

EN

EN

EN



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, ...  
C

Draft

**COMMISSION REGULATION (EC) No .../...**

**of [...]**

**amending Commission Regulation (EC) No .../... laying down detailed Implementing Rules for the medical fitness of civil aviation personnel pursuant to Regulation (EC) No 216/2008 of the European Parliament and of the Council**

Draft

**COMMISSION REGULATION (EC) No .../...**

**of [...]**

**amending Commission Regulation (EC) No .../... laying down detailed Implementing Rules for the medical fitness of civil aviation personnel pursuant to Regulation (EC) No 216/2008 of the European Parliament and of the Council**

*(Text with EEA relevance)*

THE EUROPEAN COMMISSION,

Having regard to the Treaty on the Functioning of the European Union,

Having regard to Regulation (EC) No 216/2008 of the European Parliament and of the Council of 20 February 2008 on common rules in the field of civil aviation and establishing a European Aviation Safety Agency, and repealing Council Directive 91/670/EEC, Regulation (EC) No 1592/2002 and Directive 2004/36/EC <sup>(1)</sup>, and in particular Article 7(6) thereof,

Whereas:

- (1) Regulation (EC) No 216/2008 aims at establishing and maintaining a high uniform level of civil aviation safety in Europe. That Regulation provides for the means of achieving that objective and other objectives in the field of civil aviation safety.
- (2) Pilots involved in the operation of certain aircraft have to comply with the relevant essential requirements set out in Annex III to Regulation (EC) No 216/2008. According to that Regulation, pilots should be issued with a medical certificate once they have been found to comply with essential requirements for medical fitness.
- (3) Aero-medical examiners responsible for assessing the medical fitness of pilots should also be certified once they have been found to comply with the essential requirements. However, Regulation (EC) No 216/2008 foresees the possibility of general medical practitioners to act as aero-medical examiners under certain conditions and if permitted under national law.
- (4) Cabin crew involved in the operation of certain aircraft have to comply with the relevant essential requirements set out in Annex IV to Regulation (EC) No 216/2008. According to that Regulation, cabin crew should be periodically assessed for medical fitness to safely exercise their assigned safety duties. Compliance must be shown by an appropriate assessment based on aero-medical best practice.
- (5) Regulation (EC) No 216/2008 requires the Commission to adopt the necessary implementing rules for the attestation of cabin crew members and for certifying pilots, as well as persons involved in their training, testing, or checking as well as persons involved in the assessment of their medical fitness. Regulation (EC) No. .../..

---

<sup>1</sup> OJ L 79, 13.3.2008, p. 1.

established those implementing rules, with the exception of those related to medical requirements for pilots and cabin crew members. The present Regulation therefore amends Regulation (EC) No. .../.. to include these aspects.

- (6) It is necessary to provide sufficient time for the aeronautical industry and Member State administrations to adapt to the new regulatory framework, to allow Member States the time to issue specific types of medical certificates not covered by the 'JAR', and to recognise under certain conditions the validity of medical certificates issued and aero-medical assessments performed before the applicability of this Regulation.
- (7) In order to ensure a smooth transition and a high uniform level of civil aviation safety in the Union, implementing measures should reflect the state of the art, including best aero-medical practices. Accordingly, technical requirements and administrative procedures agreed by the International Civil Aviation Organisation (hereinafter "ICAO") and the European Joint Aviation Authorities until 30 June 2009 as well as existing legislation pertaining to a specific national environment, should be considered.
- (8) The Agency prepared draft implementing rules and submitted them as an opinion to the Commission in accordance with Article 19(1) of Regulation (EC) No 216/2008.
- (9) The measures provided for in this Regulation are in accordance with the opinion of the Committee established by Article 65 of Regulation (EC) No 216/2008,

HAS ADOPTED THIS REGULATION:

#### *Article 1*

Commission Regulation (EC) No .../.. is amended as follows:

1. Article 1 is replaced by the following:

#### *“Article 1 Subject matter*

This Regulation lays down detailed rules for:

1. different ratings for pilots' licences, the conditions for issuing, maintaining, amending, limiting, suspending or revoking licences, the privileges and responsibilities of the holders of licences and certificates, the conditions for the conversion of existing national pilots' licences and of national flight engineers' licences into pilots' licences, as well as the conditions for the acceptance of licences from third countries;
2. the certification of persons responsible for providing flight training or flight simulation training and for assessing pilots' skills;
3. different medical certificates for pilots, the conditions for issuing, maintaining, amending, limiting, suspending or revoking medical certificates, the privileges and responsibilities of the holders of medical certificates as well as the conditions for the conversion of national medical certificates into commonly recognised medical certificates;
4. the certification of aero-medical examiners, as well as the conditions under which general medical practitioners may act as aero-medical examiners;

5. the periodical aero-medical assessment of cabin crew members, as well as the qualification of persons responsible for this assessment.”
2. In Article 2, points 4 and 5 are replaced by the following:
  - “4. ‘JAR-compliant’ licence or medical certificate means the pilot licence and attached ratings, certificates, authorisations and/or qualifications, or medical certificate issued or recognised, in accordance with the national legislation reflecting JAR and procedures, by a Member State having implemented the relevant JAR and having been recommended for mutual recognition within the Joint Aviation Authorities' system in relation to such JAR;
  5. ‘Non JAR-compliant’ licence or medical certificate means the pilot licence or medical certificate issued or recognised by a Member State in accordance with national legislation and not having been recommended for mutual recognition in relation to the relevant JAR;”
3. Article 3 is replaced by the following:

*“Article 3*

***Pilot licensing and medical certification***

Without prejudice to Article 7, pilots of aircraft referred to in Article 4(1)(b) and (c) and Article 4(5) of Regulation (EC) No 216/2008 shall comply with the technical requirements and administrative procedures laid down in Annexes I and IV.”

