

**CAR-FCL 3 FLIGHT CREW LICENSING (MEDICAL)
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CAR-FCL 3**FOREWORD**

(a) CAR-FCL 3 (MEDICAL) has been issued by the Civil Aviation Affairs of Oman (hereinafter called the AUTHORITY) under the provisions of the Civil Aviation Law of the Sultanate of Oman.

(b) The European JAA JAR-FCL 3 (Amendment 4) has been selected to provide the basic structure for CAR-FCL 3 and the same paragraph numbering has been used for easy reference purposes.

(c) This CAR-FCL 3 replaces the former CAR 61. ICAO Annex 1 has been selected to provide the basic structure of CAR-FCL 3, but with additional sub-division where considered appropriate. The content of Annex 1 has been used and added to where necessary by making use of existing European JAA regulations.(JAR FCL 3, amendment 5)

(d) Where necessary the original JAA contents has been altered to reflect specific administrative requirements:

JAR	changed to CAR
JAA	changed to AUTHORITY / the Sultanate of Oman
JAA Member State	changed to ICAO Contracting State

Headings of paragraph's with significant changes from the original JAA JAR paragraph are shown in ***Bold Italic***.

Where reference is made in CAR-FCL 3 to other CAR codes which have not yet been implemented the equivalent existing regulations will apply until such time as the referenced code has been implemented.

(e) Definitions and abbreviations of terms used in CAR-FCL 3 that are considered generally applicable are contained in CAR-1, Definitions and Abbreviations. However, definitions and abbreviations of terms used in CAR-FCL 3 that are specific to a Subpart of CAR-FCL 3 are normally given in the Subpart concerned or, exceptionally, in the associated compliance or interpretative material.

(f) Amendments to the text in CAR-FCL 3 are issued as amendment pages containing revised paragraphs.

(g) New, amended and corrected text will be enclosed within brackets until a subsequent 'Change' is issued.(for reference purposes, the original JAR amendment numbers are stated below the relevant paragraphs.)

(h) The editing practices used in this document are as follows:

- (1) 'Shall' is used to indicate a mandatory requirement and may appear in CARs.
- (2) 'Should' is used to indicate a recommendation and normally appears in AMCs and IEMs.

(3) 'May' is used to indicate discretion by the AUTHORITY, the industry or the applicant, as appropriate.

(4) 'Will' indicates a mandatory requirement and is used to advise pilots of action incumbent on the AUTHORITY.

.NOTE: The use of the male gender implies the female gender and vice versa

JAR-FCL 3**CONTENTS (details)****FLIGHT CREW LICENSING (Medical)****SECTION 1 – REQUIREMENTS****SUBPART A – GENERAL REQUIREMENTS**

(Paragraphs 3.001 until 3.060 are reproductions of JAR-FCL Part 1 (Aeroplane))

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JAR-FCL 3.005 Applicability

JAR-FCL 3.010 Basic Authority to act as a flight crew member

JAR-FCL 3.015 Acceptance of licences, ratings, authorisations, approvals or certificates

JAR-FCL 3.016 Credit given to a holder of a licence issued by a non-JAA Member State

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JAR-FCL 3.035 Medical Fitness

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JAR-FCL 3.055 Training Organisations and registered facilities

JAR-FCL 3.065 State of licence issue

JAR-FCL 3.070 Intentionally blank

JAR-FCL 3.075 Intentionally blank

JAR-FCL 3.080 Aeromedical Board (AMB)

JAR-FCL 3.085 Aeromedical Centres (AMCs)

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SECTION 1 – REQUIREMENTS

1 GENERAL

This section contains the Medical Requirements for Flight Crew Licensing.

2 PRESENTATION

- 2.1 The medical requirements of CAR–FCL 3 are presented in on loose pages, each page being identified by the date of issue or the Change number under which it is amended or reissued.
- 2.2 Sub-headings are italic typeface.
- 2.3 Explanatory Notes not forming part of the requirements appear in smaller typeface.
- 2.4 New, amended and corrected text will be enclosed within brackets until a subsequent ‘amendment’ is issued.

SECTION 2 – ACCEPTABLE MEANS OF COMPLIANCE (AMC)/ INTERPRETATIVE EXPLANATORY MATERIAL (IEM)

1 GENERAL

- 1.1 This Section contains Acceptable Means of Compliance and Interpretative/Explanatory Material.
- 1.2 Where a particular CAR paragraph does not have an Acceptable Means of Compliance or any Interpretative/Explanatory Material, it is considered that no supplementary material is required.

Note: The JAR-FCL 3 Section 2 has been adopted by the AUTHORITY and is as such incorporated by reference.

SUBPART A – GENERAL REQUIREMENTS**CAR–FCL 3.080 *Aeromedical Board (AMB)*****(a) Establishment**

The AUTHORITY has established an Aeromedical Board (AMB) consisting of physicians experienced in the practice of aviation medicine. Such physicians shall either form part of the AUTHORITY, or be duly empowered to act on behalf of the AUTHORITY. In either case they shall be known as the Aeromedical Board (AMB).

(b) Medical Confidentiality. Medical

Confidentiality shall be respected at all times. The AUTHORITY will ensure that all oral or written reports and electronically stored information on medical matters of licence holders/applicants are made available to the AMB, in order to be used by the AUTHORITY for completion of a medical assessment. The applicant or his physician shall have access to all such documentation in accordance with national law.

CAR–FCL 3.085 *Aeromedical Centres (AMCs)*

Aeromedical centres (AMCs) will be designated and authorised, or reauthorised, at the discretion of the AUTHORITY for a period not exceeding 3 years.

An AMC shall be:

- (a) within the national boundaries of the Sultanate of Oman 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.
- The AUTHORITY will determine the number of AMCs it requires.

CAR–FCL 3.090 *Authorised Medical Examiners (AMEs)*

(See AMC FCL 3.090)

Designation (a)

The AUTHORITY will designate and authorise Medical Examiners (AMEs), qualified and licensed in the practice of medicine. Physicians resident outside the Sultanate of Oman wishing to become AMEs for the purpose of CAR–FCL may apply to the AUTHORITY. Following appointment the AME shall report to and be supervised by the AUTHORITY. For Class 1 applicants such AMEs shall be restricted to carrying out standard periodic revalidation/renewal assessments.

(b) Number and location of examiners

The AUTHORITY will determine the number and location of examiners it requires, taking account of the number and geographic distribution of its pilot population.

(c) 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 AMB and related to such examinations as that AME is to carry out.

(d) Training.

AMEs shall be qualified and licensed in the practice of medicine and shall have received training in aviation medicine. 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 AMC FCL 3.090) surveillance of

(i) Basic training for physicians responsible for the medical selection and Class 2 flying personnel 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 will be awarded to the successful candidate.

no legal right to (iii) Possession of a certificate of basic training in Aviation Medicine constitutes be approved as an AME for Class 2 examinations by an AMB.

(2) Advanced training in Aviation Medicine

(i) Advanced training in Aviation Medicine for physicians responsible for the medical of a examination and assessment and surveillance of Class 1 flying personnel should consist 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 (see AMC FCL 3.090).

(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 for Class 1 or Class 2 examinations by an AMB.

(3) Refresher Training in Aviation Medicine. During the period of authorisation an AME is hours required to attend a minimum of 20 hours approved refresher training. A minimum of 6 must be under the direct supervision of the AMB. Scientific meetings, congresses and flight deck experience may be approved by the AMB for this purpose, for a specified number of hours (see AMC FCL 3.090).

(e) Authorisation.

An AME will be authorised for a period not exceeding three years. Authorisation to perform medical examinations may be for Class 1 or Class 2 or both at the discretion of the AUTHORITY. 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 AMB and shall also have undertaken relevant training during the period of authorisation (see AMC FCL 3.090).

Authorisation is invalid after the AME reaches 70 years of age.

(f) Transitional Arrangements.

Authorised Medical Examiners (AMEs) appointed prior to 1 July 1999 will be required to attend training in the requirements and documentation of CAR–FCL Part 3 (Medical) but may continue at the discretion of the AUTHORITY to exercise the privileges of their authorisation without completion of CAR–FCL 3.090(d)(1) & (2).

CAR–FCL 3.095 Aeromedical examinations

(See IEM FCL 3.095(a) & (b))

(See IEM FCL 3.095(c))

(a) For Class 1 medical certificates. Initial examinations for a Class 1 medical certificate shall be carried out at an AMC. Revalidation and renewal examinations may be delegated to an AME.

(b) For Class 2 medical certificates. Initial, revalidation and renewal examinations for a Class 2 medical certificate shall be carried out at an AMC or by an AME.

(c) The applicant shall complete the appropriate application form as described in IEM FCL 3.095(c). On completing a medical examination the AME shall submit without delay a signed full report to the AMB in the case of all Class 1 and 2 examinations, except that, in the case of an AMC, the Head of the AMC may sign the reports and certificates on the basis of assessments made by staff physicians of the AMC.

(d) Periodic Requirements. For a summary of special investigations required at initial, routine revalidation or renewal, and extended revalidation and renewal examination see IEM FCL 3.095(a) & (b).

CAR–FCL 3.100 Medical certificates

(See IEM FCL 3.100)

(a) *Content of certificate.* The medical certificate shall contain the following information
Reference number (as designated by the AUTHORITY)

Class of certificate

Full name

Date of birth

Nationality

(Date and place of initial medical examination)

Date of last extended medical examination

Date of last electrocardiography

Date of last audiometry

Limitations, conditions and/or variations

AME name, number and signature Date of general examination

Signature of applicant.

(b) *Initial issue of medical certificates.* Initial Class 1 medical certificates shall be issued by the AMB. The issue of initial Class 2 certificates shall be by the AMB or may be delegated to an AMC or AME.

(c) *Revalidation and renewal of medical certificates.* Class 1 or 2 medical certificates may be re-issued by an AMB, or may be delegated to an AMC or an AME.

(d) *Disposition of certificate*

(1) A medical certificate shall be issued, in duplicate if necessary, to the person examined once the examination is completed and a fit assessment made.

(2) The holder of a medical certificate shall submit it to the AMB for further action if required (see IEM FCL 3.100).

(3) The holder of a medical certificate shall present it to the AME at the time of the revalidation or renewal of that certificate (see IEM FCL 3.100)

(e) *Certificate annotation, variation, limitation or suspension*

(1) When a review has been performed and a variation granted in accordance with Paragraph CAR-FCL 3.125 this fact shall be stated on the medical certificate (see IEM FCL 3.100) in addition to any conditions that may be required, and may be entered on the licence at the discretion of the AUTHORITY.

(2) Following a medical certificate renewal examination, the AMB may, for medical reasons duly justified and notified to the applicant and the AMC or AME, limit or suspend a medical certificate issued by the AMC or by the AME.

(f) *Denial of Certificate*

(1) An applicant who has been denied a medical certificate will be informed of this in writing in accordance with IEM FCL 3.100 and of his right of review by the AUTHORITY.

(2) 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.

CAR-FCL 3.105 Period of validity of medical certificates

(See Appendix 1 to CAR- FCL 3.105)

(a) [*Period of validity.* A medical certificate shall be valid from the date of the initial general medical examination and for:

- (1) Class 1 medical certificates, 12 months except, that for applicants who
 - (i) are engaged in single-pilot commercial air transport operations carrying passengers and have passed their 40th birthday, or
 - (ii) have passed their 60th birthday

the period of validity shall be reduced to 6 months.

This increase in frequency after the 40th birthday does not apply to flight engineers.]

- (2) Class 2 medical certificates, 60 months until age 40, then 24 months until age 50 and 12 months thereafter.
- (3) The expiry date of the medical certificate is calculated on the basis of the information contained in (1) and (2). The validity period of a medical certificate (including any associated extended examination or special investigation) shall be determined by the age at which the medical examination of the applicant takes place.
- (4) Despite (2) above, a medical certificate issued prior to the holder's 30th birthday will not be valid for Class 2 privileges after his 32nd birthday.

(b) *Revalidation.* If the medical revalidation is taken up to 45 days prior to the expiry date calculated in accordance with (a), the validity of the new certificate extends from the previous medical certificate expiry date by the period stated in (a)(1) or (2) as applicable.

