



**REPUBLIC OF LEBANON  
CIVIL AVIATION AUTHORITY**

**LARs**

# **LEBANESE AVIATION REGULATIONS**

***Part IV***  
**PERSONNEL LICENSING**

***Subpart 4***  
**MEDICAL REQUIREMENTS**

**Republic of Lebanon** 

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### RECORD OF AMENDMENTS

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## TABLE OF CONTENTS

Subpart 4 - Medical Requirements .....	1
404.01 Interpretation.....	1
404.02 Application.....	1
404.03 Requirement to Hold a Medical Certificate.....	1
404.04 Issuance, Renewal and Validity Period of Medical Certificate.....	1
404.05 Medical Standards Flexibility, Limitations and Restrictions .....	2
404.06 Prohibition Regarding Exercise of Privileges.....	3
404.07 Validation of Foreign Medical Certificate .....	3
404.08 - 09 Reserved .....	4
404.10 Medical Certificate Requirements for Personnel Licences .....	4
404.11 Medical Fitness - Authority's Assessment .....	4
404.12 Reconsideration of Assessment .....	4
404.13 Authority to Conduct Medical Examinations .....	5
404.14 Responsibilities of Medical Examiner.....	5
404.15 Procedures for Designating Aviation Medical Assessors (AMA).....	5
s404 - Personnel Licensing Standards Respecting Medical Requirements .....	7
s404.04 Issuance and Validity Period of Medical Certificates .....	7
s404.05 Medical Standards Flexibility, Limitations and Restrictions .....	8
s404.06 Prohibition Regarding Exercise of Privileges.....	9
s404.07 Validation of Foreign Medical Certificate .....	9
s404.13 Authority to Conduct Medical Examinations .....	9
s404.14 Responsibility of Medical Examiners.....	10
s404.15 Procedure for Designating Aviation Medical Assessors (AMA).....	11
Table s404 – 1 Physical and Mental Requirements.....	13

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## PART IV

### PERSONNEL LICENSING

#### Subpart 4 - Medical Requirements

##### **404.01 Interpretation**

1. In this Subpart, "CAME" means a Civil Aviation Medical Examiner appointed by the Authority to conduct medical examinations of applicants for the issuance or renewal of medical certificates pursuant to subsection 404.04(1).
2. Any reference in this Subpart to the personnel licensing standards is a reference to the *Personnel Licensing Standards Respecting Medical Requirements*.
3. "Accredited medical conclusion" is defined as the conclusion reached by one or more medical experts with specialized knowledge or training in aviation medicine, acceptable to the Authority for the purpose of the case concerned, in consultation with specialists in flight operations or other experts as necessary.

##### **404.02 Application**

This Sub-part applies to:

- a) persons who hold or who apply for the issuance or renewal of a medical certificate for the purpose of exercising the privileges of a licence or rating referred to in Section 404.10; and
- b) the physicians referred to in Section 404.13.

##### **404.03 Requirement to Hold a Medical Certificate**

No person shall exercise or attempt to exercise the privileges of a licence or rating unless the person holds a valid medical certificate of a class that is appropriate for that licence or rating, as specified in Section 404.10.

##### **404.04 Issuance, Renewal and Validity Period of Medical Certificate**

1. Subject to subsection (2) and subsection 404.05(1), the Authority shall, or a CAME so delegated by the Authority, shall issue or renew a medical certificate on receipt of an application therefore if it is established, by means of a medical examination conducted by an approved CAME, that the applicant fully meets the medical fitness requirements specified in the personnel licensing standards.
2. The Authority:
  - a) may request an applicant for the issuance or renewal of a medical certificate to undergo, before a specified date, any medical tests or examinations that are necessary to determine whether the applicant meets the medical fitness requirements specified in the personnel licensing standards;

- b) shall not issue or renew a medical certificate until the applicant has undergone all of the tests and examinations requested by the Authority pursuant to paragraph (a); and
  - c) may suspend, or refuse to issue or renew, the applicant's medical certificate if the applicant fails to comply with the request referred to in paragraph (a) by the specified date.
3. The Authority may:
- a) request the holder of a medical certificate to undergo, before a specified date, any medical tests or examinations or provide any additional medical information, as necessary to determine whether the holder continues to meet the medical fitness requirements specified in the personnel licensing standards; and
  - b) suspend, or refuse to renew, the holder's medical certificate if the holder fails to comply with the request referred to in paragraph (a) before the specified date.
4. A medical certificate is subject to any restrictions or limitations that have been endorsed on the certificate in accordance with subsection 404.05(2).
5. A medical certificate is valid until the date specified on the certificate by the CAME or Authority in accordance with the validity periods as specified in the personnel licensing standards.
6. A medical examination required for the renewal of a medical certificate may be conducted within the 30 day period prior to the “valid until date” of the existing rating. In this case, the renewed medical certificate shall be valid to the same date as if the medical examination was done the date the medical certificate was scheduled to expire.

#### ***404.05 Medical Standards Flexibility, Limitations and Restrictions***

1. The Authority may, in accordance with the personnel licensing standards, issue a medical certificate to an applicant who does not meet the requirements referred to in subsection 404.04(1) where it is in the public interest and is not likely to affect aviation safety.
2. Where the Authority issues a medical certificate under subsection (1), the Authority shall endorse the certificate with any limitation or restriction that is necessary to ensure aviation safety.
3. The Authority may amend or remove any limitation or restriction referred to in subsection (2) when it is no longer required to ensure aviation safety.
4. The Authority may suspend or cancel a medical certificate if the applicant fails to comply with any limitation or restriction referred to in subsection (2).
5. Before issuing a medical certificate under subsection (1), the Authority may require an applicant to undergo any practical test in respect of the functions of a flight crew member cabin attendant or air traffic controller, as appropriate, or any medical examination that is necessary to determine whether the applicant meets the medical fitness requirements specified in the personnel licensing standards



#### **404.06 Prohibition Regarding Exercise of Privileges**

1. No person shall exercise the privileges of a licence and related ratings at any time when they are aware of any decrease in their medical fitness which might render them unable to meet the medical standards or safely exercise those privileges, and they shall without undue delay seek the advice of the Authority or CAME when:
  - a) being seriously ill or admitted to a hospital,
  - b) undergoing surgical operation or invasive procedure,
  - c) becoming aware of the need of the regular use of medication, or
  - d) becoming aware of the need for regular use of correcting lenses or a hearing aid.
2. A holder of a medical certificate issued in accordance with this Sub-part who is aware of:
  - a) having sustained any serious injury, or suffered an incapacitating event; or
  - b) being pregnant,shall inform the Authority in writing of such injury, illness or pregnancy. The medical certificate shall be deemed to be suspended upon the occurrence of such injury or the elapse of such period of illness or the confirmation of the pregnancy, and:
  - c) in the case of injury or illness the suspension shall be lifted upon the holder being medically examined under arrangements made by the Authority and being pronounced fit to function as a member of the flight crew, or upon the Authority exempting, subject to such conditions as it thinks fit, the holder from the requirement of a medical examination; and
  - d) in the case of pregnancy, the suspension may be lifted by the Authority for such period and subject to such conditions as specified in the personnel licensing standard.
3. The Authority may, in writing, authorize the holder of a medical certificate to exercise, under the circumstances described in paragraphs 1 or 2, the privileges of the licence or rating to which the medical certificate relates if such authorization is in the public interest and it can be shown that the conditions of the authorization will ensure or lead to at least an equivalent level of safety.
4. No person shall exercise the privileges of a licence and related ratings issued under this Part at any time when they are the influence of alcohol or any psychoactive substance which might render them unable to safely and properly exercise these privileges.
5. No holder of a licence issued under this Part shall engage in any problematic use of substances.

#### **404.07 Validation of Foreign Medical Certificate**

Conversion of Foreign Medical Examination should be done on a case by case basis according to the Medical Assessor recommendation, certain applicant maybe required to have same like a SODA (Ref. FAA Regulations) to be issued, following the recommendation our Medical Committee convened under the directive of the Lebanese DGCA.

#### **404.08 - 09 Reserved**

#### **404.10 Medical Certificate Requirements for Personnel Licences**

1. A Class 1 medical certificate is required for the following licences:
  - a) commercial pilot licence - aeroplanes or helicopters;
  - b) airline transport pilot licence - aeroplanes or helicopters. and
  - c) flight engineer licence.
2. A Class 2 or 1 medical certificate is required for the following, licences and ratings:
  - a) student pilot;
  - b) private pilot licence - aeroplanes or helicopters;
  - c) free balloon pilot;
  - d) glider pilot;
  - e) ultra-light pilot - aeroplanes
3. A Class 3 or 1 medical certificate is required for a cabin attendant licence.
4. A Class 3 or 1 medical certificate is required for an air traffic controller licence.

#### **404.11 Medical Fitness - Authority's Assessment**

1. The Authority shall assess any medical reports submitted pursuant to paragraph 404.14(b) to determine whether an applicant for the issuance or renewal of a medical certificate meets the medical fitness requirements set out in the personnel licensing standards that are necessary for the issuance or renewal of the medical certificate.
2. If the Authority concludes that the fitness of the applicant is in doubt, the Authority shall, by personal service or by registered mail sent to the applicant at the latest known address of the applicant, immediately:
  - a) notify the applicant of the result of an assessment, and
  - b) in the case of an application for the renewal of a medical certificate, inform the applicant that the Authority will, no earlier than 30 days after the date that the notification was delivered to the applicant, make a decision based on the result of the assessment.

#### **404.12 Reconsideration of Assessment**

1. An applicant for the renewal of a medical certificate who is assessed by the Authority as not meeting the requirements referred to in subsection 404.11.1 may, within 30 days after the date that the notification referred to in subsection 404.11.3, was delivered:
  - a) request the Authority to reconsider the assessment; and
  - b) submit additional information to the Authority regarding the medical fitness of the applicant in support of the request.
2. Where the Authority is requested to reconsider an assessment pursuant to subsection 1, the Authority shall:
  - a) take into consideration any additional information regarding the medical fitness of the applicant; and
  - b) immediately notify the applicant in writing of the result of the reconsideration of the assessment.

#### **404.13 Authority to Conduct Medical Examinations**

No physician shall conduct a medical examination of an applicant for the issuance or revalidation of a medical certificate unless the physician conducts the medical examination in the jurisdiction in which the physician is licensed to practice; and

- a) the physician is appointed by the Authority as a CAME and authorized to conduct a medical examination for the requested class of medical certificate; or
- b) where the applicant resides or is examined in a contracting state other than Lebanon, the physician is authorized by the licensing authority of the contracting state to conduct such examinations.

#### **404.14 Responsibilities of Medical Examiner**

Where a physician referred to in paragraph 404.13 conducts a medical examination of an applicant for the issuance or renewal of a medical certificate, the physician shall:

- a) conduct the medical examination in accordance with the procedures set out in the personnel licensing standards;
- b) issue a Medical Certificate:
  - i) where the applicant fully meets the medical standards; or
  - ii) where the Medical Certificate was previously issued with a restriction or a limitation and there has been no change to the applicants medical condition; and
- c) submit to the Authority a medical report that specifies the results of the medical examination.

#### **404.15 Procedure for Designating Aviation Medical Assessors (AMA)**

The Aviation Medical Assessors are appointed by the Authority, in part-time or full time basis.

Eligible candidate shall be required to appear for an interview to evaluate his qualification and experience in the practice of aviation medicine and competent in evaluating and assessing medical conditions of flight safety significance.

The main tasks of the medical assessors are as follows:

- a) Evaluation of medical reports submitted to the Authority by Civil Aviation Medical Examiners.
- b) Be the overall adviser in Aviation Medicine to the Authority.
- c) Oversee initial and recurrent training of Civil Aviation Medical Examiners.
- d) Supervise the medical examination process.
- e) Evaluate complicated and unusual cases submitted by AMEs, and where the applicant does not fully meet the medical requirements; initiate the process of “accredited Medical Conclusion”.
- f) Determine – when justified by operational considerations – to what extent pertinent medical information is presented to relevant officials of the Licensing Department.
- g) Consider if the effects of the major surgical operations undergone by an applicant are/or not likely to cause incapacitation in flight.

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## s404 - Personnel Licensing Standards Respecting Medical Requirements

### s404.04 Issuance and Validity Period of Medical Certificates

#### 1. Issuance

- a) Minimum medical fitness requirements for the various types of licence are broadly defined by international agreement through the International Civil Aviation Organization (ICAO). Lebanese medical requirements honor this agreement, and procedures and standards outlined in this document reflect ICAO Standards and Recommended Practices.
- b) A medical certificate is a necessary prerequisite for those licences so identified in the personnel licensing standards. Medical certificates are issued by a Civil Aviation Medical Examiner approved to do so or by the Authority provided the applicant meets the pertinent medical standards as specified in this Sub-part, and has been assessed medically fit, or fit subject to any restriction or limitation recommended by the Authority.

#### 2. Medical Examination

- a) Every applicant for a medical certificate or revalidation thereof shall undergo a medical examination by a CAME.
- b) Every applicant shall, at the time of the medical examination:
  - i) sign a declaration provided by the CAME stating whether the applicant has previously undergone a medical examination in connection with an application for a medical certificate or revalidation thereof and, where applicable, provide a statement that sets out the results of the most recent such examination;
  - ii) answer all of the CAME's questions that are pertinent to the assessment of the applicant's medical fitness;
  - iii) undergo any other medical examinations or tests that are required by the CAME in order to assess the applicant's medical fitness.

#### 3. Validity Period

- a) The validity period of a medical certificate shall be limited as indicated in the following table calculated until the last day of the month specified following the month in which the medical examination was undergone.

Licence	Medical Class	Validity Period	
		Under 40	40 and over
Airline Transport Pilot	1	12 months	6 months
Commercial Pilot	1	12 months	6 months
Private Pilot	2	24 months	12 months
Glider Pilot	2	24 months	12 months
Free Balloon Pilot	2	24 months	12 months
Ultra-light Pilot	2	24 months	12 months
Student Pilot	2	24 months	12 months
Flight Engineer	1	12 months	12 months
Cabin Attendant	3	12 months	12 months
Air Traffic Controller	3	12 months	12 months

- b) If the CAME deems it advisable to limit the assessment to a shorter period the Medical Certificate may be issued for a shorter period and this shall be entered on the Medical Certificate and so noted in the medical examination report.

#### ***s404.05 Medical Standards Flexibility, Limitations and Restrictions***

1. If the medical requirements prescribed in this Sub-part for a particular licence are not fully met by an applicant, the Medical Certificate shall not be revalidated by the CAME but the decision shall be referred to the Authority. The Authority may reach an accredited medical conclusion and 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:
  - a) the medical deficiency in relation to the operating environment;
  - b) the ability, skill and experience of the applicant in the relevant operating environment;
  - c) the results of a practical medical test, if appropriate; and
  - d) the requirement for application of any limitations, conditions or variations to the medical certificate and licence.
2. Practical medical tests shall normally be conducted by a Flight Safety Department Inspector. However, where deemed appropriate Authority may designate as a testing officer
  - a) for a flight crew practical medical test a person who:
    - i) holds a flight crew licence endorsed with a flight instructor rating that is valid for the category of aircraft to be used during the practical test; or
    - ii) is a Designated Examiner for the type of aircraft flown by the applicant or holds a flight crew licence and has the qualifications required to conduct the practical test.
  - b) for a cabin attendant practical medical test a cabin attendant examiner, the Authority Medical Office or a CAME.
  - c) for an air traffic controller practical medical test the Unit Senior Air Traffic Controller, the Authority Medical Office or a CAME
3. Cabin attendant practical tests shall be conducted in an aircraft or an environment that simulates an actual operational environment.
4. Air traffic controller practical medical tests shall be conducted in an actual operational environment.
5. Where the issue of a Medical Certificate will require more than one limitation, condition or variation, the additive and interactive effects upon flight safety must be considered by the Authority before a certificate can be issued.
6. The Authority will convene a secondary review, involving independent medical advisers experienced in the practice of aviation medicine and operations specialists, to re-consider a case if requested to do so by the applicant. This body will provide a report to the Authority who will then make a final determination of the case.

#### ***s404.06 Prohibition Regarding Exercise of Privileges***

1. In the case of a normal pregnancy where there are no complications present, the holder of a medical certificate may be considered fit if assessed so by the Authority:
  - a) for Class 1 or 2 until the twenty sixth (26<sup>th</sup>) week of pregnancy.
  - b) for Class 3 for cabin attendants until the twenty sixth(26<sup>th</sup>) week of pregnancy.
  - c) for Class 3 for air traffic controllers until her expected date of confinement.
2. After child birth or termination of pregnancy, the holder may be assessed as fit by the Authority upon receipt and assessment of a report form her attending physician attesting to her capacity to resume duties.