4. The following articles are inserted:

*“Article 4a*

***Existing national medical certificates for pilots***

1. JAR-compliant pilot medical certificates and aero-medical examiners’ approvals issued or recognised by a Member State before this Regulation applies shall be deemed to have been issued in accordance with this Regulation.
2. Non JAR-compliant pilot medical certificates and aero-medical examiners’ approvals issued by a Member State before the applicability of this Regulation shall remain valid until the date of their next revalidation, for a maximum period of 5 years after the applicability of this Regulation, whichever comes first.
3. The revalidation of the certificates mentioned in 2. shall comply with the provisions of Part-MED.

*Article 9a*

***Cabin crew***

1. Cabin crew of aircraft referred to in Article 4(1)(b) and (c) of Regulation (EC) No 216/2008 shall comply with the technical requirements and administrative procedures laid down in Annex IV.
2. The results of medical examinations or assessments of cabin crew members to assess their medical fitness to discharge their duties under EU-OPS or applicable national requirements that are valid at the date of applicability of this Regulation shall remain valid until the end of the validity period:
  - (a) determined by the competent authority under EU-OPS; or
  - (b) provided for in MED.D.005, whichever comes first,  
counted from the date of the last medical examination or assessment.”
5. A new Annex IV as set out in the Annex to this Regulation is inserted.

*Article 2*

***Entry into force***

1. This Regulation shall enter into force on the day following that of its publication in the *Official Journal of the European Union*.  
It shall apply as from 8 April 2012.
2. By way of derogation from paragraph 1, Member States may elect not to apply the provisions of Subpart D of Annex IV (medical fitness of cabin crew) until (2 years after the applicability of this Regulation).
3. When a Member State makes use of the provisions of paragraph 2, it shall notify the Commission and the Agency. This notification shall describe the justification for such derogation as well as the programme for implementation containing actions envisaged and related timing.

This Regulation shall be binding in its entirety and directly applicable in all Member States.

Done at Brussels, XXXX.

*For the Commission*  
[...]  
*Member of the Commission*

**ANNEX IV**  
**TO IMPLEMENTING REGULATION**  
**PART-MEDICAL**

**SUBPART A**

**GENERAL REQUIREMENTS**

**Section 1**

**General**

**MED.A.001 Competent authority**

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

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

**MED.A.005 Scope**

This Part establishes the requirements for:

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

**MED.A.010 Definitions**

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

- ‘Accredited medical conclusion’ means the conclusion reached by one or more medical experts acceptable to the licensing authority, on the basis of objective and non-discriminatory criteria, for the purposes of the case concerned, in consultation with flight operations or other experts as necessary;
- ‘Assessment’ means the conclusion on the medical fitness of a person based on the evaluation of the person’s medical history and/or aero-medical examinations as required in this Part and further examinations as necessary, and/or medical tests such as, but not limited to, ECG, blood pressure measurement, blood testing, X-ray.
- ‘Colour safe’ means the ability of an applicant to readily distinguish the colours used in air navigation and correctly identify aviation coloured lights;
- ‘Eye specialist’ means an ophthalmologist or a vision care specialist qualified in optometry and trained to recognise pathological conditions;
- ‘Investigation’ means the assessment of a suspected pathological condition of an applicant by means of examinations and tests in order to verify the presence or absence of a medical condition;
- ‘Licensing authority’ means the competent authority of the Member State that issued the licence, or to which a person applies for the issue of a licence, or, when a person has not yet applied for the issue of a licence, the competent authority in accordance with this Part;
- ‘Limitation’ means a condition placed on the medical certificate, licence or cabin crew medical report that shall be complied with whilst exercising the privileges of the licence, or cabin crew attestation;
- ‘Refractive error’ means the deviation from emmetropia measured in dioptres in the most ametropic meridian, measured by standard methods.

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

All persons involved in medical examination, assessment and certification shall ensure that medical confidentiality is respected at all times.

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

- (a) Licence holders shall not exercise the privileges of their licence and related ratings or certificates at any time when they:
  - (1) are aware of any decrease in their medical fitness which might render them unable to safely exercise those privileges;
  - (2) take or use any prescribed or non-prescribed medication which is likely to interfere with the safe exercise of the privileges of the applicable licence;
  - (3) receive any medical, surgical or other treatment that is likely to interfere with flight safety.
- (b) In addition, licence holders shall, without undue delay, seek aero-medical advice when they:
  - (1) have undergone a surgical operation or invasive procedure;
  - (2) have commenced the regular use of any medication;
  - (3) have suffered any significant personal injury involving incapacity to function as a member of the flight crew;



- (4) have been suffering from any significant illness involving incapacity to function as a member of the flight crew;
  - (5) are pregnant;
  - (6) have been admitted to hospital or medical clinic;
  - (7) first require correcting lenses.
- (c) In these cases:
- (1) holders of class 1 and class 2 medical certificates shall seek the advice of an AeMC or AME. The AeMC or AME shall assess the medical fitness of the licence holder and decide whether they are fit to resume the exercise of their privileges;
  - (2) holders of LAPL medical certificates shall seek the advice of an AeMC or AME, or the GMP who signed the medical certificate. The AeMC, AME or GMP shall assess the medical fitness of the licence holders and decide whether they are fit to resume the exercise of their privileges.
- (d) Cabin crew members shall not perform duties on an aircraft and, where applicable, shall not exercise the privileges of their cabin crew attestation when they are aware of any decrease in their medical fitness, to the extent that this condition might render them unable to discharge their duties and responsibilities;
- (e) In addition, if in the medical conditions specified in (b)(1) to (b)(5), cabin crew members shall, without undue delay, seek the advice of an AME, AeMC, or OHMP as applicable. The AME, AeMC or OHMP shall assess the medical fitness of the cabin crew members and decide whether they are fit to resume their safety duties.