(c) *Renewal.* If the medical examination is not taken within the 45 day period referred to in (b) above, the expiry date will be calculated in accordance with paragraph (a) 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 AMB when clinically indicated.

(f) Additional examination. Where the AUTHORITY has reasonable doubt about the continuing fitness of the holder of a medical certificate, the AMB may require the holder to submit to further examination, investigation or tests. The reports shall be forwarded to the AMB. See further Appendix 1 to CAR-FCL 3.105.

Rev. 2

CAR-FCL 3.110 Requirements for medical assessments

An applicant for, or holder of, a medical certificate issued in accordance with CAR-FCL Part 3 (Medical) shall be free from:

- (1) any abnormality, congenital or acquired,
 - (2) any active, latent, acute or chronic disability,
 - (3) any wound, injury or sequela from operation, such as could 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.
- (b) An applicant for, or holder of, a medical certificate issued in accordance with CAR-FCL Part 3 (Medical) shall not suffer from any disease or disability which could render him likely to become suddenly unable either to operate an aircraft safely or to perform assigned duties safely.

CAR-FCL 3.115 Use of Medication, drugs or other treatments

(a) A medical certificate holder who is taking any prescription or non-prescription medication or drug or who is receiving any medical, surgical, or other treatment shall comply with the requirements of CAR-FCL 3.040. Further advice is given in IEM FCL 3.040.

(b) All procedures requiring the use of a general or spinal anaesthetic shall be disqualifying for at least 48 hours.

(c) All procedures requiring local or regional anaesthetic shall be disqualifying for at least 12 hours.

CAR-FCL 3.120 Responsibilities of the applicant

(a) Information to be provided. The applicant for or holder of a medical certificate shall produce proof of identification and sign and provide to the AME a declaration of medical facts concerning personal, family and hereditary history. The declaration shall also include a statement of whether the applicant has previously undergone such an examination and, if so,

(b) with what result. The applicant shall be made aware by the AME of the necessity for giving a statement that is as complete and accurate as the applicant's knowledge permits.

(c) *False information.* Any declaration made with intent to deceive shall be reported to the AMB

(d) . On receipt of such information the AMB shall take such action as it considers appropriate, including the transmission of such information to other Authorities (see CAR-FCL 3.080(b) Medical Confidentiality).

CAR-FCL 3.125 Variation and review policy

(a) *AMB Review.* If the medical requirements prescribed in CAR-FCL Part 3 (Medical) for a particular licence are not fully met by an applicant the appropriate medical certificate shall not be issued, revalidated or renewed by the AMC or AME but the decision shall be referred to the AUTHORITY. If there are provisions in CAR-FCL Part 3 (Medical) that the individual under certain conditions (as indicated by the use of should or may) can be considered fit, a variation may be granted by the AUTHORITY. The AMB may issue, revalidate or renew a medical certificate after due consideration has been given to the requirements, acceptable means of compliance and guidance material and to:

- (1) the medical deficiency in relation to the operating environment;
- (2) the ability, skill and experience of the applicant in the relevant operating environment;

a medical flight test, if appropriate; and the requirement for application of any limitations, conditions or variations to the medical certificate and licence. Where the issue of a certificate will require more than one limitation, condition or variation, the additive and interactive effects upon flight safety must be considered by the AMB before a certificate can be issued.

- (b) *Secondary review.* The AUTHORITY will constitute a secondary review procedure, with independent medical advisers, experienced in the practice of aviation medicine, to consider and evaluate contentious cases.

Appendix 1 to CAR–FCL 3.105 Validity of medical certificates
(See CAR–FCL 3.105)

1 Class 1

- (a) Subject to any other conditions specified in CARs a Class 1 Medical Certificate shall remain valid as long as:
- (i) the preceding aeromedical examination has been performed within the last 12 months.
 - (ii) the preceding extended aeromedical examination (or initial examination) has been performed within the last 60 months.
From the age of 40 years and to the age of 64 years, inclusive:
 - (iii) the preceding aeromedical examination has been performed within the last 6 months;
 - (iv) the preceding extended aeromedical examination has been performed within the last 24 months.
- (b) If a licence holder allows his Medical Certificate to expire by more than five years, renewal shall require an initial or extended, at AMB discretion, aeromedical examination, performed at an AMC which has obtained his medical records. (EEG may be omitted unless clinically indicated.)
- (c) 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 an AMC which has obtained his medical file, or by an AME at the discretion of the AMB, subject to the records of medical examinations for flight crew licences being made available to the medical examiners.
- (d) 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 an AMC, or by an AME at the discretion of the AMB.
- (e) 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.

2 Class 2

- (a) Subject to any other conditions in CARs a Class 2 Medical Certificate shall remain valid as long as:
- (i) the preceding aeromedical examination has been performed within the last 60 months; before the 30th birthday.
 - (ii) the preceding aeromedical examination has been performed within the last 24 months; from the age of 30 years and to the age of 49 years, inclusive:
 - (iii) the preceding aeromedical examination has been performed within the last 12 months; from the age of 50 years to the age of 64 years, inclusive:
 - (iv) the preceding aeromedical examination has been performed within the last 6 months; above the age of 65 years:
- (b) If an Instrument Rating is added to the licence, pure tone audiometry must have been performed within the last 60 months if the licence holder is 39 years of age or younger, and within the last 24 months if the licence holder is 40 years of age or older.

- (c) If a licence holder allows his Medical Certificate to expire by more than five years, renewal shall require an initial aeromedical examination. Prior to the examination the medical file shall be obtained by the AME.
- (d) If a licence holder allows his Medical Certificate to expire by more than one year but less than five years, renewal shall require the prescribed examination to be performed. Prior to the examination the medical file shall be obtained by the AME.
- (e) If a licence holder allows his certificate to expire by less than one year, renewal shall require the prescribed examination to be performed.

In 1(a) and 2(a) and (b) above all periods may be extended by 45 days as outlined in 3.105(b). Wherever the term month is used, it means calendar month. 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.

SUBPART B – CLASS 1 MEDICAL REQUIREMENTS**CAR–FCL 3.130 Cardiovascular system –Examination**

- (a) An applicant for or holder of a Class 1 medical certificate shall not possess any abnormality of the cardiovascular system, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) A standard 12-lead resting electrocardiogram (ECG) and report are required at the examination for first issue of a medical certificate, then every 5 years until age 30, every 2 years until age 40, annually until age 50, and every 6 months thereafter and on clinical indication.
- (c) Exercise electrocardiography is required only when clinically indicated in compliance with paragraph 1 Appendix 1 to Subpart B.
- (d) Reporting of resting and exercise electrocardiograms shall be by specialists acceptable to the AMB.
- (e) Estimation of serum/plasma lipids, including cholesterol, is required to facilitate risk assessment at the examination for first issue of a medical certificate, and at the first examination after age 40 (see paragraph 2 Appendix 1 to Subpart B).
- (f) At the first renewal/revalidation examination after age 65, a Class 1 certificate holder shall be reviewed at an AMC or, at the discretion of the AMB, review may be delegated to a cardiologist acceptable to the AMB.
- Amdt.1, 01.12.00

CAR–FCL 3.135 Cardiovascular system – Blood pressure

- (a) The blood pressure shall be recorded with the technique given in paragraph 3 Appendix 1 to Subpart B.
- (b) When the blood pressure at examination consistently exceeds 160 mmHg systolic and/or 95 mmHg diastolic, with or without treatment, the applicant shall be assessed as unfit.
- (c) Treatment for the control of blood pressure shall be compatible with the safe exercise of the privileges of the applicable licence(s) and be compliant with paragraph 4 Appendix 1 to Subpart B. The initiation of drug therapy shall require a period of temporary suspension of the medical certificate to establish the absence of significant side effects.
- (d) Applicants with symptomatic hypotension shall be assessed as unfit.

CAR-FCL 3.140 Cardiovascular system –Coronary artery disease

- (a) Applicants with suspected coronary artery disease shall be investigated. Applicants with asymptomatic minor coronary artery disease, requiring no treatment may only be considered fit by the AMB subject to compliance with paragraph 5 Appendix 1 to Subpart B
- (b) Applicants with symptomatic coronary artery disease shall be assessed as unfit.
- (c) Applicants following myocardial infarction shall be assessed as unfit at the initial examination. A fit assessment may be considered by the AMB at renewal and revalidation examinations subject to compliance with paragraph 6 Appendix 1 to Subpart B.
- (d) Applicants following coronary by-pass surgery or coronary angioplasty/stenting shall be assessed as unfit at the initial examination. A fit assessment may be considered by the AMB at renewal and revalidation examinations subject to compliance with paragraph 7 Appendix 1 to Subpart B.

CAR-FCL 3.145 Cardiovascular system –Rhythm/conduction disturbances

- (a) Applicants with significant disturbance of supraventricular rhythm, including sinoatrial dysfunction, whether intermittent or established, shall be assessed as unfit. A fit assessment may be considered by the AMB in compliance with paragraph 8 Appendix 1 to Subpart B.
- (b) Applicants with asymptomatic sinus bradycardia or sinus tachycardia may be assessed as fit in the absence of underlying abnormality.
- (c) Applicants with asymptomatic isolated uniform atrial or ventricular ectopic complexes need not be assessed as unfit. Frequent or complex forms require full cardiological evaluation in compliance with paragraph 8 Appendix 1 to Subpart B.
- (d) In the absence of any other abnormality, applicants with incomplete bundle branch block or stable left axis deviation may be assessed as fit.
- (e) Applicants with complete right or left bundle branch block require cardiological evaluation on first presentation and subsequently in compliance with paragraph 8 Appendix 1 to Subpart B.
- (f) Applicants with broad and/or narrow complex tachycardias shall be assessed as unfit. A fit assessment may be considered by the AMB subject to compliance with paragraph 8 Appendix 1 to Subpart B.
- (g) Applicants with an endocardial pacemaker shall be assessed as unfit. A fit assessment may be considered by the AMB subject to compliance with paragraph 8 Appendix 1 to Subpart B.

CAR–FCL 3.150 Cardiovascular system – General

- (a) Applicants with peripheral arterial disease before or after surgery shall be assessed as unfit. Provided there is no significant functional impairment, a fit assessment may be considered by the AMB subject to compliance with paragraphs 5 and 6, Appendix 1 to Subpart B.
- (b) Applicants with aneurysm of the thoracic or abdominal aorta, before or after surgery, shall be assessed as unfit. Applicants with aneurysm of the infra-renal abdominal aorta may be considered by the AMB at renewal or revalidation examinations, subject to compliance with paragraph 9 Appendix 1 to Subpart B.
- (c) Applicants with significant abnormality of any of the heart valves shall be assessed as unfit.
- (1) Applicants with minor cardiac valvular abnormalities may be assessed as fit by the AMB subject to compliance with paragraph 10 (a) and (b) Appendix 1 to Subpart B.
 - (2) Applicants with cardiac valve replacement/repair shall be assessed as unfit. A fit assessment may be considered by the AMB subject to compliance with paragraph 10(c) of Appendix 1 to Subpart B.
- (d) Systemic anticoagulant therapy is disqualifying. Applicants who have received treatment of limited duration may be considered for a fit assessment by the AMB subject to compliance with paragraph 11 Appendix 1 to Subpart B.
- (e) Applicants with any abnormality of the pericardium, myocardium or endocardium not covered above shall be assessed as unfit. A fit assessment may be considered by the AMB following complete resolution and satisfactory cardiological evaluation in compliance with paragraph 12 Appendix 1 to Subpart B.
- (f) Applicants with congenital abnormality of the heart, before or after corrective surgery, shall be assessed as unfit. Applicants with minor abnormalities may be assessed as fit by the AMB following cardiological investigation in compliance with paragraph 13 Appendix 1 to Subpart B.
- (g) Heart or heart/lung transplantation is disqualifying.
- (h) Applicants with a history of recurrent vasovagal syncope shall be assessed as unfit. A fit assessment may be considered by the AMB in applicants with a suggestive history subject to compliance with paragraph 14 Appendix 1 to Subpart B.

