



# **CIVIL AVIATION PUBLICATION**

## **CAP 19**

### **AUTHORISED MEDICAL EXAMINERS**

**INDEX**

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## CAP 19

## AUTHORISED MEDICAL EXAMINERS

## INDEX

Section	Title	Page No.
1.	<b>Introduction</b> .....	1
1.1	Purpose .....	1
1.2	References .....	1
1.3	Requirements for a Medical Certificate .....	1
1.4	Aeromedical Centres (AMCs) .....	1
<b>2.</b>	<b>Requirements for Designation as AME</b> .....	<b>2</b>
2.1	General.....	2
2.2	Number and Location of AMEs. ....	2
2.3	Access to Documentation .....	2
2.4	Qualifications .....	3
2.5	Training .....	3
<b>3.</b>	<b>Designation Process</b> .....	<b>4</b>
3.1	Application .....	4
3.2	Facility Survey .....	5
3.3	Type of Designation .....	5
3.4	Duration of Designation .....	5
<b>4.</b>	<b>Conditions of Designation</b> .....	<b>6</b>
4.1	General .....	6
<b>5.</b>	<b>Applicability of Medical Assessments</b> .....	<b>6</b>
5.1	Medical Classes .....	6
5.2	Medical Validity .....	7
<b>6.</b>	<b>Conduct of Medical Assessments</b> .....	<b>8</b>
6.1	General Requirements for Medical Assessments .....	8
6.2	Applicant's Obligations .....	9
6.3	Confidentiality .....	10
6.4	Conduct of Assessment .....	10
<b>7.</b>	<b>Completion of Medical Report</b> .....	<b>10</b>
7.1	Procedures .....	10
7.2	Submission to CAA .....	11
<b>8.</b>	<b>Medical Certificate</b> .....	<b>11</b>
8.1	Content of Certificate .....	11
8.2	Issuance of Medical Certificate .....	11
<b>9.</b>	<b>Validation Requirements</b> .....	<b>11</b>



9.1	Normal Revalidation .....	12
9.2	Expired Certificates .....	12
9.3	Candidates Turning 40/50/60 Years of Age .....	12
<b>10.</b>	<b>Medical Fitness</b> .....	<b>13</b>
10.1	Failure to Meet Standards.....	13
10.2	Notification of Medical Fitness .....	13
10.3	Incapacity of a Licence Holder .....	14
10.4	Convening a Medical Board .....	14
10.5	Medical Issues Not Requiring Board .....	15
10.6	Limitations.....	15
10.7	Aeromedical Waivers.....	15
<b>11.</b>	<b>Use of Psychoactive Substances</b> .....	<b>16</b>
11.1	Positive Result of Drug Testing .....	16
11.2	Appeal Process for Positive Testing .....	16
<b>12.</b>	<b>Safety Programme</b> .....	<b>16</b>
12.1	General.....	16
12.2	AME Participation.....	17
<b>Appendix 1</b>	<b>Summary of Class 1 &amp; Class 2 Minimum Periodic Requirements .....</b>	<b>APP 1-1</b>



## **1. INTRODUCTION**

### **1.1 Purpose**

These procedures have been prepared for all Authorised Medical Examiners (AMEs) who have accepted the position as medical examiners for the CAA. These Procedures are to be used as a guide for the interpretation and application of the CAR MED in the assessment of the medical fitness of applicants for civilian flight crew and cabin crew medical certificates.

### **1.2 References**

The following documents contain further references to the requirements and procedures for authorised medical examiners:

- (a) CAR LIC
- (b) ICAO. Doc 8984 Manual of Civil Aviation Medicine
- (c) CAP 16 - Personnel Licensing

### **1.3 Requirements for a Medical Certificate**

All flight crew members are required to hold a valid licence. In order to apply for or to exercise the privileges of a licence, the applicant or the holder shall hold a medical certificate issued in accordance with the provisions of CAR MED and appropriate to the privileges of the licence.

Student pilots do not require a licence and a Class 2 medical certificate is sufficient to fly solo under the supervision of an instructor.

A cabin crew member does not require a licence but must undergo an aero-medical assessment before being first assigned to duties on an aircraft, and after that at intervals of maximum 60 months.

The Medical Certificate can only be issued by an Authorised Medical Examiners on behalf of the CAA whereas an aero-medical assessment can be issued by an occupational health medical practitioner.