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

- (a) When conducting medical examinations and assessments, AeMC, AME, GMP and OHMP shall:
- (1) ensure that communication with the person can be established without language barriers;
  - (2) make the person aware of the consequences of providing incomplete, inaccurate or false statements on their medical history.
- (b) After completion of the aero-medical examinations and assessment, the AeMC, AME, GMP and OHMP shall:
- (1) advise the person whether fit, unfit or referred to the licensing authority, AeMC or AME as applicable;
  - (2) inform the person of any limitation that may restrict flight training or the privileges of the licence, or cabin crew attestation as applicable;
  - (3) if the person has been assessed as unfit, inform them of their right of appeal; and
  - (4) in the case of pilots, submit without delay a signed, or electronically authenticated, full report to include the assessment result and a copy of the medical certificate to the licensing authority.
- (c) AeMCs, AMEs, GMPs and OHMPs shall maintain records with details of medical examinations and assessments performed in accordance with this Part and their results in accordance with national legislation.

- (d) When required for oversight activities, AeMCs, AMEs and GMPs shall submit to the medical assessor of the competent authority upon request all aero-medical records and reports, and any other relevant information.

## **Section 2**

### **Requirements for medical certificates**

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

- (a) A student pilot shall not fly solo unless that student pilot holds a medical certificate, as required for the relevant licence.
- (b) Applicants for and holders of a light aircraft pilot licence (LAPL) shall hold at least a LAPL medical certificate.
- (c) Applicants for and holders of a private pilot licence (PPL), a sailplane pilot licence (SPL), or a balloon pilot licence (BPL) shall hold at least a class 2 medical certificate.
- (d) Applicants for and holders of an SPL or a BPL involved in commercial sailplane or balloon flights shall hold at least a class 2 medical certificate.
- (e) If a night rating is added to a PPL or LAPL, the licence holder shall be colour safe.
- (f) Applicants for and holders of a commercial pilot licence (CPL), a multi-crew pilot licence (MPL), or an airline transport pilot licence (ATPL) shall hold a class 1 medical certificate.
- (g) If an instrument rating is added to a PPL, the licence holder shall undertake pure tone audiometry examinations in accordance with the periodicity and the standard required for class 1 medical certificate holders.
- (h) A licence holder shall not at any time hold more than one medical certificate issued in accordance with this Part.

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

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

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

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

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

- (a) *Validity*
  - (1) Class 1 medical certificates shall be valid for a period of 12 months.
  - (2) The period of validity of class 1 medical certificates shall be reduced to 6 months for licence holders who:
    - (i) are engaged in single-pilot commercial air transport operations carrying passengers and have reached the age of 40;
    - (ii) have reached the age of 60.
  - (3) Class 2 medical certificates shall be valid for a period of:
    - (i) 60 months until the licence holder reaches the age of 40. A medical certificate issued prior to reaching the age of 40 shall cease to be valid after the licence holder reaches the age of 42;

- (ii) 24 months between the age of 40 and 50. A medical certificate issued prior to reaching the age of 50 shall cease to be valid after the licence holder reaches the age of 51; and
- (iii) 12 months after the age of 50.
- (4) LAPL medical certificates shall be valid for a period of:
  - (i) 60 months until the licence holder reaches the age of 40. A medical certificate issued prior to reaching the age of 40 shall cease to be valid after the licence holder reaches the age of 42;
  - (ii) 24 months after the age of 40..
- (5) The validity period of a medical certificate, including any associated examination or special investigation, shall be:
  - (i) determined by the age of the applicant at the date when the medical examination takes place; and
  - (ii) calculated from the date of the medical examination in the case of initial issue and renewal, and from the expiry date of the previous medical certificate in the case of revalidation.

(b) *Revalidation*

Examinations for the revalidation of a medical certificate may be undertaken up to 45 days prior to the expiry date of the medical certificate.

(c) *Renewal*

- (1) If the holder of a medical certificate does not comply with (b), a renewal examination shall be required.
- (2) In the case of class 1 and class 2 medical certificates:
  - (i) if the medical certificate has expired for more than 2 years, the AeMC or AME shall only conduct the renewal examination after assessment of the aero-medical records of the applicant;
  - (ii) if the medical certificate has expired for more than 5 years, the examination requirements for initial issue shall apply and the assessment shall be based on the revalidation requirements.
- (3) In the case of LAPL medical certificates, the AeMC, AME or GMP shall assess the medical history of the applicant and perform the aero-medical examination in accordance with MED.B.095.

