



**CIVIL AVIATION AUTHORITY OF SRI LANKA
AVIATION SAFETY NOTICE**

ASN No. 059	Ref No: PEL/2009/11	File Ref: PL/18/50/7
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- Recipients : 1. All Applicants for Personnel Licences, Ratings & the holders of Personnel Licences issued by DGCA Sri Lanka.
2. Applicants for a Licence or the holders of a Licence issued by DGCA Sri Lanka for Air Transport Operations.
3. Air Navigation Service Providers.
4. Designated Aviation Medical Examiners.
01. Subject : **Personnel Licensing Requirements– Medical Provisions for Licensing.**
02. Nature : Compulsory
03. Issue no : 02
04. Status : Replacement of ASN 059 issued on 22 July 2009
05. Effective date : With immediate effect
06. Validity : Until Further Notice
07. Contact person : Deputy Director (Personnel Licensing), Civil Aviation Authority, No.64, Galle Road, Colombo 03, Sri Lanka. Telephone: +94112436552, Fax : +94112436552, E mail ddpel@caa.lk
08. Availability : A copy of this document is available on web site- www.caa.lk and the technical library of Civil Aviation Authority. Copies can be collected at reproduction cost from the library.
09. Applicability : 1. Holders of Personnel Licences.
2. Holders of a Licence for Air Transport Operations.
3. Air Navigation Service Providers.
4. Designated Aviation Medical Examiners.
10. Comments : Comments (if any) on the contents of this Aviation Safety Notice (ASN) may be forwarded to the contact person. However the Aviation Safety Notice will come into effect on the date shown therein notwithstanding any objection or comment made by any person or party unless and until an amendment to the Aviation Safety Notice is issued afresh by the Director General of Civil Aviation.

11. Notice : Medical Provisions for Licensing promulgated under ANR 59, 58(9) and 53(8) are published hereby as an attachment to this ASN.
12. History of Revision : Inclusion of amendment No 169 to the ICAO Annex 1
13. Related ASNs : 054,055 & 082
14. Action Required : For compliance by
1. Holders of Personnel Licences
 2. Holders of a Licence for Air Transport Operation
 3. Air Navigation Services Providers
 4. Designated Aviation Medical Examiners
15. Checklist : List of current ASN numbers are as follows.

ASN No	Issue No	Date of Applicability	Remarks
ASN002	01	10.03.2000	nil
ASN003	01	18.08.2000	nil
ASN004	01	13.02.2001	nil
ASN005	01	26.03.2001	nil
ASN007	01	15.09.2001	nil
ASN008	02	16.11.2006	Replaced ASN no 008 issue no 01
ASN009	01	18.02.2002	nil
ASN010	01	18.02.2002	nil
ASN011	01	18.02.2002	nil
ASN012	01	18.02.2002	nil
ASN013	01	08.02.2002	nil
ASN014	01	01.03.2002	nil
ASN015	01	01.03.2002	nil
ASN016	01	01.03.2002	nil
ASN017	02	10.03.2005	Replaced ASN no 017 issue no 01
ASN018	01	20.03.2002	nil
ASN019	01	01.04.2002	nil
ASN021	01	01.04.2002	nil
ASN022	01	08.04.2002	nil
ASN023	01	01.06.2002	Replaced ASN no 003
ASN024	01	02.09.2002	nil
ASN025	02	15.10.2002	Replaced ASN no 001
ASN026	01	15.10.2002	nil
ASN027	01	20.12.2002	nil
ASN028	01	12.03.2003	nil
ASN029	01	21.03.2002	nil
ASN030	01	10.07.2002	nil
ASN031	01	15.07.2003	Replaced ASN no 006
ASN032	01	25.07.2003	nil
ASN033	02	25.08.2005	Replaced ASN no 033 issue no 01
ASN034	01	11.09.2003	nil
ASN035	01	12.09.2003	nil
ASN036	01	12.09.2003	nil
ASN037	01	13.10.2003	nil
ASN038	01	07.05.2004	nil
ASN039	04	19.08.2008	Replaced ASN no 039 issue no 03
ASN040	01	07.06.2004	nil
ASN041	01	16.06.2004	nil
ASN042	05	09.11.2009	Replaced ASN no 042 issue no 04
ASN043	02	12.08.2004	Amendment to ASN no 013