#### ***s404.07 Validation of Foreign Medical Certificate***

Conversion of Foreign Medical Examination should be done on a case by case basis according to the Medical Assessor recommendation, certain applicant maybe required to have same like a SODA (Ref. FAA Regulations) to be issued, following the recommendation our Medical Committee convened under the directive of the Lebanese DGCA.

#### ***s404.13 Authority to Conduct Medical Examinations***

2. To be appointed as a CAME, physicians shall be qualified and licensed in the practice of medicine and shall have received the training in aviation medicine including:
  - a) aviation medicine history and evolution;
  - b) aviation physiology
  - c) human factors in aviation;
  - d) flight crew fatigue;
  - e) on duty incapacitation;
  - f) international medical requirements;
  - g) the medical standards contained in the Sub-part; and
  - h) CAME duties and responsibilities
3. They also, should acquire practical knowledge and experience of the conditions in which the holders of licences and ratings carry out their duties.
4. During the three year period of authorization a CAME shall attend a minimum of 15 hours approved refresher training, five hours of which should be under the direct supervision of the Authority. Scientific meetings, congresses and flight deck experience may be approved by the Authority for this purpose.
5. A CAME will be appointed for a period not exceeding three years. Authorization to perform medical examinations may be for Class 1, 2 and 3 or limited to Class 2 and 3at the discretion of the Authority.
6. To maintain proficiency and retain authorization a CAME should complete at least ten aeromedical examinations each year.

7. For re-appointment the CAME shall have completed an adequate number of aeromedical examinations to the satisfaction of the Authority and shall also have undertaken relevant training during the period of authorization.

#### ***s404.14 Responsibility of Medical Examiners***

1. When conducting a medical examination of an applicant for the issuance or revalidation of a medical certificate, the CAME shall:
  - (a) examine the applicant in accordance with:
    - i) medical practice recognized by the medical profession, and
    - ii) the medical standards specified in this Sub-part as appropriate to the Medical Class;
  - (b) record in a medical examination report:
    - i) the CAME's clinical findings, and
    - ii) where the applicant meets the requirements of any class of medical certificate, as set out in this section, that class; and
  - (c) submit to the Authority:
    - i) the medical examination report,
    - ii) any other medical report required for the purpose of establishing medical fitness to hold a licence or rating.
2. The medical examination shall be sufficiently thorough so as to determine whether the applicant meets the requirements in respect of the class of medical certificate that is applied for or in respect of which a validation is sought.
  - (a) The purpose of the medical examination is to determine whether an applicant meets the standards that apply in respect of the issuance of the medical certificate that is needed to validate a particular licence or rating and may include additional medical tests required to determine that the applicant fully meets the medical standards.
  - (b) A CAME shall be familiar with aeromedical assessment, and shall possess some practical knowledge of flight duties and the flight environment.
  - (c) It shall be the responsibility of the CAME to examine the applicant carefully.
  - (d) Where the CAME cannot reach a conclusion concerning the fitness of an applicant he/she shall omit the allocation of a class and refer the Medical Examination Report to the Authority for assessment or further advice.
  - (e) Medical examination reports and pertinent specialist or laboratory reports shall be forwarded to the Authority attention of the Aviation Medicine Section.
3. An applicant shall be granted the highest assessment possible on the basis of the finding recorded during the medical examination. An applicant desiring a medical class higher than that necessary for the type of licence or rating requested shall so inform the CAME. Where specialist examinations or laboratory tests are required to determine fitness for a higher assessment, these may be arranged by the CAME, with the concurrence of the applicant.



## *s404.15 Procedure for Designating Aviation Medical Assessors (AMA)*

### 1. Purpose:

This part is issued to provide guidelines for designating Aviation Medical Assessors (AMA's). The Authority shall use services of Medical Assessors to evaluate reports submitted to the Licensing Department by Medical Examiners. The Authority then has an obligation to hire the services of these assessors through employment or a designee.

### 2. Selection Process:

The Aviation Medical Assessors are appointed by the Authority, in part-time or full time basis.

Eligible candidates shall be required to appear for an interview to evaluate his qualification and experience in the practice of aviation medicine and competent in evaluating and assessing medical conditions of flight safety significance.

### 3. Guidance and Procedures:

#### **3.1 General Information:**

3.1.1 “**Aviation Medical Assessor**” means a physician qualified and experienced in the practice of aviation medicine who evaluates medical reports submitted to the Authority by Civil Aviation Medical Examiners. They have certain responsibilities directly related to the Civil Aviation Authority safety programme.

3.1.2 To properly discharge the duties associated with these responsibilities, AMAs shall maintain familiarity with general medical knowledge applicable to aviation. They also shall have detailed knowledge and understanding of the civil aviation rules, regulations, policies, and procedures related to the medical certification.

#### **3.2 Functions and Responsibility:**

3.2.1 The main tasks of the medical assessors are as follows:

- a) Evaluation of medical reports submitted to the Authority by Civil Aviation Medical Examiners.
- b) Be the overall adviser in Aviation Medicine to the Authority.
- c) Oversee initial and recurrent training of Civil Aviation Medical Examiners.
- d) Supervise the medical examination process:
  - i. Guidance materials being used by CAMEs;
  - ii. Facilities for performing the required examinations and possession or agreements to obtain such equipment prior to conducting any aviation medical examinations.

- e) Evaluate complicated and unusual cases submitted by AMEs, and where the applicant does not fully meet the medical requirements; initiate the process of “accredited Medical Conclusion”.
- f) Determine – when justified by operational considerations – to what extent pertinent medical information is presented to relevant officials of the Licensing Department.
- g) Consider if the effects of the major surgical operations undergone by an applicant are/or not likely to cause incapacitation in flight.

### **3.3 Requirements for Aviation Medical Assessors:**

- 3.3.1 The Authority should hire the services of, at least, one Medical Assessor. Sharing of such expertise between states is also feasible in the short term as the States gain capacity in this specialized area of medicine. Taking into consideration the importance of the function, it is strongly recommended that only professionally qualified and appropriately licensed doctors may be employed/designated as Aviation Medical Assessor.

### **3.4 Basic Medical Qualification for Aviation Medical Assessors:**

To be employed or designated as an AMA, the applicant shall meet the following basic medication qualifications as an AME:

- 3.4.1 Be qualified and licensed in the practice of medicine;
- 3.4.2 Demonstrate adequate competence in aviation medicine;
- 3.4.3 Have practical knowledge and experience of the conditions in which the holders of licenses and ratings carry out their duties;
- 3.4.4 Receive refresher training at regular intervals as prescribed by the Authority; and
- 3.4.5 Shall have practiced as an CAME for at least five years before application.

The following Table contains the standards that an applicant must attain for the issuance or renewal of a medical certificate for each medical Class.

**Table s404 – 1 Physical and Mental Requirements**

PHYSICAL AND MENTAL REQUIREMENT		
Class 1 Medical	Class 2 Medical	Class 3 Medical
This class applies to the issue or revalidation of: Airline Transport Pilot Licence Commercial Pilot Licence Flight Engineer Licence <i>NOTE: The holder of Class 1 Medical shall be considered fit for any licence for its respective duration of validity unless otherwise specified.</i>	This class applies to the issue or revalidation of: Student Pilot Licence Private Pilot Licence <ul style="list-style-type: none"> <li>• Aeroplanes</li> <li>• Helicopters</li> </ul> Free Balloon Pilot Licence Glider Pilot Licence Ultra-light Pilot – Aeroplanes	This class applies to the issue or revalidation of: Air Traffic Controller Licence Cabin Attendant Licences
The medical examination and assessment shall be based upon the following requirements of physical and mental fitness, visual and colour perception and hearing.	The medical examination and assessment shall be based upon the following requirements of physical and mental fitness, visual and colour perception and hearing.	The medical examination and assessment shall be based upon the following requirements of physical and mental fitness, visual and colour perception and hearing.
<b>1.1</b> The applicant shall be free from <b>(A)</b> Any abnormality, congenital or acquired; <b>(B)</b> Any active, latent, acute or chronic disability; <b>(C)</b> Any wound, injury or sequelae from operation; or <b>(D)</b> Any effect or side effect of any prescribed or non-prescribed therapeutic medication taken, such as would entail a degree of functional incapacity which accredited medical conclusion indicates would interfere with the safe operation of an aircraft or the safe performance of duties at any altitude throughout a prolonged or difficult flight, or may reasonably be expected within the period of validity of the licence to make the applicant unfit to exercise the privileges of the licence applied for or held.	<b>2.1</b> The applicant shall be free from <b>(A)</b> Any abnormality, congenital or acquired; <b>(B)</b> Any active, latent, acute or chronic disability; <b>(C)</b> Any wound, injury or sequelae from operation; or <b>(D)</b> Any effect or side effect of any prescribed or non-prescribed therapeutic medication taken, such as would entail a degree of functional incapacity which accredited medical conclusion indicates would interfere with the safe operation of an aircraft during the period of validity of the licence.	<b>3.1</b> The applicant shall be free from <b>(A)</b> Any abnormality, congenital or acquired; <b>(B)</b> Any active, latent, acute or chronic disability; <b>(C)</b> Any wound, injury or sequelae from operation; or <b>(D)</b> Any effect or side effect of any prescribed or non-prescribed therapeutic medication taken, such as would entail a degree of functional incapacity which accredited medical conclusion indicates would interfere with reliable performance of duties within the period of validity of the licence.
<b>1.2</b> The applicant shall not suffer from any disease or disability which could render the likely to become suddenly unable to operate an aircraft or to perform assigned duties safely.	<b>2.2</b> The applicant shall not suffer from any disease or disability which could render the likely to become suddenly unable to operate an aircraft or to perform assigned duties safely.	<b>3.2</b> The applicant shall not suffer from any disease or disability which may render the applicant liable to a sudden or insidious degradation of performance within the period of validity of the licence.

PHYSICAL AND MENTAL REQUIREMENT		
Class 1 Medical	Class 2 Medical	Class 3 Medical
<b>Nervous System</b>		
<p><b>1.3</b> The applicant shall have no established medical history or clinical diagnosis which, according to accredited medical conclusion, would render the applicant unable to exercise safely the privileges of the licence or rating applied for or held, as follows:</p> <p>(A) An organic mental disorder;            (B) A mental or behavior disorder due to use of psychoactive substances; this includes dependence syndrome induced by alcohol or other psychoactive substances;            (C) Schizophrenia or a schizotypal or delusional disorder;            (D) A mood (affective) disorder;            (E) A neurotic, stress-related or somatoform disorder;            (F) A behavioral syndrome associated with physiological disturbances or physical factors;            (G) A disorder of adult personality or behavior, particularly if manifested by repeated overt acts;            (H) Mental retardation;            (I) A disorder of psychological development;            (J) A behavioral or emotional disorder, with onset in childhood or adolescence;            (K) Deliberate self-harm</p>	<p><b>2.3</b> The applicant shall have no established medical history or clinical diagnosis which, according to accredited medical conclusion, would render the applicant unable to exercise safely the privileges of the licence or rating applied for or held, as follows:</p> <p>(A) An organic mental disorder;            (B) A mental or behavior disorder due to use of psychoactive substances; this includes dependence syndrome induced by alcohol or other psychoactive substances;            (C) Schizophrenia or a schizotypal or delusional disorder;            (D) A mood (affective) disorder;            (E) A neurotic, stress-related or somatoform disorder;            (F) A behavioral syndrome associated with physiological disturbances or physical factors;            (G) A disorder of adult personality or behavior, particularly if manifested by repeated overt acts;            (H) Mental retardation;            (I) A disorder of psychological development;            (J) A behavioral or emotional disorder, with onset in childhood or adolescence;            (K) Deliberate self-harm</p> <p><i>NOTE: All applicants who engage in any kind of problematic use of substances are removed from their safety critical functions. They may considered as fit after documented successful treatment or where no treatment is necessary after the cessation of substance use.</i></p>	<p><b>3.3</b> The applicant shall have no established medical history or clinical diagnosis which, according to accredited medical conclusion, would render the applicant unable to exercise safely the privileges of the licence or rating applied for or held, as follows:</p> <p>(A) An organic mental disorder;            (B) A mental or behavior disorder due to use of psychoactive substances; this includes dependence syndrome induced by alcohol or other psychoactive substances;            (C) Schizophrenia or a schizotypal or delusional disorder;            (D) A mood (affective) disorder;            (E) A neurotic, stress-related or somatoform disorder;            (F) A behavioral syndrome associated with physiological disturbances or physical factors;            (G) A disorder of adult personality or behavior, particularly if manifested by repeated overt acts;            (H) Mental retardation;            (I) A disorder of psychological development;            (J) A behavioral or emotional disorder, with onset in childhood or adolescence;            (K) Deliberate self-harm</p>
<p><b>1.4</b> An applicant with depression, being treated with antidepressant medication, should be assessed as unfit unless the medical assessor, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's license and rating privileges.</p>	<p><b>2.4</b> An applicant with depression, being treated with antidepressant medication, should be assessed as unfit unless the medical assessor, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's license and rating privileges.</p>	<p><b>3.4</b> An applicant with depression, being treated with antidepressant medication, should be assessed as unfit unless the medical assessor, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's license and rating privileges.</p>

<p><b>1.5</b> The applicant shall have no established medical history or clinical diagnosis of any of the following:  <b>(A)</b> A progressive or non-progressive disease of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe operation of an aircraft;  <b>(B)</b> A convulsive disorder;  <b>(C)</b> Epilepsy;  <b>(D)</b> Any disturbance of consciousness without satisfactory medical explanation of cause;  <b>(E)</b> Any stationary or progressive disease of the nervous system which has caused or is likely to cause a significant disability;  <b>(F)</b> any history of serious head injury the effects of which, according to the accredited medical conclusion, are likely to interfere with the safe operation of an aircraft.  <b>(G)</b> Spinal or peripheral nerve injury and myopathies.</p>	<p><b>2.5</b> The applicant shall have no established medical history or clinical diagnosis of any of the following:  <b>(A)</b> A progressive or non-progressive disease of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe operation of an aircraft;  <b>(B)</b> A convulsive disorder;  <b>(C)</b> Epilepsy;  <b>(D)</b> Any disturbance of consciousness without satisfactory medical explanation of cause;    <b>(E)</b> Any stationary or progressive disease of the nervous system which has caused or is likely to cause a significant disability;  <b>(F)</b> Any history of serious head injury the effects of which, according to the accredited medical conclusion, are likely to interfere with the safe operation of an aircraft.  <b>(G)</b> Spinal or peripheral nerve injury and myopathies.</p>	<p><b>3.5</b> The applicant shall have no established medical history or clinical diagnosis of any of the following:  <b>(A)</b> A progressive or non-progressive disease of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe operation of an aircraft;  <b>(B)</b> A convulsive disorder;  <b>(C)</b> Epilepsy;  <b>(D)</b> Any disturbance of consciousness without satisfactory medical explanation of cause;  <b>(E)</b> Any stationary or progressive disease of the nervous system which has caused or is likely to cause a significant disability;  <b>(F)</b> Any history of serious head injury the effects of which, according to the accredited medical conclusion, are likely to interfere with the safe operation of an aircraft.  <b>(G)</b> Spinal or peripheral nerve injury and myopathies.</p>
<p><b>1.6</b> Applicants who have been diagnosed with epilepsy should be assessed as unfit, unless there is unequivocal evidence of a syndrome of benign childhood epilepsy associated with a very low risk of recurrence, and unless the applicant has been free of recurrence and off treatment for more than 10 years.  An applicant may be assessed as fit by the licensing authority with a multi-pilot limitation if:  <b>(1)</b> There is a history of a single afebrile epileptiform seizure;  <b>(2)</b> There has been no recurrence after at least 10 years off treatment;  <b>(3)</b> There is no evidence of continuing predisposition to epilepsy.</p>	<p><b>2.6</b> Applicants who have been diagnosed with epilepsy should be assessed as unfit, unless there is unequivocal evidence of a syndrome of benign childhood epilepsy associated with a very low risk of recurrence, and unless the applicant has been free of recurrence and off treatment for more than 10 years.  An applicant may be assessed as fit by the licensing authority with a multi-pilot limitation if:  <b>(1)</b> There is a history of a single afebrile epileptiform seizure;  <b>(2)</b> There has been no recurrence after at least 10 years off treatment;  <b>(3)</b> There is no evidence of continuing predisposition to epilepsy</p>	<p><b>3.6</b> Applicants who have been diagnosed with epilepsy should be assessed as unfit, unless there is unequivocal evidence of a syndrome of benign childhood epilepsy associated with a very low risk of recurrence, and unless the applicant has been free of recurrence and off treatment for more than 10 years.  An applicant may be assessed as fit by the licensing authority:  <b>(1)</b> There is a history of a single afebrile epileptiform seizure;  <b>(2)</b> There has been no recurrence after at least 10 years off treatment;  <b>(3)</b> There is no evidence of continuing predisposition to epilepsy.</p>
<b>Cardio-vascular System</b>		
<p><b>1.7</b> The applicant shall not possess any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe exercise of the applicant's licence and rating privileges</p>	<p><b>2.7</b> The applicant shall not possess any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.</p>	<p><b>3.7</b> The applicant shall not possess any abnormality of the heart, congenital or acquired which is likely to be the cause of incapacitation during the period of validity of the licence.</p>
<p><b>1.8</b> An established medical history or clinical diagnosis of:  <b>(A)</b> Myocardial infarction;    <b>(B)</b> Angina pectoris;</p>	<p><b>2.8</b> An established medical history or clinical diagnosis of:  <b>(A)</b> Myocardial infarction;    <b>(B)</b> Angina pectoris;</p>	<p><b>3.8</b> An established medical history or clinical diagnosis of:  <b>(A)</b> Myocardial infarction;    <b>(B)</b> Angina pectoris;</p>