Amdt.1, 01.12.00

CAR–FCL 3.155 Respiratory system – General

- (a) An applicant for or the holder of a Class 1 medical certificate shall not possess any abnormality of the respiratory system, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) Posterior/anterior chest radiography is required at the initial examination. It may be required at revalidation/renewal examinations when indicated on clinical or epidemiological grounds.

(c) Pulmonary function tests (see paragraph 1 Appendix 2 to Subpart B) are required at the initial examination. A peak flow test shall be performed at first revalidation or renewal examination after age 30, every 5 years until age 40, and every 4 years thereafter and on clinical indication. Applicants with significant impairment of pulmonary function (see paragraph 1 Appendix 2 to Subpart B) shall be assessed as unfit.

CAR-FCL 3.160 Respiratory system – Disorders

(a) Applicants with chronic obstructive airway disease shall be assessed as unfit.

(b) Applicants with reactive airway disease (bronchial asthma) requiring medication shall be assessed in compliance with paragraph 2 Appendix 2 to Subpart B.

(c) Applicants with active inflammatory disease of the respiratory system shall be assessed as temporarily unfit.

(d) Applicants with active sarcoidosis shall be assessed as unfit (see paragraph 3 Appendix 2 to Subpart B).

(e) Applicants with spontaneous pneumothorax shall be assessed as unfit pending full evaluation in compliance with paragraph 4 Appendix 2 to Subpart B.

(f) Applicants requiring major chest surgery shall be assessed as unfit for a minimum of three months following operation and 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) (see paragraph 5 Appendix 2 to Subpart B).

(g) Applicants with unsatisfactorily treated sleep apnoea syndrome shall be assessed as unfit.
Amdt.1, 01.12.00

CAR-FCL 3.165 Digestive system – General

An applicant for or the holder of a Class 1 medical certificate 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).

CAR-FCL 3.170 Digestive system – Disorders

- (a) Applicants with recurrent dyspeptic disorders requiring medication or with pancreatitis shall be assessed as unfit pending assessment in compliance with paragraph 1 Appendix 3 to Subpart B.
- (b) Applicants with asymptomatic gallstones discovered incidentally shall be assessed in compliance with paragraph 2 Appendix 3 to Subpart B.
- (c) Applicants with an established diagnosis or history of chronic inflammatory bowel disease shall normally be assessed as unfit (see paragraph 3 Appendix 3 to Subpart B).
- (d) Applicants shall be required to be completely free from those herniae that might give rise to incapacitating symptoms.
- (e) Applicants with any sequela 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.
- (f) 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, shall be assessed as unfit for a minimum period of three months or 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) (see paragraph 4 Appendix 3 to Subpart B).

CAR-FCL 3.175 Metabolic, nutritional and endocrine diseases

- (a) An applicant for or the holder of a Class 1 medical certificate 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 dysfunctions may be assessed as fit in accordance with paragraph 1 Appendix 4 to Subpart B.
- (c) Applicants with diabetes mellitus may be assessed as fit only in accordance with paragraphs 2 and 3 Appendix 4 to Subpart B.
- (d) Applicants with diabetes requiring insulin shall be assessed as unfit.
- (e) Applicants with a Body Mass Index > 35 may be assessed as fit only if the excess weight is not likely to interfere with the safe exercise of the applicable licence(s) and a satisfactory cardiovascular risk review has been undertaken (see paragraph 1 Appendix 9 to Subpart C).

CAR–FCL 3.180 Haematology

- (a) An applicant for or the holder of a Class 1 medical certificate shall not possess any haematological disease which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Haemoglobin shall be tested at every medical examination and cases of significant anaemia with a haematocrit below 32% shall be assessed as unfit (see paragraph 1 Appendix 5 to Subpart B).
- (c) Applicants with sickle cell disease shall be assessed as unfit (see paragraph 1 Appendix 5 to Subpart B).
- (d) Applicants with significant localised and generalised enlargement of the lymphatic glands and diseases of the blood shall be assessed as unfit (see paragraph 2 Appendix 5 to Subpart B).
- (e) Applicants with acute leukaemia shall be assessed as unfit. After established remission, certification may be considered by the AMB. Initial applicants with chronic leukaemias shall be assessed as unfit. For certification see paragraph 3 Appendix 5 to Subpart B.
- (f) Applicants with significant enlargement of the spleen shall be assessed as unfit (see paragraph 4 Appendix 5 to Subpart B).
- (g) Applicants with significant polycythaemia shall be assessed as unfit (see paragraph 5 Appendix 5 to Subpart B).
- (h) Applicants with a coagulation defect shall be assessed as unfit (see paragraph 6 Appendix 5 to Subpart B).

CAR–FCL 3.185 Urinary system

- (a) An applicant for or the holder of a Class 1 medical certificate shall not possess any functional or structural disease of the urinary system or its adnexa which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Applicants presenting any signs of organic disease of the kidney shall be assessed as unfit. Urinalysis shall form part of every medical examination. The urine shall contain no abnormal element considered to be of pathological significance. Particular attention shall be paid to disease affecting the urinary passages and the genital organs. (see paragraph 1 Appendix 6 to Subpart B).
- (c) Applicants presenting with urinary calculi shall be assessed as unfit (see paragraph 2 Appendix 6 to Subpart B).
- (d) Applicants with any sequela of disease or surgical procedures on the kidneys and the urinary tract likely to cause incapacitation, in particular any obstruction due to stricture or compression, shall be assessed as unfit. An applicant with compensated nephrectomy without hypertension or uraemia may be considered fit (see paragraph 3 Appendix 6 to Subpart B).

- (e) Applicants who have undergone a major surgical operation in the urinary tract or the urinary apparatus involving a total or partial assessed excision or a diversion of any of its organs shall be as unfit for a minimum period of three months and until such time as the effects of the operation are no longer likely to cause incapacity in flight (see paragraphs 3 and 4 Appendix 6 to Subpart B).

CAR–FCL 3.190 Sexually transmitted diseases and other infections

- (a) An applicant for or holder of a Class 1 medical certificate shall have no established medical history or clinical diagnosis of any sexually transmitted disease or other infection which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Particular attention (see Appendix 7 to this Subpart) shall be paid to a history of or clinical signs indicating:
- (1) HIV positivity,
 - (2) immune system impairment,
 - (3) infectious hepatitis,
 - (4) syphilis.

CAR–FCL 3.195 Gynaecology and obstetrics

- (a) An applicant for or the holder of a Class 1 medical certificate 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) An applicant with a history of severe menstrual disturbances unamenable to treatment shall be assessed as unfit.
- (c) Pregnancy entails unfitness. If obstetric evaluation indicates a completely normal pregnancy, the applicant may be assessed as fit until the end of the 26th week of gestation, in accordance with paragraph 1 Appendix 8 to Subpart B. Licence privileges may be resumed upon satisfactory confirmation of full recovery following confinement or termination of pregnancy.
- (d) An applicant who has undergone a major gynaecological operation shall be assessed as unfit for a minimum period of three months and 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) (see paragraph 2 Appendix 8 to Subpart B).

CAR–FCL 3.200 Musculoskeletal requirements

- (a) An applicant for or holder of a Class 1 medical certificate shall not possess any abnormality of the bones, joints, muscles and 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 (see paragraph 1 Appendix 9 to Subpart B).

(c) An applicant shall have satisfactory functional use of the musculoskeletal system. An applicant with any significant sequela from disease, injury or congenital abnormality of the bones, joints, muscles or tendons with or without surgery shall be assessed in accordance with paragraphs 1, 2 and 3 Appendix 9 to Subpart B.

CAR-FCL 3.205 Psychiatric requirements

(a) An applicant for or holder of a Class 1 medical certificate 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) Particular attention shall be paid to the following (see Appendix 10 to Subpart B):

- (1) psychotic symptoms,
- (2) mood disorders,
- (3) personality disorders, especially if severe enough to have resulted in overt acts,
- (4) mental abnormality and neurosis,
- (5) alcoholism,
- (6) use or abuse of psychotropic drugs or other substances with or without dependency.

CAR-FCL 3.210 Neurological requirements

(a) An applicant for or holder of a Class 1 medical certificate 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) Particular attention shall be paid to the following (see Appendix 11 to Subpart B):

- (1) progressive disease of the nervous system,
- (2) epilepsy and other causes of disturbance of consciousness,
- (3) conditions with a high propensity for cerebral dysfunction,
- (4) head injury,
- (5) spinal or peripheral nerve injury.

(c) Electroencephalography is required at the initial examination (see Appendix 11 to Subpart B) and when indicated by the applicant's history or on clinical grounds.

CAR–FCL3.215 Ophthalmological requirements

- (a) An applicant for or holder of a Class 1 medical certificate 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 sequela of eye surgery (see paragraph 1 Appendix 12 to Subpart B) or trauma, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) A comprehensive ophthalmological examination is required at the initial examination (see paragraph 2 Appendix 12 to Subpart B).
- (c) A routine eye examination shall form part of all revalidation and renewal examinations (see paragraph 3 Appendix 12 to Subpart B).
- (d) A comprehensive ophthalmological examination is required in conjunction with revalidation and renewal examinations (extended examination – see paragraph 4 Appendix 12 to Subpart B) at the following intervals:
- (1) once every five years up to the 40th birthday,
 - (2) once every two years thereafter.

CAR–FCL 3.220 Visual requirements

- (a) Distant visual acuity. Distant visual acuity, with or without correction, shall be 6/9 or better in each eye separately and binocular visual acuity shall be 6/6 or better (see CAR–FCL 3.220(h) below). No limits apply to uncorrected visual acuity.
- (b) *Refractive errors.* Refractive error is defined as the deviation from emmetropia measured in dioptres in the most ametropic meridian. Refraction shall be measured by standard methods (see paragraph 1 Appendix 13 to Subpart B). Applicants shall be considered fit with respect to refractive errors if they meet the following requirements:
- (1) At the initial examination the refractive error shall not exceed ± 3 dioptres.
 - (2) At revalidation or renewal examinations, an applicant experienced to the satisfaction of the AUTHORITY with refractive errors up to $+3/-5$ dioptres and with a history of stable vision may be considered fit by the AMB (see paragraph 2 Appendix 13 to Subpart B).
 - (3) In an applicant with a refractive error with an astigmatic component, the astigmatism shall not exceed 2.0 dioptres.
 - (4) The difference in refractive error between the two eyes (anisometropia) shall not exceed 2.0 dioptres.
 - (5) The development of presbyopia shall be followed at all aeromedical renewal examinations.
- (6) An applicant shall be able to read N5 chart (or equivalent) at 30–50 cms and N14 chart (or equivalent) at 100 cms, with correction if prescribed (see CAR–FCL 3.220(h) below).
- (c) An applicant with significant defects of binocular vision shall be assessed as unfit. There is no stereoscopic test requirement (see paragraph 3 Appendix 13 to Subpart B).

- (d) An applicant with diplopia shall be assessed as unfit.
- (e) An applicant with convergence which is not normal shall be assessed as unfit (see paragraph 4 Appendix 13 to Subpart B).
- (f) An applicant with imbalance of the ocular muscles (heterophorias) exceeding (when measured with usual correction, if prescribed):
1.0 prism dioptre in hyperphoria at 6 metres,
6.0 prism dioptres in esophoria at 6 metres,
8.0 prism dioptres in exophoria at 6 metres;
and
1.0 prism dioptre in hyperphoria at 33 cms,
6.0 prism dioptres in esophoria at 33 cms,
12.0 prism dioptres in exophoria at 33 cms
shall be assessed as unfit unless the fusional reserves are sufficient to prevent asthenopia and diplopia.
- (g) An applicant with visual fields which are not normal shall be assessed as unfit (see paragraph 3 Appendix 13 Subpart B).
- (h) (1) If a visual requirement is met only with the use of correction, the spectacles or contact lenses must provide optimal visual function and be suitable for aviation purposes.
(2) Correcting lenses, when worn for aviation purposes, shall permit the licence holder to meet the visual requirements at all distances. No more than one pair of spectacles shall be used to meet the requirement.
(3) A spare set of similarly correcting spectacles shall be readily available when exercising the privileges of the licence.