**MED.A.050 Referral**

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

## **SUBPART B**

### **REQUIREMENTS FOR PILOT MEDICAL CERTIFICATES**

#### **Section 1**

#### **General**

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

- (a) *Limitations to class 1 and class 2 medical certificates*
- (1) If the applicant does not fully comply with the requirements for the relevant class of medical certificate but is considered to be not likely to jeopardise flight safety, the AeMC or AME shall:
    - (i) in the case of applicants for a class 1 medical certificate, refer the decision on fitness of the applicant to the licensing authority as indicated in Subpart B;
    - (ii) in cases where a referral to the licensing authority is not indicated in Subpart B, evaluate whether the applicant is able to perform his/her duties safely when complying with one or more limitations endorsed on the medical certificate, and issue the medical certificate with limitation(s) as necessary;
    - (iii) in the case of applicants for a class 2 medical certificate, evaluate whether the applicant is able to perform his/her duties safely when complying with one or more limitations endorsed on the medical certificate, and issue the medical certificate with limitation(s) as necessary in consultation with the licensing authority;
    - (iv) The AeMC or AME may revalidate or renew a medical certificate with the same limitation without referring the applicant to the licensing authority.
- (b) *Limitations to LAPL medical certificates*
- (1) If a GMP, after due consideration of the applicant's medical history, concludes that the applicant does not fully meet the requirements for medical fitness, the GMP shall refer the applicant to an AeMC or AME, except those requiring a limitation related only to the use of corrective lenses.
  - (2) If an applicant for a LAPL medical certificate has been referred, the AeMC or AME shall give due consideration to MED.B.095, evaluate whether the applicant is able to perform their duties safely when complying with one or more limitations endorsed on the medical certificate and issue the medical certificate with limitation(s) as necessary. The AeMC or AME shall always consider the need to restrict the pilot from carrying passengers (OPL).
  - (3) The GMP may revalidate or renew a LAPL medical certificate with the same limitation without referring the applicant to an AeMC or AME.
- (c) When assessing whether a limitation is necessary, particular consideration shall be given to:

- (1) whether accredited medical conclusion indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence applied for is not likely to jeopardise flight safety;
  - (2) the applicant's ability, skill and experience relevant to the operation to be performed.
- (d) *Operational limitation codes*
- (1) Operational multi-pilot limitation (OML – Class 1 only)
    - (i) When the holder of a CPL, ATPL or MPL does not fully meet the requirements for a class 1 medical certificate and has been referred to the licensing authority, it shall assess whether the medical certificate may be issued with an OML 'valid only as or with qualified co-pilot'.
    - (ii) The holder of a medical certificate with an OML shall only operate an aircraft in multi-pilot operations when the other pilot is fully qualified on the relevant type of aircraft, is not subject to an OML and has not attained the age of 60 years.
    - (iii) The OML for class 1 medical certificates shall only be imposed and removed by the licensing authority.
  - (2) Operational Safety Pilot Limitation (OSL – Class 2, LAPL only)
    - (i) The holder of a medical certificate with an OSL limitation shall only operate an aircraft if another pilot fully qualified to act as pilot-in-command on the relevant class or type of aircraft is carried on board, the aircraft is fitted with dual controls and the other pilot occupies a seat at the controls.
    - (ii) The OSL for class 2 medical certificates may be imposed or removed by an AeMC or AME in consultation with the licensing authority only.
  - (3) Operational Passenger Limitation (OPL - Class 2 and LAPL only)
    - (i) The holder of a medical certificate with an OPL limitation shall only operate an aircraft without passengers on board.
- (e) Any other limitation may be imposed on the holder of a medical certificate if required to ensure flight safety.
- (f) Any limitation imposed on the holder of a medical certificate shall be specified therein.

## **Section 2**

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

#### **MED.B.005 General**

- (a) Applicants for a medical certificate shall be free from any:
- (1) abnormality, congenital or acquired;
  - (2) active, latent, acute or chronic disease or disability;
  - (3) wound, injury or sequelae from operation;
  - (4) effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken;

that would entail a degree of functional incapacity which is likely to interfere with the safe exercise of the privileges of the applicable licence or could render the applicant likely to become suddenly unable to exercise the privileges of the licence safely.

### **MED.B.010 Cardiovascular System**

#### **(a) Examination**

- (1) A standard 12-lead resting electrocardiogram (ECG) and report shall be completed on clinical indication, and:
  - (i) for a class 1 medical certificate, at the examination for the first issue of a medical certificate, then every 5 years until age 30, every 2 years until age 40, annually until age 50, and at all revalidation or renewal examinations thereafter;
  - (ii) for a class 2 medical certificate, at the first examination after age 40 and then every 2 years after age 50.
- (2) Extended cardiovascular assessment shall be required when clinically indicated.
- (3) For a class 1 medical certificate, an extended cardiovascular assessment shall be completed at the first revalidation or renewal examination after age 65 and every 4 years thereafter.
- (4) For a class 1 medical certificate, estimation of serum lipids, including cholesterol, shall be required at the examination for the first issue of a medical certificate, and at the first examination after having reached the age of 40.

#### **(b) Cardiovascular System – General**

- (1) Applicants shall not suffer from any cardiovascular disorder which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (2) Applicants for a class 1 medical certificate with any of the following conditions shall be assessed as unfit:
  - (i) aneurysm of the thoracic or supra-renal abdominal aorta, before or after surgery;
  - (ii) significant functional abnormality of any of the heart valves;
  - (iii) heart or heart/lung transplantation.
- (3) Applicants for a class 1 medical certificate with an established history or diagnosis of any of the following conditions shall be referred to the licensing authority:
  - (i) peripheral arterial disease before or after surgery;
  - (ii) aneurysm of the abdominal aorta, before or after surgery;
  - (iii) functionally insignificant cardiac valvular abnormalities;
  - (iv) after cardiac valve surgery;
  - (v) abnormality of the pericardium, myocardium or endocardium;
  - (vi) congenital abnormality of the heart, before or after corrective surgery;
  - (vii) recurrent vasovagal syncope;

