

## **Annex II to Decision 2019/002/R**

### **'AMC & GM to Part-ARA — Issue 1, Amendment 7'**

The Annex to Decision 2012/006/R is hereby amended as follows:

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

1. deleted text is marked with ~~strike through~~;
2. new or amended text is highlighted in grey; and
3. an ellipsis (...) indicates that the remaining text is unchanged in front of or following the reflected amendment.

(...)

#### **AMC1 ARA.MED.135(a) Aero-medical forms**

##### **APPLICATION FORM FOR A MEDICAL CERTIFICATE**

The form referred to in ARA.MED.135(a) should reflect the information indicated in the following form and corresponding instructions for completion.

LOGO

CIVIL AVIATION ADMINISTRATION / MEMBER STATE

**APPLICATION FORM FOR A MEDICAL CERTIFICATE**

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

MEDICAL IN CONFIDENCE

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

General and medical history: Do you have, or have you ever had, any of the following? (Please tick). If yes, give details in remarks section (30).

	Yes	No		Yes	No		Yes	No	Family history of:	Yes	No
101 Eye trouble/eye operation			112 Nose, throat or speech disorder			123 Malaria or other tropical disease			170 Heart disease		
102 Spectacles and/or contact lenses ever worn			113 Head injury or concussion			124 A positive HIV test			171 High blood pressure		
			114 Frequent or severe headaches			125 Sexually transmitted disease			172 High cholesterol level		
103 Spectacle/contact lens prescriptions change since last medical exam.			115 Dizziness or fainting spells			126 Sleep disorder/apnoea syndrome			173 Epilepsy		
			116 Unconsciousness for any reason			127 Musculoskeletal illness/impairment			174 Mental illness or suicide		
104 Hay fever, other allergy			117 Neurological disorders; stroke, epilepsy, seizure, paralysis, etc			128 Any other illness or injury			175 Diabetes		
105 Asthma, lung disease			118 Psychological/psychiatric trouble of any sort			129 Admission to hospital			176 Tuberculosis		
106 Heart or vascular trouble			119 Alcohol/drug/substance abuse			130 Visit to medical practitioner since last medical examination			177 Allergy/asthma/eczema		
107 High or low blood pressure			120 Attempted suicide or self-harm			131 Refusal of life insurance			178 Inherited disorders		
108 Kidney stone or blood in urine			121 Motion sickness requiring medication			132 Refusal of flying licence			179 Glaucoma		
109 Diabetes, hormone disorder			122 Anaemia / Sickle cell trait/other blood disorders			133 Medical rejection from or for military service			<b>Females only:</b>		
110 Stomach, liver or intestinal trouble						134 Award of pension or compensation for injury or illness			150 Gynaecological, menstrual problems		
111 Deafness, ear disorder									151 Are you pregnant?		

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

(31) **Declaration:** I hereby declare that I have carefully considered the statements made above and to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statements. I understand that, if I have made any false or misleading statements in connection with this application, or fail to release the supporting medical information, the licensing authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under national law.  
**CONSENT TO RELEASE OF MEDICAL INFORMATION:** I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the my licensing authority, to the medical assessor of the competent authority of my AME and to relevant medical professionals for the purpose of completion of an aero-medical assessment or a secondary review, recognising that these documents or electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to national law. Medical confidentiality will be respected at all times.  
**NOTIFICATION OF DISCLOSURE OF PERSONAL DATA:** I hereby declare that I have been informed and I understand that the data contained in my medical certificate according to ARA.MED.130 may be electronically stored and made available to my AME in order to provide historical data required in MED.A.035(b)(2)(ii)/(iii) and to the medical assessors of the competent authorities of the Member States in order to facilitate the enforcement of ARA.MED.150(c)(4).

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Date

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Signature of applicant

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Signature of AME/(GMP)/ (medical assessor)

**AMC1 ARA.MED.160(b) Exchange of information on medical certificates**

**DATA CATEGORIES**

For the purpose of the EAMR, the information processed is divided into two categories as follows:

Category 1: Basic applicant data as described in ARA.MED.160 (b)(1)

Category 2: Medical certificate data as described in ARA.MED.160 (b)(2)

Typically, the following information should not be recorded:

— Reasons for which a medical certificate has not been issued

Only the fact that no certificate has been issued should be indicated. Any need for further clarification on whether the certificate has not been issued because of medical reasons, administrative matters or interruption of the medical assessment process before reaching the conclusion should be addressed, outside the scope of the EAMR, by the medical assessor of the licensing authority associated with the applicant’s class 1 medical certificate.

— Details of the limitations associated with a given medical certificate

Only a ‘Yes/No’ status on the existence of such a limitation should be recorded. Any need for further clarification on the limitation(s) should be addressed, outside the scope of the EAMR, by the medical assessor of the licensing authority associated with the applicant’s class 1 medical certificate.

