

**Draft acceptable means of compliance (AMC)  
and guidance material (GM)  
to Part-ARA**

FOR INFORMATION ONLY

**Disclaimer**

This document, courtesy of EASA, contains the latest draft AMC and GM to Annex VI (Part-ARA) to Commission Regulation (EU) No 1178/2011. It is intended to provide information to stakeholders following the publication of the related EASA Opinion on the update of Part-MED (RMT.0287 & RMT.0700).

EASA does not assume any liability for its contents.

## Draft annex to draft Decision 201X/XXX/R

### 'AMC and GM to Part-ARA — Amendment 4'

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.

FOR INFORMATION ONLY

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:
		(23) Aircraft class /type(s) presently flown:	
(24) Any aviation accident or reported incident since last medical examination? No <input type="checkbox"/> Yes <input type="checkbox"/> Date: Place: Details:		(25) Type of flying intended:  (26) Present flying activity: Single pilot <input type="checkbox"/> Multi pilot <input type="checkbox"/>	
(27) Do you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes, amount		(28) Do you currently use any medication? No <input type="checkbox"/> Yes <input type="checkbox"/> State drug, dose, date started and why:	
(29) Do you smoke tobacco? <input type="checkbox"/> No, never <input type="checkbox"/> No, date stopped: <input type="checkbox"/> Yes, state type and amount:			

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		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				
103 Spectacle/contact lens prescriptions change since last medical exam.			114 Frequent or severe headaches			125 Sexually transmitted disease			172 High cholesterol level				
104 Hav fever, other allergy			115 Dizziness or fainting spells			126 Sleep disorder/apnoea syndrome			173 Epilepsy				
105 Asthma, lung disease			116 Unconsciousness for any reason			127 Musculoskeletal illness/impairment			174 Mental illness or suicide				
106 Heart or vascular trouble			117 Neurological disorders; stroke, epilepsy, seizure, paralysis, etc			128 Any other illness or injury			175 Diabetes				
107 High or low blood pressure			118 Psychological/psychiatric trouble of any sort			129 Admission to hospital			176 Tuberculosis				
108 Kidney stone or blood in urine			119 Alcohol/drug/substance abuse			130 Visit to medical practitioner since last medical examination			177 Allergy/asthma/eczema				
109 Diabetes, hormone disorder			120 Attempted suicide or self-harm			131 Refusal of life insurance			178 Inherited disorders				
110 Stomach, liver or intestinal trouble			121 Motion sickness requiring medication			132 Refusal of flying licence			179 Glaucoma				
111 Deafness, ear disorder			122 Anaemia / Sickle cell trait/other blood disorders			133 Medical rejection from or for military service			<b>Females only:</b>				
						134 Award of pension or compensation for injury or illness			150 Gynaecological, menstrual problems				
									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 and to the medical assessor of the competent authority of my AME, 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).

-----  
 Date Signature of applicant Signature of AME/(GMP)/ (medical assessor)

(...)

**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 privileges of an AME certificate, that applicants retain their level of aero-medical competency.**

(...)

FOR INFORMATION ONLY