



EUROPEAN GLIDING UNION

Representative Organisation of European Glider Pilots

PART MED for GLIDER PILOTS

EXTRACTS

of the ANNEX IV (Part MED)
to the Commission Regulation (EU) No 1178/2011
of 3 November 2011
and of the Acceptable Means of Compliance and
Guidance Material to PART MED
issued by EASA on 15 December 2011
containing only the regulations valid for glider pilot licences

WARNING

This is an unofficial document compiled by the EGU to enable the rules to be read more easily by glider pilots. In case there are differences between this courtesy document and one of the official documents issued by the European Commission or by the EASA, the document issued by the European Commission or by the EASA would be the official valid document.

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ANNEX IV [PART-MED]

SUBPART A GENERAL REQUIREMENTS

SECTION 1 General

MED.A.001 Competent authority

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

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

MED.A.005 Scope

This Part establishes the requirements for:

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

MED.A.010 Definitions

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

- ‘Accredited medical conclusion’ means the conclusion reached by one or more medical experts acceptable to the licensing authority, on the basis of objective and non-discriminatory criteria, for the purposes of the case concerned, in consultation with flight operations or other experts as necessary,
- ‘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,
- ‘Examination’ means an inspection, palpation, percussion, auscultation or other means of investigation especially for diagnosing disease,
- ‘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 safety 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/or 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/or 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 him/her of his/her right of a secondary review; and
 - (4) in the case of applicants for a medical certificate, submit without delay a signed, or electronically authenticated, 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 medical certification and/or oversight functions, AeMCs, AMEs, GMPs and OHMP 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 an LAPL medical certificate.
- (c) Applicants for and holders of a private pilot licence (PPL), a sailplane pilot licence (SPL), or a balloon pilot licence (BPL) shall hold at least a Class 2 medical certificate.
- (d) Applicants for and holders of an SPL or a BPL involved in commercial sailplane or balloon flights shall hold at least a Class 2 medical certificate.
- (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 the medical certificate 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 and/or assessments 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 Member State where the licence is issued, 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 Member State where the licence is issued, by a GMP.
- (d) The AeMC, AME or GMP shall only issue, revalidate or renew a medical certificate if:
 - (1) the applicant has provided them with a complete medical history and, if required by the AeMC, AME or GMP, results of medical examinations and tests conducted by the applicant's doctor or any medical specialists; and
 - (2) the AeMC, AME or GMP 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.
- (e) The AME, AeMC or, in the case of referral, the licensing authority may require the applicant to undergo additional medical examinations and investigations when clinically indicated before they issue, revalidate or renew a medical certificate.
- (f) 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 and/or assessments for the revalidation of a medical certificate may be undertaken up to 45 days prior to the expiry date of the medical certificate.

(c) *Renewal*

- (1) If the holder of a medical certificate does not comply with (b), a renewal examination and/or assessment 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 and/or assessment 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 an 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 this Subpart;
 - (ii) in cases where a referral to the licensing authority is not indicated in this Subpart, evaluate whether the applicant is able to perform his/her duties safely when complying with one or more limitations endorsed on the medical certificate, and issue the medical certificate with limitation(s) as necessary;
 - (iii) in the case of applicants for a Class 2 medical certificate, evaluate whether the applicant is able to perform his/her duties safely when complying with one or more limitations endorsed on the medical certificate, and issue the medical certificate, as necessary with limitation(s), 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 an 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 (Operational Passenger Limitation, OPL).
 - (3) The GMP may revalidate or renew an LAPL medical certificate with the same limitation without referring the applicant to an AeMC or AME.
- (c) When assessing whether a limitation is necessary, particular consideration shall be given to:
- (1) whether accredited medical conclusion indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that 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)*
 - (2) *Operational Safety Pilot Limitation (OSL — Class 2 and LAPL privileges)*
 - (i) The holder of a medical certificate with an OSL limitation shall only operate an aircraft if another pilot fully qualified to act as pilot-in-command on the relevant class or type of aircraft is carried on board, the aircraft is fitted with dual controls and the other pilot occupies a seat at the controls.
 - (ii) The OSL for Class 2 medical certificates may be imposed or removed by an AeMC or AME in consultation with the licensing authority.
 - (3) *Operational Passenger Limitation (OPL — Class 2 and LAPL privileges)*
 - (i) The holder of a medical certificate with an OPL limitation shall only operate an aircraft without passengers on board.
 - (ii) An OPL for Class 2 medical certificates may be imposed by an AeMC or AME in consultation with the licensing authority.
 - (iii) An OPL for an LAPL medical certificate limitation may be imposed by an AeMC or AME.
- (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.
- (b) In cases where the decision on medical fitness of an applicant for a Class 1 medical certificate is referred to the licensing authority, this authority may delegate such a decision to an AeMC, except in cases where an OML is needed.
- (c) In cases where the decision on medical fitness of an applicant for a Class 2 medical certificate is referred to the licensing authority, this authority may delegate such a decision to an AeMC or an AME, except in cases where an OSL or OPL is needed.

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:
 - (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:
 - (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 assessed by a cardiologist before a fit assessment can be considered in consultation with the licensing authority.
- (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:
 - (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:
 - (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:

- (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:
- (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 assessed in consultation with the licensing authority.

MED.B.025 Metabolic and Endocrine Systems

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

MED.B.030 Haematology

- (a) Applicants shall not possess any haematological disease which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (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 assessed 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 genito-urinary 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. Applicants for a Class 1 medical certificate shall be referred to the licensing authority for the re-assessment.

MED.B.040 Infectious Disease

- (a) Applicants shall have no established medical history or clinical diagnosis of any infectious disease which is likely to interfere with the safe exercise of the privileges of the applicable licence 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 26th week of gestation. After this point, the certificate shall be suspended. The suspension shall be lifted after full recovery following the end of the pregnancy.
 - (2) Holders of Class 1 medical certificates shall only exercise the privileges of their licences until the 26th week of gestation with an OML. Notwithstanding MED. B.001 in this case, the OML may be imposed and removed by the AeMC or AME.

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 assessed 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 assessed 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 assessed 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 assessed in consultation with the licensing authority.

MED.B.070 Visual System

- (a) Applicants shall not possess any abnormality of the function of the eyes or their adnexa or any active pathological condition, congenital or acquired, acute or chronic, or any sequelae of eye surgery or trauma, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (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 30-50 cm and an N14 chart (or equivalent) at 100 cm, with correction, if prescribed.
- (e) Applicants for a Class 1 medical certificate shall be required to have normal fields of vision and normal binocular function.
- (f) Applicants who have undergone eye surgery may be assessed as fit subject to satisfactory ophthalmic evaluation.
- (g) Applicants with a clinical diagnosis of keratoconus may be assessed as fit subject to a satisfactory examination by an ophthalmologist. Applicants for a Class 1 medical certificate shall be referred to the licensing authority.
- (h) Applicants with:
 - (1) astigmatism;
 - (2) anisometropia;

may be assessed as fit subject to satisfactory ophthalmic evaluation.

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

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 5 years until the age 40 and every 2 years thereafter.
 - (ii) When tested on a pure-tone audiometer, initial applicants shall not have a hearing loss of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, in either ear separately. Applicants for revalidation or renewal, with greater hearing loss shall demonstrate satisfactory functional hearing ability.
 - (iii) Applicants with hypoacusis shall demonstrate satisfactory functional hearing ability.
 - (2) A comprehensive ear, nose and throat examination shall be undertaken for the initial issue of a Class 1 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 assessed in consultation with the licensing authority.