- (viii) arterial or venous thrombosis;
  - (ix) pulmonary embolism;
  - (x) cardiovascular condition requiring systemic anticoagulant therapy.
- (4) Applicants for a class 2 medical certificate with an established diagnosis of one of the conditions specified in (2) and (3) above shall be evaluated by a cardiologist and in consultation with the licensing authority before a fit assessment can be considered.
- (c) *Blood Pressure*
- (1) The blood pressure shall be recorded at each examination.
  - (2) The applicant's blood pressure shall be within normal limits.
  - (3) Applicants for a class 1 medical certificate:
    - (i) with symptomatic hypotension; or
    - (ii) whose blood pressure at examination consistently exceeds 160 mmHg systolic and/or 95 mmHg diastolic, with or without treatmentshall be assessed as unfit.
  - (4) The initiation of medication for the control of blood pressure shall require a period of temporary suspension of the medical certificate to establish the absence of significant side effects.
- (d) *Coronary Artery Disease*
- (1) Applicants for a class 1 medical certificate with:
    - (i) suspected myocardial ischaemia;
    - (ii) asymptomatic minor coronary artery disease requiring no anti-anginal treatment;shall be referred to the licensing authority and undergo cardiological evaluation to exclude myocardial ischaemia before a fit assessment can be considered.
  - (2) Applicants for a class 2 medical certificate with any of the conditions detailed in (1) shall undergo cardiological evaluation before a fit assessment can be considered.
  - (3) Applicants with any of the following conditions shall be assessed as unfit:
    - (i) myocardial ischaemia;
    - (ii) symptomatic coronary artery disease;
    - (iii) symptoms of coronary artery disease controlled by medication.
  - (4) Applicants for the initial issue of a class 1 medical certificate with a history or diagnosis of any of the following conditions shall be assessed as unfit:
    - (i) myocardial ischaemia;
    - (ii) myocardial infarction;
    - (iii) revascularisation for coronary artery disease.
  - (5) Applicants for a class 2 medical certificate who are asymptomatic following myocardial infarction or surgery for coronary artery disease shall undergo satisfactory cardiological evaluation before a fit assessment can be considered in



consultation with the licensing authority. Applicants for the revalidation of a class 1 medical certificate shall be referred to the licensing authority.

(e) *Rhythm/Conduction Disturbances*

- (1) Applicants for a class 1 medical certificate shall be referred to the licensing authority when they have any significant disturbance of cardiac conduction or rhythm, including any of the following:
  - (i) disturbance of supraventricular rhythm, including intermittent or established sinoatrial dysfunction, atrial fibrillation and/or flutter and asymptomatic sinus pauses;
  - (ii) complete left bundle branch block;
  - (iii) Mobitz type 2 atrioventricular block;
  - (iv) broad and/or narrow complex tachycardia;
  - (v) ventricular pre-excitation;
  - (vi) asymptomatic QT prolongation;
  - (vii) Brugada pattern on electrocardiography.
- (2) Applicants for a class 2 medical certificate with any of the conditions detailed in (1) shall undergo satisfactory cardiological evaluation before a fit assessment in consultation with the licensing authority can be considered.
- (3) Applicants with any of the following:
  - (i) incomplete bundle branch block;
  - (ii) complete right bundle branch block;
  - (iii) stable left axis deviation;
  - (iv) asymptomatic sinus bradycardia;
  - (v) asymptomatic sinus tachycardia;
  - (vi) asymptomatic isolated uniform supra-ventricular or ventricular ectopic complexes;
  - (vii) first degree atrioventricular block;
  - (viii) Mobitz type 1 atrioventricular block;may be assessed as fit in the absence of any other abnormality and subject to satisfactory cardiological evaluation.
- (4) Applicants with a history of:
  - (i) ablation therapy;
  - (ii) pacemaker implantation;shall undergo satisfactory cardiovascular evaluation before a fit assessment can be considered. Applicants for a class 1 medical certificate shall be referred to the licensing authority. Applicants for a class 2 medical certificate shall be assessed in consultation with the licensing authority.
- (5) Applicants with any of the following conditions shall be assessed as unfit:
  - (i) symptomatic sinoatrial disease;

- (ii) complete atrioventricular block;
- (iii) symptomatic QT prolongation;
- (iv) an automatic implantable defibrillating system;
- (v) a ventricular anti-tachycardia pacemaker.

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

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

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

- (a) Applicants shall not possess any functional or structural disease of the gastro-intestinal tract or its adnexa which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Applicants with any sequelae of disease or surgical intervention in any part of the digestive tract or its adnexa likely to cause incapacitation in flight, in particular any obstruction due to stricture or compression shall be assessed as unfit.

- (c) Applicants shall be free from herniae that might give rise to incapacitating symptoms.
- (d) Applicants with disorders of the gastro-intestinal system including:
  - (1) recurrent dyspeptic disorder requiring medication;
  - (2) pancreatitis;
  - (3) symptomatic gallstones;
  - (4) an established diagnosis or history of chronic inflammatory bowel disease;
  - (5) after surgical operation on the digestive tract or its adnexa, including surgery involving total or partial excision or a diversion of any of these organs;
 shall be assessed as unfit. A fit assessment may be considered after successful treatment or full recovery after surgery and subject to satisfactory gastroenterological evaluation.
- (e) Aero-medical assessment:
  - (1) applicants for a class 1 medical certificate with the diagnosis of the conditions specified in (2), (4) and (5) shall be referred to the licensing authority;
  - (2) fitness of class 2 applicants with pancreatitis shall be determined in consultation with the licensing authority.