CAR-FCL 3.225 Colour perception

- (a) Normal colour perception is defined as the ability to pass the Ishihara test or to pass Nagel's anomaloscope as a normal trichromate (see paragraph 1 Appendix 14 to Subpart B).
- (b) An applicant shall have normal perception of colours or be colour safe. Applicants who fail Ishihara's test shall be assessed as colour safe if they pass extensive testing with methods acceptable to the AMB (anomaloscopy or colour lanterns – see paragraph 2 Appendix 14 to Subpart B).
- (c) An applicant who fails the acceptable colour perception tests is to be considered colour unsafe and shall be assessed as unfit.

CAR-FCL 3.230 Otorhinolaryngological requirements

- (a) An applicant for or holder of a Class 1 medical certificate 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 sequela of surgery and trauma which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

- (b) A comprehensive otorhinolaryngological examination is required at the initial examination and subsequently once every five years up to the 40th birthday and every two years thereafter (extended examination – see paragraph 1 and 2 Appendix 15 to Subpart B).
- (c) A routine Ear-Nose-Throat examination shall form part of all revalidation and renewal examinations (see Appendix 15 to Subpart B).
- (d) Presence of any of the following disorders in an applicant shall result in an unfit assessment.
 - (1) Active pathological process, acute or chronic, of the internal or middle ear.
 - (2) Unhealed perforation or dysfunction of the tympanic membranes (see paragraph 3 Appendix 15 to Subpart B).
 - (3) Disturbances of vestibular function (see paragraph 4 Appendix 15 to Subpart B).
 - (4) Significant restriction of the nasal air passage on either side, or any dysfunction of the sinuses.
 - (5) Significant malformation or significant, acute or chronic infection of the oral cavity or upper respiratory tract.
 - (6) Significant disorder of speech or voice.

CAR–FCL 3.235 Hearing requirements

- (a) Hearing shall be tested at all examinations. The applicant shall understand correctly conversational speech when tested with each ear at a distance of 2 metres from and with his back turned towards the AME.
- (b) Hearing shall be tested with pure tone audiometry at the initial examination and at subsequent revalidation or renewal examinations every five years up to the 40th birthday and every two years thereafter (see paragraph 1 Appendix 16 to Subpart B).
- (c) At the initial examination for a Class 1 medical certificate there shall be no hearing loss in either ear, when tested separately, of more than 20 dB(HL) at any of the frequencies 500, 1 000 and 2 000 Hz, or of more than 35 dB(HL) at 3 000 Hz. An applicant whose hearing loss is within 5 dB(HL) of these limits in two or more of the frequencies tested, shall undergo pure tone audiometry at least annually.
- (d) At revalidation or renewal examinations, there shall be no hearing loss in either ear, when tested separately, of more than 35dB(HL) at any of the frequencies 500, 1 000, and 2 000 Hz, or of more than 50 dB(HL) at 3 000 Hz. An applicant whose hearing loss is within 5 dB(HL) of these limits in two or more of the frequencies tested, shall undergo pure tone audiometry at least annually.
- (e) At revalidation or renewal, applicants with hypoacusis may be assessed as fit by the AMB if a speech discrimination test demonstrates a satisfactory hearing ability (see paragraph 2 Appendix 16 to Subpart B).

CAR-FCL 3.240 Psychological requirements

- (a) An applicant for or holder of a Class 1 medical certificate shall have no established psychological deficiencies (see paragraph 1 Appendix 17 to Subpart B), which are likely to interfere with the safe exercise of the privileges of the applicable licence(s). A psychological evaluation may be required by the AMB where it is indicated as part of, or complementary to, a specialist psychiatric or neurological examination (see paragraph 2 Appendix 17 to Subpart B).
- (b) When a psychological evaluation is indicated a psychologist acceptable to the AMB shall be utilised.
- (c) The psychologist shall submit to the AMB a written report detailing his opinion and recommendation.

CAR-FCL 3.245 Dermatological requirements

- (a) An applicant for, or holder of a Class 1 Medical Certificate shall have no established dermatological condition, likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Particular attention should be paid to the following disorders (see Appendix 18 to Subpart B):
- (1) Eczema (Exogenous and Endogenous),
 - (2) Severe Psoriasis,
 - (3) Bacterial Infections,
 - (4) Drug Induced Eruptions,
 - (5) Bullous Eruptions,
 - (6) Malignant Conditions of the skin,
 - (7) Urticaria.

Referral to the AMB shall be made if doubt exists about any condition.

CAR-FCL 3.246 Oncology

- (a) An applicant for or holder of a Class 1 medical certificate 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 may be assessed as fit in accordance with Appendix 19 to Subpart B.

SUBPART C – CLASS 2 MEDICAL REQUIREMENTS**CAR–FCL 3.250 Cardiovascular system – Examination**

- (a) An applicant for or holder of a Class 2 medical certificate shall not possess any abnormality of the cardiovascular system, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) A standard 12-lead resting electrocardiogram (ECG) and report are required at the examination for first issue of a medical certificate, at the first examination after the 40th birthday and at each aeromedical examination thereafter.
- (c) Exercise electrocardiography is required only when clinically indicated in compliance with paragraph 1 Appendix 1 to Subpart C.
- (d) Reporting of resting and exercise electrocardiograms shall be by specialists acceptable to the AMB.
- (e) If two or more major risk factors (smoking, hypertension, diabetes mellitus, obesity, etc) are present in an applicant, estimation of plasma lipids and serum cholesterol is required at the examination for first issue of a medical certificate and at the first examination after age 40.

CAR–FCL 3.255 Cardiovascular system –Blood pressure

- (a) The blood pressure shall be recorded with the technique given in paragraph 3 Appendix 1 to Subpart C.
- (b) When the blood pressure at examination consistently exceeds 160 mmHg systolic and/or 95 mmHg diastolic with or without treatment the applicant shall be assessed as unfit.
- (c) Treatment for the control of blood pressure shall be compatible with the safe exercise of the privileges of the applicable licence(s) and be in compliance with paragraph 4 Appendix 1 to Subpart C. The initiation of drug therapy shall require a period of temporary suspension of the medical certificate to establish the absence of significant side effects.
- (d) Applicants with symptomatic hypotension shall be assessed as unfit.

CAR–FCL 3.260 Cardiovascular system – Coronary artery disease

- (a) Applicants with asymptomatic, minor, coronary artery disease may be considered fit by the AMB subject to compliance with paragraph 5 Appendix 1 to Subpart C.
- (b) Applicants with symptomatic coronary artery disease shall be assessed as unfit.

- (c) Applicants following myocardial infarction shall be assessed as unfit. A fit assessment may be considered by the AMB subject to compliance with paragraph 6 Appendix 1 to Subpart C.
- (d) Applicants following coronary bypass surgery or coronary angioplasty/stenting shall be assessed as unfit. A fit assessment may be considered by the AMB subject to compliance with paragraph 7 Appendix 1 to Subpart C.

CAR-FCL 3.265 Cardiovascular system – Rhythm/conduction disturbances

- (a) Applicants with disturbance of supraventricular rhythm, including sinoatrial dysfunction, whether intermittend or established shall be assessed as unfit. A fit assessment may be considered by the AMB subject to compliance with paragraph 8 Appendix 1 to Subpart C.
- (b) Applicants with asymptomatic sinus bradycardia or sinus tachycardia may be assessed as fit in the absence of underlying abnormality.
- (c) Applicants with asymptomatic isolated uniform atrial or ventricular ectopic complexes need not be assessed as unfit. Frequent or complex forms require full cardiological evaluation in compliance with paragraph 8 Appendix 1 to Subpart C.
- (d) In the absence of any other abnormality, applicants with incomplete bundle branch block or stable left axis deviation may be assessed as fit.
- (e) Applicants with complete right or left bundle branch block require cardiological evaluation on first presentation and subsequently in compliance with paragraph 8 Appendix 1 to Subpart C.
- (f) Applicants with broad and/or narrow complex tachycardias shall be assessed as unfit. A fit assessment may be considered by the AMB subject to compliance with paragraph 8 Appendix 1 to Subpart C.
- (g) Applicants with an endocardial pacemaker shall be assessed as unfit. A fit assessment may be considered by the AMB subject to compliance with paragraph 8 Appendix 1 to Subpart C.

CAR-FCL 3.270 Cardiovascular system – General

- (a) Applicants with peripheral arterial disease before or after surgery shall be assessed as unfit. Provided there is no significant functional impairment a fit assessment may be considered by the AMB subject to compliance with paragraphs 5 and 6, Appendix 1 to Subpart C.
- (b) Applicants with aneurysm of the thoracic r abdominal aorta, before or after surgery, shall be assessed as unfit. Applicants with infra-renal bdominal aortic aneurysm may be considered fit by the AMB subject to compliance with paragraph 9 Appendix 1 to Subpart C.

- (c) Applicants with significant abnormality of any of the heart valves shall be assessed as unfit.
- (1) Applicants with minor cardiac valvular abnormalities may be assessed as fit by the AMB subject to compliance with paragraph 10(a) and (b) Appendix 1 to Subpart C.
 - (2) Applicants with cardiac valve replacement/repair shall be assessed as unfit. A fit assessment may be considered by the AMB subject to compliance with paragraph 10(c)nAppendix 1 to Subpart C.
- (d) Systemic anticoagulant therapy is disqualifying. Applicants who have received treatment of limited duration, may be considered for a fit assessment by the AMB subject to compliance with paragraph 11 Appendix 1 to Subpart C.
- (e) Applicants with any abnormality of the pericardium, myocardium or endocardium not covered above shall be assessed as unfit. A fit assessment may be considered by the AMB following complete resolution and satisfactory cardiological evaluation in compliance with paragraph 12 Appendix 1 to Subpart C.
- (f) Applicants with congenital abnormality of the heart, before or after corrective surgery, shall be assessed as unfit. A fit assessment may be considered by the AMB in compliance with paragraph 13 Appendix 1 to Subpart C.
- (g) Heart or heart/lung transplantation is disqualifying.
- (h) Applicants with a history of recurrent vasovagal syncope shall be assessed as unfit. A fit assessment may be considered by the AMB in an applicant with a suggestive history subject to compliance with paragraph 14 Appendix 1 to Subpart C.
Amdt.1, 01.12.00

CAR-FCL 3.275 Respiratory system – General

- (a) An applicant for or the holder of a Class 2 medical certificate shall not possess any abnormality of the respiratory system, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Posterior/anterior chest radiography is required only when indicated on clinical or epidemiological grounds.
- (c) A pulmonary peak flow test in accordance with paragraph 1 Appendix 2 to Subpart C, is required at the initial examination, at the first examination after the 40th birthday, every four years thereafter and when clinically indicated. Applicants with significant impairment of pulmonary function shall be assessed as unfit (see paragraph 1 Appendix 2 to subpart C).

CAR–FCL 3.280 Respiratory system – Disorders

- (a) Applicants with chronic obstructive airway disease shall be assessed as unfit.
- (b) Applicants with reactive airway disease (bronchial asthma) requiring medication shall be assessed in compliance with paragraph 2 Appendix 2 to Subpart C.
- (c) Applicants with active inflammatory disease of the respiratory system shall be assessed as temporarily unfit.
- (d) Applicants with active sarcoidosis shall be assessed as unfit (see paragraph 3 Appendix 2 to Subpart C).
- (e) Applicants with spontaneous pneumothorax shall be assessed as unfit pending full evaluation in compliance with paragraph 4 Appendix 2 to Subpart C.
- (f) Applicants requiring major chest surgery shall be assessed as unfit for a minimum of three months following operation and 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) (see paragraph 5n Appendix 2 to Subpart C).
- (g) Applicants with unsatisfactorily treated sleep apnoea syndrome shall be assessed as unfit.

CAR–FCL 3.285 Digestive system – General

An applicant for or holder of a Class 2 medical certificate 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).

CAR–FCL 3.290 Digestive system – Disorders

- (a) Applicants with dyspeptic disorders requiring medication or with pancreatitis shall be assessed as unfit pending examination in compliance with paragraph 1 Appendix 3 to Subpart C.
- (b) Applicants with asymptomatic gallstones discovered incidentally shall be assessed in compliance with paragraph 2 Appendix 3 to subpart B and C.
- (c) Applicants with an established diagnosis or history of chronic inflammatory bowel disease shall normally be assessed as unfit (see paragraph 3 Appendix 3 to Subpart C).
- (d) Applicants shall be required to be completely free from those hernias that might give rise to incapacitating symptoms.