MED.B.085 Dermatology

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

MED.B.090 Oncology

- (a) Applicants shall have no established primary or secondary malignant disease likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (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 assessed 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 and/or assessment of applicants for LAPL medical certificates

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

SUBPART C

REQUIREMENTS FOR MEDICAL FITNESS OF CABIN CREW

SUBPART D
**AERO-MEDICAL EXAMINERS (AME), GENERAL MEDICAL
PRACTITIONERS (GMP), OCCUPATIONAL HEALTH MEDICAL
PRACTITIONERS (OHMP)**

SECTION 1
Aero-Medical Examiners

MED.D.001 Privileges

- (a) The privileges of an AME are to issue, revalidate and renew Class 2 medical certificates and LAPL medical certificates, and to conduct the relevant medical examinations and assessments.
- (b) Holders of an AME certificate may apply for an extension of their privileges to include medical examinations for the revalidation and renewal of Class 1 medical certificates, if they comply with the requirements in MED.D.015.
- (c) The 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.D.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.D.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.
- (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.D.010 Requirements for the issue of an AME certificate

Applicants for an AME certificate with the privileges for the initial issue, revalidation and renewal of Class 2 medical certificates 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.D.015 Requirements for the extension of privileges

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

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

MED.D.020 Training courses in aviation medicine

- (a) Training courses in aviation medicine shall be approved by the competent authority of the Member State where the organisation providing it 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.D.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 certificate, on the basis of the decision of the competent authority that suspends or revokes the certificate.

MED.D.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 aero-medical examinations every year;
- (d) remaining in compliance with the terms of their certificate; and
- (e) exercising their privileges in accordance with this Part.

SECTION 2 General Medical Practitioners (GMPs)

MED.D.035 Requirements for general medical practitioners

- (a) GMPs shall act as AMEs for issuing LAPL medical certificates only:
 - (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 notify their activity to the competent authority.

SECTION 3 *Occupational Health Medical Practitioners (OHMP)*

ACCEPTABLE MEANS OF COMPLIANCE AND GUIDANCE MATERIAL TO PART MED

SUBPART A GENERAL REQUIREMENTS

SECTION 1 General

AMC1 MED.A.015 Medical confidentiality

To ensure medical confidentiality, all medical reports and records should be securely held with accessibility restricted to personnel authorised by the medical assessor.

AMC1 MED.A.020 Decrease in medical fitness

If in any doubt about their fitness to fly, use of medication or treatment:

- (a) holders of class 1 or class 2 medical certificates should seek the advice of an AeMC or AME;
- (b) holders of LAPL medical certificates should seek the advice of an AeMC, AME, or of the GMP who issued the holder's medical certificate;
- (c) suspension of exercise of privileges: holders of a medical certificate should seek the advice of an AeMC or AME when they have been suffering from any illness involving incapacity to function as a member of the flight crew for a period of at least 21 days.

AMC1 MED.A.025 Obligations of AeMC, AME, GMP and OHMP

- (a) The report required in MED.A.025 (b)(4) should detail the results of the examination and the evaluation of the findings with regard to medical fitness.
- (b) The report may be submitted in electronic format, but adequate identification of the examiner should be ensured.
- (c) If the medical examination is carried out by two or more AMEs or GMPs, only one of them should be responsible for coordinating the results of the examination, evaluating the findings with regard to medical fitness, and signing the report.

SECTION 2 Requirements for medical certificates

AMC1 MED.A.030 Medical certificates

- (a) A class 1 medical certificate includes the privileges and validities of class 2 and LAPL medical certificates.
- (b) A class 2 medical certificate includes the privileges and validities of a LAPL medical certificate.

AMC1 MED.A.035 Application for a medical certificate

When applicants do not present a current or previous medical certificate to the AeMC, AME or GMP prior to the relevant examinations, the AeMC, AME or GMP should not issue the medical certificate unless relevant information is received from the licensing authority.

AMC1 MED.A.045 Validity, revalidation and renewal of medical certificates

The validity period of a medical certificate (including any associated examination or special investigation) is determined by the age of the applicant at the date of the medical examination.

SUBPART B
SPECIFIC REQUIREMENTS FOR CLASS 1, CLASS 2
and LAPL MEDICAL CERTIFICATES
AMC FOR CLASS 1, CLASS 2 and LAPL MEDICAL CERTIFICATES

SECTION 1
General

AMC1 MED.B.001 Limitations to class 1, class 2 and LAPL medical certificates

- (a) An AeMC or AME may refer the decision on fitness of the applicant to the licensing authority in borderline cases or where fitness is in doubt.
- (b) In cases where a fit assessment can only be considered with a limitation, the AeMC, AME or the licensing authority should evaluate the medical condition of the applicant in consultation with flight operations and other experts, if necessary.
- (c) Limitation codes:

Code	Limitation	
1	TML	restriction of the period of validity of the medical certificate
2	VDL	correction for defective distant vision
3	VML	correction for defective distant, intermediate and near vision
4	VNL	correction for defective near vision
5	CCL	correction by means of contact lenses only
6	VCL	valid by day only
7	HAL	valid only when hearing aids are worn
8	APL	valid only with approved prosthesis
9	OCL	valid only as co-pilot
10	OPL	valid only without passengers (PPL and LAPL only)
11	SSL	special restriction as specified
12	OAL	restricted to demonstrated aircraft type
13	AHL	valid only with approved hand controls
14	SIC	specific regular medical examination(s) - contact licensing authority
15	RXC	specialist ophthalmological examinations

- (d) Entry of limitations
 - (1) Limitations 1 to 4 may be imposed by an AME or an AeMC.
 - (2) Limitations 5 to 15 should only be imposed:
 - (i) for class 1 medical certificates by the licensing authority;
 - (ii) for class 2 medical certificates by the AME or AeMC in consultation with the licensing authority;
 - (iii) for LAPL medical certificates by an AME or AeMC.
- (e) Removal of limitations
 - (1) For class 1 medical certificates, all limitations should only be removed by the licensing authority.
 - (2) For class 2 medical certificates, limitations may be removed by the licensing authority or by an AeMC or AME in consultation with the licensing authority.
 - (3) For LAPL medical certificates, limitations may be removed by an AeMC or AME.

GM1 MED.B.001 Limitation codes

TML Time limitation

The period of validity of the medical certificate is limited to the duration as shown on the medical certificate. This period of validity commences on the date of the medical examination. Any period of validity remaining on the previous medical certificate is no longer valid. The pilot should present him/herself for re-examination when advised and should follow any medical recommendations.

VDL Wear corrective lenses and carry a spare set of spectacles

Correction for defective distant vision: whilst exercising the privileges of the licence, the pilot should wear spectacles or contact lenses that correct for defective distant vision as examined and approved by the AME. Contact lenses may not be worn until cleared to do so by the AME. If contact lenses are worn, a spare set of spectacles, approved by the AME, should be carried.

VML Wear multifocal spectacles and carry a spare set of spectacles

Correction for defective distant, intermediate and near vision: whilst exercising the privileges of the licence, the pilot should wear spectacles that correct for defective distant, intermediate and near vision as examined and approved by the AME. Contact lenses or full frame spectacles, when either correct for near vision only, may not be worn.

VNL Have available corrective spectacles and carry a spare set of spectacles

Correction for defective near vision: whilst exercising the privileges of the licence, the pilot should have readily available spectacles that correct for defective near vision as examined and approved by the AME. Contact lenses or full frame spectacles, when either correct for near vision only, may not be worn.

VCL Valid by day only

The limitation allows private pilots with varying degrees of colour deficiency to exercise the privileges of their licence by daytime only. Applicable to class 2 medical certificates only.