<p>(C) Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant; (D) Cardiac valve replacement;</p> <p>(E) Permanent cardiac pacemaker implantation; or</p> <p>(F) Heart replacement shall be assessed unfit.</p>	<p>(C) Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant; (D) Cardiac valve replacement;</p> <p>(E) Permanent cardiac pacemaker implantation; or</p> <p>(F) Heart replacement shall be assessed unfit.</p>	<p>(C) Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant; (D) Cardiac valve replacement;</p> <p>(E) Permanent cardiac pacemaker implantation; or</p> <p>(F) Heart replacement shall be assessed unfit.</p>
<p><b>1.9</b> Applicants with an aneurysm of the infra-renal abdominal aorta may be assessed as fit with a multi-pilot limitation by the licensing authority. <i>NOTE: Follow-up by ultra-sound scans or other imaging techniques, as necessary, should be determined by the licensing authority.</i></p>	<p><b>2.9</b> Applicants with an aneurysm of the infra-renal abdominal aorta may be assessed as fit with a multi-pilot limitation by the licensing authority. <i>NOTE: Follow-up by ultra-sound scans or other imaging techniques, as necessary, should be determined by the licensing authority.</i></p>	<p><b>3.9</b> Applicants with an aneurysm of the infra-renal abdominal aorta may be assessed as fit with a multi-pilot limitation by the licensing authority. <i>NOTE: Follow-up by ultra-sound scans or other imaging techniques, as necessary, should be determined by the licensing authority.</i></p>
<p><b>1.10</b> Applicants with minor cardiac valvular abnormalities may be assessed as fit by the licensing authority. Applicants with significant abnormality of any of the heart valves should be assessed as unfit.</p>	<p><b>2.10</b> Applicants with minor cardiac valvular abnormalities may be assessed as fit by the licensing authority. Applicants with significant abnormality of any of the heart valves should be assessed as unfit.</p>	<p><b>3.10</b> Applicants with minor cardiac valvular abnormalities may be assessed as fit by the licensing authority. Applicants with significant abnormality of any of the heart valves should be assessed as unfit.</p>
<p><b>1.11</b> Applicants with a bicuspid aortic valve may be assessed as fit if no other cardiac or aortic abnormality is demonstrated. <i>NOTE: Follow-up with echocardiography, as necessary, should be determined by the licensing authority.</i></p> <p>(1) Applicants with aortic stenosis require licensing authority review. Left ventricular function should be intact. A history of systemic embolism or significant dilatation of the thoracic aorta is disqualifying. Those with a mean pressure gradient of up to 20 mmHg may be assessed as fit. Those with mean pressure gradient above 20 mmHg but not greater than 40 mmHg may be assessed as fit with a multi-pilot limitation. A mean pressure gradient up to 50 mmHg may be acceptable. <i>NOTE: Follow-up with 2D Doppler echocardiography, as necessary, should be determined by the licensing authority. Alternative measurement techniques with equivalent ranges may be used.</i></p> <p>(2) Applicants with trivial aortic regurgitation may be assessed as fit. A greater degree of aortic regurgitation should require a multi-pilot limitation.</p>	<p><b>2.11</b> Applicants with a bicuspid aortic valve may be assessed as fit if no other cardiac or aortic abnormality is demonstrated. <i>NOTE: Follow-up with echocardiography, as necessary, should be determined by the licensing authority.</i></p> <p>(1) Applicants with aortic stenosis require licensing authority review. Left ventricular function should be intact. A history of systemic embolism or significant dilatation of the thoracic aorta is disqualifying. Those with a mean pressure gradient of up to 20 mmHg may be assessed as fit. Those with mean pressure gradient above 20 mmHg but not greater than 40 mmHg may be assessed as fit with a multi-pilot limitation. A mean pressure gradient up to 50 mmHg may be acceptable. <i>NOTE: Follow-up with 2D Doppler echocardiography, as necessary, should be determined by the licensing authority. Alternative measurement techniques with equivalent ranges may be used.</i></p> <p>(2) Applicants with trivial aortic regurgitation may be assessed as fit. A greater degree of aortic regurgitation should require a multi-pilot limitation.</p>	<p><b>3.11</b> Applicants with a bicuspid aortic valve may be assessed as fit if no other cardiac or aortic abnormality is demonstrated. <i>NOTE: Follow-up with echocardiography, as necessary, should be determined by the licensing authority.</i></p> <p>(1) Applicants with aortic stenosis require licensing authority review. Left ventricular function should be intact. A history of systemic embolism or significant dilatation of the thoracic aorta is disqualifying. Those with a mean pressure gradient of up to 20 mmHg may be assessed as fit. Those with mean pressure gradient above 20 mmHg but not greater than 40 mmHg may be assessed as fit with a multi-staff limitation. A mean pressure gradient up to 50 mmHg may be acceptable. <i>NOTE: Follow-up with 2D Doppler echocardiography, as necessary, should be determined by the licensing authority. Alternative measurement techniques with equivalent ranges may be used.</i></p> <p>(2) Applicants with trivial aortic regurgitation may be assessed as fit. A greater degree of aortic regurgitation should require a multi-staff limitation.</p>

<p><b>1.12</b> Applicants with rheumatic mitral stenosis should normally be assessed as unfit.</p> <p>(1) Applicants with uncomplicated minor regurgitation may be assessed as fit.</p> <p>(2) Applicants with uncomplicated moderate mitral regurgitation may be considered as fit with a multi-pilot limitation if the 2D Doppler echocardiogram demonstrates satisfactory left ventricular dimensions and satisfactory myocardial function is confirmed by exercise electrocardiography.</p> <p>(3) Applicants with evidence of volume overloading of the left ventricle demonstrated by increased left ventricular end-diastolic diameter or evidence of systolic impairment should be assessed as unfit. <i>NOTE: Periodic cardiological review should be required, as determined by the licensing authority.</i></p>	<p><b>2.12</b> Applicants with rheumatic mitral stenosis should normally be assessed as unfit.</p> <p>(1) Applicants with uncomplicated minor regurgitation may be assessed as fit.</p> <p>(2) Applicants with uncomplicated moderate mitral regurgitation may be considered as fit with a multi-pilot limitation if the 2D Doppler echocardiogram demonstrates satisfactory left ventricular dimensions and satisfactory myocardial function is confirmed by exercise electrocardiography.</p> <p>(3) Applicants with evidence of volume overloading of the left ventricle demonstrated by increased left ventricular end-diastolic diameter or evidence of systolic impairment should be assessed as unfit. <i>NOTE: Periodic cardiac review should be required, as determined by the licensing authority.</i></p>	<p><b>3.12</b> Applicants with rheumatic mitral stenosis should normally be assessed as unfit.</p> <p>(1) Applicants with uncomplicated minor regurgitation may be assessed as fit.</p> <p>(2) Applicants with uncomplicated moderate mitral regurgitation may be considered as fit with a multi-staff limitation if the 2D Doppler echocardiogram demonstrates satisfactory left ventricular dimensions and satisfactory myocardial function is confirmed by exercise electrocardiography.</p> <p>(3) Applicants with evidence of volume overloading of the left ventricle demonstrated by increased left ventricular end-diastolic diameter or evidence of systolic impairment should be assessed as unfit. <i>NOTE: Periodic cardiac review should be required, as determined by the licensing authority.</i></p>
<p><b>1.13</b> An applicant who has undergone coronary bypass grafting or angioplasty (with or without stenting) or other cardiac intervention or who has a history of myocardial infarction or who suffers from any other potentially incapacitating cardiac condition shall be assessed as unfit unless the applicant's cardiac condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's license or rating privileges.</p> <p>(1) Applicants with cardiac valve replacement/repair should be assessed as unfit.</p> <p>(2) Asymptomatic applicants with a tissue valve or with a mechanical valve who, at least 6 months following surgery, are taking no cardio active medication may be considered for a fit assessment with a multi-pilot limitation by the licensing authority.</p> <p>(3) Where anticoagulation is needed after valvular surgery, a fit assessment with a multi-pilot limitation may be considered after review by the licensing authority.</p>	<p><b>2.13</b> An applicant who has undergone coronary bypass grafting or angioplasty (with or without stenting) or other cardiac intervention or who has a history of myocardial infarction or who suffers from any other potentially incapacitating cardiac condition shall be assessed as unfit unless the applicant's cardiac condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's license or rating privileges.</p> <p>(1) Applicants with cardiac valve replacement/repair should be assessed as unfit.</p> <p>(2) Asymptomatic applicants with a tissue valve or with a mechanical valve who, at least 6 months following surgery, are taking no cardioactive medication may be considered for a fit assessment with a multi-pilot limitation by the licensing authority.</p> <p>(3) Where anticoagulation is needed after valvular surgery, a fit assessment with a multi-pilot limitation may be considered after review by the licensing authority.</p>	<p><b>3.13</b> An applicant who has undergone coronary bypass grafting or angioplasty (with or without stenting) or other cardiac intervention or who has a history of myocardial infarction or who suffers from any other potentially incapacitating cardiac condition shall be assessed as unfit unless the applicant's cardiac condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's license or rating privileges.</p> <p>(1) Applicants with cardiac valve replacement/repair should be assessed as unfit.</p> <p>(2) Asymptomatic applicants with a tissue valve or with a mechanical valve who, at least 6 months following surgery, are taking no cardioactive medication may be considered for a fit assessment with a multi-staff limitation by the licensing authority.</p> <p>(3) Where anticoagulation is needed after valvular surgery, a fit assessment with a multi-staff limitation may be considered after review by the licensing authority.</p>

<p><b>1.14</b> An applicant with an abnormal cardiac rhythm shall be assessed as unfit unless the cardiac arrhythmia has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's license or rating privileges.</p> <p>(1) Applicants who have a single episode of arrhythmia which is considered by the licensing authority to be unlikely to recur, should be assessed as fit.</p> <p>(2) Applicants with asymptomatic sinus pauses up to 2.5 seconds on resting electrocardiography may be assessed as fit if exercise electrocardiography, echocardiography and 24-hour ambulatory ECG are satisfactory.</p> <p>(3) Applicants with symptomatic sino-atrial disease should be assessed as unfit.</p>	<p><b>2.14</b> An applicant with an abnormal cardiac rhythm shall be assessed as unfit unless the cardiac arrhythmia has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's license or rating privileges.</p> <p>(1) Applicants who have a single episode of arrhythmia which is considered by the licensing authority to be unlikely to recur, should be assessed as fit.</p> <p>(2) Applicants with asymptomatic sinus pauses up to 2.5 seconds on resting electrocardiography may be assessed as fit if exercise electrocardiography, echocardiography and 24-hour ambulatory ECG are satisfactory.</p> <p>(3) Applicants with symptomatic sino-atrial disease should be assessed as unfit.</p>	<p><b>3.14</b> An applicant with an abnormal cardiac rhythm shall be assessed as unfit unless the cardiac arrhythmia has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's license or rating privileges.</p> <p>(1) Applicants who have a single episode of arrhythmia which is considered by the licensing authority to be unlikely to recur, should be assessed as fit.</p> <p>(2) Applicants with asymptomatic sinus pauses up to 2.5 seconds on resting electrocardiography may be assessed as fit if exercise electrocardiography, echocardiography and 24-hour ambulatory ECG are satisfactory.</p> <p>(3) Applicants with symptomatic sino-atrial disease should be assessed as unfit.</p>
<p><b>1.15</b> Applicants with a sub endocardial pacemaker should be assessed as unfit. A fit assessment may be considered at revalidation by the licensing authority no sooner than 3 months after insertion and should require:</p> <p>(1) No other disqualifying condition;</p> <p>(2) A bipolar lead system, programmed in bipolar mode without automatic mode change of the device;</p> <p>(3) The applicant is not pacemaker dependent;</p> <p>(4) Regular follow-up, including a pacemaker check; and</p> <p>(5) A multi-pilot limitation.</p>	<p><b>2.15</b> Applicants with a sub endocardial pacemaker should be assessed as unfit. A fit assessment may be considered at revalidation by the licensing authority no sooner than 3 months after insertion and should require:</p> <p>(1) No other disqualifying condition;</p> <p>(2) A bipolar lead system, programmed in bipolar mode without automatic mode change of the device;</p> <p>(3) The applicant is not pacemaker dependent;</p> <p>(4) Regular follow-up, including a pacemaker check; and</p> <p>(5) A multi-pilot limitation</p>	<p><b>3.15</b> Applicants with a sub endocardial pacemaker should be assessed as unfit. A fit assessment may be considered at revalidation by the licensing authority no sooner than 3 months after insertion and should require:</p> <p>(1) No other disqualifying condition;</p> <p>(2) A bipolar lead system, programmed in bipolar mode without automatic mode change of the device;</p> <p>(3) The applicant is not pacemaker dependent;</p> <p>(4) Regular follow-up, including a pacemaker check</p>
<p><b>1.16</b> Applicants with arterial or venous thrombosis or pulmonary embolism are considered unfit if anticoagulation is being used as treatment. After 6 months of stable anticoagulation as prophylaxis, a fit assessment with multi-pilot limitation may be considered after review by the licensing authority.</p>	<p><b>2.16</b> Applicants with arterial or venous thrombosis or pulmonary embolism are considered unfit if anticoagulation is being used as treatment. After 6 months of stable anticoagulation as prophylaxis, a fit assessment with multi-pilot limitation may be considered after review by the licensing authority.</p>	<p><b>3.16</b> Applicants with arterial or venous thrombosis or pulmonary embolism are considered unfit if anticoagulation is being used as treatment. After 6 months of stable anticoagulation as prophylaxis, a fit assessment with multi-staff limitation may be considered after review by the licensing authority.</p>
<p><b>1.17</b> Applicants with a primary or secondary abnormality of the pericardium, myocardium or endocardium should be assessed as unfit.</p>	<p><b>2.17</b> Applicants with a primary or secondary abnormality of the pericardium, myocardium or endocardium should be assessed as unfit.</p>	<p><b>3.17</b> Applicants with a primary or secondary abnormality of the pericardium, myocardium or endocardium should be assessed as unfit.</p>



