renewal of the medical certificate required for exercising the privileges of **a pilot licence or of a student pilot**;
(b) the certification of AMEs;
(c) the qualification of general medical practitioners.

Comment:
MED.A.001 Competent authority and MED.A.005 Scope do not include CC in the scope of Part-MED

Proposal:
Amend MED.A.001 Competent authority and MED.A.005 Scope to include also CC in the scope of Part-MED.

E. X. Supplement to Draft Opinion Part-MED - Subpart A: General Requirements - NEW Section 4: Medical fitness of cabin crew p. 14

comment 36 comment by: *Virgin Atlantic Airways Ltd*

Comment. Specific medical criteria for cabin crew on safety grounds are unjustified. There is no evidence that sudden incapacity would jeapordise flight safety. If it is deemed necessary to stipluate medical requirements for cabin crew, they should not be placed in the rules where they are difficult to change.

Justification. If medical criteria are to be introduced they must be open to simple evidence based review in the light of medical advances.

Proposal The detail should be placed in guidance material or AMCs, thus allowing easier amendment in the event of increased knowledge of certain

conditions and/or improvements in medical management and in the light of scientific evaluation of the impact of implementing these rules.

comment 187 comment by: *Federal Office of Civil Aviation (FOCA), Switzerland*

Concern:
Medical Fitness of Cabin Crew

Comment:
FOCA Switzerland supports initial medical assessment for CC, but instead of periodic exams thereafter we propose the following two changes mentioned below. By introducing these two changes we cover all possible relevant medical problems of CC and avoid excessive and costful medical checks for healthy persons that make no sense.

- Change a: periodic exam can be reduced to a self assessment (in order to comply with EU 216/2008/7b) in cases when neither the CC nor the operator have any doubts about the physical or mental illness of the CC.
- Change b: instead of regular exam without indication we propose an event-based medical assessment after medical events with relevance to the safe performance of CC duties by extending text of MED.A.060 to Cabin Crew.

Justification:

1. There is no scientific evidence that periodic exams of CC enhance safety. Reference: Publication of A. Hedge "Cabin Crew Medical Examination-is there any evidence" ASMA Conference 2008 and A. Evans et al in: "Evidence based Aeromedical Standards" in Aviation Space and Environnmental Medicine Vol.80, Nr.6, June 2009.
2. EASA should not regulate without due reasons additional items, that have not been regulated by JAA. There was no need of periodic medical exams of CC in JAR-OPS.
3. Periodic exams of (healthy)CC produce costs to the industry that are not justified by medical arguments

Proposal:

- Change a: add new **c)** to MED A.075 The periodic exam can be replaced by a self assessment of the CC if there is no concern about the physical or mental illness of the CC. **ad new AMC** to MED A.075: The self assessment should confirm, that the CC did not suffer from any health problem that might interfere with the safe performance of the assigned duties since the last medical assessment and does not suffer from any health problem, that might be caused or influenced by the flying duty.
- Change b:**extend applicability of MED.A.060 also for CC.**

comment 192 comment by: *Virgin Atlantic Airways*

Comment. Specific medical criteria for cabin crew on safety grounds are unjustified. There is no evidence that sudden incapacity would jeapordise flight safety. If it is deemed necessary to stipluate medical requirements for cabin crew, they should not be placed in the rules where they are difficult to change.

Justification. If medical criteria are to be introduced they must be open to simple evidence based review in the light of medical advances.

Proposal The detail should be placed in guidance material or AMCs, thus allowing easier amendment in the event of increased knowledge of certain conditions and/or improvements in medical management and in the light of scientific evaluation of the impact of implementing these rules.

comment 302 comment by: *AEA*

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comment 409 comment by: *AUSTRIAN Airlines*

Comment. Specific medical criteria for cabin crew on safety grounds are unjustified. There is no evidence that sudden incapacity would jeapordise flight safety. If it is deemed necessary to stipluate medical requirements for cabin crew, they should not be placed in the rules where they are difficult to change.

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Proposal The detail should be placed in guidance material or AMCs, thus allowing easier amendment in the event of increased knowledge of certain conditions and/or improvements in medical management and in the light of scientific evaluation of the impact of implementing these rules.

comment 495 comment by: *KLM*

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Proposal The detail should be placed in guidance material or AMCs, thus allowing easier amendment in the event of increased knowledge of certain conditions and/or improvements in medical management and in the light of scientific evaluation of the impact of implementing these rules.

comment 569 comment by: *Deutsche Lufthansa AG*

Comment. Specific medical criteria for cabin crew on safety grounds are

unjustified. There is no evidence that sudden incapacity would jeapordise flight safety. If it is deemed necessary to stipluate medical requirements for cabin crew, they should not be placed in the rules where they are difficult to change.

Justification. If medical criteria are to be introduced they must be open to simple evidence based review in the light of medical advances.

Proposal The detail should be placed in guidance material or AMCs, thus allowing easier amendment in the event of increased knowledge of certain conditions and/or improvements in medical management and in the light of scientific evaluation of the impact of implementing these rules.

comment *611* comment by: *Luftfahrt-Bundesamt*

As we have understood the explanations given by EASA during an OPS workshop, it will be left to the discretion of the NAAs and member states which criteria in detail they establish to determine medical fitness of cabin crew members. This would be somewhat contradictory to the purpose of the cabin crew attestation which shall be accepted in each member state. As the validity of the cabin crew attestation is subject to the condition that the cabin crew member has been found medically fit, it may be that due to different criteria for medical fitness a cabin crew attestation will not necessarily be accepted in each member state.

comment *651* comment by: *British Airways Flight Operations*

Routine medical examination of cabin crew cannot be justified on safety grounds. See AEA comment #131 to NPA 2009-02g.

General Comment:
NPA 2009-2 in its entirety is unfit for the purpose for which it is intended and must be withdrawn and reconsidered.

comment *671* comment by: *Swiss International Airlines / Bruno Pfister*

Comment. Specific medical criteria for cabin crew on safety grounds are unjustified. There is no evidence that sudden incapacity would jeapordise flight safety. If it is deemed necessary to stipluate medical requirements for cabin crew, they should not be placed in the rules where they are difficult to change.

Justification. If medical criteria are to be introduced they must be open to simple evidence based review in the light of medical advances.

Proposal The detail should be placed in guidance material or AMCs, thus allowing easier amendment in the event of increased knowledge of certain conditions and/or improvements in medical management and in the light of scientific evaluation of the impact of implementing these rules.

comment *742* comment by: *TAP Portugal*

Comment. Specific medical criteria for cabin crew on safety grounds are unjustified. There is no evidence that sudden incapacity would jeapordise flight safety. If it is deemed necessary to stipluate medical requirements for cabin crew, they should not be placed in the rules where they are difficult to change.

Justification. If medical criteria are to be introduced they must be open to simple evidence based review in the light of medical advances.

Proposal The detail should be placed in guidance material or AMCs, thus allowing easier amendment in the event of increased knowledge of certain conditions and/or improvements in medical management and in the light of scientific evaluation of the impact of implementing these rules.

comment 803 comment by: *ERA*

European Regions Airline Association Comment

Specific medical criteria for cabin crew on safety grounds are unjustified. There is no evidence that sudden incapacity would jeapordise flight safety. If it is deemed necessary to stipluate medical requirements for cabin crew, they should not be placed in the rules where they are difficult to change.

If medical criteria are to be introduced they must be open to simple evidence based review in the light of medical advances.

The detail should be placed in guidance material or AMCs, thus allowing easier amendment in the event of increased knowledge of certain conditions and/or improvements in medical management and in the light of scientific evaluation of the impact of implementing these rules.

comment 811 comment by: *DGAC*

First of all, we would like to express a very positive comment for NPA 2009-02-E. We quasi fully agree with the proposition (except differences between non commercial and commercial cabin crew). These NPA maintains the notion that cabin crew has to perform duties in the interest of safety of passengers and aircraft. It is clearly asked that cabin crew have the capacity to undergo training and to carry out the duties. That means a physical and mental capacity to do them.

comment 916 comment by: *IACA International Air Carrier Association*

The proposed cabin crew attestation and regular assessment of medical fitness is based on unfair commercial advantages rather than safety considerations. The proposed rule is justified with a flawed regulatory impact assessment, whereby more lives can be saved than are actually lost: NPA 2009-02g RIA p.39 refers to unfair commercial advantages undermining the internal market, p.25 B777 crash at LHR without post-crash fire is not exactly a good example to justify medical attestation. The RIA claims the proposed rule will enable cabin crew to save 90 lives per annum, while the same RIA previously calculated 27 lives are lost per annum in CAT with large aeroplanes (p.31). Last but not least, EASA compares safety data originating from EASA's "Annual Safety Review" 2006 (Member States with/without medical attestation) with UK CAA CAP 776 "Global Fatal Accident Review 1997–2006" (Member State without medical attestation) revealing no difference, hence questioning the safety benefit of the proposed rule.

E. X. Supplement to Draft Opinion Part-MED - Subpart A: General p. 14

Requirements - NEW Section 4: Medical fitness of cabin crew - MED.A.070: General

comment	8	comment by: *British Airways*

Comment:
Paragraph a states that cabin crew shall be physically and mentally fit to perform their duties. Paragraph b.1 further states that cabin shall not exercise their privileges when they have been assessed as unfit according to the requirements of Sub-Part E. Their is no rationale to justify the requirements of Sub-Part E.

Justification:

International requirements
There are no ICAO SARPS relating to cabin crew medical requirements. Most major regulatory authorities do not require cabin crew periodic medical screening and/or devolve responsibility for cabin crew medical fitness to operators. The FAA has no regulatory requirements for cabin crew medical fitness.
Despite this absence of regulation, we can find no report of an incident where cabin crew incapacitation has endangered the safety of an aircraft or it's occupants. Imposition of the proposed requirements would therefore expose EASA regulated airlines to an expensive and complex additional burden, creating a competitive disadvantage, for no safety benefit.

No safety justification for a detailed medical for cabin crew
Cabin Crew Medical Fitness Requirements have no safety justification. Incidents of cabin crew incapacitation do occur, typically as a result of minor illness such as gastroenteritis, or accidental injury due to burns/scalds or other trauma e.g. as a result of turbulence (none of which are amenable to prevention by periodic medical screening) but they have no direct impact on flight safety. One AEA member reported 676 events over a 3-year period to 31 Dec 07, a rate of 1.27/10,000 sectors. One of these events, the result of an acute traumatic incident, resulted in a diversion. There were no other operational / safety implications
A survey of 4 international airlines (one from Europe) identified 3 diversions following incidents of cabin crew incapacitation in 2007, none of which could have been prevented by periodic medical screening. The total rpk for the 4 airlines was 305.1 billion, giving a rate of 0.01 diversion per billion rpks.
This data is further evidence that there is no safety issue associated with cabin crew medical fitness which would justify the imposition of additional medical requirements, such as for example the Class 2 medical used for the private pilot licence.

Compliance with basic EASA 216/2008 Regulation
The intent of the EU legislator has not been to change the cabin crew medical fitness requirements of EU-OPS when migrating to EASA-OPS.
In particular the basic regulation:

- refers to medical assessment (not examination)
- aero-medical best practice refers to the need for a link between medical requirements and flight safety (therefore any medical fitness requirements for cabin crew should have a clear safety justification).
- does not refer to the need for the assessments to be made through Aero-medical Centres (AMCs) and Aero-medical examiners (AMEs).
- does not require a medical certificate for cabin crew

Proposed text:
Delete paragraphs b.1 and b.2.
Amend paragraph b to read "Cabin crew members holding a cabin crew attestation shall not exercise their privileges when they have been assessed as unfit to perform to safely perform their duties and responsibilities".

comment 28 comment by: *Virgin Atlantic Airways Ltd*

General Comment ICAO places no specific medical requirements for cabin crew and few regulatory authorities impose specific standards. Cabin crew incapacitations do occur but I can find no published incident where passenger or aircraft safety has been compromised. Subjecting EASA airlines to such regulation would put them at a competitive disadvantage against other airlines for no demonstrable safety benefit.

Justification Best practice would be that cabin crew with medical conditions which may affect fitness for work should be assessed by individual risk assessment in accordance with best **occupational health** practice, taking into account the nature of the airline operation, but such decisions should not be based on blanket exclusions. **Occupational Health** practice and the assessment of risk to the individual whilst on duty or "down route" should be a matter for the employer (the airline) and not subject to regulatory control.

Proposal MED.A.070 (a) should be replaced with: Cabin crew members shall be free from any condition, that would entail a degree of functional incapacity or unacceptable risk of sudden incapacitation, which is incompatible with their safety function. Decision making should be based on individual assessment in accordance with best occupational health practice.
Part (b) is uneccesary and the rest of this section should be removed.

comment 30 comment by: *Virgin Atlantic Airways Ltd*

Comment It is stated that medical standards are based on "aeromedical best practice" and yet the standards proposed here and in Subpart E are based on those of the Class 2 [pilot] medical, which have been developed for a different purpose.

An example of good practice is the LPL which has been developed independantly of ICAO. New medical standards have been proposed which reflect the **risk assessment** for LPL flying. As a pilot with a LPL may carry up to 4 passengers, the consequences of sudden incapacitation during flight could be an immediate risk to the safety of the aircraft and any passengers. The frequency of assessment required for the LPL is less than that proposed for cabin crew, the medical requirements are less and the qualifications and experience of the doctor (the GMP) are also less.

Justification Cabin crew incapacitation does occur but it does not constitute a threat to aircraft or passenger safety. furthermore there is no evidence that it can be prevented by **routine** medical examination.

Proposal If it is necessary to retain the requirement should be for medical assessment, it should be as in EU-Ops, allowing for questionaire screening with individual follow up as necessary.

comment	153	comment by: SAS

MED.A.070 (b)(1) should be changed to:
"when they have been assessed unfit according to the medical requirements settled by the Authority".

Reason: The medical requirements prescribed in Subpart E are too strict. It would be better with less strict and detailed requirements giving some flexibility to the competent Authority.

comment	170	comment by: ETF

General comment: The text implements Regulation 216/2008ER 7b (ii). ETF is satisfied that the proposed text will ensure continued fitness as well as addressing the physical and mental potential compatible with emergency actions and safety duties of cabin crew. ETF supports the principle that the medical fitness is part of the cabin crew proficiency. This principle should however not be abused for dismissing cabin crew. The position of the Aero Medical Examiner (AME) is in fact to keep the crew member at work and to assist in facilitation when needed.

comment	193	comment by: Virgin Atlantic Airways

General Comment ICAO places no specific medical requirements for cabin crew and few regulatory authorities impose specific standards. Cabin crew incapacitations do occur but I can find no published incident where passenger or aircraft safety has been compromised. Subjecting EASA airlines to such regulation would put them at a competitive disadvantage against other airlines for no demonstrable safety benefit.

Justification Best practice would be that cabin crew with medical conditions which may affect fitness for work should be assessed by individual risk assessment in accordance with best **occupational health** practice, taking into account the nature of the airline operation, but such decisions should not be based on blanket exclusions. **Occupational Health** practice and the assessment of risk to the individual whilst on duty or "down route" should be a matter for the employer (the airline) and not subject to regulatory control.

Proposal MED.A.070 (a) should be replaced with: Cabin crew members shall be free from any condition, that would entail a degree of functional incapacity or unacceptable risk of sudden incapacitation, which is incompatible with their safety function. Decision making should be based on individual assessment in accordance with best occupational health practice.
Part (b) is uneccesary and the rest of this section should be removed.

comment	194	comment by: Virgin Atlantic Airways

Comment It is stated that medical standards are based on "aeromedical best practice" and yet the standards proposed here and in Subpart E are based on those of the Class 2 [pilot] medical, which have been developed for a different purpose.

An example of good practice is the LPL which has been developed independantly of ICAO. New medical standards have been proposed which

reflect the **risk assessment** for LPL flying. As a pilot with a LPL may carry up to 4 passengers, the consequences of sudden incapacitation during flight could be an immediate risk to the safety of the aircraft and any passengers. The frequency of assessment required for the LPL is less than that proposed for cabin crew, the medical requirements are less and the qualifications and experience of the doctor (the GMP) are also less.

Justification Cabin crew incapacitation does occur but it does not constitute a threat to aircraft or passenger safety. furthermore there is no evidence that it can be prevented by **routine** medical examination.

Proposal If it is necessary to retain the requirement should be for medical assessment, it should be as in EU-Ops, allowing for questionaire screening with individual follow up as necessary.

comment *303* comment by: *AEA*

Comment:
General Comment ICAO places no specific medical requirements for cabin crew and few regulatory authorities impose specific standards. Cabin crew incapacitations do occur we could not find a published incident where passenger or aircraft safety has been compromised. Subjecting EASA airlines to such regulation would put them at a competitive disadvantage against other airlines for no demonstrable safety benefit.

Justification
Best practice would be that cabin crew with medical conditions which may affect fitness for work should be assessed by individual risk assessment in accordance with best occupational health practice, taking into account the nature of the airline operation, but such decisions should not be based on blanket exclusions. Occupational Health practice and the assessment of risk to the individual whilst on duty or "down route" should be a matter for the employer (the airline) and not subject to regulatory control.

Proposal
MED.A.070 (a) should be replaced with: *Cabin crew members shall be free from any condition, that would entail a degree of functional incapacity or unacceptable risk of sudden incapacitation, which is incompatible with their safety function. Decision making should be based on individual assessment in accordance with best occupational health practice.*
Part (b) is unneccesary and the rest of this section should be removed.

comment *305* comment by: *AEA*

Comment:
It is stated that medical standards are based on "aeromedical best practice" and yet the standards proposed here and in Subpart E are based on those of the Class 2 [pilot] medical, which have been developed for a different purpose.

An example of good practice is the LPL which has been developed independantly of ICAO. New medical standards have been proposed which reflect the risk assessment for LPL flying. As a pilot with a LPL may carry up to 4 passengers, the consequences of sudden incapacitation during flight could be an immediate risk to the safety of the aircraft and any passengers. The frequency of assessment required for the LPL is less than that proposed for

cabin crew, the medical requirements are less and the qualifications and experience of the doctor (the GMP) are also less.

Justification
Cabin crew incapacitation does occur but it does not constitute a threat to aircraft or passenger safety. furthermore there is no evidence that it can be prevented by routine medical examination.

Proposal
If it is necessary to retain the requirement should be for medical assessment, it should be as in EU-Ops, allowing for questionnaire screening with individual follow up as necessary.

comment | *307* | comment by: *AEA*

Comment:
Paragraph a states that cabin crew shall be physically and mentally fit to perform their duties. Paragraph b.1 further states that cabin shall not exercise their privileges when they have been assessed as unfit according to the requirements of Sub-Part E. There is no rationale to justify the requirements of Sub-Part E.

Justification:

- *International requirements*

There are no ICAO SARPS relating to cabin crew medical requirements. Most major regulatory authorities do not require cabin crew periodic medical screening and/or devolve responsibility for cabin crew medical fitness to operators. The FAA has no regulatory requirements for cabin crew medical fitness.
Despite this absence of regulation, we can find no report of an incident where cabin crew incapacitation has endangered the safety of an aircraft or it's occupants. Imposition of the proposed requirements would therefore expose EASA regulated airlines to an expensive and complex additional burden, creating a competitive disadvantage, for no safety benefit.

- *No safety justification for a detailed medical for cabin crew*

Cabin Crew Medical Fitness Requirements have no safety justification. Incidents of cabin crew incapacitation do occur, typically as a result of minor illness such as gastroenteritis, or accidental injury due to burns/scalds or other trauma e.g. as a result of turbulence (none of which are amenable to prevention by periodic medical screening) but they have no direct impact on flight safety. One AEA member reported 676 events over a 3-year period to 31 Dec 07, a rate of 1.27/10,000 sectors. One of these events, the result of an acute traumatic incident, resulted in a diversion. There were no other operational / safety implications
A survey of 4 international airlines (one from Europe) identified 3 diversions following incidents of cabin crew incapacitation in 2007, none of which could have been prevented by periodic medical screening. The total rpk for the 4 airlines was 305.1 billion, giving a rate of 0.01 diversion per billion rpks.
This data is further evidence that there is no safety issue associated with cabin crew medical fitness which would justify the imposition of additional medical requirements, such as for example the Class 2 medical used for the private pilot licence.

- *Compliance with basic EASA 216/2008 Regulation*

The intent of the EU legislator has not been to change the cabin crew medical fitness requirements of EU-OPS when migrating to EASA-OPS.
In particular the basic regulation:

- refers to medical assessment (not examination)
- aero-medical best practice refers to the need for a link between medical requirements and flight safety (therefore any medical fitness requirements for cabin crew should have a clear safety justification).
- does not refer to the need for the assessments to be made through Aero-medical Centres (AMCs) and Aero-medical examiners (AMEs).
- does not require a medical certificate for cabin crew

Proposal:
Delete paragraphs b.1 and b.2.
Amend paragraph b to read
"*Cabin crew members holding a cabin crew attestation shall not exercise their privileges when they have been assessed as unfit to perform to safely perform their duties and responsibilities*".

comment 366 comment by: *Walter Gessky*

MED.A.070 General
Change the following:
(b) Cabin crew members ~~holding a cabin crew attestation~~ shall not ~~exercise their privileges~~ **accept to be assigned to duties by the operator:**
Justification:
The reference to the attestation shall be deleted because no link between attestation and medical is required. Attestation itself does not grant any privilege to be assigned on duties by the operator, when not the additional training is provided. The cabin crew shall not be on duty when one of the conditions is not met.

Add a new (c)
The cabin crew member shall inform the operator when one of the conditions mentioned under (b) occurs.
Justification.
The Cabin crew member shall inform the operation when the medical fitness is not given.
The requirement for medical fitness seems to be too restrictive and shall be reviewed.
Comment:
The requirement for medical fitness seems to be too restrictive and shall be reviewed.

comment 382 comment by: *kapers Cabin Crew Union*

General comment: The text implements Regulation 216/2008ER 7b (ii). kapers is satisfied that the proposed text will ensure continued fitness as well as addressing the physical and mental potential compatible with emergency actions and safety duties of cabin crew. kapers supports the principle that the medical fitness is part of the cabin crew proficiency. This principle should however not be abused for dismissing cabin crew. The position of the Aero Medical Examiner (AME) is in fact to keep the crew member at work and to assist in facilitation when needed.

comment 410 comment by: *AUSTRIAN Airlines*

Comment:
General Comment ICAO places no specific medical requirements for cabin crew

and few regulatory authorities impose specific standards. Cabin crew incapacitations do occur but I can find no published incident where passenger or aircraft safety has been compromised. Subjecting EASA airlines to such regulation would put them at a competitive disadvantage against other airlines for no demonstrable safety benefit.

Justification

Best practice would be that cabin crew with medical conditions which may affect fitness for work should be assessed by individual risk assessment in accordance with best occupational health practice, taking into account the nature of the airline operation, but such decisions should not be based on blanket exclusions. Occupational Health practice and the assessment of risk to the individual whilst on duty or "down route" should be a matter for the employer (the airline) and not subject to regulatory control.

Proposal

MED.A.070 (a) should be replaced with: *Cabin crew members shall be free from any condition, that would entail a degree of functional incapacity or unacceptable risk of sudden incapacitation, which is incompatible with their safety function. Decision making should be based on individual assessment in accordance with best occupational health practice.*

Part (b) is uneccesary and the rest of this section should be removed.

comment *411* comment by: *AUSTRIAN Airlines*

Comment:

It is stated that medical standards are based on "aeromedical best practice" and yet the standards proposed here and in Subpart E are based on those of the Class 2 [pilot] medical, which have been developed for a different purpose. An example of good practice is the LPL which has been developed independantly of ICAO. New medical standards have been proposed which reflect the risk assessment for LPL flying. As a pilot with a LPL may carry up to 4 passengers, the consequences of sudden incapacitation during flight could be an immediate risk to the safety of the aircraft and any passengers. The frequency of assessment required for the LPL is less than that proposed for cabin crew, the medical requirements are less and the qualifications and experience of the doctor (the GMP) are also less.

Justification

Cabin crew incapacitation does occur but it does not constitute a threat to aircraft or passenger safety. furthermore there is no evidence that it can be prevented by routine medical examination.

Proposal

If it is necessary to retain the requirement should be for medical assessment, it should be as in EU-Ops, allowing for questionaire screening with individual follow up as necessary.

comment *412* comment by: *AUSTRIAN Airlines*

Comment:

Paragraph a states that cabin crew shall be physically and mentally fit to perform their duties. Paragraph b.1 further states that cabin shall not exercise their privileges when they have been assessed as unfit according to the requirements of Sub-Part E. Their is no rationale to justify the requirements of Sub-Part E.

Justification:

- *International requirements*

There are no ICAO SARPS relating to cabin crew medical requirements. Most major regulatory authorities do not require cabin crew periodic medical screening and/or devolve responsibility for cabin crew medical fitness to operators. The FAA has no regulatory requirements for cabin crew medical fitness.
Despite this absence of regulation, we can find no report of an incident where cabin crew incapacitation has endangered the safety of an aircraft or it's occupants. Imposition of the proposed requirements would therefore expose EASA regulated airlines to an expensive and complex additional burden, creating a competitive disadvantage, for no safety benefit.

· *No safety justification for a detailed medical for cabin crew*

Cabin Crew Medical Fitness Requirements have no safety justification. Incidents of cabin crew incapacitation do occur, typically as a result of minor illness such as gastroenteritis, or accidental injury due to burns/scalds or other trauma e.g. as a result of turbulence (none of which are amenable to prevention by periodic medical screening) but they have no direct impact on flight safety. One AEA member reported 676 events over a 3-year period to 31 Dec 07, a rate of 1.27/10,000 sectors. One of these events, the result of an acute traumatic incident, resulted in a diversion. There were no other operational / safety implications
A survey of 4 international airlines (one from Europe) identified 3 diversions following incidents of cabin crew incapacitation in 2007, none of which could have been prevented by periodic medical screening. The total rpk for the 4 airlines was 305.1 billion, giving a rate of 0.01 diversion per billion rpks.
This data is further evidence that there is no safety issue associated with cabin crew medical fitness which would justify the imposition of additional medical requirements, such as for example the Class 2 medical used for the private pilot licence.

· *Compliance with basic EASA 216/2008 Regulation*

The intent of the EU legislator has not been to change the cabin crew medical fitness requirements of EU-OPS when migrating to EASA-OPS.
In particular the basic regulation:

- refers to medical assessment (not examination)
- aero-medical best practice refers to the need for a link between medical requirements and flight safety (therefore any medical fitness requirements for cabin crew should have a clear safety justification).
- does not refer to the need for the assessments to be made through Aero-medical Centres (AMCs) and Aero-medical examiners (AMEs).
- does not require a medical certificate for cabin crew

Proposal:
Delete paragraphs b.1 and b.2.
Amend paragraph b to read
"*Cabin crew members holding a cabin crew attestation shall not exercise their privileges when they have been assessed as unfit to perform to safely perform their duties and responsibilities*".

comment	*462*	comment by: *Elaine Allan Monarch*

Page No.
15 - 23

Ref No.
NPA 2009 - 2e MED

Summary of EASA Proposed Requirement:
Aero- medical examinations and assessments of medical fitness of applicants

for and holders f a cabin crew attestation shall be conducted by an AME qualified for the issuance of Class 2 medical certificate or by an AeMC

Comment:
Currently cabin crew are required to pass a medical examination or assessment at regular intervals as required by the Authority so as to check the medical fitness to discharge his/her duties.
Justification:
What net safety benefit is there for cabin crew to pass Class 2 medicals. This will be expensive and difficult to administer. Existing cabin crew may not pass a class 2 medical and this will cause severe disruption to the operator for no proven improvement in safety.

Proposed Text (if applicable)
As per EU –OPS 1.995
An operator shall ensure that each cabin crew member has passed a medical examination or assessment at regular intervals as required by the Authority so as to check the medical fitness to discharge his/her duties.

comment *465* comment by: *easyjet safety*

Requirement for Class 2 Medical Certification of Cabin Crew

Administrative and Costs Burden

In being required to implement such a requirement easyJet would be obliged to follow the same process of reimbursement for the cost of medicals as it currently does for pilots. The medicals proposed could cost as much as €500 per CC member; easyJet currently has approximately 4000 CC and hence significant additional cost would be incurred for no consecutive improvement in safety.

Additional administration and Regulatory compliance monitoring will be required and easyJet anticipates that an initial two administrative staff would be required for a set period of time to implement the licence and medical process. The process of introducing the licence in a short period of time leaves a high risk of error due to the fact that initial data would need to be input manually for 4000 crew. Systems (AIMS) modification is also required and the ongoing management of the expiries would require an additional half a head in the Training Support team to manage our current volume of cabin crew.

If additional medical requirements are imposed, or if there is a heightened fear of contravention of medical standards then one may anticipate an increase in the time taken by CC to return from a period of sickness absence. This would necessitate an increase in required establishment and a commensurate increase in employment costs.
It is also noted that in Industries where certification requirements are seen as excessive by the individuals, then subversion of the testing processes can occur.

easyJet therefore estimates that an additional annual cost burden of € 2.5 million will be incurred in certification and administration costs - with no related increase in flight safety

comment *466* comment by: *easyjet safety*

Employment Issues

CC who permanently or repeatedly fail a medical despite meeting current health requirements may risk losing their employment in line with their employment contract. Notwithstanding the risk to the individual's financial wellbeing there remains a high risk that compensation would be sought through ER or legal redress, with associated legal fees and potential unlimited liability, for which the Company would be liable.

To comply with current contractual obligations and UK Statuory Sick Pay regulations, pilots receive 3 months company sick pay or more; if their licence is suspended on medical grounds, this is extended for a further 3 month, totalling 6 months pay. To avoid claims of discrimination the same principle would be applied to CC with a commensurate increased cost.

If a loss of licence insurance policy were purchased for CC and assuming that the rating and risk were similar to that of the pilots then the estimated cost would exceed €350,000 on current manpower levels.

comment 496 comment by: *KLM*

Comment:
General Comment ICAO places no specific medical requirements for cabin crew and few regulatory authorities impose specific standards. Cabin crew incapacitations do occur but I can find no published incident where passenger or aircraft safety has been compromised. Subjecting EASA airlines to such regulation would put them at a competitive disadvantage against other airlines for no demonstrable safety benefit.
Justification
Best practice would be that cabin crew with medical conditions which may affect fitness for work should be assessed by individual risk assessment in accordance with best occupational health practice, taking into account the nature of the airline operation, but such decisions should not be based on blanket exclusions. Occupational Health practice and the assessment of risk to the individual whilst on duty or "down route" should be a matter for the employer (the airline) and not subject to regulatory control.
Proposal
MED.A.070 (a) should be replaced with: *Cabin crew members shall be free from any condition, that would entail a degree of functional incapacity or unacceptable risk of sudden incapacitation, which is incompatible with their safety function. Decision making should be based on individual assessment in accordance with best occupational health practice.*
Part (b) is uneccesary and the rest of this section should be removed.

comment 497 comment by: *KLM*

Comment:
It is stated that medical standards are based on "aeromedical best practice" and yet the standards proposed here and in Subpart E are based on those of the Class 2 [pilot] medical, which have been developed for a different purpose. An example of good practice is the LPL which has been developed independantly of ICAO. New medical standards have been proposed which reflect the risk assessment for LPL flying. As a pilot with a LPL may carry up to 4 passengers, the consequences of sudden incapacitation during flight could be an immediate risk to the safety of the aircraft and any passengers. The

frequency of assessment required for the LPL is less than that proposed for cabin crew, the medical requirements are less and the qualifications and experience of the doctor (the GMP) are also less.

Justification

Cabin crew incapacitation does occur but it does not constitute a threat to aircraft or passenger safety. furthermore there is no evidence that it can be prevented by routine medical examination.

Proposal

If it is necessary to retain the requirement should be for medical assessment, it should be as in EU-Ops, allowing for questionaire screening with individual follow up as necessary.

comment *498* comment by: *KLM*

Comment:

Paragraph a states that cabin crew shall be physically and mentally fit to perform their duties. Paragraph b.1 further states that cabin shall not exercise their privileges when they have been assessed as unfit according to the requirements of Sub-Part E. Their is no rationale to justify the requirements of Sub-Part E.

Justification:

· *International requirements*

There are no ICAO SARPS relating to cabin crew medical requirements. Most major regulatory authorities do not require cabin crew periodic medical screening and/or devolve responsibility for cabin crew medical fitness to operators. The FAA has no regulatory requirements for cabin crew medical fitness.

Despite this absence of regulation, we can find no report of an incident where cabin crew incapacitation has endangered the safety of an aircraft or it's occupants. Imposition of the proposed requirements would therefore expose EASA regulated airlines to an expensive and complex additional burden, creating a competitive disadvantage, for no safety benefit.

· *No safety justification for a detailed medical for cabin crew*

Cabin Crew Medical Fitness Requirements have no safety justification. Incidents of cabin crew incapacitation do occur, typically as a result of minor illness such as gastroenteritis, or accidental injury due to burns/scalds or other trauma e.g. as a result of turbulence (none of which are amenable to prevention by periodic medical screening) but they have no direct impact on flight safety. One AEA member reported 676 events over a 3-year period to 31 Dec 07, a rate of 1.27/10,000 sectors. One of these events, the result of an acute traumatic incident, resulted in a diversion. There were no other operational / safety implications

A survey of 4 international airlines (one from Europe) identified 3 diversions following incidents of cabin crew incapacitation in 2007, none of which could have been prevented by periodic medical screening. The total rpk for the 4 airlines was 305.1 billion, giving a rate of 0.01 diversion per billion rpks.

This data is further evidence that there is no safety issue associated with cabin crew medical fitness which would justify the imposition of additional medical requirements, such as for example the Class 2 medical used for the private pilot licence.

· *Compliance with basic EASA 216/2008 Regulation*

The intent of the EU legislator has not been to change the cabin crew medical fitness requirements of EU-OPS when migrating to EASA-OPS.

In particular the basic regulation:

- refers to medical assessment (not examination)

- aero-medical best practice refers to the need for a link between medical requirements and flight safety (therefore any medical fitness requirements for cabin crew should have a clear safety justification).
- does not refer to the need for the assessments to be made through Aero-medical Centres (AMCs) and Aero-medical examiners (AMEs).
- does not require a medical certificate for cabin crew

Proposal:
Delete paragraphs b.1 and b.2.
Amend paragraph b to read
"*Cabin crew members holding a cabin crew attestation shall not exercise their privileges when they have been assessed as unfit to perform to safely perform their duties and responsibilities*".

comment 570 comment by: *Deutsche Lufthansa AG*

Comment:
General Comment ICAO places no specific medical requirements for cabin crew and few regulatory authorities impose specific standards. Cabin crew incapacitations do occur but we can find no published incident where passenger or aircraft safety has been compromised. Subjecting EASA airlines to such regulation would put them at a competitive disadvantage against other airlines for no demonstrable safety benefit.
Justification
Best practice would be that cabin crew with medical conditions which may affect fitness for work should be assessed by individual risk assessment in accordance with best occupational health practice, taking into account the nature of the airline operation, but such decisions should not be based on blanket exclusions. Occupational Health practice and the assessment of risk to the individual whilst on duty or "down route" should be a matter for the employer (the airline) and not subject to regulatory control.
Refer also to our comment to NPA 2009-02g G. 2. REGULATORY IMPACT ASSESSMENT - 2.10 Assessment of cabin crew medical fitness, which includes a **data-based risk assessment leading to the conclusion that cabin crew medicals need NO further regulation.**
Proposal
MED.A.070 (a) should be replaced with: *Cabin crew members shall be free from any condition, that would entail a degree of functional incapacity or unacceptable risk of sudden incapacitation, which is incompatible with their safety function. Decision making should be based on individual assessment in accordance with best occupational health practice.*
Part (b) is uneccessary and the rest of this section should be removed.

comment 571 comment by: *Deutsche Lufthansa AG*

Comment:
It is stated that medical standards are based on "aeromedical best practice" and yet the standards proposed here and in Subpart E are based on those of the Class 2 [pilot] medical, which have been developed for a different purpose. An example of good practice is the LPL which has been developed independantly of ICAO. New medical standards have been proposed which reflect the risk assessment for LPL flying. As a pilot with a LPL may carry up to 4 passengers, the consequences of sudden incapacitation during flight could be an immediate risk to the safety of the aircraft and any passengers. The frequency of assessment required for the LPL is less than that proposed for cabin crew, the medical requirements are less and the qualifications and

experience of the doctor (the GMP) are also less.
Justification
Cabin crew incapacitation does occur but it does not constitute a threat to aircraft or passenger safety. furthermore there is no evidence that it can be prevented by routine medical examination.
Refer also to our comment to NPA 2009-02g G. 2. REGULATORY IMPACT ASSESSMENT - 2.10 Assessment of cabin crew medical fitness, which includes a **data-based risk assessment leading to the conclusion that cabin crew medicals need NO further regulation.**

Proposal
If it is necessary to retain the requirement should be for medical assessment, it should be as in EU-Ops, allowing for questionaire screening with individual follow up as necessary.

comment | *572* | comment by: *Deutsche Lufthansa AG*

Comment:
Paragraph a states that cabin crew shall be physically and mentally fit to perform their duties. Paragraph b.1 further states that cabin shall not exercise their privileges when they have been assessed as unfit according to the requirements of Sub-Part E. Their is no rationale to justify the requirements of Sub-Part E.

Justification:
- *International requirements*

There are no ICAO SARPS relating to cabin crew medical requirements. Most major regulatory authorities do not require cabin crew periodic medical screening and/or devolve responsibility for cabin crew medical fitness to operators. The FAA has no regulatory requirements for cabin crew medical fitness.
Despite this absence of regulation, we can find no report of an incident where cabin crew incapacitation has endangered the safety of an aircraft or it's occupants. Imposition of the proposed requirements would therefore expose EASA regulated airlines to an expensive and complex additional burden, creating a competitive disadvantage, for no safety benefit.
- *No safety justification for a detailed medical for cabin crew*

Cabin Crew Medical Fitness Requirements have no safety justification. Incidents of cabin crew incapacitation do occur, typically as a result of minor illness such as gastroenteritis, or accidental injury due to burns/scalds or other trauma e.g. as a result of turbulence (none of which are amenable to prevention by periodic medical screening) but they have no direct impact on flight safety. One AEA member reported 676 events over a 3-year period to 31 Dec 07, a rate of 1.27/10,000 sectors. One of these events, the result of an acute traumatic incident, resulted in a diversion. There were no other operational / safety implications
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This data is further evidence that there is no safety issue associated with cabin crew medical fitness which would justify the imposition of additional medical requirements, such as for example the Class 2 medical used for the private pilot licence.
- *Compliance with basic EASA 216/2008 Regulation*

The intent of the EU legislator has not been to change the cabin crew medical

fitness requirements of EU-OPS when migrating to EASA-OPS.
In particular the basic regulation:
- refers to medical assessment (not examination)
- aero-medical best practice refers to the need for a link between medical requirements and flight safety (therefore any medical fitness requirements for cabin crew should have a clear safety justification).
- does not refer to the need for the assessments to be made through Aero-medical Centres (AMCs) and Aero-medical examiners (AMEs).
- does not require a medical certificate for cabin crew

Refer also to our comment to NPA 2009-02g G. 2. REGULATORY IMPACT ASSESSMENT - 2.10 Assessment of cabin crew medical fitness, which includes a **data-based risk assessment leading to the conclusion that cabin crew medicals need NO further regulation.**

Proposal:
Delete paragraphs b.1 and b.2.
Amend paragraph b to read
"*Cabin crew members holding a cabin crew attestation shall not exercise their privileges when they have been assessed as unfit to perform to safely perform their duties and responsibilities*".

comment 672 comment by: *Swiss International Airlines / Bruno Pfister*

Comment:
General Comment ICAO places no specific medical requirements for cabin crew and few regulatory authorities impose specific standards. Cabin crew incapacitations do occur but I can find no published incident where passenger or aircraft safety has been compromised. Subjecting EASA airlines to such regulation would put them at a competitive disadvantage against other airlines for no demonstrable safety benefit.
Justification
Best practice would be that cabin crew with medical conditions which may affect fitness for work should be assessed by individual risk assessment in accordance with best occupational health practice, taking into account the nature of the airline operation, but such decisions should not be based on blanket exclusions. Occupational Health practice and the assessment of risk to the individual whilst on duty or "down route" should be a matter for the employer (the airline) and not subject to regulatory control.
Proposal
MED.A.070 (a) should be replaced with: *Cabin crew members shall be free from any condition, that would entail a degree of functional incapacity or unacceptable risk of sudden incapacitation, which is incompatible with their safety function. Decision making should be based on individual assessment in accordance with best occupational health practice.*
Part (b) is uneccesary and the rest of this section should be removed.

comment 673 comment by: *Swiss International Airlines / Bruno Pfister*

Comment:
It is stated that medical standards are based on "aeromedical best practice" and yet the standards proposed here and in Subpart E are based on those of the Class 2 [pilot] medical, which have been developed for a different purpose.
An example of good practice is the LPL which has been developed independantly of ICAO. New medical standards have been proposed which

reflect the risk assessment for LPL flying. As a pilot with a LPL may carry up to 4 passengers, the consequences of sudden incapacitation during flight could be an immediate risk to the safety of the aircraft and any passengers. The frequency of assessment required for the LPL is less than that proposed for cabin crew, the medical requirements are less and the qualifications and experience of the doctor (the GMP) are also less.