- (e) Applicants with any sequela of disease or surgical intervention on any part of the digestive tract or its adnexae likely to cause incapacitation in flight, in particular any obstruction due to stricture or compression, shall be assessed as unfit.
- (f) 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, shall be assessed as unfit for a minimum period of three months or 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) (see paragraph 4 Appendix 3 to Subpart C).

CAR-FCL 3.295 Metabolic, nutritional and endocrine diseases

- (a) An applicant for or holder of a Class 2 medical certificate 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 dysfunctions may be assessed as fit in accordance with paragraph 1 Appendix 4 to Subpart C.
- (c) Applicants with diabetes mellitus may be assessed as fit only in accordance with paragraphs 2 and 3 Appendix 4 Subpart C.
- (d) Applicants with diabetes requiring insulin shall be assessed as unfit.
- (e) Applicants with a Body Mass Index > 35 may be assessed as fit only if the excess weight is not likely to interfere with the safe exercise of the applicable licence(s) and a satisfactory cardiovascular risk review has been undertaken (See paragraph 1 Appendix 9 to Subpart C).

CAR-FCL 3.300 Haematology

- (a) An applicant for or the holder of a Class 2 medical certificate shall not possess any haematologic disease which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Haemoglobin shall be tested at the initial examination for a medical certificate and when indicated on clinical grounds. Cases of significant anaemia with a haematocrit below 32% shall be assessed as unfit (see paragraph 1 Appendix 5 Subpart C).
- (c) Applicants with sickle cell disease shall be assessed as unfit (see paragraph 1 Appendix 5 to Subpart C).
- (d) Applicants with significant localised and generalised enlargement of the lymphatic glands and diseases of the blood shall be assessed as unfit (see paragraph 2 Appendix 5 to Subpart C).

- (e) Applicants with acute leukaemia shall be assessed as unfit. After established remission certification may be considered by the AMB. Initial applicants with chronic leukaemia shall be assessed as unfit. For certification see paragraph 3 Appendix 5 to Subpart C.
- (f) Applicants with significant enlargement of the spleen shall be assessed as unfit (see paragraph 4 Appendix 5 to Subpart C).
- (g) Applicants with significant polycythaemia shall be assessed as unfit see paragraph 5 Appendix 5 to Subpart C.
- (h) Applicants with a coagulation defect shall be assessed as unfit (see paragraph 6 Appendix 5 to Subpart C).

CAR–FCL 3.305 Urinary system

- (a) An applicant for or the holder of a Class 2 medical certificate shall not possess any functional or structural disease of the urinary system or its adnexa which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Applicants presenting any signs of organic disease of the kidney shall be assessed as unfit. Urinalysis shall form part of every medical examination. The urine shall contain no abnormal element considered to be of pathological significance. Particular attention shall be paid to disease affecting the urinary passages and the genital organs. (see paragraph 1 Appendix 6 to Subpart C).
- (c) Applicants presenting with urinary calculi shall be assessed as unfit (see paragraph 2 Appendix 6 to Subpart C).
- (d) Applicants with any sequela of disease or surgical procedures on the kidneys and the urinary tract likely to cause incapacitation, in particular any obstruction due to stricture or compression, shall be assessed as unfit. Applicants with compensated nephrectomy without hypertension or uraemia may be considered fit by the AMB subject to compliance with paragraph 3 Appendix 6 to Subpart C.
- (e) Applicants who have undergone a major surgical operation in the urinary tract or the urinary apparatus involving a total or partial excision or a diversion of any of its organs shall be assessed as unfit for a minimum period of three months and 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) (see paragraphs 3 and 4 Appendix 6 to Subpart C).

CAR–FCL 3.310 Sexually transmitted diseases and other infections

- (a) An applicant for or holder of a Class 2 medical certificate shall have no established medical history or clinical diagnosis of anysexually transmitted disease or other infection which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

- (b) Particular attention, in accordance with Appendix 7 to Subpart C, shall be paid to a history of or clinical signs indicating :
- (1) HIV positivity,
 - (2) immune system impairment,
 - (3) infectious hepatitis,
 - (4) syphilis.

CAR-FCL 3.315 Gynaecology and obstetrics

- (a) An applicant for or the holder of a Class 2 medical certificate 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) An applicant with a history of severe menstrual disturbances unamenable to treatment shall be assessed as unfit.
- (c) Pregnancy entails unfitness. If obstetric evaluation indicates a completely normal pregnancy, the applicant may be assessed as fit until the end of the 26th week of gestation, in accordance with paragraph 1 Appendix 8 to Subpart C. Licence privileges may be resumed upon satisfactory confirmation of full recovery following confinement or termination of pregnancy.
- (d) An applicant who has undergone a major gynaecological operation shall be assessed as unfit for a minimum period of three months and 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) (see paragraph 2 Appendix 8 to Subpart C).

CAR-FCL 3.320 Musculoskeletal requirements

- (a) An applicant for or holder of a Class 2 medical certificate shall not possess any abnormality of the bones, joints, muscles and 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 (see paragraph 1 Appendix 9 to Subpart C).
- (c) An applicant shall have satisfactory functional use of the musculo-skeletal system. An applicant with any significant sequela from disease, injury or congenital abnormality of the bones, joints, muscles or tendons with or without surgery shall be assessed in accordance with paragraphs 1, 2 and 3 Appendix 9 to Subpart C.

CAR–FCL 3.325 Psychiatric requirements

- (a) An applicant for or holder of a Class 2 medical certificate 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) Particular attention shall be paid to the following (see Appendix 10 to Subpart C):
- (1) psychotic symptoms,
 - (2) mood disorders,
 - (3) personality disorders, especially if severe enough to have resulted in overt acts,
 - (4) mental abnormality and neurosis,
 - (5) alcoholism,
 - (6) use or abuse of psychotropic drugs or other substances with or without dependency.

CAR–FCL 3.330 Neurological requirements

- (a) An applicant for or holder of a Class 2 medical certificate 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) Particular attention shall be paid to the following (see Appendix 11 to Subpart C):
- (1) progressive disease of the nervous system,
 - (2) epilepsy and other causes of disturbance of consciousness,
 - (3) conditions with a high propensity for cerebral dysfunction,
 - (4) head injury,
 - (5) spinal or peripheral nerve injury.

CAR–FCL 3.335 Ophthalmological requirements

- (a) An applicant for or holder of a Class 2 medical certificate 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 sequela of eye surgery (see paragraph 1 Appendix 12 to Subpart C) or trauma, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) A comprehensive ophthalmological examination by an AME is required at the initial examination in accordance with paragraph 2(b) Appendix 12 to Subpart C.
- (c) A routine eye examination shall form part of all revalidation and renewal examinations in accordance with paragraph 3 Appendix 12 to Subpart C.

CAR–FCL 3.340 Visual requirements

- (a) Distant visual acuity. Distant visual acuity, with or without correction, shall be 6/12 or better in each eye separately and binocular visual acuity shall be 6/6 or better (see CAR–FCL 3.340(f) below). No limits apply to uncorrected visual acuity.
- (b) *Refractive errors.* Refractive error is defined as the deviation from emmetropia measured in dioptres in the most ametropic meridian and refraction shall be measured by standard methods (see paragraph 1 Appendix 13 to Subpart C). Applicants shall be assessed as fit with respect to refractive errors if they meet the following requirements.
- (1) For an applicant with a refractive error greater than ± 5 dioptres (see paragraph 2 Appendix 13 to Subpart C) or where a visual acuity of 6/6 in each eye separately cannot be achieved with correcting lenses, a fullophthalmological evaluation by a specialist is required.
 - (2) In an applicant with amblyopia, the visual acuity of the amblyopic eye shall be 6/18 or better and may be accepted as fit provided the visual acuity in the other eye is 6/6 or better.
 - (3) In an applicant with a refractive error with an astigmatic component, the astigmatism shall not exceed 3.0 dioptres.
 - (4) The difference in refractive error between the two eyes (anisometropia) shall not exceed 3.0 dioptres.
 - (5) The development of presbyopia shall be followed at all aeromedical renewal examinations.
 - (6) An applicant shall be able to read N5 chart (or equivalent) at 30–50 cms and N14 chart (or equivalent) at 100 cms, with correction if prescribed (see CAR–FCL 3.340(f) below).
- (c) An applicant with significant defects of binocular vision shall be assessed as unfit. There is no stereoscopic test requirement (see paragraph 3 Appendix 13 to Subpart C).
- (d) An applicant with diplopia shall be assessed as unfit.
- (e) An applicant with visual fields which are not normal shall be assessed as unfit (see paragraph 3 Appendix 13 to Subpart C).
- (f) (1) If a visual requirement is met only with the use of correction, the spectacles or contact lenses must provide optimal visual function and be suitable for aviation purposes.
- (2) Correcting lenses, when worn for aviation purposes, shall permit the licence holder to meet the visual requirements at all distances. No more than one pair of spectacles shall be used to meet the requirements.
- (3) A spare set of similarly correcting spectacles shall be readily available when exercising the privileges of the licence.

CAR-FCL 3.345 Colour perception

- (a) Normal colour perception is defined as the ability to pass Ishihara's test or to pass Nagel's anomaloscope as a normal trichromate (see paragraph 1 Appendix 14 to Subpart C).
- (b) An applicant shall have normal perception of colours or be colour safe in accordance with CAR-FCL 3.345(c) below.
- (c) An applicant who fails Ishihara's test may be assessed as colour safe if he passes extensive testing with methods acceptable to the AMB (anomaloscopy or colour lanterns) (see Appendix 4 to Subpart C).
- (d) An applicant who fails the acceptable colour perception tests is to be considered colour unsafe and shall be assessed as unfit.
- (e) A colour unsafe applicant may be assessed by the AMB as fit to fly, within the FIRs, VFR by day only.

CAR-FCL 3.350 Otorhinolaryngological requirements

- (a) An applicant for or holder of a Class 2 medical certificate 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 sequela of surgery and trauma which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) A comprehensive otorhinolaryngological examination by an AME is required at the initial examination.
- (c) A routine Ear-Nose-Throat examination shall form part of all revalidation and renewal examinations (see paragraph 2 Appendix 15 to Subpart C).
- (d) Presence of any of the following disorders in an applicant shall result in an unfit assessment.
 - (1) Active pathological process, acute or chronic, of the internal or middle ear.
 - (2) Unhealed perforation or dysfunction of the tympanic membranes (see paragraph 3 Appendix 15 to Subpart C).
 - (3) Disturbances of vestibular function (see paragraph 4 Appendix 15 to Subpart C).
 - (4) Significant restriction of the nasal air passage on either side, or any dysfunction of the sinuses.
 - (5) Significant malformation or significant, acute or chronic infection of the oral cavity or upper respiratory tract.
 - (6) Significant disorder of speech or voice.

CAR–FCL 3.355 Hearing requirements

- (a) Hearing shall be tested at all examinations. The applicant shall be able to understand correctly ordinary conversational speech when at a distance of 2 metres from and with his back turned towards the AME.
- (b) If an instrument rating is to be added to the applicable licence(s), a hearing test with pure tone audiometry (see paragraph 1 Appendix 16 to Subpart C) is required at the first examination for the rating and shall be repeated every 5 years up to the 40th birthday and every 2 years thereafter.
- (1) There shall be no hearing loss in either ear, when tested separately, of more than 20 dB(HL) at any of the frequencies 500, 1 000 and 2 000 Hz, or of more than 35 dB(HL) at 3 000 Hz.
 - (2) An applicant for or holder of an instrument rating whose hearing loss is within 5 dB(HL) of the limits stated in CAR–FCL 3.355(b)(1) above in two or more of the frequencies tested shall undergo pure tone audiometry at least annually.
 - (3) An applicant with hypoacusis may, at revalidation or renewal examination, shall be assessed as fit if a speech discrimination test demonstrates a satisfactory hearing ability in accordance with paragraph 2 Appendix 16 to Subpart C.