<p>A fit assessment may be considered by the licensing authority following complete resolution and satisfactory cardiac evaluation.</p>	<p>A fit assessment may be considered by the licensing authority following complete resolution and satisfactory cardiac evaluation.</p>	<p>A fit assessment may be considered by the licensing authority following complete resolution and satisfactory cardiac evaluation.</p>
<p><b>1.18</b> Applicants with a congenital abnormality of the heart, including those who have undergone surgical correction, should be assessed as unfit. Applicants with minor abnormalities that are functionally unimportant may be assessed as fit by the licensing authority following cardiac assessment.</p>	<p><b>2.18</b> Applicants with a congenital abnormality of the heart, including those who have undergone surgical correction, should be assessed as unfit. Applicants with minor abnormalities that are functionally unimportant may be assessed as fit by the licensing authority following cardiac assessment</p>	<p><b>3.18</b> Applicants with a congenital abnormality of the heart, including those who have undergone surgical correction, should be assessed as unfit. Applicants with minor abnormalities that are functionally unimportant may be assessed as fit by the licensing authority following cardiac assessment</p>
<p><b>1.19</b> Applicants with a history of recurrent vasovagal syncope should be assessed as unfit.  A fit assessment may be considered by the licensing authority after a 6-month period without recurrence provided cardiac evaluation is satisfactory.</p> <p><i>NOTE: A multi-pilot limitation should be required until a period of 5 years has elapsed without recurrence. The licensing authority may determine a shorter or longer period of multi-pilot limitation according to the individual circumstances of the case.</i></p> <p><b>(2)</b> Applicants who experienced loss of consciousness without significant warning should be assessed as unfit.</p>	<p><b>2.19</b> Applicants with a history of recurrent vasovagal syncope should be assessed as unfit.  A fit assessment may be considered by the licensing authority after a 6-month period without recurrence provided cardiac evaluation is satisfactory.</p> <p><i>NOTE: A multi-pilot limitation should be required until a period of 5 years has elapsed without recurrence. The licensing authority may determine a shorter or longer period of multi-pilot limitation according to the individual circumstances of the case.</i></p> <p><b>(2)</b> Applicants who experienced loss of consciousness without significant warning should be assessed as unfit.</p>	<p><b>3.19</b> Applicants with a history of recurrent vasovagal syncope should be assessed as unfit.  A fit assessment may be considered by the licensing authority after a 6-month period without recurrence provided cardiac evaluation is satisfactory.</p> <p><i>NOTE: A multi-staff limitation should be required until a period of 5 years has elapsed without recurrence. The licensing authority may determine a shorter or longer period of multi-pilot limitation according to the individual circumstances of the case.</i></p> <p><b>(2)</b> Applicants who experienced loss of consciousness without significant warning should be assessed as unfit</p>
	<p><b>NOTE :</b>  <i>Applicants with a history of myocardial infarction, angina pectoris, or coronary artery disease that has required treatment (including coronary artery bypass, coronary angioplasty, or other revascularization procedures such as, stenting and endarterectomy ) or, if untreated, that has been symptomatic or clinically significant, may on an individual basis, be assessed as Fit where accredited medical conclusion indicates the level of risk of an incapacitating event has been reduced to an acceptable level. The "fit" assessment may be subject to specified restrictions and shall consider at least the following conditions:</i></p> <p><i>1. A 6-month, or longer as necessary, recovery period shall elapse after an infraction, angina, bypass surgery, or angioplasty to ensure recovery, stability and restored good left ventricular function.</i></p>	

	<p>2. <i>Post-event coronary angiography shall be required.</i></p> <p>3. <i>A current cardiovascular evaluation by a cardiologist shall be obtained. This evaluation must include an assessment of personal and family medical history, a clinical cardiac examination and general physical examination, blood lipid profile, a plasma glucose level, and a maximal electrocardiographic exercise stress test. The evaluation must also include an assessment and statement regarding the applicant's medications, functional capacity, modifiable cardiovascular risk factors, motivation for any necessary change, and prognosis for incapacitation during the certification period. An applicant will be expected to achieve a normal maximal electrocardiographic exercise stress test at a 6-month intervals, plus radionuclide studies at 24-month intervals, unless otherwise indicated or required by the Authority.</i></p> <p>4. <i>Radionuclide studies may be required if clinically indicated or if the maximal electrocardiographic exercise stress test is equivocal, positive for ischemia, or demonstrates ventricular dysfunction or other significant abnormalities. Either stress MUGA studies, first pass technetium scans, stress echocardiography, Thallium 201 exercise / rest scans, radionuclide studies, or a combination thereof may be required as appropriate for the individual applicant and recommended by the attending physician or required by the Authority.</i></p> <p>5. <i>All stress testing, including radionuclide studies, must be maximal or symptom limited. All maximal electrocardiographic exercise stress tracings, actual scans, and blood pressure/pulse recordings must be submitted.</i></p> <p>NOTE:  <i>Such commonly occurring conditions as respiratory arrhythmia, occasional extra systoles which disappear on exercise, increase of pulse rate from excitement or exercise, or a slow pulse not associated with auriculoventricular dissociation may be regarded as being within "normal" limits.</i></p>	
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<p><b>1.20</b> Routine electrocardiography shall form part of the heart examination of an applicant:  <b>(A)</b> For the first issue of a medical certificate;  <b>(B)</b> Within the two years preceding the examination between ages 30 years and 50 years; and  <b>(C)</b> Within the 12 months preceding the examination after age 50.</p>	<p><b>2.20</b> Routine electrocardiography is not required.</p>	<p><b>3.20</b> Routine electrocardiography is not required.</p>
<p><b>1.21</b> The systolic and diastolic blood pressure shall be within normal limits.  <i>NOTE: The use of drugs for control of high blood pressure is disqualifying except for those drugs, the use of which according to accredited medical conclusion, can be adequately tolerated by the applicant, are compatible with the safe performance of duties and can be closely monitored by the aviation medical examiner or a physician in communication with the Authority Medical Staff.</i>  <i>Acceptable medications may include:</i>  <b>(I)</b> Non-loop diuretic agents;  <b>(II)</b> ACE inhibitors;  <b>(III)</b> Angiotensin II/AT1 blocking agents (sartans);  <b>(IV)</b> Slow channel calcium blocking agents;  <b>(V)</b> Certain (generally hydrophilic) beta-blocking agents.   <b>(2)</b> When initiating a new treatment for hypertension, the applicant shall not exercise the privileges of the licence until the new medication is well tolerated.</p>	<p><b>2.21</b> The systolic and diastolic blood pressure shall be within normal limits.  <i>NOTE: The use of drugs for control of high blood pressure is disqualifying except for those drugs, the use of which according to accredited medical conclusion, can be adequately tolerated by the applicant, are compatible with the safe performance of duties and can be closely monitored by the aviation medical examiner in communication with the Authority Medical Staff.</i>  <i>Acceptable medications may include:</i>  <b>(I)</b> Non-loop diuretic agents;  <b>(II)</b> ACE inhibitors;  <b>(III)</b> Angiotensin II/AT1 blocking agents (sartans);  <b>(IV)</b> Slow channel calcium blocking agents;  <b>(V)</b> Certain (generally hydrophilic) beta-blocking agents.   <b>(2)</b> When initiating a new treatment for hypertension, the applicant shall not exercise the privileges of the licence until the new medication is well tolerated.</p>	<p><b>3.21</b> The systolic and diastolic blood pressure shall be within normal limits.  <i>NOTE: The use of drugs for control of high blood pressure is disqualifying except for those drugs, the use of which, according to accredited medical conclusion, can be adequately tolerated by the applicant and are comparable with the safe performance of duties.</i>  <i>Acceptable medications may include:</i>  <b>(I)</b> Non-loop diuretic agents;  <b>(II)</b> ACE inhibitors;  <b>(III)</b> Angiotensin II/AT1 blocking agents (sartans);  <b>(IV)</b> Slow channel calcium blocking agents;  <b>(V)</b> Certain (generally hydrophilic) beta-blocking agents.   <b>(2)</b> When initiating a new treatment for hypertension, the applicant shall not exercise the privileges of the licence until the new medication is well tolerated.</p>
<p><b>1.22</b> There shall be no functional or structural abnormality of the peripheral vascular system which accredited medical conclusion indicates could affect safe performance of duties.</p>	<p><b>2.22</b> There shall be no functional or structural abnormality of the peripheral vascular system which accredited medical conclusion indicates could affect safe performance of duties.</p>	<p><b>3.22</b> There shall be no functional or structural abnormality of the peripheral vascular system which accredited medical conclusion indicates could affect safe performance of duties.</p>
<p><b>1.23</b> Applicants who have undergone ablation therapy should be assessed as unfit. A fit assessment may be considered by the licensing authority following successful catheter ablation and should require a multi-pilot limitation for at least one year, unless an electrophysiological study, undertaken at a minimum of 2 months after the ablation, demonstrates satisfactory results.</p>	<p><b>2.23</b> Applicants who have undergone ablation therapy should be assessed as unfit. A fit assessment may be considered by the licensing authority following successful catheter ablation and should require a multi-pilot limitation for at least one year, unless an electrophysiological study, undertaken at a minimum of 2 months after the ablation, demonstrates satisfactory results.</p>	<p><b>3.23</b> Applicants who have undergone ablation therapy should be assessed as unfit. A fit assessment may be considered by the licensing authority following successful catheter ablation and should require a multi-pilot limitation for at least one year, unless an electrophysiological study, undertaken at a minimum of 2 months after the ablation, demonstrates satisfactory results.</p>

	<p><i>NOTE: Guidance material on electrocardiography and the use of drugs to control blood pressure is provided in ICAO Doc 8984-AN/895 Manual of Civil Aviation Medicine.</i></p>	
<b>Respiratory System</b>		
<p><b>1.24</b> There shall be no significant disability or progressive disease of the lungs, pleura or mediastinum.</p> <p><i>NOTE: Periodic chest radiography is usually not necessary but may be a necessity in situations where asymptomatic pulmonary disease can be expected.</i></p>	<p><b>2.24</b> There shall be no significant disability or progressive disease of the lungs, pleura or mediastinum.</p> <p><i>NOTE: Periodic chest radiography is usually not necessary but may be a necessity in situations where asymptomatic pulmonary disease can be expected.</i></p>	<p><b>3.24</b> There shall be no significant disability or progressive disease of the lungs, pleura or mediastinum.</p> <p><i>NOTE: Periodic chest radiography is usually not necessary but may be a necessity in situations where asymptomatic pulmonary disease can be expected.</i></p>
<p><b>1.25</b> Any extensive mutilation of the chest wall with collapse of the thoracic cage and sequelae of surgical procedures resulting in decreased respiratory efficiency at altitude shall be assessed as unfit for flight duties.</p>	<p><b>2.25</b> Any extensive mutilation of the chest wall with collapse of the thoracic cage and sequelae of surgical procedures resulting in decreased respiratory efficiency at altitude shall be assessed as unfit for flight duties.</p>	<p><b>3.25</b> An applicant shall have a respiratory efficiency within the normal range required for the performance of duties.</p>
<p><b>1.26</b> Cases of chronic obstructive pulmonary disease shall be assessed as unfit only if the condition is causing obvious symptoms on moderate exercise and could lead to impairment at altitude.</p>	<p><b>2.26</b> Cases of chronic obstructive pulmonary disease shall be assessed as unfit only if the condition is causing obvious symptoms on moderate exercise and could lead to impairment at altitude.</p>	<p><b>3.26</b> Cases of chronic obstructive pulmonary disease shall be assessed as unfit if the condition is causing symptoms.</p>
<p><b>1.27</b> Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms during normal or emergency operations shall be assessed as unfit.</p> <p><i>NOTE: The use of drugs for control of asthma shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's license and rating privileges.</i></p>	<p><b>2.27</b> Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms during normal or emergency operations shall be assessed as unfit.</p> <p><i>NOTE: The use of drugs for control of asthma shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's license and rating privileges.</i></p>	<p><b>3.27</b> Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms during normal or emergency operations shall be assessed as unfit.</p> <p><i>NOTE: The use of drugs for control of asthma shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's license and rating privileges.</i></p>
<p><b>1.28</b> Applicants with active sarcoidosis should be assessed as unfit.                      A fit assessment may be considered if no medication is required, and the disease is investigated and shown to be limited to hilar lymphadenopathy and inactive.</p> <p>(1) Applicants with cardiac sarcoid should be assessed as unfit.</p>	<p><b>2.28</b> Applicants with active sarcoidosis should be assessed as unfit.                      A fit assessment may be considered if no medication is required, and the disease is investigated and shown to be limited to hilar lymphadenopathy and inactive.</p> <p>(1) Applicants with cardiac sarcoid should be assessed as unfit</p>	<p><b>3.28</b> Applicants with active sarcoidosis should be assessed as unfit.                      A fit assessment may be considered if no medication is required, and the disease is investigated and shown to be limited to hilar lymphadenopathy and inactive.</p> <p>(1) Applicants with cardiac sarcoid should be assessed as unfit</p>

<p><b>1.29</b> Cases of active pulmonary tuberculosis shall be assessed as unfit. Cases of quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, shall be assessed as fit if not liable to cause incapacitation in the air</p>	<p><b>2.29</b> Cases of active pulmonary tuberculosis, duly diagnosed, shall be assessed as unfit. Cases of quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, shall be assessed as fit if not liable to cause incapacitation in the air.</p>	<p><b>3.29</b> Cases of active pulmonary tuberculosis, duly diagnosed, shall be assessed as unfit. Cases of quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, shall be assessed as fit if the condition is not liable to affect the reliable performance of duties.</p>
<p><b>1.30</b> Applicants with a spontaneous pneumothorax should be assessed as unfit. A fit assessment may be considered if respiratory evaluation is satisfactory:  <b>(I)</b> 1 year following full recovery from a single spontaneous pneumothorax;  <b>(II)</b> At revalidation, 6 weeks following full recovery from a single spontaneous pneumothorax, with a multi-pilot limitation;  <b>(III)</b> Following surgical intervention in the case of a recurrent pneumothorax provided there is satisfactory recovery.  <b>(1)</b> Applicants with a recurrent spontaneous pneumothorax that has not been surgically treated should be assessed as unfit.</p>	<p><b>2.30</b> Applicants with a spontaneous pneumothorax should be assessed as unfit. A fit assessment may be considered if respiratory evaluation is satisfactory:  <b>(I)</b> 1 year following full recovery from a single spontaneous pneumothorax;  <b>(II)</b> At revalidation, 6 weeks following full recovery from a single spontaneous pneumothorax, with a multi-pilot limitation;  <b>(III)</b> Following surgical intervention in the case of a recurrent pneumothorax provided there is satisfactory recovery.   <b>(1)</b> Applicants with a recurrent spontaneous pneumothorax that has not been surgically treated should be assessed as unfit.</p>	<p><b>3.30</b> Applicants with a spontaneous pneumothorax should be assessed as unfit. A fit assessment may be considered if respiratory evaluation is satisfactory:  <b>(I)</b> 1 year following full recovery from a single spontaneous pneumothorax;  <b>(II)</b> At revalidation, 6 weeks following full recovery from a single spontaneous pneumothorax;  <b>(III)</b> Following surgical intervention in the case of a recurrent pneumothorax provided there is satisfactory recovery.  <b>(1)</b> Applicants with a recurrent spontaneous pneumothorax that has not been surgically treated should be assessed as unfit.</p>
<p><b>1.31</b> Applicants requiring major thoracic surgery should be assessed as unfit for a minimum of 3 months following operation 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).</p>	<p><b>2.31</b> Applicants requiring major thoracic surgery should be assessed as unfit for a minimum of 3 months following operation 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).</p>	<p><b>3.31</b> Applicants requiring major thoracic surgery should be assessed as unfit for a minimum of 3 months following operation 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).</p>
<p><b>1.32</b> Applicants who are  <b>(A)</b> Obese (BMI&gt;35)  <b>(B)</b> Congestive heart failure  <b>(C)</b> Atrial fibrillation  <b>(D)</b> Refractory hypertension  <b>(E)</b> Type 2 diabetes  <b>(F)</b> Nocturnal dysrhythmias  <b>(G)</b> Stroke  <b>(H)</b> Pulmonary hypertension  <b>(I)</b> Preoperative for bariatric surgery should be assessed for sleep apnea syndrome. If the results were unsatisfactory the applicant should be assessed as unfit.</p>	<p><b>2.32</b> Applicants who are  <b>(A)</b> Obese (BMI&gt;35)  <b>(B)</b> Congestive heart failure  <b>(C)</b> Atrial fibrillation  <b>(D)</b> Refractory hypertension  <b>(E)</b> Type 2 diabetes  <b>(F)</b> Nocturnal dysrhythmias  <b>(G)</b> Stroke  <b>(H)</b> Pulmonary hypertension  <b>(I)</b> Preoperative for bariatric surgery should be assessed for sleep apnea syndrome. If the results were unsatisfactory the applicant should be assessed as unfit.</p>	<p><b>3.32</b> Applicants who are  <b>(A)</b> Obese (BMI&gt;35)  <b>(B)</b> Congestive heart failure  <b>(C)</b> Atrial fibrillation  <b>(D)</b> Refractory hypertension  <b>(E)</b> Type 2 diabetes  <b>(F)</b> Nocturnal dysrhythmias  <b>(G)</b> Stroke  <b>(H)</b> Pulmonary hypertension  <b>(I)</b> Preoperative for bariatric surgery should be assessed for sleep apnea syndrome. If the results were unsatisfactory the applicant should be assessed as unfit.</p>
<b>Gastro-intestinal System</b>		
<p><b>1.33</b> There shall be no disease of the gastrointestinal tract which accredited medical conclusion indicates could affect safe performance of duties.  <i>NOTE: Cases with a history of acute gastrointestinal disorders can be assessed as fit once documented recovery is achieved</i></p>	<p><b>2.33</b> There shall be no disease of the gastrointestinal tract which accredited medical conclusion indicates could affect safe performance of duties.  <i>NOTE: Cases with a history of acute gastrointestinal disorders can be assessed as fit once documented recovery is achieved</i></p>	<p><b>3.33</b> There shall be no disease of the gastrointestinal tract which accredited medical conclusion indicates could affect safe performance of duties.  <i>NOTE: Cases with a history of acute gastrointestinal disorders can be assessed as fit once documented recovery is achieved</i></p>