### **1.4 Aeromedical Centres (AMCs)**

Aeromedical centres (AMCs) may be authorised, or re-authorised, at the discretion of the Authority for a period not exceeding 3 years. An AMC shall be:

- (a) within the national boundaries of San Marino and attached to or in liaison with a designated hospital or a medical institute;
- (b) engaged in clinical aviation medicine and related activities;



- (c) headed by an Authorised Medical Examiner (AME), responsible for coordinating assessment results and signing reports and certificates, and shall have on staff physicians with advanced training and experience in aviation medicine;
- (d) equipped with medico-technical facilities for extensive aeromedical examinations.

## **2. REQUIREMENTS FOR DESIGNATION AS AME**

### **2.1 General**

Medical Examiners assume certain responsibilities directly related to the CAA safety programme. They serve in their communities to enforce and ensure aviation safety. They have responsibility to ensure that only those applicants who are physically and mentally able to perform safely may exercise the privileges of CAA licences. To properly discharge the duties associated with these responsibilities, Medical Examiners shall maintain familiarity with general medical knowledge applicable to aviation. They shall have detailed knowledge and understanding of CAA regulations, policies, and procedures related to the medical certification of licence holders. They should also be familiar with the ICAO Annex I, CAR LIC and the ICAO Manual of Civil Aviation Medicine (Doc.8984) or EASA equivalent. Medical Examiners must also possess acceptable equipment and adequate facilities necessary to carry out the prescribed examinations.

The CAA will designate only professionally qualified and appropriately licensed physicians who are interested in promoting aviation safety. Only those physicians who enjoy the fullest respect of their associates and members of the public whom they serve shall be authorised and retained as AMEs.

Physicians wishing to become AMEs must apply to the CAA for designation. A physician, when approved as an AME, shall be restricted to carrying out standard periodic revalidation/renewal assessments and shall report to and be supervised by the CAA.

The CAA will authorise Medical Examiners (AMEs), within its national boundaries, qualified and licensed in the practice of medicine. Physicians, resident outside of San Marino and wishing to become AMEs for the purpose of flight crew licensing, may apply to the Authority. Following appointment the AME shall report to and be supervised by the CAA.

### **2.2 Number and Location of AMEs**

The CAA will determine the number and location of examiners it requires, taking account of the number and geographic distribution of the population of licence holders.

### **2.3 Access to Documentation**

An AME, responsible for coordinating assessment results and signing reports, shall be allowed access to any prior aeromedical documentation held by the CAA and related to such examinations as that AME is to carry out.



## 2.4 Qualifications

For the designation of an AME to perform unrestricted Class 1 and 2 Medical Examinations the following applies.

- (a) The applicant for designation as an AME with authority to perform examinations must be a professionally qualified physician with at least five years of clinical practice out of which three should be in a field of medicine related to the functioning of the Medical Examiner (e.g. General Practice, Internal Medicine etc. but not fields like orthopaedics, sports medicine, gynaecology obstetrics etc.); and
- (b) Qualification in Aerospace or Aviation Medicine; and
- (c) A graduate of a recognised course in Aviation Medicine (see paragraph 2.4 below).
- (d) Of a good standing in his or her community.
- (e) The applicant must possess an unrestricted licence to practice medicine in the geographical area in which the designation is sought, issued either by the Ministry of Health as might be applicable.
- (f) The applicant must be engaged in the practice of medicine at an established office address.
- (g) The applicant's past professional performance and personal conduct shall be suitable for a position of responsibility and trust.
- (h) Special consideration for designation may be given to those physicians who are pilots, who have been Military Flight Surgeons, who have special training or expertise in Aviation Medicine, or who were previously authorised but have relocated to a new geographical area.

## 2.5 Training

- (a) Initial

AMEs shall be qualified and licensed in the practice of medicine and shall have received training in aviation medicine acceptable to the Authority. They should acquire practical knowledge and experience of the conditions in which the holders of licences and ratings carry out their duties.

- (1) Basic training in Aviation Medicine (see CAR MED.D.020 & AMC)
  - (i) Basic training for physicians responsible for the medical selection and surveillance of Class 2 flight crew shall consist of a minimum of 60-hours of lectures including practical work (examination techniques).
  - (ii) A final examination shall conclude the basic training course. A certificate must be awarded to the successful candidate.



- (iii) Possession of a certificate of basic training in Aviation Medicine constitutes no legal right to be approved as an AME.