CAR–FCL 3.360 Psychological requirements

- (a) An applicant for or holder of a Class 2 medical certificate shall have no established psychological deficiencies, particularly in operational aptitudes or any relevant personality factor, which are likely to interfere with the safe exercise of the privileges of the applicable licence(s). A psychological evaluation (see paragraph 1 Appendix 17 to Subpart C) may be required by the AMB where it is indicated as part of, or complementary to, a specialist psychiatric or neurological examination (see paragraph 2 Appendix 17 to Subpart C).
- (b) When a psychological evaluation is indicated a psychologist acceptable to the AUTHORITY shall be utilised.
- (c) The psychologist shall submit to the AMB a written report detailing his opinion and recommendation.

CAR–FCL 3.365 Dermatological requirements

- (a) An applicant for or holder of a Class 2 Medical Certificate shall have no established dermatological condition, likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Particular attention should be paid to the following disorders (see Appendix 18 to Subpart B).
- (1) Eczema (Exogenous and Endogenous),

- (2) Severe Psoriasis,
- (3) Bacterial Infections,
- (4) Drug Induced Eruptions,
- (5) Bullous Eruptions,
- (6) Malignant Conditions of the skin,
- (7) Urticaria.

Referral to the AMB shall be made if doubt exists about any condition.

CAR-FCL 3.370 Oncology

(a) An applicant for or holder of a Class 2 medical certificate 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 may be assessed as fit in accordance with Appendix 19 to Subpart C.

Appendix 1 to Subparts B & C Cardiovascular system
(See CAR–FCL 3.130 through 3.150 and 3.250 through 3.270)

1 Exercise electrocardiography shall be required:

- (a) when indicated by signs or symptoms suggestive of cardiovascular disease;
- (b) for clarification of a resting electrocardiogram;
- (c) at the discretion of an aeromedical specialist acceptable to the AMB;
- (d) at age 65 and then every 4 years for Class 1 recertification;

2 (a) Serum lipid estimation is case finding and significant abnormalities shall require review, investigation and supervision by the AMB.

(b) An accumulation of risk factors (smoking, family history, lipid abnormalities, hypertension, etc.) shall require cardiovascular evaluation by the AMB and, where appropriate, in conjunction with the AMC or AME.

3 The diagnosis of hypertension shall require review of other potential vascular risk factors. The systolic pressure shall be recorded at the appearance of the Korotkoff sounds (phase I) and the diastolic pressure at their disappearance (phase V). The blood pressure should be measured twice. If the blood pressure is raised and/or the resting heart rate is increased, further observations should be made during the assessment.

4 Anti-hypertensive treatment shall be agreed by the AMB. Drugs acceptable to the AMB may include:

- (a) non-loop diuretic agents;
- (b) certain (generally hydrophilic) beta-blocking agents;
- (c) ACE Inhibitors;
- (d) angiotensin II AT1 blocking agents (the sartans);
- (e) slow channel calcium blocking agents.

For Class 1, hypertension treated with pharmacological agents may require restriction to multi-pilot operations. For Class 2, a safety pilot restriction may be required.

5 In suspected asymptomatic coronary artery disease, exercise electrocardiography shall be required and, if necessary, followed by scintigraphy or stress echocardiography and/or coronary angiography.

6 Asymptomatic applicants who have satisfactorily reduced vascular risk factors present following myocardial infarction or other myocardial ischaemic event, and who require no medication for ischaemic heart pain shall, at least 6 months following the index event have completed investigations, demonstrating:

- (a) a symptom limited 12 lead exercise ECG to Bruce Stage IV, or equivalent, which a cardiologist acceptable to the AMB interprets as showing no evidence of myocardial ischaemia. Scintigraphy and/or stress echocardiography may be required if the ECG is abnormal at rest;
- (b) a left ventricular ejection fraction of > 0.50 without significant abnormality of wall motion such as dyskinesia, hypokinesia or akinesia and a normal right ventricular ejection fraction;

- (c) a 24-hour ambulatory ECG, showing no significant conduction disturbance, nor complex, nor sustained rhythm disturbance;
- (d) a coronary angiogram shall show $\leq 30\%$ stenosis in any vessel remote from any myocardial infarction and no functional impairment of myocardium subtended by any such vessel.
- (e) Follow up with annual cardiological review by a cardiologist acceptable to the AMB, including an exercise ECG or exercise scintigraphy/stress echocardiography if the resting ECG is abnormal.
- (f) Five yearly coronary angiography shall be considered, but may not be necessary if the exercise ECG shows no deterioration and is acceptable to the AMB.

AMB assessment

Class 1 applicants successfully completing this review shall be limited to multi-pilot operation only. Class 2 applicants successfully completing the items in paragraph 6(a), (b) and (c) of the review may be assessed as fit with safety pilot restriction.

Class 2 applicants successfully completing paragraph 6(d) of the review may be assessed as fit without restriction.

7 An asymptomatic applicant having satisfactorily reduced his/her vascular risk factors present, who requires no medication for ischaemic heart pain shall, at least 6 months after coronary artery by-pass surgery or angioplasty/stenting have completed investigations demonstrating:

- (a) a symptom limited 12 lead exercise ECG to Bruce Stage IV, or equivalent, which a cardiologist acceptable to the AMB interprets as showing no evidence of myocardial ischaemia. Scintigraphy and/or stress echocardiography may be required if the ECG is abnormal at rest;
- (b) a left ventricular ejection fraction of ≥ 0.50 without significant abnormality of wall motion such as dyskinesia, hypokinesia or akinesia and a normal right ventricular ejection fraction;
- (c) a 24-hour ambulatory ECG shall show no significant conduction disturbance, nor complex, nor sustained rhythm disturbance, nor evidence of myocardial ischaemia;
- (d) a coronary angiogram which shall show $< 30\%$ stenosis in any major epicardial vessel (or its graft(s)) which has not been subjected to revascularisation (i.e. arterial or saphenous vein graft, coronary angioplasty, or stenting). Furthermore, there shall be no lesion(s) $> 30\%$ stenosis in any angioplasted/stented vessel. No functional impairment of the myocardium is permitted, the single exception being in the territory of a vessel which has subtended a demonstrably completed myocardial infarction (see para 6 to Appendix 1 to Subpart B & C above). In such a circumstance the overall left ventricular ejection must exceed 0.50. Multiple angioplasty dilatations/stenting in the same or more than one vessel shall require very close supervision/denial.
- (e) Follow up with annual cardiological review by a cardiologist acceptable to the AMB, including exercise ECG or exercise scintigraphy/stress echocardiography if the resting ECG is abnormal.
- (f) Five yearly coronary angiography shall be considered, but may not be necessary if the exercise ECG shows no deterioration and is acceptable to the AMB.

AMB assessment

Class 1 applicants successfully completing this review shall be limited to multi-pilot operations only. Class 2 applicants successfully completing the items in paragraphs (a), (b) and (c) of this review may be assessed as fit with safety pilot restriction.

Class 2 applicants successfully completing paragraph 7(d) of this review may be assessed without restriction.

- 8 (a) Any significant disorder of rhythm or conduction requires evaluation by a cardiologist acceptable to the AMB. Such evaluation shall include:
- (1) a resting and exercise ECG to Bruce Stage IV, or equivalent, which a cardiologist acceptable to the AMB interprets as showing no significant myocardial ischaemia. Myocardial scintigraphy/stress echocardiography may be required if the ECG is abnormal at rest;
 - (2) a 24-hour ambulatory ECG showing no significant conduction disturbance, nor complex, nor sustained rhythm disturbance, nor evidence of myocardial ischaemia. (See guidance material for limits of tolerance);
 - (3) a 2D Doppler echocardiogram showing no significant selective chamber enlargement, nor structural, nor functional abnormality of the heart valves nor the myocardium and may include
 - (4) a coronary angiogram which shall show no significant coronary artery disease as defined in paragraphs 5, 6 and 7 of Appendix 1 to Subparts B & C;
 - (5) electrophysiological investigation which a cardiologist acceptable to the AMB shall interpret as failing to demonstrate features which might predispose the applicant to incapacitation.
- (b) In cases as described in CAR-FCL 3.145 and 3.265(a), (e), (f) and (g) any fit assessment by the AMB shall be restricted to multi-pilot operation (Class 1 'OML') or safety pilot limitation (Class 2 'OSL'), noting that:
- (1) one atrial or junctional ectopic complex per minute on a resting ECG may require no further evaluation; and
 - (2) one ventricular ectopic complex per minute on a resting ECG may require no further evaluation.
 - (3) after one year following the first appearance of complete right bundle branch block or three years for left bundle branch block the OML/OSL limitation may be lifted provided repeat evaluation in accordance with 8(a) (1-3) above reveals no change.
 - (c) Following permanent implantation of a subendocardial pacemaker a fit assessment may be considered by the AMB three months after insertion provided:
 - (1) there is no other disqualifying disorder;
 - (2) a bipolar lead system has been used;
 - (3) the applicant is not pacemaker dependent;
 - (4) a symptom limited 12 lead exercise ECG to Bruce Stage IV, or equivalent, reviewed by a cardiologist acceptable to the AMB, shows no abnormality inappropriate to the indication for which the pacemaker was inserted. Myocardial scintigraphy/stress echocardiography may be required.

- (5) a 2D Doppler echocardiogram shows no significant selective chamber enlargement, nor structural, nor functional abnormality of any heart valve or of the myocardium;
 - (6) a Holter recording shall demonstrate no symptomatic or asymptomatic paroxysmal tachyarrhythmia;
 - (7) a six monthly follow up by a cardiologist acceptable to the AMB with a pacemaker check and Holter monitoring is completed;
 - (8) recertification is restricted to multi-crew operation (Class 1 'OML'). Class 2 certification without restriction may be applicable according to AMB assessment.
- 9 Unoperated infra-renal abdominal aortic aneurysms may be considered for restricted Class 1 or Class 2 certification by the AMB if followed by six monthly ultra-sound scans. After surgery for infra-renal abdominal aortic aneurysm without complications, and after cardiovascular assessment, restricted Class 1 or Class 2 certification may be considered by the AMB, with follow-up as approved by the AMB.
- 10 (a) Unidentified cardiac murmurs shall require evaluation by a cardiologist acceptable to the AMB and assessment by the AMB. If considered significant, further investigation shall include at least 2D Doppler echocardiography.
- (b) Valvular Abnormalities
- (1) Bicuspid aortic valve is acceptable without restriction if no other cardiac or aortic abnormality is demonstrated, but requires biannual review with echocardiography.
 - (2) Aortic stenosis (Doppler flow rate $<2.0\text{m/sec}$) may be acceptable for multi-pilot operations.
Annual review shall be required, with 2D Doppler echocardiography, by a cardiologist acceptable to the AMB.
 - (3) Aortic regurgitation may be acceptable for unrestricted certification only if trivial. There shall be no demonstrable abnormality of the ascending aorta on 2D Doppler echocardiography. Annual review shall be carried out by a cardiologist acceptable to the AMB .
 - (4) Rheumatic mitral valve disease is normally disqualifying.
 - (5) Mitral leaflet prolapse/mitral regurgitation. Asymptomatic applicants with isolated midsystolic click may need no restriction. Applicants with uncomplicated minor regurgitation shall be restricted to multi-pilot operations. Applicants with evidence of volume overloading of the left ventricle demonstrated by increased left ventricular end-diastolic diameter shall be assessed as unfit. Annual review by a cardiologist acceptable to the AMB and assessment by the AMB is required.
- (c) Valvular surgery
- (1) Applicants with implanted mechanical valves shall be assessed as unfit.
Appendix 1 to Subparts B & C (continued)
 - (2) Asymptomatic applicants with a tissue valve who at least 6 months following surgery shall have satisfactorily completed investigations which demonstrate

- (3) normal valvular and ventricular configuration and function may be considered for a fit assessment by the AMB as judged by:
- (i) a satisfactory symptom limited exercise ECG to Bruce Stage IV or equivalent which a cardiologist acceptable to the AMB interprets as showing no significant abnormality. Myocardial scintigraphy/stress echocardiography shall be required if the resting ECG is abnormal and any coronary artery disease has been demonstrated. See also paragraphs 5, 6 and 7 of Appendix 1 to Subparts B & C.;
 - (ii) a 2D Doppler echocardiogram showing no significant selective chamber enlargement, a tissue valve with minimal structural alterations and with a normal Doppler blood flow, and no structural, nor functional abnormality of the other heart valves. Left ventricular fractional or shortening shall be normal.
 - (iii) the demonstrated absence of coronary artery disease unless satisfactory revascularisation has been achieved – see paragraph 7 above;
 - (iv) the absence of requirement for cardioactive medication;
 - (v) a follow up with annual cardiological review by a cardiologist acceptable to the AMB with exercise ECG and 2D Doppler echocardiography.