<p><b>1.34</b> Applicants with disorders of the gastro-intestinal system including:  <b>(1)</b> Recurrent dyspeptic disorder requiring medication;  <b>(2)</b> Esophageal varices;  <b>(3)</b> pancreatitis;  <b>(4)</b> symptomatic gallstones;  <b>(5)</b> an established diagnosis or history of chronic inflammatory bowel disease;  <b>(6)</b> Peptic ulceration shall be assessed as unfit.  A fit assessment may be considered after successful treatment and subject to satisfactory gastroenterological evaluation.</p>	<p><b>2.34</b> Applicants with disorders of the gastro-intestinal system including:  <b>(1)</b> Recurrent dyspeptic disorder requiring medication;  <b>(2)</b> Esophageal varices;  <b>(3)</b> pancreatitis;  <b>(4)</b> symptomatic gallstones;  <b>(5)</b> an established diagnosis or history of chronic inflammatory bowel disease;  <b>(6)</b> Peptic ulceration shall be assessed as unfit.  A fit assessment may be considered after successful treatment and subject to satisfactory gastroenterological evaluation.</p>	<p><b>3.34</b> Applicants with disorders of the gastro-intestinal system including:  <b>(1)</b> Recurrent dyspeptic disorder requiring medication;  <b>(2)</b> Esophageal varices;  <b>(3)</b> pancreatitis;  <b>(4)</b> symptomatic gallstones;  <b>(5)</b> an established diagnosis or history of chronic inflammatory bowel disease;  <b>(6)</b> Peptic ulceration shall be assessed as unfit.  A fit assessment may be considered after successful treatment and subject to satisfactory gastroenterological evaluation.</p>
<p><b>1.35</b> The applicant shall be free from any hernia that might give rise to incapacitating symptoms in flight.</p>	<p><b>2.35</b> The applicant shall be free from inguinal, hiatal or other hernia that might give rise to sudden incapacitation in flight.</p>	<p><b>3.35</b> The applicant shall be free from any hernia that is likely to give rise to incapacitating symptoms while exercising the privileges of the licence.</p>
<p><b>1.36</b> Any sequelae of disease, medication or surgical intervention on any part of the digestive tract and its adnexa, likely to cause incapacitation in flight, in particular any obstructions due to stricture or compression, shall be assessed as unfit <i>NOTE: Applicants who have undergone a surgical operation on the digestive tract or its adnexa, involving a total or partial excision or a diversion of any of these organs, should be assessed as unfit for a minimum period of 3 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 license</i></p>	<p><b>2.36</b> Any sequelae of disease, medication or surgical intervention on any part of the digestive tract and its adnexa, and in particular any stricture or compression that might cause sudden incapacitation in flight, shall be assessed as unfit.  <i>NOTE: Applicants who have undergone a surgical operation on the digestive tract or its adnexa, involving a total or partial excision or a diversion of any of these organs, should be assessed as unfit for a minimum period of 3 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 license</i></p>	<p><b>3.36</b> Any sequelae of disease, medication or surgical intervention on any part of the digestive tract and its adnexa, liable to give rise to incapacitating or distracting symptoms, in particular any obstructions due to stricture or compression, shall be assessed as unfit.  <i>NOTE: Applicants who have undergone a surgical operation on the digestive tract or its adnexa, involving a total or partial excision or a diversion of any of these organs, should be assessed as unfit for a minimum period of 3 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 license</i></p>
<b>Other Medical Conditions</b>		
<p><b>1.37</b> Cases of metabolic, nutritional or endocrine disorders likely to interfere with the safe operation of an aircraft shall be assessed as unfit.  Applicants with metabolic, nutritional or endocrine disorder may be assessed as fit if the condition is asymptomatic, clinically compensated and stable with or without replacement therapy, and regularly reviewed by an appropriate specialist.</p>	<p><b>2.37</b> Cases of metabolic, nutritional or endocrine disorders likely to interfere with the safe operation of an aircraft shall be assessed as unfit.  Applicants with metabolic, nutritional or endocrine disorder may be assessed as fit if the condition is asymptomatic, clinically compensated and stable with or without replacement therapy, and regularly reviewed by an appropriate specialist.</p>	<p><b>3.37</b> Cases of metabolic, nutritional or endocrine disorders likely to interfere with the safe operation of an aircraft shall be assessed as unfit.  Applicants with metabolic, nutritional or endocrine disorder may be assessed as fit if the condition is asymptomatic, clinically compensated and stable with or without replacement therapy, and regularly reviewed by an appropriate specialist.</p>

<p><b>1.38</b> Applicants with a Body Mass Index &gt; 35 may be assessed as fit only if the excess weight is not likely to interfere with the safe exercise of the applicable license(s) and a satisfactory cardiovascular risk review has been undertaken.</p>	<p><b>2.38</b> Applicants with a Body Mass Index &gt; 35 may be assessed as fit only if the excess weight is not likely to interfere with the safe exercise of the applicable license(s) and a satisfactory cardiovascular risk review has been undertaken.</p>	<p><b>3.38</b> Applicants with a Body Mass Index &gt; 35 may be assessed as fit only if the excess weight is not likely to interfere with the safe exercise of the applicable license(s) and a satisfactory cardiovascular risk review has been undertaken.</p>
<p><b>1.39</b> Applicants with Addison's disease should be assessed as unfit. A fit assessment may be considered, provided that cortisone is carried and available for use whilst exercising the privileges of the license(s). Applicants may be assessed as fit with a multi-pilot limitation.</p>	<p><b>2.39</b> Applicants with Addison's disease should be assessed as unfit. A fit assessment may be considered, provided that cortisone is carried and available for use whilst exercising the privileges of the license(s). Applicants may be assessed as fit with a multi-pilot limitation.</p>	<p><b>3.39</b> Applicants with Addison's disease should be assessed as unfit. A fit assessment may be considered, provided that cortisone is carried and available for use whilst exercising the privileges of the license(s).</p>
<p><b>1.40</b> Applicants with acute gout should be assessed as unfit. A fit assessment may be considered once asymptomatic, after cessation of treatment or the condition is stabilized on anti-hyperuricemia therapy.</p>	<p><b>2.40</b> Applicants with acute gout should be assessed as unfit. A fit assessment may be considered once asymptomatic, after cessation of treatment or the condition is stabilized on anti-hyperuricemia therapy.</p>	<p><b>3.40</b> Applicants with acute gout should be assessed as unfit. A fit assessment may be considered once asymptomatic, after cessation of treatment or the condition is stabilized on anti-hyperuricemia therapy.</p>
<p><b>1.41</b> Applicants with hyperthyroidism or hypothyroidism should be assessed as unfit. A fit assessment may be considered when a stable euthyroid state is attained.</p>	<p><b>2.41</b> Applicants with hyperthyroidism or hypothyroidism should be assessed as unfit. A fit assessment may be considered when a stable euthyroid state is attained.</p>	<p><b>3.41</b> Applicants with hyperthyroidism or hypothyroidism should be assessed as unfit. A fit assessment may be considered when a stable euthyroid state is attained.</p>
<p><b>1.42</b> Proven cases of diabetes mellitus shown to be satisfactorily controlled without the use of any antidiabetic drug, may be assessed as fit. Applicants with diabetes requiring insulin shall be assessed as unfit. The use of antidiabetic medications that are not likely to cause hypoglycaemia (biguanides, alpha glucosidase inhibitors and glitazones) may be acceptable for a fit assessment with a multi-pilot limitation.</p>	<p><b>2.42</b> Proven cases of diabetes mellitus shown to be satisfactorily controlled without the use of any anti-diabetic drug, may be assessed as fit. The use of anti-diabetic drugs for the control of diabetes mellitus is disqualifying except for those oral drugs administered under conditions permitting appropriate medical supervision and control and which, according to accredited medical conclusion, are compatible with the safe exercise of the applicant's licence and rating privileges. Applicants with diabetes requiring insulin shall be assessed as unfit. The use of antidiabetic medications that are not likely to cause hypoglycaemia (biguanides, alpha glucosidase inhibitors and glitazones) may be acceptable for a fit assessment with a multi-pilot limitation.</p>	<p><b>3.42</b> Proven cases of diabetes mellitus shown to be satisfactorily controlled without the use of any anti-diabetic drug, may be assessed as fit. The use of anti-diabetic drugs for the control of diabetes mellitus is disqualifying except for those oral drugs administered under conditions permitting appropriate medical supervision and control and which, according to accredited medical conclusion, are compatible with the safe exercise of the applicant's licence privileges. Applicants with diabetes requiring insulin shall be assessed as unfit. The use of antidiabetic medications that are not likely to cause hypoglycaemia (biguanides, alpha glucosidase inhibitors and glitazones) may be acceptable for a fit assessment</p>
<p><b>1.43</b> Cases of severe and moderate enlargement of the spleen persistently below the costal margin shall be assessed as unfit</p>	<p><b>2.43</b> Cases of severe and moderate enlargement of the spleen persistently below the costal margin shall be assessed as unfit</p>	<p><b>3.43</b> Cases of severe and moderate enlargement of the spleen persistently below the costal margin shall be assessed as unfit</p>
<p><b>1.44</b> Proven cases of anemia who:  <b>(1)</b> Demonstrated by a reduced hemoglobin level or hematocrit less than 32 % should be assessed as unfit and require investigation. A fit assessment may be considered in cases where the primary cause has been treated (e.g. iron or B12 deficiency) and the hemoglobin or hematocrit has stabilized at a satisfactory level.</p>	<p><b>2.44</b> Proven cases of anemia who:  <b>(1)</b> Demonstrated by a reduced hemoglobin level or hematocrit less than 32 % should be assessed as unfit and require investigation. A fit assessment may be considered in cases where the primary cause has been treated (e.g. iron or B12 deficiency) and the hemoglobin or hematocrit has stabilized at a satisfactory level.</p>	<p><b>3.44</b> Proven cases of anemia who:  <b>(1)</b> Demonstrated by a reduced hemoglobin level or hematocrit less than 32 % should be assessed as unfit and require investigation. A fit assessment may be considered in cases where the primary cause has been treated (e.g. iron or B12 deficiency) and the hemoglobin or hematocrit has stabilized at a satisfactory level.</p>

(2) Anemia which is unamenable to treatment is disqualifying.	(2) Anemia which is unamenable to treatment is disqualifying.	(2) Anemia which is unamenable to treatment is disqualifying.
<b>1.45</b> Cases of significant localised and generalised enlargement of the lymphatic glands and of diseases of the blood: <b>(A)</b> Coagulation disorders; <b>(B)</b> Arterial embolus; <b>(C)</b> Leukemia; <b>(D)</b> Polycythemia; <b>(E)</b> Hemoglobinopathy; <b>(F)</b> Disorder of the lymphatic system; shall be assessed as unfit, except in cases where accredited medical conclusion indicates that the condition is not likely to affect the safe exercise of the applicant's licence or rating privileges	<b>2.45</b> Cases of significant localised and generalised enlargement of the lymphatic glands and of diseases of the blood: <b>(A)</b> Coagulation disorders; <b>(B)</b> Arterial embolus; <b>(C)</b> Leukemia; <b>(D)</b> Polycythemia; <b>(E)</b> Hemoglobinopathy; <b>(F)</b> Disorder of the lymphatic system; shall be assessed as unfit, except in cases where accredited medical conclusion indicates that the condition is not likely to affect the safe exercise of the applicant's licence or rating privileges	<b>3.45</b> Cases of significant localised and generalised enlargement of the lymphatic glands and of diseases of the blood: <b>(A)</b> Coagulation disorders; <b>(B)</b> Arterial embolus; <b>(C)</b> Leukemia; <b>(D)</b> Polycythemia; <b>(E)</b> Hemoglobinopathy; <b>(F)</b> Disorder of the lymphatic system; shall be assessed as unfit, except in cases where accredited medical conclusion indicates that the condition is not likely to affect the safe exercise of the applicant's licence or rating privileges
<b>1.46</b> Applicants with a hemorrhagic disorder require investigation. A fit assessment with a multi-pilot limitation may be considered if there is no history of significant bleeding.	<b>2.46</b> Applicants with a hemorrhagic disorder require investigation. A fit assessment with a multi-pilot limitation may be considered if there is no history of significant bleeding.	<b>3.46</b> Applicants with a hemorrhagic disorder require investigation. A fit assessment with a multi-staff limitation may be considered if there is no history of significant bleeding.
<b>1.47</b> Applicants with a thrombotic disorder require investigation. A fit assessment with a multi-pilot limitation may be considered if there is no history of significant clotting episodes. <b>(1)</b> An arterial embolus is disqualifying.	<b>2.47</b> Applicants with a thrombotic disorder require investigation. A fit assessment with a multi-pilot limitation may be considered if there is no history of significant clotting episodes. <b>(1)</b> An arterial embolus is disqualifying.	<b>3.47</b> Applicants with a thrombotic disorder require investigation. A fit assessment with a multi-staff limitation may be considered if there is no history of significant clotting episodes. <b>(1)</b> An arterial embolus is disqualifying.
<b>Genito-urinary System</b>		
<b>1.48</b> Cases presenting signs of established or progressive organic disease of the kidney or genito-urinary tract shall be assessed as unfit. The urine shall be free of any element considered by the CAME to be pathological. Urinary conditions of a transient nature shall be considered unfit while the condition exists.	<b>2.48</b> Cases of organic disease of the genito-urinary tract likely to affect the safe operation of an aircraft shall be considered unfit. The urine shall contain no abnormal element indicative of such disease or indicative of any other unassessed general condition.	<b>3.48</b> Cases of organic disease of the genito-urinary tract likely to affect the carrying out of duties shall be considered unfit. The urine shall contain no abnormal element indicative of such disease or indicative of any other unassessed general condition.