(2) Advanced training in Aviation Medicine

- (i) Advanced training in Aviation Medicine for physicians responsible for the medical examination and assessment and surveillance of Class 1 flying personnel should consist of minimum of 120-hours of lectures (60 additional hours to basic training) and practical work, training attachments and visits to Aeromedical Centres, Clinics, Research, ATC, Simulator, Airport and industrial facilities.

Training attachments and visits may be spread over three years. Basic training in Aviation Medicine shall be a compulsory entry requirement.

- (ii) A final examination shall conclude this advanced training course in Aviation Medicine and a certificate shall be awarded to the successful candidate.
- (iii) Possession of a certificate of Advanced Training in Aviation Medicine constitutes no legal right to be approved as an AME.

(b) Refresher Training in Aviation Medicine.

During the period of authorisation an AME is required to attend a minimum of 20 hours refresher training acceptable to the Authority. A minimum of 6 hours must be under the direct supervision of the AMS.

Scientific meetings, congresses and flight deck experience may be approved by the AMS for this purpose, for a specified number of hours.

### 3. DESIGNATION PROCESS

#### 3.1 Application

An applicant for the designation of AME shall apply to the CAA with a covering letter expressing the intent to practice as an AME and requesting to be authorised as a CAA authorised AME.

The following supporting documents should accompany the application;

- (a) Medical school certificate.
- (b) Certificate of any postgraduate professional training (e.g., internship, residency, fellowship).
- (c) Current detailed CV with photocopies of supporting documents.
- (d) Certificates of any Aviation Medicine courses.



- (e) If previously authorised as an AME with an Aviation Authority, a photocopy of the certificate.
- (f) In case of military service, the respective documents, any discharge certificate if applicable.
- (g) Licence(s) to practice medicine from Ministry of Health.
- (i) Colour photographs with a blue background, passport size and three in number, front view, without glasses or headwear.

*Note 1: In case of submission of foreign documents they should be either in English or Italian and properly authenticated.*

*Note 2: It is the responsibility of the AME to obtain and submit the required documents in support of his/her designation.*

### **3.2 Facility Survey**

The CAA will arrange a date and time for the facility survey. Once the facility survey is satisfactorily completed the applicant will be informed and arrangements made for the issuance of an authority.

For the approval of the overseas medical facilities the individual or the organization requesting the approval would be required to make all the necessary arrangements for the CAA official conducting the survey. This is usually at no cost to the CAA.

### **3.3 Type of Designation**

Once a physician is approved as an AME he/she might be granted either a temporary or a permanent designation. Both the temporary and permanent designations may either be restricted (for certain classes of medical exams only) or unrestricted (for all classes). Whether an AME is granted a temporary or a permanent designation, or a restricted or unrestricted licence, will be based on the assessment by the Chief Operating Officer. If the candidate is granted a temporary designation this will be for a minimum period of 90 days. During this period the AME will be observed and their work assessed. The status of temporary designation does not imply an automatic progression to a permanent status.

### **3.4 Duration of Designation**

An AME will be authorised for a period not exceeding three years. To maintain proficiency and retain authorisation an AME should complete at least ten aeromedical examinations each year. For re-authorisation the AME shall have completed an adequate number of aeromedical examinations to the satisfaction of the CAA and shall also have undertaken relevant training during the period of authorisation.

Renewal of designation should be made with a covering letter expressing the intent to renew the designation as an AME.



## 4. CONDITIONS OF DESIGNATION

### 4.1 General

Once authorised as an AME, the AME must comply with the following conditions:

(a) Credentials.

The AME must notify the CAA if at any time there is a change in status of Ministry of Health licence to practice medicine.

(b) Professionalism.

Remain informed of the principles of aviation medicine; be thoroughly familiar with instructions as to techniques of examination, medical assessment, and certification of airmen and abide by the policies, rules, and regulations of the CAA.

(c) Examinations.

Personally conduct all medical examinations at an established office address. Paraprofessional medical personnel e.g., nurses, may perform limited parts of the examinations (e.g., measurement of visual acuity, hearing, phorias, blood pressure, and pulse, and conduct of urinalysis and electrocardiography) under the supervision of the AME.

The AME shall conduct the general physical examination, sign the Medical Report, and list his/her CAA designation identification number. In all cases, the AME shall review, certify, and assume responsibility for the accuracy and completeness of the total report of examination. In all cases the examining AME should be the one who issues the medical certificate. In no case an AME can sign for another AME.