A fit assessment shall be limited to multi-pilot operation (Class 1 OML). Full Class 2 certification may be applicable.

11 Applicants following anticoagulant therapy require review by the AMB. Venous thrombosis or pulmonary embolism is disqualifying until anticoagulation has been discontinued. Pulmonary embolus requires full evaluation. Anticoagulation for possible arterial thromboembolism is disqualifying.

12 Applicants with abnormalities of the epicardium/myocardium and/or endocardium, primary or secondary, shall be assessed as unfit until clinical resolution has taken place. Cardiovascular assessment by the AMB may include 2D Doppler echocardiography, exercise ECG and/or myocardial scintigraphy/stress echocardiography and 24-hour ambulatory ECG. Coronary angiography may be indicated. Frequent review and restriction to multi-pilot operation (Class 1 'OML') or safety pilot limitation (Class 2 'OSL') may be required following certification.

13 Applicants with congenital heart conditions including those surgically corrected, shall normally be assessed as unfit unless functionally unimportant and no medication is required. Cardiological assessment by the AMB shall be required. Investigations may include 2D Doppler echocardiography, exercise ECG and 24-hour ambulatory ECG. Regular cardiological review shall be required. Restriction to multi-crew (Class 1 'OML') and safety pilot (Class 2 'OSL') operation may be required.

14 Applicants who have suffered recurrent episodes of syncope shall undergo the following:

- (a) a symptom limited 12 lead exercise ECG to Bruce Stage IV, or equivalent, which a cardiologist acceptable to AMB interprets as showing no abnormality. If the resting ECG is abnormal, myocardial scintigraphy/stress echocardiography shall be required.
- (b) a 2D Doppler echocardiogram showing no significant selective chamber enlargement nor structural nor functional abnormality of the heart, valves nor myocardium.
- (c) a 24-hour ambulatory ECG recording showing no conduction disturbance, nor complex, nor sustained rhythm disturbance nor evidence of myocardial ischaemia.

- (d) and may include a tilt test carried out to a standard protocol which in the opinion of a cardiologist acceptable to the AMB shows no evidence of vasomotor instability. Applicants fulfilling the above may be assessed fit, restricted to multi-crew operation (Class 1 OML) or safety pilot operation (Class 2 OSL) not less than 6 months following an index event provided there has been no recurrence. Neurological review will normally be indicated. Unrestricted certification requires 5 years freedom from attacks. Shorter or longer periods of consideration may be accepted by the AMB according to the individual circumstances of the case. Applicants who suffered loss of consciousness without significant warning shall be assessed as unfit.

15 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

(See Section 2, Aviation Cardiology Chapter)

Appendix 2 to Subparts B and C Respiratory system

(See CAR–FCL 3.155, 3.160, 3.275 and 3.280)

1 Spirometric examination is required for initial Class 1 examination. An FEV1/FVC ratio less than 70% shall require evaluation by a specialist in respiratory disease. For Class 2, a pulmonary peak flow test of less than 80% of predicted normal value according to age, sex and height shall require evaluation by a specialist in respiratory diseases.

2 Applicants experiencing recurrent attacks of asthma shall be assessed as unfit.

- (a) Class 1 certification may be considered by the AMB if considered stable with acceptable pulmonary function tests and medication compatible with flight safety (no systemic steroids).
- (b) Class 2 certification may be considered by the AME in consultation with the AMB if considered stable with acceptable pulmonary function tests, medication compatible with flight safety (no systemic steroids), and a full report is submitted to the AMB.

3 Applicants with active sarcoidosis are unfit. Certification may be considered by the AMB if the disease is:

- (a) investigated with respect to the possibility of systemic involvement; and
- (b) limited to hilar lymphadenopathy shown to be inactive and the applicant requires no medication.

4 Spontaneous pneumothorax.

- (a) Certification following a fully recovered single spontaneous pneumothorax may be acceptable after one year from the event with full respiratory evaluation.
- (b) Recertification in multi-pilot (Class 1 ‘OML’) operations or under safety pilot (Class 2 ‘OSL’) conditions may be considered by the AMB if the applicant fully recovers from a single spontaneous pneumothorax after six weeks. Unrestricted recertification may be considered by the AMB after one year from the event with full respiratory investigation.
- (c) A recurrent spontaneous pneumothorax is disqualifying. Certification may be considered by the AMB following surgical intervention with a satisfactory recovery.

5 Pneumonectomy is disqualifying. Certification following lesser chest surgery may be considered by the AMB after satisfactory recovery and full respiratory evaluation. Multi-pilot (Class 1 ‘OML’) or safety pilot (Class 2 ‘OSL’) restrictions may be appropriate.

6 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

Appendix 3 to Subparts B and C Digestive system**(See CAR–FCL 3.165, 3.170, 3.285 and 3.290)**

- 1 (a) Recurrent dyspepsia requiring medication shall be investigated by internal examination (radiologic or endoscopic). Laboratory testing should include haemoglobin assessment and faecal examination. Any demonstrated ulceration or significant inflammation requires evidence of recovery before recertification by the AMB.
(b) Pancreatitis is disqualifying. Certification may be considered by the AMB if the cause of obstruction (e.g. drug, gallstone) is removed.
(c) Alcohol may be a cause of dyspepsia and pancreatitis. If considered appropriate a full evaluation of its use/abuse is required.
- 2 A single asymptomatic large gallstone may be compatible with certification after consideration by the AMB. An individual with asymptomatic multiple gallstones may be considered for multicrew (Class 1 ‘OML’) or safety pilot (Class 2 ‘OSL’) recertification by the AMB.
- 3 Chronic inflammatory bowel disease (regional ileitis, ulcerative colitis, diverticulitis) is disqualifying. Recertification (Class 1 and 2) and initial certification (Class 2) may be considered by the AMB if there is full remission and minimal, if any, medication is being taken. Regular follow up is required and multi-pilot (Class 1 ‘OML’) or safety pilot (Class 2 ‘OSL’) restriction may be appropriate.
- 4 Abdominal surgery is disqualifying for a minimum of three months. The AMB may consider earlier recertification if recovery is complete, the applicant is asymptomatic and there is a minimal risk of secondary complication or recurrence.
- 4 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

Appendix 4 to Subparts B and C Metabolic, nutritional and endocrine disorders
(See CAR–FCL 3.175 and 3.295)

1 Metabolic, nutritional or endocrinological dysfunction is disqualifying. Certification may be considered by the AMB if the condition is asymptomatic, clinically compensated and stable with or without replacement therapy, and regularly reviewed by an appropriate specialist.

2 Glycosuria and abnormal blood glucose levels require investigation. Certification may be considered by the AMB if normal glucose tolerance is demonstrated (low renal threshold) or impaired glucose tolerance without diabetic pathology is fully controlled by diet and regularly reviewed.

3 The use of antidiabetic drugs is disqualifying. In selected cases, however, the use of biguanides or alpha-glucosidase inhibitors may be acceptable for multi-pilot operations (Class 1 ‘OML’) or unrestricted (Class 2) certification. The use of sulphonylureas may be acceptable for restricted Class 2 re-certification.

4 Addison’s disease is disqualifying. Re-certification (Class 1) or certification (Class 2) may be considered by the AMB, provided that cortisone is carried and available for use, whilst exercising the privileges of the licence. An “OML” or “OSL” limitation may be required.

5 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

Appendix 5 to Subparts B and C Haematology
(See CAR–FCL 3.180 and 3.300)

1 Anaemias demonstrated by reduced haemoglobin level require investigation. Anaemia which is unamenable to treatment is disqualifying. Certification may be considered by the AMB in cases where the primary cause has been satisfactorily treated (e.g. iron deficiency or B12 deficiency) and haematocrit has stabilised at greater than 32%, or where minor thalassaemia or haemoglobinopathies are diagnosed without a history of crises and where full functional capability is demonstrated.

2 Lymphatic enlargement requires investigation. Certification may be considered by the AMB in cases of acute infectious process which is fully recovered or Hodgkin's lymphoma and Non Hodgkin's lymphoma of high grade which has been treated and is in full remission. If chemotherapy has included anthracycline treatment, cardiological review shall be required (see Manual Aviation Cardiology, chapter 1, paragraph 10).

3 In cases of chronic leukaemia recertification may be considered by the AMB if diagnosed as lymphatic at stages O, I (and possibly II) without anaemia and minimal treatment, or 'hairy cell' leukaemia and are stable with normal haemoglobin and platelets. Regular follow-up is required. If chemotherapy has included anthracycline treatment, cardiological review shall be required (see Manual Aviation Cardiology, chapter 1, paragraph 10).

4 Splenomegaly requires investigation. The AMB may consider certification where the enlargement is minimal, stable and no associated pathology is demonstrable (e.g. treated chronic malaria), or if the enlargement is minimal and associated with another acceptable condition (e.g. Hodgkin's lymphoma in remission).

5 Polycythaemia requires investigation. The AMB may consider restricted certification if the condition is stable and no associated pathology has been demonstrated.

6 Significant coagulation defects require investigation. The AMB may consider restricted certification if there is no history of significant bleeding or clotting episodes.

7 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

Appendix 6 to Subparts B and C Urinary system**(See CAR-FCL 3.185 and 3.305)**

- 1 Any abnormal finding upon urinalysis requires investigation.
- 2 An asymptomatic calculus or a history of renal colic requires investigation. While awaiting assessment or treatment, the AMB may consider recertification with a multi-pilot limitation (Class 1 'OML') or safety pilot limitation (Class 2 'OSL'). After successful treatment unrestricted certification may be considered by the AMB. For residual calculi, the AMB may consider recertification with a multi-pilot limitation (Class 1 'OML'), safety pilot limitation (Class 2 'OSL'), or unrestricted Class 2 recertification.
- 3 Major urological surgery is disqualifying for a minimum of three months. The AMB may consider certification if the applicant is completely asymptomatic and there is a minimal risk of secondary complication or recurrence.
- 4 Renal transplantation or total cystectomy is not acceptable for initial Class 1 certification. Recertification may be considered by the AMB in the case of:
 - (a) renal transplant which is fully compensated and tolerated with minimal immunosuppressive therapy after at least 12 months; and
 - (b) total cystectomy which is functioning satisfactorily with no indication of recurrence, infection or primary pathology.

In both cases 'multi-pilot' (Class 1 'OML') or 'safety pilot' (Class 2 'OSL') restriction may be considered necessary.

- 5 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

Appendix 7 to Subparts B and C Sexually transmitted diseases and other infections
(See CAR–FCL 3.190 and 3.310)

1 HIV positivity is disqualifying.

2 Recertification of HIV positive individuals to multi-pilot (Class 1 ‘OML’) or safety pilot (Class 2 ‘OSL’) operations may be considered by the AMB subject to frequent review. The occurrence of AIDS or AIDS related complex is disqualifying.

3 Acute syphilis is disqualifying. Certification may be considered by the AMB in the case of those fully treated and recovered from the primary and secondary stages.

4 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

Appendix 8 to Subparts B and C

Gynaecology and obstetrics

(See CAR–FCL 3.195 and 3.315)

1 The AMB may approve certification of pregnant aircrew during the first 26 weeks of gestation following review of the obstetric evaluation. The AMB shall provide written advice to the applicant and the supervising physician regarding potentially significant complications of pregnancy (see Manual). Class 1 certificate holders shall be restricted to multi-pilot operations (Class 1 ‘OML’).

2 Major gynaecological surgery is disqualifying for a minimum of three months. The AMB may consider earlier recertification if the holder is completely asymptomatic and there is only a minimal risk of secondary complication or recurrence.