<p><b>1.49</b> Any sequelae of disease, medication or surgical procedures on the kidneys and the urinary tract liable to cause incapacitation, in particular any obstructions due to stricture or calculus obstruction, shall be assessed as unfit unless accredited medical conclusion considers that the condition is not liable to cause incapacitation in the air.</p> <p>Compensated nephrectomy without hypertension or uraemia shall be assessed as fit.</p> <p><i>NOTE: Applicants who have undergone a major surgical operation on the urinary tract or the urinary apparatus involving a total or partial excision or a diversion of any of its organs should be assessed as unfit for a minimum period of 3 months or until such time as the effects of the operation are no longer likely to cause incapacity in flight. After other urological surgery, a fit assessment may be considered if the applicant is completely asymptomatic and there is minimal risk of secondary complication or recurrence.</i></p> <p><b>1.49</b> Applicants who have undergone renal transplantation may be considered for a fit assessment if it is fully compensated and tolerated with only minimal immuno-suppressive therapy after at least 12 months. Applicants may be assessed as fit with a multi-pilot limitation.</p>	<p><b>2.49</b> Any sequelae of disease, medication or surgical procedures on the kidneys and the urinary tract liable to cause incapacitation, in particular any obstructions due to stricture or calculus obstruction, shall be assessed as unfit unless accredited medical conclusion considers that the condition is not liable to cause incapacitation in the air.</p> <p>Compensated nephrectomy without hypertension or uraemia shall be assessed as fit.</p> <p><i>NOTE: Applicants who have undergone a major surgical operation on the urinary tract or the urinary apparatus involving a total or partial excision or a diversion of any of its organs should be assessed as unfit for a minimum period of 3 months or until such time as the effects of the operation are no longer likely to cause incapacity in flight. After other urological surgery, a fit assessment may be considered if the applicant is completely asymptomatic and there is minimal risk of secondary complication or recurrence.</i></p> <p><b>2.49</b> Applicants who have undergone renal transplantation may be considered for a fit assessment if it is fully compensated and tolerated with only minimal immuno-suppressive therapy after at least 12 months. Applicants may be assessed as fit with a multi-pilot limitation.</p>	<p><b>3.49</b> Any sequelae of disease, medication or surgical procedures on the kidneys and the urinary tract liable to cause incapacitation, in particular any obstructions due to stricture or calculus obstruction, shall be assessed as unfit unless accredited medical conclusion considers that the condition is not liable to cause incapacitation in the air.</p> <p>Compensated nephrectomy without hypertension or uraemia shall be assessed as fit.</p> <p><i>NOTE: Applicants who have undergone a major surgical operation on the urinary tract or the urinary apparatus involving a total or partial excision or a diversion of any of its organs should be assessed as unfit for a minimum period of 3 months or until such time as the effects of the operation are no longer likely to cause incapacity in flight. After other urological surgery, a fit assessment may be considered if the applicant is completely asymptomatic and there is minimal risk of secondary complication or recurrence.</i></p> <p><b>3.49</b> Applicants who have undergone renal transplantation may be considered for a fit assessment if it is fully compensated and tolerated with only minimal immuno-suppressive therapy after at least 12 months. Applicants may be assessed as fit with a multi-team limitation.</p>
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<p><b>1.50</b> An applicant for the first issue of a licence who has a personal history of syphilis shall be required to furnish evidence, satisfactory to the CAME, that he/she has undergone adequate treatment. Applicants with acute syphilis shall be assessed as unfit. <b>(A)</b> Applicants with active tuberculosis should be assessed as unfit. A fit assessment may be considered following completion of therapy. <b>(B)</b> Applicants with infectious hepatitis shall be assessed as unfit. A fit assessment may be considered following completion of therapy. <b>(C)</b> Seropositive HIV applicants shall be assessed unfit, unless certain specific criteria, as determined by accredited medical conclusion, can be met. A fit assessment with a multi-pilot limitation may be considered for individuals with stable, non-progressive disease. Frequent review is required.</p> <p><b>1.51 Reproductive System</b></p> <p><b>(1) Pregnancy and Childbirth</b> <b>(A)</b> In the case of a normal pregnancy, the fit assessment should be limited to the period from the end of the 12<sup>th</sup> week until the end of the 26<sup>th</sup> week of pregnancy. <b>(B)</b> In the case of a high- risk pregnancy that is liable to cause incapacitation in the air, the applicant shall be considered unfit. <b>(C)</b> After childbirth or the termination of pregnancy, the applicant may be assessed as fit before six (6) weeks post-partum if she provides a report to the Authority from her attending physician attesting to her capacity to resume her duties.</p>	<p><b>2.50</b> An applicant for the first issue of a licence who has a personal history of syphilis shall be required to furnish evidence, satisfactory to the CAME, that he/she has undergone adequate treatment. Applicants with acute syphilis shall be assessed as unfit. <b>(A)</b> Applicants with active tuberculosis should be assessed as unfit. A fit assessment may be considered following completion of therapy. <b>(B)</b> Applicants with infectious hepatitis shall be assessed as unfit. A fit assessment may be considered following completion of therapy. <b>(C)</b> Seropositive HIV applicants shall be assessed unfit, unless certain specific criteria, as determined by accredited medical conclusion, can be met. A fit assessment with a multi-pilot limitation may be considered for individuals with stable, non-progressive disease. Frequent review is required.</p> <p><b>2.51 Reproductive System</b></p> <p><b>(1) Pregnancy and Childbirth</b> <b>(A)</b> In the case of a normal pregnancy, the fit assessment should be limited to the period from the end of the 12<sup>th</sup> week until the end of the 26<sup>th</sup> week of pregnancy. <b>(B)</b> In the case of a high- risk pregnancy that is liable to cause incapacitation in the air, the applicant shall be considered unfit. <b>(C)</b> After childbirth or the termination of pregnancy, the applicant may be assessed as fit before six (6) weeks post-partum if she provides a report to the Authority from her attending physician attesting to her capacity to resume her duties.</p>	<p><b>3.50</b> An applicant for the first issue of a licence who has a personal history of syphilis shall be required to furnish evidence, satisfactory to the CAME, that he/she has undergone adequate treatment. Applicants with acute syphilis shall be assessed as unfit. <b>(A)</b> Applicants with active tuberculosis should be assessed as unfit. A fit assessment may be considered following completion of therapy. <b>(B)</b> Applicants with infectious hepatitis shall be assessed as unfit. A fit assessment may be considered following completion of therapy. <b>(C)</b> Seropositive HIV applicants shall be assessed unfit, unless certain specific criteria, as determined by accredited medical conclusion, can be met.</p> <p><b>.51 Reproductive System</b></p> <p><b>(1) Pregnancy and Childbirth</b> <b>(A)</b> In the case of a normal pregnancy, an air traffic controller may be considered fit until no later than her 34<sup>th</sup> week. <b>(B)</b> In the case of a normal pregnancy, a cabin attendant may be considered fit until the twenty sixth (26<sup>th</sup>) week of pregnancy. <b>(C)</b> In the case of a high- risk pregnancy that is liable to cause incapacitation in the air, a Cabin Attendant shall be considered unfit. <b>(D)</b> After childbirth or the termination of pregnancy, the applicant may be assessed as fit before six (6) weeks post-partum if she provides a report to the Authority from her attending physician attesting to her capacity to resume her duties.</p>
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<p><b>(2) Gynecologic Disorders</b></p> <p>In the case of an applicant who has a history of a gynecological disorder that:</p> <p><b>(A)</b> has not responded to treatment and is liable to cause incapacitation in the air or interfere with the safe exercise of the applicant's licence or ratings, or</p> <p><b>(B)</b> Requires medication incompatible with the safe operation of an aircraft shall be considered unfit.</p> <p>An applicant with a history of severe menstrual disturbances unamenable to treatment should be assessed as unfit.</p> <p><b>(3) Gynecologic surgeries</b></p> <p>An applicant who has undergone a major gynecologic operation should be assessed as unfit for a period of 3 months or until such time as the effects of the operation are not likely to interfere with the safe exercise of the privileges of the license(s) if the holder is completely asymptomatic and there is only a minimal risk of secondary complication or recurrence.</p>	<p><b>(2) Gynecologic Disorders</b></p> <p>In the case of an applicant who has a history of a gynecological disorder that:</p> <p><b>(A)</b> has not responded to treatment and is liable to cause incapacitation in the air or interfere with the safe exercise of the applicant's licence or ratings, or</p> <p><b>(B)</b> Requires medication incompatible with the safe operation of an aircraft shall be considered unfit.</p> <p>An applicant with a history of severe menstrual disturbances unamenable to treatment should be assessed as unfit.</p> <p><b>(3) Gynecologic surgeries</b></p> <p>An applicant who has undergone a major gynecologic operation should be assessed as unfit for a period of 3 months or until such time as the effects of the operation are not likely to interfere with the safe exercise of the privileges of the license(s) if the holder is completely asymptomatic and there is only a minimal risk of secondary complication or recurrence</p>	<p><b>(2) Gynecologic Disorders</b></p> <p>In the case of an applicant who has a history of a gynecological disorder that is likely to interfere with the reliable performance of duties shall be considered unfit.</p> <p><b>(3) Gynaecologic surgeries</b></p> <p>An applicant who has undergone a major gynecologic operation should be assessed as unfit for a period of 3 months or until such time as the effects of the operation are not likely to interfere with the safe exercise of the privileges of the license(s) if the holder is completely asymptomatic and there is only a minimal risk of secondary complication or recurrence.</p>
<p><b>Musculoskeletal System</b></p>		
<p><b>1.52</b> Any active disease of the bones, joints, muscles or tendons and all serious functional sequelae of congenital or acquired disease shall be assessed as unfit. Functional after-effects of lesions affecting bones, joints, muscles or tendons and certain anatomical defects if they are compatible with the safe performance of duties at any altitude and throughout a prolonged or difficult flight shall be assessed as fit.</p>	<p><b>2.52</b> Any active disease of the bones, joints, muscles or tendons and all serious functional sequelae of congenital or acquired disease shall be assessed as unfit. Functional after-effects of lesions affecting the bones, joints, muscles or tendons and certain anatomical defects compatible with the safe performance of duties shall be assessed as fit.</p>	<p><b>3.53</b> Any active disease of the bones, joints, muscles or tendons, congenital abnormality or significant functional sequelae of congenital or acquired disease, likely to be a handicap in the working environment, shall be assessed as unfit. Functional after-effects of lesions affecting bones, joints, muscles or tendons, and certain anatomical defects if they are compatible with the safe performance of duties shall be assessed as fit.</p>

<b>Ear, Nose and Throat Conditions</b>		
<p><b>1.53</b> There shall be</p> <p><b>(A)</b> No active pathological process, acute or chronic, of the inner ear or of the middle ear;</p> <p><b>(B)</b> No unhealed (unclosed) perforation of the tympanic membranes. However, a single dry perforation of non-infectious origin need not render the applicant unfit. medical Certificates shall not be issued or revalidated in these circumstances unless the appropriate hearing requirements specified in section 1.58 and following are complied with;</p> <p><b>(C)</b> No permanent obstruction of the Eustachian tubes;</p> <p><b>(D)</b> No permanent disturbances of the vestibular system;</p> <p><b>(E)</b> No sinus dysfunctions;</p> <p><b>(F)</b> No acute or chronic infection of the oral cavity or upper respiratory tract.</p> <p>Transient conditions shall be assessed as temporarily unfit while the condition exists.</p> <p><b>1.54</b> There shall be free nasal air entry on both sides and the nasal and sinus cavities shall be free from significant obstructions. There shall be no serious malformation nor serious acute or chronic infection of the buccal cavity or upper respiratory tract that might affect the safe performance of duties.</p> <p><b>1.55</b> Speech defects and stuttering that cause communication difficulties shall be considered unfit.</p>	<p><b>2.53</b> There shall be</p> <p><b>(A)</b> No active pathological process, acute or chronic, of the inner ear or of the middle ear;</p> <p><b>(B)</b> No unhealed (unclosed) perforation of the tympanic membranes. However, a single dry perforation of non-infectious origin need not render the applicant unfit. medical Certificates shall not be issued or revalidated in these circumstances unless the appropriate hearing requirements specified in section 2.58 and following are complied with;</p> <p><b>(C)</b> No permanent obstruction of the Eustachian tubes;</p> <p><b>(D)</b> No permanent disturbances of the vestibular system;</p> <p><b>(E)</b> No sinus dysfunctions;</p> <p><b>(F)</b> No acute or chronic infection of the oral cavity or upper respiratory tract. Transient conditions shall be assessed as temporarily unfit while the condition exists.</p> <p><b>2.54</b> There shall be free nasal air entry on both sides, and the nasal and sinus cavities should be free from significant obstructions. There shall be no serious malformation nor serious acute or chronic infection of the buccal cavity or upper respiratory tract that might affect safe performance</p> <p><b>2.55</b> Speech defects and stuttering that are liable to give rise to radio communication difficulties shall be considered unfit.</p>	<p><b>3.53</b> There shall be</p> <p><b>(A)</b> No active pathological process, acute or chronic, of the inner ear or of the middle ear;</p> <p><b>(B)</b> No unhealed (unclosed) perforation of the tympanic membranes. However, a single dry perforation of non-infectious origin need not render the applicant unfit. medical Certificates shall not be issued or revalidated in these circumstances unless the appropriate hearing requirements specified in section 3.58 and following are complied with;</p> <p><b>(C)</b> No permanent obstruction of the Eustachian tubes;</p> <p><b>(D)</b> No permanent disturbances of the vestibular system;</p> <p><b>(E)</b> No sinus dysfunctions;</p> <p><b>(F)</b> No acute or chronic infection of the oral cavity or upper respiratory tract. Transient conditions shall be assessed as temporarily unfit while the condition exists.</p> <p><b>3.54</b> There shall be free nasal air entry on both sides and the nasal and sinus cavities shall be free from significant obstructions. There shall be no serious malformation, nor acute or chronic infection of the buccal cavity or upper respiratory tract that affects speech or is likely to interfere with reliable performance of duties.</p> <p><b>3.55</b> Speech defects and stuttering that are liable to give rise to radio communication difficulties shall be considered unfit.</p>

<b>Oncology</b>		
<p><b>1.56</b> Applicants who underwent treatment for malignant disease may be assessed as fit by the licensing authority if:</p> <p>(1) There is no evidence of residual malignant disease after treatment;</p> <p>(2) Time appropriate to the type of tumor has elapsed since the end of treatment;</p> <p>(3) The risk of inflight incapacitation from a recurrence or metastasis is sufficiently low;</p> <p>(4) There is no evidence of short or long-term sequelae from treatment. Special attention should be paid to applicants who have received anthracycline chemotherapy;</p> <p>(5) Satisfactory oncology follow-up reports are provided to the licensing authority.</p> <p><i>NOTE: A multi-pilot limitation should be applied as appropriate.</i></p>	<p><b>2.56</b> Applicants who underwent treatment for malignant disease may be assessed as fit by the licensing authority if:</p> <p>(1) There is no evidence of residual malignant disease after treatment;</p> <p>(2) Time appropriate to the type of tumor has elapsed since the end of treatment;</p> <p>(3) The risk of inflight incapacitation from a recurrence or metastasis is sufficiently low;</p> <p>(4) There is no evidence of short or long-term sequelae from treatment. Special attention should be paid to applicants who have received anthracycline chemotherapy;</p> <p>(5) Satisfactory oncology follow-up reports are provided to the licensing authority.</p> <p><i>NOTE: A multi-crew limitation should be applied as appropriate.</i></p>	<p><b>3.56</b> Applicants who underwent treatment for malignant disease may be assessed as fit by the licensing authority if:</p> <p>(1) There is no evidence of residual malignant disease after treatment;</p> <p>(2) Time appropriate to the type of tumor has elapsed since the end of treatment;</p> <p>(3) The risk of inflight incapacitation from a recurrence or metastasis is sufficiently low;</p> <p>(4) There is no evidence of short or long-term sequelae from treatment. Special attention should be paid to applicants who have received anthracycline chemotherapy;</p> <p>(5) Satisfactory oncology follow-up reports are provided to the licensing authority.</p>
<p><b>1.57</b> Applicants with pre-malignant conditions of the skin may be assessed as fit if treated or excised as necessary and there is regular follow-up.</p>	<p><b>2.57</b> Applicants with pre-malignant conditions of the skin may be assessed as fit if treated or excised as necessary and there is regular follow-up.</p>	<p><b>3.57</b> Applicants with pre-malignant conditions of the skin may be assessed as fit if treated or excised as necessary and there is regular follow-up.</p>
<b>Hearing Requirement</b>		
<p><b>1.58</b> The applicant shall be required to be free from any hearing defect which could interfere with the safe performance of the applicants' duties in exercising the privileges of the licence.</p>	<p><b>2.58</b> The applicant shall be free from any hearing defect which could interfere with the safe performance of the applicants' duties in exercising the privileges of the licence.</p>	<p><b>3.58</b> The applicant shall be required to be free from any hearing defect which could interfere with the safe performance of the applicants' duties in exercising the privileges of the licence.</p>
<p><b>1.59</b> The applicant shall be tested on a pure tone audiometer at the initial examination for a Class 1 Medical and at the first medical examination and not less than once every five years up to 40 years of age and thereafter not less than once every 2 years. Hearing loss, in either ear separately, shall not be more than 35 dB at any of the frequencies 500, 1000, 2000 Hz or more than 50 dB at 3000 Hz.</p>	<p><b>2.59</b> The applicant shall be tested on a pure tone audiometer at the initial examination for a Class 2 Medical and at the first medical examination and after the age of 50, not less than once every two years. Hearing loss, in either ear separately, shall not be more than 35 dB at any of the frequencies 500, 1000, 2000 Hz or more than 50 dB at 3000 Hz.</p>	<p><b>3.59</b> An applicant for an air traffic controller licence shall be tested on a pure tone audiometer at the initial examination for a Class 3 Medical and at the first medical examination and not less than once every four years up to 40 years of age and thereafter not less than once every 2 years. Hearing loss, in either ear separately, shall not be more than 35 dB at any of the frequencies 500, 1000, 2000 Hz or more than 50 dB at 3000 Hz.</p>