Justification

Cabin crew incapacitation does occur but it does not constitute a threat to aircraft or passenger safety. furthermore there is no evidence that it can be prevented by routine medical examination.

Proposal

If it is necessary to retain the requirement should be for medical assessment, it should be as in EU-Ops, allowing for questionaire screening with individual follow up as necessary.

comment | *674* | comment by: *Swiss International Airlines / Bruno Pfister*

Comment:

Paragraph a states that cabin crew shall be physically and mentally fit to perform their duties. Paragraph b.1 further states that cabin shall not exercise their privileges when they have been assessed as unfit according to the requirements of Sub-Part E. Their is no rationale to justify the requirements of Sub-Part E.

Justification:

- *International requirements*

There are no ICAO SARPS relating to cabin crew medical requirements. Most major regulatory authorities do not require cabin crew periodic medical screening and/or devolve responsibility for cabin crew medical fitness to operators. The FAA has no regulatory requirements for cabin crew medical fitness.

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Proposal:
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Amend paragraph b to read
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comment *743* comment by: *TAP Portugal*

Comment:
General Comment ICAO places no specific medical requirements for cabin crew and few regulatory authorities impose specific standards. Cabin crew incapacitations do occur but I can find no published incident where passenger or aircraft safety has been compromised. Subjecting EASA airlines to such regulation would put them at a competitive disadvantage against other airlines for no demonstrable safety benefit.
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comment *744* comment by: *TAP Portugal*

Comment:
It is stated that medical standards are based on "aeromedical best practice" and yet the standards proposed here and in Subpart E are based on those of the Class 2 [pilot] medical, which have been developed for a different purpose.
An example of good practice is the LPL which has been developed independantly of ICAO. New medical standards have been proposed which reflect the risk assessment for LPL flying. As a pilot with a LPL may carry up to 4 passengers, the consequences of sudden incapacitation during flight could be an immediate risk to the safety of the aircraft and any passengers. The frequency of assessment required for the LPL is less than that proposed for cabin crew, the medical requirements are less and the qualifications and experience of the doctor (the GMP) are also less.
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Proposal

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comment 745 comment by: *TAP Portugal*

Comment:

Paragraph a states that cabin crew shall be physically and mentally fit to perform their duties. Paragraph b.1 further states that cabin shall not exercise their privileges when they have been assessed as unfit according to the requirements of Sub-Part E. Their is no rationale to justify the requirements of Sub-Part E.

Justification:

· *International requirements*

There are no ICAO SARPS relating to cabin crew medical requirements. Most major regulatory authorities do not require cabin crew periodic medical screening and/or devolve responsibility for cabin crew medical fitness to operators. The FAA has no regulatory requirements for cabin crew medical fitness.

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- does not refer to the need for the assessments to be made through

Aero-medical Centres (AMCs) and Aero-medical examiners (AMEs).
- does not require a medical certificate for cabin crew

Proposal:
Delete paragraphs b.1 and b.2.
Amend paragraph b to read
"*Cabin crew members holding a cabin crew attestation shall not exercise their privileges when they have been assessed as unfit to perform to safely perform their duties and responsibilities*".

comment 791 comment by: *UCC SLO*

General comment: The text implements Regulation 216/2008ER 7b (ii). ETF is satisfied that the proposed text will ensure continued fitness as well as addressing the physical and mental potential compatible with emergency actions and safety duties of cabin crew. ETF supports the principle that the medical fitness is part of the cabin crew proficiency. This principle should however not be abused for dismissing cabin crew. The position of the Aero Medical Examiner (AME) is in fact to keep the crew member at work and to assist in facilitation when needed.

comment 804 comment by: *ERA*

European Regions Airline Association Comment

EASA are advised that for commercial operations, use frequency of the class 2 standard

ICAO places no specific medical requirements for cabin crew and few regulatory authorities impose specific standards. Cabin crew incapacitations do occur but I can find no published incident where passenger or aircraft safety has been compromised. Subjecting EASA airlines to such regulation would put them at a competitive disadvantage against other airlines for no demonstrable safety benefit.

Best practice would be that cabin crew with medical conditions which may affect fitness for work should be assessed by individual risk assessment in accordance with best occupational health practice, taking into account the nature of the airline operation, but such decisions should not be based on blanket exclusions. Occupational Health practice and the assessment of risk to the individual whilst on duty or "down route" should be a matter for the employer (the airline) and not subject to regulatory control.

MED.A.070 (a) should be replaced with:

'Cabin crew members shall be free from any condition, that would entail a degree of functional incapacity or unacceptable risk of sudden incapacitation, which is incompatible with their safety function. Decision making should be based on individual assessment in accordance with best occupational health practice.'

Part (b) is uneccesary and the rest of this section should be removed.

comment 883 comment by: *KLM Cityhopper*

Comment:
General Comment ICAO places no specific medical requirements for cabin crew and few regulatory authorities impose specific standards. Cabin crew

incapacitations do occur but I can find no published incident where passenger or aircraft safety has been compromised. Subjecting EASA airlines to such regulation would put them at a competitive disadvantage against other airlines for no demonstrable safety benefit.

Justification

Best practice would be that cabin crew with medical conditions which may affect fitness for work should be assessed by individual risk assessment in accordance with best occupational health practice, taking into account the nature of the airline operation, but such decisions should not be based on blanket exclusions. Occupational Health practice and the assessment of risk to the individual whilst on duty or "down route" should be a matter for the employer (the airline) and not subject to regulatory control.

Proposal

MED.A.070 (a) should be replaced with: *Cabin crew members shall be free from any condition, that would entail a degree of functional incapacity or unacceptable risk of sudden incapacitation, which is incompatible with their safety function. Decision making should be based on individual assessment in accordance with best occupational health practice.*

Part (b) is uneccesary and the rest of this section should be removed.

comment *886* comment by: *FAA*

The United States does not specifically prescribe medical standards for cabin crew members (flight attendants). The United States assesses performance to determine if a cabin crew member (flight attendant) performing duties in the interest of safety of passengers is capable of performing his or her required duties. Currently flight attendants must demonstrate their performance every 2 years and the United States has proposed increasing that frequency to every year.

comment *933* comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Comment:

These requirements correspond to the similar requirements for pilots.

However, (b) is only applicable to CC in commercial operations.

CC in non-commercial operations thus are not required to refrain from exercising their privileges under the conditions mentioned, nor are the technical crew members. This might have a negative effect on flight safety and should be corrected by deleting 'holding a cabin crew attestation' from (b).

Proposal:

Delete 'holding a cabin crew attestation' from (b).

comment *942* comment by: *ANE (Air Nostrum) OPS QM*

For CC for commercial operations, use frequency of the Class 2 medical certificates standard

E. X. Supplement to Draft Opinion Part-MED - Subpart A: General Requirements - NEW Section 4: Medical fitness of cabin crew - MED.A.075: Frequency of aero-medical examinations and assessments p. 14-15

comment	7	comment by: *British Airways*

Comment:
The required frequency of examination and/or assessment is arbitrary and has no medical or safety justification. It is, for example, significantly greater than that required for a vocational (Group 2) driving licence in the UK.

Justification:
The consequences of sudden incapacitation in drivers of Heavy Goods Vehicles and/or Passenger Carrying Vehicles would be far greater than that of cabin crew. The frequency of assessment or examination should reflect the risk, i.e. likelihood of incapacitation due to a medical cause that can be identified or predicted at periodic medical assessment or examination and the consequences of such incapacitation.

Proposed text:
Replace paragraphs a and b with:
Cabin crew members shall undergo an aeromedical examination or assessment to verify that they are free from any physical or mental illness which would result in their being unable to safely perform their assigned duties and responsibilities:
1. before being first assigned to operate on an aircraft; and thereafter
2. as necessary, for example following an episode of incapacitation or following a period of prolonged sickness absence

comment	29	comment by: *Virgin Atlantic Airways Ltd*

Comment (b) The intervals for frequency of medicals are arbitrary with no medical or safety justification.

Justification The safety implications of cabin crew incapacitation are less that those which would be caused by the holder of a Class 2 or LPL licence or indeed that of a Public Service Vehicle driver in the UK, yet they are subject to examinations less frequently than that advocated here for cabin crew.

Proposal The requirement for regular hands on assessments should be withdrawn and at most, the existing EU-Ops questionaire requirement retained

comment	83	comment by: *Dr.Beiderwellen, Secretary of GAAME*

Es verkompliziert die Tauglichkeitsuntersuchungen unnnötig, wenn hier neue Gültigkeitszeiträume für das Kabinenpersonal eingeführt werden. Auch ist eine Unterscheidung in "commercial " und "non commercial" nicht zielführend.
Vorschlag: Ein medical für alle Flugbegleiter mit Laufzeiten wie bei class II medicals entsprechend JAR-FCL 3

comment	106	comment by: *Dr Martin St Laurent*

The proposition done for cabin crew in non commercial operations is applicable to commercial opearations before 40. So an examination before being issued attestation, then every 5 years until the age of 40 then every 2 years over 40 seems acceptable for all the cabin crew.

comment	110	comment by: *Thomas Cook Airlines UK*

Paragraph MED.A.075 Frequency of aero-medical examinations and assessments

Comment:

Medical assessments can be satisfactorily achieved by means of periodic health questionnaires or through assessment of health records and sickness absence details. A routine physical examination is not justified except in cabin crew-members whose health record or sickness absence record gives rise for concern. The time intervals as specified are entirely arbitrary and have no scientific or evidence-based justification.

Justification:

There is no evidence that routine physical examinations of cabin crew will improve flight safety or anticipate cabin crew incapacity.

Proposed text: MED.A.075

(a) For cabin crew in non-commercial operations

Cabin crew members shall undergo an aero-medical assessment by means of either an approved health questionnaire or by means of a medical examination when this is justified on the basis of the medical history to verify that they are free from any physical or mental illness which might lead to inability or incapacitation to perform their assigned duties and responsibilities:

This assessment shall be completed in all initial cabin crew applicants and then at intervals of not less than 5 years. More frequent assessments will be performed in individual cases when the medical history or sickness absence justifies this.

(b) For cabin crew in commercial operations

Cabin crew members shall undergo an aero-medical assessment by means of either an approved health questionnaire or by means of a medical examination when this is justified on the basis of the medical history to verify that they are free from any physical or mental illness which might lead to inability or incapacitation to exercise their privileges.

This assessment shall be completed in all initial cabin crew applicants and then at intervals of not less than 3 years. More frequent assessments will be performed in individual cases when the medical history or sickness absence justifies this.

comment	*129*	comment by: *Condor Flugdienst GmbH - FRA HO/R*

According to CFG the mentioned timeframes in subpara (b) are too short.
We suggest the following changes:

-(1) remains unchanged
-(2) every 4 years until the age of 40
-(3) every 3 years from the age of 50 onwards
-(4) delete whole para!

comment 131 comment by: *CAA-NL*

Comment CAA-NL regarding:
MED.A.075, Frequency of aero-medical examinations and assessments (b)

Comment CAA-NL:
The proposal in the NPA on the re-assessment is to strict. In The Netherlands we have a re-assessment periode of every 5 years. We do not have any statistics or approved data from our operators that a more strict regime is legitime.

Request CAA-NL:
The CAA-NL proposes to EASA to change the re-assessment period into a 5 year interval.
In case of any doubt on the medical fitness of a crewmember the operators is responsible for the re-assessement in order to comply with MED A.070 General: *"Cabin crew members shall be phyiscally and mentally fit to perform their duties ....."*.

comment 134 comment by: *bmi*

Para MED.A.075
Comment:assessment can be achieved by periodic medical questionnaire.
Justification:there is no evidence routine physical examination of cabin crew will enhance safety. There is no evidence that a doctor is required to perform periodic assessment. This could be achieved by a nurse, or even a competent person.
Proposed text:MED.A.075
(a) For cabin crew in non-commercial operations. Cabin crew members shall undergo an aero-medical assessment by means of either an approved health questionnaire or by means of a medical examination when this is justified. Justification will be on the basis of the medical history to verify absence of any physical or mental illness which might lead to inability or incapacitation to exercise their privileges.
The assessment shal be completed for initial applicants and then at intervals not less than 5 years.
(b) For cabin crew in commercial operations. Cabin crew members shall undergo an aero-medical assessment by means of either an approved health questionnaire or by means of a medical examination when this is justified. Justification will be on the basis of the medical history to verify absence of any physical or mental illness which might lead to inability or incapacitation to exercise their privileges.
The assessment shal be completed for initial applicants and then at intervals not less than 3 years unless the medical history justifies more frequent assessment.

comment 154 comment by: *SAS*

MED.A.075 (b)(2) should be changed to:
"every 5 years until the age of 40".

MED.A.075 (b)(3) should be changed to:
"every 3 years from the age of 40 onwards".

MED.A.075 (b)(4) should be deleted.

Reason: The above stated intervals are deemed to be sufficient for aero-medical examinations and assessments of Cabin Crew to discover unfitness.

comment 175 comment by: *UKAMAC*

Comment:
We know of no airline accident or incident where the outcome was adversely affected by cabin crew incapacitation that might have been predicted by a medical screening process. The commonest causes of incapacitation among cabin crew arise from scalds and burns and gastroenteritis, none of which could be predicted by any medical process. Furthermore, in their normal occupational health provisions, airlines have much tighter supervision of cabin crew fitness than would be achieved by the periodicities suggested in these paragraphs.
Justification:
Medical examination is expensive and has no prospect of increasing the safety margin. It would not satisfy regulatory impact assessment. No unmet safety need has been identified to justify this additional regulatory burden.
Proposed text:
MED.A.075 Frequency of aeromedical assessments
Cabin crew members shall, before being first assigned to operate on an aircraft, undergo an aeromedical assessment to verify that they are free from any physical or mental illness which might lead to inability or incapacitation to perform their assigned duties and responsibilities.

comment 187 □ comment by: *Federal Office of Civil Aviation (FOCA), Switzerland*

Concern:
Medical Fitness of Cabin Crew

Comment:
FOCA Switzerland supports initial medical assessment for CC, but instead of periodic exams thereafter we propose the following two changes mentioned below. By introducing these two changes we cover all possible relevant medical problems of CC and avoid excessive and costful medical checks for healthy persons that make no sense.

Change a: periodic exam can be reduced to a self assessment (in order to comply with EU 216/2008/7b) in cases when neither the CC nor the operator have any doubts about the physical or mental illness of the CC.

Change b: instead of regular exam without indication we propose an event-based medical assessment after medical events with relevance to the safe performance of CC duties by extending text of MED.A.060 to Cabin Crew.

Justification:

There is no scientific evidence that periodic exams of CC enhance safety. Reference: Publication of A. Hedge "Cabin Crew Medical Examination-is there any evidence" ASMA Conference 2008 and A. Evans et al in: "Evidence based Aeromedical Standards" in Aviation Space and Environnmental Medicine Vol.80, Nr.6, June 2009.

EASA should not regulate without due reasons additional items, that have not been regulated by JAA. There was no need of periodic medical exams of CC in JAR-OPS.

Periodic exams of (healthy)CC produce costs to the industry that are not justified by medical arguments

Proposal:
Change a:
add new **c)** to MED A.075 The periodic exam can be replaced by a self assessment of the CC if there is no concern about the physical or mental illness of the CC. **ad new AMC** to MED A.075: The self assessment should confirm, that the CC did not suffer from any health problem that might interfere with the safe performance of the assigned duties since the last medical assessment and does not suffer from any health problem, that might be caused or influenced by the flying duty.
Change b:
extend applicability of MED.A.060 also for CC.

comment 195 comment by: *Virgin Atlantic Airways*

Comment (b) The intervals for frequency of medicals are arbitrary with no medical or safety justification.

Justification The safety implications of cabin crew incapacitation are less that those which would be caused by the holder of a Class 2 or LPL licence or indeed that of a Public Service Vehicle driver in the UK, yet they are subject to examinations less frequently than that advocated here for cabin crew.

Proposal The requirement for regular hands on assessments should be withdrawn and at most, the existing EU-Ops questionaire requirement retained

comment 233 comment by: *UK CAA*

Paragraph No: MED.A. 075 (a) Frequency of aero-medical examinations and assessments (in Section 4 Medical fitness of cabin crew)

Comment:
Since cabin crew are not required in non-commercial operations it is not reasonable to set medical requirements or standards**.**

Justification:
Non-commercial operations do not require public transport standards. Cabin crew in non-commercial operations do not require specific aeromedical examination, assessment or oversight by the safety regulator.

Proposed Text (if applicable):
Delete MED.A.075 paragraph (a).

comment 234 comment by: *UK CAA*

Paragraph No: MED.A. 075 (b) Frequency of aero-medical examinations and assessments (in Section 4 Medical fitness of cabin crew)

Comment:
Examination is not always necessary. Medical history may be sufficient for a medical assessment of fitness to be made.

Justification: The word "assessment" is used in ICAO Annex 1 for other types of medical requirement (though it is notable that ICAO Annex 1 does not contain medical requirements for cabin crew).

Proposed Text (if applicable):
Delete 'examination and' and amend to: 'Applicants for and holders of a cabin crew attestation shall undergo an aeromedical assessment to verify that they are free from any…'

comment 235 comment by: *UK CAA*

Paragraph No: MED.A. 075 (b) Frequency of aero-medical examinations and assessments (in Section 4 Medical fitness of cabin crew)

Comment:
Frequency of assessment is excessive. It would be reasonable to continue a 5 yearly assessment as per the UK's interpretation of EU OPS requirements or to have the LPL periodicity of assessment as proposed below.

Justification: Current EU OPS periodicity of medical assessment provides an acceptable level of safety. There is no justification for increasing the frequency of periodic assessment.

Proposed Text (if applicable):
Replace (2), (3) and (4) with:
(2) at age 45;
(3) every 5 years until the age of 60;
(4) every 2 years from the age of 60 onwards.

comment 261 comment by: *The TUI Airlines group represented by Thomson Airways,TUIfly,TUIfly Nordic,CorsairFly,Arkefly,Jet4U,JetairFly*

MED.A.075 Frequency of Aeromedical examinations and assessments
Comment:
- There is no evidence base for the proposed frequency of medical examinations
- Even with the existing 3 yearly self declarations [current procedure at Thomson Airways], there have been no cases identified by these that were not already referred to the company doctor by other established rotes of referral .
- Best Aeromedical Practice:

(1) Should be directed to medical examinations that have a yield i.e. how good is the sensitivity of the tool to pick up disease or to prove that there is no disease in an individual.
(2) There is no evidence that the proposed medical examinations will improve flight safety by picking up more information than could be got from a self declaration questionnaire or by a General Medical Practitioner's report.
(3) Medicals should be cost effective, otherwise by committing huge resources to CC medicals might drain resources from elsewhere which really could affect flight safety.
(4) There is a risk that fearful CC may not divulge significant medical histories which might compromise good occupational health.
(5) There is a risk that some CC might be tempted to get unreasonable treatments to get round the rules, which is not good occupational health practice.
Proposal: There should be an initial medical assessment and no further follow up other than when a Cabin Crew member declares an illness or is suspected of illness and then such illness should be individually assessed in accordance with best Aeromedical practice.

comment	308	comment by: *AEA*

Comment:
The required frequency of examination and/or assessment is arbitrary and has no medical or safety justification.
Justification:
The frequency of assessment or examination should reflect the risk, i.e. likelihood of incapacitation due to a medical cause that can be identified or predicted at periodic medical assessment or examination and the consequences of such incapacitation.
The safety implications of cabin crew incapacitation are less that those which would be caused by the holder of a Class 2 or LPL licence or indeed that of a Public Service Vehicle driver (in the UK), yet they are subject to examinations less frequently than that advocated here for cabin crew.

Proposed text:
Replace paragraphs a and b with:
Cabin crew members shall undergo an aeromedical examination or assessment to verify that they are free from any physical or mental illness which would result in their being unable to safely perform their assigned duties and responsibilities:
1. before being first assigned to operate on an aircraft; and thereafter
2. as necessary, for example following an episode of incapacitation or following a period of prolonged sickness absence

comment	309	comment by: *AEA*

Relevant text:
(b) Applicants for and holders of a cabin crew attestation shall undergo an aero-medical examination and assessment to verify……their privileges.
Comment:
There is no added flight safety value for such examination. An assessment to verify mental and physical fitness should be sufficient.
Proposed text:
Applicants for and holders of a cabin crew attestation shall undergo an aero-medical examination **or** assessment to verify……their privileges.

comment	358	comment by: *Boeing*

NPA 2009-02e, Part CC and Supplement to Part MED
MED.A.075. Frequency of aero-medical examinations and assessments
Page 14 of 103

BOEING COMMENT:
The proposed NPA would require cabin crew members to undergo an aero-medical examination and assessment, rather than a self-declaration or general medical assessment as is now approved. The requirements in this whole section are similar to flight crew requirements, while there are no immediate results from an incapacitated cabin crew member.

We recommend that this section be removed and rules be reinstated consistent with current requirements.

JUSTIFICATION: There is no safety basis for this rule change, while expenses

for community operators will increase dramatically.

comment 413 comment by: *AUSTRIAN Airlines*

Comment:
The required frequency of examination and/or assessment is arbitrary and has no medical or safety justification.
Justification:
The frequency of assessment or examination should reflect the risk, i.e. likelihood of incapacitation due to a medical cause that can be identified or predicted at periodic medical assessment or examination and the consequences of such incapacitation.
The safety implications of cabin crew incapacitation are less that those which would be caused by the holder of a Class 2 or LPL licence or indeed that of a Public Service Vehicle driver (in the UK), yet they are subject to examinations less frequently than that advocated here for cabin crew.

Proposed text:
Replace paragraphs a and b with:
Cabin crew members shall undergo an aeromedical examination or assessment to verify that they are free from any physical or mental illness which would result in their being unable to safely perform their assigned duties and responsibilities:
1. before being first assigned to operate on an aircraft; and thereafter
2. as necessary, for example following an episode of incapacitation or following a period of prolonged sickness absence

comment 414 comment by: *AUSTRIAN Airlines*

Relevant text:
(b) Applicants for and holders of a cabin crew attestation shall undergo an aero-medical examination and assessment to verify……their privileges.
Comment:
There is no added flight safety value for such examination. An assessment to verify mental and physical fitness should be sufficient.
Proposed text:
Applicants for and holders of a cabin crew attestation shall undergo an aero-medical examination **or** assessment to verify……their privileges.

comment 499 comment by: *KLM*

Comment:
The required frequency of examination and/or assessment is arbitrary and has no medical or safety justification.
Justification:
The frequency of assessment or examination should reflect the risk, i.e. likelihood of incapacitation due to a medical cause that can be identified or predicted at periodic medical assessment or examination and the consequences of such incapacitation.
The safety implications of cabin crew incapacitation are less that those which would be caused by the holder of a Class 2 or LPL licence or indeed that of a Public Service Vehicle driver (in the UK), yet they are subject to examinations less frequently than that advocated here for cabin crew.

Proposed text:

Replace paragraphs a and b with:
Cabin crew members shall undergo an aeromedical examination or assessment to verify that they are free from any physical or mental illness which would result in their being unable to safely perform their assigned duties and responsibilities:
1. before being first assigned to operate on an aircraft; and thereafter
2. as necessary, for example following an episode of incapacitation or following a period of prolonged sickness absence

comment 500 comment by: *KLM*

Relevant text:
(b) Applicants for and holders of a cabin crew attestation shall undergo an aero-medical examination and assessment to verify……their privileges.
Comment:
There is no added flight safety value for such examination. An assessment to verify mental and physical fitness should be sufficient.
Proposed text:
Applicants for and holders of a cabin crew attestation shall undergo an aero-medical examination **or** assessment to verify……their privileges.

comment 573 comment by: *Deutsche Lufthansa AG*

Comment:
The required frequency of examination and/or assessment is arbitrary and has no medical or safety justification.

Justification:
The frequency of assessment or examination should reflect the risk, i.e. likelihood of incapacitation due to a medical cause that can be identified or predicted at periodic medical assessment or examination and the consequences of such incapacitation.
The safety implications of cabin crew incapacitation are less that those which would be caused by the holder of a Class 2 or LPL licence or indeed that of a Public Service Vehicle driver (in the UK), yet they are subject to examinations less frequently than that advocated here for cabin crew.

Refer also to our comment to NPA 2009-02g G. 2. REGULATORY IMPACT ASSESSMENT - 2.10 Assessment of cabin crew medical fitness, which includes a **data-based risk assessment leading to the conclusion that cabin crew medicals need NO further regulation.**

Proposed text:
Replace paragraphs a and b with:
Cabin crew members shall undergo an aeromedical examination or assessment to verify that they are free from any physical or mental illness which would result in their being unable to safely perform their assigned duties and responsibilities:
1. before being first assigned to operate on an aircraft; and thereafter
2. as necessary, for example following an episode of incapacitation or following a period of prolonged sickness absence

comment 574 comment by: *Deutsche Lufthansa AG*

Relevant text:

(b) Applicants for and holders of a cabin crew attestation shall undergo an aero-medical examination and assessment to verify……their privileges.
Comment:
There is no added flight safety value for such examination. An assessment to verify mental and physical fitness should be sufficient.
Proposed text:
Applicants for and holders of a cabin crew attestation shall undergo an aero-medical examination **or** assessment to verify……their privileges.

comment 618 comment by: *Ryanair*

Comment
This section introduces a requirement that the industry has managed to do without for decades. The motivation behind the introduction of this measure must be questioned. What evidence is there that this requirement will improve safety or the lot of cabin crew members.

The proposed requirement for Cabin Crew to undergo regular aeromedical examinations on a three yearly basis for crew members under the age of forty; two years until the age of fifty; and every twelve months from the age of fifty onwards to maintain their attestation is not necessary, as there is no evidence to suggest that Cabin Crew medical issues are unduly affecting the safety of commercial aviation.

The increased number of medical examinations will incur a significant, yet unnecessary cost to airlines as the current system for cabin crew medical examinations or assessments contained in OPS 1.995, is not only adequate, but also ensures crew members have passed a medical examination or assessment at regular intervals as required by the Authority.

Current regulations already require that the initial medical examination or assessment and any re-assessment of cabin crew members should be conducted by, or under the supervision of, a medical practitioner acceptable to the Authority. Further, the operator is required to maintain a medical record for each cabin crew member. This current system, along with the current ability for operators to determine whether medical examinations or assessments are conducted, is working well and any amendments that require additional examinations by an aeromedical practitioner will only lead to increased costs to airlines with little or no improvement to airline safety.

Proposal

Existing sytems based on self assessments are effective and efficient and should be retained.

comment 619 comment by: *Finnish CAA*

Paragraph No: MED.A.075

Comment to (b):
the frequencies of aero-medical examinations and assessments should be the same as in (a): every 5 years until the age of 40, every 3 years until the age of 50, and every 2 years from the age of 50 onwards. Consequently, (a) and (b) should be combined.

comment 675 comment by: *Swiss International Airlines / Bruno Pfister*

Comment:
The required frequency of examination and/or assessment is arbitrary and has no medical or safety justification.
Justification:
The frequency of assessment or examination should reflect the risk, i.e. likelihood of incapacitation due to a medical cause that can be identified or predicted at periodic medical assessment or examination and the consequences of such incapacitation.
The safety implications of cabin crew incapacitation are less that those which would be caused by the holder of a Class 2 or LPL licence or indeed that of a Public Service Vehicle driver (in the UK), yet they are subject to examinations less frequently than that advocated here for cabin crew.

Proposed text:
Replace paragraphs a and b with:
Cabin crew members shall undergo an aeromedical examination or assessment to verify that they are free from any physical or mental illness which would result in their being unable to safely perform their assigned duties and responsibilities:
1. before being first assigned to operate on an aircraft; and thereafter
2. as necessary, for example following an episode of incapacitation or following a period of prolonged sickness absence

comment 676 comment by: *Swiss International Airlines / Bruno Pfister*

Relevant text:
(b) Applicants for and holders of a cabin crew attestation shall undergo an aero-medical examination and assessment to verify……their privileges.
Comment:
There is no added flight safety value for such examination. An assessment to verify mental and physical fitness should be sufficient.
Proposed text:
Applicants for and holders of a cabin crew attestation shall undergo an aero-medical examination **or** assessment to verify……their privileges.

comment 746 comment by: *TAP Portugal*

Comment:
The required frequency of examination and/or assessment is arbitrary and has no medical or safety justification.
Justification:
The frequency of assessment or examination should reflect the risk, i.e. likelihood of incapacitation due to a medical cause that can be identified or predicted at periodic medical assessment or examination and the consequences of such incapacitation.
The safety implications of cabin crew incapacitation are less that those which would be caused by the holder of a Class 2 or LPL licence or indeed that of a Public Service Vehicle driver (in the UK), yet they are subject to examinations less frequently than that advocated here for cabin crew.
Proposed text:
Replace paragraphs a and b with:
Cabin crew members shall undergo an aeromedical examination or assessment to verify that they are free from any physical or mental illness which would

result in their being unable to safely perform their assigned duties and responsibilities:
1. before being first assigned to operate on an aircraft; and thereafter
2. as necessary, for example following an episode of incapacitation or following a period of prolonged sickness absence

comment 747 comment by: *TAP Portugal*

Relevant text:
(b) Applicants for and holders of a cabin crew attestation shall undergo an aero-medical examination and assessment to verify……their privileges.
Comment:
There is no added flight safety value for such examination. An assessment to verify mental and physical fitness should be sufficient.
Proposed text:
Applicants for and holders of a cabin crew attestation shall undergo an aero-medical examination **or** assessment to verify……their privileges.

comment 812 comment by: *DGAC*

Proposal :
Delete § (a) "For cabin crew in non commercial operations"
Justification:
There is no reason for distinguishing two categories of cabin crew members. More over on non commercial aircrafts, cabin crew are often alone on board the aircraft and can have a big impact on safety. For example, in case of sudden incapacity of one pilot, to help the other pilot to keep out the cockpit the ***[???]*** incapacited pilot. = "extracting the incapacitated pilot from the cockpit" ?
It is also difficult to introduce different periodicity of examination.

comment 859 comment by: *IATA*

b) *For cabin crew in commercial operations*
1) Applicants for a cabin crew attestation shall undergo an aero-medical assessment to verify that they are free from any physical or mental illness, which might lead to inability or incapacitation to exercise their privileges before being issued a cabin crew attestation.
2) Holders of a cabin crew attestation shall undergo an aero-medical re-assessment after absence from work for a major illness and/or injury.

comment 918 comment by: *IACA International Air Carrier Association*

(b)
· There is no evidence base for the proposed frequency of medical examinations
· Even with the current regular self-declarations, there have been no cases identified by these that were not already referred to the company doctor by other established rotes of referral .

Best Aeromedical Practice:
(1) Should be directed to medical examinations that have a yield i.e. how good is the sensitivity of the tool to pick up disease or to prove that there is no disease in an individual.

(2) There is no evidence that the proposed medical examinations will improve flight safety by picking up more information than could be got from a self declaration questionnaire or by a General Medical Practitioner's report.
(3) Medicals should be cost effective, otherwise by committing huge resources to CC medicals might drain resources from elsewhere which really could affect flight safety.
(4) There is a risk that fearful CC may not divulge significant medical histories which might compromise good occupational health.
(5) There is a risk that some CC might be tempted to get unreasonable treatments to get round the rules, which is not good occupational health practice.

Proposal:There should be an initial medical assessment and no further follow up other than when a Cabin Crew member declares an illness or is suspected of illness and then such illness should be individually assessed in accordance with best Aeromedical practice.

comment 934 comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Comment:
It is appreciated that both an aero-medical examination and an assessment is required, both for CC in non-commercial and in commercial operations, which is different to EU-OPS.

Neither the frequencies for CC in non-commercial operations nor for CC in commercial operations are consistent with the already existing frequencies for class 1 or class 2. Introduction of two additional variants would be confusing and difficult for the users, especially the examining physicians. This would lead to both an increased administrative burden and a risk for mistakes in the medical assessments with possible negative effects on flight safety.
The number of different medical standards in the EASA regulatory material should be reduced to a minimum. Therefore, a better approach would be to use the same frequencies for CC in both commercial and non-commercial operations and being identical with the frequencies already established for class 2.

Proposal:
Amend MED.A.075 to read:

Cabin crew members shall undergo an aeromedical examination and assessment to verify that they are free from any physical or mental illness which might lead to incapacitation or inability to to exercise their privileges or to perform their assigned duties and responsibilities:
(1) before being being issued a cabin crew attestation or being first assigned to operate on an aircraft; and thereafter
(2) every 5 years until the age of 40;
(3) every 2 years until the age of 50;
(4) every 12 months from the age of 50 onwards

comment 945 comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin argues for changing the time interval of the medical examinations. Air Berlin regards a period of three years to be absolutely sufficient for an examination for every age of cabin crew members. In case of doubt concerning

the health or fitness of a cabin crew member, an employer will always require the employee to be checked by the company doctor.
Moreover, an aero- medical examiantion by an occupational health doctor or company doctor used to deal with the specific needs on board of an aircraft, has to be possible.

E. X. Supplement to Draft Opinion Part-MED - Subpart A: General Requirements - NEW Section 4: Medical fitness of cabin crew - MED.A.080: Aero-medical examinations and assessments p. 15

comment 1 comment by: *Dr.Beiderwellen, Secretary of GAAME*

Med.A080 (b) (4)
No personal data shall be referred to the competent authorithy becaus of data confidentional reasons.

proposal:
delete (4). Procedure according to national law.

comment 9 comment by: *British Airways*

Comment:
The use of Part MED Subpart B Section 2 medical requirements (Class 2 medical) as the basis for cabin crew medical fitness standards cannot be justified.

Justification:
The medical standards for pilots reflect the consequences of sudden incapacitation of the pilot, being most stringent for the single pilot commercial operation and progressively less stringent for the multi-crew commercial pilot, private pilot and the Light Pilot License (LPL).

The LPL is a new form of licence, outwith the ICAO framework, with proposals for new medical standards that have been specifically developed to reflect the risk assessment for this class of activity. The proposed requirement for the LPL has been based on the requirements for a Group 2 (vocational) driving licence and can be completed by a General Medical Practitioner. A pilot with a LPL may operate as a single pilot in a small aircraft carrying up to 3 or 4 passengers. The consequences of sudden incapacitation during flight in this scenario would be an immediate risk to the safety of the aircraft and it's occupants. The frequency of medical assessment required for the LPL is substantially less than that proposed for cabin crew at CC.C.200

Sudden incapacitation of a member of cabin crew, even in the single cabin crew operation, carries no immediate threat to the safety of the aircraft or it's occupants. Such events do rarely lead to diversion, which carries an element of increased operational risk, but there is no evidence that periodic medical screening can mitigate this.

If a medical standard is required for cabin crew, outwith the ICAO framework, this should also be specifically developed to reflect the risk assessment for this class of activity. A rational risk-based conclusion (best aeromedical practice) is that medical fitness standards for cabin crew should be set at a level below that of the LPL. It might be suggested that the Group 1 driving licence medical

standards would be appropriate, although even then it is arguable that sudden incapacitation of a car driver involves a higher level of immediate risk to safety than that of a member of cabin crew.

For example, the medical fitness requirements for a Group 1 licence in the UK are a self-declaration of fitness on initial issuance, self-declaration of any subsequent significant medical condition and renewal, again with self-declaration, at age 70 and 3-yearly thereafter. There is no safety justification for medical standards for cabin crew that are higher than those required for a Group 1 driving-licence. As with the LPL medical certificate, a suitable questionnaire would include some additional specific questions of relevance to the aviation environment. A competent person, e.g. an occupational health professional with aviation medical expertise or access to such expertise, should review the self-declaration.

Social Impact
Although not part of the remit of EASA, one could consider assessment of cabin crew medical fitness from the perspective of occupational health (as many airlines do, in some instances as part of a national requirement).

A fundamental principle of 'best occupational health practice', and also such social legislation as EU disability discrimination legislation, is that individuals should only be excluded from the workplace where there is objective evidence of risk and no suitable accommodation can be made. Cabin crew with a range of medical conditions which would lead to an 'unfit' classification under the proposed medical standards are currently operating in many airlines without problems. Examples include insulin dependent diabetes, treatment with systemic anticoagulants and treatment with a wide range of antidepressants.

There is no justification for the grounding of existing crew, or preventing the recruitment of individuals with such conditions. An extensive medical requirement for cabin crew would therefore have significant social implications since it would be likely to mean that a number of existing cabin crew would be deemed not to meet the medical standard and therefore unable to continue in the role.

Financial impact
There are no ICAO SARPS relating to cabin crew medical requirements. Most major regulatory authorities do not require cabin crew periodic medical screening and/or devolve responsibility for cabin crew medical fitness to operators. The FAA has no regulatory requirements for cabin crew medical fitness. Despite this absence of regulation, we can find no report of an incident where cabin crew incapacitation has endangered the safety of an aircraft or it's occupants. Imposition of the proposed requirements would therefore expose EASA regulated airlines to an expensive and complex additional burden, creating a competitive disadvantage, for no safety benefit.
A class 2 medical for cabin crew would add millions of Euro's unnecessary cost to the EU airline's cost base for no added safety benefits:

Lost cabin crew productivity due to the medical check

Charges to be paid to AMCs/AMEs

Additional costs, such as costs of off-lining crew temporarily unfit pending further investigation/assessment of reported medical conditions, greater frequency of assessment, and added complexity due to need to involve regulatory authority in decision-making

Proposed text:

Delete paragraphs a and b. Replace with:
a. Where the operator decides that a medical examination is required, it should be conducted by a medical practitioner who is fully aware of the occupational requirements of the work of cabin crew. Such practitioners need not be Aeromedical Examiners. However, because of the unusual occupational demands made on cabin crew, it would be preferable to utilise a practitioner who has received training in aviation medicine.

b. Where the operator decides to use a medical assessment, the person conducting the assessment need not be a medical practitioner. However, when any doubt exists as to the fitness of the cabin crew member the assessment form should be forwarded for comment to a medical practitioner who is fully aware of the occupational requirements of the work of cabin crew and preferably has received training in aviation medicine.

comment 31 comment by: *Virgin Atlantic Airways Ltd*

Comment (b) (1) The requirement for examinations to be conducted by an AME is arbitrary and unnecessary.