ASN044	02	13.03.2006	Replaced ASN no 044 issue no 01
ASN045	02	05.01.2007	Replaced ASN no 045 issue no 01
ASN046	02	13.07.2009	Replaced ASN no 046 issue no 01
ASN047	03	05.01.2007	Replaced ASN no 047 issue no 02
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ASN049	01	20.09.2004	nil
ASN051	01	20.09.2004	nil
ASN052	01	20.09.2004	nil
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ASN054	04	15.12.2009	Replaced ASN no 054 issue no 03
ASN055	04	17.07.2009	Replaced ASN no 055 issue no 03
ASN056	02	20.07.2009	Replaced ASN no 056 issue no 01
ASN057	02	01.10.2009	Replaced ASN no 057 issue no 01
ASN058	03	21.07.2009	Replaced ASN no 058 issue no 02
ASN059	02	16.12.2009	Replaced ASN no 059 issue no 01
ASN060	02	05.08.2005	Replaced Page no 01 of the attachment to the ASN no 060 issue no 01
ASN061	02	05.08.2005	Replaced Page no 01 of the attachment to the ASN no 061 issue no 01
ASN062	01	01.03.2005	nil
ASN063	01	20.12.2004	nil
ASN065	01	06.04.2005	nil
ASN066	01	16.05.2005	nil
ASN067	01	16.05.2005	nil
ASN068	01	18.05.2005	nil
ASN069	01	18.05.2005	nil
ASN070	01	18.05.2005	nil
ASN071	01	18.05.2005	nil
ASN072	01	19.05.2005	nil
ASN073	01	19.05.2005	nil
ASN074	01	19.05.2005	nil
ASN075	01	19.05.2005	nil
ASN076	01	16.06.2005	nil
ASN077	01	08.08.2005	nil
ASN078	01	21.12.2005	nil
ASN079	01	16.09.2005	nil
ASN080	01	07.11.2005	nil
ASN081	04	20.10.2009	Replaced ASN no 081 issue No. 03
ASN082	01	23.11.2005	nil
ASN083	01	01.12.2005	nil
ASN084	01	16.12.2005	nil
ASN085	01	05.01.2006	nil
ASN086	02	02.05.2008	Replaced ASN no 086,087,088
ASN087	01	06.04.2006	nil
ASN088	01	06.04.2006	nil
ASN089	01	10.05.2006	nil
ASN090	03	02.12.2009	Replaced ASN no 090 issue No. 02
ASN091	02	24.03.2008	Replaced ASN no 091 issue No. 01
ASN092	01	09.11.2007	nil
ASN093	01	26.05.2008	nil
ASN094	01	02.06.2006	nil
ASN095	01	25.09.2006	nil
ASN096	01	11.09.2007	nil
ASN097	01	22.09.2006	nil
ASN098	01	04.04.2007	nil
ASN099	01	11.10.2007	nil
ASN100	02	08.05.2008	Replaced ASN no 100 issue No. 01
ASN101	01	28.01.2008	nil
ASN 102	01	04.03.2008	nil
ASN 103	01	01.08.2008	nil

ASN 104	01	28.08.2008	nil
ASN 105	01	07.08.2008	nil
ASN 106	01	03.12.2008	nil
ASN 107	01	12.01.2009	nil
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ASN 109	01	07.09.2009	nil
ASN 110	01	08.09.2009	nil
ASN 111	01	25.09.2009	nil

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Note 1 - The requirements established in this ASN cannot, on their own, be sufficiently detailed to cover all possible individual situations. Of necessity, many decisions relating to the evaluation of medical fitness must be left to the judgment of the individual medical examiner. The evaluation must, therefore, be based on a medical examination conducted throughout in accordance with the highest standards of medical practice.

Note 2 - Predisposing factors for disease, such as obesity and smoking may be important for determining whether further evaluation or investigation is necessary in an individual case.