**AMC1 ARA.MED.160(c) Exchange of information on medical certificates**

**ROLE OF THE COMPETENT AUTHORITIES**

Each competent authority should:

- (a) designate its EAMR administrator;
- (b) ensure control and oversight of all personnel managing or using the EAMR.

**AMC2 ARA.MED.160(c) Exchange of information on medical certificates**

**RESTRICTED ACCESS TO INFORMATION**

Each competent authority should restrict access to personal data in the EAMR on a need-to-know basis as follows:

<b>Category</b> as determined by AMC1 ARA.MED.160(b)	<b>Restricted access</b>
Category 1	(a) to relevant authorised administrative personnel of the licensing authority, to the extent needed to create and manage the applicant’s record for licensing purposes, as required by Commission Regulation (EU) No 1178/2011.

<b>Category</b> as determined by AMC1 ARA.MED.160(b)	<b>Restricted access</b>
<b>Category 1 &amp; 2</b>	<p>(b) to the AeMC(s) or the AME(s) to whom the applicant submits a declaration in accordance with MED.A.035(b)(2) for a class 1 medical certificate, to the extent needed to verify their previous medical certificate history, as required by Commission Regulation (EU) No 1178/2011;</p> <p>(c) to the medical assessor(s) of the licensing authority and the competent authority(ies) exercising oversight on the AeMC(s) or the AME(s) to whom the application for a class 1 medical certificate is submitted, to the extent needed to ensure proper implementation of Commission Regulation (EU) No 1178/2011.</p>

### **AMC3 ARA.MED.160(c) Exchange of information on medical certificates**

#### **USE OF THE EAMR**

The competent authority should ensure that:

- (a) all personnel accessing the EAMR are trained and proficient in using the system and having the necessary knowledge for implementing the applicable data protection legislation;
- (b) the oversight of persons and organisations, subject to Regulation (EU) No 2018/1139 and the delegated and implementing acts adopted on the basis thereof, includes the assessment of compliance with the provisions applicable to the use and functioning of the EAMR.

### **AMC1 ARA.MED.160(d) Exchange of information on medical certificates**

#### **APPLICANT'S RECORD**

Each competent authority should ensure that:

- (a) for each applicant for a class 1 medical certificate, a unique personal record is created in the EAMR, containing the category 1 personal data listed in ARA.MED.160 (b)(1). This record is referred to as the 'applicant's record';
- (b) the applicant's record is managed in accordance with the applicable regulation (typically for inserting, updating, viewing, validating data, etc.);
- (c) an applicant is granted the right to obtain, without undue delay, the rectification of inaccurate personal data concerning them and, taking into account the purposes of the EAMR, the applicant is granted the right to have incomplete personal data completed. Such corrections should also be mirrored in the associated records kept in accordance with ARA.MED.150.
- (d) the data recorded in the EAMR is complete as relevant for the purpose of the EAMR as described in AMC1 ARA.MED.160(b).

**AMC1 ARA.MED.160(d) Exchange of information on medical certificates**

**RECOVERY FROM UNSERVICEABILITY**

The competent authority should ensure that class 1 medical certificates issued or amended without being properly recorded in the EAMR, due to unserviceability of the system, are entered in the EAMR without undue delay when the system recovers.

**AMC1 ARA.MED.160(h) Exchange of information on medical certificates**

**INFORMATION OF APPLICANTS**

The competent authority should ensure at least the following:

- (a) At the time of the creation of the applicant's record at the latest, the applicants should be informed:
- (1) that their personal data as listed in ARA.MED.160 (b)(1) will be lawfully processed in a European central repository, in accordance with Article 72 of Regulation (EU) 2018/1139 and ARA.GEN.200(c) and ARA.MED.160 of Commission Regulation (EU) No 1178/2011.
  - (2) that the purpose of the processing is to verify that the information, as regards their previous medical certificates, provided in their declaration submitted in accordance with MED.A.035 (b)(2), is consistent with the records available to all competent authorities in accordance with ARA.MED.150;
  - (3) of the contact details of the data protection officer as applicable;
  - (4) that the period for which the personal data will be stored is determined in accordance with ARA.MED.160(g);
  - (5) of the existence of their right to request access to, and rectification of personal data;
  - (6) of the contact details of the data controller;
  - (7) of their right to lodge a complaint with the competent data protection authority in accordance with the applicable data protection legislation;
  - (8) that it is ensured that access to personal data contained in the EAMR is restricted to authorised personnel in accordance with Commission Regulation (EU) No 1178/2011.
- (b) When applying for a class 1 medical certificate, the applicants should be informed that the category 2 data of their medical certificate, as listed in ARA.MED.160 (b)(2), will be processed to verify that the information provided in their declaration, as regards their previous medical certificates, is consistent with the information available in the EAMR.

**AMC2 ARA.MED.200 Procedure for the issue, revalidation, renewal or change of an AME certificate**

The competent authority should implement a procedure to ensure, before revalidation, renewal or extension of the privileges of an AME certificate, that applicants retain their level of aero-medical competency.