(d) Office Address and Telephone Numbers.

AMEs will be listed with each office location and telephone number. The AME is required to promptly advise, in writing, the CAA of any change in office location or telephone numbers. Change in the location of the practice may lead to termination or non-renewal of designation.

The applicant shall have adequate facilities for performing the required examinations and possess or agree to obtain such equipment prior to conducting any medical examinations. In the event of office relocation or change in practice, a designation shall terminate and may be reissued, on request to the office of the CAA. In respect to the relocation, a determination of adequacy of the facilities must be made.

## 5. APPLICABILITY OF MEDICAL ASSESSMENTS

### 5.1 Medical Classes

The classes of Medical Assessment are as follows:



- (a) Class 1 Medical Assessment applies to applicants for, and holders of:
- (1) Commercial pilot licences – aeroplane, airship, helicopter and powered-lift
  - (2) Airline transport pilot licences – aeroplane, helicopter and powered lift
  - (3) Multi-crew Pilot - aeroplane
- (b) Class 2 Medical Assessment applies to applicants for, and holders of:
- (1) Private pilot licences – LAPL, aeroplane, airship, helicopter and powered lift
  - (2) Flight engineer licences;
  - (3) Sailplane pilot licences
  - (4) Free balloon pilot licences
  - (5) Student pilot licences
  - (6) Remote Pilot licences

*Note: Class 3 Medical Assessments for Air Traffic Controller licences are not issued by the CAA.*

## 5.2 Medical Validity

The following validity periods for the different medical classes have been extracted from CAR MED.

Licence Type	Class	Validity
Airline Transport Pilot under 40	1	12 months
Airline Transport Pilot over 40 (single pilot)	1	06 months
Airline Transport Pilot over 40 (two pilot)	1	12 months
Airline Transport Pilot over 60 (two pilot)	1	06 months
Commercial Pilot under 40	1	12 months
Commercial Pilot over 40	1	06 months
Commercial Balloon Pilot under 40	2	60 months
Commercial Balloon Pilot over 40	2	12 months
Flight Engineer under 40	2	60 months
Flight Engineer over 40	2	24 months
Flight Engineer over 50	2	12 months
Private Pilot under 40	2	60 months
Private Pilot over 40	2	24 months
Private Pilot over 50	2	12 months
Sailplane Pilot Licence	2	60 months
Sailplane Pilot over 40 years of age	2	24 months
Sailplane Pilot over 50 years of age	2	12 months
Free Balloon Pilot Licence	2	60 months
Free Balloon Pilot over 40 years of age	2	24 months



Free Balloon Pilot over 50 years of age	2	12 months
Remote Pilot under 40	2	60 months
Remote Pilot over 40	2	24 months
Remote Pilot over 50	2	12 months
Student Pilot	2	24 months

The period of validity of a Medical Assessment begins on the day the medical examination is performed and Medical Certificates are valid until the last day of the month of the validity period.

The period of validity will, for the last month counted, include the day that has the same calendar number as the date of the medical examination or, if that month has no day with that number, the last day of that month.

## 6. CONDUCT OF MEDICAL ASSESSMENTS

### 6.1 General Requirements for Medical Assessments

#### 6.1.1 General

An applicant for a Medical Assessment shall undergo a medical examination based on the following requirements, which are amplified in CAR MED for Class 1 and 2 medical assessments:

- (a) physical and mental;
- (b) visual and colour perception; and
- (c) hearing.

#### 6.1.2 Physical and mental requirements

An applicant for any class of Medical Assessment shall be required to be free from:

- (a) any abnormality, congenital or acquired; or
- (b) any active, latent, acute or chronic disability; or
- (c) any wound, injury or sequelae from operation; or
- (d) any effect or side-effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken; such as would entail a degree of functional incapacity which is likely to interfere with the safe operation of an aircraft or with the safe performance of duties.

#### 6.1.3 Visual acuity test requirements

The methods in use for the measurement of visual acuity are likely to lead to differing evaluations. To achieve uniformity, therefore, the CAA shall ensure that equivalence in the methods of evaluation be obtained in accordance with CAR MED.