OML Valid only as or with qualified co-pilot

This applies to crew members who do not meet the medical requirements for single crew operations, but are fit for multi-crew operations. Applicable to class 1 medical certificates only.

OCL Valid only as co-pilot

This limitation is a further extension of the OML limitation and is applied when, for some well defined medical reason, the pilot is assessed as safe to operate in a co-pilot role but not in command. Applicable to class 1 medical certificates only.

OPL Valid only without passengers

This limitation may be considered when a pilot with a musculoskeletal problem, or some other medical condition, may involve an increased element of risk to flight safety which might be acceptable to the pilot but which is not acceptable for the carriage of passengers. Applicable to class 2 and LAPL medical certificates only.

OSL Valid only with safety pilot and in aircraft with dual controls

The safety pilot is qualified as PIC on the class/type of aircraft and rated for the flight conditions. He/she occupies a control seat, is aware of the type(s) of possible incapacity that the pilot whose medical certificate has been issued with this limitation may suffer and is prepared to take over the aircraft controls during flight. Applicable to class 2 and LAPL medical certificates only.

OAL Restricted to demonstrated aircraft type

This limitation may apply to a pilot who has a limb deficiency or some other anatomical problem which had been shown by a medical flight test or flight simulator testing to be acceptable but to require a restriction to a specific type of aircraft.

SIC Specific regular medical examination(s) contact licensing authority

This limitation requires the AME to contact the licensing authority before embarking upon renewal or recertification medical assessment. It is likely to concern a medical history of which the AME should be aware prior to undertaking the assessment.

RXO Specialist ophthalmological examinations

Specialist ophthalmological examinations are required for a significant reason. The limitation may be applied by an AME but should only be removed by the licensing authority.

SECTION 2

Specific requirements for class 1 medical certificates

SECTION 3

Specific requirements for class 2 medical certificates

AMC2 MED.B.010 Cardiovascular system

- (a) Examination
 - Exercise electrocardiography
 - An exercise ECG when required as part of a cardiovascular assessment should be symptom-limited and completed to a minimum of Bruce Stage IV or equivalent.
- (b) General
 - (1) Cardiovascular risk factor assessment
 - An accumulation of risk factors (smoking, family history, lipid abnormalities, hypertension, etc.) requires cardiovascular evaluation.
 - (2) Cardiovascular assessment
 - Reporting of resting and exercise electrocardiograms should be by the AME or an accredited specialist.
- (c) Peripheral arterial disease
 - A fit assessment may be considered for an applicant with peripheral arterial disease, or after surgery for peripheral arterial disease, provided there is no significant functional impairment, any vascular risk factors have been reduced to an appropriate level, the applicant is receiving acceptable secondary prevention treatment, and there is no evidence of myocardial ischaemia.
- (d) Aortic aneurysm
 - (1) Applicants with an aneurysm of the thoracic or abdominal aorta may be assessed as fit, subject to satisfactory cardiological evaluation and regular follow-up.
 - (2) Applicants may be assessed as fit after surgery for a thoracic or abdominal aortic aneurysm subject to satisfactory cardiological evaluation to exclude the presence of coronary artery disease.
- (e) Cardiac valvular abnormalities
 - (1) Applicants with previously unrecognised cardiac murmurs require further cardiological evaluation.
 - (2) Applicants with minor cardiac valvular abnormalities may be assessed as fit.
- (f) Valvular surgery
 - (1) Applicants who have undergone cardiac valve replacement or repair may be assessed as fit if post-operative cardiac function and investigations are satisfactory and no anticoagulants are needed.
 - (2) Where anticoagulation is needed after valvular surgery, a fit assessment with an OSL or OPL limitation may be considered after cardiological review. The review should show that the anticoagulation is stable. Anticoagulation should be considered stable if, within the last 6 months, at least 5 INR values are documented, of which at least 4 are within the INR target range.
- (g) Thromboembolic disorders
 - Arterial or venous thrombosis or pulmonary embolism are disqualifying whilst anticoagulation is being used as treatment. After 6 months of stable anticoagulation as prophylaxis, a fit assessment with an OSL or OPL limitation may be considered after review in consultation with the licensing authority. Anticoagulation should be considered stable if, within the last 6 months, at least 5 INR values are documented, of which at least 4 are within the INR target range. Pulmonary embolus should require full evaluation.
- (h) Other cardiac disorders
 - (1) Applicants with a primary or secondary abnormality of the pericardium, myocardium or endocardium may be assessed as unfit pending satisfactory cardiological evaluation.
 - (2) Applicants with a congenital abnormality of the heart, including those who have undergone surgical correction, may be assessed as fit subject to satisfactory cardiological assessment. Cardiological follow-up may be necessary and should be determined in consultation with the licensing authority.
- (i) Syncope
 - Applicants with a history of recurrent vasovagal syncope may be assessed as fit after a 6-month period without recurrence, provided that cardiological evaluation is satisfactory. Neurological review may be indicated.
- (j) Blood pressure
 - (1) When the blood pressure at examination consistently exceeds 160 mmHg systolic and/or 95 mmHg diastolic, with or without treatment, the applicant should be assessed as unfit.
 - (2) The diagnosis of hypertension requires review of other potential vascular risk factors.
 - (3) Applicants with symptomatic hypotension should be assessed as unfit.
 - (4) Anti-hypertensive treatment should be compatible with flight safety.
 - (5) Following initiation of medication for the control of blood pressure, applicants should be re-assessed to verify that the treatment is compatible with the safe exercise of the privileges of the licence held.
- (k) Coronary artery disease
 - (1) Chest pain of uncertain cause requires full investigation.

- (2) In suspected asymptomatic coronary artery disease cardiological evaluation should show no evidence of myocardial ischaemia or significant coronary artery stenosis.
 - (3) After an ischaemic cardiac event, or revascularisation, applicants without symptoms should have reduced any vascular risk factors to an appropriate level. Medication, when used to control angina pectoris, is not acceptable. All applicants should be on acceptable secondary prevention treatment.
 - (i) A coronary angiogram obtained around the time of, or during, the ischaemic myocardial event and a complete, detailed clinical report of the ischaemic event and of any operative procedures should be available to the AME.
 - (A) There should be no stenosis more than 50 % in any major untreated vessel, in any vein or artery graft or at the site of an angioplasty/stent, except in a vessel subtending a myocardial infarction. More than two stenoses between 30 % and 50 % within the vascular tree should not be acceptable.
 - (B) The whole coronary vascular tree should be assessed as satisfactory and particular attention should be paid to multiple stenoses and/or multiple revascularisations.
 - (C) An untreated stenosis greater than 30 % in the left main or proximal left anterior descending coronary artery should not be acceptable.
 - (ii) At least 6 months from the ischaemic myocardial event, including revascularisation, the following investigations should be completed (equivalent tests may be substituted):
 - (A) an exercise ECG showing neither evidence of myocardial ischaemia nor rhythm disturbance;
 - (B) an echocardiogram showing satisfactory left ventricular function with no important abnormality of wall motion and a satisfactory left ventricular ejection fraction of 50 % or more;
 - (C) in cases of angioplasty/stenting, a myocardial perfusion scan or stress echocardiogram which should show no evidence of reversible myocardial ischaemia. If there is doubt about revascularisation in myocardial infarction or bypass grafting, a perfusion scan should also be required;
 - (D) further investigations, such as a 24-hour ECG, may be necessary to assess the risk of any significant rhythm disturbance.
 - (iii) Periodic follow-up should include cardiological review.
 - (A) After coronary artery bypass grafting, a myocardial perfusion scan (or satisfactory equivalent test) should be performed if there is any indication, and in all cases within five years from the procedure for a fit assessment without a safety pilot limitation.
 - (B) In all cases, coronary angiography should be considered at any time if symptoms, signs or non-invasive tests indicate myocardial ischaemia.
 - (iv) Successful completion of the six month or subsequent review will allow a fit assessment. Applicants may be assessed as fit with a safety pilot limitation having successfully completed only an exercise ECG.
 - (4) Angina pectoris is disqualifying, whether or not it is abolished by medication.
- (l) Rhythm and conduction disturbances
- Any significant rhythm or conduction disturbance should require cardiological evaluation and an appropriate follow-up before a fit assessment may be considered. An OSL or OPL limitation should be considered as appropriate.
- (1) Ablation