Justification An LPL can be conducted by a GMP and yet the immediate safety implications of an LPL pilot incapacitation are far in excess of those [theoretically] resulting from a cabin crew illness.

Proposal: The requirement should be, at most, for a "medical assessment" as in EU-OPs [which can be undertaken by questionaire] and assessed by an appropriately experienced person

comment 32 comment by: *Virgin Atlantic Airways Ltd*

Comment (b) (3) The AME needs to inform the applicant in writing whether they have been assessed as fit or unfit and yet there is no formal way in which to do this since in NPA 2009-02a page 61 para 13 it states ".... the Basic Regulation does not require the issuing of a medical certificate." This is an impractical arrangement as the Competent Authority will have no way of knowing that the written confirmation is from an appropriately qualified person.

Proposal. If a medical examination is required (see comment 31) then there should be some official and consistent format for the communication of fitness or unfitness. This might be in the form of a certificate on "secure" paper.

comment 33 comment by: *Virgin Atlantic Airways Ltd*

Comment (b) (4) Agree. If such a system of examinations and licences is to be introduced (see 31 and 32) there must be a means for an applicant to appeal, which should be assessed on medical and scientific grounds, based on an individual risk assessment.

comment 63 comment by: *Air Southwest*

This is a potential mine field for operators.

As it stands the CCM will not hold a medical certificate but will have been

subjected to a medical assessment to determine fitness to act as CC. Who is responsible for ensuring that the CCM has been medically assessed? Who is responsible for referring the CCM to an AME or GMP other than the CCM them self? If assessed as unfit, who suspends the CCM attestation? The answer to all these is, I suspect, the operator. It would therefore appear that if a GP or AME makes an unfit assessment, this would be refered to the NAA but no further action would follow. Presumably, the authority will instruct the operator to suspend the attestation. In any other event, suspension or other action by an operator without regulatory back-up from the authority (which at present doesn't exist) could be construed as grounds for action for unfair dismissal. The case being that the operator is not a competent medical authority.

It would be much cleaner and safer if Cabin Crew were issued with a class 2 medical certificate (or a dedicated CCM medical certificate) by the authority that could be limited, suspended or revoked by the authority within the legal framework of the basic regulation.

Without the cover of the basic regulation in this matter, the interest of the CCM with respect to employment law, and human rights legislation would override any action taken by the operator to limit, suspend or revoke an attestation. In this situation, any CCM subjected to operator action would have an immediate recourse to law and the operator could be forced to re-employ on flying duty, a CCM whom the operator has classified as unsafe! However, if a medical certificate was issue to CCMs (as for pilots, engineers and ATCOs) it would be illegal to exercise the privileges of the CCM if that certificate had been suspended or revoked.

This reinforces the case for a proper CCM licence administered by the authority.

comment 84 comment by: *Dr.Beiderwellen, Secretary of GAAME*

1) Eine Unterscheidung in "commercial" und "non commercial" ist unsinnig (s. Kommentar zu Med A.075)
2) GMP besitzen keine flugmedizinische Kompetenz und sind daher ungeeignet, Medicals zu erstellen.
3) Die Weitergabe der med. Daten an die "competent authorithy" ist aus datenschutzrechtlichen Erwägungen unzulässig.
Vorschlag:
1) alle mediclas für Flugbegleiter durch AME/AeMC
2) bei primärer Untauglichkeit können AME class I und AeMC anhand weiterführender Untersuchungen abschließend über die Tauglichkeit entscheiden.

comment 107 comment by: *Dr Martin St Laurent*

For all the cabin crew operations , aeromedical operations should be conducted by an AME qualified for the issuance of class 2 medical certificate or by an AeMC and NOT BY GMP

comment 132 comment by: *CAA-NL*

Comment 1 CAA-NL regarding:
MED.A.080 Aero-medical examinations and assessments (b) (1)

Comment CAA-NL:
Is not completely clear if the Class Medical 2 is based on ICAO or FCL. The CAA-NL proposes to use the recommendations stated in ICAO Annex 1 Personnel Licensing in Chapter 6.4. In The Netherlands this part of the Annex is used in case of any further medical assessment of a cabin crewmember is required.

Comment 2 CAA-NL regarding:
MED.A.080 Aero-medical examinations and assessments (b) (4)

Comment CAA-NL:
The operator in conjunction with their own medical practicioner or AME shall be made responsible for the medical fitness of the cabin crew. This should not be a responsibility of the authorities.

Clarification:
If this will be the responisbility of the Authority this will lead to an unproportional increase of administrative workload and procedures.

comment	*145*	comment by: *AUSTRIAN Airlines*

AUSTRIAN Comment to paragraphs:

MED.A.075 (b)
MED.A.080 (b)
MED.Subpart E

Issues:
No safety justification for a detailed medical for cabin crew

Cabin Crew Medical Fitness Requirements have no safety justification. Incidents of cabin crew incapacitation do occur, typically as a result of food poisoning, coffee or tea spillage, turbulence, incidents with catering equipment or acute minor illness or injury (neither of which are amenable to prevention by periodic medical screening) but they have no direct impact on flight safety.

A survey of 4 international airlines (one from Europe) identified 3 diversions following incidents of cabin crew incapacitation in 2007, none of which could have been prevented by periodic medical screening. The total rpk for the 4 airlines was 305.1 billion, giving a rate of 0.01 diversion per billion rpks.

This data is further evidence that there is no safety issue associated with cabin crew medical fitness which would justify the imposition of additional medical requirements such as for example the **Class 2 medical** used for the private pilot license.

International competiveness of EU airline and impact on cost

There are no ICAO SARPS relating to cabin crew medical requirements. Most major regulatory authorities do not require cabin crew periodic medical screening and/or devolve responsibility for cabin crew medical fitness to operators.
The FAA has no regulatory requirements for cabin crew medical fitness. Despite this absence of regulation, we can find no report of an incident where cabin crew incapacitation has endangered the safety of an aircraft or it's occupants. Imposition of the proposed requirements would therefore expose

EASA regulated airlines to an expensive and complex additional burden, creating a competitive disadvantage, for no safety benefit.
A class 2 medical for cabin crew would add millions of Euro's unnecessary cost to the EU airline's cost base for no added safety benefits:
· Lost cabin crew productivity due to the medical check: several millions of Euro per year
· Charges to be paid to AMCs/AMEs: Class 2 renewal cost on average 200 Euro per cabin crew
· Additional costs, such as costs of off-lining crew temporarily unfit pending further investigation/assessment of reported medical conditions due to more crew 'failing' higher medical standards, greater frequency of assessment, and added complexity due to need to involve regulatory authority in decision-making : several millions of Euro's per year

Compliance with basic EASA 216/2008 Regulation

The intent of the EU legislator has not been to change the cabin crew medical fitness requirements of EU-OPS when migrating to EASA-OPS.
In particular the basic regulation:
· refers to medical assessment (not examination)
· aero-medical best practice refers to the need for a link between medical requirements and flight safety (therefore any medical fitness requirements for cabin crew should have a clear safety justification).
· does not refer to the need for the assessments to be made through Aero-medical Centres (AMCs) and Aero-medical examiners (AMEs).
· does not require a medical certificate for cabin crew

Social Impact

Although not part of the remit of EASA, one could consider assessment of cabin crew medical fitness from the perspective of occupational health (as many airlines do, in some instances as part of a national requirement).
A fundamental principle of 'best occupational health practice', and also such social legislation as EU Disability Discrimination legislation, is that individuals should only be excluded from the workplace where there is objective evidence of risk and no suitable accommodation can be made. Cabin crew with a range of medical conditions which would lead to an 'unfit' classification under the proposed medical standards are currently
operating in many airlines without problems. Examples include insulin dependent diabetes, treatment with systemic anticoagulants and treatment with a wide range of antidepressants.
There is no justification for the grounding of existing crew, or preventing the recruitment of individuals with such conditions. An extensive medical requirement for cabin crew would there have significant social implications since it would be likely to mean that a number of existing cabin crew would be deemed not to meet the medical standard and therefore unable to continue in the role.

Aero-medical Best Practice:

The use of Part MED Subpart B Section 2 medical requirements (Class 2 medical) as the basis for cabin crew medical fitness standards cannot be justified. It would be hugely expensive for EU airlines (millions of Euro's/year)
The medical standards for pilots reflect the consequences of sudden incapacitation of the pilot, being most stringent for the single pilot commercial operation and progressively less stringent for the multi-crew commercial pilot,

private pilot and the Light Pilot License (LPL).
The LPL is a new form of licence, outwith the ICAO framework, with proposals for new medical standards that have been specifically developed to reflect the risk assessment for this class of activity. The proposed requirement for the LPL has been based on the requirements for a Group 2 (vocational) driving licence and can be completed by a General Medical Practitioner. A pilot with a LPL may operate as a single pilot in a small aircraft carrying up to 3 or 4 passengers. The consequences of sudden incapacitation during flight in this scenario would be an immediate risk to the safety of the aircraft and it's occupants. The frequency of medical assessment required for the LPL is substantially less than that proposed for cabin crew at CC.C.200

Sudden incapacitation of a member of cabin crew, even in the single cabin crew operation, carries no immediate threat to the safety of the aircraft or it's occupants. Such events do rarely lead to diversion, which carries an element of increased operational risk, but there is no evidence that periodic medical screening can mitigate this.
If a medical standard is required for cabin crew, out with the ICAO framework, this should also be specifically developed to reflect the risk assessment for this class of activity. A rational risk-based conclusion (best aeromedical practice) is that medical fitness standards for cabin crew should be set at a level below that of the LPL. It might be suggested that the Group 1 driving licence medical standards would be appropriate, although even then it is arguable that sudden incapacitation of a car driver involves a higher level of immediate risk to safety than that of a member of cabin crew.

For example, the medical fitness requirements for a Group 1 licence in the UK are a selfdeclaration of fitness on initial issuance, self-declaration of any subsequent significant medical condition and renewal, again with self-declaration, at age 70 and 3-yearly thereafter. There is no safety justification for medical standards for cabin crew that are higher than those required for a Group 1 driving-licence. As with the LPL medical
certificate, a suitable questionnaire would include some additional specific questions of relevance to the aviation environment. A competent person, e.g. an occupational health professional with aviation medical expertise or access to such expertise, should review the self-declaration.

Self-assessment and self-declaration
Every time that cabin crew operate a flight, they have to make a personal decision as to whether they are fit to fly. One European operator makes this explicit each time crew report for duty – when they swipe their card the card-reader puts up a message, 'By reporting for duty I confirm that I am fit to operate'. The concept of self-declaration of illness or the absence of illness is already well-accepted both in regulatory environments and in aviation: regulatory medical requirements for vehicle driving licences are largely based on self-declaration; airside driving licence renewals in some countries require a self-declaration of fitness; even pilots are required to self-declare illness that occurs during the period between statutory medical examinations. The practice of selfassessment has been implemented in several EU airlines and EU countries as a means to comply with the EU-OPS medical fitness requirements for cabin crew.
Any requirement for assessment or examination by a health professional, with the consequent financial and other resource implications, can only be justified where there is evidence that this will play a substantial role in risk mitigation.

AUSTRIAN position

AUSTRIAN has not identified any justification for EASA to go beyond EU-OPS medical fitness requirements for cabin crew. AUSTRIAN therefore urges EASA to recognize that there is no 'one size fits all' approach for assessing cabin crew medical fitness. Within the EASA-OPS rules, EASA should allow for the varying practices currently applied by EU airlines and acceptable to national authorities in complying with EU-OPS. In particular, medical assessment, which could be achieved by remote administration of a health questionnaire, should be allowed as a means to comply with the basic regulation.

AUSTRIAN believes that any medical standard for cabin crew should be based on the minimum level required to mitigate the defined safety risks and would therefore be expected to be lower than the EASA medical standard for Light Pilot Licenses (LPL)

AUSTRIAN strongly believes there is no justification for EASA to require a medical certificate for cabin crew

AUSTRIAN strongly believes that there is no justification for EASA to require the assessments to be made through Aero-Medical Centres and/ or by Aero-Medical Examiners. Assessments may be conducted by aviation medicine practitioners or by health professionals under the supervision of a medical practitioner who either has personal expertise in aviation medicine or access to such expertise.

comment *155* comment by: *SAS*

MED.A.080 (b)(1) should be changed to:
"Aero-medical examinations and assessments of medical fitness of applicants for and holders of a cabin crew attestation shall be conducted by an AME at an aeromedical office".

MED.A.080 (b)(2) should be changed to:
"An AME shall always be responsible for the contents of the examination and the final assessment. The AME does not need to meet each Cabin Crew member if the self-declaration and the additional taking of specimens by a nurse or equal meet the requirements for medical fitness. Doubtful cases shall be examined by the AME before declared fit".

MED.A.080 (b)(3) should be changed to:
"When assessing the medical fitness of an applicant for, or holder of, a cabin crew attestation, the AME may use the results of recent medical examinations or investigations undertaken by the applicant or holder to comply with the occupational health requirements. The attestation shall indicate the date for the next examination".

MED.A.080 (b)(4)(i) should be changed to:
"be referred to the competent authority by the AME in a form and manner established by the competent authority in relation with the procedures applicable to the cabin crew attestation; and"

Reason: To make the aero-medical examinations less comprehensive.

comment *176* comment by: *UKAMAC*

Comment:

We know of no airline accident or incident where the outcome was adversely affected by cabin crew incapacitation that might have been predicted by a medical screening process. This proposal is extremely wasteful of medical time and would add hugely to airline costs with no prospect of safety benefit.
Justification:
To define the medical screening process as tightly as this is wholly inappropriate for the airline industry. It would not satisfy regulatory impact assessment. No unmet safety need has been identified to justify this additional regulatory burden.
Proposed text:
Delete all of MED.A.080 and replace with…
MED.A.080 Aeromedical assessments
Aeromedical assessments of cabin crew shall be conducted by, or under the supervision of, a medical practitioner acceptable to the operator and in accordance with the requirements prescribed in Subpart E.

comment *185* comment by: *Airbus S.A.S.*

The sub-paragraph MED.A.080 (b)(2) reads:
"When assessing the medical fitness of an applicant for, or holder of, a cabin crew attestation, the AME or AeMC may use the results of recent medical examinations or investigations undertaken by the applicant [...]".

To guarantee uniform application of this rule, EASA should clarify the extent of the word "recent", specifying the period of validity of medical documents.

comment *196* comment by: *Virgin Atlantic Airways*

Comment (b) (1) The requirement for examinations to be conducted by an AME is arbitrary and unnecessary.

Justification An LPL can be conducted by a GMP and yet the immediate safety implications of an LPL pilot incapacitation are far in excess of those [theoretically] resulting from a cabin crew illness.

Proposal: The requirement should be, at most, for a "medical assessment" as in EU-OPs [which can be undertaken by questionaire] and assessed by an appropriately experienced person

comment *197* comment by: *Virgin Atlantic Airways*

Comment (b) (3) The AME needs to inform the applicant in writing whether they have been assessed as fit or unfit and yet there is no formal way in which to do this since in NPA 2009-02a page 61 para 13 it states ".... the Basic Regulation does not require the issuing of a medical certificate." This is an impractical arrangement as the Competent Authority will have no way of knowing that the written confirmation is from an appropriately qualified person.

Proposal. If a medical examination is required (see comment 31) then there should be some official and consistent format for the communication of fitness or unfitness. This might be in the form of a certificate on "secure" paper.

comment *198* comment by: *Virgin Atlantic Airways*

Comment (b) (4) Agree. If such a system of examinations and licences is to be introduced (see 31 and 32) there must be a means for an applicant to appeal, which should be assessed on medical and scientific grounds, based on an individual risk assessment.

comment 236 comment by: *UK CAA*

Paragraph No: MED.A.080

Comment: New requirement for a cabin crew member to hold the equivalent of a Class 2 Medical Certificate.

Justification: This has not been justified by the RIA and should await the result of the research commissioned by EASA.

Proposed Text (if applicable): Remove MED.A.080

comment 237 comment by: *UK CAA*

Paragraph No: MED.A.080 (b) (4) (i) Aero-medical examinations and assessments

Comment: Referral to the competent authority is not required by ICAO or the Basic Regulation. Further assessment of fitness in cases of suspected unfitness or of unfit assessment should be an operator responsibility.

Justification: Unnecessary regulatory burden.

Proposed Text (if applicable):
Delete (b) (4) (i) and replace with '(b) (4) (i) declare their assessment outcome to the operator'.

comment 238 comment by: *UK CAA*

Paragraph No: MED.A.080 (b) (4) (ii) Aero-medical examinations and assessments

Comment: The right of appeal to the competent authority by cabin crew is a new requirement. This is an employment issue not a safety regulation issue.

Justification: This would result in a significant workload with no perceived safety benefit for this increase in regulatory burden.

Proposed Text (if applicable): Delete MED.A.080 (b) (4) (ii).

comment 260 comment by: *ETF*

Delete: (a) For cabin crew in noncommercial operations
Aeromedical examinations and assessments shall be conducted according to the medical requirements prescribed in Subpart E, ~~and if permitted under national law by a GMP qualified in accordance with this Part or~~ by an AME.

Comment: The medical examination should have the same standards for all

cabin crew. In addition a GMP will look for diseases while an AME will look for fitness and how to keep the crew member at work. An AME will also have better medical knowledge on the effects of flying.

comment 262 comment by: *The TUI Airlines group represented by Thomson Airways,TUIfly,TUIfly Nordic,CorsairFly,Arkefly,Jet4U,JetairFly*

MED.A.080 Aeromedical examinations and assessments
Comment:
- The level of medical fitness for CC set out in the NPA is equivalent to a Class 2 Pilot Medical but there is no evidence that such a high level of medical fitness would improve flight safety:

1. The UK Group 2 medical fitness level for HGV drivers required by the DVLA is less stringent.
2. The Leisure Pilot Licence (LPL) is less stringent and here a single pilot can carry up to 4 passengers.
3. Group one drivers do not require a medical examination but only a self declaration. A similar standard applied to CC or a General Medical Practitioner's report should be adequate.
4. Best Occupational Health Practice should look after the personal Health of Cabin Crew not the Regulator.
5. This NPA if approved would fall foul of the many Disability Discrimination Acts (DDA).
6. Many existing competent and highly experienced CC with proscribed conditions would have to be medically retired and no doubt compensated at significant cost.

- In the UK [Thomson Airways] already have significant numbers of Type 1 diabetics treated with insulin and there have been no reports of sudden incapacitation.
- The UK Airline Medical Advisor's Committee (UKAMAC) have recently issued guidance on the employment of CC with stable Epilepsy – "Fit free for 12 months on or off medication is acceptable".

Proposal:
Delete this section and **replace** with:
- The Company MO should assess prospective or existing Cabin Crew with a history of illness or who develop illness, treating each case on its individual merit. Follow up should be by periodic assessment and/or examination defined on an individual case basis.

comment 315 comment by: *AEA*

Relevant Text:
(b) For cabin crew in commercial operations
(4) In case of suspected unfitness and of unfit assessment
Comment:
Suspected cases should not be further reported - the examination/assesment should first be completed.

comment 316 comment by: *AEA*

Relevant Text: (b) (1)
(b) For cabin crew in commercial operations
(1) Aeromedical examinations and assessments of medical fitness of applicants for and holders of a cabin crew attestation shall be conducted by an AME qualified for the issuance of Class 2 medical certificates or by an AeMC.

Comment The requirement for examinations to be conducted by an AME is arbitrary and unnecessary.

Justification An LPL can be conducted by a GMP and yet the immediate safety implications of an LPL pilot incapacitation are far in excess of those [theoretically] resulting from a cabin crew illness.

Proposal: The requirement should be, at most, for a "medical assessment" as in EU-OPs [which can be undertaken by questionnaire] and assessed by an appropriately experienced person

comment *317* comment by: *AEA*

Relevant TextL
(3) The AME or AeMC shall verify that the applicant for, and holder of, a cabin crew attestation complies with the medical requirements prescribed in Subpart E and shall inform the applicant or holder in writing indicating the date of the examination
and assessment and whether they have been assessed fit or unfit.

Comment (b) (3) The AME needs to inform the applicant in writing whether they have been assessed as fit or unfit and yet there is no formal way in which to do this since in NPA 2009-02a page 61 para 13 it states ".... the Basic Regulation does not require the issuing of a medical certificate." This is an impractical arrangement as the Competent Authority will have no way of knowing that the written confirmation is from an appropriately qualified person.If a medical examination is required then there should be some official and consistent format for the communication of fitness or unfitness. This might be in the form of a certificate on "secure" paper;this should not be consider AEA support for this requirement, therefore we would propose the deletion of the text "in writing indicating the date of the examination or assessment and"

Proposal: deletion of the text "~~in writing indicating the date of the examination or assessment and~~"

comment *318* comment by: *AEA*

Relevant Text:
(4) In case of suspected unfitness and of unfit assessment, the cabin crew member shall:
(i) be referred to the competent authority by the AME or AeMC in a form and manner established by the competent authority in relation with the procedures applicable to the cabin crew attestation; and
(ii) be informed on their right of appeal to the competent authority.

Comment (b) (4) Agree. If such a system of examinations and licences is to be introduced there must be a means for an applicant to appeal, which should be assessed on medical and scientific grounds, based on an individual risk assessment.

comment *357* comment by: *Jill Pelan*

MED. A080

The CFDT France and ETF ask
Delete: (a) For cabin crew in noncommercial operations
Aeromedical examinations and assessments shall be conducted according to the medical requirements prescribed in Subpart E, ~~and if permitted under national law by a GMP qualified in accordance with this Part or~~ by an AME.

Comment: The medical examination should have the same standards for all cabin crew. In addition a GMP will look for diseases while an AME will look for fitness and how to keep the crew member at work. An AME will also have better medical knowledge on the effects of flying.

comment 367 comment by: *Walter Gessky*

MED.A.080 Aeromedical examinations and assessments
Change the following:
(4) In case of suspected unfitness and of unfit assessment, the ~~cabin crew member~~ **Aero-medical examiner** shall:
(i) ~~be referred to the competent authority by the AME or AeMC~~ inform the competent authority in a form and manner established by the competent authority ~~in relation with the procedures applicable to the cabin crew attestation~~; and
(ii) inform the operator where the cabin crew is assigned to duties;
(iii) ~~be~~ inform~~ed~~ the cabin crew on their right of appeal to the competent authority.
(iv) Justification:
Shall regulate the actions what shall be done by the Aero-medical examiner in case the cabin crew is unfit. No action for the NAA required, because a revocation of a trainings attestation is without any value. The operator is responsible that he does not assign unfit cabin crew to duties, the cabin crew is obliged to inform the operator adequately. Involvement of the NAA would only delay the process.

Add a new (5)
(1) In case of suspected unfitness or of unfit assessment, the cabin crew member shall:
(i) Immediately inform the operator about the suspected unfitness, where he/she is assigned to duties;
(ii) Do not exercise their duties when assigned to duties by the operator.

Justification:
Shall regulate what shall be done by the cabin crew when unfit. The operator shall be immediately informed and shall not assign the cabin crew member to duties. It is one of the obligations of the operator only to assign staff to duties who complies with the requirement. This is not an authority requirement alone. The cabin crew is obliged to inform the operator adequately. When not doing so, this is a breach of the rules.

comment 381 comment by: *kapers Cabin Crew Union*

Delete: (a) For cabin crew in noncommercial operations Aeromedical examinations and assessments shall be conducted according to the medical requirements prescribed in Subpart E, ~~and if permitted under national law by a GMP qualified in accordance with this Part or~~ by an AME.

Comment: The medical examination should have the same standards for all cabin crew. In addition a GMP will look for diseases while an AME will look for fitness and how to keep the crew member at work. An AME will also have better medical knowledge on the effects of flying.

comment 415 comment by: *AUSTRIAN Airlines*

Relevant Text:
(b) For cabin crew in commercial operations
(4) In case of suspected unfitness and of unfit assessment
Comment:
Suspected cases should not be further reported - the examination/assesment should first be completed.

comment 416 comment by: *AUSTRIAN Airlines*

Relevant Text: (b) (1)
(b) For cabin crew in commercial operations
(1) Aeromedical examinations and assessments of medical fitness of applicants for and holders of a cabin crew attestation shall be conducted by an AME qualified for the issuance of Class 2 medical certificates or by an AeMC.

Comment The requirement for examinations to be conducted by an AME is arbitrary and unnecessary.

Justification An LPL can be conducted by a GMP and yet the immediate safety implications of an LPL pilot incapacitation are far in excess of those [theoretically] resulting from a cabin crew illness.

Proposal: The requirement should be, at most, for a "medical assessment" as in EU-OPs [which can be undertaken by questionaire] and assessed by an appropriately experienced person

comment 417 comment by: *AUSTRIAN Airlines*

Relevant TextL
(3) The AME or AeMC shall verify that the applicant for, and holder of, a cabin crew attestation complies with the medical requirements prescribed in Subpart E and shall inform the applicant or holder in writing indicating the date of the examination
and assessment and whether they have been assessed fit or unfit.

Comment (b) (3) The AME needs to inform the applicant in writing whether they have been assessed as fit or unfit and yet there is no formal way in which to do this since in NPA 2009-02a page 61 para 13 it states ".... the Basic Regulation does not require the issuing of a medical certificate." This is an impractical arrangement as the Competent Authority will have no way of knowing that the written confirmation is from an appropriately qualified person.

Proposal. If a medical examination is required (see comment 31) then there should be some official and consistent format for the communication of fitness or unfitness. This might be in the form of a certificate on "secure" paper.

comment	418	comment by: *AUSTRIAN Airlines*

Relevant Text:
(4) In case of suspected unfitness and of unfit assessment, the cabin crew member shall:
(i) be referred to the competent authority by the AME or AeMC in a form and manner established by the competent authority in relation with the procedures applicable to the cabin crew attestation; and
(ii) be informed on their right of appeal to the competent authority.

Comment (b) (4) Agree. If such a system of examinations and licences is to be introduced (see 31 and 32) there must be a means for an applicant to appeal, which should be assessed on medical and scientific grounds, based on an individual risk assessment.

comment	463	comment by: *easyjet safety*

The Requirement for Class 2 Medical Certification of Cabin Crew

The current statistical probability of a crew member dying due to sickness onboard is minimal and is exceeded by that of pilots already subject to AME Class1 medicals. Incapacitation is more likely but, having examined all our incidences of CC sickness on board for 2008, the majority are due to CC reporting for duty with a minor illness in contravention of Company instructions. Imposing a higher initial or recurrent certification medical clearly mitigates neither issue.

Where incapacitation has occurred easyJet can find no evidence of cabin crew ill-health or incapacitation having resulted in a quantifiably worsened outcome in a non-normal situation. Furthermore, as stated above, there is no evidence that the proposed level of medical certification will significantly impact the currently observed rates of illness/incapacitation. Currently mandated manning levels allow sufficient role redundancy in normal and non-normal operations and single point cabin crew incapacitation should not result in a critical flight safety situation in normal flight regimes. Worst case scenario catastrophic non-normal situations require a composite overlay of risk rates for the event and coincident cabin crew unavailability. Empirical evidence from the pilot community, who are subject to Class 1 medical standards, suggests that these rates have remained broadly constant despite increased levels of testing and are in excess of cabin crew incapacitation rates.

Hence, easyJet questions the requirement for an increase in the current standard of medical examination for cabin crew; variations in social legislation across Europe would make it difficult for EASA to apply a standardised policy to cover all countries and the proposal unnecessarily exceeds any current national requirement, indeed the proposed medical examination is in excess of that required for some recreational pilots in Europe and the USA.

comment	464	comment by: *easyjet safety*

The advice from our aeromedical consultants state that in their opinion

- The NPA proposals are not evidence based.
- There are no ICAO SARPS relating to Cabin Crew (CC) medical requirements.
- The FAA has no medical requirements for CC.

- There are no MOR reports that have shown that CC health affected flight safety.
- There are no reported cases of CC incapacitation affecting flight safety.(refer to the IATA CC Safety Conference,Geneva,2008).
- Diversions rarely occur because of CC incapacitation, but these are operational concerns not flight safety ones.
- The pragmatic approach of EU Ops should be incorporated into EASA Ops whereby the Implementing Rules (which effectively cannot be changed) should state general guidance and the Acceptable Means of Compliance (AMC) should have the detail which can be changed as medical knowledge progresses.
- Most CC incapacitation is unpredictable e.g. Gastroenteritis, fainting or accident and would not be picked up at a routine medical examination.
- Even in an evacuation situation there is built in redundancy of CC numbers.
- In single CC flights following a sudden CC incapacity, the flight crew would take over direction of the passengers.
- Risk analysis does not seem to have been fully appreciated:
  1. The effect of two small risks e.g. Sudden CC incapacity (say1%) and emergency evacuation (say 1%) is not additive and to equal 2%.
  2. The resultant risk is a multiple and is incredibly small e.g. =1%x1% = 0.01%.
- Best Aeromedical Practice:
  1. Should be directed to medical examinations that have a yield i.e. how good is the sensitivity of the tool to pick up disease or to prove that there is no disease in an individual.
  2. Medicals should be cost effective, otherwise by committing huge resources to CC medicals might drain resources from elsewhere which really could affect flight safety.
  3. There is no evidence that the proposed medical examinations will improve flight safety by picking up more information than could be got from a self declaration questionnaire or by a General Medical Practitioner's report.
  4. Fearful CC may not divulge significant medical histories which might compromise good occupational health.
  5. Some CC might be tempted to get unreasonable treatments to get round the rules, which is not good occupational health practice.
- The level of medical fitness for CC set out in the NPA is equivalent to a Class 2 Pilot Medical but there is no evidence that such a high level of medical fitness would improve flight safety:
  1. The Group 2 medical fitness level for HGV drivers required by the DVLA is less stringent.
  2. The Leisure Pilot Licence (LPL) is less stringent and here a single pilot can carry up to 4 passengers.
  3. Group one drivers do not require a medical examination but only a self declaration. A similar standard applied to CC or a General Medical Practitioner's report should be adequate.
  4. The frequency of the proposed medical examinations has been set arbitrarily.
  5. Even with the existing 3 yearly self declarations, there have been no cases identified by these that were not already referred to the company doctor by other established rotes of referral.
  6. Best Occupational Health Practice should look after less than A1 CC not the Regulator.
  7. This NPA if approved would fall foul of the Disability Discrimination

Act (DDA).

8. Many existing competent and highly experienced CC with proscribed conditions would have to be medically retired and no doubt compensated.
   - We already have significant numbers of Type 1 diabetics treated with insulin and I have had no reports of sudden incapacitation.
   - The UK Airline Medical Advisor's Committee (UKAMAC) have recently issued guidance on the employment of CC with stable Epilepsy – "Fit free for 12 months on or off medication is acceptable".

- The Company MO should assess those prospective or existing CC with a history of illness or who develop illness treating each case on its individual merit and not apply blanket bans issued by the Regulator.
- There is no case for blanket bans for any of the individual systems categories and we should comment in each section accordingly.
- Some of the suggested tests are either useless or over the top:
  1. A resting ECG is of little value for picking up abnormality in asymptomatic individuals.
  2. An initial audiogram will not reveal anything more than would have been picked up by HR at initial interview. If the proposed CC seemed hard of hearing then an audiogram or other hearing test could be arranged.
  3. Formal review by a Psychiatrist seems over the top when good occupational health review could deal with most cases as happens at present. Even a manic CC would find it difficult to affect flight safety given the closed cockpit door.
  4. Urinalysis, Blood pressure monitoring etc. are well person checks which are universally available from the NHS and so why regulate for them?
  5. The rule for Pregnancy seems to be quite confused as most problems occur in the first trimester and the NPA says that it is OK to fly then! Also this NPA takes no account of the ALARA principle which has been in operation for many years now to protect the developing foetus at its most vulnerable stage from ionising radiation.

Dr Peter J Ward,
Company Medical Adviser.

comment *468* comment by: *easyjet safety*

Requirement for Class 2 Medical Certification of Cabin Crew

Justification

Considering the above statements easyJet therefore strongly argues that the proposals for the above contained in NPA 2009-02e do not meet the requirements of the Implementing Rules (Article 8) in that they should:

- take into account worldwide aircraft experience in service, and scientific and technical progress

- be based on a risk assessment and shall be proportional to the scal and scope of the operation

easyJet also strongly disputes the supporting impact assessment (NPA 2009-

02g) which seeks to establish and justify the safety case for a Class II medical requirement for Cabin Crew based on erroneous assumptions of the number of lives saved due to cabin crew actions .

- easyJet believes that this safety case fails to establish any available evidence justifying such onerous medical requirements and simply accepts current practice in a minority of Member States as sufficient – but does not establish that it is necessary - or lead to flight safety benefits and is therefore excessive and not justified.

comment *501* comment by: *KLM*

Relevant Text:
(b) For cabin crew in commercial operations
(4) In case of suspected unfitness and of unfit assessment
Comment:
Suspected cases should not be further reported - the examination/assesment should first be completed.

comment *502* comment by: *KLM*

Relevant Text: (b) (1)
(b) For cabin crew in commercial operations
(1) Aeromedical examinations and assessments of medical fitness of applicants for and holders of a cabin crew attestation shall be conducted by an AME qualified for the issuance of Class 2 medical certificates or by an AeMC.
Comment The requirement for examinations to be conducted by an AME is arbitrary and unnecessary.

Justification An LPL can be conducted by a GMP and yet the immediate safety implications of an LPL pilot incapacitation are far in excess of those [theoretically] resulting from a cabin crew illness.

Proposal: The requirement should be, at most, for a "medical assessment" as in EU-OPs [which can be undertaken by questionaire] and assessed by an appropriately experienced person

comment *503* comment by: *KLM*

Relevant TextL
(3) The AME or AeMC shall verify that the applicant for, and holder of, a cabin crew attestation complies with the medical requirements prescribed in Subpart E and shall inform the applicant or holder in writing indicating the date of the examination
and assessment and whether they have been assessed fit or unfit.

Comment (b) (3) The AME needs to inform the applicant in writing whether they have been assessed as fit or unfit and yet there is no formal way in which to do this since in NPA 2009-02a page 61 para 13 it states ".... the Basic Regulation does not require the issuing of a medical certificate." This is an impractical arrangement as the Competent Authority will have no way of knowing that the written confirmation is from an appropriately qualified person.

Proposal. If a medical examination is required (see comment 31) then there should be some official and consistent format for the communication of fitness or unfitness. This might be in the form of a certificate on "secure" paper.

comment 504 comment by: *KLM*

Relevant Text:
(4) In case of suspected unfitness and of unfit assessment, the cabin crew member shall:
(i) be referred to the competent authority by the AME or AeMC in a form and manner established by the competent authority in relation with the procedures applicable to the cabin crew attestation; and
(ii) be informed on their right of appeal to the competent authority.

Comment (b) (4) Agree. If such a system of examinations and licences is to be introduced (see 31 and 32) there must be a means for an applicant to appeal, which should be assessed on medical and scientific grounds, based on an individual risk assessment.

comment 542 comment by: *Austro Control GmbH*

Delete (4) and form a new paragraphe (4)

(1) ***In case of suspected unfitness and of unfit assessment, the cabin crew member shall:***

(i) Immediately inform the operator from the suspected unfitness, where he is assigned to duties;

(ii) Do not exercise their duties when assigned by the operator.

Justification:
Shall regulate what has to be done by the cabin crew when he/she is unfit. The operator shall be immediately informed and shall not assign the cabin crew member to duties. It is one of the obligations of the operator only to assign fit staff to duties to comply with the requirement. This is not an authority requirement alone. The cabin crew is obliged to inform the operator adequately. When this is not the case, this is a breach of the rules.

Aero Medical examiners should not be involved in the information process to operator and NAA because of problems with patient confidentiality and national law for data protection.

comment 575 comment by: *Deutsche Lufthansa AG*

Relevant Text:
(b) For cabin crew in commercial operations
(4) In case of suspected unfitness and of unfit assessment
Comment:
Suspected cases should not be further reported - the examination/assesment should first be completed.

comment 576 comment by: *Deutsche Lufthansa AG*

Relevant Text: (b) (1)
(b) For cabin crew in commercial operations

(1) Aeromedical examinations and assessments of medical fitness of applicants for and holders of a cabin crew attestation shall be conducted by an AME qualified for the issuance of Class 2 medical certificates or by an AeMC.

Comment The requirement for examinations to be conducted by an AME is arbitrary and unnecessary.

Justification An LPL can be conducted by a GMP and yet the immediate safety implications of an LPL pilot incapacitation are far in excess of those [theoretically] resulting from a cabin crew illness.

Proposal: The requirement should be, at most, for a "medical assessment" as in EU-OPS [which can be undertaken by questionaire] and assessed by an appropriately experienced person

comment 577 comment by: *Deutsche Lufthansa AG*

Relevant Text
(3) The AME or AeMC shall verify that the applicant for, and holder of, a cabin crew attestation complies with the medical requirements prescribed in Subpart E and shall inform the applicant or holder in writing indicating the date of the examination
and assessment and whether they have been assessed fit or unfit.

Comment (b) (3) The AME needs to inform the applicant in writing whether they have been assessed as fit or unfit and yet there is no formal way in which to do this since in NPA 2009-02a page 61 para 13 it states ".... the Basic Regulation does not require the issuing of a medical certificate." This is an impractical arrangement as the Competent Authority will have no way of knowing that the written confirmation is from an appropriately qualified person.

Proposal. If a medical examination is required (see comment 31) then there should be some official and consistent format for the communication of fitness or unfitness. This might be in the form of a certificate on "secure" paper.

comment 578 comment by: *Deutsche Lufthansa AG*

Relevant Text:
(4) In case of suspected unfitness and of unfit assessment, the cabin crew member shall:
(i) be referred to the competent authority by the AME or AeMC in a form and manner established by the competent authority in relation with the procedures applicable to the cabin crew attestation; and
(ii) be informed on their right of appeal to the competent authority.

Comment (b) (4) Agree. **If** such a system of examinations and licences is to be introduced there must be a means for an applicant to appeal, which should be assessed on medical and scientific grounds, based on an individual risk assessment.

comment 677 comment by: *Swiss International Airlines / Bruno Pfister*

Relevant Text:
(b) For cabin crew in commercial operations

(4) In case of suspected unfitness and of unfit assessment
Comment:
Suspected cases should not be further reported - the examination/assesment should first be completed.

comment 678 comment by: *Swiss International Airlines / Bruno Pfister*

Relevant Text: (b) (1)
(b) For cabin crew in commercial operations
(1) Aeromedical examinations and assessments of medical fitness of applicants for and holders of a cabin crew attestation shall be conducted by an AME qualified for the issuance of Class 2 medical certificates or by an AeMC.

Comment The requirement for examinations to be conducted by an AME is arbitrary and unnecessary.

Justification An LPL can be conducted by a GMP and yet the immediate safety implications of an LPL pilot incapacitation are far in excess of those [theoretically] resulting from a cabin crew illness.

Proposal: The requirement should be, at most, for a "medical assessment" as in EU-OPs [which can be undertaken by questionaire] and assessed by an appropriately experienced person

comment 679 comment by: *Swiss International Airlines / Bruno Pfister*

Relevant TextL
(3) The AME or AeMC shall verify that the applicant for, and holder of, a cabin crew attestation complies with the medical requirements prescribed in Subpart E and shall inform the applicant or holder in writing indicating the date of the examination
and assessment and whether they have been assessed fit or unfit.

Comment (b) (3) The AME needs to inform the applicant in writing whether they have been assessed as fit or unfit and yet there is no formal way in which to do this since in NPA 2009-02a page 61 para 13 it states ".... the Basic Regulation does not require the issuing of a medical certificate." This is an impractical arrangement as the Competent Authority will have no way of knowing that the written confirmation is from an appropriately qualified person.