#### 6.1.4 Colour perception requirements

- (a) The methods of examination will guarantee reliable testing of colour perception.
- (b) The applicant shall be required to demonstrate the ability to perceive readily those colours the perception of which is necessary for the safe performance of duties.
- (c) The applicant shall be tested for the ability to correctly identify a series of pseudoisochromatic plates in daylight or in artificial light of the same colour temperature such as that provided by CIE standard illuminants C or D65 as specified by the International Commission on Illumination (CIE).
- (d) An applicant obtaining a satisfactory result shall be assessed as fit. An applicant failing to obtain a satisfactory result in such a test shall be assessed as unfit unless able to readily distinguish the colours used in air navigation and correctly identify aviation coloured lights. Applicants who fail to meet these criteria shall be assessed as unfit except for Class 2 assessment with the following restriction: valid daytime only.
- (e) Sunglasses worn during the exercise of the privileges of the licence or rating held should be non-polarizing and of a neutral grey tint.

#### 6.1.5 Hearing test requirements

- (a) The methods of examination will guarantee reliable testing of hearing.
- (b) Applicants shall be required to demonstrate a hearing performance sufficient for the safe exercise of their licence and rating privileges.
- (c) Applicants for Class 1 and Class 2 Medical Assessments shall be tested by pure-tone audiometry at first issue of the Assessment, not less than once every five years up to the age of 40 years, and thereafter not less than once every two years. Alternatively, other methods providing equivalent results may be used.

At medical examinations, where audiometry is not performed, applicants shall be tested in a quiet room by whispered and spoken voice tests.

*Note: Guidance material to assist Medical Examiners is published separately in the ICAO & EASA Manual of Civil Aviation Medicine.*

## 6.2 Applicant's Obligations

The applicant must produce ID with photographic identification, which can be driving licence, passport, individual ID card etc. AMEs must check the identity of all candidates for examination and ensure that the name used on the medical certificate application form is the same as that on the pilot's licence.

Applicants for licences or ratings for which medical fitness is prescribed shall sign and furnish to the medical examiner a declaration stating whether they have previously undergone such an examination and, if so, the date, place and result of the last examination.



They shall indicate to the examiner whether a Medical Assessment has previously been refused, revoked and suspended and, if so, the reason for such refusal, revocation or suspension. The applicant for Medical Assessment shall provide the Medical Examiner with a personally certified statement of medical facts concerning personal, familiar and hereditary matters.

The applicant shall be made aware of the necessity for giving a statement that is as complete and accurate as the applicant's knowledge permits, and any false declaration shall be dealt with in accordance with the Civil Aviation Law (Law Reform).

The holder of a medical certificate shall present it to the AME at the time of the revalidation or renewal of that certificate.

### **6.3 Confidentiality**

All information obtained by the AME (including non-medical details such as name and address) must be regarded as confidential. All medical reports and records are securely held with accessibility restricted to authorised personnel.

### **6.4 Conduct of Assessment**

AMEs should conduct the medical assessment in accordance with the instructions in CAR MED.

AMEs should complete the medical examination even if they find, during the course of the examination, that the applicant has a condition that may be disqualifying. The AME should inform the applicant of the outcome at the end. The AME can then either defer a decision pending the receipt of further reports or issue a denial certificate.

AMEs should remember to ask all holders of PPLs if they have an Instrument rating as they will need regular audiometry in accordance with Class 1 frequency.

*Note: Refer to Appendix 1 for summary of Class 1 & Class 2 minimum periodic requirements.*

## **7. COMPLETION OF MEDICAL REPORT**

### **7.1 Procedures**

The AME will use only one Medical Report Form for all classes of medical assessments, for both initial issue and renewal examinations. Having completed the medical examination of the applicant shall coordinate the results of the examination and submit a signed report detailing the results of the examination and evaluating the findings with regard to medical fitness.

If the medical examination is carried out by two or more medical examiners, the appointed medical assessor shall be responsible for coordinating the results of the examination, evaluating the findings with regard to medical fitness, and signing the report.

Any false declaration to a medical examiner made by an applicant for a licence or rating shall be reported to the CAA of the issuing State for such action as may be considered appropriate.



## 7.2 Submission to CAA

The AME must complete all forms as soon as possible and certainly within 5 days and forward them to the CAA. If a medical certificate has been denied or decision referred, documentation must be forwarded immediately by post and preferably also by email.

The medical examiner shall be required to submit sufficient medical information to the CAA to enable the CAA to audit Medical Assessments. The CAA shall assess and review the medical reports submitted by an AME and advise comments, if any, to the AME. If no comments are advised within 60 days, the report shall be deemed to be approved.