<p><b>1.60</b> At each examination the applicant shall demonstrate, in a quiet room, the ability to hear an average-whispered voice in each ear separately at a distance of two meters from the Aviation Medical Examiner, with the back turned to the examiner; or they shall demonstrate an acceptable understanding of speech as determined by audiometric speech discrimination testing to a score of at least 70 percent obtained in one ear or in a sound field environment. Applicants experiencing some difficulty with routine whisper shall be tested by pure tone audiometry.</p>	<p><b>2.60</b> At each examination the applicant shall demonstrate, in a quiet room, the ability to hear an average-whispered voice in each ear separately at a distance of two meters from the Aviation Medical Examiner, with the back turned to the examiner; or they shall demonstrate an acceptable understanding of speech as determined by audiometric speech discrimination testing to a score of at least 70 percent obtained in one ear or in a sound field environment. Applicants experiencing some difficulty with routine whisper shall be tested by pure tone audiometry.</p>	<p><b>3.60</b> At each examination the applicant shall demonstrate, in a quiet room, the ability to hear a average-whispered voice in each ear separately at a distance of two meters from the Aviation Medical Examiner, with the back turned to the examiner; or they shall demonstrate an acceptable understanding of speech as determined by audiometric speech discrimination testing to a score of at least 70 percent obtained in one ear or in a sound field environment. Applicants experiencing some difficulty with routine whisper shall be tested by pure tone audiometry.</p>
<p><b>1.61</b> Provided that there is no greater loss than 50 dB at 3000 Hz, applicants who show an average loss on pure tone audiometry of no greater than 45 dB in the better ear shall be considered fit if they can demonstrate satisfactory hearing in the cockpit noise environment in which they normally operate. Average losses greater than 45 dB in the better ear shall be evaluated by an otolaryngologist and be subject to individual assessment according to accredited medical conclusion.  <i>NOTE: The reference zero for calibration of pure tone audiometers used is that of the International Organisation of Standardisation Recommendation R389, 1964 or that of the American National Standards Institute</i></p> <p>(2) For the purpose of testing hearing in accordance with the requirements, the sound level of an average conversational voice at 1 m from the point of output (lower lip of the speaker) is 60 dB and that of a whispered voice 45dB At 2 m from the speaker, the sound level is 6 dB lower.</p>	<p><b>2.61</b> Provided that there is no greater loss than 50 dB at 3000 Hz applicants who show an average loss on pure tone audiometry of no greater than 45 dB in the better ear shall be considered fit if they can demonstrate satisfactory hearing in the cockpit noise environment in which they normally operate. Average losses greater than 45 dB in the better ear shall be evaluated by an otolaryngologist and be subject to individual assessment according to accredited medical conclusion.  <i>NOTE: Pure tone audiometry is the method of choice for assessment of hearing and shall be repeated every five years. The applicant, on testing by pure tone audiometry, shall not have a hearing loss in either ear separately of more than 35 dB at any of the frequencies 500, 1000 or 2000, or more than 50 dB at 3000 Hz.</i>  <i>NOTE: The reference zero of pure tone audiometers used is that of the International Organisation for Standardisation Recommendation R389, 1964 or that of the American National Standards Institute.</i></p> <p>(2) For the purpose of testing hearing in accordance with the requirements, the sound level of an average conversational voice at 1 m from the point of output (lower lip of the speaker) is 60 dB and that of a whispered voice 45dB At 2 m from the speaker, the sound level is 6 dB lower.</p>	<p><b>3.61</b> Provided that there is no greater loss than 50 dB at 3000 Hz applicants who show an average loss on pure tone audiometry of no greater than 45 dB in the better ear shall be considered fit if they can demonstrate satisfactory hearing in the cockpit noise environment in which they normally operate. Average losses greater than 45 dB in the better ear shall be evaluated by an otolaryngologist and be subject to individual assessment according to accredited medical conclusion.  <i>NOTE: Pure tone audiometry is the method of choice for assessment of hearing and shall be repeated every five years. The applicant, on testing by pure tone audiometry, shall not have a hearing loss in either ear separately of more than 35 dB at any of the frequencies 500, 1000 or 2000, or more than 50 dB at 3000 Hz.</i>  <i>NOTE: The reference zero of pure tone audiometers used is that of the International Organisation for Standardisation Recommendation R389, 1964 or that of the American National Standards Institute.</i></p> <p>(2) For the purpose of testing hearing in accordance with the requirements, the sound level of an average conversational voice at 1 m from the point of output (lower lip of the speaker) is 60 dB and that of a whispered voice 45dB At 2 m from the speaker, the sound level is 6 dB lower.</p>

<p>(3) The use of individual hearing aids during voice or practical testing is not permitted unless flexibility has previously been granted in accordance with this Part.</p>	<p>(3) Where a hearing aid is required to meet the requirements of paras. 2.36 or 2.37 the validation certificate shall be endorsed "Valid only when wearing a satisfactory hearing aid"</p>	<p>(3) Where a hearing aid is required to meet the requirements of paras. 2.36 or 2.37 the validation certificate shall be endorsed "Valid only when wearing a satisfactory hearing aid."</p>
<p><b>Visual Requirement</b></p>		
<p><b>1.62</b> The function of the eyes and their adnexa shall be normal. There shall be no active pathological or artificially induced condition, acute or chronic, of either eye or adnexa which is likely to interfere with its proper function to an extent that would jeopardise safety in flight or the safe exercise of the applicant's licence and rating privileges.</p>	<p><b>2.63</b> The function of the eyes and their adnexa shall be normal. There shall be no active pathological or artificially induced condition, acute or chronic, of either eye or adnexa which is likely to interfere with its proper function to an extent that would jeopardise safety in flight, or the safe exercise of the applicant's licence and rating privileges.</p>	<p><b>3.63</b> There shall be no active pathological or artificially induced condition, acute or chronic, of either eye or adnexa which is likely to interfere with its proper function to an extent that would jeopardise the safe performance of duties.</p>
<p><b>1.64</b> The applicant shall be required to have normal fields of vision and normal binocular function.</p> <p><b>1.65</b> The applicant shall be required to have a distant visual acuity of not less than 6/9 (20/30) in each eye separately, with or without the use of correcting lenses. Where this standard of visual acuity can be obtained only with correcting lenses the applicant shall be assessed fit provided that</p> <p>(A) such correcting lenses are worn when exercising the privileges of the licence or rating applied for or held;</p> <p>(B) the applicant possesses a visual acuity without correction in each eye separately, not less than 6/60 (20/200) and the refractive error falls within the range of <math>\pm 3</math> diopters (equivalent spherical error);</p> <p>(C) The applicant has a spare pair of suitable correcting glasses available for immediate use when exercising the privileges of the licence.</p>	<p><b>1.64</b> The applicant shall be required to have normal fields of vision and normal binocular function.</p> <p><b>2.65</b> The applicant shall be required to have a distant visual acuity of not less than 6/12 (20/30) in each eye separately, and visual acuity with both eyes shall be 6/9 or better, with or without the use of correcting lenses. Where this standard of visual acuity can be obtained only with correcting lenses, the applicant shall be assessed fit provided that</p> <p>(A) Such correcting lenses are worn when exercising the privileges of the licence or rating applied for or held;</p> <p>(B) The applicant possesses a visual acuity without correction in each eye separately, not less than 6/60 (20/200) and the refractive error falls within the range of <math>\pm 5</math> diopters (equivalent spherical error);</p> <p>(C) The applicant has a spare pair of suitable correcting glasses available for immediate use when exercising the privileges of the licence.</p> <p>Individual applicants whose refractive error in either eye falls outside the range of <math>\pm 5</math> diopters (equivalent spherical error) shall be accepted as fit according to accredited medical conclusion.</p>	<p><b>1.64</b> The applicant shall be required to have normal fields of vision and normal binocular function.</p> <p><b>3.65</b> The applicant shall be required to have a distant visual acuity of not less than 6/9 (20/30) in each eye separately, with or without the use of correcting lenses. Where this standard of visual acuity can be obtained only with correcting lenses, the applicant shall be assessed fit provided that</p> <p>(A) Such correcting lenses are worn when exercising the privileges of the licence or rating applied for or held;</p> <p>(B) The applicant possesses a visual acuity without correction in each eye separately, not less than 6/60 (20/200) and the refractive error falls within the range of <math>\pm 5.0</math> diopters (equivalent spherical error);</p> <p>(C) The applicant has a spare pair of suitable correcting glasses available for immediate use when exercising the privileges of the licence.</p>

<p>Applicants may use contact lenses to meet this requirement provided that:</p> <p>(A) the lenses are monofocal and non-tinted;</p> <p>(B) The lenses are well tolerated;</p> <p>(C) A pair of suitable correcting spectacles is kept readily available during the exercise of the license privileges</p> <p>Applicants whose uncorrected distant visual acuity in either eye is worse than 6/60 shall be required to provide a full ophthalmic report prior to initial Medical Assessment and every five years thereafter.</p> <p><i>NOTE Applicants who use contact lenses may not need to have their uncorrected visual acuity measured at each re-examination provided the history of their contact lens prescription is known.</i></p> <p><i>NOTE: Correcting lenses shall be interpreted to mean spectacles or contact lenses. Contact lenses shall not be approved prior to six months trial wear.</i></p>	<p>Applicants may use contact lenses to meet this requirement provided that:</p> <p>(A) The lenses are monofocal and non-tinted;</p> <p>(B) The lenses are well tolerated;</p> <p>(C) A pair of suitable correcting spectacles is kept readily available during the exercise of the license privileges</p> <p><i>NOTE Applicants who use contact lenses may not need to have their uncorrected visual acuity measured at each re-examination provided the history of their contact lens prescription is known.</i></p> <p><i>NOTE: Correcting lenses shall be interpreted to mean spectacles or contact lenses. Contact lenses shall not be approved prior to six months trial wear.</i></p>	<p>Individual applicants whose refractive error in either eye falls outside the range of <math>\pm 5</math> diopters (equivalent spherical error) shall be assessed as fit if this assessment is valid according to accredited medical conclusion.</p> <p><i>NOTE: Correcting lenses" shall be interpreted to mean spectacles or contact lenses. Contact lenses shall not be approved prior to six months trial wear.</i></p>
<p>(2) Visual acuity shall be measured using Landolt Rings, a chart of Snellen letters, or other similar optotypes situated at an optical distance of 6 metres (20 feet) in either an eye lane or an approved vision testing instrument. Where an eye lane is used, the test chart shall be illuminated to a level equivalent to that provided by a 100 watt light bulb placed 120 centimetres (4 feet) in front of, and slightly above the chart and the light shielded against the applicant. The examination room shall be darkened with exception of the illuminated chart.</p> <p>(3) An applicant accepted as meeting the provisions of para. 1.65 (b) is deemed to continue to do so unless there is reason to suspect otherwise, in which case refraction is repeated as required. The uncorrected visual acuity is measured and recorded at each re-examination. Conditions which indicate a need to redetermine the refractive error include, but are not limited by: a refractive state close to the limit of acceptability, a substantial decrease in the uncorrected visual acuity and the occurrence of eye disease, eye injury or eye surgery</p>	<p>(2) Visual acuity shall be measured using Landolt Rings, a chart of Snellen letters, or other similar optotypes situated at an optical distance of 6 metres (20 feet) in either an eye lane or an approved vision testing instrument. Where an eye lane is used, the test chart shall be illuminated to a level equivalent to that provided by a 100 watt light bulb placed 120 centimetres (4 feet) in front of, and slightly above the cart and the light shielded against the applicant. The examination room shall be darkened with exception of the illuminated chart.</p> <p>(3) An applicant accepted as meeting the provisions of para. 2.65 (b) is deemed to continue to do so unless there is reason to suspect otherwise, in which case refraction is repeated as required. The uncorrected visual acuity is measured and recorded at each examination. Conditions which indicate a need to redetermine the refractive error include, but are not limited by: a refractive state close to the limit of acceptability, a substantial decrease in the uncorrected visual acuity, and the occurrence of eye disease, eye injury or eye surgery.</p>	<p>(2) Visual acuity shall be measured using Landolt Rings, a chart of Snellen letters, or other similar optotypes situated at an optical distance of 6 metres (20 feet) in either an eye lane or an approved vision testing instrument. Where an eye lane is used, the test chart shall be illuminated to a level equivalent to that provided by a 100 watt light bulb placed 120 centimetres (4 feet) in front of, and slightly above the chart and the light shielded against the applicant. The examination room shall be darkened with exception of the illuminated chart.</p> <p>(3) An applicant accepted as meeting the provisions of para. 3.65 (b) is deemed to continue to do so unless there is reason to suspect otherwise, in which case refraction is repeated as required. The uncorrected visual acuity is measured and recorded at each examination. Conditions which indicate a need to redetermine the refractive error include, but are not limited by: a refractive state close to the limit of acceptability, a substantial decrease in the uncorrected visual acuity and the occurrence of eye disease, eye injury or eye surgery.</p>