A fit assessment may be considered following successful catheter ablation subject to satisfactory cardiological review undertaken at a minimum of 2 months after the ablation.
 - (2) Supraventricular arrhythmias
 - (i) Applicants with significant disturbance of supraventricular rhythm, including sinoatrial dysfunction, whether intermittent or established, may be assessed as fit if cardiological evaluation is satisfactory.
 - (ii) Applicants with atrial fibrillation/flutter may be assessed as fit if cardiological evaluation is satisfactory.
 - (iii) Applicants with asymptomatic sinus pauses up to 2.5 seconds on resting electrocardiography may be assessed as fit if cardiological evaluation is satisfactory.
 - (3) Heart block
 - (i) Applicants with first degree and Mobitz type 1 AV block may be assessed as fit.
 - (ii) Applicants with Mobitz type 2 AV block may be assessed as fit in the absence of distal conducting tissue disease.
 - (4) Complete right bundle branch block

Applicants with complete right bundle branch block may be assessed as fit subject to satisfactory cardiological evaluation.

- (5) Complete left bundle branch block
Applicants with complete left bundle branch block may be assessed as fit subject to satisfactory cardiological assessment.
- (6) Ventricular pre-excitation
Asymptomatic applicants with ventricular pre-excitation may be assessed as fit subject to satisfactory cardiological evaluation.
- (7) Pacemaker
Applicants with a subendocardial pacemaker may be assessed as fit no sooner than 3 months after insertion provided:
 - (i) there is no other disqualifying condition;
 - (ii) a bipolar lead system is used, programmed in bipolar mode without automatic mode change of the device;
 - (iii) the applicant is not pacemaker dependent; and
 - (iv) the applicant has a regular follow-up, including a pacemaker check.

AMC2 MED.B.015 Respiratory system

- (a) Chest radiography
Posterior/anterior chest radiography may be required if indicated on clinical grounds.
- (b) Chronic obstructive airways disease
Applicants with only minor impairment of pulmonary function may be assessed as fit.
- (c) Asthma
Applicants with asthma may be assessed as fit if the asthma is considered stable with satisfactory pulmonary function tests and medication is compatible with flight safety. Systemic steroids should be disqualifying.
- (d) Inflammatory disease
Applicants with active inflammatory disease of the respiratory system should be assessed as unfit pending resolution of the condition.
- (e) Sarcoidosis
 - (1) Applicants with active sarcoidosis should be assessed as unfit. Investigation should be undertaken with respect to the possibility of systemic involvement. A fit assessment may be considered once the disease is inactive.
 - (2) Applicants with cardiac sarcoid should be assessed as unfit.
- (f) Pneumothorax
 - (1) Applicants with spontaneous pneumothorax should be assessed as unfit. A fit assessment may be considered if respiratory evaluation is satisfactory six weeks following full recovery from a single spontaneous pneumothorax or following recovery from surgical intervention in the case of treatment for a recurrent pneumothorax.
 - (2) A fit assessment following full recovery from a traumatic pneumothorax as a result of an accident or injury may be acceptable once full absorption of the pneumothorax is demonstrated.
- (g) Thoracic surgery
Applicants requiring major thoracic surgery should be assessed as unfit until such time as the effects of the operation are no longer likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (h) Sleep apnoea syndrome
Applicants with unsatisfactorily treated sleep apnoea syndrome should be assessed as unfit.

AMC2 MED.B.020 Digestive system

- (a) Oesophageal varices
Applicants with oesophageal varices should be assessed as unfit.
- (b) Pancreatitis
Applicants with pancreatitis should be assessed as unfit pending satisfactory recovery.
- (c) Gallstones
 - (1) Applicants with a single asymptomatic large gallstone or asymptomatic multiple gallstones may be assessed as fit.
 - (2) Applicants with symptomatic single or multiple gallstones should be assessed as unfit. A fit assessment may be considered following gallstone removal.
- (d) Inflammatory bowel disease
Applicants with an established diagnosis or history of chronic inflammatory bowel disease may be assessed as fit provided that the disease is stable and not likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (e) Peptic ulceration
Applicants with peptic ulceration should be assessed as unfit pending full recovery.

- (f) Abdominal surgery
 - (1) Abdominal surgery is disqualifying. A fit assessment may be considered if recovery is complete, the applicant is asymptomatic and there is only a minimal risk of secondary complication or recurrence.
 - (2) Applicants who have undergone a surgical operation on the digestive tract or its adnexa, involving a total or partial excision or a diversion of any of these organs, should be assessed as unfit until such time as the effects of the operation are no longer likely to interfere with the safe exercise of the privileges of the applicable licence(s).

AMC2 MED.B.025 Metabolic and endocrine systems

- (a) Metabolic, nutritional or endocrine dysfunction
Metabolic, nutritional or endocrine dysfunction is disqualifying. A fit assessment may be considered if the condition is asymptomatic, clinically compensated and stable.
- (b) Obesity
Obese applicants may be assessed as fit only if the excess weight is not likely to interfere with the safe exercise of the applicable licence(s).
- (c) Addison's disease
Applicants with Addison's disease may be assessed as fit provided that cortisone is carried and available for use whilst exercising the privileges of the licence.
- (d) Gout
Applicants with acute gout should be assessed as unfit until asymptomatic.
- (e) Thyroid dysfunction
Applicants with thyroid disease may be assessed as fit once a stable euthyroid state is attained.
- (f) Abnormal glucose metabolism
Glycosuria and abnormal blood glucose levels require investigation. A fit assessment may be considered if normal glucose tolerance is demonstrated (low renal threshold) or impaired glucose tolerance is fully controlled by diet and regularly reviewed.
- (g) Diabetes mellitus
Applicants with diabetes mellitus may be assessed as fit. The use of antidiabetic medications that are not likely to cause hypoglycaemia may be acceptable.

AMC2 MED.B.030 Haematology

- (a) Abnormal haemoglobin
Haemoglobin should be tested when clinically indicated.
- (b) Anaemia
Applicants with anaemia demonstrated by a reduced haemoglobin level or low haematocrit may be assessed as fit once the primary cause has been treated and the haemoglobin or haematocrit has stabilised at a satisfactory level.
- (c) Polycythaemia
Applicants with polycythaemia may be assessed as fit if the condition is stable and no associated pathology is demonstrated.
- (d) Haemoglobinopathy
Applicants with a haemoglobinopathy may be assessed as fit if minor thalassaemia or other haemoglobinopathy is diagnosed without a history of crises and where full functional capability is demonstrated.
- (e) Coagulation and haemorrhagic disorders
Applicants with a coagulation or haemorrhagic disorder may be assessed as fit if there is no likelihood of significant bleeding.
- (f) Thrombo-embolic disorders
Applicants with a thrombotic disorder may be assessed as fit if there is no likelihood of significant clotting episodes.
- (g) Disorders of the lymphatic system
Applicants with significant enlargement of the lymphatic glands or haematological disease may be assessed as fit if the condition is unlikely to interfere with the safe exercise of the privileges of the applicable licence(s). Applicants may be assessed as fit in cases of acute infectious process which is fully recovered or Hodgkin's lymphoma or other lymphoid malignancy which has been treated and is in full remission.
- (h) Leukaemia
 - (1) Applicants with acute leukaemia may be assessed as fit once in established remission.
 - (2) Applicants with chronic leukaemia may be assessed as fit after a period of demonstrated stability.
 - (3) In cases (1) and (2) above there should be no history of central nervous system involvement and no continuing side effects from treatment of flight safety importance. Haemoglobin and platelet levels should be satisfactory. Regular follow-up is required.