Note 3 - In cases where the applicant does not fully meet the medical requirements and in complicated and unusual cases, the evaluation may have to be deferred and the case shall be submitted to the Assessor of the CAASL for final evaluation. In such cases due regard must be given to the privileges granted by the licence applied for or held by the applicant for the Medical Assessment, and the conditions under which the licence holder is going to exercise those privileges in carrying out assigned duties.

Note 4 - Attention is called to the administrative clause in 4.8 of ASN 054 dealing with accredited medical conclusion.

Note 5 - Current edition of SLCAP3020 Manual published by DGCA Sri Lanka and ICAO Manual of Civil Aviation Medicine (doc 8984) published by ICAO shall be used as Guidance material. In the instances where doc 8984 has no specific descriptions Medical Board may refer to JAR FCL 3 for reference & guidance. This guidance material also contains a discussion of the terms 'likely' and 'significant' as used in the context of the medical provisions in Chapter 6 of Annex I.

1 Medical Assessments — General

(Refer to ANR 59(I) & (2) (a))

1.1 Classes of Medical Assessment

Three classes of Medical Assessment shall be as follows:

- a) Class 1 Medical Assessment;
applies to applicants for, and holders of:
 - commercial pilot licences —
aeroplane, airship, helicopter and powered lift.
 - multi crew pilot licences-aeroplane
 - airline transport pilot licences
aeroplane ,helicopter and powered lift
- b) Class 2 Medical Assessment;
applies to applicants for, and holders of:
 - flight navigator licences
 - flight engineer licences
 - private pilot licences - aeroplane,
airship, helicopter and powered lift
 - glider pilot licences
 - free balloon pilot licences
 - cabin crew member certificates
(ref ASN 082)
- c) Class 3 Medical Assessment;

applies to applicants for, and holders of:
air traffic controller licences.

1.2 The applicant for a Medical Assessment shall provide the medical examiner through designated application with a personally certified statement of medical facts concerning personal, familial and hereditary history. The applicant shall be aware of the necessity for giving a statement that is as complete and accurate as the applicant's knowledge permits, and any false statement will be dealt with in accordance with 4.5.1 of ASN No 054.

1.3 The medical examiner shall report to DGCA Sri Lanka any individual case where, in the examiner's judgment, an applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence being applied for, or held, is not likely to jeopardize flight safety (4.8 of ASN # 054).

1.4 The level of medical fitness to be met for the renewal of a Medical Assessment shall be

the same as that for the initial assessment except where otherwise specifically stated.

Note: The intervals between routine medical examinations for the purpose of renewing Medical Assessments are specified in 5.2 of ASN No 054.

2 Requirements for Medical Assessments

2.1 General

An applicant for a Medical Assessment issued in accordance with the terms of 4.1 of ASN No 054 shall undergo a medical examination based on the following requirements:

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

2.2 Physical and mental requirements

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

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

such as would entail a degree of functional incapacity which is likely to interfere with the safe operation of an aircraft or with the safe performance of duties.

Note - Use of herbal medication and alternative treatment modalities requires particular attention to possible side-effects.

2.3 Visual acuity test requirements

2.3.1 The methods in use for the measurement of visual acuity are likely to lead to differing evaluations. Therefore, equivalence in the methods of evaluation shall be maintained.

2.3.2 The following method shall be adopted for tests of visual acuity:

Visual acuity tests shall be conducted in an environment with a level of illumination that corresponds to ordinary office illumination (30-60 cd/m²).

Visual acuity shall be measured by means of a series of Landolt rings or similar optotypes, placed at a distance from the applicant appropriate to the method of testing adopted.

2.4 Colour perception requirements

2.4.1 DGCA Sri Lanka shall use such methods of examination to guarantee reliable testing of colour perception.

2.4.2 The applicant shall be required to demonstrate the ability to perceive readily those colours the perception of which is necessary for the safe performance of duties.

2.4.3 The applicant shall be tested for the ability to correctly identify a series of pseudo isochromatic plates in day-light or in artificial light of the same colour temperature such as that provided by CIE standard illuminants C or D 65 as specified by the International Commission on Illumination (CIE).