## 8. MEDICAL CERTIFICATE

### 8.1 Content of Certificate

The medical certificate shall contain the following information:

- (1) Reference number (as designated by the Authority)
- (2) Class of certificate
- (3) Full name
- (4) Date of birth
- (5) Expiry date of the medical certificate
- (6) Date of medical examination
- (7) Due date of next electrocardiography
- (8) Due date of next audiometry
- (9) Limitations, conditions and/or variations
- (10) AME name, number and signature

### 8.2 Issuance of Medical Certificate

The AME may issue the Medical Certificate directly to the applicant, if the appropriate standard is met. On completion of the examination, whether leading to the issue or denial of a Medical Certificate, the AME must forward the original form to the CAA and must retain a copy of the form, for a minimum of eight years, for future reference.

## 9. VALIDATION REQUIREMENTS

The period of validity of a Medical Assessment shall begin on the day the medical examination is performed. AMEs should take great care to issue certificates with correct expiry dates.



### 9.1 Normal Revalidation

- (a) If the medical revalidation is taken up to 45 days prior to the expiry date, the expiry of the new certificate is calculated by adding the period, as applicable to the expiry date of the previous medical certificate.
- (b) A medical certificate revalidated prior to its expiry becomes invalid once a new certificate has been issued.
- (c) Renewal. If the medical examination is not taken within the 45 day period referred to above, the expiry date will be with effect from the date of the next general medical examination.
- (d) Requirements for revalidation or renewal. The requirements to be met for the revalidation or renewal of medical certificates are the same as those for the initial issue of the certificate, except where specifically stated otherwise.
- (e) Reduction in the period of validity. The period of validity of a medical certificate may be reduced by an AME in consultation with the AMS when clinically indicated.

### 9.2 Expired Certificates

- (a) If a licence holder allows his Medical Certificate to expire by more than five years, renewal shall require an initial or extended examination to be performed, at AME discretion.
- (b) If a licence holder allows his Medical Certificate to expire by more than two years but less than five years, renewal shall require the prescribed standard or extended examination to be performed, at AME discretion.
- (c) If a licence holder allows his certificate to expire by more than 90 days but less than two years, renewal shall require the prescribed standard or extended examination to be performed at AME discretion.
- (d) If a licence holder allows his certificate to expire by less than 90 days, renewal shall be possible by standard or extended examination as prescribed.

*Note 1: An extended aeromedical examination shall always be considered to contain a standard aeromedical examination and thus count both as a standard and an extended examination.*

*Note 2: The period of validity of a Medical Assessment may be reduced when clinically indicated.*

### 9.3 Candidates Turning 40/50/60 Years of Age

Candidates who at the time of their current medical exam are less than 40/50/60 years of age (as applicable) but are going to be 40/50/60 years of age (as applicable) before the next medical, the validity date of their next medical must be within 6 months of their 40/50/60 birthday.



## 10. MEDICAL FITNESS

### 10.1 Failure to Meet Standards

If all CAA medical requirements are not clearly met, or if a doubt exists about the fitness of the applicant for the class of medical certificate applied, either refer the decision to Chief Operating Officer and deny issuance of a certificate. He/she must be informed of their right to review by the AME and it should be explained to them why a certificate is being denied. If a medical certificate has been denied or decision referred, documentation must be forwarded immediately to the CAA.

The medical examiner shall report to the CAA any individual case where, in the examiner's judgement, an applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence being applied for, or held, is not likely to jeopardize flight safety

If the prescribed medical Standards for a particular licence are not met, the appropriate Medical Assessment shall not be issued or renewed unless the following conditions are fulfilled:

- (a) 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 jeopardize flight safety;
- (b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration; and
- (c) the licence is endorsed with any special limitation or limitations when the safe performance of the licence holder's duties is dependent on compliance with such limitation or limitations.

An applicant who has been denied a medical certificate will be informed of this in writing and of his right of review by the Authority. Information concerning such denial will be collated by the Authority within 5 working days and be made available to other Authorities. Medical information supporting this denial will not be released without prior consent of the applicant.

In cases where the applicant does not fully meet the medical requirements and in complicated and unusual cases, the evaluation may have to be deferred and the case submitted to the medical assessor of the CAA for final evaluation. In such cases due regard must be given to the privileges granted by the licence applied for or held by the applicant for the Medical Assessment, and the conditions under which the licence holder is going to exercise those privileges in carrying out assigned duties. The CAA may consider the convening of a Medical Board (Refer to 10.4 below).