- (i) Splenomegaly
Applicants with splenomegaly may be assessed as fit if the enlargement is minimal, stable and no associated pathology is demonstrated, or if the enlargement is minimal and associated with another acceptable condition.

AMC2 MED.B.035 Genitourinary system

- (a) Renal disease
Applicants presenting with renal disease may be assessed as fit if blood pressure is satisfactory and renal function is acceptable. The requirement for dialysis is disqualifying.
- (b) Urinary calculi
- (1) Applicants presenting with one or more urinary calculi should be assessed as unfit.
 - (2) Applicants with an asymptomatic calculus or a history of renal colic require investigation.
 - (3) While awaiting assessment or treatment, a fit assessment with a safety pilot limitation may be considered.
 - (4) After successful treatment the applicant may be assessed as fit.
 - (5) Applicants with parenchymal residual calculi may be assessed as fit.
- (c) Renal/urological surgery
- (1) Applicants who have undergone a major surgical operation on the urinary tract or the urinary apparatus involving a total or partial excision or a diversion of any of its organs should be assessed as unfit until such time as the effects of the operation are no longer likely to cause incapacity in flight. After other urological surgery, a fit assessment may be considered if the applicant is completely asymptomatic, there is minimal risk of secondary complication or recurrence presenting with renal disease, if blood pressure is satisfactory and renal function is acceptable. The requirement for dialysis is disqualifying.
 - (2) An applicant with compensated nephrectomy without hypertension or uraemia may be assessed as fit.
 - (3) Applicants who have undergone renal transplantation may be considered for a fit assessment if it is fully compensated and with only minimal immuno-suppressive therapy.
 - (4) Applicants who have undergone total cystectomy may be considered for a fit assessment if there is satisfactory urinary function, no infection and no recurrence of primary pathology.

AMC2 MED.B.040 Infectious diseases

- (a) Tuberculosis
Applicants with active tuberculosis should be assessed as unfit until completion of therapy.
- (b) HIV infection
A fit assessment may be considered for HIV positive individuals with stable, non-progressive disease if full investigation provides no evidence of HIV-associated diseases that might give rise to incapacitating symptoms.

AMC2 MED.B.045 Obstetrics and gynaecology

- (a) Gynaecological surgery
An applicant who has undergone a major gynaecological operation should be assessed as unfit until such time as the effects of the operation are not likely to interfere with the safe exercise of the privileges of the licence(s).
- (b) Pregnancy
- (1) A pregnant licence holder may be assessed as fit during the first 26 weeks of gestation following satisfactory obstetric evaluation.
 - (2) Licence privileges may be resumed upon satisfactory confirmation of full recovery following confinement or termination of pregnancy.

AMC2 MED.B.050 Musculoskeletal system

- (a) An applicant with any significant sequela from disease, injury or congenital abnormality affecting the bones, joints, muscles or tendons with or without surgery should require full evaluation prior to fit assessment.
- (b) In cases of limb deficiency, a fit assessment may be considered following a satisfactory medical flight test.
- (c) An applicant with inflammatory, infiltrative, traumatic or degenerative disease of the musculoskeletal system may be assessed as fit, provided the condition is in remission and the applicant is taking no disqualifying medication and has satisfactorily completed a medical flight test. A limitation to specified aircraft type(s) may be required.
- (d) Abnormal physique or muscular weakness may require a satisfactory medical flight test. A limitation to specified aircraft type(s) may be required.

AMC2 MED.B.055 Psychiatry

- (a) Psychotic disorder
A history, or the occurrence, of a functional psychotic disorder is disqualifying unless in certain rare cases a cause can be unequivocally identified as one which is transient, has ceased and will not recur.
- (b) Psychotropic substances
Use or abuse of psychotropic substances likely to affect flight safety is disqualifying. If a stable maintenance psychotropic medication is confirmed, a fit assessment with an OSL limitation may be considered.
- (c) Schizophrenia, schizotypal or delusional disorder
An applicant with a history of schizophrenia, schizotypal or delusional disorder may only be considered fit if the original diagnosis was inappropriate or inaccurate as confirmed by psychiatric evaluation or, in the case of a single episode of delirium, provided that the applicant has suffered no permanent impairment.
- (d) Disorders due to alcohol or other substance use
 - (1) Mental or behavioural disorders due to alcohol or other substance use, with or without dependency, are disqualifying. (2) A fit assessment may be considered in consultation with the licensing authority after a period of two years documented sobriety or freedom from substance use. A fit assessment may be considered earlier with an OSL or OPL limitation. Depending on the individual case, treatment and review may include:
 - (i) in-patient treatment of some weeks followed by:
 - (A) review by a psychiatric specialist; and
 - (B) ongoing review, including blood testing and peer reports, which may be required indefinitely.

AMC2 MED.B.060 Psychology

Applicants with a psychological disorder may need to be referred for psychological or neuropsychiatric opinion and advice.

AMC2 MED.B.065 Neurology

- (a) Epilepsy
An applicant may be assessed as fit if:
 - (1) there is a history of a single afebrile epileptiform seizure, considered to have a very low risk of recurrence;
 - (2) there has been no recurrence after at least 10 years off treatment;
 - (3) there is no evidence of continuing predisposition to epilepsy.
- (b) Conditions with a high propensity for cerebral dysfunction
An applicant with a condition with a high propensity for cerebral dysfunction should be assessed as unfit. A fit assessment may be considered after full evaluation.
- (c) Neurological disease
Any stationary or progressive disease of the nervous system which has caused or is likely to cause a significant disability is disqualifying. In case of minor functional loss associated with stationary disease, a fit assessment may be considered after full evaluation.
- (d) Head injury
An applicant with a head injury which was severe enough to cause loss of consciousness or is associated with penetrating brain injury may be assessed as fit if there has been a full recovery and the risk of epilepsy is sufficiently low.

AMC2 MED.B.070 Visual system

- (a) Eye examination
 - (1) At each aero-medical revalidation examination an assessment of the visual fitness of the licence holder should be undertaken and the eyes should be examined with regard to possible pathology. Conditions which indicate further ophthalmological examination include, but are not limited to, a substantial decrease in the uncorrected visual acuity, any decrease in best corrected visual acuity and/or the occurrence of eye disease, eye injury, or eye surgery.
 - (2) At the initial assessment, the examination should include:
 - (i) history;
 - (ii) visual acuities - near, intermediate and distant vision (uncorrected and with best optical correction if needed);
 - (iii) examination of the external eye, anatomy, media and funduscopy;
 - (iv) ocular motility;
 - (v) binocular vision;
 - (vi) colour vision and visual fields;
 - (vii) further examination on clinical indication.