<p><b>1.66</b> At initial examination an applicant may be assessed as fit with the following refractive errors:</p> <p><b>(I)</b> Hypermetropia not exceeding +5.0 diopters;</p> <p><b>(II)</b> Myopia not exceeding -6.0 dioptres;</p> <p><b>(III)</b> Astigmatism not exceeding 2.0 dioptres;</p> <p><b>(IV)</b> Anisometropia not exceeding 2.0 dioptres provided that optimal correction has been considered and no significant pathology is demonstrated.</p> <p><b>(2)</b> Initial applicants who do not meet the requirements above should be referred to the licensing authority. A fit assessment may be considered following review by an ophthalmologist.</p> <p><b>(3)</b> At revalidation an applicant may be assessed as fit with:</p> <p><b>(I)</b> Hypermetropia not exceeding +5.0 diopters;</p> <p><b>(II)</b> Myopia exceeding -6.0 diopters;</p> <p><b>(III)</b> Astigmatism exceeding 2.0 diopters;</p> <p><b>(IV)</b> Anisometropia exceeding 2.0 diopters provided that optimal correction has been considered and no significant pathology is demonstrated.</p> <p><b>(4)</b> If anisometropia exceeds 3.0 diopters, contact lenses should be worn.</p> <p><b>(5)</b> If the refractive error is +3.0 to +5.0 or -3.0 to -6.0 diopters, there is astigmatism or anisometropia of more than 2 diopters but less than 3 diopters, a review should be undertaken 5 yearly by an eye specialist.</p> <p><b>(6)</b> If the refractive error is greater than -6.0 diopters, there is more than 3.0 diopters of astigmatism or anisometropia exceeds 3.0 diopters, a review should be undertaken 2 yearly by an eye specialist.</p> <p><b>(7)</b> In cases (5) and (6) above, the applicant should supply the eye specialist's report to the AME. The report should be forwarded to the licensing authority as part of the medical examination report. All abnormal and doubtful cases should be referred to an ophthalmologist</p>	<p><b>2.66</b> At initial examination an applicant may be assessed as fit with the following refractive errors:</p> <p><b>(I)</b> Hypermetropia not exceeding +5.0 diopters;</p> <p><b>(II)</b> Myopia not exceeding -6.0 dioptres;</p> <p><b>(III)</b> Astigmatism not exceeding 2.0 dioptres;</p> <p><b>(IV)</b> Anisometropia not exceeding 2.0 dioptres provided that optimal correction has been considered and no significant pathology is demonstrated.</p> <p><b>(2)</b> Initial applicants who do not meet the requirements above should be referred to the licensing authority. A fit assessment may be considered following review by an ophthalmologist.</p> <p><b>(3)</b> At revalidation an applicant may be assessed as fit with:</p> <p><b>(I)</b> Hypermetropia not exceeding +5.0 diopters;</p> <p><b>(II)</b> Myopia exceeding -6.0 diopters;</p> <p><b>(III)</b> Astigmatism exceeding 2.0 diopters;</p> <p><b>(IV)</b> Anisometropia exceeding 2.0 diopters provided that optimal correction has been considered and no significant pathology is demonstrated.</p> <p><b>(4)</b> If anisometropia exceeds 3.0 diopters, contact lenses should be worn.</p> <p><b>(5)</b> If the refractive error is +3.0 to +5.0 or -3.0 to -6.0 diopters, there is astigmatism or anisometropia of more than 2 diopters but less than 3 diopters, a review should be undertaken 5 yearly by an eye specialist.</p> <p><b>(6)</b> If the refractive error is greater than -6.0 diopters, there is more than 3.0 diopters of astigmatism or anisometropia exceeds 3.0 diopters, a review should be undertaken 2 yearly by an eye specialist.</p> <p><b>(7)</b> In cases (5) and (6) above, the applicant should supply the eye specialist's report to the AME. The report should be forwarded to the licensing authority as part of the medical examination report. All abnormal and doubtful cases should be referred to an ophthalmologist</p>	<p><b>3.66</b> At initial examination an applicant may be assessed as fit with the following refractive errors:</p> <p><b>(I)</b> Hypermetropia not exceeding +5.0 diopters;</p> <p><b>(II)</b> Myopia not exceeding -6.0 dioptres;</p> <p><b>(III)</b> Astigmatism not exceeding 2.0 dioptres;</p> <p><b>(IV)</b> Anisometropia not exceeding 2.0 dioptres provided that optimal correction has been considered and no significant pathology is demonstrated.</p> <p><b>(2)</b> Initial applicants who do not meet the requirements above should be referred to the licensing authority. A fit assessment may be considered following review by an ophthalmologist.</p> <p><b>(3)</b> At revalidation an applicant may be assessed as fit with:</p> <p><b>(I)</b> Hypermetropia not exceeding +5.0 diopters;</p> <p><b>(II)</b> Myopia exceeding -6.0 diopters;</p> <p><b>(III)</b> Astigmatism exceeding 2.0 diopters;</p> <p><b>(IV)</b> Anisometropia exceeding 2.0 diopters provided that optimal correction has been considered and no significant pathology is demonstrated.</p> <p><b>(4)</b> If anisometropia exceeds 3.0 diopters, contact lenses should be worn.</p> <p><b>(5)</b> If the refractive error is +3.0 to +5.0 or -3.0 to -6.0 diopters, there is astigmatism or anisometropia of more than 2 diopters but less than 3 diopters, a review should be undertaken 5 yearly by an eye specialist.</p> <p><b>(6)</b> If the refractive error is greater than -6.0 diopters, there is more than 3.0 diopters of astigmatism or anisometropia exceeds 3.0 diopters, a review should be undertaken 2 yearly by an eye specialist.</p> <p><b>(7)</b> In cases (5) and (6) above, the applicant should supply the eye specialist's report to the AME. The report should be forwarded to the licensing authority as part of the medical examination report. All abnormal and doubtful cases should be referred to an ophthalmologist</p>
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<p><b>1.67</b> The applicant shall have the ability to read, while wearing the correcting lenses, if any, the N5 chart or its equivalent at a distance selected by that applicant in the range of 30 to 50 cm and the ability to read the N14 chart or its equivalent at a distance of 100 cm.</p> <p>If this requirement is met only by the use of near correction, the applicant may be assessed as fit; if no such correction is prescribed, a pair of corrective lenses for near use shall be kept readily available during the exercise of the privileges of the license. When near correction is required, the applicant shall demonstrate that one pair of correcting lenses is sufficient to meet both distant and near visual requirements.</p> <p><i>NOTE: N5 refers to the Faculty of Ophthalmologist's Reading Type.</i></p> <p>(2) An applicant who needs correction to meet this requirement will require "look-over", bifocal or trifocal lenses to enable him/her to read the instruments and a chart or manual held in the hand, and also make use of distant vision through the windscreen without removing his/her lenses. Single-vision near correction (full lenses of one power only, appropriate to reading) significantly reduces distant visual acuity. Whenever there is a requirement to obtain or renew correcting lenses, an applicant shall advise the refractionist of reading distances for the visual flight deck tasks relevant to the type of aircraft in which he/she is likely to function or to other aviation tasks.</p>	<p><b>2.67</b> The applicant shall be required to have the ability to read the N5 Chart or its equivalent at a distance of 30 to 50 centimetres (12 to 20 inches). If this requirement is met only by the use of correcting lenses, the applicant shall be assessed as fit provided that such lenses are available for immediate use when exercising the privileges of the license.</p> <p><i>NOTE: N5 refers to the Faculty of Ophthalmologist's Reading Type.</i></p>	<p><b>3.67</b> The applicant shall be required to have the ability to read the N5 Chart or its equivalent at a distance of 30 to 50 centimetres (12 to 20 inches). If this requirement is met only by the use of correctional lenses, the applicant shall be assessed as fit provided that such lenses are available for immediate use when exercising the privileges of the license.</p> <p><i>NOTE: N5 refers to the Faculty of Ophthalmologist's Reading Type.</i></p> <p>(2) An applicant who needs intermediate/near vision correction will require "look-over", bifocals or trifocals lenses to enable him/her to read instruments, charts, manuals, etc., and still make use of distant vision without removing his/her lenses. Single vision near correction (full lenses of one power only, appropriate to reading) significantly reduce distant visual acuity. Whenever there is a requirement to obtain or renew correcting lenses, an applicant shall advise the refractionist of the reading distances for the visual aircraft or Air Traffic Control tasks relevant to the normal work environment.</p>
<p><b>1.68</b> All contact lens wearers shall have replacement spectacles available for immediate use in the event the contact lens(es) become dislodged or are required to be removed in flight; and</p> <p>Hard contact lens wearers shall be required to have two pairs of spectacles available to overcome the frequent phenomenon of spectacle blur. In such cases, one pair of spectacles shall correct the vision immediately following removal of the lens (es), the second pair shall correct the vision after the eye is stabilised.</p>	<p><b>2.68</b> All contact lens wearers are required to have replacement spectacles available for immediate use in the event the contact lens (es) become dislodged or are required to be removed in flight; and</p> <p>Hard contact lens wearers shall be required to have two pairs of spectacles available to overcome the frequent phenomenon of spectacle blur. In such cases one pair of spectacles shall correct the vision immediately following removal of the lens (es), the second pair shall correct the vision after the eye is stabilised.</p>	<p><b>3.68</b> All contact lens wearers shall have replacement spectacles available for immediate use in the event the contact lens(es) become dislodged or are required to be removed while exercising the privileges of the wearers licence; and</p> <p>Hard contact lens wearers shall be required to have two pairs of spectacles available to overcome the frequent phenomenon of spectacle blur. In such cases, one pair of spectacles shall correct the vision immediately following removal of the lens (es), the second pair shall correct the vision after the eye is stabilised.</p>

<p><i>NOTE: When an applicant is licensed with the limitation "Valid only when wearing required contact lenses" further evaluation shall be required should the applicant, in the future, wish to wear spectacles only on a continuing basis while flying.</i></p> <p>(2) Prescription sun lenses shall not be deemed to meet these requirements for flight at night.</p>	<p><i>NOTE: When an applicant is licensed with the limitation "Valid only when wearing required contact lenses" further evaluation shall be required should the applicant, in the future, wish to wear spectacles only on a continuing basis while flying.</i></p> <p>(2) Prescription sun lenses shall not be deemed to meet these requirements for flight at night.</p>	<p><i>NOTE: When an applicant is licensed with the limitation "Valid only when wearing required contact lenses" further evaluation shall be required should the applicant, in the future, wish to wear spectacles only on a continuing basis while exercising the privileges of the applicants licence.</i></p> <p>(2) Prescription sun lenses shall not be deemed to meet these requirements for night duties.</p>
<p><b>1.69</b> Applicants with diplopia shall be assessed as unfit.</p>	<p><b>2.69</b> Applicants with diplopia shall be assessed as unfit.</p>	<p><b>3.69</b> Applicants with diplopia shall be assessed as unfit.</p>
<p><b>1.70</b> Applicants with keratoconus may be assessed as fit if the visual requirements are met with the use of corrective lenses and periodic review is undertaken by an ophthalmologist.</p>	<p><b>2.70</b> Applicants with keratoconus may be assessed as fit if the visual requirements are met with the use of corrective lenses and periodic review is undertaken by an ophthalmologist.</p>	<p><b>3.70</b> Applicants with keratoconus may be assessed as fit if the visual requirements are met with the use of corrective lenses and periodic review is undertaken by an ophthalmologist.</p>
	<p><i>NOTE: A special waiver and statement of demonstrate ability for monocular vision can be attributed to this class</i></p>	
<p><b>Ocular Muscle Balance</b></p>		
<p><b>1.71</b> The applicant shall be assessed with the, Cover, alternate cover, Cover-Uncover Test, or an appropriate technique to measure the amount of exophoria, esophoria and hyperphoria present in prism diopters.                  Applicants with imbalance of the ocular muscles exceeding:                  (1) at 6 meters:                  2.0 prism diopters in hyperphoria,                  10.0 prism diopters in esophoria,                  8.0 prism diopters in exophoria and                  (2) at 33 centimeters:                  1.0 prism diopter in hyperphoria,                  8.0 prism diopters in esophoria,                  12.0 prism diopters in exophoria should be assessed as unfit.                  The applicant should be reviewed by an ophthalmologist and if the fusional reserves are sufficient to prevent asthenopia and diplopia a fit assessment may be considered.</p>	<p><b>2.71</b> The applicant shall be assessed with the, Cover, alternate cover, Cover-Uncover Test, or an appropriate technique to measure the amount of exophoria, esophoria and hyperphoria present in prism diopters.                  Applicants with imbalance of the ocular muscles exceeding:                  (1) At 6 meters:                  2.0 prism diopters in hyperphoria,                  10.0 prism diopters in esophoria,                  8.0 prism diopters in exophoria and                  (2) At 33 centimeters:                  1.0 prism diopter in hyperphoria,                  8.0 prism diopters in esophoria,                  12.0 prism diopters in exophoria Should be assessed as unfit.                  The applicant should be reviewed by an ophthalmologist and if the fusional reserves are sufficient to prevent asthenopia and diplopia a fit assessment may be considered.</p>	<p><b>3.71</b> The applicant shall be assessed with the, Cover, alternate cover, Cover-Uncover Test, or an appropriate technique to measure the amount of exophoria, esophoria and hyperphoria present in prism diopters.                  Applicants with imbalance of the ocular muscles exceeding:                  (1) At 6 meters:                  2.0 prism diopters in hyperphoria,                  10.0 prism diopters in esophoria,                  8.0 prism diopters in exophoria and                  (2) At 33 centimeters:                  1.0 prism diopter in hyperphoria,                  8.0 prism diopters in esophoria,                  12.0 prism diopters in exophoria should be assessed as unfit.                  The applicant should be reviewed by an ophthalmologist and if the fusional reserves are sufficient to prevent asthenopia and diplopia a fit assessment may be considered.</p>
<p><b>1.72</b> The assessment after eye surgery should include an ophthalmological examination.                  (I) After refractive surgery, a fit assessment may be considered, provided that:                  (I) Pre-operative refraction was not greater than +5 diopters;                  (II) Post-operative stability of refraction has been achieved (less than 0.75 diopters variation diurnally);</p>	<p><b>2.72</b> The assessment after eye surgery should include an ophthalmological examination.                  (I) After refractive surgery, a fit assessment may be considered, provided that:                  (I) Pre-operative refraction was not greater than +5 diopters;                  (II) Post-operative stability of refraction has been achieved (less than 0.75 diopters variation diurnally);</p>	<p><b>3.72</b> The assessment after eye surgery should include an ophthalmological examination.                  (I) After refractive surgery, a fit assessment may be considered, provided that:                  (I) Pre-operative refraction was not greater than +5 diopters;                  (II) Post-operative stability of refraction has been achieved (less than 0.75 diopters variation diurnally);</p>

<p>(III) Examination of the eye shows no post-operative complications;          (IV) Glare sensitivity is within normal standards;          (V) Mesopic contrast sensitivity is not impaired;          (VI) Review is undertaken by an eye specialist.          (2) Cataract surgery entails unfitness. A fit assessment may be considered after 3 months.           (3) Retinal surgery entails unfitness. A fit assessment may be considered 6 months after successful surgery. A fit assessment may be acceptable earlier after retinal laser therapy. Follow-up may be required.          (4) Glaucoma surgery entails unfitness. A fit assessment may be considered 6 months after successful surgery. Follow-up may be required.          (5) For cataract surgery, retinal and glaucoma surgery above, a fit assessment may be considered earlier if recovery is complete.</p>	<p>(III) Examination of the eye shows no post-operative complications;          (IV) Glare sensitivity is within normal standards;          (V) Mesopic contrast sensitivity is not impaired;          (VI) Review is undertaken by an eye specialist.          (2) Cataract surgery entails unfitness. A fit assessment may be considered after 3 months.           (3) Retinal surgery entails unfitness. A fit assessment may be considered 6 months after successful surgery. A fit assessment may be acceptable earlier after retinal laser therapy. Follow-up may be required.          (4) Glaucoma surgery entails unfitness. A fit assessment may be considered 6 months after successful surgery. Follow-up may be required.          (5) For cataract surgery, retinal and glaucoma surgery above, a fit assessment may be considered earlier if recovery is complete.</p>	<p>(III) Examination of the eye shows no post-operative complications;          (IV) Glare sensitivity is within normal standards;          (V) Mesopic contrast sensitivity is not impaired;          (VI) Review is undertaken by an eye specialist.          (2) Cataract surgery entails unfitness. A fit assessment may be considered after 3 months.           (3) Retinal surgery entails unfitness. A fit assessment may be considered 6 months after successful surgery. A fit assessment may be acceptable earlier after retinal laser therapy. Follow-up may be required.          (4) Glaucoma surgery entails unfitness. A fit assessment may be considered 6 months after successful surgery. Follow-up may be required.          (5) For cataract surgery, retinal and glaucoma surgery above, a fit assessment may be considered earlier if recovery is complete.</p>
<b>Color Perception Requirement</b>		
<p><b>1.73</b> The candidate shall be required to demonstrate his/her ability to perceive readily those colours the perception of which is necessary for the safe performance of his/her duties. For this requirement, one of the following colour test plates and score shall be used.          See the following "Table for Color Perception Requirement 1.73" for requirements</p>	<p><b>2.73</b> The candidate shall be required to demonstrate his/her ability to perceive readily those colours the perception of which is necessary for the safe performance of his/her duties. For this requirement, one of the following colour test plates and score shall be used.          See the following "Table for Color Perception Requirement 2.73" for requirements</p>	<p><b>3.74</b> The candidate shall be required to demonstrate his/her ability to perceive readily those colours the perception of which is necessary for the safe performance of his/her duties. For this requirement, one of the following colour test plates and score shall be used.          See the following "Table for Color Perception Requirement 3.73" for requirements.</p>
<p><b>1.74</b> If an applicant does not qualify under para. 1.73, the applicants colour vision shall be assessed fit under this requirement if he/she passes a Farnsworth D-15 test</p>	<p><b>2.74</b> If an applicant does not qualify under para. 2.73, the applicants colour vision shall be assessed fit under this requirement if he/she passes a Farnsworth D-15 test.</p>	<p><b>3.74</b> If an applicant does not qualify under para. 3.73, the applicants colour vision shall be assessed fit under this requirement if he/she passes a Farnsworth D-15 test.</p>
<p><b>1.75</b> An applicant who does not qualify under paras. 1.73 or 1.74 shall be assessed as unfit.</p>	<p><b>2.75</b> An applicant who does not qualify under paras. 2.73 or 2.74 shall be assessed as unfit.</p>	<p><b>3.75</b> An applicant who does not qualify under paras. 3.73 or 3.74 shall be assessed as unfit.</p>

**Table for Color Perception Requirement 1.73**

<b>Types of Plates (pseudo-isochromatic)</b>	<b>Edition</b>	<b>Plates to be Read</b>	<b>Max # Errors</b>
American Optical	18 plates (1378A)	1-18 (include)	3
Ishihara	14 plates	1-11 (include)	1
Ishihara	16 plates	1- 8 (include)	1
Ishihara	24 plates	1-15 (include)	2
Ishihara	36 plates	1-21 (include)	3
American Optical	20 plates	1- 6 (include)	0
HRR	(2nd. ed)		
*Titmus Vision Tester		ALL	0
*Keystone Orthoscope		ALL	0
*Keystone Telebinocular		ALL	0
*If failed, retest with plates to verify.			

**Table for Color Perception Requirement 2.73**

<b>Types of Plates (pseudo-isochromatic)</b>	<b>Edition</b>	<b>Plates to be Read</b>	<b>Max # Errors</b>
American Optical	18 plates (1378A)	1-18 (include)	3
Ishihara	14 plates	1-11 (include)	1
Ishihara	16 plates	1- 8 (include)	1
Ishihara	24 plates	1-15(include)	2
Ishihara	36 plates	1-21 (include)	3
American Optical	20 plates	1- 6 (include)	0
HRR	(2nd. ed)		
*Titmus Vision Tester		ALL	0
*Keystone Orthoscope		ALL	0
*Keystone Telebinocular		ALL	0
*If failed, retest with plates to verify.			

**Table for Color Perception Requirement 3.73**

<b>Types of Plates (pseudo-isochromatic)</b>	<b>Edition</b>	<b>Plates to be Read</b>	<b>Max # Errors</b>
American Optical	18 plates(1378A)	1-18 (include)	3
Ishihara	14 plates	1-11 (include)	1
Ishihara	16 plates	1- 8 (include)	1
Ishihara	24 plates	1-15 (include)	2
Ishihara	36 plates	1-21 (include)	3
American Optical	20 plates	1- 6 (include)	0
HRR	(2nd. ed)		
*Titmus Vision Tester0		ALL	0
*Keystone Orthoscope		ALL	0
*Keystone Telebinocular		ALL	0
*If failed, retest with plates to verify.			