Proposal. If a medical examination is required (see comment 31) then there should be some official and consistent format for the communication of fitness or unfitness. This might be in the form of a certificate on "secure" paper.

comment 680 comment by: *Swiss International Airlines / Bruno Pfister*

Relevant Text:
(4) In case of suspected unfitness and of unfit assessment, the cabin crew member shall:
(i) be referred to the competent authority by the AME or AeMC in a form and manner established by the competent authority in relation with the procedures applicable to the cabin crew attestation; and
(ii) be informed on their right of appeal to the competent authority.

Comment (b) (4) Agree. If such a system of examinations and licences is to be introduced (see 31 and 32) there must be a means for an applicant to appeal, which should be assessed on medical and scientific grounds, based on an individual risk assessment.

comment 748 comment by: *TAP Portugal*

Relevant Text:
(b) For cabin crew in commercial operations
(4) In case of suspected unfitness and of unfit assessment
Comment:
Suspected cases should not be further reported - the examination/assessment should first be completed.

comment 749 comment by: *TAP Portugal*

Relevant Text: (b) (1)
(b) For cabin crew in commercial operations
(1) Aeromedical examinations and assessments of medical fitness of applicants for and holders of a cabin crew attestation shall be conducted by an AME qualified for the issuance of Class 2 medical certificates or by an AeMC.

Comment The requirement for examinations to be conducted by an AME is arbitrary and unnecessary.

Justification An LPL can be conducted by a GMP and yet the immediate safety implications of an LPL pilot incapacitation are far in excess of those [theoretically] resulting from a cabin crew illness.

Proposal: The requirement should be, at most, for a "medical assessment" as in EU-OPs [which can be undertaken by questionaire] and assessed by an appropriately experienced person

comment 750 comment by: *TAP Portugal*

Relevant TextL
(3) The AME or AeMC shall verify that the applicant for, and holder of, a cabin crew attestation complies with the medical requirements prescribed in Subpart E and shall inform the applicant or holder in writing indicating the date of the examination
and assessment and whether they have been assessed fit or unfit.

Comment (b) (3) The AME needs to inform the applicant in writing whether they have been assessed as fit or unfit and yet there is no formal way in which to do this since in NPA 2009-02a page 61 para 13 it states ".... the Basic Regulation does not require the issuing of a medical certificate." This is an impractical arrangement as the Competent Authority will have no way of knowing that the written confirmation is from an appropriately qualified person.

Proposal. If a medical examination is required (see comment 31) then there should be some official and consistent format for the communication of fitness or unfitness. This might be in the form of a certificate on "secure" paper.

comment	751	comment by: *TAP Portugal*

Relevant Text:
(4) In case of suspected unfitness and of unfit assessment, the cabin crew member shall:
(i) be referred to the competent authority by the AME or AeMC in a form and manner established by the competent authority in relation with the procedures applicable to the cabin crew attestation; and
(ii) be informed on their right of appeal to the competent authority.

Comment (b) (4) Agree. If such a system of examinations and licences is to be introduced (see 31 and 32) there must be a means for an applicant to appeal, which should be assessed on medical and scientific grounds, based on an individual risk assessment.

comment	792	comment by: *UCC SLO*

Delete: (a) For cabin crew in noncommercial operations Aeromedical examinations and assessments shall be conducted according to the medical requirements prescribed in Subpart E, ~~and if permitted under national law by a GMP qualified in accordance with this Part or~~ by an AME.

Comment: The medical examination should have the same standards for all cabin crew. In addition a GMP will look for diseases while an AME will look for fitness and how to keep the crew member at work. An AME will also have better medical knowledge on the effects of flying.

comment	813	comment by: *DGAC*

Proposal :
Delete § (a) "For cabin crew in non commercial operations"

Justification:
There is no reason for distinguishing two categories of cabin crew members. More over on non commercial aircrafts, cabin crew are often alone on board the aircraft and can have a big impact on safety. For example, in case of sudden incapacity of one pilot, to help the other pilot to keep out the cockpit the ***[???]*** incapacited pilot. = "extracting the incapacitated pilot from the cockpit" ?
It is also difficult to introduce different periodicity of examination.

comment	860	comment by: *IATA*

b) *For cabin crew in commercial operations*

1)The initial aero-medical assessment may be conducted by administration of a health questionnaire supplemented by medical examination when indicated. The assessment may be carried out by health professionals under the supervision of a medical practitioner who has expertise in aviation medicine.

Rationale: Cabin crew have a safety role to play, but as mentioned in 2.10.3 of the Regulatory Impact Assessment, **"***Cabin crew do not directly contribute to the probability of an aviation accident occurring***"**. This statement has also been corroborated by a recent survey during an IATA conference of over 130 medical and cabin personnel, where none of the participants could

establish a causal relation between any cabin crew incapacitation and aircraft accident or serious incident.

While the concept that cabin crew **"***can greatly contribute to reduce the severity of the consequences of the accidents***"** (2.10.3) is reasonable, we do not see, in the examples given, that the RIA has shown that the incapacitation of one cabin crew would have made a difference in the outcome or even that the probability of a cabin crew suffering an incapacitation (caused by an illness identifiable during a periodic medical examination) at the same time as the accident was high enough to warrant adding such a significant cost to the air transport system. Conversely, we have examples where one or more cabin crew have frozen during an emergency without affecting evacuation of the aircraft and/or causing injuries to the passengers.

ICAO does not have any medical standards for cabin crew. Furthermore, in its last review of the subject, it found that States without a system of cabin crew licensing tend to have a safer aviation system. Cabin crew licensing does not, therefore, appear essential for flight safety.

The Aerospace Medical Association (AsMA) states in its position paper on the subject of cabin crew medicals "We are not aware of an accident fatality or serious injury resulting from incapacitation of a member of cabin crew due to a medical condition that could have been detected on a periodic medical examination."

In summary, IATA is unaware of any evidence that the addition of periodic medical examinations for cabin crew would improve flight safety. On the other hand, the additional cost to the air transport system would be significant.

In order to base a decision on evidence, and in the spirit of applying Safety Management principles to aeromedically related decisions (as encouraged by ICAO), we suggest that EASA, AEA and IATA, and other interested stakeholders, including ICAO, be requested to assist in the evaluation of the safety risk associated with cabin crew incapacitation.

Until the safety benefit of periodic cabin crew medical examinations has been established, IATA strongly believes that such examinations should not be mandatory.

Note: the other changes recommended below are made to match the above proposal.

2) When a medical examination is indicated, the medical practitioner with expertise in aviation medicine may use the results of recent medical examinations or investigations undertaken by the applicant or holder to comply with occupational health requirements, provided such examinations or investigations comply clinically and technically with the applicable requirements of this Part.

3) The health professional and/or the medical practitioner with expertise in aviation medicine shall verify that the applicant for, and holder of, a cabin crew attestation complies with the medical requirements prescribed in Subpart E and shall inform the applicant or holder in writing indicating the date of the examination and assessment and whether they have been assessed fit or unfit.

4) In case of suspected unfitness and of unfit assessment, the cabin crew

member shall:
i) be referred to the competent authority by the medical practitioner with aviation expertise in a form and manner established by the competent authority in relation with the procedures applicable to the cabin crew attestation; and
ii) be informed on their right of appeal to the competent authority.

comment 919 comment by: *IACA International Air Carrier Association*

(b)
The level of medical fitness for CC set out in the NPA is equivalent to a Class 2 Pilot Medica,l but there is no evidence that such a high level of medical fitness would improve flight safety:
1. The UK Group 2 medical fitness level for HGV drivers required by the DVLA is less stringent.
2. The Leisure Pilot Licence (LPL) is less stringent and here a single pilot can carry up to 4 passengers.
3. Group 1 drivers do not require a medical examination but only a self declaration. A similar standard applied to CC or a General Medical Practitioner's report should be adequate.
4. Best Occupational Health Practice should look after the personal Health of Cabin Crew not the Regulator.
5. This NPA if approved would fall foul of the many Disability Discrimination Acts (DDA).
6. Many existing competent and highly experienced CC with proscribed conditions would have to be medically retired and no doubt compensated at significant cost.

Several operators already have significant numbers of Type 1 diabetics treated with insulin and there have been no reports of sudden incapacitation.
The UK Airline Medical Advisor's Committee (UKAMAC) have recently issued guidance on the employment of CC with stable Epilepsy – "Fit free for 12 months on or off medication is acceptable".

Proposal: delete this section and replace with:
• The Company MO should assess prospective or existing Cabin Crew with a history of illness or who develop illness, treating each case on its individual merit. Follow up should be by periodic assessment and/or examination defined on an individual case basis.

comment 935 comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Comment:
(b)(2) does not state any time limit for the results to be regarded as 'recent'. This should be included.

(b)(3) does not mention anything of the content of the document to be given to the applicant or holder. Also CC move all over Europe and might frequently change their employment and relations to member states. A standard document used by, and accepted by, all member states would be advantageous for the freedom of movement.

(b)(4) implies that an AME and an AeMC has less privileges to decide concerning CC than concerning pilots.

(b)(4) also describes the procedures to be followed by an AME or an AeMC in case of suspected unfitness and unfit assessment of CC in commercial operations.
However, for CC in non-commercial operations there is no requirement with corresponding procedures for the examining physician (an AME or a GMP) to be followed. In addition to the possible negative effect on flight safety, the different applications would be confusing and difficult to understand for the users, especially the AMEs.

(b)(4)(ii) For CC in commercial operations this is superfluous because (b)(4)(i) already requires all cases of suspected unfitness and of unfit assessment to be referred to the competent authority.
For CC in non-commercial operations this requirement is not applicable, not even when a physician has assessed the CC as unfit.

These anomalies need to be corrected, either by using the same requirements for CC both in commercial and non-commercial operations, or to add the text in (b)(4)(i) and (ii) under (a).

Proposal:
1. Include a definition of 'recent' to this paragraph.
2. EASA should consider the use of a standard medical certificate or similar document for CC.
3. In MED.A.080 the same requirements should apply for CC both in commercial and non-commercial operations.
4. Delete (b)(4)(ii).

E. X. Supplement to Draft Opinion Part-MED - Subpart D: General Medical Practitioners - NEW MED.D.005: Requirements for general medical practitioners assessing medical p. 16

comment 6 comment by: *Dr.Beiderwellen, Secretary of GAAME*

MED.D.005:

GPs are not qualified to do aeromedical assesments

Proposal:
delete whole item
Aeromedical assesments for cabin crew members shall only be done by AMC or AME class I or II

comment 177 comment by: *UKAMAC*

Comment:
There is no justification for medical examination of cabin crew beyond a simple assessment of medical history at recruitment. We know of no airline accident or incident where the outcome was adversely affected by cabin crew incapacitation that might have been predicted by a medical screening process.
Justification:
There is no unmet safety need that will be addressed by requiring cabin crew to meet the medical standards required for the LPL. Accordingly this paragraph is unnecessary and its requirements would not satisfy regulatory impact

assessment.
Proposed text:
Delete MED.D.005 in its entirety

comment 252 comment by: *Jill Pelan*

NEW MED D. 005
The CFDT France demands the deletion of this provision.
It contradicts MED A 080 and the CFDT feels that under no circumstances a General Practitioner has the valid knowledge or experience to assess ANY crew working in specific aeronautical conditions

comment 814 comment by: *DGAC*

For all cabin crew operations , aeromedical examinations should be conducted by an AME or an AeMC and not by a GMP who has not the knowledge of aircrew operations

comment 825 comment by: *cfdt france*

NEW MED D. 005
The CFDT France demands the deletion of this provision.
It contradicts MED A 080 and the CFDT feels that under no circumstances a General Practitioner has the valid knowledge or experience to assess ANY crew working in specific aeronautical conditions

comment 931 comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Comment:
GMPs are also proposed to conduct examinations and assessments of Technical Crew member. However, there are no specific requirements for GMPs conducting examinations on Technical Crew member.

Proposal:
Amend MED.D to also include requirements for GMPs assessing medical fitness of technical crew members.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew p. 17

comment 37 comment by: *Virgin Atlantic Airways Ltd*

Subpart E General Comment. If medical standards are stipulated they should not be placed in the "requirements" where they are subject to complex procedures to change.

Justification Standards must be open to review and challenge in the light of new evidence or treatments.

Proposal Information should be placed in guidance material or at most, AMCs, thus allowing easier amendment in the event of increased knowledge of certain conditions and/or improvements in medical management and scientific

evaluation of the impact of these requirements.

comment

199	comment by: *Virgin Atlantic Airways*

Subpart E General Comment. If medical standards are stipulated they should not be placed in the "requirements" where they are subject to complex procedures to change.

Justification Standards must be open to review and challenge in the light of new evidence or treatments.

Proposal Information should be placed in guidance material or at most, AMCs, thus allowing easier amendment in the event of increased knowledge of certain conditions and/or improvements in medical management and scientific evaluation of the impact of these requirements.

comment

239	comment by: *UK CAA*

Attachment #4

Paragraph No: Section 2: Specific requirements for medical fitness of cabin crew

Comment:
It is prudent to await the outcome of the evidence-based review before outlining specific prescriptive standards, which will require justification. It is understood that the results of the *'Scientific and medical evaluation of the EU OPS provisions for cabin crew',* required to be conducted by Regulation (EC) 1899/2006, are expected to be completed by the end of 2009. It is appropriate to await these results before formulating standards

Justification: If these standards are implemented, the legal appeal against the standards will be to EASA. This will have significant workload implications for the Agency. Any increase in regulation above that prescribed in EU OPS would require scientific justification.

Proposed Text (if applicable: The current UK FODCOM (16/2008) which is compliant with EU OPS is attached as an example of an appropriate medical standard and surveillance system for cabin crew.

comment

298	comment by: *The TUI Airlines group represented by Thomson Airways,TUIfly,TUIfly Nordic,CorsairFly,Arkefly,Jet4U,JetairFly*

New Subpart E Requirements For Medical Fitness Of Cabin Crew Pages 17-23

Comment: This a completely new section that will be imposed without taking any regard to the wishes of operators that presently have a perfectly good system of regulating the fitness of their crews. All this will achieve is an increased cost to both operators and crews and the loss of some experienced crew who are colour blind, or with existing medical conditions which would become non-flyable limitations.This would expose EASA [NAA's and Employers] to court action on the ground of descrimination.

Having researched the legality of the EASA proposals not only are they against

the UK Disability Discrimination act (DDA), they contravene Council Directive 2000/78/EC

DDA – Part II section 4:
Discrimination against applicants and employees
(d) by dismissing him, or subjecting him to any other detriment.

(5) In the case of an act which constitutes discrimination by virtue of section 55, this section also applies to discrimination against a person who is not disabled.
(6) This section applies only in relation to employment at an establishment in Great Britain.

5 Meaning of "discrimination"
(1) For the purposes of this Part, an employer discriminates against a disabled person if—
(a) for a reason which relates to the disabled person's disability, he treats him less favourably than he treats or would treat others to whom that reason does not or would not apply; and
(b) he cannot show that the treatment in question is justified.

Directive 2000/78/EC
Article 1
Purpose
The purpose of this Directive is to lay down a general framework for combating discrimination on the grounds of religion or belief, disability, age or sexual orientation as regards employment and occupation, with a view to putting into effect in the Member States the principle of equal treatment
Concept of discrimination
1. For the purposes of this Directive, the 'principle of equal treatment' shall mean that there shall be no direct or indirect discrimination whatsoever on any of the grounds referred to in **Article 1.**
2. For the purposes of paragraph 1:
(a) direct discrimination shall be taken to occur where one person is treated less favourably than another is, has been or would be treated in a comparable situation, on any of the grounds referred to in Article 1;

comment *319* comment by: *AEA*

Comment:
The usefulness of the suggested urine tests and ECG are not based on any medical research data. The same is true for many other examinations suggested for certain symptom or disease, on a mandatory basis. The usefulness of certain tests should be based on individual consideration by AME's or AeMC in each case.

comment *368* comment by: *Walter Gessky*

Subpart E
Comment:
The mandatory medical standards, which are very close to the standards for private pilots, could impose significant unnecessary costs on cabin crew, operators and authorities. The new subpart E shall be reviewed if all the proposed fitness requirements are adequate. It shall be verified, if cabin crew incapacitation has ever compromised safety of passengers in case of an

emergency.

comment 419 comment by: *AUSTRIAN Airlines*

Comment:
The usefulness of the suggested urine tests and ECG are not based on any medical research data. The same is true for many other examinations suggested for certain symptom or disease, on a mandatory basis. The usefulness of certain tests should be based on individual consideration by AME's or AeMC in each case.

comment 505 comment by: *KLM*

Comment:
The usefulness of the suggested urine tests and ECG are not based on any medical research data. The same is true for many other examinations suggested for certain symptom or disease, on a mandatory basis. The usefulness of certain tests should be based on individual consideration by AME's or AeMC in each case.

comment 579 comment by: *Deutsche Lufthansa AG*

Comment:
The usefulness of the suggested urine tests and ECG are not based on any medical research data. The same is true for many other examinations suggested for certain symptom or disease, on a mandatory basis. The usefulness of certain tests should be based on individual consideration by AME's or AeMC in each case.

comment 681 comment by: *Swiss International Airlines / Bruno Pfister*

Comment:
The usefulness of the suggested urine tests and ECG are not based on any medical research data. The same is true for many other examinations suggested for certain symptom or disease, on a mandatory basis. The usefulness of certain tests should be based on individual consideration by AME's or AeMC in each case.

comment 752 comment by: *TAP Portugal*

Comment:
The usefulness of the suggested urine tests and ECG are not based on any medical research data. The same is true for many other examinations suggested for certain symptom or disease, on a mandatory basis. The usefulness of certain tests should be based on individual consideration by AME's or AeMC in each case.

comment 815 comment by: *DGAC*

We fully agree with these requirements. We just have one remark: It does not appear that it will be taken into account the necessity to modify or improve these requirements in the light of arrival of new therapeutic ways which would be in the future compatible with the fitness.

As the specific requirements are very detailed, they will have to be corrected or simplified or completed each time a new process in diagnosis or treatment or complementary examination is validated.

comment 920 comment by: *IACA International Air Carrier Association*

It has not been satisfied that Cabin Crew attestations as defined under EASA serve any purpose other than increasing a further bureaucratic level of responsibility. They do not enhance safety in any way and neither would they improve or permit transfer of CC from one Operator to another as each new Operator is required to complete an OCC and to satisfy itself of the level of competence of each CC employee.
Proposal: Remove Subpart CC as this serves no useful purpose.

comment 925 comment by: *IACA International Air Carrier Association*

This a completely new section that will be imposed without taking any regard to the wishes of operators that presently have a perfectly good system of regulating the fitness of their crews. All this will achieve is an increased cost to both operators and crews and the loss of some experienced crew who are colour blind, or with existing medical conditions which would become non-flyable limitations. This would expose EASA, NAA's and Employers to court action on the ground of discrimination.

The legality of the EASA proposals are not only are they against the UK Disability Discrimination act (DDA), they contravene Council Directive 2000/78/EC:

UK Disability Discrimination act (DDA) – Part II section 4: Discrimination against applicants and employees
(d) by dismissing him, or subjecting him to any other detriment.
(5) In the case of an act which constitutes discrimination by virtue of section 55, this section also applies to discrimination against a person who is not disabled.
(6) This section applies only in relation to employment at an establishment in Great Britain.
5 Meaning of "discrimination"
(1) For the purposes of this Part, an employer discriminates against a disabled person if—
(a) for a reason which relates to the disabled person's disability, he treats him less favourably than he treats or would treat others to whom that reason does not or would not apply; and
(b) he cannot show that the treatment in question is justified.

Council Directive 2000/78/EC Article 1 Purpose
The purpose of this Directive is to lay down a general framework for combating discrimination on the grounds of religion or belief, disability, age or sexual orientation as regards employment and occupation, with a view to putting into effect in the Member States the principle of equal treatment
Concept of discrimination
1. For the purposes of this Directive, the 'principle of equal treatment' shall mean that there shall be no direct or indirect discrimination whatsoever on any of the grounds referred to in Article 1.
2. For the purposes of paragraph 1:
(a) direct discrimination shall be taken to occur where one person is treated

less favourably than another is, has been or would be treated in a comparable situation, on any of the grounds referred to in Article 1;

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 1: General p. 17

comment 111 comment by: *Thomas Cook Airlines UK*

MED.E.001 General requirements

Comment;

Paragraph (a) (2) implementing this requirement cannot be justified as it would unfairly discriminate against those initial cabin crew applicants with established but controlled disease. It would also discriminate against established cabin crew who are already employed but who have stable and well-controlled chronic diseases.

Justification:

There is no evidence that flight safety has ever been compromised as a result of cabin crew with established chronic disease becoming incapacitated during a light. Cabin crew incapacity does occur but is unpredictable and could never be anticipated by any routine medical examination.

Proposed text:
As written but amend MED.E.001 (a) (2) to read: active latent, acute or chronic disease or disability that has not been clinically fully assessed as either resolved or under satisfactory control.

comment 178 comment by: *UKAMAC*

Comment:
Section 1 of this Subpart is unrealistically proscriptive. There are many cabin crew operating quite successfully and safely in spite of chronic diseases such a type I diabetes, ulcerative colitis, coeliac disease, food allergies, HIV disease. It would be intolerable to declare that these people are suddenly unfit for employment and such cases would be settled in the courts.
Justification:
It would not satisfy regulatory impact assessment. No unmet safety need has been identified to justify these additional procedures.
Proposed text:
REQUIREMENTS FOR MEDICAL FITNESS OF CABIN CREW
General
MED.E.001 General requirements
Cabin crew members shall be free from any abnormality, congenital or acquired, that would entail a degree of functional incapacity which might lead to sudden incapacitation or inability to exercise their safety function.

comment 420 comment by: *AUSTRIAN Airlines*

Relevant Text:
(a) (4) "..... which might lead to inability or sudden incapacitation to perform their duties and responsibilities safely and in the case of holders of a cabin

crew attestation to exercise their privileges safely."

Comment
There is no indication here of what the acceptable level of risk is. Taken literally, though in most cases the risk is low, as everyone is at **some** risk of incapacitation from, for example a cardiac arrythmia, a convulsion or a myocardial infarction, no one would be free of that risk and so would not be able to meet the requirements. For Class 1 pilots, the accepted risk level is 1% annual risk of incapacitation, as described in the paper by Mitchell and Evans published in the ASEM Journal in 2004
http://www.ingentaconnect.com/content/asma/asem/2004/00000075/00000003/art00011 .

Justification
The same basic principle should be applied in ascertaining an acceptable level of risk for cabin crew. The crucial aspects of this calculation will be the duration/proportion of the flight where cabin crew incapacitation would result in a flight safety risk. As no such period can be defined, no calculable limit could be justified in safety grounds.

Recommendation:
the current EU-Ops requirements under AMC OPS 1.995 is sufficient and should be retained. Revert to EU OPS

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 1: General - MED.E.001: General requirements p. 17

comment	*10*	comment by: *British Airways*

Comment:
This section gives no indication of what would be considered an acceptable level of risk of sudden incapacitation for cabin crew.

Justification:
In the absence of any evidence of attributable risk to safety arising from cabin crew incapacitation, it is suggested that no limit could be justified on safety grounds.

Proposed text:
Amend text to read as follows:
(a) Cabin crew members shall be free from any:
- abnormality, congenital or acquired; or
- active, latent, acute or chronic disease or disability; or
- wound, injury or sequelae from operation; or
- effect or side effect of any prescribed or nonprescribed therapeutic, diagnostic or preventive medication;

that would entail a degree of functional incapacity which would lead to inability to perform their duties and responsibilities safely.
(b) When clinically indicated, additional medical examinations and investigations may be required.

comment	*34*	comment by: *Virgin Atlantic Airways Ltd*

(a) (4) "..... which might lead to inability or sudden incapacitation to perform their duties and responsibilities safely and in the case of holders of a cabin crew attestation to exercise their privileges safely."
Comment There is no indication here of what the acceptable level of risk is. Taken literally, though in most cases the risk is low, as everyone is at **some** risk of incapacitation from, for example a cardiac arrythmia, a convulsion or a myocardial infarction, no one would be free of that risk and so would not be able to meet the requirements. For Class 1 pilots, the accepted risk level is 1% annual risk of incapacitation, as described in the paper by Mitchell and Evans published in the ASEM Journal in 2004 http://www.ingentaconnect.com/content/asma/asem/2004/00000075/00000003/art00011 .

Justification The same basic principle should be applied in ascertaining an acceptable level of risk for cabin crew. The crucial aspects of this calculation will be the duration/proportion of the flight where cabin crew incapacitation would result in a flight safety risk. As no such period can be defined, no calculable limit could be justified in safety grounds.

Recommendation: the current EU-Ops requirements under AMC OPS 1.995 is sufficient and should be retained

comment *108* comment by: *Dr Martin St Laurent*

It does not appear that it will be taken into account the necessity to modify or improve these requirements at the light of the arrival of new therapeutic way which would be in the future compatible with the aptitude.
As the specific requirements are very detailed , they must be corrected or simplified or completed each time a new process in diagnosis or treatment or complementary examination is validated.

comment *200* comment by: *Virgin Atlantic Airways*

(a) (4) "..... which might lead to inability or sudden incapacitation to perform their duties and responsibilities safely and in the case of holders of a cabin crew attestation to exercise their privileges safely."
Comment There is no indication here of what the acceptable level of risk is. Taken literally, though in most cases the risk is low, as everyone is at **some** risk of incapacitation from, for example a cardiac arrythmia, a convulsion or a myocardial infarction, no one would be free of that risk and so would not be able to meet the requirements. For Class 1 pilots, the accepted risk level is 1% annual risk of incapacitation, as described in the paper by Mitchell and Evans published in the ASEM Journal in 2004 http://www.ingentaconnect.com/content/asma/asem/2004/00000075/00000003/art00011 .

Justification The same basic principle should be applied in ascertaining an acceptable level of risk for cabin crew. The crucial aspects of this calculation will be the duration/proportion of the flight where cabin crew incapacitation would result in a flight safety risk. As no such period can be defined, no calculable limit could be justified in safety grounds.

Recommendation: the current EU-Ops requirements under AMC OPS 1.995 is sufficient and should be retained

comment 263 — comment by: *The TUI Airlines group represented by Thomson Airways,TUIfly,TUIfly Nordic,CorsairFly,Arkefly,Jet4U,JetairFly*

MED.E.001 General Requirements:
- Section (a) (2) would fall foul of many Disability Discrimination Acts
- Many existing competent and highly experienced Cabin Crew with proscribed conditions would have to be medically retired and no doubt compensated at considerable cost.

(1) There are alreadya significant number of Type 1 diabetics treated with insulin and [Thomson Airways]there have been no reports of sudden incapacitation.
(2) The UK Airline Medical Advisor's Committee (UKAMAC) have recently issued guidance on the employment of CC with stable Epilepsy – "Fit free for 12 months on or off medication is acceptable".

Proposal:
Replace with – 'Active, latent, acute or chronic disease or disability unless it has been fully assessed on an individual basis according to best Aeromedical practice and is considered stable'.

comment 320 — comment by: *AEA*

Relevant Text:
(a) (4) "..... which might lead to inability or sudden incapacitation to perform their duties and responsibilities safely and in the case of holders of a cabin crew attestation to exercise their privileges safely."

Comment
There is no indication here of what the acceptable level of risk is. Taken literally, though in most cases the risk is low, as everyone is at **some** risk of incapacitation from, for example a cardiac arrythmia, a convulsion or a myocardial infarction, no one would be free of that risk and so would not be able to meet the requirements. For Class 1 pilots, the accepted risk level is 1% annual risk of incapacitation, as described in the paper by Mitchell and Evans published in the ASEM Journal in 2004
http://www.ingentaconnect.com/content/asma/asem/2004/00000075/00000003/art00011 .

Justification
The same basic principle should be applied in ascertaining an acceptable level of risk for cabin crew. The crucial aspects of this calculation will be the duration/proportion of the flight where cabin crew incapacitation would result in a flight safety risk. As no such period can be defined, no calculable limit could be justified in safety grounds.

Recommendation:
the current EU-Ops requirements under AMC OPS 1.995 is sufficient and should be retained. Revert to EU OPS

comment 321 — comment by: *AEA*

Comment: The use of Part MED Subpart B Section 2 medical requirements (Class 2 medical) as the basis for cabin crew medical fitness standards cannot be justified.

Justification:

The medical standards for pilots reflect the consequences of sudden incapacitation of the pilot, being most stringent for the single pilot commercial operation and progressively less stringent for the multi-crew commercial pilot, private pilot and the Light Pilot License (LPL).

The LPL is a new form of licence, outwith the ICAO framework, with proposals for new medical standards that have been specifically developed to reflect the risk assessment for this class of activity. The proposed requirement for the LPL has been based on the requirements for a Group 2 (vocational) driving licence and can be completed by a General Medical Practitioner. A pilot with a LPL may operate as a single pilot in a small aircraft carrying up to 3 or 4 passengers. The consequences of sudden incapacitation during flight in this scenario would be an immediate risk to the safety of the aircraft and it's occupants. The frequency of medical assessment required for the LPL is substantially less than that proposed for cabin crew at CC.C.200
Sudden incapacitation of a member of cabin crew, even in the single cabin crew operation, carries no immediate threat to the safety of the aircraft or it's occupants. Such events do rarely lead to diversion, which carries an element of increased operational risk, but there is no evidence that periodic medical screening can mitigate this.
If a medical standard is required for cabin crew, outwith the ICAO framework, this should also be specifically developed to reflect the risk assessment for this class of activity. A rational risk-based conclusion (best aeromedical practice) is that medical fitness standards for cabin crew should be set at a level below that of the LPL. It might be suggested that the Group 1 driving licence medical standards would be appropriate, although even then it is arguable that sudden incapacitation of a car driver involves a higher level of immediate risk to safety than that of a member of cabin crew.
For example, the medical fitness requirements for a Group 1 licence in the UK are a self-declaration of fitness on initial issuance, self-declaration of any subsequent significant medical condition and renewal, again with self-declaration, at age 70 and 3-yearly thereafter. There is no safety justification for medical standards for cabin crew that are higher than those required for a Group 1 driving-licence. As with the LPL medical certificate, a suitable questionnaire would include some additional specific questions of relevance to the aviation environment. A competent person, e.g. an occupational health professional with aviation medical expertise or access to such expertise, should review the self-declaration.

Proposal: Sub-Part E be replaced with:

'*Cabin crew members shall be free from any condition, that would entail a degree of functional incapacity or unacceptable risk of sudden incapacitation, which is incompatible with their safety function. Decision making should be based on individual assessment in accordance with best occupational health practice*.'
Alternatively use same text as in next comment (both should use the same text)

comment *322* comment by: *AEA*

Comment:
This section gives no indication of what would be considered an acceptable level of risk of sudden incapacitation for cabin crew.

Justification:

In the absence of any evidence of attributable risk to safety arising from cabin crew incapacitation, it is suggested that no limit could be justified on safety grounds.

Proposed text:
Amend text to read as follows:
(a) Cabin crew members shall be free from any:
- *abnormality, congenital or acquired; or*
- *active, latent, acute or chronic disease or disability; or*
- *wound, injury or sequelae from operation; or*
- *effect or side effect of any prescribed or nonprescribed therapeutic, diagnostic or preventive medication;*

that would entail a degree of functional incapacity which would lead to inability to perform their duties and responsibilities safely.
(b) When clinically indicated, additional medical examinations and investigations may be required.

comment | *421* | comment by: *AUSTRIAN Airlines*

Comment: The use of Part MED Subpart B Section 2 medical requirements (Class 2 medical) as the basis for cabin crew medical fitness standards cannot be justified.

Justification:
The medical standards for pilots reflect the consequences of sudden incapacitation of the pilot, being most stringent for the single pilot commercial operation and progressively less stringent for the multi-crew commercial pilot, private pilot and the Light Pilot License (LPL).

The LPL is a new form of licence, outwith the ICAO framework, with proposals for new medical standards that have been specifically developed to reflect the risk assessment for this class of activity. The proposed requirement for the LPL has been based on the requirements for a Group 2 (vocational) driving licence and can be completed by a General Medical Practitioner. A pilot with a LPL may operate as a single pilot in a small aircraft carrying up to 3 or 4 passengers. The consequences of sudden incapacitation during flight in this scenario would be an immediate risk to the safety of the aircraft and it's occupants. The frequency of medical assessment required for the LPL is substantially less than that proposed for cabin crew at CC.C.200
Sudden incapacitation of a member of cabin crew, even in the single cabin crew operation, carries no immediate threat to the safety of the aircraft or it's occupants. Such events do rarely lead to diversion, which carries an element of increased operational risk, but there is no evidence that periodic medical screening can mitigate this.
If a medical standard is required for cabin crew, outwith the ICAO framework, this should also be specifically developed to reflect the risk assessment for this class of activity. A rational risk-based conclusion (best aeromedical practice) is that medical fitness standards for cabin crew should be set at a level below that of the LPL. It might be suggested that the Group 1 driving licence medical standards would be appropriate, although even then it is arguable that sudden incapacitation of a car driver involves a higher level of immediate risk to safety than that of a member of cabin crew.
For example, the medical fitness requirements for a Group 1 licence in the UK are a self-declaration of fitness on initial issuance, self-declaration of any subsequent significant medical condition and renewal, again with self-declaration, at age 70 and 3-yearly thereafter. There is no safety justification

for medical standards for cabin crew that are higher than those required for a Group 1 driving-licence. As with the LPL medical certificate, a suitable questionnaire would include some additional specific questions of relevance to the aviation environment. A competent person, e.g. an occupational health professional with aviation medical expertise or access to such expertise, should review the self-declaration.

comment 422 comment by: *AUSTRIAN Airlines*

Comment:
This section gives no indication of what would be considered an acceptable level of risk of sudden incapacitation for cabin crew.

Justification:
In the absence of any evidence of attributable risk to safety arising from cabin crew incapacitation, it is suggested that no limit could be justified on safety grounds.

Proposed text:
Amend text to read as follows:
(a) Cabin crew members shall be free from any:
- *abnormality, congenital or acquired; or*
- *active, latent, acute or chronic disease or disability; or*
- *wound, injury or sequelae from operation; or*
- *effect or side effect of any prescribed or nonprescribed therapeutic, diagnostic or preventive medication;*

that would entail a degree of functional incapacity which would lead to inability to perform their duties and responsibilities safely.
(b) When clinically indicated, additional medical examinations and investigations may be required.

comment 506 comment by: *KLM*

Relevant Text:
(a) (4) "..... which might lead to inability or sudden incapacitation to perform their duties and responsibilities safely and in the case of holders of a cabin crew attestation to exercise their privileges safely."

Comment
There is no indication here of what the acceptable level of risk is. Taken literally, though in most cases the risk is low, as everyone is at **some** risk of incapacitation from, for example a cardiac arrythmia, a convulsion or a myocardial infarction, no one would be free of that risk and so would not be able to meet the requirements. For Class 1 pilots, the accepted risk level is 1% annual risk of incapacitation, as described in the paper by Mitchell and Evans published in the ASEM Journal in 2004
http://www.ingentaconnect.com/content/asma/asem/2004/00000075/00000003/art00011 .

Justification
The same basic principle should be applied in ascertaining an acceptable level of risk for cabin crew. The crucial aspects of this calculation will be the duration/proportion of the flight where cabin crew incapacitation would result in a flight safety risk. As no such period can be defined, no calculable limit could be justified in safety grounds.

Recommendation:
the current EU-Ops requirements under AMC OPS 1.995 is sufficient and should be retained. Revert to EU OPS

comment 507 comment by: *KLM*

Comment: The use of Part MED Subpart B Section 2 medical requirements (Class 2 medical) as the basis for cabin crew medical fitness standards cannot be justified.

Justification:
The medical standards for pilots reflect the consequences of sudden incapacitation of the pilot, being most stringent for the single pilot commercial operation and progressively less stringent for the multi-crew commercial pilot, private pilot and the Light Pilot License (LPL).

The LPL is a new form of licence, outwith the ICAO framework, with proposals for new medical standards that have been specifically developed to reflect the risk assessment for this class of activity. The proposed requirement for the LPL has been based on the requirements for a Group 2 (vocational) driving licence and can be completed by a General Medical Practitioner. A pilot with a LPL may operate as a single pilot in a small aircraft carrying up to 3 or 4 passengers. The consequences of sudden incapacitation during flight in this scenario would be an immediate risk to the safety of the aircraft and it's occupants. The frequency of medical assessment required for the LPL is substantially less than that proposed for cabin crew at CC.C.200
Sudden incapacitation of a member of cabin crew, even in the single cabin crew operation, carries no immediate threat to the safety of the aircraft or it's occupants. Such events do rarely lead to diversion, which carries an element of increased operational risk, but there is no evidence that periodic medical screening can mitigate this.
If a medical standard is required for cabin crew, outwith the ICAO framework, this should also be specifically developed to reflect the risk assessment for this class of activity. A rational risk-based conclusion (best aeromedical practice) is that medical fitness standards for cabin crew should be set at a level below that of the LPL. It might be suggested that the Group 1 driving licence medical standards would be appropriate, although even then it is arguable that sudden incapacitation of a car driver involves a higher level of immediate risk to safety than that of a member of cabin crew.
For example, the medical fitness requirements for a Group 1 licence in the UK are a self-declaration of fitness on initial issuance, self-declaration of any subsequent significant medical condition and renewal, again with self-declaration, at age 70 and 3-yearly thereafter. There is no safety justification for medical standards for cabin crew that are higher than those required for a Group 1 driving-licence. As with the LPL medical certificate, a suitable questionnaire would include some additional specific questions of relevance to the aviation environment. A competent person, e.g. an occupational health professional with aviation medical expertise or access to such expertise, should review the self-declaration.

comment 508 comment by: *KLM*

Comment:
This section gives no indication of what would be considered an acceptable

level of risk of sudden incapacitation for cabin crew.

Justification:
In the absence of any evidence of attributable risk to safety arising from cabin crew incapacitation, it is suggested that no limit could be justified on safety grounds.

Proposed text:
Amend text to read as follows:
(a) Cabin crew members shall be free from any:
- *abnormality, congenital or acquired; or*
- *active, latent, acute or chronic disease or disability; or*
- *wound, injury or sequelae from operation; or*
- *effect or side effect of any prescribed or nonprescribed therapeutic, diagnostic or preventive medication;*

that would entail a degree of functional incapacity which would lead to inability to perform their duties and responsibilities safely.
(b) When clinically indicated, additional medical examinations and investigations may be required.

comment 543 comment by: *Austro Control GmbH*

Subpart E
Comment:
The mandatory medical standards, which are very close to the standards for private pilots, could impose significant unnecessary costs on cabin crew, operators and authorities. The new subpart E shall be reviewed if all the proposed fitness requirements are adequate and if state of health is in line with contact with passengers (e.g. TBC). It shall be verified, if cabin crew incapacitation has ever compromised safety of passengers in case of emergency.

comment 580 comment by: *Deutsche Lufthansa AG*

Relevant Text:
(a) (4) "..... which might lead to inability or sudden incapacitation to perform their duties and responsibilities safely and in the case of holders of a cabin crew attestation to exercise their privileges safely."

Comment
There is no indication here of what the acceptable level of risk is. Taken literally, though in most cases the risk is low, as everyone is at **some** risk of incapacitation from, for example a cardiac arrythmia, a convulsion or a myocardial infarction, no one would be free of that risk and so would not be able to meet the requirements. For Class 1 pilots, the accepted risk level is 1% annual risk of incapacitation, as described in the paper by Mitchell and Evans published in the ASEM Journal in 2004
http://www.ingentaconnect.com/content/asma/asem/2004/00000075/00000003/art00011 .

Justification
The same basic principle should be applied in ascertaining an acceptable level of risk for cabin crew. The crucial aspects of this calculation will be the duration/proportion of the flight where cabin crew incapacitation would result in a flight safety risk. As no such period can be defined, no calculable limit

could be justified in safety grounds.