2.4.4 An applicant obtaining a satisfactory result as prescribed shall be assessed as fit. An applicant failing to obtain a satisfactory result in such a test shall be assessed as unfit unless able to readily distinguish the colours used in air navigation and correctly identify aviation coloured lights. Applicants who fail to meet these criteria shall be assessed as unfit except for Class 2 assessment with the following restriction: valid daytime only.

2.4.4.1 Sunglasses worn during the exercise of the privileges of the licence or rating held shall be non-polarizing and of a neutral grey tint.

2.5 Hearing test requirements

2.5.1 DGCA shall use such methods of examination as will guarantee reliable testing of hearing.

2.5.2 Applicants are required to demonstrate a hearing performance sufficient for the safe exercise of their licence and rating privileges.

2.5.3 Applicants for Class 1 Medical Assessments shall be tested by pure-tone audiometry at first issue of the Assessment, not less than once every five years up to the age of 40 years, not less than once every two years up to the age of 50 years and not less than once every six months over the age of 60 years

2.5.3.1 Alternatively, other methods providing equivalent results may be used.

2.5.4 Applicants for Class 2 Medical Assessment shall be tested by pure-tone audiometry at first issue of the Assessment and, after the age of 50 years, not less than once every two years.

2.5.5 Applicants for Class 3 Medical Assessments shall be tested by pure-tone audiometry at first issue of the Assessment, not less than once every four years up to the age of 40 years, and thereafter not less than once every two years.

2.5.5.1 Alternatively, other methods providing equivalent results will be used.

2.5.6 At medical examinations, other than those mentioned in 2.5.3, 2.5.4 and 2.5.5 where audiometry is not performed, applicants shall be tested in a quiet room by whispered and spoken voice tests.

Note. – Attention is called to 7.1.3.1 of ASN 055 on requirements for the issue of instrument rating to applicants who hold a private pilot licence.

3 Class 1 Medical Assessment

3.1 Assessment issue and renewal

3.1.1 An applicant for a commercial pilot licence — aeroplane, airship, helicopter or powered-lift, a multi-crew pilot licence – aeroplane, or an airline transport pilot licence — aeroplane, helicopter or powered-lift shall undergo an initial medical examination for the issue of a Class 1 Medical Assessment.

3.1.2 Except where otherwise stated in this section, holders of commercial pilot licences — aeroplane, airship, helicopter or powered-lift, multi crew pilot licences — aeroplane, or airline transport pilot licences — aeroplane, helicopter, or powered-lift shall have their Class 1 Medical Assessments renewed at intervals not exceeding those specified in 5.2 of ASN # 054.

3.1.2.1 Recommendation – In alternate years, for Class I applicants under 40 years of age, DGCA Sri Lanka may at his, discretion, allow medical examiners to omit certain routine examination items related to the assessment of physical fitness, whilst increasing the emphasis on health education and prevention of ill health.

Note: - Guidance for Licensing Authorities wishing to reduce the emphasis on detection on physical disease, whilst increasing the emphasis on health education and prevention of ill health, in applicants under 40 years of age, is contained in the Manual of Civil Aviation Medicine (Doc 8984)

3.1.3 When the requirements of this section and the general provisions of 1 and 2 of this ASN have been met, to the satisfaction of DGCA Sri Lanka a Class 1 Medical Assessment shall be issued to the applicant.

3.2 Physical and mental requirements

3.2.1 The applicant shall not suffer from any disease or disability which could render that applicant likely to become suddenly unable

either to operate an aircraft safely or to perform assigned duties safely.

3.2.2 The applicant shall have no established medical history or clinical diagnosis of:

- a) an organic mental disorder;
- b) a mental or behavioural 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 behavioural 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 behavioural or emotional disorder, with onset in childhood or adolescence; or
- k) a mental disorder not otherwise specified;

such as might render the applicant unable to safely exercise the privileges of the licence applied for or held.

3.2.2.1 Recommendation- 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 licence and rating privileges.

Note 1 : Guidance on assessment of applicants treated with antidepressant medication is contained in the Manual of Civil Aviation Medicine (Doc 8984)

3.2.3 The applicant shall have no established medical history or clinical diagnosis of any of the following:

- a) a progressive or non-progressive disease of the nervous system, the effects of which, are likely to interfere with the safe exercise of the applicant's licence and rating privileges;
- b) epilepsy; or
- c) any disturbance of consciousness without satisfactory medical explanation of cause.