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

- (a) Applicants shall not possess any functional or structural metabolic, nutritional or endocrine disorder which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Applicants with metabolic, nutritional or endocrine dysfunction may be assessed as fit subject to demonstrated stability of the condition and satisfactory aero-medical evaluation.
- (c) *Diabetes mellitus*
  - (1) Applicants with diabetes mellitus requiring insulin shall be assessed as unfit.
  - (2) Applicants with diabetes mellitus not requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved.
- (d) Aero-medical assessment:
  - (1) applicants for a class 1 medical certificate requiring medication other than insulin for blood sugar control shall be referred to the licensing authority;
  - (2) fitness of class 2 applicants requiring medication other than insulin for blood sugar control shall be determined in consultation with the licensing authority.

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

- (a) Applicants shall not possess any haematological disease which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) For a class 1 medical certificate, haemoglobin shall be tested at each examination for the issue of a medical certificate.
- (c) Applicants with a haematological condition, such as:
  - (1) coagulation, haemorrhagic or thrombotic disorder;
  - (2) chronic leukaemia;

may be assessed as fit subject to satisfactory aeromedical evaluation.

- (d) Aero-medical assessment:
  - (1) applicants for a class 1 medical certificate with one of the conditions specified in (c) above shall be referred to the licensing authority;
  - (2) fitness of class 2 applicants with one of the conditions specified in (c) above shall be determined in consultation with the licensing authority.
- (e) Class 1 applicants with one of the haematological conditions specified below shall be referred to the licensing authority:
  - (1) abnormal haemoglobin, including, but not limited to anaemia, polycythaemia or haemoglobinopathy;
  - (2) significant lymphatic enlargement;
  - (3) enlargement of the spleen.

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

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

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

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

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

- (a) Applicants shall not possess any functional or structural obstetric or gynaecological condition which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Applicants who have undergone a major gynaecological operation shall be assessed as unfit until full recovery.
- (c) *Pregnancy*
  - (1) In the case of pregnancy, if the AeMC or AME considers that the licence holder is fit to exercise her privileges, he/she shall limit the validity period of the medical certificate to the end of the 26<sup>th</sup> week of gestation. After this point, the certificate shall be suspended. The suspension shall be lifted after full recovery following the end of the pregnancy.
  - (2) Holders of class 1 medical certificates shall only exercise the privileges of their licences until the 26<sup>th</sup> week of gestation with an OML. Notwithstanding MED. B.001 in this case, the OML may be imposed and removed by the AeMC or AME.

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

- (a) Applicants shall not possess any abnormality of the bones, joints, muscles or tendons, congenital or acquired which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) An applicant shall have sufficient sitting height, arm and leg length and muscular strength for the safe exercise of the privileges of the applicable licence(s).
- (c) An applicant shall have satisfactory functional use of the musculoskeletal system to enable the safe exercise of the privileges of the applicable licence(s). Fitness of the applicants shall be determined in consultation with the licensing authority.

### **MED.B.055 Psychiatry**

- (a) Applicants shall have no established medical history or clinical diagnosis of any psychiatric disease or disability, condition or disorder, acute or chronic, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Applicants with a mental or behavioural disorder due to alcohol or other use or abuse of psychotropic substances shall be assessed as unfit pending recovery and freedom from substance use and subject to satisfactory psychiatric evaluation after successful treatment. Applicants for a class 1 medical certificate shall be referred to the licensing authority. Fitness of class 2 applicants shall be determined in consultation with the licensing authority.
- (c) Applicants with a psychiatric condition such as:
  - (1) mood disorder;
  - (2) neurotic disorder;
  - (3) personality disorder;
  - (4) mental or behavioural disorder;shall undergo satisfactory psychiatric evaluation before a fit assessment can be made.

- (d) Applicants with a history of a single or repeated acts of deliberate self-harm shall be assessed as unfit. Applicants shall undergo satisfactory psychiatric evaluation before a fit assessment can be considered.
- (e) Aero-medical assessment:
  - (1) applicants for a class 1 medical certificate with one of the conditions detailed in (b), (c) or (d) above shall be referred to the licensing authority;
  - (2) fitness of class 2 applicants with one of the conditions detailed in (b), (c) or (d) above shall be determined in consultation with the licensing authority.
- (f) Applicants with an established history or clinical diagnosis of schizophrenia, schizotypal or delusional disorder shall be assessed as unfit.

**MED.B.060 Psychology**

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

**MED.B.065 Neurology**

- (a) Applicants shall have no established medical history or clinical diagnosis of any neurological condition which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Applicants with an established history or clinical diagnosis of:
  - (1) epilepsy;
  - (2) recurring episodes of disturbance of consciousness of uncertain cause;
 shall be assessed as unfit.
- (c) Applicants with an established history or clinical diagnosis of:
  - (1) epilepsy without recurrence after age 5;
  - (2) epilepsy without recurrence and off all treatment for more than 10 years;
  - (3) epileptiform EEG abnormalities and focal slow waves;
  - (4) progressive or non-progressive disease of the nervous system;
  - (5) a single episode of disturbance of consciousness of uncertain cause;
  - (6) loss of consciousness after head injury;
  - (7) penetrating brain injury;
  - (8) spinal or peripheral nerve injury;
 shall undergo further evaluation before a fit assessment can be considered. Applicants for a class 1 medical certificate shall be referred to the licensing authority. Fitness of class 2 applicants shall be determined in consultation with the licensing authority.