Recommendation:
the current EU-Ops requirements under AMC OPS 1.995 is sufficient and should be retained. Revert to EU OPS

comment 581 comment by: *Deutsche Lufthansa AG*

Comment: The use of Part MED Subpart B Section 2 medical requirements (Class 2 medical) as the basis for cabin crew medical fitness standards cannot be justified.

Justification:
The medical standards for pilots reflect the consequences of sudden incapacitation of the pilot, being most stringent for the single pilot commercial operation and progressively less stringent for the multi-crew commercial pilot, private pilot and the Light Pilot License (LPL).

The LPL is a new form of licence, outwith the ICAO framework, with proposals for new medical standards that have been specifically developed to reflect the risk assessment for this class of activity. The proposed requirement for the LPL has been based on the requirements for a Group 2 (vocational) driving licence and can be completed by a General Medical Practitioner. A pilot with a LPL may operate as a single pilot in a small aircraft carrying up to 3 or 4 passengers. The consequences of sudden incapacitation during flight in this scenario would be an immediate risk to the safety of the aircraft and it's occupants. The frequency of medical assessment required for the LPL is substantially less than that proposed for cabin crew at CC.C.200
Sudden incapacitation of a member of cabin crew, even in the single cabin crew operation, carries no immediate threat to the safety of the aircraft or it's occupants. Such events do rarely lead to diversion, which carries an element of increased operational risk, but there is no evidence that periodic medical screening can mitigate this.
If a medical standard is required for cabin crew, outwith the ICAO framework, this should also be specifically developed to reflect the risk assessment for this class of activity. A rational risk-based conclusion (best aeromedical practice) is that medical fitness standards for cabin crew should be set at a level below that of the LPL. It might be suggested that the Group 1 driving licence medical standards would be appropriate, although even then it is arguable that sudden incapacitation of a car driver involves a higher level of immediate risk to safety than that of a member of cabin crew.
For example, the medical fitness requirements for a Group 1 licence in the UK are a self-declaration of fitness on initial issuance, self-declaration of any subsequent significant medical condition and renewal, again with self-declaration, at age 70 and 3-yearly thereafter. There is no safety justification for medical standards for cabin crew that are higher than those required for a Group 1 driving-licence. As with the LPL medical certificate, a suitable questionnaire would include some additional specific questions of relevance to the aviation environment. A competent person, e.g. an occupational health professional with aviation medical expertise or access to such expertise, should review the self-declaration.

Refer also to our comment to NPA 2009-02g G. 2. REGULATORY IMPACT ASSESSMENT - 2.10 Assessment of cabin crew medical fitness, which includes a **data-based risk assessment leading to the conclusion that cabin crew medicals need NO further regulation.**

comment 582 comment by: *Deutsche Lufthansa AG*

Comment:
This section gives no indication of what would be considered an acceptable level of risk of sudden incapacitation for cabin crew.

Justification:
In the absence of any evidence of attributable risk to safety arising from cabin crew incapacitation, it is suggested that no limit could be justified on safety grounds.

Proposed text:
Amend text to read as follows:
(a) Cabin crew members shall be free from any:
- *abnormality, congenital or acquired; or*
- *active, latent, acute or chronic disease or disability; or*
- *wound, injury or sequelae from operation; or*
- *effect or side effect of any prescribed or nonprescribed therapeutic, diagnostic or preventive medication;*

that would entail a degree of functional incapacity which would lead to inability to perform their duties and responsibilities safely.
(b) When clinically indicated, additional medical examinations and investigations may be required.

comment 658 comment by: *British Airways Flight Operations*

Routine medical examination of cabin crew cannot be justified on safety grounds. See AEA comment #131 to NPA 2009-02g.

General Comment:
NPA 2009-2 in its entirety is unfit for the purpose for which it is intended and must be withdrawn and reconsidered.

comment 682 comment by: *Swiss International Airlines / Bruno Pfister*

Relevant Text:
(a) (4) "..... which might lead to inability or sudden incapacitation to perform their duties and responsibilities safely and in the case of holders of a cabin crew attestation to exercise their privileges safely."

Comment
There is no indication here of what the acceptable level of risk is. Taken literally, though in most cases the risk is low, as everyone is at **some** risk of incapacitation from, for example a cardiac arrythmia, a convulsion or a myocardial infarction, no one would be free of that risk and so would not be able to meet the requirements. For Class 1 pilots, the accepted risk level is 1% annual risk of incapacitation, as described in the paper by Mitchell and Evans published in the ASEM Journal in 2004
http://www.ingentaconnect.com/content/asma/asem/2004/00000075/00000003/art00011 .

Justification
The same basic principle should be applied in ascertaining an acceptable level of risk for cabin crew. The crucial aspects of this calculation will be the

duration/proportion of the flight where cabin crew incapacitation would result in a flight safety risk. As no such period can be defined, no calculable limit could be justified in safety grounds.

Recommendation:
the current EU-Ops requirements under AMC OPS 1.995 is sufficient and should be retained. Revert to EU OPS

comment 683 comment by: *Swiss International Airlines / Bruno Pfister*

Comment: The use of Part MED Subpart B Section 2 medical requirements (Class 2 medical) as the basis for cabin crew medical fitness standards cannot be justified.

Justification:
The medical standards for pilots reflect the consequences of sudden incapacitation of the pilot, being most stringent for the single pilot commercial operation and progressively less stringent for the multi-crew commercial pilot, private pilot and the Light Pilot License (LPL).

The LPL is a new form of licence, outwith the ICAO framework, with proposals for new medical standards that have been specifically developed to reflect the risk assessment for this class of activity. The proposed requirement for the LPL has been based on the requirements for a Group 2 (vocational) driving licence and can be completed by a General Medical Practitioner. A pilot with a LPL may operate as a single pilot in a small aircraft carrying up to 3 or 4 passengers. The consequences of sudden incapacitation during flight in this scenario would be an immediate risk to the safety of the aircraft and it's occupants. The frequency of medical assessment required for the LPL is substantially less than that proposed for cabin crew at CC.C.200
Sudden incapacitation of a member of cabin crew, even in the single cabin crew operation, carries no immediate threat to the safety of the aircraft or it's occupants. Such events do rarely lead to diversion, which carries an element of increased operational risk, but there is no evidence that periodic medical screening can mitigate this.
If a medical standard is required for cabin crew, outwith the ICAO framework, this should also be specifically developed to reflect the risk assessment for this class of activity. A rational risk-based conclusion (best aeromedical practice) is that medical fitness standards for cabin crew should be set at a level below that of the LPL. It might be suggested that the Group 1 driving licence medical standards would be appropriate, although even then it is arguable that sudden incapacitation of a car driver involves a higher level of immediate risk to safety than that of a member of cabin crew.
For example, the medical fitness requirements for a Group 1 licence in the UK are a self-declaration of fitness on initial issuance, self-declaration of any subsequent significant medical condition and renewal, again with self-declaration, at age 70 and 3-yearly thereafter. There is no safety justification for medical standards for cabin crew that are higher than those required for a Group 1 driving-licence. As with the LPL medical certificate, a suitable questionnaire would include some additional specific questions of relevance to the aviation environment. A competent person, e.g. an occupational health professional with aviation medical expertise or access to such expertise, should review the self-declaration.

comment 684 comment by: *Swiss International Airlines / Bruno Pfister*

Comment:
This section gives no indication of what would be considered an acceptable level of risk of sudden incapacitation for cabin crew.

Justification:
In the absence of any evidence of attributable risk to safety arising from cabin crew incapacitation, it is suggested that no limit could be justified on safety grounds.

Proposed text:
Amend text to read as follows:
(a) Cabin crew members shall be free from any:
- *abnormality, congenital or acquired; or*
- *active, latent, acute or chronic disease or disability; or*
- *wound, injury or sequelae from operation; or*
- *effect or side effect of any prescribed or nonprescribed therapeutic, diagnostic or preventive medication;*

that would entail a degree of functional incapacity which would lead to inability to perform their duties and responsibilities safely.
(b) When clinically indicated, additional medical examinations and investigations may be required.

comment 753 comment by: *TAP Portugal*

Relevant Text:
(a) (4) "..... which might lead to inability or sudden incapacitation to perform their duties and responsibilities safely and in the case of holders of a cabin crew attestation to exercise their privileges safely."

Comment
There is no indication here of what the acceptable level of risk is. Taken literally, though in most cases the risk is low, as everyone is at **some** risk of incapacitation from, for example a cardiac arrythmia, a convulsion or a myocardial infarction, no one would be free of that risk and so would not be able to meet the requirements. For Class 1 pilots, the accepted risk level is 1% annual risk of incapacitation, as described in the paper by Mitchell and Evans published in the ASEM Journal in 2004
http://www.ingentaconnect.com/content/asma/asem/2004/00000075/00000003/art00011 .

Justification
The same basic principle should be applied in ascertaining an acceptable level of risk for cabin crew. The crucial aspects of this calculation will be the duration/proportion of the flight where cabin crew incapacitation would result in a flight safety risk. As no such period can be defined, no calculable limit could be justified in safety grounds.

Recommendation:
the current EU-Ops requirements under AMC OPS 1.995 is sufficient and should be retained. Revert to EU OPS

comment 754 comment by: *TAP Portugal*

Comment: The use of Part MED Subpart B Section 2 medical requirements (Class 2 medical) as the basis for cabin crew medical fitness standards cannot

be justified.

Justification:
The medical standards for pilots reflect the consequences of sudden incapacitation of the pilot, being most stringent for the single pilot commercial operation and progressively less stringent for the multi-crew commercial pilot, private pilot and the Light Pilot License (LPL).

The LPL is a new form of licence, outwith the ICAO framework, with proposals for new medical standards that have been specifically developed to reflect the risk assessment for this class of activity. The proposed requirement for the LPL has been based on the requirements for a Group 2 (vocational) driving licence and can be completed by a General Medical Practitioner. A pilot with a LPL may operate as a single pilot in a small aircraft carrying up to 3 or 4 passengers. The consequences of sudden incapacitation during flight in this scenario would be an immediate risk to the safety of the aircraft and it's occupants. The frequency of medical assessment required for the LPL is substantially less than that proposed for cabin crew at CC.C.200
Sudden incapacitation of a member of cabin crew, even in the single cabin crew operation, carries no immediate threat to the safety of the aircraft or it's occupants. Such events do rarely lead to diversion, which carries an element of increased operational risk, but there is no evidence that periodic medical screening can mitigate this.
If a medical standard is required for cabin crew, outwith the ICAO framework, this should also be specifically developed to reflect the risk assessment for this class of activity. A rational risk-based conclusion (best aeromedical practice) is that medical fitness standards for cabin crew should be set at a level below that of the LPL. It might be suggested that the Group 1 driving licence medical standards would be appropriate, although even then it is arguable that sudden incapacitation of a car driver involves a higher level of immediate risk to safety than that of a member of cabin crew.
For example, the medical fitness requirements for a Group 1 licence in the UK are a self-declaration of fitness on initial issuance, self-declaration of any subsequent significant medical condition and renewal, again with self-declaration, at age 70 and 3-yearly thereafter. There is no safety justification for medical standards for cabin crew that are higher than those required for a Group 1 driving-licence. As with the LPL medical certificate, a suitable questionnaire would include some additional specific questions of relevance to the aviation environment. A competent person, e.g. an occupational health professional with aviation medical expertise or access to such expertise, should review the self-declaration.

comment *755* comment by: *TAP Portugal*

Comment:
This section gives no indication of what would be considered an acceptable level of risk of sudden incapacitation for cabin crew.

Justification:
In the absence of any evidence of attributable risk to safety arising from cabin crew incapacitation, it is suggested that no limit could be justified on safety grounds.

Proposed text:
Amend text to read as follows:
(a) Cabin crew members shall be free from any:

- *abnormality, congenital or acquired; or*
- *active, latent, acute or chronic disease or disability; or*
- *wound, injury or sequelae from operation; or*
- *effect or side effect of any prescribed or nonprescribed therapeutic, diagnostic or preventive medication;*

that would entail a degree of functional incapacity which would lead to inability to perform their duties and responsibilities safely.
(b) When clinically indicated, additional medical examinations and investigations may be required

comment 896 — comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Comment:
The paragraph is similar to MED.B.001 for medical certificates.
However, the specific conditions to make a fit assessment described in MED.B.001 (b) are missing.
MED.E.001 (b) does not specify who is entitled to require additional examinations and investigations. This differs from MED.B.001 (d) where this is restricted to an AME, an AeMC and the authority. Additional examinations and investigations should only be required in case of suspected unfitness, in which case the CC shall always be referred to the authority.
Proposal:
Amend MED.E.001 as follows:
Replace (b) with a new (c): The GMP or AME or AeMC or, in case of referral, the licensing authority may require additional medical examinations and investigations when clinically indicated.
Add a new (b): Cabin crew members shall be given a fit assessment only if they comply with all the requirements of this Subpart applicable to the type of operations in which they will be engaged.

comment 900 — comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Relevant Text:
'Cabin crew members shall not possess any … / … disorder which is likely to interfere with the safe exercise of the privileges of **the applicable cabin crew attestation**.

Comment:
This sentence is repeated in a number of paragraphs/subparagraphs, with the result that the specific requirement would not be applicable to CC in non-commercial operations. This need to be corrected

Proposal:
Amend the applicable paragraphs/subparagraphs as follows:

'Cabin crew members shall not possess any … / … disorder which is likely to lead to inability to perform their duties and responsibilities safely or to interfere with the safe exercise of the privileges of the applicable cabin crew attestation.

comment 927 — comment by: *IACA International Air Carrier Association*

Section (a) (2) would fall foul of many Disability Discrimination Acts
· Many existing competent and highly experienced Cabin Crew with

proscribed conditions would have to be medically retired and no doubt compensated at considerable cost.
· There are already a significant number of active cabin crew with Type 1 diabetics treated with insulin and there have been no reports of sudden incapacitation.
· The UK Airline Medical Advisor's Committee (UKAMAC) have recently issued guidance on the employment of CC with stable Epilepsy – "Fit free for 12 months on or off medication is acceptable".

Proposal: replace with – "Active, latent, acute or chronic disease or disability unless it has been fully assessed on an individual basis according to best Aeromedical practice and is considered stable."

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew p. 17

comment *143* comment by: *Virgin Atlantic Airways Ltd*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment *179* comment by: *UKAMAC*

Comment:
Section 1 of this Subpart is unrealistically proscriptive. There are many cabin crew operating quite successfully and safely in spite of chronic diseases such a type I diabetes, ulcerative colitis, coeliac disease, food allergies, HIV disease. It would be intolerable to declare that these people are suddenly unfit for employment and such cases would be settled in the courts.
Section 2 of this Subpart is entirely unnecessary. We know of no airline accident or incident where the outcome was adversely affected by cabin crew incapacitation that might have been predicted by a medical screening process.
Justification:
It would not satisfy regulatory impact assessment. No unmet safety need has been identified to justify these additional procedures.
Proposed text:
Section 2 should be deleted in its entirety.

comment *264* comment by: *The TUI Airlines group represented by Thomson Airways,TUIfly,TUIfly Nordic,CorsairFly,Arkefly,Jet4U,JetairFly*

Section 2

Specific requirements for medical fitness of cabin crew.
Comments:
- There is no case for blanket bans for any of the individual systems categories.
- Some of the suggested tests are either useless or over the top:

1. A resting ECG is of little value for picking up abnormality in asymptomatic individuals.
2. An initial audiogram will not reveal anything more than would have been picked up by Human Resources Department at initial interview. If the proposed Cabin Crew seemed hard of hearing then an audiogram or other hearing test could be arranged.
3. Formal review by a Psychiatrist is excessive when good occupational health review could deal with most cases [as happens at present]. A manic Cabin Crew would find it difficult to affect flight safety given the closed cockpit door.
4. Urinalysis, Blood pressure monitoring etc. are well person checks which are universally available from the National Health Service , so to regulate for them is deemed unnecessary.
5. The rule for Pregnancy seems to be quite confused as most problems occur in the first trimester and the NPA says that it is OK to fly then! In addition, this NPA takes no account of the ALARA principle which has been in operation for many years now to protect the developing foetus at its most vulnerable stage from ionising radiation.

Proposals:
This entire section should be deleted and replaced with:
- The Company MO should assess prospective or existing Cabin Crew with a history of illness or who develop illness treating each case on its individual merit.
- Best Occupational Health Practice should look after less than "A1" Cabin Crew by periodic assessment defined on an individual case basis.

comment 923 comment by: *IACA International Air Carrier Association*

It has not been satisfied that Cabin Crew attestations as defined under EASA serve any purpose other than increasing a further bureaucratic level of responsibility. They do not enhance safety in any way and neither would they improve or permit transfer of CC from one Operator to another as each new Operator is required to complete an OCC and to satisfy itself of the level of competence of each CC employee.
Proposal: Remove Subpart CC as this serves no useful purpose.

comment 929 comment by: *IACA International Air Carrier Association*

·There is no case for blanket bans for any of the individual systems categories.
·Some of the suggested tests are either useless or over the top:
1. A resting ECG is of little value for picking up abnormality in asymptomatic individuals.

An initial audiogram will not reveal anything more than would have been picked up by Human Resources Department at initial interview. If the proposed Cabin Crew seemed hard of hearing then an audiogram or other hearing test could be arranged.

Formal review by a Psychiatrist is excessive when good occupational health review could deal with most cases [as happens at present]. A manic Cabin Crew would find it difficult to affect flight safety given the closed cockpit door.

Urinalysis, Blood pressure monitoring etc. are well person checks which

are universally available from the National Health Service, so to regulate for them is deemed unnecessary.
The rule for Pregnancy seems to be quite confused as most problems occur in the first trimester and the NPA says that it is OK to fly then! In addition, this NPA takes no account of the ALARA principle which has been in operation for many years now to protect the developing foetus at its most vulnerable stage from ionising radiation.

Proposals: This entire section should be deleted and replaced with:
· The Company MO should assess prospective or existing Cabin Crew with a history of illness or who develop illness treating each case on its individual merit.
Best Occupational Health Practice should look after less than "A1" Cabin Crew by periodic assessment defined on an individual case basis.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.005: Cardiovascular System p. 17-19

comment 2 comment by: *Dr.Beiderwellen, Secretary of GAAME*

Med.D.005
It is not clear from the item what "fully recovered" means.

Proposal:

A re-assesment shall be made by an AMC or an AME class I according to class II medical requirements

comment 11 comment by: *British Airways*

Comment:
The proposed cardiovascular medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
Cabin crew who have pre-existing cardiac disease or who develop cardiac disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

The resting ECG is widely recognised as having limited value as a screening tool in asymptomatic populations. The expense and adverse health consequences of this and the additional investigation that would be required in those who have an 'abnormal' ECG trace cannot be justified as a regulatory requirement in the absence of evidence of a risk to safety.

Periodic measurement of blood pressure forms part of routine preventive health care, which may be carried out by an individual's General Practitioner or occupational health service. It is not justified as a regulatory requirement in the absence of evidence of a risk to safety.

Proposed text:

Delete paragraphs a, b, c, d and e. Replace with: Cabin crew who have pre-existing cardiac disease or who develop cardiac disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment

38	comment by: *Virgin Atlantic Airways Ltd*

Comment (a) (1) The resting ECG is of limited value as a mass screeing tool.

Justification The expense of conducting routine ECGs and investigating those with anomalies cannot be justified on safety grounds

Proposal The requirement for resting ECGs should be removed

comment

39	comment by: *Virgin Atlantic Airways Ltd*

Comment Blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk.

Justification Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.
As examples, we have crew who have developed conditions requiring systemic short and long term anticoagulant therapy (see 2(iii)). After evaluation of their clinical condition, confirming stability of anticoagulation and consultation with their specialist, some have been allowed to return to flying and some have not. Those who do return are reviewed by Occupational Health professionals to ensure that nothing has changed. The nature of our airline's operation is also taken into account.

Proposal Lists of conditions should ideally be removed. If not deemd appropriate, then they should be included in a list of "conditions which should be subject to individual assessment"

comment

40	comment by: *Virgin Atlantic Airways Ltd*

Comment In (2) (ii) What is the definition of "significant"?

Justification Is this structuraly significant of functionally? A bicuspid aortic valve might be regarded as significant structurally but may be insignificant functionally in a 20-30 year old.

Proposal If conditions are to be included by name, some definition of the degree of "significance" is required

comment

42	comment by: *Virgin Atlantic Airways Ltd*

(d) (e) As stated previously blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for

Occupational Health assessment, not regulatory control.

comment

85	comment by: *Dr.Beiderwellen, Secretary of GAAME*

a 1) aufgrund der Häufigkeit cardio-vasculärer Erkrankungen schon vor dem 40. Lebensjahr ist ein EKG bei jeder Untersuchung anzufertigen. Die klin. Indikation zu weiterführenden cardiolog. Untersuchungen kann nur anhand eines vorliegenden, aktuellen EKG gestellt werden.

c 2) Die Grenzen eines noch akzeptabelen Blutdrucks müssen definiert sein, In Anlehnung an JAR-FCL 3 wird hier ein Wert von max. 160/90 mmHg vorgeschlagen.
d 2) Eine Definition des Begriffes " fully recovered" fehlt. Zumindest muss hier ein minimaler Untersuchungsumfang (z.B. entsprechend JAR-FCL 3, App.1 (6)) gefordert werden.

4 (ii) Bei absoluter Schrittmacherabhängigkeit muss auf "untauglich" beurteilt werden

comment

112	comment by: *Thomas Cook Airlines UK*

Section 2 Specific requirements for medical fitness of cabin crew

MED.E.005 Cardiovascular System

Comment:

Even in older age groups routine electrocardiography cannot be justified on the grounds of flight safety. There is no evidence that flight safety has ever been compromised by cardiac disability in cabin crew. Cabin crew on anti-coagulants with stable control will not compromise flight safety and should be permitted to operate provided that their clinical condition and clinical assessment is satisfactory. Any cabin crew applicant or if already established in that role should be assessed for any chronic disease or disability according to best occupational health practice.

Justification:

Routine electrocardiography will do nothing to improve flight safety and is a very unreliable screening test in asymptomatic patients.

Proposed text;

delete paragraph (a) (1) and delete (b) (2) (iii) and move it to paragraph (3)

comment

135	comment by: *bmi*

Para. MED.E.005
Comment:Periodic ECG is not necessaryfor cabin crew.
Justification:Routine ECG will do nothing to improve flight safety in asymptomatic subjects without clinical indications.
Porposed text:delete para (a)(1)
Para. MED.E.005
Comment:A cardiovascular condition requiring systemic anticoagulant therapy should not be disqualying.

Justification:Only warfarin has a greater than 1% risk of incapacitating haemorrage per annum. Aspirin does not have this risk, and is currently acceptable for class 1 JAA certification. Should cabin crew have more restrictive requirments than pilots.
Proposed text:Move (b) (2)(iii) to para. (3) as one of those conditions. Change wording of (3)after list point (ix) from 'shall be evaluated by a cardiologist' to 'should be evaluated by a cardiologist'.

comment 201 comment by: *Virgin Atlantic Airways*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment 202 comment by: *Virgin Atlantic Airways*

Comment (a) (1) The resting ECG is of limited value as a mass screeing tool.

Justification The expense of conducting routine ECGs and investigating those with anomalies cannot be justified on safety grounds

Proposal The requirement for resting ECGs should be removed

comment 203 comment by: *Virgin Atlantic Airways*

Comment Blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk.

Justification Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.
As examples, we have crew who have developed conditions requiring systemic short and long term anticoagulant therapy (see 2(iii)). After evaluation of their clinical condition, confirming stability of anticoagulation and consultation with their specialist, some have been allowed to return to flying and some have not. Those who do return are reviewed by Occupational Health professionals to ensure that nothing has changed. The nature of our airline's operation is also taken into account.

Proposal Lists of conditions should ideally be removed. If not deemd appropriate, then they should be included in a list of "conditions which should be subject to individual assessment"

comment 204 comment by: *Virgin Atlantic Airways*

Comment In (2) (ii) What is the definition of "significant"?

Justification Is this structuraly significant of functionally? A bicuspid aortic valve might be regarded as significant structurally but may be insignificant functionally in a 20-30 year old.

Proposal If conditions are to be included by name, some definition of the degree of "significance" is required

comment 205 comment by: *Virgin Atlantic Airways*

(d) (e) As stated previously blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.

comment 323 comment by: *AEA*

Relevant Text:
paragraphs a, b, c, d and e.

Comment:
The proposed cardiovascular medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
Cabin crew who have pre-existing cardiac disease or who develop cardiac disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

The resting ECG is widely recognised as having limited value as a screening tool in asymptomatic populations. The expense and adverse health consequences of this and the additional investigation that would be required in those who have an 'abnormal' ECG trace cannot be justified as a regulatory requirement in the absence of evidence of a risk to safety.

Proposal:
Delete paragraphs a, b, c, d and e.
Replace with: Cabin crew who have pre-existing cardiac disease or who develop cardiac disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment 325 comment by: *AEA*

Comment
Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk.

Justification
Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.
As examples, in some of AEA airlines there is crew who have developed conditions requiring systemic short and long term anticoagulant therapy (see 2(iii)). After evaluation of their clinical condition, confirming stability of anticoagulation and consultation with their specialist, some have been allowed to return to flying and some have not. Those who do return are reviewed by Occupational Health professionals to ensure that nothing has changed. The nature of our airline's operation is also taken into account.

Proposal
Lists of conditions should ideally be removed. If not deemed appropriate, then they should be included in a list of "conditions which should be subject to individual assessment"

comment *326* comment by: *AEA*

Relevant text:
(d) *Coronary Artery Disease*
(e) *Rhythm/Conduction Disturbances*

Comment:
As stated previously blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene national legislation in some member states in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.

comment *327* comment by: *AEA*

Relevant textÑ
(b) Cardiovascular System – General
(2) Cabin crew members with any of the following conditions:
(ii) significant abnormality of any of the heart valves;

Comment In (2) (ii) What is the definition of "significant"?

Justification Is this structurally significant or functionally? A bicuspid aortic valve might be regarded as significant structurally but may be insignificant functionally in a 20-30 year old.

Proposal Define Significance. If conditions are to be included by name, some definition of the degree of "significance" is required.

comment *423* comment by: *AUSTRIAN Airlines*

Relevant Text:
paragraphs a, b, c, d and e.

Comment:
The proposed cardiovascular medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
Cabin crew who have pre-existing cardiac disease or who develop cardiac disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

The resting ECG is widely recognised as having limited value as a screening tool in asymptomatic populations. The expense and adverse health consequences of this and the additional investigation that would be required in those who have an 'abnormal' ECG trace cannot be justified as a regulatory requirement in the absence of evidence of a risk to safety.

Periodic measurement of blood pressure forms part of routine preventive health care, which may be carried out by an individual's General Practitioner or occupational health service. It is not justified as a regulatory requirement in the absence of evidence of a risk to safety.

Proposal:
Delete paragraphs a, b, c, d and e.
Replace with: Cabin crew who have pre-existing cardiac disease or who develop cardiac disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment | *424* | comment by: *AUSTRIAN Airlines*

Relevant text:
(a) Examination
(1) A standard 12lead resting electrocardiogram (ECG) and report shall be completed on clinical indication, and at the first examination after the age of 40 and then every 2 years after the age of 50.
Comment
The resting ECG is of limited value as a mass screeing tool. There is no added safety value for having such requirement for electrocardiograms. This will only cost al lot of money without a proved link with Flight Safety.
Justification:
The expense of conducting routine ECGs and investigating those with anomalies cannot be justified on safety grounds
Proposal:
The requirement for resting ECGs should be removed

comment | *425* | comment by: *AUSTRIAN Airlines*

Comment
Blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk.

Justification
Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.
As examples, we have crew who have developed conditions requiring systemic short and long term anticoagulant therapy (see 2(iii)). After evaluation of their

clinical condition, confirming stability of anticoagulation and consultation with their specialist, some have been allowed to return to flying and some have not. Those who do return are reviewed by Occupational Health professionals to ensure that nothing has changed. The nature of our airline's operation is also taken into account.

Proposal
Lists of conditions should ideally be removed. If not deemd appropriate, then they should be included in a list of "conditions which should be subject to individual assessment"

comment *426* comment by: *AUSTRIAN Airlines*

elevant text:
(d) *Coronary Artery Disease*
(e) *Rhythm/Conduction Disturbances*

Comment:
As stated previously blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene national legislation in some member states in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.

comment *427* comment by: *AUSTRIAN Airlines*

Relevant textÑ
(b) Cardiovascular System – General
(2) Cabin crew members with any of the following conditions:
(ii) significant abnormality of any of the heart valves;

Comment In (2) (ii) What is the definition of "significant"?

Justification Is this structuraly significant of functionally? A bicuspid aortic valve might be regarded as significant structurally but may be insignificant functionally in a 20-30 year old.

Proposal Define Significance. If conditions are to be included by name, some definition of the degree of "significance" is required.

comment *509* comment by: *KLM*

Relevant Text:
paragraphs a, b, c, d and e.

Comment:
The proposed cardiovascular medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
Cabin crew who have pre-existing cardiac disease or who develop cardiac disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

The resting ECG is widely recognised as having limited value as a screening tool in asymptomatic populations. The expense and adverse health consequences of this and the additional investigation that would be required in those who have an 'abnormal' ECG trace cannot be justified as a regulatory requirement in the absence of evidence of a risk to safety.

Periodic measurement of blood pressure forms part of routine preventive health care, which may be carried out by an individual's General Practitioner or occupational health service. It is not justified as a regulatory requirement in the absence of evidence of a risk to safety.

Proposal:
Delete paragraphs a, b, c, d and e.
Replace with: Cabin crew who have pre-existing cardiac disease or who develop cardiac disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment | *510* | comment by: *KLM*

Relevant text:
(a) Examination
(1) A standard 12lead resting electrocardiogram (ECG) and report shall be completed on clinical indication, and at the first examination after the age of 40 and then every 2 years after the age of 50.
Comment
The resting ECG is of limited value as a mass screeing tool. There is no added safety value for having such requirement for electrocardiograms. This will only cost al lot of money without a proved link with Flight Safety.
Justification:
The expense of conducting routine ECGs and investigating those with anomalies cannot be justified on safety grounds
Proposal:
The requirement for resting ECGs should be removed

comment | *511* | comment by: *KLM*

Comment
Blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk.

Justification
Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.
As examples, we have crew who have developed conditions requiring systemic short and long term anticoagulant therapy (see 2(iii)). After evaluation of their clinical condition, confirming stability of anticoagulation and consultation with their specialist, some have been allowed to return to flying and some have not. Those who do return are reviewed by Occupational Health professionals to ensure that nothing has changed. The nature of our airline's operation is also taken into account.

Proposal
Lists of conditions should ideally be removed. If not deemd appropriate, then they should be included in a list of "conditions which should be subject to individual assessment"

comment 512 comment by: *KLM*

Relevant text:
(d) *Coronary Artery Disease*
(e) *Rhythm/Conduction Disturbances*

Comment:
As stated previously blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene national legislation in some member states in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.

comment 513 comment by: *KLM*

Relevant textÑ
(b) Cardiovascular System – General
(2) Cabin crew members with any of the following conditions:
(ii) significant abnormality of any of the heart valves;

Comment In (2) (ii) What is the definition of "significant"?

Justification Is this structuraly significant of functionally? A bicuspid aortic valve might be regarded as significant structurally but may be insignificant functionally in a 20-30 year old.

Proposal Define Significance. If conditions are to be included by name, some definition of the degree of "significance" is required.

comment 583 comment by: *Deutsche Lufthansa AG*

Relevant Text:
paragraphs a, b, c, d and e.

Comment:
The proposed cardiovascular medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
Cabin crew who have pre-existing cardiac disease or who develop cardiac disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

The resting ECG is widely recognised as having limited value as a screening tool in asymptomatic populations. The expense and adverse health consequences of this and the additional investigation that would be required in those who have an 'abnormal' ECG trace cannot be justified as a regulatory requirement in the absence of evidence of a risk to safety.

Periodic measurement of blood pressure forms part of routine preventive health care, which may be carried out by an individual's General Practitioner or occupational health service. It is not justified as a regulatory requirement in the absence of evidence of a risk to safety.

Proposal:
Delete paragraphs a, b, c, d and e.
Replace with: Cabin crew who have pre-existing cardiac disease or who develop cardiac disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment 584 comment by: *Deutsche Lufthansa AG*

Relevant text:
(a) Examination
(1) A standard 12lead resting electrocardiogram (ECG) and report shall be completed on clinical indication, and at the first examination after the age of 40 and then every 2 years after the age of 50.
Comment
The resting ECG is of limited value as a mass screeing tool. There is no added safety value for having such requirement for electrocardiograms. This will only cost al lot of money without a proved link with Flight Safety.
Justification:
The expense of conducting routine ECGs and investigating those with anomalies cannot be justified on safety grounds
Proposal:
The requirement for resting ECGs should be removed

comment 585 comment by: *Deutsche Lufthansa AG*

Comment
Blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk.

Justification
Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.
As examples, we have crew who have developed conditions requiring systemic short and long term anticoagulant therapy (see 2(iii)). After evaluation of their clinical condition, confirming stability of anticoagulation and consultation with their specialist, some have been allowed to return to flying and some have not. Those who do return are reviewed by Occupational Health professionals to ensure that nothing has changed. The nature of our airline's operation is also taken into account.

Proposal
Lists of conditions should ideally be removed. If not deemd appropriate, then they should be included in a list of "conditions which should be subject to individual assessment"

comment 586 comment by: *Deutsche Lufthansa AG*

Relevant text:
(d) *Coronary Artery Disease*
(e) *Rhythm/Conduction Disturbances*

Comment:
As stated previously blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene national legislation in some member states in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.

comment 587 comment by: *Deutsche Lufthansa AG*

Relevant textÑ
(b) Cardiovascular System – General
(2) Cabin crew members with any of the following conditions:
(ii) significant abnormality of any of the heart valves;

Comment In (2) (ii) What is the definition of "significant"?

Justification Is this structuraly significant of functionally? A bicuspid aortic valve might be regarded as significant structurally but may be insignificant functionally in a 20-30 year old.

Proposal Define Significance. If conditions are to be included by name, some definition of the degree of "significance" is required.

comment 685 comment by: *Swiss International Airlines / Bruno Pfister*

Relevant Text:
paragraphs a, b, c, d and e.

Comment:
The proposed cardiovascular medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
Cabin crew who have pre-existing cardiac disease or who develop cardiac disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

The resting ECG is widely recognised as having limited value as a screening tool in asymptomatic populations. The expense and adverse health consequences of this and the additional investigation that would be required in those who have an 'abnormal' ECG trace cannot be justified as a regulatory requirement in the absence of evidence of a risk to safety.

Periodic measurement of blood pressure forms part of routine preventive health care, which may be carried out by an individual's General Practitioner or occupational health service. It is not justified as a regulatory requirement in the absence of evidence of a risk to safety.

Proposal:
Delete paragraphs a, b, c, d and e.
Replace with: Cabin crew who have pre-existing cardiac disease or who develop cardiac disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment 686 comment by: *Swiss International Airlines / Bruno Pfister*

Relevant text:
(a) Examination
(1) A standard 12lead resting electrocardiogram (ECG) and report shall be completed on clinical indication, and at the first examination after the age of 40 and then every 2 years after the age of 50.
Comment
The resting ECG is of limited value as a mass screeing tool. There is no added safety value for having such requirement for electrocardiograms. This will only cost al lot of money without a proved link with Flight Safety.
Justification:
The expense of conducting routine ECGs and investigating those with anomalies cannot be justified on safety grounds
Proposal:
The requirement for resting ECGs should be removed

comment 687 comment by: *Swiss International Airlines / Bruno Pfister*

Comment
Blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk.

Justification
Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.
As examples, we have crew who have developed conditions requiring systemic short and long term anticoagulant therapy (see 2(iii)). After evaluation of their clinical condition, confirming stability of anticoagulation and consultation with their specialist, some have been allowed to return to flying and some have not. Those who do return are reviewed by Occupational Health professionals to ensure that nothing has changed. The nature of our airline's operation is also taken into account.

Proposal
Lists of conditions should ideally be removed. If not deemd appropriate, then they should be included in a list of "conditions which should be subject to individual assessment"

comment 688 comment by: *Swiss International Airlines / Bruno Pfister*

Relevant text:
(d) *Coronary Artery Disease*
(e) *Rhythm/Conduction Disturbances*

Comment:
As stated previously blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene national legislation in some member states in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.

comment 689 comment by: *Swiss International Airlines / Bruno Pfister*

Relevant textÑ
(b) Cardiovascular System – General
(2) Cabin crew members with any of the following conditions:
(ii) significant abnormality of any of the heart valves;

Comment In (2) (ii) What is the definition of "significant"?
Justification Is this structuraly significant of functionally? A bicuspid aortic valve might be regarded as significant structurally but may be insignificant functionally in a 20-30 year old.

Proposal Define Significance. If conditions are to be included by name, some definition of the degree of "significance" is required.

comment 756 comment by: *TAP Portugal*

Relevant Text:
paragraphs a, b, c, d and e.

Comment:
The proposed cardiovascular medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
Cabin crew who have pre-existing cardiac disease or who develop cardiac disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.
The resting ECG is widely recognised as having limited value as a screening tool in asymptomatic populations. The expense and adverse health consequences of this and the additional investigation that would be required in those who have an 'abnormal' ECG trace cannot be justified as a regulatory requirement in the absence of evidence of a risk to safety.
Periodic measurement of blood pressure forms part of routine preventive health care, which may be carried out by an individual's General Practitioner or occupational health service. It is not justified as a regulatory requirement in the absence of evidence of a risk to safety.

Proposal:
Delete paragraphs a, b, c, d and e.
Replace with: Cabin crew who have pre-existing cardiac disease or who develop cardiac disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment	757	comment by: *TAP Portugal*

Relevant text:
(a) Examination
(1) A standard 12lead resting electrocardiogram (ECG) and report shall be completed on clinical indication, and at the first examination after the age of 40 and then every 2 years after the age of 50.
Comment
The resting ECG is of limited value as a mass screeing tool. There is no added safety value for having such requirement for electrocardiograms. This will only cost al lot of money without a proved link with Flight Safety.
Justification:
The expense of conducting routine ECGs and investigating those with anomalies cannot be justified on safety grounds
Proposal:
The requirement for resting ECGs should be removed

comment	758	comment by: *TAP Portugal*

Comment
Blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk.

Justification
Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.
As examples, we have crew who have developed conditions requiring systemic short and long term anticoagulant therapy (see 2(iii)). After evaluation of their clinical condition, confirming stability of anticoagulation and consultation with their specialist, some have been allowed to return to flying and some have not. Those who do return are reviewed by Occupational Health professionals to ensure that nothing has changed. The nature of our airline's operation is also taken into account.

Proposal
Lists of conditions should ideally be removed. If not deemd appropriate, then they should be included in a list of "conditions which should be subject to individual assessment"

comment	759	comment by: *TAP Portugal*

Relevant text:
(d) *Coronary Artery Disease*
(e) *Rhythm/Conduction Disturbances*

Comment:
As stated previously blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene national legislation in some member states in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.

comment	760	comment by: *TAP Portugal*

Relevant textÑ
(b) Cardiovascular System – General
(2) Cabin crew members with any of the following conditions:
(ii) significant abnormality of any of the heart valves;

Comment In (2) (ii) What is the definition of "significant"?

Justification Is this structuraly significant of functionally? A bicuspid aortic valve might be regarded as significant structurally but may be insignificant functionally in a 20-30 year old.