3.2.4 The applicant shall not have suffered any head injury, the effects of which are likely to interfere with the safe exercise of the applicant's licence and rating privileges.

3.2.5 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.

3.2.5.1 An applicant who has undergone coronary by-pass 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 licence or rating privileges.

3.2.5.2 An applicant with an abnormal cardiac rhythm shall be assessed as unfit unless the cardiac arrhythmia has been investigated and evaluated in accordance with the best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.

3.2.6 Electrocardiography shall form part of the heart examination for the first issue of a Medical Assessment.

3.2.6.1 Electrocardiography shall be included in re-examinations of applicants below the age 40 no less frequently than every two years between the ages of 40 and 50 no less frequently than annually and over the age of 50 no less frequently than 06 months.

Note 1- The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence to justify disqualification without further thorough cardiovascular investigation.

3.2.7 The systolic and diastolic blood pressures shall be within normal limits.

3.2.7.1 The use of drugs for control of high blood pressure shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.

3.2.8 There shall be no significant functional nor structural abnormality of the circulatory system.

3.2.9 There shall be neither acute disability of the lungs nor any active disease of the structures of the lungs, mediastinum or pleura likely to result in incapacitating symptoms during normal or emergency operation.

3.2.9.1 Chest radiography shall form part of the initial examination and re-examination shall be every 05 years.

3.2.10 Applicants with chronic obstructive pulmonary disease shall be assessed as unfit

unless the applicant's 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 licence or rating privileges.

3.2.11 Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms during normal or emergency operations shall be assessed as unfit.

3.2.11.1 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 licence and rating privileges.

3.2.12 Applicants with active pulmonary tuberculosis, shall be assessed as unfit.

3.2.12.1 Applicants with quiescent or healed lesions which are known to be tuberculous or are presumably tuberculous in origin may be assessed as fit.

3.2.13 Applicants with significant impairment of function of the gastrointestinal tract or its adnexa shall be assessed as unfit.

3.2.13.1 Applicants shall be completely free from those hernias that might give rise to incapacitating symptoms.

3.2.14 Applicants with sequelae of disease of or surgical intervention on, any part of the digestive tract or its adnexae, likely to cause incapacitation in flight, in particular any obstructions due to stricture or compression shall be assessed as unfit.

3.2.14.1 An applicant who has undergone a major surgical operation on the biliary passages or the digestive track or its adnexa with a total or partial excision or a diversion of any of these organs should be assessed as unfit until such time as the medical assessor, having access to the details of the operation concerned, considers that the effects of the operation are not likely to cause incapacitations in flight.

3.2.15 Applicants with metabolic, nutritional or endocrine disorders that are likely to interfere with the safe exercise of their licence and rating privileges shall be assessed as unfit.

3.2.16 Applicants with insulin treated diabetes mellitus shall be assessed as unfit.

Note: Guidance on Assessment of Type 2 insulin treated diabetic applicants under the provisions of 4.8 of ASN 054 is contained in the Manual of Civil Aviation Medicine (Doc 8984)

3.2.16.1 Applicants with non-insulin treated diabetes mellitus shall be assessed as unfit unless the condition is shown to be satisfactorily controlled by diet alone or by diet combined with oral anti-diabetic medication, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.

3.2.17 Applicants with diseases of the blood and/or the lymphatic system shall be assessed as unfit unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.

3.2.18 Applicants with renal or genito-urinary disease shall be assessed as unfit, unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.

3.2.18.1 Urine examination shall form part of the medical examination and abnormalities shall be adequately investigated.

3.2.19 Applicants with sequelae of disease of or surgical procedures on the kidneys or the genito-urinary tract, in particular obstructions due to stricture or compression, shall be assessed as unfit unless the applicant's 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 licence or rating privileges.

3.2.19.1 Applicants who have undergone nephrectomy shall be assessed as unfit unless the condition is well compensated.

3.2.20 Applicants who are seropositive for human immunodeficiency virus (HIV) shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed as not likely to interfere with the safe exercise of the applicant's licence or rating privileges.