- (3) At the initial assessment the applicant should submit a copy of the recent spectacle prescription if visual correction is required to meet the visual requirements.
- (b) Routine eye examination
A routine eye examination should include:
 - (1) history;
 - (2) visual acuities - near, intermediate and distant vision (uncorrected and with best optical correction if needed);
 - (3) examination of the external eye, anatomy, media and funduscopy;
 - (4) further examination on clinical indication.
- (c) Visual acuity
In an applicant with amblyopia, the visual acuity of the amblyopic eye should be 6/18 (0,3) or better. The applicant may be assessed as fit, provided the visual acuity in the other eye is 6/6 (1,0) or better, with or without correction, and no significant pathology can be demonstrated.
- (d) Substandard vision
 - (1) Reduced stereopsis, abnormal convergence not interfering with near vision and ocular misalignment where the fusional reserves are sufficient to prevent asthenopia and diplopia may be acceptable.
 - (2) An applicant with substandard vision in one eye may be assessed as fit subject to a satisfactory flight test if the better eye:
 - (i) achieves distant visual acuity of 6/6 (1,0), corrected or uncorrected;
 - (ii) achieves intermediate visual acuity of N14 and N5 for near;
 - (iii) has no significant pathology.
 - (3) An applicant with a visual field defect may be considered as fit if the binocular visual field is normal and the underlying pathology is acceptable.
- (e) Eye surgery
 - (1) The assessment after eye surgery should include an ophthalmological examination.
 - (2) After refractive surgery a fit assessment may be considered provided that there is stability of refraction, there are no postoperative complications and no increase in glare sensitivity.
 - (3) After cataract, retinal or glaucoma surgery a fit assessment may be considered once recovery is complete.
- (f) Correcting lenses
Correcting lenses should permit the licence holder to meet the visual requirements at all distances.

AMC2 MED B.075 Colour vision

- (a) The Ishihara test (24 plate version) is considered passed if the first 15 plates, presented in a random order, are identified without error.
- (b) Those failing the Ishihara test should be examined either by:
 - (1) anomaloscopy (Nagel or equivalent). This test is considered passed if the colour match is trichromatic and the matching range is 4 scale units or less; or by
 - (2) lantern testing with a Spectrolux, Beynes or Holmes-Wright lantern. This test is considered passed if the applicant passes without error a test with accepted lanterns.
- (c) Colour vision should be tested on clinical indication at revalidation or renewal examinations.

AMC2 MED.B.080 Otorhino-laryngology

- (a) Hearing
 - (1) 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.
 - (2) An applicant with hypoacusis may be assessed as fit if a speech discrimination test or functional cockpit hearing test demonstrates satisfactory hearing ability. An applicant for an instrument rating with hypoacusis should be assessed in consultation with the licensing authority.
 - (3) If the hearing requirements can be met only with the use of hearing aids, the hearing aids should provide optimal hearing function, be well tolerated and suitable for aviation purposes.
- (b) Examination
An ear, nose and throat (ENT) examination should form part of all initial, revalidation and renewal examinations.
- (c) Ear conditions
 - (1) An applicant with an active pathological process, acute or chronic, of the internal or middle ear should be assessed as unfit until the condition has stabilised or there has been a full recovery.
 - (2) An applicant with an unhealed perforation or dysfunction of the tympanic membranes should be assessed as unfit. An applicant with a single dry perforation of non-infectious origin which does not interfere with the normal function of the ear may be considered for a fit assessment.
- (d) Vestibular disturbance
An applicant with disturbance of vestibular function should be assessed as unfit pending full recovery.

- (e) Sinus dysfunction
An applicant with any dysfunction of the sinuses should be assessed as unfit pending full recovery.
- (f) Oral/upper respiratory tract infections
A significant acute or chronic infection of the oral cavity or upper respiratory tract is disqualifying until full recovery.
- (g) Speech disorder
A significant disorder of speech or voice should be disqualifying.
- (h) Air passage restrictions
An applicant with significant restriction of the nasal air passage on either side, or significant malformation of the oral cavity or upper respiratory tract may be assessed as fit if ENT evaluation is satisfactory.
- (i) Eustachian tube function
An applicant with significant dysfunction of the Eustachian tubes may be assessed as fit in consultation with the licensing authority.

AMC2 MED.B.085 Dermatology

In cases where a dermatological condition is associated with a systemic illness, full consideration should be given to the underlying illness before a fit assessment can be considered.

AMC MED.B.090 Oncology

- (a) Applicants may be considered for a fit assessment after treatment for malignant disease if:
 - (1) there is no evidence of residual malignant disease after treatment;
 - (2) time appropriate to the type of tumour has elapsed since the end of treatment;
 - (3) the risk of in-flight incapacitation from a recurrence or metastasis is sufficiently low;
 - (4) there is no evidence of short or long-term sequelae from treatment that may adversely affect flight safety;
 - (5) special attention is paid to applicants who have received anthracycline chemotherapy;
 - (6) arrangements for an oncological follow-up have been made for an appropriate period of time.
- (b) Applicants with pre-malignant conditions of the skin may be assessed as fit if treated or excised as necessary and there is a regular follow-up.

SECTION 4 Specific requirements for LAPL medical certificates

AMC1 MED.B.095 Medical examination and/or assessment of applicants for LAPL medical certificates

When a specialist evaluation is required under this section, the aero-medical assessment of the applicant should be performed by an AeMC, an AME or, in the case of AMC 5(d), by the licensing authority.

AMC2 MED.B.095 Cardiovascular system

- (a) Examination
Pulse and blood pressure should be recorded at each examination.
- (b) General
 - (1) Cardiovascular risk factor assessment
An accumulation of risk factors (smoking, family history, lipid abnormalities, hypertension, etc.) requires cardiovascular evaluation.
 - (2) Aortic aneurysm
Applicants with an aortic aneurysm may be assessed as fit subject to satisfactory cardiological evaluation and a regular follow-up.
 - (3) Cardiac valvular abnormalities
Applicants with a cardiac murmur may be assessed as fit if the murmur is assessed as being of no pathological significance.
 - (4) Valvular surgery
After cardiac valve replacement or repair a fit assessment may be considered if post-operative cardiac function and investigations are satisfactory. Anticoagulation, if needed, should be stable.
 - (5) Other cardiac disorders:
 - (i) Applicants with other cardiac disorders may be assessed as fit subject to satisfactory cardiological assessment.
 - (ii) Applicants with symptomatic hypertrophic cardiomyopathy should be assessed as unfit.
- (c) Blood pressure

- (1) When the blood pressure consistently exceeds 160 mmHg systolic and/or 95 mmHg diastolic, with or without treatment, the applicant should be assessed as unfit.
 - (2) The initiation of medication for the control of blood pressure should require a period of temporary suspension of the medical certificate to establish the absence of significant side effects.
- (d) Coronary artery disease
- (1) Applicants with suspected myocardial ischaemia should be investigated before a fit assessment can be considered.
 - (2) Applicants with angina pectoris requiring medication for cardiac symptoms should be assessed as unfit.
 - (3) After an ischaemic cardiac event, including myocardial infarction or revascularisation, applicants without symptoms should have reduced any vascular risk factors to an appropriate level. Medication, when used to control cardiac symptoms, is not acceptable. All applicants should be on acceptable secondary prevention treatment.
 - (4) In cases under (1), (2) and (3) above, applicants who have had a satisfactory cardiological evaluation to include an exercise test or equivalent that is negative for ischaemia may be assessed as fit.
- (e) Rhythm and conduction disturbances
- (1) Applicants with a significant disturbance of cardiac rhythm or conduction should be assessed as unfit unless a cardiological evaluation concludes that the disturbance is not likely to interfere with the safe exercise of the privileges of the LAPL.
 - (2) Pre-excitation
Applicants with ventricular pre-excitation may be assessed as fit subject to satisfactory cardiological evaluation. Applicants with ventricular pre-excitation associated with a significant arrhythmia should be assessed as unfit.
 - (3) Pacemaker
A fit assessment may be considered subject to satisfactory cardiological evaluation.