3 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

Appendix 9 to Subparts B and C Musculoskeletal requirements
(See CAR-FCL 3.200 and 3.320)

1 Abnormal physique, including obesity, or muscular weakness may require medical flight or flight simulator testing approved by the AMB. Particular attention shall be paid to emergency procedures and evacuation. Restriction to specified type(s) or multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') operations may be required.

2 In cases of limb deficiency, recertification (Class 1) and certification (Class 2) may be considered by the AMB according to CAR-FCL 3.125 and following a satisfactory medical flight test or simulator testing. 3 An applicant with inflammatory, infiltrative, traumatic or degenerative disease of the musculoskeletal system may be considered for certification by the AMB. Provided the condition is in remission and the applicant is taking no disqualifying medication and has satisfactorily completed a medical flight or simulator flight test when necessary, restriction to specified type(s) or multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') operation may be required.

4 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

Appendix 10 to Subparts B and C Psychiatric requirements**(See CAR–FCL 3.205 and 3.325)**

1 An established condition including psychotic symptoms is disqualifying. Certification may only be considered if the AMB can be satisfied that the original diagnosis was inappropriate or inaccurate, or in the case of a single toxic episode.

2 An established neurosis is disqualifying. The AMB may consider certification after review by a psychiatric specialist acceptable to the AMB and all psychotropic medication has been stopped for at least three months.

3 A single self destructive action or repeated overt acts are disqualifying. Certification may be considered by the AMB after full consideration of an individual case and may require psychological or psychiatric review. 4 Alcohol, psychotropic drug or substance abuse with or without dependency is disqualifying. Psychotropic drugs and substances include sedatives and hypnotics, barbiturates, anxiolytics, opioids, central nervous system stimulants such as cocaine, amphetamines and similarly acting sympathomimetics, hallucinogens, phencyclidine or similarly acting arylcyclohexylamines, cannabis, inhalants and other psychoactive drugs or substances. Certification may be considered by the AMB after a period of two years documented sobriety or freedom from drug use. Recertification at an earlier point for multi-pilot operations (Class 1 'OML') or safety pilot restriction (Class 2 'OSL') may be considered by the AMB following:

- (a) a minimum of four weeks inpatient treatment;
- (b) review by a psychiatric specialist acceptable to the AMB; and
- (c) ongoing review including blood testing and peer reports for a period of three years.

Multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') restrictions may be reviewed by the AMB after 18 months from recertification.

Appendix 11 to Subparts B and C Neurological requirements**(See CAR–FCL 3.210 and 3.330)**

1 Any stationary or progressive disease of the nervous system which has caused or is likely to cause a significant disability is disqualifying. However, the AMB may consider minor functional losses, associated with stationary disease, acceptable after full evaluation.

2 A diagnosis of epilepsy is disqualifying, unless there is unequivocal evidence of a syndrome of benign childhood epilepsy associated with a very low risk of recurrence, and the applicant has been free of recurrence and off treatment for more than 10 years. One or more convulsive episodes after the age of 5 is disqualifying. However, an acute symptomatic seizure which is considered by a consultant neurologist acceptable to the AMB to have a very low risk of recurrence may be accepted by the AMB. 3 Epileptiform paroxysmal EEG abnormalities and focal slow waves normally are disqualifying.

Further evaluation shall be carried out by the AMB.

4 A history of one or more episodes of disturbance of consciousness of uncertain cause is disqualifying. A single episode of such disturbance of consciousness may be accepted by the AMB when satisfactorily explained but a recurrence is normally disqualifying.

5 An applicant having had a single afebrile epileptiform seizure which has not recurred after at least 10 years while off treatment, and where there is no evidence of continuing predisposition to epilepsy, may be granted a licence if the risk of a further seizure is considered in the limits acceptable to the AMB. For Class 1 certification an “OML” limitation shall be applied.

6 Any head injury which has been severe enough to cause loss of consciousness or is associated with

penetrating brain injury must be assessed by the AMB and be seen by a consultant neurologist acceptable to the

AMB. There must be a full recovery and a low risk (in the limits acceptable to the AMB) of epilepsy before recertification is possible.

7 Consideration of applicants with a history of spinal or peripheral nerve injury shall be undertaken in conjunction with the musculo-skeletal requirements, Appendices and Manual Chapter.

8 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system. All intracerebral malignant tumours are disqualifying.

Appendix 12 to Subparts B and C Ophthalmological requirements
(See CAR–FCL 3.215 and 3.335)

1 Refractive surgery entails unfitness. Re-certification for Class 1 and certification for Class 2 may be considered by the AMB 12 months after the date of refractive surgery provided that:

- (a) pre-operative refraction (as defined in CAR–FCL 3.220(b) and 3.340(b)) was less than 5 dioptries;
- (b) satisfactory stability of refraction has been achieved (less than 0.75 dioptries variation diurnally); and
- (c) glare sensitivity is not increased.

2 (a) At the initial examination for a Class 1 certificate a comprehensive ophthalmological examination shall be carried out by, or under the guidance and supervision of, a specialist in aviation ophthalmology acceptable to the AMB.

(b) At examination for a Class 2 certificate an applicant requiring visual correction to meet the standards shall submit a copy of the current spectacle prescription. 3 At each aeromedical renewal examination an assessment of the visual fitness of the licence holder shall be performed and the eyes shall be examined with regard to possible pathology. All abnormal and doubtful cases shall be referred to a specialist in aviation ophthalmology acceptable to the AMB. 4 Extended examination: at intervals stated in CAR–FCL 3.215(d) the revalidation or renewal examination shall include a comprehensive ophthalmological examination carried out by, or under the guidance and supervision of, a specialist in aviation ophthalmology acceptable to the AMB. 5 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

Appendix 13 to Subparts B and C Visual requirements
(See CAR–FCL 3.215, 3.220, 3.335 and 3.340)

1 Refraction of the eye shall be the index for assessment.

2 (a) *Class 1*. If the refractive error is within the range $-3/-5$ dioptres the AMB may consider Class 1 certification if:

- (1) no significant pathology can be demonstrated;
- (2) the refraction has remained stable for at least four years after the age of 17 years;
- (3) optimal correction has been considered (contact lenses);
Appendix 11 to Subparts B & C (continued)
- (4) experience satisfactory to the AUTHORITY has been demonstrated.

(b) *Class 2*. If the refractive error is within the range $-5/-8$ dioptres, the AMB may consider Class 2 certification if:

- (1) no significant pathology can be demonstrated;
- (2) the refraction has remained stable for at least 4 years after the age of 17 years;
- (3) optimal correction has been considered (contact lenses).

3 (a) Monocularity entails unfitness for a Class 1 certificate. The AMB may consider recertification for a Class 2 certificate if the underlying pathology is acceptable according to ophthalmic specialist assessment and subject to a satisfactory flight test.

(b) Central vision in one eye below the limits stated in CAR–FCL 3.220 may be considered for Class 1 recertification if binocular visual fields are normal and the underlying pathology is acceptable according to ophthalmic specialist assessment. A satisfactory flight test is required and operations limited to multi-pilot (Class 1 ‘OML’) only.

(c) In case of reduction of vision in one eye to below the limits stated in CAR–FCL 3.340 Class 2 recertification may be considered if underlying pathology and the visual ability of the remaining eye are acceptable following ophthalmic evaluation acceptable to the AMB and subject to a satisfactory medical flight test, if indicated.

4 Convergence outside the normal range may be considered acceptable provided it does not interfere with near vision (30–50 cm and 100 cm).

Appendix 14 to Subparts B and C Colour perception**(See CAR–FCL 3.225 and 3.345)**

1 The Ishihara test (24 plate version) is to be considered passed if all plates are identified correctly without uncertainty or hesitation (less than 3 seconds per plate). For lighting conditions see the JAA Manual of Civil Aviation Medicine.

2 Those failing the Ishihara test shall be examined either by:

- (a) *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
- (b) *Lantern testing*. This test is considered passed if the applicant passes without error a test with lanterns acceptable to the Medical Board such as Holmes Wright, Beynes, or Spectrolux.

*Appendix 15 to Subparts B and C**Otorhinolaryngological requirements***(See CAR–FCL 3.230 and 3.350)**

1 At the initial examination a comprehensive ORL examination shall be carried out by or under the guidance and supervision of a specialist in aviation otorhinolaryngology acceptable to the AMB.

2 (a) At revalidation or renewal examinations all abnormal and doubtful cases within the ENT region shall be referred to a specialist in aviation otorhinolaryngology acceptable to the AMB.

(b) At intervals stated in CAR–FCL 3.230(b) the revalidation or renewal examination shall include a comprehensive ORL examination carried out by or under the guidance and supervision of a specialist in aviation otorhinolaryngology acceptable to the AMB.

3 A single dry perforation of non-infectious origin and which does not interfere with the normal function of the ear may be considered acceptable for certification.

4 The presence of spontaneous or positional nystagmus shall entail complete vestibular evaluation by a specialist acceptable to the AMB. In such cases no significant abnormal caloric or rotational vestibular responses can be accepted. At revalidation or renewal examinations abnormal vestibular responses shall be assessed in their clinical context by the AMB.

5 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

Appendix 16 to Subparts B and C Hearing requirements**(See CAR-FCL 3.235 and 3.355)**

1 The pure tone audiogram shall cover at least the frequencies from 250–8 000 Hz. Frequency thresholds shall be determined as follows:

250 Hz
500 Hz
1 000 Hz
2 000 Hz
3 000 Hz
4 000 Hz
6 000 Hz
8 000 Hz

2 (a) Cases of hypoacusis shall be referred to the AMB for further evaluation and assessment.

(b) If satisfactory hearing in a noise field corresponding to normal flight deck working conditions during all phases of flight can be demonstrated, recertification may be considered by the AMB.

Appendix 17 to Subparts B and C Psychological requirements
(See CAR–FCL 3.240 and 3.360)

1 *Indication.* A psychological evaluation should be considered as part of, or complementary to, a specialist psychiatric or neurological examination when the AUTHORITY receives verifiable information from an identifiable source which evokes doubts concerning the mental fitness or personality of a particular individual. Sources for this information can be accidents or incidents, problems in training or proficiency checks, delinquency or knowledge relevant to the safe exercise of the privileges of the applicable licences.

2 *Psychological Criteria.* The psychological evaluation may include a collection of biographical data, the administration of aptitude as well as personality tests and psychological interview.

Appendix 18 to Subparts B and C Dermatological requirements**(See CAR–FCL 3.245 and 3.365)**

1 Any skin condition causing pain, discomfort, irritation or itching can distract flight crew from their tasks and thus affect flight safety.

2 Any skin treatment, radiant or pharmacological, may have systemic effects which must be considered before assessing fit/unfit or restricted to multi-pilot (Class 1 ‘OML’)/safety pilot (Class 2 ‘OSL’) operations.

3 Malignant or Pre-malignant Conditions of the Skin

(a) Malignant melanoma, squamous cell epithelioma, Bowens disease and Pagets disease are disqualifying. Certification may be considered by the AMB if, when necessary, lesions are totally excised and there is adequate follow-up.

(b) Basal cell epithelioma or rodent ulcer, keratoacanthoma and actinic keratoses will require treatment and/or excision in order to maintain certification.

4 Other skin conditions:

(a) Acute or widespread chronic eczema,

(b) Skin reticulosis,

(c) Dermatological aspects of a generalised condition , and similar conditions require consideration of treatment and any underlying condition before assessment by the AMB.

5 The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

Appendix 19 to Subparts B and C Oncology Requirements

(See CAR-FCL 3.246 and 3.370)

1 Class 1 certification may be considered by the AMB and Class 2 certification may be considered by the AME in consultation with the AMB if:

- (a) There is no evidence of residual malignant disease after treatment;
- (b) Time appropriate to the type of tumour has elapsed since the end of treatment;
- (c) The risk of inflight incapacitation from a recurrence or metastasis is within limits acceptable to the AMB;
- (d) There is no evidence of short or long-term sequelae from treatment. Applicants who have received anthracycline chemotherapy shall require cardiological review;
- (e) Arrangements for follow-up are acceptable to the AMB.

2 Multi-pilot (Class 1 OML) for recertification or safety pilot (Class 2 OSL) restriction may be appropriate.