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

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

- (i) Applicants with diplopia shall be assessed as unfit.
- (j) *Spectacles and contact lenses.* If satisfactory visual function is achieved only with the use of correction:
  - (1) (i) for distant vision, spectacles or contact lenses shall be worn whilst exercising the privileges of the applicable licence(s);
  - (ii) for near vision, a pair of spectacles for near use shall be kept available during the exercise of the privileges of the licence;
  - (2) a spare set of similarly correcting spectacles shall be readily available for immediate use whilst exercising the privileges of the applicable licence(s);
  - (3) the correction shall provide optimal visual function, be well-tolerated and suitable for aviation purposes;
  - (4) if contact lenses are worn, they shall be for distant vision, monofocal, non-tinted and well tolerated;
  - (5) applicants with a large refractive error shall use contact lenses or high-index spectacle lenses;
  - (6) no more than one pair of spectacles shall be used to meet the visual requirements;
  - (7) orthokeratological lenses shall not be used.

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

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

#### **MED.B.080 Otorhino-laryngology**

- (a) Applicants shall not possess any abnormality of the function of the ears, nose, sinuses or throat, including oral cavity, teeth and larynx, or any active pathological condition, congenital or acquired, acute or chronic, or any sequelae of surgery or trauma which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Hearing shall be satisfactory for the safe exercise of the privileges of the applicable licence(s).
- (c) *Examination*
  - (1) Hearing shall be tested at all examinations.



- (i) In the case of class 1 medical certificates and class 2 medical certificates, when an instrument rating is to be added to the licence held, hearing shall be tested with pure tone audiometry at the initial examination and, at subsequent revalidation or renewal examinations, every five years until the age 40 and every two years thereafter.
  - (ii) When tested on a pure-tone audiometer, initial applicants shall not have a hearing loss of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, in either ear separately. Applicants for revalidation or renewal, with greater hearing loss shall demonstrate satisfactory functional hearing ability.
  - (iii) Applicants with hypoacusis shall demonstrate satisfactory functional hearing ability.
- (2) A comprehensive ear, nose and throat examination shall be undertaken for the initial issue of a class 1 medical certificate and periodically thereafter when clinically indicated.
- (d) Applicants for a class 1 medical certificate with:
- (1) an active pathological process, acute or chronic, of the internal or middle ear;
  - (2) unhealed perforation or dysfunction of the tympanic membrane(s);
  - (3) disturbance of vestibular function;
  - (4) significant restriction of the nasal passages;
  - (5) sinus dysfunction;
  - (6) significant malformation or significant, acute or chronic infection of the oral cavity or upper respiratory tract;
  - (7) significant disorder of speech or voice;
- shall undergo further medical examination and assessment to establish that the condition does not interfere with the safe exercise of the privileges of the licence held.
- (e) Aero-medical assessment:
- (1) applicants for a class 1 medical certificate with the disturbance of vestibular function shall be referred to the licensing authority;
  - (2) fitness of class 2 applicants with the disturbance of vestibular function shall be determined in consultation with the licensing authority.

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

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

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

- (a) Applicants shall have no established primary or secondary malignant disease likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) After treatment for malignant disease, applicants shall undergo satisfactory oncological evaluation before a fit assessment can be made. Class 1 applicants shall be referred to the

licensing authority. Fitness of class 2 applicants shall be determined in consultation with the licensing authority.

- (c) Applicants with an established history or clinical diagnosis of intracerebral malignant tumour shall be assessed as unfit.

### **Section 3**

#### **Specific requirements for LAPL medical certificates**

##### **MED.B.095 Medical examination of applicants for LAPL medical certificates**

- (a) An applicant for a LAPL medical certificate shall be assessed based on aero-medical best practice.
- (b) Special attention shall be given to the applicant's complete medical history.
- (c) The aero-medical examination shall include at least the following:
  - (1) clinical examination;
  - (2) blood pressure;
  - (3) urine test;
  - (4) vision;
  - (5) hearing ability.
- (d) After the first issue of a LAPL medical certificate, the aero-medical examinations until the age of 50 can be reduced with due regard to the evaluation of the applicant's medical history.

**SUBPART C**

**REQUIREMENTS FOR AIR TRAFFIC CONTROLLER MEDICAL CERTIFICATES**

RESERVED

## **SUBPART D**

### **REQUIREMENTS FOR MEDICAL FITNESS OF CABIN CREW**

#### **Section 1**

##### **General requirements**

###### **MED.D.001 General**

Cabin crew members shall only perform the duties and responsibilities required by aviation safety rules on an aircraft if they comply with the applicable requirements of this Part.

###### **MED.D.005 Aero-medical assessments**

- (a) Cabin crew members shall undergo aero-medical assessments to verify that they are free from any physical or mental illness which might lead to incapacitation or an inability to perform their assigned duties and responsibilities.
- (b) Each cabin crew member shall undergo an aero-medical assessment before being first assigned to duties on an aircraft, and after that at intervals of maximum 60 months.
- (c) Aero-medical assessments shall be conducted by an AME, AeMC, or by an OHMP if the requirements of MED.E.040 are complied with.

#### **Section 2**

##### **Requirements for aero-medical assessment of cabin crew**

###### **MED.D.020 General**

Cabin crew members shall be free from any:

- (a) abnormality, congenital or acquired;
- (b) active, latent, acute or chronic disease or disability;
- (c) wound, injury or sequelae from operation; and
- (d) effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken

that would entail a degree of functional incapacity which might lead to incapacitation or an inability to discharge their safety duties and responsibilities.