Proposal Define Significance. If conditions are to be included by name, some definition of the degree of "significance" is required.

comment *861* comment by: *IATA*

(a) Examination
(1) Any cardiovascular investigation, including a standard 12-lead resting electrocardiogram (ECG), and report shall be completed on clinical indication.
(2) **Remove**

(b) Cardiovascular System – General
(2) Cabin crew member with any of the following conditions:
(i) aneurysm of the aorta before surgery
(3) Cabin crew member with an established diagnosis of one of the following conditions:
(ii) aneurysm of the aorta after surgery
(c) Blood pressure
(1) The blood pressure shall be recorded when a medical examination is indicated.

comment *897* comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Comment:
Section 2 to Subpart E for CC is almost identical to section 2 to Subpart B for medical certificates class 2. For medical certificates class 2 there are also AMC/GM giving further details on assessments and interpretation of the Implementing rules. These are missing for CC but need to be included.

Proposal:
AMC/GM material to Section 2 to Subpart E is required, corresponding to Section 2 to Subpart B for medical certificates class 2.

comment *904* comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Relevant Text:
(d) *Coronary Artery Disease*
(1) Cabin crew members with:
(i) cardiac ischaemia;
(ii) symptomatic coronary artery disease; or
(iii) symptoms of coronary artery disease controlled by medication;
shall be assessed as unfit

Comment:
For a medical certificate class 2 there is also a requirement for a cardiological evaluation in case of suspected cardiac ischaemia or asymptomatic minor coronary artery disease requiring no treatment. This requirement is also valid for CC and should be added.

Proposal:
Add the requirements in MED.B.005 (d)(1) and (2).

comment 907 comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Relevant Text:
(e) *Rhythm/Conduction Disturbances*
(1) ... / ...
shall be evaluated before a fit assessment can be considered.

Comment:
There is a minor difference compared to the requirement for a class 2 medical certificate, which reads: 'shall be evaluated by a cardiologist before a fit assessment can be considered.' These complex disturbances would require the opinion of a cardiologist to be properly assessed. In order to be consistent, the words used for class 2 should be used.

Proposal:
Amend the requirement to read:
(1) … / …
Shall be evaluated by a cardiologist before a fit assessment can be considered.

comment 909 comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Relevant Text:
(e) *Rhythm/Conduction Disturbances*
(2) Cabin crew members with any of the following:
… / …
may be assessed as fit in the absence of any other abnormality and subject to

Comment:
There is a minor difference compared to the requirement for a class 2 medical certificate, which reads: 'may be assessed as fit in the absence of any other abnormality and subject to satisfactory cardiological evaluation.'
In order to be consistent, the words used for class 2 should be used.

Proposal:
(2) Cabin crew members with any of the following:
… / …
may be assessed as fit in the absence of any other abnormality and subject to satisfactory cardiological evaluation.

comment 946 comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.

In most cases it is subject to "…satisfactory aeromedical evaluation…" whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.010: Respiratory System p. 19

comment 3 comment by: *Dr.Beiderwellen, Secretary of GAAME*

MED.E.010 (b):

Cabin crew members shall undertake a pulmonary function test at every check

comment 12 comment by: *British Airways*

Comment:
The proposed respiratory medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Proposed text:
Delete paragraphs a, b, c and d.
Replace with: Cabin crew who have pre-existing respiratory disease or who develop respiratory disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment 43 comment by: *Virgin Atlantic Airways Ltd*

Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in soime cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

comment 86 comment by: *Dr.Beiderwellen, Secretary of GAAME*

b) auf Grund der erhöhten Belastung in Notfällen (z.B. Rapid dekompression, Brand) und der dann wichtigen Funktion der Flugbegleiter muss die Leistungsfähigkeit ihres pulmonalen Systems jederzeit gewährleistet sein. daher ist einen Lungenfunktionstestung mit Bestimmung der VC, FEV1, PEF bei jeder Untersuchung zu fordern

comment 113 comment by: *Thomas Cook Airlines UK*

MED.E.010 Respiratory system

Comment:
a partial pneumonectomy is not necessarily disabling and may be considered acceptable following clinical assessment.

Justification:
even following partial pneumonectomy respiratory function may be perfectly adequate for cabin crew duties.

Proposed text:
move paragraph (d) to paragraph (c)

comment | *136* | comment by: *bmi*

para. MED.E.010 Respiratory system
Comment:Partial pneumonectomy is not necessarily disabling and may be acceptable after clinical assessment.
Justification: Pulmonary function testing may be bacceptable for cabin crew duties after partial pneumonectomy.
Proposed text: Remove para. (d).

comment | *143* ☐ | comment by: *Virgin Atlantic Airways Ltd*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment | *201* ☐ | comment by: *Virgin Atlantic Airways*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment | *206* | comment by: *Virgin Atlantic Airways*

Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in soime cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

comment 328 comment by: *AEA*

Comment:
The proposed respiratory medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Proposal:
Delete paragraphs a, b, c and d.
Replace with: *Cabin crew who have pre-existing respiratory disease or who develop respiratory disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice*

comment 428 comment by: *AUSTRIAN Airlines*

Comment:
The proposed respiratory medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Proposal:
Delete paragraphs a, b, c and d.
Replace with: *Cabin crew who have pre-existing respiratory disease or who develop respiratory disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice*

comment 514 comment by: *KLM*

Comment:
The proposed respiratory medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Proposal:
Delete paragraphs a, b, c and d.
Replace with: *Cabin crew who have pre-existing respiratory disease or who*

develop respiratory disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice

comment 588 comment by: *Deutsche Lufthansa AG*

Comment:
The proposed respiratory medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Proposal:
Delete paragraphs a, b, c and d.
Replace with: *Cabin crew who have pre-existing respiratory disease or who develop respiratory disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice*

comment 690 comment by: *Swiss International Airlines / Bruno Pfister*

Comment:
The proposed respiratory medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Proposal:
Delete paragraphs a, b, c and d.
Replace with: *Cabin crew who have pre-existing respiratory disease or who develop respiratory disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice*

comment 761 comment by: *TAP Portugal*

Comment:
The proposed respiratory medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Proposal:
Delete paragraphs a, b, c and d.
Replace with: *Cabin crew who have pre-existing respiratory disease or who develop respiratory disease which could result in their being unable to safely*

perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice

comment 911 — comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Relevant Text:
(d) Cabin crew members who have undergone a partial pneumonectomy shall be assessed as unfit.

Comment:
According to MED.B.010 applicants for a class 1 medical certificate who have undergone a total pneumonectomy shall be assessed as unfit, while a lesser chest surgery can result in a fit assessment. For CC even a partial pneumonectomy, which is a lesser chest surgery with far less consequences, is proposed to be disqualifying. This is not proportionate and should be corrected.
Proposal:
Amend the requirement to read:
(d) Cabin crew members who have undergone a total pneumonectomy shall be assessed as unfit.

comment 946 ☐ — comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.
In most cases it is subject to "…satisfactory aeromedical evaluation…" whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.015: Digestive System p. 19

comment 13 — comment by: *British Airways*

Comment:
The proposed digestive system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Acute gastro-intestinal disease is the most common reason for sudden incapacitation of cabin crew, but there is no evidence that periodic medical assessment or examination would mitigate this risk.

Proposed text:
Delete paragraphs a, b, c and d.
Replace with: Cabin crew who have pre-existing gastro-intestinal disease or who develop gastro-intestinal disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their

fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment 44 comment by: *Virgin Atlantic Airways Ltd*

Blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and in soime cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.
The most common problem in this area is acute diaorrhoea and / or vomiting but this is not predictable or identifiable at a routine medical examination

comment 114 comment by: *Thomas Cook Airlines UK*

MED.E.015 Digestive system

Comment:
Cabin crew-members with established digestive system disease should be assessed on an individual basis following best Occupational Health principles. Those with established but stable disease shall be considered fit to perform duties as a member of cabin-crew.

Justification:
There is no evidence that a member of cabin-crew with established but stable gastro-intestinal disease has ever compromised flight safety. Acute gastrointestinal incapacity is quite common and cannot be anticipated by any form of routine medical examination.

Proposed text:
Delete paragraphs (a), (b)
Add paragraph (c) to paragraph (d) as number (6)

comment 143 ☐ comment by: *Virgin Atlantic Airways Ltd*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment 201 ☐ comment by: *Virgin Atlantic Airways*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety

benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment *207* comment by: *Virgin Atlantic Airways*

Blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and in soime cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.
The most common problem in this area is acute diaorrhoea and / or vomiting but this is not predictable or identifiable at a routine medical examination

comment *329* comment by: *AEA*

Relevant Text:
paragraphs a, b, c and d

Comment:
The proposed digestive system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Acute gastro-intestinal disease is the most common reason for sudden incapacitation of cabin crew, but there is no evidence that periodic medical assessment or examination would mitigate this risk.

Proposal:
Delete paragraphs a, b, c and d.
Replace with: *Cabin crew who have pre-existing gastro-intestinal disease or who develop gastro-intestinal disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment *429* comment by: *AUSTRIAN Airlines*

Comment:
The proposed digestive system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Acute gastro-intestinal disease is the most common reason for sudden incapacitation of cabin crew, but there is no evidence that periodic medical assessment or examination would mitigate this risk.

Proposal:
Delete paragraphs a, b, c and d.
Replace with: *Cabin crew who have pre-existing gastro-intestinal disease or who develop gastro-intestinal disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 430 comment by: *AUSTRIAN Airlines*

omment:
Blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and in soime cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.
The most common problem in this area is acute diaorrhoea and / or vomiting but this is not predictable or identifiable at a routine medical examination

comment 515 comment by: *KLM*

Relevant Text:
paragraphs a, b, c and d

Comment:
The proposed digestive system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Acute gastro-intestinal disease is the most common reason for sudden incapacitation of cabin crew, but there is no evidence that periodic medical assessment or examination would mitigate this risk.

Proposal:
Delete paragraphs a, b, c and d.
Replace with: *Cabin crew who have pre-existing gastro-intestinal disease or who develop gastro-intestinal disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 516 comment by: *KLM*

Comment:
Blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and in soime cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of

whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. The most common problem in this area is acute diaorrhoea and / or vomiting but this is not predictable or identifiable at a routine medical examination

comment 589 comment by: *Deutsche Lufthansa AG*

Relevant Text:
paragraphs a, b, c and d

Comment:
The proposed digestive system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Acute gastro-intestinal disease is the most common reason for sudden incapacitation of cabin crew, but there is no evidence that periodic medical assessment or examination would mitigate this risk.

Proposal:
Delete paragraphs a, b, c and d.
Replace with: *Cabin crew who have pre-existing gastro-intestinal disease or who develop gastro-intestinal disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 590 comment by: *Deutsche Lufthansa AG*

Comment:
Blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and in soime cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. The most common problem in this area is acute diaorrhoea and / or vomiting but this is not predictable or identifiable at a routine medical examination

comment 691 comment by: *Swiss International Airlines / Bruno Pfister*

Relevant Text:
paragraphs a, b, c and d

Comment:
The proposed digestive system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Acute gastro-intestinal disease is the most common reason for sudden

incapacitation of cabin crew, but there is no evidence that periodic medical assessment or examination would mitigate this risk.

Proposal:
Delete paragraphs a, b, c and d.
Replace with: *Cabin crew who have pre-existing gastro-intestinal disease or who develop gastro-intestinal disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 692 comment by: *Swiss International Airlines / Bruno Pfister*

Comment:
Blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and in soime cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.
The most common problem in this area is acute diaorrhoea and / or vomiting but this is not predictable or identifiable at a routine medical examination

comment 762 comment by: *TAP Portugal*

Relevant Text:
paragraphs a, b, c and d

Comment:
The proposed digestive system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Acute gastro-intestinal disease is the most common reason for sudden incapacitation of cabin crew, but there is no evidence that periodic medical assessment or examination would mitigate this risk.

Proposal:
Delete paragraphs a, b, c and d.
Replace with: *Cabin crew who have pre-existing gastro-intestinal disease or who develop gastro-intestinal disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 763 comment by: *TAP Portugal*

Comment:
Blanket exlusion of a range of medical conditions without individual evaluation cannot be justified and in soime cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

The most common problem in this area is acute diaorrhoea and / or vomiting but this is not predictable or identifiable at a routine medical examination

comment

915	comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Relevant Text:
(d) (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; may be assessed as fit after successful treatment or full recovery after surgery and subject to satisfactory evaluation.

Comment:
There is a minor difference to the requirement for a class 2 medical certificate, which reads: 'may be assessed as fit after successful treatment or full recovery after surgery and subject to satisfactory gastroenterological evaluation.'
In order to be consistent, the words used for class 2 should be used.

Proposal:
Amend the requirement to read:
' ...and subject to satisfactory gastroenterological evaluation.'

comment

946 ☐	comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.
In most cases it is subject to "…satisfactory aeromedical evaluation…" whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.020: Metabolic and Endocrine Systems p. 19-20

comment

4	comment by: *Dr.Beiderwellen, Secretary of GAAME*

MED.E.020 (c):

Insulin requiering Diabetes is nowadays not related to a higher risk of hypoglycämie than a non insulin-diabetes.

Proposal:
delete (c)(1) an add in (2): " with all kinds of diabetes"

comment

14	comment by: *British Airways*

Comment:
The proposed metabolic and endocrine system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

There is widespread global experience of cabin crew who have insulin dependent diabetes mellitus operating successfully in the role - both initial entrants and those who develop the condition during employment. To say that such individuals are unfit for the role would be unjustifiable and against the intent of existing social employment legislation on disability discrimination.

Proposed text:
Delete paragraphs a, b and c.
Replace with: Cabin crew who have pre-existing metabolic or endocrine disease or who develop metabolic or endocrine disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment *43* ☐ comment by: *Virgin Atlantic Airways Ltd*

Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in soime cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

comment *45* comment by: *Virgin Atlantic Airways Ltd*

To automatically exclude insulin dependant diabetics is unjustified and unless there were robust safety justification would contravene UK diosability legislation. Our airline has insulin deopendant diabetics flying safely. On diagnosis, they are evaluated individually and if they are able to demsontrate satisfactory levels of control and have hypoglycaemic awareness they are allowed to fly. Their managers are informed with their consent and they are encouraged to inform other crew members on board. We have had one instance where a crew member became transiently unwell on board, but at no stage was there a risk to flight safety.
Individual assessment should be undertaken, not arbitrary rejection.

comment *87* comment by: *Dr.Beiderwellen, Secretary of GAAME*

c 1) stabil eingestellte Diabetiker mit Diabetes Typ II (IDDM) , die nur ein bedside-insulin erhalten, sollten bei Nachweis fehlender Hypoglycämien als tauglich beurteilt werden.

c 2) wegen der Gefahr schwerer Hypoglycämien sollte der Einsatz von Sulfonylharnstoffen ausgeschlossen werden.

comment *115* comment by: *Thomas Cook Airlines UK*

MED.E.020 Metabolic and Endocrine Systems

Comment:
There is no justification for excluding stable diabetics on Insulin or well

controlled oral hypoglycaemic medication from working as cabin crew.

Justification:
Flight safety has never been compromised because a member of cabin crew with diabetes has developed complication of their disease. What will happen to those cabin crew members already in employment who have stable diabetes mellitus on Insulin? Will they be 'banned' from flying?

Proposed text;
Move paragraph (c) (1) and (2) to paragraph (b) above and delete paragraph (c)

comment *137* comment by: *bmi*

MED.E.020 (c) diabetes mellitus
Comment:Stable diabeties on insulin or oral hypoglycaemic may be acceptable.
Justification:Flight safety has never been demonstrated to have been compromised because of insulin or non-insulin dependent diabetes.
Proposed text: remove (c) (1) and (2). Paragraph (b) is sufficent and covers diabetes.

comment *143* ☐ comment by: *Virgin Atlantic Airways Ltd*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment *201* ☐ comment by: *Virgin Atlantic Airways*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment *206* ☐ comment by: *Virgin Atlantic Airways*

Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in soime cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

comment 208 comment by: *Virgin Atlantic Airways*

To automatically exclude insulin dependant diabetics is unjustified and unless there were robust safety justification would contravene UK diosability legislation. Our airline has insulin deopendant diabetics flying safely. On diagnosis, they are evaluated individually and if they are able to demsontrate satisfactory levels of control and have hypoglycaemic awareness they are allowed to fly. Their managers are informed with their consent and they are encouraged to inform other crew members on board. We have had one instance where a crew member became transiently unwell on board, but at no stage was there a risk to flight safety.
Individual assessment should be undertaken, not arbitrary rejection.

comment 331 comment by: *AEA*

Comment:
The proposed metabolic and endocrine system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

There is widespread global experience of cabin crew who have insulin dependent diabetes mellitus operating successfully in the role - both initial entrants and those who develop the condition during employment. To say that such individuals are unfit for the role would be unjustifiable and against the intent of existing social employment legislation on disability discrimination.

Proposal:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have pre-existing metabolic or endocrine disease or who develop metabolic or endocrine disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 332 comment by: *AEA*

Relevant text:

(c) Diabetes mellitus
(1) Cabin crew members with diabetes requiring insulin shall be assessed as unfit.
(2) Cabin crew members with diabetes mellitus not requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved.

Comment:
There is no evidence for a negative impact on flight safety if a cabin attendant is having diabetes.

To automatically exclude insulin dependent diabetics is unjustified and unless there were robust safety justification would contravene some of the EU member states legislation. Some of AEA airlines have insulin dependent diabetics flying safely. On diagnosis, they are evaluated individually and if they are able to demonstrate satisfactory levels of control and have hypoglycaemic awareness they are allowed to fly. Their managers are informed with their consent and they are encouraged to inform other crew members on board. We have had one instance where a crew member became transiently unwell on board, but at no stage was there a risk to flight safety.

Individual assessment should be undertaken, not arbitrary rejection

Proposal:
Delete this requirement.

comment *431* comment by: *AUSTRIAN Airlines*

Comment:
The proposed metabolic and endocrine system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

There is widespread global experience of cabin crew who have insulin dependent diabetes mellitus operating successfully in the role - both initial entrants and those who develop the condition during employment. To say that such individuals are unfit for the role would be unjustifiable and against the intent of existing social employment legislation on disability discrimination.

Proposal:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have pre-existing metabolic or endocrine disease or who develop metabolic or endocrine disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment *432* comment by: *AUSTRIAN Airlines*

Relevant text:
(c) Diabetes mellitus
(1) Cabin crew members with diabetes requiring insulin shall be assessed as unfit.
(2) Cabin crew members with diabetes mellitus not requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved.
Comment:
There is no evidence for a negative impact on flight safety if a cabin attendant

is having diabetes.
To automatically exclude insulin dependant diabetics is unjustified and unless there were robust safety justification would contravene UK diosability legislation. Our airline has insulin deopendant diabetics flying safely. On diagnosis, they are evaluated individually and if they are able to demsontrate satisfactory levels of control and have hypoglycaemic awareness they are allowed to fly. Their managers are informed with their consent and they are encouraged to inform other crew members on board. We have had one instance where a crew member became transiently unwell on board, but at no stage was there a risk to flight safety.
Individual assessment should be undertaken, not arbitrary rejection

Proposal:
Delete this requirement.

comment *517* comment by: *KLM*

Comment:
The proposed metabolic and endocrine system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

There is widespread global experience of cabin crew who have insulin dependent diabetes mellitus operating successfully in the role - both initial entrants and those who develop the condition during employment. To say that such individuals are unfit for the role would be unjustifiable and against the intent of existing social employment legislation on disability discrimination.

Proposal:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have pre-existing metabolic or endocrine disease or who develop metabolic or endocrine disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment *518* comment by: *KLM*

Relevant text:
(c) Diabetes mellitus
(1) Cabin crew members with diabetes requiring insulin shall be assessed as unfit.
(2) Cabin crew members with diabetes mellitus not requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved.
Comment:
There is no evidence for a negative impact on flight safety if a cabin attendant is having diabetes.
To automatically exclude insulin dependant diabetics is unjustified and unless there were robust safety justification would contravene UK diosability legislation. Our airline has insulin deopendant diabetics flying safely. On

diagnosis, they are evaluated individually and if they are able to demsontrate satisfactory levels of control and have hypoglycaemic awareness they are allowed to fly. Their managers are informed with their consent and they are encouraged to inform other crew members on board. We have had one instance where a crew member became transiently unwell on board, but at no stage was there a risk to flight safety.
Individual assessment should be undertaken, not arbitrary rejection

Proposal:
Delete this requirement.

comment 591 comment by: *Deutsche Lufthansa AG*

Comment:
The proposed metabolic and endocrine system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

There is widespread global experience of cabin crew who have insulin dependent diabetes mellitus operating successfully in the role - both initial entrants and those who develop the condition during employment. To say that such individuals are unfit for the role would be unjustifiable and against the intent of existing social employment legislation on disability discrimination.

Proposal:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have pre-existing metabolic or endocrine disease or who develop metabolic or endocrine disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 592 comment by: *Deutsche Lufthansa AG*

Relevant text:
(c) Diabetes mellitus
(1) Cabin crew members with diabetes requiring insulin shall be assessed as unfit.
(2) Cabin crew members with diabetes mellitus not requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved.
Comment:
There is no evidence for a negative impact on flight safety if a cabin attendant is having diabetes.
To automatically exclude insulin dependant diabetics is unjustified and unless there were robust safety justification would contravene UK diosability legislation. Our airline has insulin deopendant diabetics flying safely. On diagnosis, they are evaluated individually and if they are able to demsontrate satisfactory levels of control and have hypoglycaemic awareness they are allowed to fly. Their managers are informed with their consent and they are encouraged to inform other crew members on board. We have had one

instance where a crew member became transiently unwell on board, but at no stage was there a risk to flight safety.
Individual assessment should be undertaken, not arbitrary rejection

Proposal:
Delete this requirement.

comment 693 comment by: *Swiss International Airlines / Bruno Pfister*

Comment:
The proposed metabolic and endocrine system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

There is widespread global experience of cabin crew who have insulin dependent diabetes mellitus operating successfully in the role - both initial entrants and those who develop the condition during employment. To say that such individuals are unfit for the role would be unjustifiable and against the intent of existing social employment legislation on disability discrimination.

Proposal:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have pre-existing metabolic or endocrine disease or who develop metabolic or endocrine disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 694 comment by: *Swiss International Airlines / Bruno Pfister*

Relevant text:
(c) Diabetes mellitus
(1) Cabin crew members with diabetes requiring insulin shall be assessed as unfit.
(2) Cabin crew members with diabetes mellitus not requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved.
Comment:
There is no evidence for a negative impact on flight safety if a cabin attendant is having diabetes.
To automatically exclude insulin dependant diabetics is unjustified and unless there were robust safety justification would contravene UK diosability legislation. Our airline has insulin deopendant diabetics flying safely. On diagnosis, they are evaluated individually and if they are able to demsontrate satisfactory levels of control and have hypoglycaemic awareness they are allowed to fly. Their managers are informed with their consent and they are encouraged to inform other crew members on board. We have had one instance where a crew member became transiently unwell on board, but at no stage was there a risk to flight safety.
Individual assessment should be undertaken, not arbitrary rejection

Proposal:
Delete this requirement.

comment 764 comment by: *TAP Portugal*

Comment:
The proposed metabolic and endocrine system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

There is widespread global experience of cabin crew who have insulin dependent diabetes mellitus operating successfully in the role - both initial entrants and those who develop the condition during employment. To say that such individuals are unfit for the role would be unjustifiable and against the intent of existing social employment legislation on disability discrimination.

Proposal:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have pre-existing metabolic or endocrine disease or who develop metabolic or endocrine disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 765 comment by: *TAP Portugal*

Relevant text:
(c) Diabetes mellitus
(1) Cabin crew members with diabetes requiring insulin shall be assessed as unfit.
(2) Cabin crew members with diabetes mellitus not requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved.
Comment:
There is no evidence for a negative impact on flight safety if a cabin attendant is having diabetes.
To automatically exclude insulin dependant diabetics is unjustified and unless there were robust safety justification would contravene UK diosability legislation. Our airline has insulin deopendant diabetics flying safely. On diagnosis, they are evaluated individually and if they are able to demsontrate satisfactory levels of control and have hypoglycaemic awareness they are allowed to fly. Their managers are informed with their consent and they are encouraged to inform other crew members on board. We have had one instance where a crew member became transiently unwell on board, but at no stage was there a risk to flight safety.
Individual assessment should be undertaken, not arbitrary rejection

Proposal:
Delete this requirement.

comment 862 comment by: IATA

(c) Diabetes mellitus
(1) Cabin crew members with diabetes requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved and the risk of incapacitation in acceptable.
Rationale: it is not appropriate to consider all insulin treated diabetics as having similar risk. Some insulin treated diabetics are at much less risk of hypoglycemia than others.

comment 946 ☐ comment by: Air Berlin PLC & Co. Luftverkehrs KG

Air Berlin proposes that the specific requirements are not stipulated in too much detail.
In most cases it is subject to "…satisfactory aeromedical evaluation…" whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.025: Haematology p. 20

comment 15 comment by: British Airways

Comment:
The proposed haematological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
Cabin crew who have a history of haematological disease or who develop haematological disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for additional regulatory requirements.

Proposed text:
Delete paragraphs a and c. (note - no paragraph b in document)
Replace with: Cabin crew who have pre-existing haematological disease or who develop haematological disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment 88 comment by: Dr.Beiderwellen, Secretary of GAAME

c 4) Hier muss eine Differenzierung der einzelnen Leukämieformen erfolgen, da die Häufigkeit und Schwere von Komplikationen vom Leukämietyp, der Behandlungsstrategie und dem aktuellen Stadium abhängt. Eine weitergehende,onkolog.-haematolog. Beurteilung entsprechend JAR-FCL 3, App 5, (3) ist hier zu fordern.

comment 116 comment by: Thomas Cook Airlines UK

Med.E.025 Haematology

Comment;
This paragraph is acceptable

comment 143 ☐ comment by: *Virgin Atlantic Airways Ltd*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment 201 ☐ comment by: *Virgin Atlantic Airways*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment 333 comment by: *AEA*

Comment:
The proposed haematological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
Cabin crew who have a history of haematological disease or who develop haematological disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for additional regulatory requirements.

Proposed text:
Delete paragraphs a and c. (note - no paragraph b in document)
Replace with: *Cabin crew who have pre-existing haematological disease or who develop haematological disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal*

occupational health practice.

comment 433 comment by: *AUSTRIAN Airlines*

Comment:
The proposed haematological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
Cabin crew who have a history of haematological disease or who develop haematological disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for additional regulatory requirements.

Proposed text:
Delete paragraphs a and c. (note - no paragraph b in document)
Replace with: *Cabin crew who have pre-existing haematological disease or who develop haematological disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 519 comment by: *KLM*

Comment:
The proposed haematological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
Cabin crew who have a history of haematological disease or who develop haematological disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for additional regulatory requirements.

Proposed text:
Delete paragraphs a and c. (note - no paragraph b in document)
Replace with: *Cabin crew who have pre-existing haematological disease or who develop haematological disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 593 comment by: *Deutsche Lufthansa AG*

Comment:
The proposed haematological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
Cabin crew who have a history of haematological disease or who develop haematological disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for additional regulatory requirements.

Proposed text:

Delete paragraphs a and c. (note - no paragraph b in document) Replace with: *Cabin crew who have pre-existing haematological disease or who develop haematological disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment | *695* | comment by: *Swiss International Airlines / Bruno Pfister*

Comment:
The proposed haematological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
Cabin crew who have a history of haematological disease or who develop haematological disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for additional regulatory requirements.

Proposed text:
Delete paragraphs a and c. (note - no paragraph b in document)
Replace with: *Cabin crew who have pre-existing haematological disease or who develop haematological disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment | *766* | comment by: *TAP Portugal*

Comment:
The proposed haematological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
Cabin crew who have a history of haematological disease or who develop haematological disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for additional regulatory requirements.

Proposed text:
Delete paragraphs a and c. (note - no paragraph b in document)
Replace with: *Cabin crew who have pre-existing haematological disease or who develop haematological disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment | *946* ☐ | comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.
In most cases it is subject to "…satisfactory aeromedical evaluation…" whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.030: Genitourinary System p. 20

comment 5 comment by: *Dr.Beiderwellen, Secretary of GAAME*

MEd.E.030 (e):

" full recovery" is not clear.

Proposal:
any re-assesment shall be done by an AMC or an AME class I

comment 16 comment by: *British Airways*

Comment:
The proposed genitourinary medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. There is no evidence of risk to safety that would justify a regulatory requirement for routine urinalysis in an asymptomatic member of cabin crew.

Proposed text:
Delete paragraphs a, b, c, d and e.
replace with: Cabin crew who have a history of renal or genito-urinary disease or who develop renal or genito-urinary disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment 117 comment by: *Thomas Cook Airlines UK*

MED.E.030 Genitourinary system

Comment;
Routine urine examination will not enhance flight safety. There is no evidence that flight safety has ever been compromised by a member of cabin crew with an abnormal urine test.

Justification:
Routine urine examination in cabin-crew cannot be justified on scientific grounds.

Proposed text:
Delete paragraph (b)
Paragraphs (a), (c), (d) and (e) are satisfactory

comment 143 □ comment by: *Virgin Atlantic Airways Ltd*

General Comment.

As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment *201* ☐ comment by: *Virgin Atlantic Airways*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment *334* comment by: *AEA*

Relevant text:
paragraphs a, b, c, d and e.

Comment:
Comment:
The proposed genitourinary medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. There is no evidence of risk to safety that would justify a regulatory requirement for routine urinalysis in an asymptomatic member of cabin crew.

Proposed text:
Delete paragraphs a, b, c, d and e.
Replace with: *Cabin crew who have a history of renal or genito-urinary disease or who develop renal or genito-urinary disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment *434* comment by: *AUSTRIAN Airlines*

Relevant text:

paragraphs a, b, c, d and e.

Comment:
Comment:
The proposed genitourinary medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. There is no evidence of risk to safety that would justify a regulatory requirement for routine urinalysis in an asymptomatic member of cabin crew.

Proposed text:
Delete paragraphs a, b, c, d and e.
Replace with: *Cabin crew who have a history of renal or genito-urinary disease or who develop renal or genito-urinary disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment | *520* | comment by: *KLM*

Relevant text:
paragraphs a, b, c, d and e.

Comment:
Comment:
The proposed genitourinary medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. There is no evidence of risk to safety that would justify a regulatory requirement for routine urinalysis in an asymptomatic member of cabin crew.

Proposed text:
Delete paragraphs a, b, c, d and e.
Replace with: *Cabin crew who have a history of renal or genito-urinary disease or who develop renal or genito-urinary disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment | *594* | comment by: *Deutsche Lufthansa AG*

Relevant text:
paragraphs a, b, c, d and e.

Comment:
Comment:
The proposed genitourinary medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. There is no evidence of risk to

safety that would justify a regulatory requirement for routine urinalysis in an asymptomatic member of cabin crew.

Proposed text:
Delete paragraphs a, b, c, d and e.
Replace with: *Cabin crew who have a history of renal or genito-urinary disease or who develop renal or genito-urinary disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 696 comment by: *Swiss International Airlines / Bruno Pfister*

Relevant text:
paragraphs a, b, c, d and e.

Comment:
Comment:
The proposed genitourinary medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. There is no evidence of risk to safety that would justify a regulatory requirement for routine urinalysis in an asymptomatic member of cabin crew.

Proposed text:
Delete paragraphs a, b, c, d and e.
Replace with: *Cabin crew who have a history of renal or genito-urinary disease or who develop renal or genito-urinary disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 767 comment by: *TAP Portugal*

Relevant text:
paragraphs a, b, c, d and e.

Comment:
Comment:
The proposed genitourinary medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. There is no evidence of risk to safety that would justify a regulatory requirement for routine urinalysis in an asymptomatic member of cabin crew.

Proposed text:
Delete paragraphs a, b, c, d and e.
Replace with: *Cabin crew who have a history of renal or genito-urinary disease or who develop renal or genito-urinary disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with*

normal occupational health practice.

comment

863	comment by: *IATA*
(b) Any genitourinary investigation, including urinalysis, and report shall be completed on clinical indication	

comment

946 ☐	comment by: *Air Berlin PLC & Co. Luftverkehrs KG*
Air Berlin proposes that the specific requirements are not stipulated in too much detail. *In most cases it is subject to "…satisfactory aeromedical evaluation…" whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.*	

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.035: Infectious Disease p. 20

comment

47	comment by: *Virgin Atlantic Airways Ltd*
Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. There is no need to specifically mention HIV which should be suject to good occupational health assessment in the same way as another medical condition.	

comment

118	comment by: *Thomas Cook Airlines UK*
MED.E.035 Infectious disease **Comment:** This paragraph is acceptable	

comment

130	comment by: *Condor Flugdienst GmbH - FRA HO/R*
According to CFG the following sentence "-(b) Cabin crew members who are HIV positive may be assessed as fit subject to satisfactory aero-medical evaluation." shall be changed into the following wording: **- (b) Cabin crew members who are HIV positive shall be assessed as unfit.**	

comment

158	comment by: *British Airways*
Comment: Paragraph b states that cabin crew who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation. Justification: There are no specific aeromedical issues related to HIV infection in cabin crew. Proposed text:	

Replace text in paragraph b with: Cabin crew who are HIV positive should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment

209	comment by: *Virgin Atlantic Airways*
Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. There is no need to specifically mention HIV which should be suject to good occupational health assessment in the same way as another medical condition.	

comment

335	comment by: *AEA*
Relevant text: *(b) Cabin crew members who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.* **Comment**: Paragraph b states that cabin crew who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation. **Justification:** There are no specific aeromedical issues related to HIV infection in cabin crew. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. There is no need to specifically mention HIV which should be suject to good occupational health assessment in the same way as another medical condition. **Proposed text:** Avoid direct mention to HIV. In reference needed, replace text in paragraph b with: *Cabin crew who are HIV positive should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*	

comment

435	comment by: *AUSTRIAN Airlines*
Relevant text: *(b) Cabin crew members who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.* **Comment**: Paragraph b states that cabin crew who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation. **Justification:** There are no specific aeromedical issues related to HIV infection in cabin crew. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. There is no need to specifically mention HIV which should be suject to good occupational health assessment in the same way as another medical condition. **Proposed text:** Avoid direct mention to HIV. In reference needed, replace text in paragraph b with: *Cabin crew who are HIV*	

positive should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment 521 comment by: *KLM*

Relevant text:
(b) Cabin crew members who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.
Comment:
Paragraph b states that cabin crew who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.

Justification:
There are no specific aeromedical issues related to HIV infection in cabin crew. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. There is no need to specifically mention HIV which should be suject to good occupational health assessment in the same way as another medical condition.

Proposed text:
Avoid direct mention to HIV.
In reference needed, replace text in paragraph b with: *Cabin crew who are HIV positive should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 595 comment by: *Deutsche Lufthansa AG*

Relevant text:
(b) Cabin crew members who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.
Comment:
Paragraph b states that cabin crew who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.

Justification:
There are no specific aeromedical issues related to HIV infection in cabin crew. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. There is no need to specifically mention HIV which should be suject to good occupational health assessment in the same way as another medical condition.

Proposed text:
Avoid direct mention to HIV.
In reference needed, replace text in paragraph b with: *Cabin crew who are HIV positive should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 697 comment by: *Swiss International Airlines / Bruno Pfister*

Relevant text:
(b) Cabin crew members who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.
Comment:

Paragraph b states that cabin crew who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.

Justification:
There are no specific aeromedical issues related to HIV infection in cabin crew. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. There is no need to specifically mention HIV which should be suject to good occupational health assessment in the same way as another medical condition.

Proposed text:
Avoid direct mention to HIV.
In reference needed, replace text in paragraph b with: *Cabin crew who are HIV positive should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment *768* comment by: *TAP Portugal*

Relevant text:
(b) Cabin crew members who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.
Comment:
Paragraph b states that cabin crew who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.

Justification:
There are no specific aeromedical issues related to HIV infection in cabin crew. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. There is no need to specifically mention HIV which should be suject to good occupational health assessment in the same way as another medical condition.

Proposed text:
Avoid direct mention to HIV.
In reference needed, replace text in paragraph b with: *Cabin crew who are HIV positive should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment *816* comment by: *Hiv-Danmark*

<![endif]-->
Comment to part (a)

HIV-Denmark considers EASA's certification specifications as discriminatory, as there are no reasons, medical or other, for not allowing an HIV-positive person to work as a cabin crew member.

The limitations applied by EASA are based on medical assessments that do not include new studies and research presented at the XVII International AIDS Conference in Mexico 2008. These studies from Switzerland show that HIV-positive individuals on antiretroviral therapy (ART) who are fully adherent, which is the usual pattern for HIV-positive people on ART, maintain an undetectable viral load for at least 6 months, and have no concurrent sexually

transmitted infections (STIs) cannot transmit HIV.

According to the information we have been able to gather there are no reported incidents of transmission of HIV in connection with transport accidents, including air accidents.

Furthermore it is important to stress that people who have been diagnosed with AIDS e.g. 15 years ago will still have the diagnosis AIDS even if they are now fully adherent to antiretroviral therapy and there is a full restitution of their immune system, and therefore they have no further risk of developing any HIV-related diseases. Thus, the AIDS diagnosis in itself should by no means prevent a person from working as a cabin crew member.

HIV-Denmark therefore calls on EASA to renew the existing regulations, as HIV-positive persons should not be banned from any field of work.

Comment to part (b)

Cabin crew members who are HIV positive *should* be assessed as fit subject to satisfactory aero-medical evaluation (i.e. if they are fully adherent to antiretroviral treatment)

comment *884* comment by: *HivEurope*

Comment to part (a)

HivEurope considers EASA's certification specifications as discriminatory, as there are no reasons, medical or other, for not allowing an HIV-positive person to work as a cabin crew member.

The limitations applied by EASA are based on medical assessments that do not include new studies and research presented at the XVII International AIDS Conference in Mexico 2008. These studies from Switzerland show that HIV-positive individuals on antiretroviral therapy (ART) who are fully adherent, which is the usual pattern for HIV-positive people on ART, maintain an undetectable viral load for at least 6 months, and have no concurrent sexually transmitted infections (STIs) cannot transmit HIV.

According to the information we have been able to gather there are no reported incidents of transmission of HIV in connection with transport accidents, including air accidents.

Furthermore it is important to stress that people who have been diagnosed with AIDS e.g. 15 years ago will still have the diagnosis AIDS even if they are now fully adherent to antiretroviral therapy and there is a full restitution of their immune system, and therefore they have no further risk of developing any HIV-related diseases. Thus, the AIDS diagnosis in itself should by no means prevent a person from working as a cabin crew member.

HivEurope therefore calls on EASA to renew the existing regulations, as HIV-positive persons should not be banned from any field of work.