### 10.2 Notification of Medical Fitness

Holders of medical certificates must, without undue delay, seek the advice of the AME when;

- (a) hospital or clinic admission for more than 12 hours; or



- (b) surgical operation or invasive procedure; or
- (c) the regular use of medication; or
- (d) the need for regular use of correcting lenses.
- (e) any significant personal injury involving incapacity to function at their assigned duty station; or
- (f) any illness involving incapacity to function at their assigned duty station; throughout a period of 21 days or more; or
- (g) being pregnant,

Holders of medical certificates must inform the AME, who shall subsequently inform the CAA, in writing of such injury or pregnancy, and as soon as the period of 21 days has elapsed in the case of illness. The medical certificate shall be deemed to be suspended upon the occurrence of such injury or the elapse of such period of illness or the confirmation of the pregnancy.

In the case of injury or illness the suspension shall be lifted upon the holder by the AME in consultation with the Authority being medically assessed by the AME or under arrangements made by the Authority and being pronounced fit to function at their assigned duty station, or upon the Authority exempting, subject to such conditions as it thinks appropriate, the holder from the requirement of a medical examination. In the case of pregnancy, the suspension may be lifted by the AME in consultation with the CAA for such period and subject to such conditions as it thinks appropriate.

### **10.3 Incapacity of a Licence Holder**

Every flight crew licence holder is required to notify the CAA of any incapacitating illness or injury in excess of 20 days or notification of pregnancy. AMEs, who are aware that a licence holder has undergone a surgical procedure, should refer to CAR MED to determine the time away from flying duties. Should the guidance material be inappropriate, the AME should refer the matter to the CAA for consideration.

Any injury or illness, which prevents the licence holder from performing his/her duties for a continuous period of 20 days or more, shall be deemed to have that licence automatically suspended. AME's who become aware of this situation are obliged to notify the CAA.

The suspension can only be lifted by the AME and may require the convening of an Aeromedical Evaluation Board.

### **10.4 Convening a Medical Board**

Medical Evaluation Boards are convened in various situations where the applicant does not meet the required medical standards as prescribed for the class of medical assessment. The decision to conduct a medical board can be made based either at the request of the candidate, or the concerned AME, or the need as ascertained by the CAA.



Once the decision has been taken, the Chief Operating Officer will nominate an AME as the President of the Board authorising him/her to conduct the Board on the specified candidate for the specified reasons and also informing him of any AMEs who will assist him/her. The purpose of the Board will be to determine the applicant's fitness, the medical restrictions which may be imposed to maintain a reasonable level of safety, the lifting of restrictions, a change in the medical category of the individual or any other reason as may be deemed necessary by the CAA.

The Board usually comprises of two CAA authorised AMEs one of whom is appointed in the capacity of the President of the Board. The CAA may authorise the President of the Board to consult with other experts in the medical community to conduct a proper evaluation of the applicant's medical qualification. The President, after arriving at a formal medical conclusion, will formally present a written report to the CAA. Original copies of all tests conducted by the Board should be forwarded to the CAA, a copy should be retained by the President and another copied to the licence holder's AME.

The Chief Operating Officer shall review the findings and consider the Board's recommendations as to the applicant's medical qualifications. The CAA may uphold the recommendations of the Board, or disapprove the recommendations.

#### **10.5 Medical Issues Not Requiring Board**

A Board need not be convened, if in the opinion of the AME, the illness, injury, disability, or further treatment does not affect the applicant's licence and rating privileges. The CAA must be consulted and give approval to waive the Board prior to the issuance of a medical certificate.

#### **10.6 Limitations**

An AME may place a limitation on the medical certificate in accordance with CAR MED. Normally, the only time an AME will place a limitation on the medical certificate is when the standard of visual acuity can only be obtained with the use of correcting lenses. Other deficiencies requiring a limitation may require a waiver to be issued and the AME should consult with the CAA. Please refer to CAR MED for wording to be placed on the Certificate.

As soon as it is ascertained by the AME that a limitation is no more required the AME should immediately inform the CAA and the CAA will determine whether the limitation can be removed and whether there is a need for the convening of a Medical Board for this purpose.