###### **MED.D.025 Content of aero-medical assessments**

- (a) An initial aero-medical assessment shall include at least:
  - (1) an evaluation of the applicant cabin crew member's medical history; and
  - (2) a clinical examination of the following:
    - (i) cardiovascular system;

- (ii) respiratory system;
  - (iii) musculoskeletal system;
  - (iv) otorhino-laryngology;
  - (v) visual system; and
  - (vi) colour vision.
- (b) Each subsequent aero-medical re-assessment shall include at least an evaluation of the cabin crew member's medical history, and a clinical examination if deemed necessary in accordance with best medical practice.
- (c) For the purpose of (a) and (b), in case of any doubt or if clinically indicated, a cabin crew member's aero-medical assessment shall also include any additional medical examination, test or investigation that are considered necessary by the AME, AeMC or OHMP.

### **Section 3**

#### **Additional requirements for applicants for, or holders of, a cabin crew attestation**

##### **MED.D.030 Cabin crew medical report**

- (a) After completion of each aero-medical assessment, applicants for, and holders of, a cabin crew attestation:
- (1) shall be provided with a cabin crew medical report by the AME, AeMC or OHMP ; and
  - (2) shall provide the related information, or a copy of their cabin crew medical report to the operator(s) employing their services.

(b) *Cabin crew medical report*

A cabin crew medical report shall indicate the date of the aero-medical assessment, whether the cabin crew member has been assessed fit or unfit, the date of the next required aero-medical assessment and, if applicable, any limitation(s). Any other elements shall be subject to medical confidentiality in accordance with MED.A.015.

##### **MED.D.035 Limitations**

- (a) If holders of a cabin crew attestation do not fully comply with the medical requirements specified in Section 2, the AME, AeMC or OHMP shall consider whether they may be able to perform cabin crew duties safely if complying with one or more limitations.
- (b) Any limitation(s) to the exercise of the privileges granted by the cabin crew attestation shall be specified on the cabin crew medical report and shall only be removed by an AME, AeMC or by an OHMP in consultation with an AME.

## SUBPART E

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

#### Section 1

#### Aero-Medical Examiners

##### **MED.E.001 Privileges**

- (a) The privileges of an AME are to issue, revalidate and renew class 2 medical certificates and LAPL medical certificates, and to conduct the relevant medical examinations and assessments.
- (b) Holders of an AME certificate may apply for an extension of their privileges to include medical examinations for the revalidation and renewal of class 1 medical certificates, if they comply with the requirements in MED.E.015.
- (c) The scope of the privileges of the AME, and any condition thereof, shall be specified in the certificate.
- (d) Holders of a certificate as an AME shall not undertake aero-medical examinations and assessments in a Member State other than the Member State that issued their certificate as an AME, unless they have:
  - (1) been granted access by the host Member State to exercise their professional activities as a specialised doctor;
  - (2) informed the competent authority of the host Member State of their intention to conduct aero-medical examinations and assessments and to issue medical certificates within the scope of their privileges as AME; and
  - (3) received a briefing from the competent authority of the host Member State.

##### **MED.E.005 Application**

- (a) Application for a certificate as an AME shall be made in a form and manner specified by the competent authority.
- (b) Applicants for an AME certificate shall provide the competent authority with:
  - (1) personal details and professional address;
  - (2) documentation demonstrating that they comply with the requirements established in MED.E.010, including a certificate of completion of the training course in aviation medicine appropriate to the privileges they apply for;
  - (3) a written declaration that the AME will issue medical certificates on the basis of the requirements of this Part and associated Acceptable Means of Compliance (AMC) adopted by the European Aviation Safety Agency (the Agency).

- (c) When the AME undertakes aero-medical examinations in more than one location, they shall provide the competent authority with relevant information regarding all practice locations.

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

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

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

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

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

- (a) conducted at least 30 examinations for the issue, revalidation or renewal of class 2 medical certificates over a period of no more than 5 years preceding the application;
- (b) undertaken an advanced training course in aviation medicine; and
- (c) undergone practical training at an AeMC.

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

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

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

- (a) AMEs shall notify the competent authority of the following changes which could affect their certificate:
  - (1) the AME is subject to disciplinary proceedings or investigation by a medical regulatory body;
  - (2) there are any changes to the conditions on which the certificate was granted, including the content of the statements provided with the application;

- (3) the requirements for the issue are no longer met;
  - (4) there is a change of aero-medical examiner's practice location(s) or correspondence address.
- (b) Failure to inform the competent authority shall result in the suspension or revocation of the privileges of the authorisation.

**MED.E.030 Validity of AME certificates**

An AME certificate shall be issued for a period not exceeding 3 years. It shall be revalidated subject to the holder:

- (a) continuing to fulfil the general conditions required for medical practice and maintaining registration as a medical practitioner according to national law;
- (b) undertaking refresher training in aviation medicine within the last 3 years;
- (c) having performed at least 10 medical examinations every year;
- (d) remaining in compliance with the terms of their authorisation; and
- (e) exercising their privileges in accordance with this Part.

**Section 2**

**General Medical Practitioners (GMP)**

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

- (a) GMPs shall act as AMEs for issuing LAPL medical certificates only
  - (1) if they exercise their activity in a Member State where GMPs have appropriate access to the full medical records of applicants; and
  - (2) in accordance with any additional requirements established under national law.
- (b) In order to issue LAPL medical certificates, general medical practitioners (GMP) shall be fully qualified and licensed for the practice of medicine in accordance with national law.
- (c) GMPs acting as AMEs shall declare their activity to the competent authority.

**Section 3**

**Occupational Health Medical Practitioners (OHMP)**

**MED.E.040 Requirements for occupational health medical practitioners**

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

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