Comment to part (b)

Cabin crew members who are HIV positive *should* be assessed as fit subject to satisfactory aero-medical evaluation (i.e. if they are fully adherent to

antiretroviral treatment)

comment	946 ☐	comment by: *Air Berlin PLC & Co. Luftverkehrs KG*
	Air Berlin proposes that the specific requirements are not stipulated in too much detail. *In most cases it is subject to "…satisfactory aeromedical evaluation…" whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.*	

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.040: Obstetrics and Gynaecology p. 20-21

comment	17	comment by: *British Airways*
	Comment: The proposed obstetric and gynaecological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety. Justification: There is no risk-based justification for additional regulatory requirements. There is no evidence of safety or medical risk that would justify a specified period of absence for any surgical procedure in cabin crew. There is no safety or medical rationale for the proposed time limit of the end of the 16th week of pregancy. Incapacitation is most likely to occur in early pregnancy (first trimester) or late pregnancy (third trimester). Proposed text: Delete paragraphs a, b and c. Replace with: Cabin crew who have a history of gynaecological disease, who develop gynaecological disease which could result in their being unable to safely perform their assigned duties and responsibilities, or who become pregnant, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.	

comment	48	comment by: *Virgin Atlantic Airways Ltd*
	Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.	

comment	49	comment by: *Virgin Atlantic Airways Ltd*
	(c) Pregnancy. There seems no logic to a limit of 16 weeks gestation. The risks of complications (and incapacitation) are highest in the first and third trimester. Furthermore, NPA 200817c MED.B.040 allows pilots, for whom incapacitation has real safety implications, to retain their privileges until the end of the 26th week.	

comment	50	comment by: *Virgin Atlantic Airways Ltd*

(b) there is no safety rational to stipulate a specific period of grounding after gynaecological surgery. Decisions should be based on good occupational health practice

comment 89 comment by: *Dr.Beiderwellen, Secretary of GAAME*

c) eine Mitteilung über eine Schwangerschaft an die "competent authority" ist aus datenschutzrechtlichen Gründen unzulässig.
Hier ist eine Mitteilung ausschließlich an den AME / das AeMC zu fordern.

comment 119 comment by: *Thomas Cook Airlines UK*

MED.E.040 Obstetrics and Gynaecology

Comment:
There is no evidence to support an arbitrary cut-off point of 16 weeks gestation. Most airlines ground all flight deck and cabin crew once pregnancy is diagnosed due to possible occupational health risk exposure of excess cosmic radiation.

Justification;
Employees should make their own decisions on any acceptable risk of allowing cabin crew members who are pregnant to operate.

Proposed text;
9 (c) In the case of pregnancy assessment of fitness to continue to operate shall be at the discretion of the employer's medical adviser taking into account best occupational health practice and risk assessment.

comment 138 comment by: *bmi*

MED.E.040 Obstetrics and Gynaecology
Comment:there should be no prescriptive time limit before a return to work is possible following major gynaecological surgery.
Justification: Employees should be able to determine when they have recovered sufficiently to return to work. There is no evidence to support an arbitrary figure of 3 months.
Proposed text: remove '...for a period of three months or...' from the text of para. (b).
Comment: There should be no quantitative statement of maximum week of gestation compatable with fitness.
Justification: There is no evidence to determine 16 weeks as the correct cut off. EURATOM directive is not necessarily consistent with such an arbitrary cut off.
Proposed text: Replace present text of para. (c) with ' Pregnant cabin crew may continue to operate in accordance with best occupational health practice having consideration for foetal exposure to cosmic radiation.

comment 143 □ comment by: *Virgin Atlantic Airways Ltd*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment 146 comment by: *fédération des transports CGT, membre de ETF*

Attachment #5

MED E040 (c)
Pregnancy
In the case of pregnancy, ~~when the AeMC or AME consider that the cabin crew member is~~
~~fit to exercise their privileges they shall limit the validity period of the medical fitness to~~
~~the end of the 16 th week of gestation. They shall inform the competent authority that,~~
~~after this point~~,

replace by:
~~f~~eminine cabin crew shall inform immediately the AeMC or AME who will suspend their attestation, until full recovery following the end of pregnancy
AeMC and AME will inform their competent authority

Raisons:
la grossesse, état fragile, est incompatible dès les premières semaines avec la pénibilité du poste de membre d'équipage de cabine, pour lequel l'EASA et la commission reconnaissent la nécessité d'une très bonne condition physique voir *NPA 02 e MED.A.070*

Le cumul de facteurs de pénibilité reconnus pour ce poste dans « Tripulante de cabina, risco profissional e desgaste na profissao » Relatorio Tecnico dos peritos medicos.19/11/2008, associés à l'état de grossesse des personnels navigants pourrait entraîner de lourdes conséquences sur la sécurité des vols et la santé de ces personnels.
Des études médicales montrent l'étendue des risques encourus,citons en particulier les rapports du docteur BAGSHAW du head aviation médical services oct. 1996 « cabin crew fitness to fly- the effect of pregnancy et « grounding cabin crew for maternity reasons »
du 08 avril 2004.

Parmi ces risques on trouve :

1. les risques liés à la grossesse elle-même trombo embolique , complications inopinées, la fatigue qui mène à l'endormissement , les nombreux maux (nausées vomissement,lombalgies, sommeil…)pouvant mener à une réelle incapacité
2. le grand nombre de risques liés à l'environnement et aux conditions de travail normales et dégradées peuvent aggraver ou faire apparaître des complications inopinées d'une grossesse normale : l'hypoxie entraînant une augmentation du rythme cardiaque, choc vibration et turbulences pouvant entraîner une fausse couche , un retard de croissance du bébé

dû aux vols de nuit, exposition aux radiations ionisantes perturbant le développement cérébral du bébé , exposition aux maladies infectieuses et parasitaires. Sans parler des conditions de vol dégradées (crash, feux, dépressurisation aux conséquences majorées pour la femme enceinte

3. des risques lié au poste de travail : port et déplacement de charge lourde (bagages, trolley armoires…) , longues heures debout peuvent déclencher des contractions…

La survenue de complications inopinées d'une grossesse normale à bord ou en escale (exemple hémorragie suite à un choc), au dela du stress de l'équipage et des risques accrus sur la sécurité impose de lourdes contraintes organisationnelles, financières, et juridiques. Qui sera responsable ?. D'ailleurs, les Etats Européens et la majorité des compagnies européennes reconnaissent à travers l'application des législations et accords que l'inaptitude médicale dès les premiers jours de grossesse est l'option la plus raisonnable.

Conserver l'aptitude de vol jusqu'à 16 semaines de grossesse constituerait une régression coûteuse pour la sécurité et l'image du transport aérien.et serait en totale contradiction avec le droit Européen sur la santé de la femme au travail : à titre d'exemples les facteurs de pénibilité comme l' exposition aux vibrations nocives et aux radiations ionisantes, manipulation de charges lourdes, mouvements et postures, travail de nuit et en horaires décalés) sont reconnus comme préjudiciable aux femmes enceintes par la Directive 92/85/CCE, qui prévoit de les en protéger le temps de leur grossesse.

Afin de maintenir les objectifs de haut niveau de sécurité et sans préjudice des législations communautaires et nationales sur la protection de la santé de la femme au travail, nous proposons que la réglementation européenne prenne exemple sur l'Arrêté Français du 04/09/07 qui déclare la membre d'équipage de cabine inapte au vol dès l'annonce de sa grossesse. Cette inaptitude est prononcée par le centre d'expertise médicale

comment *201* comment by: *Virgin Atlantic Airways*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment *210* comment by: *Virgin Atlantic Airways*

Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

comment	211	comment by: *Virgin Atlantic Airways*
(c) Pregnancy. There seems no logic to a limit of 16 weeks gestation. The risks of complications (and incapacitation) are highest in the first and third trimester. Furthermore, NPA 200817c MED.B.040 allows pilots, for whom incapacitation has real safety implications, to retain their privileges until the end of the 26th week.		

comment	212	comment by: *Virgin Atlantic Airways*
(b) there is no safety rational to stipulate a specific period of grounding after gynaecological surgery. Decisions should be based on good occupational health practice		

comment	253	comment by: *Jill Pelan*

MED.E.040 Obstetrics and Gynaecology
The French CFDT asks for the modification of :
(c) Pregnancy
In the case of pregnancy, ~~when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they~~ ~~shall limit the validity period of the medical fitness to the end of the 16 th week of gestation. that, after this point, the cabin crew attestation shall be suspended~~ feminine cabin crew shall inform immediately the AeMC or AME who will suspend their attestation, until full recovery following the end of pregnancy
AeMC and AME will inform their competent authority

French Cabin crew and the CFDT France feel that Pregnancy from the beginning is incompatible with the job . Conference studies or reports demonstrate this. Allowing pregnant cabin crew to continue to fly will considerably augment risks on safety.
How will a pregnant woman react in an evacuation scenario? Will she evauate passengers or think of herself and the baby?

The cabin and work environment (- ergonomic issues , working conditions including jet lag, sleep deprivation, night hours, exposure to tropical diseases) may have severe effects on the health of the baby and mother preventing them doing their safety tasks at any moment. If a major problem such as natural abortion after a shock or cardiovascular disorder increased by pregnancy happens during a flight the safety of the flight is endangered. Diversion for medical reasons or the incapacity of a pregnant crew member cannot be excluded.,

Pregnancy provokes a number of symptoms, more or less severe, including fatigue . This part of text is contrary to the following NPA rule *"Crew members should not perform flight related duties on an aircraft when they know that they are fatigued or feel unfit to the extent that the safety of flight may be adversely affected. Crew members should report any instance when they believe that they are fatigued and that safety may be affected."*

The NPA proposition does not respect the COUNCIL DIRECTIVE 92/85/EEC of 19 October 1992 on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding (tenth individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC)

The French Aviation Decree of 4 September 2007 does not allow Cabin crew to fly once pregnancy is declared by an AME or AEMC. The CFDT Supports this provision and would like a similar provision to be included in the NPA .

comment 255 comment by: *Fédération des transports CGT*

"(c) pregancy
...Cabin crew member is fit to exercise ....to the end of the 16th week of gestation."
Non conformité par rapport à la **Dir 92/85/CEE** qui protège les femmes enceintes de la manipulation de charges lourdes et des risques dorso-lombaires. Voir l'étude jointe qui met en évidence les problèmes ergonomiques rencontrés par les personnels de cabine: "tripulante de cabina, risco profissional e disgaste na profissao" 19/11/2008
Non conformité par rapport à les **directives 96/29/Euratom** et 92/85/CEE qui protègent les femmes enceintes de la contamination radioactive. Sur le taux d'exposition des personnels navigants aux radiations ionisantes voir l'étude John Nakielny "Cosmic Radiation and air canada pilots..."MEC Aeromedical committee ACPA, 2000. qui montre que l'exposition des personnels navigants atteint 6.12 mSv par an.
Non conformité avec la **directive 92/85/CEE** qui protège les femmes enceintes des vibrations nocives. La **directive n°2002/44/CE** qui établi les valeurs limites d'exposition aux vibrations transmises à l'ensemble du corps reconnait que le taux de vibrations nocives perçues dans une cabine d'avion est suppérieur au seuil tolérépour l'ensemble des salariés, sans qu'il soit possible de le réduire.
Non conformité avec la **directive 92/85/CEE** qui protège les femmes enceintes du travail de nuit. Même si le métier de navigant reste très mal connu, chacun a une petite idée des décalages horaires et des nuits travaillées qu'il impose.
Pour la sécurité de tous et la santé des personnels, la **CGT demande l'inaptitude temporaire au vol dès le début de la grossesse**, ceci sans perte de rémunération. L'inaptitude sera prononcée par le centre d'expertise médicale.

comment 256 comment by: *Fédération des transports CGT*

veuillez trouver le document joint attaché au commentaire précédent, soit le premier commentaire envoyé par helene.pierrecourtois@yahoo.fr. Il est sous un autre format et en français. Bonne réception.

comment 336 comment by: *AEA*

Relevant text:
paragraphs a, b and c.

Comment:
The proposed obstetric and gynaecological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for additional regulatory requirements.
There is no evidence of safety or medical risk that would justify a specified period of absence for any surgical procedure in cabin crew, decisions should be based on good occupational health practice.

There is no safety or medical rationale for the proposed time limit of the end of the 16th week of pregancy. Incapacitation is most likely to occur in early pregnancy (first trimester) or late pregnancy (third trimester).

Proposed text:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have a history of gynaecological disease, who develop gynaecological disease which could result in their being unable to safely perform their assigned duties and responsibilities, or who become pregnant, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment *337* comment by: *AEA*

Relevant text:
(c) Pregnancy
In the case of pregnancy, when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they shall limit the validity period of the medical fitness to the end of the 16
th week of gestation. They shall inform the competent authority that, after this point, the cabin crew attestation shall be suspended until full recovery following the end of the pregnancy.

Comment: Why is suspension of the Attestation necessary if pregnant. An airline can have an own internal procedure for not having a pregnant Cabin attendant on duty. It is not a disease.

Proposal: Delete the requirement of suspending the attestation if pregnant

comment *436* comment by: *AUSTRIAN Airlines*

Relevant text:
paragraphs a, b and c.

Comment:
The proposed obstetric and gynaecological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for additional regulatory requirements.
There is no evidence of safety or medical risk that would justify a specified period of absence for any surgical procedure in cabin crew, decisions should be based on good occupational health practice.
There is no safety or medical rationale for the proposed time limit of the end of the 16th week of pregancy. Incapacitation is most likely to occur in early pregnancy (first trimester) or late pregnancy (third trimester).

Proposed text:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have a history of gynaecological disease, who develop gynaecological disease which could result in their being unable to safely perform their assigned duties and responsibilities, or who become pregnant, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 437 comment by: *AUSTRIAN Airlines*

Relevant text:
(c) Pregnancy
In the case of pregnancy, when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they shall limit the validity period of the medical fitness to the end of the 16 th week of gestation. They shall inform the competent authority that, after this point, the cabin crew attestation shall be suspended until full recovery following the end of the pregnancy.

Comment: Why is suspension of the Attestation necessary if pregnant. An airline can have an own internal procedure for not having a pregnant Cabin attendant on duty. It is not a desease.

Proposal: Delete the requirement of suspending the attestation if pregnant

comment 438 comment by: *AUSTRIAN Airlines*

Comment:
Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

comment 522 comment by: *KLM*

Relevant text:
paragraphs a, b and c.

Comment:
The proposed obstetric and gynaecological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for additional regulatory requirements.
There is no evidence of safety or medical risk that would justify a specified period of absence for any surgical procedure in cabin crew, decisions should be based on good occupational health practice.
There is no safety or medical rationale for the proposed time limit of the end of the 16th week of pregancy. Incapacitation is most likely to occur in early pregnancy (first trimester) or late pregnancy (third trimester).

Proposed text:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have a history of gynaecological disease, who develop gynaecological disease which could result in their being unable to safely perform their assigned duties and responsibilities, or who become pregnant, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 523 comment by: *KLM*

Relevant text:
(c) Pregnancy
In the case of pregnancy, when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they shall limit the validity period of the medical fitness to the end of the 16 th week of gestation. They shall inform

the competent authority that, after this point, the cabin crew attestation shall be suspended until full recovery following the end of the pregnancy.

Comment: Why is suspension of the Attestation necessary if pregnant. An airline can have an own internal procedure for not having a pregnant Cabin attendant on duty. It is not a desease.

Proposal: Delete the requirement of suspending the attestation if pregnant

comment | *524* | comment by: *KLM*

Comment:
Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

comment | *596* | comment by: *Deutsche Lufthansa AG*

Relevant text:
paragraphs a, b and c.

Comment:
The proposed obstetric and gynaecological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for additional regulatory requirements.
There is no evidence of safety or medical risk that would justify a specified period of absence for any surgical procedure in cabin crew, decisions should be based on good occupational health practice.
There is no safety or medical rationale for the proposed time limit of the end of the 16th week of pregancy. Incapacitation is most likely to occur in early pregnancy (first trimester) or late pregnancy (third trimester).

Proposed text:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have a history of gynaecological disease, who develop gynaecological disease which could result in their being unable to safely perform their assigned duties and responsibilities, or who become pregnant, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment | *597* | comment by: *Deutsche Lufthansa AG*

Relevant text:
(c) Pregnancy
In the case of pregnancy, when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they shall limit the validity period of the medical fitness to the end of the 16 th week of gestation. They shall inform the competent authority that, after this point, the cabin crew attestation shall be suspended until full recovery following the end of the pregnancy.

Comment: Why is suspension of the Attestation necessary if pregnant. An airline can have an own internal procedure for not having a pregnant Cabin attendant on duty. It is not a desease.

Proposal: Delete the requirement of suspending the attestation if pregnant

comment 598 comment by: *Deutsche Lufthansa AG*

Comment:
Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

comment 698 comment by: *Swiss International Airlines / Bruno Pfister*

Relevant text:
paragraphs a, b and c.

Comment:
The proposed obstetric and gynaecological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for additional regulatory requirements.
There is no evidence of safety or medical risk that would justify a specified period of absence for any surgical procedure in cabin crew, decisions should be based on good occupational health practice.
There is no safety or medical rationale for the proposed time limit of the end of the 16th week of pregancy. Incapacitation is most likely to occur in early pregnancy (first trimester) or late pregnancy (third trimester).

Proposed text:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have a history of gynaecological disease, who develop gynaecological disease which could result in their being unable to safely perform their assigned duties and responsibilities, or who become pregnant, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 699 comment by: *Swiss International Airlines / Bruno Pfister*

Relevant text:
(c) Pregnancy
In the case of pregnancy, when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they shall limit the validity period of the medical fitness to the end of the 16 th week of gestation. They shall inform the competent authority that, after this point, the cabin crew attestation shall be suspended until full recovery following the end of the pregnancy.

Comment: Why is suspension of the Attestation necessary if pregnant. An airline can have an own internal procedure for not having a pregnant Cabin attendant on duty. It is not a desease.

Proposal: Delete the requirement of suspending the attestation if pregnant

comment 700 comment by: *Swiss International Airlines / Bruno Pfister*

Comment:
Assessment of whether cabin crew can work with certain conditions is a matter

for Occupational Health assessment on an individual basis, not regulatory control.

comment 769 comment by: *TAP Portugal*

Relevant text:
paragraphs a, b and c.

Comment:
The proposed obstetric and gynaecological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for additional regulatory requirements.
There is no evidence of safety or medical risk that would justify a specified period of absence for any surgical procedure in cabin crew, decisions should be based on good occupational health practice.
There is no safety or medical rationale for the proposed time limit of the end of the 16th week of pregancy. Incapacitation is most likely to occur in early pregnancy (first trimester) or late pregnancy (third trimester).

Proposed text:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have a history of gynaecological disease, who develop gynaecological disease which could result in their being unable to safely perform their assigned duties and responsibilities, or who become pregnant, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 770 comment by: *TAP Portugal*

Relevant text:
(c) Pregnancy
In the case of pregnancy, when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they shall limit the validity period of the medical fitness to the end of the 16 th week of gestation. They shall inform the competent authority that, after this point, the cabin crew attestation shall be suspended until full recovery following the end of the pregnancy.

Comment: Why is suspension of the Attestation necessary if pregnant. An airline can have an own internal procedure for not having a pregnant Cabin attendant on duty. It is not a desease.

Proposal: Delete the requirement of suspending the attestation if pregnant

comment 771 comment by: *TAP Portugal*

Comment:
Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

comment 826 comment by: *cfdt france*

MED.E.040 Obstetrics and Gynaecology

The French CFDT asks for the modification of :
(c) Pregnancy
In the case of pregnancy, ~~when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they~~ ~~shall limit the validity period of the medical fitness to the end of the 16 th week of gestation. that, after this point, the cabin crew attestation shall be suspended~~ feminine cabin crew shall inform immediately the AeMC or AME who will suspend their attestation, until full recovery following the end of pregnancy
AeMC and AME will inform their competent authority
French Cabin crew and the CFDT France feel that Pregnancy from the beginning is incompatible with the job . Conference studies or reports demonstrate this. Allowing pregnant cabin crew to continue to fly will considerably augment risks on safety.
How will a pregnant woman react in an evacuation scenario? Will she evauate passengers or think of herself and the baby?
The cabin and work environment (- ergonomic issues , working conditions including jet lag, sleep deprivation, night hours, exposure to tropical diseases) may have severe effects on the health of the baby and mother preventing them doing their safety tasks at any moment. If a major problem such as natural abortion after a shock or cardiovascular disorder increased by pregnancy happens during a flight the safety of the flight is endangered. Diversion for medical reasons or the incapacity of a pregnant crew member cannot be excluded.,
Pregnancy provokes a number of symptoms, more or less severe, including fatigue . This part of text is contrary to the following NPA rule *"Crew members should not perform flight related duties on an aircraft when they know that they are fatigued or feel unfit to the extent that the safety of flight may be adversely affected. Crew members should report any instance when they believe that they are fatigued and that safety may be affected."*
The NPA proposition does not respect the COUNCIL DIRECTIVE 92/85/EEC of 19 October 1992 on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding (tenth individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC)
The French Aviation Decree of 4 September 2007 does not allow Cabin crew to fly once pregnancy is declared by an AME or AEMC. The CFDT Supports this provision and would like a similar provision to be included in the NPA .

comment | *864* | comment by: *IATA*

(b) Cabin crew members who have undergone a major gynaecological operation shall be assessed as unfit until full recovery
Rationale: a specific time frame is not really a useful limitation.
`
(c) Pregnancy
In the case of pregnancy, when the medical practitioner with expertise in aviation medicine consider

comment | *870* | comment by: *FSC - CCOO*

Comment to
(c) Pregnancy
In the case of pregnancy, ~~when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they~~ ~~shall limit the validity period of~~

~~the medical fitness to the end of the 16 th week of gestation. that, after this point, the cabin crew attestation shall be suspended~~ feminine cabin crew shall inform immediately the AeMC or AME who will suspend their attestation, until full recovery after the end of pregnancy.
Pregnancy is incompatible with the safe excercise of cabin crew duties. In an evacuation or in-flight emergency a pregnant woman is likely to put her and her unborn child's safety and health first. Pregnancy is likely to produce fatigue and other adverse effects that will be increased in the cabin environment. Complications such as natural abortion after a stressfull situation (in-flight fire, decompression etc.) could severly worsen an emergency situation.

comment 917 — comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Relevant Text:
(c) *Pregnancy*
In the case of pregnancy, when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they shall limit the validity period of the medical fitness to the end of the 16 th week of gestation. They shall inform the competent authority that, after this point, the cabin crew attestation shall be suspended until full recovery following the end of the pregnancy.

Comment:
For holders of class 1 and class 2 medical certificates there is a requirement in MED.A.060 to refrain from exercising the privileges of their licences when they are pregnant, until being assessed by an AeMC or an AME. A correspondingly detailed paragraph is missing for CC, with the result that a pregnant CC is not required to inform an AeMC or an AME unless when the periodical aeromedical examination demonstrates that the CC is pregnant.

A suspension by the competent authority of the CC attestation during pregnancy is a more complicated procedure than for pilots who only are required to refrain from using their privileges during pregnancy. The requirement for CC seems inappropriate and disproportionate and creates an unnecessary administrative burden.

When pregnant, the privileges for holders of class 1 and class 2 medical certificates shall not be exercised after the end of the 26th week of gestation, and for air traffic controllers not after the 32nd week of gestation. For CC the suspension is proposed to be initiated already after the 16th week. This lower time limit has possibly been proposed for other reasons than flight safety and should in that case be transferred to regulations on occupational health. The time limit of 26th week for pilots should be applicable also for CC.

Proposal:
Amend MED.E.040 (c) or Part-CC with a requirement corresponding to MED.A.060 (a)(7) and (b) to be required not to perform their duties and responsibilities or to exercise the privileges of the applicable cabin crew attestation during pregnancy unless being assessed as fit by an AME or AeMC.
The CC shall also be required not to perform their duties and responsibilities or to exercise the privileges of the applicable cabin crew attestation after the end of the 26th week of gestation.

comment 946 ☐ — comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.
In most cases it is subject to "…satisfactory aeromedical evaluation…" whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.045: Musculoskeletal System p. 21

comment 51 comment by: *Virgin Atlantic Airways Ltd*

Comment This is not a medical assessment.

Proposal Crew should be assessed as to their capability which can be assessed during their training.

comment 120 comment by: *Thomas Cook Airlines UK*

MED.E.045 Musculoskeletal System

Comment:
This paragraph is acceptable

comment 143 ☐ comment by: *Virgin Atlantic Airways Ltd*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment 159 comment by: *British Airways*

Comment:
The proposed musculoskeletal medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. Functional capacity is best identified by ability to satisfactorily complete initial / recurrent cabin crew training and by performance in the role.

Proposed text:
Delete paragraphs a, b and c.
Replace with: Cabin crew who have pre-existing musculoskeletal conditions or who develop musculoskeletal conditions which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment *201* ☐ comment by: *Virgin Atlantic Airways*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment *213* comment by: *Virgin Atlantic Airways*

Comment This is not a medical assessment.

Proposal Crew should be assessed as to their capability which can be assessed during their training.

comment *339* comment by: *AEA*

Comment:
The proposed musculoskeletal medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. Functional capacity is best identified by ability to satisfactorily complete initial / recurrent cabin crew training and by performance in the role.
Proposed text:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have pre-existing musculoskeletal conditions or who develop musculoskeletal conditions which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment *439* comment by: *AUSTRIAN Airlines*

Comment:
The proposed musculoskeletal medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. Functional capacity is best identified by ability to satisfactorily complete initial / recurrent cabin crew training and by performance in the role.
Proposed text:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have pre-existing musculoskeletal conditions or who develop musculoskeletal conditions which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 525 comment by: *KLM*

Comment:
The proposed musculoskeletal medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. Functional capacity is best identified by ability to satisfactorily complete initial / recurrent cabin crew training and by performance in the role.
Proposed text:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have pre-existing musculoskeletal conditions or who develop musculoskeletal conditions which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 599 comment by: *Deutsche Lufthansa AG*

Comment:
The proposed musculoskeletal medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. Functional capacity is best identified by ability to satisfactorily complete initial / recurrent cabin crew training and by performance in the role.
Proposed text:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have pre-existing musculoskeletal conditions or who develop musculoskeletal conditions which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 701 comment by: *Swiss International Airlines / Bruno Pfister*

Comment:
The proposed musculoskeletal medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. Functional capacity is best identified by ability to satisfactorily complete initial / recurrent cabin crew training and by performance in the role.
Proposed text:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have pre-existing musculoskeletal conditions or who develop musculoskeletal conditions which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment *772* comment by: *TAP Portugal*

Comment:
The proposed musculoskeletal medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. Functional capacity is best identified by ability to satisfactorily complete initial / recurrent cabin crew training and by performance in the role.
Proposed text:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have pre-existing musculoskeletal conditions or who develop musculoskeletal conditions which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment *946* ☐ comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.
In most cases it is subject to "…satisfactory aeromedical evaluation…" whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.050: Psychiatry p. 21

comment *18* comment by: *British Airways*

Comment:
The proposed psychiatric and psychological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for additional regulatory requirements.

An occupational health professional would be able to assess fitness for the role

in relation to the conditions described in paragraphs (d) or (e), with reference to reports from the GP or psychiatrist (where a psychiatrist was involved in assessment and/or treatment) if necessary. There is no evidence of risk to safety that would justify a regulatory requirement for assessment by a psychiatrist. Proposed text: Delete paragraphs a,b, c, d and e. Replace text with: Cabin crew who have a history of psychiatric or pyschological illness or who develop psychiatric or psychological illness which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment

52	comment by: *Virgin Atlantic Airways Ltd*

Comment Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. **Justification** Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

Recomendation (e) To prohibit crew with a history of self harm from flying is unjustified; pilots can return to flying after such events

On a positive note, the statement ".... likely to interfere with the safe exercise....." in (a) is more helpful than the rest, but is then hampered by the arbitrary exclusion of a number of conditions.

comment

90	comment by: *Dr.Beiderwellen, Secretary of GAAME*

b) die Dauer der Abstinenz ist festzulegen.

comment

121	comment by: *Thomas Cook Airlines UK*

MED.E.050 Psychiatry

Comment:
This paragraph is acceptable

comment

143 ☐	comment by: *Virgin Atlantic Airways Ltd*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment	201 ☐	comment by: *Virgin Atlantic Airways*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment	214	comment by: *Virgin Atlantic Airways*

Comment Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. **Justification** Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

Recomendation (e) To prohibit crew with a history of self harm from flying is unjustified; pilots can return to flying after such events

On a positive note, the statement ".... likely to interfere with the safe exercise....." in (a) is more helpful than the rest, but is then hampered by the arbitrary exclusion of a number of conditions.

comment	340	comment by: *AEA*

Comment:
The proposed psychiatric and psychological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for additional regulatory requirements.

An occupational health professional would be able to assess fitness for the role in relation to the conditions described in paragraphs (d) or (e), with reference to reports from the GP or psychiatrist (where a psychiatrist was involved in assessment and/or treatment) if necessary. There is no evidence of risk to safety that would justify a regulatory requirement for assessment by a psychiatrist.

Proposed text:
Delete paragraphs a,b, c, d and e.
Replace text with: *Cabin crew who have a history of psychiatric or pyschological illness or who develop psychiatric or psychological illness which*

could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment *440* comment by: *AUSTRIAN Airlines*

Comment:
The proposed psychiatric and psychological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for additional regulatory requirements.

An occupational health professional would be able to assess fitness for the role in relation to the conditions described in paragraphs (d) or (e), with reference to reports from the GP or psychiatrist (where a psychiatrist was involved in assessment and/or treatment) if necessary. There is no evidence of risk to safety that would justify a regulatory requirement for assessment by a psychiatrist.

Proposed text:
Delete paragraphs a,b, c, d and e.
Replace text with: *Cabin crew who have a history of psychiatric or pyschological illness or who develop psychiatric or psychological illness which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice*

comment *526* comment by: *KLM*

Comment:
The proposed psychiatric and psychological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for additional regulatory requirements.

An occupational health professional would be able to assess fitness for the role in relation to the conditions described in paragraphs (d) or (e), with reference to reports from the GP or psychiatrist (where a psychiatrist was involved in assessment and/or treatment) if necessary. There is no evidence of risk to safety that would justify a regulatory requirement for assessment by a psychiatrist.

Proposed text:
Delete paragraphs a,b, c, d and e.
Replace text with: *Cabin crew who have a history of psychiatric or pyschological illness or who develop psychiatric or psychological illness which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice*

comment *600* comment by: *Deutsche Lufthansa AG*

Comment:

The proposed psychiatric and psychological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for additional regulatory requirements.

An occupational health professional would be able to assess fitness for the role in relation to the conditions described in paragraphs (d) or (e), with reference to reports from the GP or psychiatrist (where a psychiatrist was involved in assessment and/or treatment) if necessary. There is no evidence of risk to safety that would justify a regulatory requirement for assessment by a psychiatrist.

Proposed text:
Delete paragraphs a,b, c, d and e.
Replace text with: *Cabin crew who have a history of psychiatric or pyschological illness or who develop psychiatric or psychological illness which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment *702* comment by: *Swiss International Airlines / Bruno Pfister*

Comment:
The proposed psychiatric and psychological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for additional regulatory requirements.

An occupational health professional would be able to assess fitness for the role in relation to the conditions described in paragraphs (d) or (e), with reference to reports from the GP or psychiatrist (where a psychiatrist was involved in assessment and/or treatment) if necessary. There is no evidence of risk to safety that would justify a regulatory requirement for assessment by a psychiatrist.

Proposed text:
Delete paragraphs a,b, c, d and e.
Replace text with: *Cabin crew who have a history of psychiatric or pyschological illness or who develop psychiatric or psychological illness which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment *773* comment by: *TAP Portugal*

Comment:
The proposed psychiatric and psychological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.
Justification:
There is no risk-based justification for additional regulatory requirements.

An occupational health professional would be able to assess fitness for the role

in relation to the conditions described in paragraphs (d) or (e), with reference to reports from the GP or psychiatrist (where a psychiatrist was involved in assessment and/or treatment) if necessary. There is no evidence of risk to safety that would justify a regulatory requirement for assessment by a psychiatrist.

Proposed text:
Delete paragraphs a,b, c, d and e.
Replace text with: *Cabin crew who have a history of psychiatric or pyschological illness or who develop psychiatric or psychological illness which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment | *946* ☐ | comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.
In most cases it is subject to "…satisfactory aeromedical evaluation…" whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.055: Psychology p. 21

comment | *53* | comment by: *Virgin Atlantic Airways Ltd*

Psychology General comment This is a useful phrase which could and should be used in other conditions. It would allow sensible decision making based on good Occupational Health practice, without arbitrary exclusion of certain named conditions.

comment | *122* | comment by: *Thomas Cook Airlines UK*

MED.E.055 Psychology

Comment:
This paragraph is acceptable

comment | *164* | comment by: *British Airways*

Comment:
There is no requirement or value in having a discrete standard for psychological conditions.

Justification:
Psychological conditions are not distinct from psychiatric conditions, e.g. they are managed by the same clinical specialists.

Proposed text:
Delete paragraph Med.E.055

comment	215	comment by: *Virgin Atlantic Airways*

Psychology General comment This is a useful phrase which could and should be used in other conditions. It would allow sensible decision making based on good Occupational Health practice, without arbitrary exclusion of certain named conditions.

comment	341	comment by: *AEA*

Comment:
There is no requirement or value in having a discrete standard for psychological conditions.

Justification:
Psychological conditions are not distinct from psychiatric conditions, e.g. they are managed by the same clinical specialists.

Proposal
Delete paragraph Med.E.055 - merge with MED.E.050

comment	342	comment by: *AEA*

Relevant text

Cabin crew members shall have no established psychological deficiencies, **which are likely to interfere with the safe exercise of the privileges** of the applicable cabin crew attestation.

Comment
This is a useful phrase which could and should be used in other conditions. It would allow sensible decision making based on good Occupational Health practice, without arbitrary exclusion of certain named conditions

comment	441	comment by: *AUSTRIAN Airlines*

Comment:
There is no requirement or value in having a discrete standard for psychological conditions.

Justification:
Psychological conditions are not distinct from psychiatric conditions, e.g. they are managed by the same clinical specialists.

Proposal
Delete paragraph Med.E.055 - merge with MED.E.050

comment	442	comment by: *AUSTRIAN Airlines*

Relevant text

Cabin crew members shall have no established psychological deficiencies, **which are likely to**

interfere with the safe exercise of the privileges of the applicable cabin crew attestation.

Comment
This is a useful phrase which could and should be used in other conditions. It would allow sensible decision making based on good Occupational Health practice, without arbitrary exclusion of certain named conditions

comment 527 comment by: *KLM*

Comment:
There is no requirement or value in having a discrete standard for psychological conditions.

Justification:
Psychological conditions are not distinct from psychiatric conditions, e.g. they are managed by the same clinical specialists.

Proposal
Delete paragraph Med.E.055 - merge with MED.E.050

comment 528 comment by: *KLM*

Relevant text

Cabin crew members shall have no established psychological deficiencies, **which are likely to**
interfere with the safe exercise of the privileges of the applicable cabin crew attestation.

Comment
This is a useful phrase which could and should be used in other conditions. It would allow sensible decision making based on good Occupational Health practice, without arbitrary exclusion of certain named conditions

comment 601 comment by: *Deutsche Lufthansa AG*

Comment:
There is no requirement or value in having a discrete standard for psychological conditions.

Justification:
Psychological conditions are not distinct from psychiatric conditions, e.g. they are managed by the same clinical specialists.

Proposal
Delete paragraph Med.E.055 - merge with MED.E.050

comment 602 comment by: *Deutsche Lufthansa AG*

Relevant text

Cabin crew members shall have no established psychological deficiencies, **which are likely to**

interfere with the safe exercise of the privileges of the applicable cabin crew attestation.

Comment
This is a useful phrase which could and should be used in other conditions. It would allow sensible decision making based on good Occupational Health practice, without arbitrary exclusion of certain named conditions

comment 703 comment by: *Swiss International Airlines / Bruno Pfister*

Comment:
There is no requirement or value in having a discrete standard for psychological conditions.

Justification:
Psychological conditions are not distinct from psychiatric conditions, e.g. they are managed by the same clinical specialists.

Proposal
Delete paragraph Med.E.055 - merge with MED.E.050

comment 704 comment by: *Swiss International Airlines / Bruno Pfister*

Relevant text

Cabin crew members shall have no established psychological deficiencies, **which are likely to**
interfere with the safe exercise of the privileges of the applicable cabin crew attestation.

Comment
This is a useful phrase which could and should be used in other conditions. It would allow sensible decision making based on good Occupational Health practice, without arbitrary exclusion of certain named conditions

comment 774 comment by: *TAP Portugal*

Comment:
There is no requirement or value in having a discrete standard for psychological conditions.

Justification:
Psychological conditions are not distinct from psychiatric conditions, e.g. they are managed by the same clinical specialists.

Proposal
Delete paragraph Med.E.055 - merge with MED.E.050

comment 775 comment by: *TAP Portugal*

Relevant text

Cabin crew members shall have no established psychological deficiencies, **which are likely to**

interfere with the safe exercise of the privileges of the applicable cabin crew attestation.
Comment
This is a useful phrase which could and should be used in other conditions. It would allow sensible decision making based on good Occupational Health practice, without arbitrary exclusion of certain named conditions

comment | 921 | comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Comment:
The corresponding paragraph for class 1 and class 2 medical certificates also includes ` (b) a psychological evaluation may be required as part of, or complementary to, a specialist psychiatric or neurological examination. `
This sentence has been deleted for CC.
In order to be consistent, the requirements in (b) for class 2 should be added.

Proposal:
Amend the requirement to include:
` A psychological evaluation may be required as part of, or complementary to, a specialist psychiatric or neurological examination. `

comment | 946 ☐ | comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.
In most cases it is subject to "…satisfactory aeromedical evaluation…" whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.060: Neurology p. 21-22

comment | 19 | comment by: *British Airways*

Comment:
The proposed neurological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for additional regulatory requirements. In particular, there is no evidence of risk to safety that would justify the regulatory requirements in relation to epilepsy. A group of UK airline medical advisers have recently concluded that guidelines based on those for the UK Class One driving licence, which would permit cabin crew to operate following a seizure free period of 12 months on or off medication, would be appropriate.

Proposed text:
Delete paragraphs a, b and c.
Replace with: Cabin crew who have a history of neurological illness or injury or who develop neurological illness or injury which could result in their being unable to safely perform their assigned duties and responsibilities should have

their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment

54	comment by: *Virgin Atlantic Airways Ltd*

Epilepsy.
Comment Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.
Justification A number if airlines have in recent years, allowed individuals with a history of epilepsy, who have not experienced seizures (on or off medication) to work again as crew after 12 months free of seizures. All are individually assessed, taking into account all aspects of their condition. Our airline now has individuals flying with no adverse effect and no evidence of a safety risk. Furthermore epilepsy will not be detected through routine examination. An arbitrary exlusion solely based on diagnosis will lead to non disclosure of the condition and prevent proper assessment, representing a far greater safety risk to the individual
Proposal Epilepsy should be assessed according to individual risk assessmentv according to best OH practice

comment

123	comment by: *Thomas Cook Airlines UK*

MED.E.060 Neurology

Comment;

Established cabin crew with a history of stable epilepsy are at present operating satisfactorily and there is no evidence of flight safety being compromised by cabin crew with epilepsy.

Justification;

To discriminate against established cabin crew with a history of stable controlled epilepsy is in many countries unlawful.