#### **10.7 Aeromedical Waivers**

If a licence holder with an aeromedical waiver or statement of demonstrated ability from a foreign regulatory authority applies for a medical examination with an authorised AME, the AME must contact the Chief Operating Officer and request guidance before issuing the Medical Certificate. The Chief Operating Officer will advise on that foreign waiver, either accepting it or consulting with the AME for further testing to confirm the applicant's continued medical suitability.



## 11. USE OF PSYCHOACTIVE SUBSTANCES

### 11.1 Positive Result of Drug Testing

Should an AME receive notification of a positive result, he/she should notify the candidate involved that the urine has tested positive and enquire whether there might be a genuine and legitimate reason for the positive testing (e.g. certain medications which might be available in certain countries as “over the counter” but might have one or more of the substances which might test positive.)

The CAA should be informed about the complete details and a repeat test can be performed if it can be justified within a reasonable period of time.

If a second test is also positive the following steps should immediately be taken by the AME.

- (a) Notify the person involved that the medical certificate is suspended.
- (b) Notify the CAA.
- (c) Notify the appropriate authorities if illegal substances are involved.

### 11.2 Appeal Process for Positive Testing

In the event that the person involved has a legitimate reason for the use of the drug, such as a medical prescription or the use of specific over the counter medicines, the AME may request a Board be convened to review the medical certificate suspension.

*Note: Return to that person’s safety-critical functions may be considered after successful treatment or, in cases where no treatment is necessary, after cessation of the problematic use of substances and upon determination that the person’s continued performance of the function is unlikely to jeopardize safety.*

## 12. SAFETY PROGRAMME

### 12.1 General

The CAA has established a safety programme in order to achieve an acceptable level of safety in the medical assessment process of licence holders that as a minimum includes:

- (a) routine analysis of in-flight incapacitation events and medical findings during medical assessments to identify areas of increased medical risk; and
- (b) continuous re-evaluation of the medical assessment process to concentrate on identified areas of increased medical risk.



## 12.2 AME Participation

As medical assessments/findings are conducted by the AME, the CAA must be informed of any medical findings during medical assessments (or medical examinations following events such as in-flight incapacitation), which identify areas of increased medical risk.

The findings should be submitted to the CAA in writing after de-identifying the medical certificate holder. The AME should identify those areas of increased medical risk and propose remedial action to be taken.



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APPENDIX 1

SUMMARY OF CLASS 1 & CLASS 2 MINIMUM PERIODIC REQUIREMENTS

LICENCE	CLASS 1	CLASS 2
	COMMERCIAL PILOT AIRLINE TRANSPORT PILOT	STUDENT PILOT/PRIVATE PILOT REMOTE PILOT/FLIGHT ENGINEER
INITIAL EXAMINATION	AMC	AMC OR AME *
ISSUE OF MEDICAL CERTIFICATE	Initial: AMS Renewal: AMC or AME	AMC or AME
VALIDITY OF MEDICAL CERTIFICATE	Under 40 – 12 months 40-59, single-pilot Comm air transport carrying pax – 6 months 40-59, other comm Air transport – 12 months 60 and over – 12 months	Under 40 – 60 months 40-49 – 24 months 50 and over – 12 months
HAEMOGLOBIN	At initial then every examination	At initial
ELECTROCARDIOGRAM	At initial then under 30 – 5 yearly 30 – 39 – 2 yearly 40 – 49 – annually 50 and over – all reval/ renewal	At initial then 40 – 49 – 2 yearly 50 and over – annually
AUDIOGRAM	At initial then under 40 – 5 yearly 40 and over – 2 yearly	At initial issue of instrument rating then under 40 – 5 yearly 40 and over – 2 yearly
COMPREHENSIVE OTORHINOLARYNGOLOGICAL EXAMINATION	At initial by AMC or specialist then if indicated	
OPHTHALMOLOGICAL EXAMINATION	At initial and if refractive error exceeds + 3 dioptres  Specialist reports every 5 years if refractive error exceeds + 3 up to and including + 5 dioptres or exceeds -3 up to and including -6 dioptres  Specialist reports every 2 years if refractive error exceeds -6 dioptres	At initial by AME or specialist
LIPID PROFILE	At initial then age 40	If two or more coronary risk factors are identified at initial then age 40
PULMONARY FUNCTION TESTS	At initial then if indicated	If indicated
URINALYSIS	At initial then every examination	At initial then every examination



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