AMC3 MED.B.095 Respiratory system

- (a) Asthma and chronic obstructive airways disease
Applicants with asthma or minor impairment of pulmonary function may be assessed as fit if the condition is considered stable with satisfactory pulmonary function and medication is compatible with flight safety. Systemic steroids may be disqualifying depending on dosage needed and corresponding side effects.
- (b) Sarcoidosis
- (1) Applicants with active sarcoidosis should be assessed as unfit. Investigation should be undertaken with respect to the possibility of systemic involvement. A fit assessment may be considered once the disease is inactive.
 - (2) Applicants with cardiac sarcoidosis should be assessed as unfit.
- (c) Pneumothorax
- (1) Applicants with spontaneous pneumothorax may be assessed as fit subject to satisfactory respiratory evaluation following full recovery from a single spontaneous pneumothorax or following recovery from surgical treatment for a recurrent pneumothorax.
 - (2) Applicants with traumatic pneumothorax may be assessed as fit following full recovery.
- (d) Thoracic surgery
Applicants who have undergone major thoracic surgery may be assessed as fit following full recovery.
- (e) Sleep apnoea syndrome/sleep disorder
Applicants with unsatisfactorily treated sleep apnoea syndrome should be assessed as unfit.

AMC4 MED.B.095 Digestive system

- (a) Gallstones
Applicants with symptomatic gallstones should be assessed as unfit. A fit assessment may be considered following gallstone removal.
- (b) Inflammatory bowel disease
Applicants with an established diagnosis or history of chronic inflammatory bowel disease may be assessed as fit provided that the disease is stable and not likely to interfere with the safe exercise of the privileges of the licence.
- (c) Abdominal surgery
Applicants who have undergone a surgical operation on the digestive tract or its adnexae may be assessed as fit provided recovery is complete, they are asymptomatic and there is only a minimal risk of secondary complication or recurrence.
- (d) Pancreatitis
Applicants with pancreatitis may be assessed as fit after satisfactory recovery.

AMC5 MED.B.095 Metabolic and endocrine systems

- (a) Metabolic, nutritional or endocrine dysfunction
Applicants with metabolic, nutritional or endocrine dysfunction may be assessed as fit subject to demonstrated stability of the condition and satisfactory aero-medical evaluation.
- (b) Obesity
Obese applicants may be assessed as fit if the excess weight is not likely to interfere with the safe exercise of the licence.
- (c) Thyroid dysfunction
Applicants with thyroid disease may be assessed as fit once a stable euthyroid state is attained.
- (d) Diabetes mellitus
- (1) The use of antidiabetic medications that are not likely to cause hypoglycaemia should be acceptable for a fit assessment.
 - (2) Applicants with diabetes mellitus Type 1 should be assessed as unfit.
 - (3) Applicants with diabetes mellitus Type 2 treated with insulin may be assessed as fit with limitations for revalidation if blood sugar control has been achieved and the process under (e) and (f) below is followed. An OSL limitation is required. A TML limitation for 12 months may be needed to ensure compliance with the follow-up requirements below. Licence privileges should be restricted to aeroplanes and sailplanes only.
- (e) Aero-medical assessment by, or under the guidance of, the licensing authority:
- (1) A diabetology review at yearly intervals, including:
 - (i) symptom review;
 - (ii) review of data logging of blood sugar;
 - (iii) cardiovascular status. Exercise ECG at age 40, at 5-yearly intervals thereafter and on clinical indication, including an accumulation of risk factors;
 - (iv) nephropathy/ nephropathy status.
 - (2) Ophthalmological review at yearly intervals, including:
 - (i) visual fields Humphrey-perimeter;
 - (ii) retinas full dilatation slit lamp and documentation;
 - (ii) cataract clinical screening.The development of retinopathy requires a full ophthalmological review.
 - (3) Blood testing at 6-monthly intervals:
 - (i) HbA1c; target is 7,5–8,5 %;
 - (ii) renal profile;
 - (iii) liver profile;
 - (iv) lipid profile.
 - (4) Applicants should be assessed as temporarily unfit after:
 - (i) changes of medication/insulin leading to a change to the testing regime until stable blood sugar control can be demonstrated;
 - (ii) a single unexplained episode of severe hypoglycaemia until stable blood sugar control can be demonstrated.
 - (5) Applicants should be assessed as unfit in the following cases:
 - (i) loss of hypoglycaemia awareness;
 - (ii) development of retinopathy with any visual field loss;
 - (iii) significant nephropathy;
 - (iv) any other complication of the disease where flight safety may be jeopardised.
- (f) Pilot responsibility
Blood sugar testing is carried out during non-operational and operational periods. A whole blood glucose measuring device with memory should be carried and used. Equipment for continuous glucose monitoring (CGMS) should not be used. Pilots should prove to the AME or AeMC or licensing authority that testing has been performed as indicated below and with which results.
- (1) Testing during non-operational periods: normally 3–4 times/day or as recommended by the treating physician, and on any awareness of hypoglycaemia.
 - (2) Testing frequency during operational periods:
 - (i) 120 minutes before departure;
 - (ii) <30 minutes before departure;
 - (iii) 60 minutes during flight;
 - (iv) 30 minutes before landing.
 - (3) Actions following glucose testing:
 - (i) 120 minutes before departure: if the test result is >15 mmol/l, piloting should not be commenced.
 - (ii) 10–15g of carbohydrate should be ingested and a re-test performed within 30 minutes if:
 - (A) any test result is <4,5 mmol/l;
 - (B) the pre-landing test measurement is missed or a subsequent go-around/diversion is performed.

GM1 MED.B.095 Diabetes mellitus Type 2 treated with insulin

- (a) Pilots and their treating physician should be aware that if the HbA1c target level was set to normal (non-diabetic) levels, this will significantly increase the chance of hypoglycaemia. For safety reasons the target level of HbA1c is therefore set to 7,5–8,5 % even though there is evidence that lower HbA1c levels are correlated with fewer diabetic complications.
- (b) The safety pilot should be briefed pre-flight on the potential condition of the pilot. The results of blood sugar testing before and during flight should be shared with the safety pilot for the acceptability of the values obtained.

AMC6 MED.B.095 Haematology

Applicants with a haematological condition, such as:

- (a) abnormal haemoglobin including, but not limited to, anaemia, polycythaemia or haemoglobinopathy;
- (b) coagulation, haemorrhagic or thrombotic disorder;
- (c) significant lymphatic enlargement;
- (d) acute or chronic leukaemia;
- (e) enlargement of the spleen

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

AMC7 MED.B.095 Genitourinary system

- (a) Applicants with a genitourinary disorder, such as:
 - (1) renal disease; or
 - (2) one or more urinary calculi, or a history of renal colicmay be assessed as fit subject to satisfactory renal/urological evaluation.
- (b) Applicants who have undergone a major surgical operation in the urinary apparatus may be assessed as fit following full recovery.

AMC8 MED.B.095 Infectious disease

HIV infection: applicants who are HIV positive may be assessed as fit if investigation provides no evidence of clinical disease.

AMC9 MED.B.095 Obstetrics and gynaecology

- (a) Pregnancy
Holders of a LAPL medical certificate should only exercise the privileges of their licences until the 26th week of gestation under routine antenatal care.
- (b) Applicants who have undergone a major gynaecological operation may be assessed as fit after full recovery.