Proposed text:

(b) Cabin crew members with an established history or clinical diagnosis of:
epilepsy;
recurring episodes of disturbance of consciousness of uncertain cause shall be assessed as unfit until a satisfactory diagnosis has been established, appropriate treatment instituted and a period of satisfactory control or lack of symptoms has been established.

comment

139	comment by: *bmi*

MED.E.060 Neurology
Comment: Well controlled epileptics free of siezure for a prolonged period may be allowed to fly.
Justification: There are epileptic cabin crew in the UK. They have demonstrated their ability to operate safely over the years. There is no evidence in the

medical literature to support flight safety being compromised by cabin crew with epilepsy. If tested in a court of law, it would be difficult to demonstrate safety was compromised and therefore such a proposal my be discriminatory and unlawful in the UK.
Proposed text: Replace para. (b) (1) and (2) with:
(b) Cabin crew with a history or clinical diagnosis of:
(1) epilepsy;
(2) recurring episodes of disturbance of consciousness of uncertain cause shall be assessed as unfit until a satisfactory diagnosis has been established, appropriate treatment instituted and a period of satisfactory control or lack of symptoms has been established

comment *143* ☐ comment by: *Virgin Atlantic Airways Ltd*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment *201* ☐ comment by: *Virgin Atlantic Airways*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment *216* comment by: *Virgin Atlantic Airways*

Epilepsy.
Comment Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.
Justification A number if airlines have in recent years, allowed individuals with a history of epilepsy, who have not experienced seizures (on or off

medication) to work again as crew after 12 months free of seizures. All are individually assessed, taking into account all aspects of their condition. Our airline now has individuals flying with no adverse effect and no evidence of a safety risk. Furthermore epilepsy will not be detected through routine examination. An arbitrary exlusion solely based on diagnosis will lead to non disclosure of the condition and prevent proper assessment, representing a far greater safety risk to the individual
Proposal Epilepsy should be assessed according to individual risk assessmentv according to best OH practice

comment *343* comment by: *AEA*

Comment:
The proposed neurological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety. Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene national legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control

Justification:
There is no risk-based justification for additional regulatory requirements. In particular, there is no evidence of risk to safety that would justify the regulatory requirements in relation to epilepsy. A group of UK airline medical advisers have recently concluded that guidelines based on those for the UK Class One driving licence, which would permit cabin crew to operate following a seizure free period of 12 months on or off medication, would be appropriate.
A number if airlines have in recent years, allowed individuals with a history of epilepsy, who have not experienced seizures (on or off medication) to work again as crew after 12 months free of seizures. All are individually assessed, taking into account all aspects of their condition. Our airline now has individuals flying with no adverse effect and no evidence of a safety risk. Furthermore epilepsy will not be detected through routine examination. An arbitrary exclusion solely based on diagnosis will lead to non disclosure of the condition and prevent proper assessment, representing a far greater safety risk to the individual.
Epilepsy should be assessed according to individual risk assessment according to best OH practice

Proposal:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have a history of neurological illness or injury or who develop neurological illness or injury which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment *443* comment by: *AUSTRIAN Airlines*

Comment:
The proposed neurological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety. Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene national legislation in the

absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control

Justification:
There is no risk-based justification for additional regulatory requirements. In particular, there is no evidence of risk to safety that would justify the regulatory requirements in relation to epilepsy. A group of UK airline medical advisers have recently concluded that guidelines based on those for the UK Class One driving licence, which would permit cabin crew to operate following a seizure free period of 12 months on or off medication, would be appropriate.
A number if airlines have in recent years, allowed individuals with a history of epilepsy, who have not experienced seizures (on or off medication) to work again as crew after 12 months free of seizures. All are individually assessed, taking into account all aspects of their condition. Our airline now has individuals flying with no adverse effect and no evidence of a safety risk. Furthermore epilepsy will not be detected through routine examination. An arbitrary exclusion solely based on diagnosis will lead to non disclosure of the condition and prevent proper assessment, representing a far greater safety risk to the individual.
Epilepsy should be assessed according to individual risk assessment according to best OH practice

Proposal:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have a history of neurological illness or injury or who develop neurological illness or injury which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment *529* comment by: *KLM*

Comment:
The proposed neurological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety. Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene national legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control

Justification:
There is no risk-based justification for additional regulatory requirements. In particular, there is no evidence of risk to safety that would justify the regulatory requirements in relation to epilepsy. A group of UK airline medical advisers have recently concluded that guidelines based on those for the UK Class One driving licence, which would permit cabin crew to operate following a seizure free period of 12 months on or off medication, would be appropriate.
A number if airlines have in recent years, allowed individuals with a history of epilepsy, who have not experienced seizures (on or off medication) to work again as crew after 12 months free of seizures. All are individually assessed, taking into account all aspects of their condition. Our airline now has individuals flying with no adverse effect and no evidence of a safety risk. Furthermore epilepsy will not be detected through routine examination. An arbitrary exclusion solely based on diagnosis will lead to non disclosure of the

condition and prevent proper assessment, representing a far greater safety risk to the individual.
Epilepsy should be assessed according to individual risk assessment according to best OH practice

Proposal:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have a history of neurological illness or injury or who develop neurological illness or injury which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 603 comment by: *Deutsche Lufthansa AG*

Comment:
The proposed neurological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety. Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene national legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control

Justification:
There is no risk-based justification for additional regulatory requirements. In particular, there is no evidence of risk to safety that would justify the regulatory requirements in relation to epilepsy. A group of UK airline medical advisers have recently concluded that guidelines based on those for the UK Class One driving licence, which would permit cabin crew to operate following a seizure free period of 12 months on or off medication, would be appropriate.
A number if airlines have in recent years, allowed individuals with a history of epilepsy, who have not experienced seizures (on or off medication) to work again as crew after 12 months free of seizures. All are individually assessed, taking into account all aspects of their condition. Our airline now has individuals flying with no adverse effect and no evidence of a safety risk. Furthermore epilepsy will not be detected through routine examination. An arbitrary exclusion solely based on diagnosis will lead to non disclosure of the condition and prevent proper assessment, representing a far greater safety risk to the individual.
Epilepsy should be assessed according to individual risk assessment according to best OH practice

Proposal:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have a history of neurological illness or injury or who develop neurological illness or injury which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 705 comment by: *Swiss International Airlines / Bruno Pfister*

Comment:
The proposed neurological medical standards are inappropriate for the role of

cabin crew and cannot be justified on the grounds of safety. Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene national legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control

Justification:

There is no risk-based justification for additional regulatory requirements. In particular, there is no evidence of risk to safety that would justify the regulatory requirements in relation to epilepsy. A group of UK airline medical advisers have recently concluded that guidelines based on those for the UK Class One driving licence, which would permit cabin crew to operate following a seizure free period of 12 months on or off medication, would be appropriate.

A number if airlines have in recent years, allowed individuals with a history of epilepsy, who have not experienced seizures (on or off medication) to work again as crew after 12 months free of seizures. All are individually assessed, taking into account all aspects of their condition. Our airline now has individuals flying with no adverse effect and no evidence of a safety risk. Furthermore epilepsy will not be detected through routine examination. An arbitrary exclusion solely based on diagnosis will lead to non disclosure of the condition and prevent proper assessment, representing a far greater safety risk to the individual.

Epilepsy should be assessed according to individual risk assessment according to best OH practice

Proposal:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have a history of neurological illness or injury or who develop neurological illness or injury which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment *776* comment by: *TAP Portugal*

Comment:

The proposed neurological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety. Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene national legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control

Justification:

There is no risk-based justification for additional regulatory requirements. In particular, there is no evidence of risk to safety that would justify the regulatory requirements in relation to epilepsy. A group of UK airline medical advisers have recently concluded that guidelines based on those for the UK Class One driving licence, which would permit cabin crew to operate following a seizure free period of 12 months on or off medication, would be appropriate.

A number if airlines have in recent years, allowed individuals with a history of epilepsy, who have not experienced seizures (on or off medication) to work again as crew after 12 months free of seizures. All are individually assessed, taking into account all aspects of their condition. Our airline now has individuals flying with no adverse effect and no evidence of a safety risk.

Furthermore epilepsy will not be detected through routine examination. An arbitrary exclusion solely based on diagnosis will lead to non disclosure of the condition and prevent proper assessment, representing a far greater safety risk to the individual.
Epilepsy should be assessed according to individual risk assessment according to best OH practice
Proposal:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have a history of neurological illness or injury or who develop neurological illness or injury which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice*

comment | *946* ☐ | comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.
In most cases it is subject to "…satisfactory aeromedical evaluation…" whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.065: Visual System p. 22

comment | *20* | comment by: *British Airways*

Comment:
The proposed visual medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety which would justify such detailed visual requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate vision.

Proposed text:
Delete paragraphs a, b, c, d, e, f, g and h
Replace with: Cabin crew members shall have adequate visual function, with correction if required, to enable them to safely exercise the privileges of the applicable cabin crew attestation.

comment | *56* | comment by: *Virgin Atlantic Airways Ltd*

Comment The visual standards defined here have little to do with the environment and requirements of working in the aircraft cabin.
Justofication An example being the visual requirements at different distances which have their origin in the cockpit. To exclude crew who are well adapted for example to their diplopia or visual field impairment is arbitrary and unjustifiable on safety grounds.
Proposal Crew should have vision capability sufficient to pass their recurrent

training and to perform their cabin duties safely.

comment

91	comment by: *Dr.Beiderwellen, Secretary of GAAME*
e) funktionelle und tatsächliche Einäugigkeit wird hiermit ausgeschlossen. Vorschlag: Regelung entsprechend JAR-FCL 3, App. 13 (6)	

comment

124	comment by: *Thomas Cook Airlines UK*

MED.E.065 Visual system

Comment:

The requirements in this paragraph are far in excess of any reasonable requirement for cabin crew. Cabin crew should have satisfactory vision that enables them safely to perform their duties. This can be either uncorrected or corrected with appropriate lenses. Any significant visual abnormality, that could lead to difficulty in safely performing the duties of cabin-crew, should be appropriately assessed by an optometrist or ophthalmic specialist.

Justification:

There is no evidence that flight safety has ever been compromised due to a visual problem in a member of cabin crew.

Proposed text:

Cabin crew-members shall possess normal vision, minimum 6/9 bilaterally, which may be achieved by appropriate lenses. In new cabin crew applicants any significant ophthalmic abnormality shall be assessed by an optometrist or ophthalmic specialist and shall be acceptable provided that the applicant can demonstrate that they can safely perform the duties required for the safe exercising of the privileges of their employment.

comment

140	comment by: *bmi*
MED.E.065 Visual system Comment: Cabin crew should have normal vision with or without corrective lenses. The current limits of acceptable vision may be too restrictive. Justification: a significant number of experienced cabin crew will have vision outside these limits. There is no evidence to support this level of acuity is required for this role. Proposed text: New cabin crew applicants with any significant ophthalmic abnormality shall be assessed by a vision specialist and shall be acceptable provided they can demonstrate the ability to safely perform the duties required.	

comment

217	comment by: *Virgin Atlantic Airways*
Comment The visual standards defined here have little to do with the environment and requirements of working in the aircraft cabin. **Justofication** An example being the visual requirements at different distances which have their origin in the cockpit. To exclude crew who are well adapted for example to their diplopia or visual field impairment is arbitrary and	

unjustifiable on safety grounds.
Proposal Crew should have vision capability sufficient to pass their recurrent training and to perform their cabin duties safely.

comment 344 comment by: *AEA*

Comment:
The proposed visual medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety which would justify such detailed visual requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate vision.

Proposal:
Delete paragraphs a, b, c, d, e, f, g and h
Replace with: *Cabin crew members shall have adequate visual function, with correction if required, to enable them to safely exercise the privileges of the applicable cabin crew attestation.*

comment 444 comment by: *AUSTRIAN Airlines*

Comment:
The proposed visual medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety which would justify such detailed visual requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate vision.

Proposal:
Delete paragraphs a, b, c, d, e, f, g and h
Replace with: *Cabin crew members shall have adequate visual function, with correction if required, to enable them to safely exercise the privileges of the applicable cabin crew attestation.*

comment 530 comment by: *KLM*

Comment:
The proposed visual medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety which would justify such detailed visual requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate vision.

Proposal:
Delete paragraphs a, b, c, d, e, f, g and h
Replace with: *Cabin crew members shall have adequate visual function, with*

correction if required, to enable them to safely exercise the privileges of the applicable cabin crew attestation.

comment 604 comment by: *Deutsche Lufthansa AG*

Comment:
The proposed visual medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety which would justify such detailed visual requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate vision.

Proposal:
Delete paragraphs a, b, c, d, e, f, g and h
Replace with: *Cabin crew members shall have adequate visual function, with correction if required, to enable them to safely exercise the privileges of the applicable cabin crew attestation.*

comment 706 comment by: *Swiss International Airlines / Bruno Pfister*

Comment:
The proposed visual medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety which would justify such detailed visual requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate vision.

Proposal:
Delete paragraphs a, b, c, d, e, f, g and h
Replace with: *Cabin crew members shall have adequate visual function, with correction if required, to enable them to safely exercise the privileges of the applicable cabin crew attestation.*

comment 777 comment by: *TAP Portugal*

Comment:
The proposed visual medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety which would justify such detailed visual requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate vision.

Proposal:
Delete paragraphs a, b, c, d, e, f, g and h
Replace with: *Cabin crew members shall have adequate visual function, with correction if required, to enable them to safely exercise the privileges of the*

applicable cabin crew attestation.

comment

865	comment by: *IATA*
(b) A visual investigation and report shall be completed on clinical indication. (e) Cabin crew member shall be required to have normal fields of vision.	

comment

922	comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Relevant Text:
(b) *Examination*
(i) a routine eye examination shall form part of the initial and all further examinations;
And
…/…
(c) Distant visual acuity, with or without correction, shall be with both eyes 6/9 or better.
.../...
(f) Cabin crew members who have undergone refractive surgery may be assessed as fit subject to satisfactory evaluation.
(g) Cabin crew members with:
(1) astigmatism; or
(2) anisometropia
may be assessed as fit subject to satisfactory evaluation.
.../...
(i) *Spectacles and contact lenses.* If satisfactory visual function is achieved only with the use of correction:
(1) spectacles or contact lenses shall be readily available for immediate use whilst
exercising the privileges of the applicable cabin crew attestation;
(2) the correction shall provide optimal visual function and be welltolerated;
(3) Orthokeratologic lenses shall not be used.

Comment:
In (b) there is a minor difference compared to the requirement for a class 2 medical certificate, which reads 'revalidation and renewal' instead of 'all further'.

(c) only requires binocular vision to be 6/9 or better, with the implication that monocularity will be acceptable for CC.

In (f) and (g)(2) there is a minor difference to the requirements for a class 2 medical certificate, which read: 'may be assessed as fit subject to satisfactory ophthalmic evaluation

In (i) the following differences to the requirements for a class 2 medical certificate have been made for CC:
- the spectacles or contact lenses need not to be worn, only to be readily available.
- there is no requirement for contact lenses to be for distant vision, monofocal, and non-tinted.
- with a large refractive error there is no requirement for use of contact lenses or high-index spectacles.

- there is no requirement to use only one pair of spectacles to meet the visual requirements.

If class 2 medical requirements should be used as a common basis also for CC, there should be a specific possibility to deviate from class 2 to the proposed different requirements of this subparagraph, combined with a limitation of the medical certificate to CC duties only.

Proposal:
Amend the requirements in (f) and (g)(2) to read:
`may be assessed as fit subject to satisfactory ophthalmic evaluation

comment 946 ☐ comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.
In most cases it is subject to "…satisfactory aeromedical evaluation…" whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.070: Colour vision p. 22

comment 21 comment by: *British Airways*

Comment:
The proposed medical standards for colour vision are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no current requirement for colour vision assessment of cabin crew and no safety critical tasks that are reliant on normal colour vision.

As crew with defective colour vision are not currently identified, there must inevitably be a proportion of crew who do have defective colour vision. Despite this, there is no evidence of a risk to safety arising from cabin crew with deficient colour vision. In the absence of a safety risk, there is no justification for a regulatory colour vision requirement.

Proposed text:
Delete MED.E.070

comment 57 comment by: *Virgin Atlantic Airways Ltd*

Comment and justication There is no safety justification for the exclusion of crew who are colour blind. Up to 10% of the male Caucasian population are colour blind and those currently flying have not demonstrated any safety problems.
The criteria for being able to correctly identify 9 out of the first 15 Ishihara plates is arbitrary and non-sensical. Does it matter which ones? If not, why not? If there **is** a safety justification for normal colour vision (which there is

not) then all 15 should be identified. This is simply a requirement doing a test for its own sake and should be removed.
Furthermore, the UK CAA has recently published research http://www.caa.co.uk/default.aspx?catid=49&pagetype=87&gid=246 which suggests a better way of assessing pilots. It would therefore seem even more unreasonable to place standards on cabin crew which exceed those for pilots
Proposal Remove this reqiuirement

comment 92 comment by: *Dr.Beiderwellen, Secretary of GAAME*

Farbsehen besser entsprechend JAR-FCL 3, App 14 regeln.

comment 125 comment by: *Thomas Cook Airlines UK*

MED.E.075 Colour vision

Comment:
Flight safety has never been compromised because of a colour vision defect.

Justification:
A defect in colour vision does not have any adverse effect on cabin crew safety duties.

Proposed text:
Delete paragraph MED.E.070 entirely.

comment 141 comment by: *bmi*

MED.E.070
Comment: Normal colour vision is not required for operating as cabin crew.
Justification: There is no evidence to show colour vision forms part of cabin crew operation.
Proposal: Remove MED.E.070.

comment 143 ☐ comment by: *Virgin Atlantic Airways Ltd*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment 201 ☐ comment by: *Virgin Atlantic Airways*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical

conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.
Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment 218 comment by: *Virgin Atlantic Airways*

Comment and justication There is no safety justification for the exclusion of crew who are colour blind. Up to 10% of the male Caucasian population are colour blind and those currently flying have not demonstrated any safety problems.
The criteria for being able to correctly identify 9 out of the first 15 Ishihara plates is arbitrary and non-sensical. Does it matter which ones? If not, why not? If there **is** a safety justification for normal colour vision (which there is not) then all 15 should be identified. This is simply a requirement doing a test for its own sake and should be removed.
Furthermore, the UK CAA has recently published research http://www.caa.co.uk/default.aspx?catid=49&pagetype=87&gid=246 which suggests a better way of assessing pilots. It would therefore seem even more unreasonable to place standards on cabin crew which exceed those for pilots

Proposal Remove this reqiuirement

comment 345 comment by: *AEA*

Comment:
The proposed medical standards for colour vision are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no current requirement for colour vision assessment of cabin crew and no safety critical tasks that are reliant on normal colour vision.

As crew with defective colour vision are not currently identified, there must inevitably be a proportion of crew who do have defective colour vision. Despite this, there is no evidence of a risk to safety arising from cabin crew with deficient colour vision. In the absence of a safety risk, there is no justification for a regulatory colour vision requirement.

Furthermore, the UK CAA has recently published research http://www.caa.co.uk/default.aspx?catid=49&pagetype=87&gid=246 which suggests a better way of assessing pilots. It would therefore seem even more unreasonable to place standards on cabin crew which exceed those for pilots

Proposal:
Delete MED.E.070

comment 445 comment by: *AUSTRIAN Airlines*

Comment:
The proposed medical standards for colour vision are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no current requirement for colour vision assessment of cabin crew and no safety critical tasks that are reliant on normal colour vision.
As crew with defective colour vision are not currently identified, there must inevitably be a proportion of crew who do have defective colour vision. Despite this, there is no evidence of a risk to safety arising from cabin crew with deficient colour vision. In the absence of a safety risk, there is no justification for a regulatory colour vision requirement.
Furthermore, the UK CAA has recently published research http://www.caa.co.uk/default.aspx?catid=49&pagetype=87&gid=246 which suggests a better way of assessing pilots. It would therefore seem even more unreasonable to place standards on cabin crew which exceed those for pilots
Proposal:
Delete MED.E.070

comment *531* comment by: *KLM*

Comment:
The proposed medical standards for colour vision are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no current requirement for colour vision assessment of cabin crew and no safety critical tasks that are reliant on normal colour vision.
As crew with defective colour vision are not currently identified, there must inevitably be a proportion of crew who do have defective colour vision. Despite this, there is no evidence of a risk to safety arising from cabin crew with deficient colour vision. In the absence of a safety risk, there is no justification for a regulatory colour vision requirement.
Furthermore, the UK CAA has recently published research http://www.caa.co.uk/default.aspx?catid=49&pagetype=87&gid=246 which suggests a better way of assessing pilots. It would therefore seem even more unreasonable to place standards on cabin crew which exceed those for pilots
Proposal:
Delete MED.E.070

comment *605* comment by: *Deutsche Lufthansa AG*

Comment:
The proposed medical standards for colour vision are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no current requirement for colour vision assessment of cabin crew and no safety critical tasks that are reliant on normal colour vision.
As crew with defective colour vision are not currently identified, there must inevitably be a proportion of crew who do have defective colour vision. Despite this, there is no evidence of a risk to safety arising from cabin crew with deficient colour vision. In the absence of a safety risk, there is no justification for a regulatory colour vision requirement.
Furthermore, the UK CAA has recently published research

http://www.caa.co.uk/default.aspx?catid=49&pagetype=87&gid=246 which suggests a better way of assessing pilots. It would therefore seem even more unreasonable to place standards on cabin crew which exceed those for pilots
Proposal:
Delete MED.E.070

comment 707 comment by: *Swiss International Airlines / Bruno Pfister*

Comment:
The proposed medical standards for colour vision are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no current requirement for colour vision assessment of cabin crew and no safety critical tasks that are reliant on normal colour vision.
As crew with defective colour vision are not currently identified, there must inevitably be a proportion of crew who do have defective colour vision. Despite this, there is no evidence of a risk to safety arising from cabin crew with deficient colour vision. In the absence of a safety risk, there is no justification for a regulatory colour vision requirement.
Furthermore, the UK CAA has recently published research http://www.caa.co.uk/default.aspx?catid=49&pagetype=87&gid=246 which suggests a better way of assessing pilots. It would therefore seem even more unreasonable to place standards on cabin crew which exceed those for pilots
Proposal:
Delete MED.E.070

comment 778 comment by: *TAP Portugal*

Comment:
The proposed medical standards for colour vision are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no current requirement for colour vision assessment of cabin crew and no safety critical tasks that are reliant on normal colour vision.
As crew with defective colour vision are not currently identified, there must inevitably be a proportion of crew who do have defective colour vision. Despite this, there is no evidence of a risk to safety arising from cabin crew with deficient colour vision. In the absence of a safety risk, there is no justification for a regulatory colour vision requirement.
Furthermore, the UK CAA has recently published research http://www.caa.co.uk/default.aspx?catid=49&pagetype=87&gid=246 which suggests a better way of assessing pilots. It would therefore seem even more unreasonable to place standards on cabin crew which exceed those for pilots
Proposal:
Delete MED.E.070

comment 866 comment by: *IATA*

Remove or require practical test in the aircraft.

comment 924 comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Comment:
This requirement is identical to the proposal for Leisure Pilot License. However, this is not any accepted examination and is of no value. The colour vision requirements are not necessary for CC and can be deleted.

Proposal:
Delete MED.E.070.

comment *946* ☐ comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.
In most cases it is subject to "…satisfactory aeromedical evaluation…" whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.075: Otorhino-laryngology p. 22-23

comment *22* comment by: *British Airways*

Comment:
The proposed otorhinolaryngological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety which would justify such detailed ORL requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate hearing and speech.

Those who have a previous medical history of chronic ORL disease, particularly if indicating a liability to sinus or middle ear barotrauma, or who develop such problems in service, should be assessed and managed appropriately.

The majority of instances of sudden incapacitation arising from ORL conditions are due to acute upper respiratory infections, not amenable to mitigation by periodic medical examination.

Proposed text:
Delete paragraphs a. b.c and d.
Replace with: Cabin crew who have pre-existing ear, nose or throat disease or who develop ear, nose or throat disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment *58* comment by: *Virgin Atlantic Airways Ltd*

Comment and justification Such in depth requirements are unneccesary. If a crew member can do their job without problems, then there is no need for further evaluation. Those who develop any problems are likely to be due to

acute self limiting conditions such as respiratory infections.

Proposal These and any others can be assessed according to good Occupational Health practice without specifying specific conditions or investigations

comment 93 comment by: *Dr.Beiderwellen, Secretary of GAAME*

c) ein (hier zudem nicht definierter) Sprachtest ermöglicht keine ausreichende Beurteilung des Höhrorgans.

Vorschlag: Reintonaudiometrie bei 500, 1000, 2000, 3000, 4000 und 8000 Hz bei jeder Untersuchung.

comment 126 comment by: *Thomas Cook Airlines UK*

MED.E.075 Otorhinolaryngology

Comment:
The requirements in this paragraph are far in excess of the medical standards that are necessary for the safe performance of cabin crew duties. Detailed clinical examination and audiometry is not required except in cabin crew with a history of acute or chronic otorhinolaryngeal problems.

Justification:
Flight safety has never been compromised because of otorhinolaryngeal problems.

Proposed text:
Delete paragraph (c) entirely. Paragraph (d) is acceptable.

comment 142 comment by: *bmi*

MED.E.075(c)
Comment: Requirements far in excess of those necessary for cabin crew duties. Audiometry is not required for cabin crew.
Justification: JAA class 2 private pilots require only a conversational speech test prior to issue of a full instrument Rating. Cabin crew hearing standards should not be more demanding than that of a private pilot.
Proposal: Remove paragraph (c) entirely.

comment 143 □ comment by: *Virgin Atlantic Airways Ltd*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment	201 ☐	comment by: *Virgin Atlantic Airways*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment	219	comment by: *Virgin Atlantic Airways*

Comment and justification Such in depth requirements are unneccesary. If a crew member can do their job without problems, then there is no need for further evaluation. Those who develop any problems are likely to be due to acute self limiting conditions such as respiratory infections.

Proposal These and any others can be assessed according to good Occupational Health practice without specifying specific conditions or investigations

comment	346	comment by: *AEA*

Comment:
The proposed otorhinolaryngological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety which would justify such detailed ORL requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate hearing and speech.

Those who have a previous medical history of chronic ORL disease, particularly if indicating a liability to sinus or middle ear barotrauma, or who develop such problems in service, should be assessed and managed appropriately.

The majority of instances of sudden incapacitation arising from ORL conditions are due to acute upper respiratory infections, not amenable to mitigation by periodic medical examination.

Proposal:
Delete paragraphs a. b.c and d.
Replace with: *Cabin crew who have pre-existing ear, nose or throat disease or who develop ear, nose or throat disease which could result in their being unable to safely perform their assigned duties and responsibilities should have*

their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment 347 comment by: *AEA*

Relevant text:
(c) Examination
(1) Hearing shall be tested at all examinations with at least a conversational speech test; and
(i) with pure tone audiometry at the initial examination and thereafter when clinically indicated.
(ii) when tested on a puretone audiometer, cabin crew members shall not have at initial examination 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. Thereafter, cabin crew members with greater hearing loss shall demonstrate satisfactory functional hearing ability.
(iii) cabin crew members with hypoacusis shall demonstrate satisfactory functional hearing ability.
(2) A comprehensive ear, nose and throat examination shall be undertaken for the initial examination and periodically thereafter when clinically indicated.
Comment:
These two requirements are opposite. (c)(1) is requiring a hearing test at all examinations while (c)(2) is requiring an hearing examination at the initial exam and thereafter when clinically indicated. This assumes a test is only necessary if clinically indicated and not at all examinations.
Proposal:
Delete requirement (c)(1) in favour of (c)(2).

comment 446 comment by: *AUSTRIAN Airlines*

Comment:
The proposed otorhinolaryngological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety which would justify such detailed ORL requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate hearing and speech.

Those who have a previous medical history of chronic ORL disease, particularly if indicating a liability to sinus or middle ear barotrauma, or who develop such problems in service, should be assessed and managed appropriately.

The majority of instances of sudden incapacitation arising from ORL conditions are due to acute upper respiratory infections, not amenable to mitigation by periodic medical examination.

Proposal:
Delete paragraphs a. b.c and d.
Replace with: *Cabin crew who have pre-existing ear, nose or throat disease or who develop ear, nose or throat disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 447 comment by: *AUSTRIAN Airlines*

Relevant text:
(c) Examination
(1) Hearing shall be tested at all examinations with at least a conversational speech test; and
(i) with pure tone audiometry at the initial examination and thereafter when clinically indicated.
(ii) when tested on a puretone audiometer, cabin crew members shall not have at initial examination 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. Thereafter, cabin crew members with greater hearing loss shall demonstrate satisfactory functional hearing ability.
(iii) cabin crew members with hypoacusis shall demonstrate satisfactory functional hearing ability.
(2) A comprehensive ear, nose and throat examination shall be undertaken for the initial examination and periodically thereafter when clinically indicated.
Comment:
These two requirements are opposite. (c)(1) is requiring a hearing test at all examinations while (c)(2) is requiring an hearing examination at the initial exam and thereafter when clinically indicated. This assumes a test is only necessary if clinically indicated and not at all examinations.
Proposal:
Delete requirement (c)(1) in favour of (c)(2).

comment 532 comment by: *KLM*

Comment:
The proposed otorhinolaryngological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety which would justify such detailed ORL requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate hearing and speech.

Those who have a previous medical history of chronic ORL disease, particularly if indicating a liability to sinus or middle ear barotrauma, or who develop such problems in service, should be assessed and managed appropriately.

The majority of instances of sudden incapacitation arising from ORL conditions are due to acute upper respiratory infections, not amenable to mitigation by periodic medical examination.

Proposal:
Delete paragraphs a. b.c and d.
Replace with: *Cabin crew who have pre-existing ear, nose or throat disease or who develop ear, nose or throat disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 533 comment by: *KLM*

Relevant text:
(c) Examination
(1) Hearing shall be tested at all examinations with at least a conversational speech test; and
(i) with pure tone audiometry at the initial examination and thereafter when clinically indicated.
(ii) when tested on a puretone audiometer, cabin crew members shall not have at initial examination 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. Thereafter, cabin crew members with greater hearing loss shall demonstrate satisfactory functional hearing ability.
(iii) cabin crew members with hypoacusis shall demonstrate satisfactory functional hearing ability.
(2) A comprehensive ear, nose and throat examination shall be undertaken for the initial examination and periodically thereafter when clinically indicated.
Comment:
These two requirements are opposite. (c)(1) is requiring a hearing test at all examinations while (c)(2) is requiring an hearing examination at the initial exam and thereafter when clinically indicated. This assumes a test is only necessary if clinically indicated and not at all examinations.
Proposal:
Delete requirement (c)(1) in favour of (c)(2).

comment *606* comment by: *Deutsche Lufthansa AG*

Comment:
The proposed otorhinolaryngological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety which would justify such detailed ORL requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate hearing and speech.

Those who have a previous medical history of chronic ORL disease, particularly if indicating a liability to sinus or middle ear barotrauma, or who develop such problems in service, should be assessed and managed appropriately.

The majority of instances of sudden incapacitation arising from ORL conditions are due to acute upper respiratory infections, not amenable to mitigation by periodic medical examination.

Proposal:
Delete paragraphs a. b.c and d.
Replace with: *Cabin crew who have pre-existing ear, nose or throat disease or who develop ear, nose or throat disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice*

comment *607* comment by: *Deutsche Lufthansa AG*

Relevant text:
(c) Examination

(1) Hearing shall be tested at all examinations with at least a conversational speech test; and
(i) with pure tone audiometry at the initial examination and thereafter when clinically indicated.
(ii) when tested on a puretone audiometer, cabin crew members shall not have at initial examination 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. Thereafter, cabin crew members with greater hearing loss shall demonstrate satisfactory functional hearing ability.
(iii) cabin crew members with hypoacusis shall demonstrate satisfactory functional hearing ability.
(2) A comprehensive ear, nose and throat examination shall be undertaken for the initial examination and periodically thereafter when clinically indicated.
Comment:
These two requirements are opposite. (c)(1) is requiring a hearing test at all examinations while (c)(2) is requiring an hearing examination at the initial exam and thereafter when clinically indicated. This assumes a test is only necessary if clinically indicated and not at all examinations.
Proposal:
Delete requirement (c)(1) in favour of (c)(2).

comment *708* comment by: *Swiss International Airlines / Bruno Pfister*

Comment:
The proposed otorhinolaryngological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety which would justify such detailed ORL requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate hearing and speech.

Those who have a previous medical history of chronic ORL disease, particularly if indicating a liability to sinus or middle ear barotrauma, or who develop such problems in service, should be assessed and managed appropriately.

The majority of instances of sudden incapacitation arising from ORL conditions are due to acute upper respiratory infections, not amenable to mitigation by periodic medical examination.

Proposal:
Delete paragraphs a. b.c and d.
Replace with: *Cabin crew who have pre-existing ear, nose or throat disease or who develop ear, nose or throat disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment *709* comment by: *Swiss International Airlines / Bruno Pfister*

Relevant text:
(c) Examination
(1) Hearing shall be tested at all examinations with at least a conversational speech test; and

(i) with pure tone audiometry at the initial examination and thereafter when clinically indicated.
(ii) when tested on a puretone audiometer, cabin crew members shall not have at initial examination 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. Thereafter, cabin crew members with greater hearing loss shall demonstrate satisfactory functional hearing ability.
(iii) cabin crew members with hypoacusis shall demonstrate satisfactory functional hearing ability.
(2) A comprehensive ear, nose and throat examination shall be undertaken for the initial examination and periodically thereafter when clinically indicated.
Comment:
These two requirements are opposite. (c)(1) is requiring a hearing test at all examinations while (c)(2) is requiring an hearing examination at the initial exam and thereafter when clinically indicated. This assumes a test is only necessary if clinically indicated and not at all examinations.
Proposal:
Delete requirement (c)(1) in favour of (c)(2).

comment *779* comment by: *TAP Portugal*

Comment:
The proposed otorhinolaryngological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety which would justify such detailed ORL requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate hearing and speech.

Those who have a previous medical history of chronic ORL disease, particularly if indicating a liability to sinus or middle ear barotrauma, or who develop such problems in service, should be assessed and managed appropriately.

The majority of instances of sudden incapacitation arising from ORL conditions are due to acute upper respiratory infections, not amenable to mitigation by periodic medical examination.

Proposal:
Delete paragraphs a. b.c and d.
Replace with: *Cabin crew who have pre-existing ear, nose or throat disease or who develop ear, nose or throat disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment *780* comment by: *TAP Portugal*

Relevant text:
(c) Examination
(1) Hearing shall be tested at all examinations with at least a conversational speech test; and
(i) with pure tone audiometry at the initial examination and thereafter when clinically indicated.

(ii) when tested on a puretone audiometer, cabin crew members shall not have at initial examination 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. Thereafter, cabin crew members with greater hearing loss shall demonstrate satisfactory functional hearing ability.
(iii) cabin crew members with hypoacusis shall demonstrate satisfactory functional hearing ability.
(2) A comprehensive ear, nose and throat examination shall be undertaken for the initial examination and periodically thereafter when clinically indicated.
Comment:
These two requirements are opposite. (c)(1) is requiring a hearing test at all examinations while (c)(2) is requiring an hearing examination at the initial exam and thereafter when clinically indicated. This assumes a test is only necessary if clinically indicated and not at all examinations.
Proposal:
Delete requirement (c)(1) in favour of (c)(2).

comment *868* comment by: *IATA*

(c) *Examination*

(1) Any OL examination, including pure tone audiometry, and report shall be completed on clinical indication.

(i) when tested on a pure tone audiometer, cabin crew member shall not have at initial examination a hearing loss of more than 35 db at any of the frequencies 500, 1000 or 2000Hz, or more than 50 db at 3000Hz, in either ear separately. Thereafter, cabin crew members with greater hearing loss shall demonstrate satisfactory functional hearing ability.
(ii) (ii) **Remove**
(iii) (ii) **Remove**

(2) **Remove**

comment *926* comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Relevant Text:
(c) *Examination*
(1) Hearing shall be tested at all examinations with at least a conversational speech test; and

Comment:
The subparagraph only requests the test to be made, not any requirement for a fit assessment. A better approach would be to use the same text as in AMC B to MED.B.075 for a class 2 medical certificate: ' The applicant should understand correctly conversational speech when tested with each ear at a distance of 2 metres from and with the applicant's back turned towards the AME.'

Proposal:
Amend the requirement, or add an AMC to MED.E.075, using the text in AMC B to MED.B.075.

comment	928	comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Relevant Text:
(c) *Examination*
(2) A comprehensive ear, nose and throat examination shall be undertaken for the
initial examination and periodically thereafter when clinically indicated.

Comment:
A comprehensive ear, nose and throat examination is required also for the initial examination for a class 1 medical certificate and for the initial examination for a class 3 medical certificate for air traffic controllers, but not for the initial examination for a class 2 medical certificate. For class 1, class 2 and class 3 there is no requirement for further comprehensive ear, nose and throat examinations unless when clinically indicated.

Proposal: Delete 'periodically thereafter'.

comment	946 ☐	comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.
In most cases it is subject to "…satisfactory aeromedical evaluation…" whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.080 Dermatology p. 23

comment	127	comment by: *Thomas Cook Airlines UK*

MED.E. 080 Dermatology

Comment:
This paragraph is acceptable but shall not require any routine clinical examination except in those cabin crew-members with an established history of a dermatological problem.

Justification:
Flight safety has never been compromised because of dermatological problems.

Proposed text:
Cabin crew-members shall not require any routine clinical examination except in those cabin crew members with an established history of a dermatological problem.

comment	143 ☐	comment by: *Virgin Atlantic Airways Ltd*

General Comment.

As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment | *201* ☐ | comment by: *Virgin Atlantic Airways*

General Comment.
As stated elsewhere previously, blanket exlusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment | *946* ☐ | comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.
In most cases it is subject to "…satisfactory aeromedical evaluation…" whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.085: Oncology p. 23

comment | *23* | comment by: *British Airways*

Comment:
The proposed medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety that would justify additional regulatory requirements for oncological and aero-medical evaluation.

Proposed text:
Delete paragraphs a, b and c.

Replace with: Cabin crew who have a history of malignant disease or who develop a malignancy during employment, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment 128 comment by: *Thomas Cook Airlines UK*

MED.E.085 Oncology

Comment:
This paragraph is acceptable

comment 348 comment by: *AEA*

Comment:
The proposed medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety that would justify additional regulatory requirements for oncological and aero-medical evaluation.

Proposal:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have a history of malignant disease or who develop a malignancy during employment, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 448 comment by: *AUSTRIAN Airlines*

Comment:
The proposed medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety that would justify additional regulatory requirements for oncological and aero-medical evaluation.

Proposal:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have a history of malignant disease or who develop a malignancy during employment, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 534 comment by: *KLM*

Comment:
The proposed medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety that would justify additional regulatory

requirements for oncological and aero-medical evaluation.

Proposal:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have a history of malignant disease or who develop a malignancy during employment, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 608 comment by: *Deutsche Lufthansa AG*

Comment:
The proposed medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety that would justify additional regulatory requirements for oncological and aero-medical evaluation.

Proposal:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have a history of malignant disease or who develop a malignancy during employment, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 710 comment by: *Swiss International Airlines / Bruno Pfister*

Comment:
The proposed medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety that would justify additional regulatory requirements for oncological and aero-medical evaluation.

Proposal:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have a history of malignant disease or who develop a malignancy during employment, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 781 comment by: *TAP Portugal*

Comment:
The proposed medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no evidence of a risk to safety that would justify additional regulatory requirements for oncological and aero-medical evaluation.

Proposal:
Delete paragraphs a, b and c.

Replace with: *Cabin crew who have a history of malignant disease or who develop a malignancy during employment, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

930	comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Relevant Text:
(b) After treatment for malignant disease, cabin crew members shall undergo satisfactory oncological and aeromedical evaluation before a fit assessment can be made.

Comment:
In (b) 'and aeromedical' has been added as compared to the requirement in MED.B.085 for a class 1 and a class 2 medical certificate.

Proposal:
Amend MED.B.085 for class 1 and class 2 medical certificates to have the same wording as proposed for MED.E.085

comment

946 ☐	comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.
In most cases it is subject to "…satisfactory aeromedical evaluation…" whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

Appendix A — Attachments

ETF Position on CC certification 020709.pdf
Attachment #1 to comment #147

ETF Position on CC certification.pdf
Attachment #2 to comment #373

circular dgac curso basico tcp 961104.pdf
Attachment #3 to comment #854

AttachToCommentFODCOM.pdf
Attachment #4 to comment #239

2009 07 24 Opinion de la CGT sur la NPA 2009.pdf
Attachment #5 to comment #146