AMC10 MED.B.095 Musculoskeletal system

Applicants should have satisfactory functional use of the musculoskeletal system to enable the safe exercise of the privileges of the licence.

AMC11 MED.B.095 Psychiatry

- (a) Applicants with a mental or behavioural disorder due to alcohol or other substance use should be assessed as unfit pending recovery and freedom from substance use and subject to satisfactory psychiatric evaluation after treatment.
- (b) Applicants with an established history or clinical diagnosis of schizophrenia, schizotypal or delusional disorder should be assessed as unfit.
- (c) Psychotropic substances
Use or abuse of psychotropic substances likely to affect flight safety should be disqualifying. If a stable maintenance psychotropic medication is confirmed, a fit assessment with an appropriate limitation may be considered.
- (d) Applicants with a psychiatric condition, such as:
 - (1) mood disorder;
 - (2) neurotic disorder;
 - (3) personality disorder;
 - (4) mental or behavioural disordershould undergo satisfactory psychiatric evaluation before a fit assessment may be considered.
- (e) Applicants with a history of significant or repeated acts of deliberate self-harm should undergo satisfactory psychiatric and/or psychological evaluation before a fit assessment can be considered.

AMC12 MED.B.095 Psychology

Applicants with a psychological disorder may need to be referred for psychological opinion and advice.

AMC13 MED.B.095 Neurology

(a) Epilepsy and seizures

- (1) Applicants with an established diagnosis of and under treatment for epilepsy should be assessed as unfit. A re-assessment after all treatment has been stopped for at least 5 years should include a neurological evaluation.
- (2) Applicants may be assessed as fit if:
 - (i) there is a history of a single afebrile epileptiform seizure considered to have a very low risk of recurrence; and
 - (ii) there has been no recurrence after at least 5 years off treatment; or
 - (iii) a cause has been identified and treated and there is no evidence of continuing predisposition to epilepsy.

(b) Neurological disease

- (1) Applicants with any stationary or progressive disease of the nervous system which has caused or is likely to cause a significant disability should be assessed as unfit. The AME or AeMC should assess these applicants taking into account the privileges of the licence held and the risk involved. An OPL limitation may be appropriate if a fit assessment is made.
- (2) In case of minor functional loss associated with stationary disease, a fit assessment may be considered after full evaluation.

(c) Head injury

Applicants with a head injury which was severe enough to cause loss of consciousness or is associated with penetrating brain injury may be assessed as fit if there has been a full recovery and the risk of epilepsy is sufficiently low.

(d) Spinal or peripheral nerve injury

Applicants with a history or diagnosis of spinal or peripheral nerve injury may be assessed as fit if neurological review and musculoskeletal assessments are satisfactory.

AMC14 MED.B.095 Visual system

(a) Applicants should 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) Eye examination

The examination should include visual acuities (near, intermediate and distant vision) and visual field.

(c) Visual acuity

- (1) Visual acuity with or without corrective lenses should be 6/9 (0,7) binocularly and 6/12 (0,5) in each eye.
- (2) Applicants who do not meet the required visual acuity should be assessed by an AME or AeMC, taking into account the privileges of the licence held and the risk involved.
- (3) Applicants should be able to read an N5 chart (or equivalent) at 30–50cms and an N14 chart (or equivalent) at 100cms, with correction if prescribed.

(c) Substandard vision

Applicants with substandard vision in one eye may be assessed as fit if the better eye:

- (1) achieves distant visual acuity of 6/6 (1,0), corrected or uncorrected;
- (2) achieves distant visual acuity less than 6/6 (1,0) but not less than 6/9 (0,7), after ophthalmological evaluation.

(d) Visual field defects

Applicants with a visual field defect may be assessed as fit if the binocular visual field or monocular visual field is normal.

(e) Eye surgery

- (1) After refractive surgery, a fit assessment may be considered, provided that there is stability of refraction, there are no post-operative complications and no significant increase in glare sensitivity.
- (2) After cataract, retinal or glaucoma surgery a fit assessment may be considered once recovery is complete.

(f) Correcting lenses

Correcting lenses should permit the licence holder to meet the visual requirements at all distances.

AMC15 MED.B.095 Colour vision

Applicants for a night rating should correctly identify 9 of the first 15 plates of the 24-plate edition of Ishihara pseudoisochromatic plates or should be colour safe.

AMC16 MED.B.095 Otorhino-laryngology

(a) Hearing

- (1) Applicants should understand correctly conversational speech when tested at a distance of 2 metres from and with the applicant's back turned towards the examiner.
 - (2) Applicants with hypoacusis should demonstrate satisfactory functional hearing ability.
- (b) Ear conditions
- Applicants for a LAPL 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; or
 - (7) significant disorder of speech or voice
- should undergo further medical examination and assessment to establish that the condition does not interfere with the safe exercise of the privileges of the licence.

SUBPART C
Requirements for medical fitness of cabin crew

SUBPART D

Aero-medical examiners (AMEs)

AMC1 MED.D.010 Requirements for the issue of an AME certificate

- (a) Basic training course for AMEs
The basic training course for AMEs should consist of 60 hours theoretical and practical training, including specific examination techniques.
- (b) The syllabus for the basic training course should cover at least the following subjects:
- Introduction to aviation medicine;
 - Physics of atmosphere and space;
 - Basic aeronautical knowledge;
 - Aviation physiology;
 - Ophthalmology, including demonstration and practical;
 - Otorhinolaryngology, including demonstration and practical;
 - Cardiology and general medicine;
 - Neurology;
 - Psychiatry in aviation medicine;
 - Psychology;
 - Dentistry;
 - Accidents, escape and survival;
 - Legislation, rules and regulations;
 - Air evacuation, including demonstration and practical;
 - Medication and flying.

AMC1 MED.D.015 Requirements for the extension of privileges

- (a) Advanced training course for AMEs
The advanced training course for AMEs should consist of another 60 hours of theoretical and practical training, including specific examination techniques.
- (b) The syllabus for the advanced training course should cover at least the following subjects:
- Pilot working environment;
 - Aerospace physiology, including demonstration and practical;
 - Ophthalmology, including demonstration and practical;
 - Otorhinolaryngology, including demonstration and practical;
 - Cardiology and general medicine, including demonstration and practical;
 - Neurology/psychiatry, including demonstration and practical;
 - Human factors in aviation, including demonstration and practical;
 - Tropical medicine;
 - Hygiene, including demonstration and practical;
 - Space medicine.
- (c) Practical training in an AeMC should be under the guidance and supervision of the head of the AeMC.
- (d) After the successful completion of the practical training, a report of demonstrated competency should be issued.

GM1 MED.D.030 Refresher training in aviation medicine

- (a) During the period of authorisation, an AME should attend 20 hours of refresher training.
- (b) A proportionate number of refresher training hours should be provided by, or conducted under the direct supervision of the competent authority or the Medical Assessor.
- (c) Attendance at scientific meetings, congresses and flight deck experience may be approved by the competent authority for a specified number of hours against the training obligations of the AME.
- (d) Scientific meetings that should be accredited by the competent authority are:
- (1) International Academy of Aviation and Space Medicine Annual Congresses;
 - (2) Aerospace Medical Association Annual Scientific Meetings; and
 - (3) other scientific meetings, as organised or approved by the Medical Assessor.
- (e) Other refresher training may consist of:
- (1) flight deck experience;
 - (2) jump seat experience;
 - (3) simulator experience; and
 - (4) aircraft piloting.