Note 1- Early diagnosis and active management of HIV disease with antiretroviral therapy reduces morbidity and improves prognosis and thus increases the likelihood of the fit assessment.

Note 2: Guidance on the assessment of applicants who are seropositive for human immunodeficiency virus (HIV) is contained in the Manual of Civil Aviation Medicine (8984)

3.2.21 Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk uncomplicated pregnancy.

3.2.21.1 For applicants with a low-risk uncomplicated pregnancy, evaluated and supervised in accordance with 3.2.21, the fit assessment shall be limited to the period from the end of the 12th week until the end of the 26th week of gestation.

3.2.22 Following confinement or termination of pregnancy, the applicant shall not be permitted to exercise the privileges of her licence until she has undergone re-evaluation in accordance with best medical practice and it has been determined that she is able to safely exercise the privileges of her licence and ratings.

3.2.23 The applicant shall not possess any abnormality of the bones, joints, muscles, tendons or related structures which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

Note.- Any sequelae after lesions affecting the bones, joints, muscles or tendons, and certain anatomical defects will normally require functional assessment to determine fitness.

3.2.24 The applicant shall not possess any abnormality or disease of the ear or related structures which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

3.2.25 There shall be:

- a) no disturbance of vestibular function;
- b) no significant dysfunction of the Eustachian tubes; and
- c) no unhealed perforation of the tympanic membranes.

3.2.25.1 A single dry perforation of the tympanic membrane need not render the applicant unfit.

3.2.26 There shall be:

- a) no nasal obstruction; and
- b) normal formation nor any disease of the buccal cavity or upper respiratory tract which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

3.2.27 Applicants with stuttering or other speech defects sufficiently severe to cause impairment of speech communication shall be assessed as unfit.

3.3 Visual requirements

The medical examination shall be based on the following requirements.

3.3.1 The function of the eyes and their adnexa shall be normal. There shall be no active pathological condition, acute or chronic, nor any sequelae of surgery or trauma of the eyes or their adnexa likely to reduce proper visual function to an extent that would interfere with

the safe exercise of the applicant's licence and rating privileges.

3.3.2 Distant visual acuity with or without correction shall be 6/9 or better in each eye separately, and binocular visual acuity shall be 6/6 or better. No limits apply to uncorrected visual acuity. Where this standard of visual acuity can be obtained only with correcting lenses, the applicant may be assessed as fit provided that:

- a) such correcting lenses are worn during the exercise of the privileges of the licence or rating applied for or held; and
- b) in addition, a pair of suitable correcting spectacles is kept readily available during the exercise of the privileges of the applicant's licence.

Note - An applicant accepted as meeting these provisions is deemed to continue to do so unless there is reason to suspect otherwise, in which case an ophthalmic report is required at the discretion of DGCA Sri Lanka. Both uncorrected and corrected visual acuity are normally measured and recorded at each re-examination. Conditions which indicate a need to obtain an ophthalmic report include: a substantial decrease in the uncorrected visual acuity, any decrease in best corrected visual acuity, and the occurrence of eye disease, eye injury or eye surgery.

3.3.2.1 Applicants may use contact lenses to meet this requirement provided that:

- a) the lenses are monofocal and non-tinted;
- b) the lenses are well tolerated; and
- c) a pair of suitable correcting spectacles is kept readily available during the exercise of the licence privileges.

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.

3.3.2.2 Applicants with a large refractive error shall use contact lenses or high-index spectacle lenses.

Note - If spectacles are used, high-index lenses are needed to minimize peripheral field distortion.

3.3.2.3 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.

3.3.3 Applicants who have undergone surgery affecting the refractive status of the eye shall be assessed as unfit unless they are free from those sequelae which are likely to interfere with the safe exercise of their licence and rating privileges.

3.3.4 The applicant shall have the ability to read, while wearing the correcting lenses, if any, required by 3.3.2, 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. If this requirement is met only by the use of near correction, the applicant may be assessed as fit provided that this near correction is added to the spectacle correction already pre-scribed in accordance with 3.3.2; if no such correction is prescribed, a pair of spectacles for near use shall be kept readily available during the exercise of the privileges of the licence. When near correction is required, the applicant shall demonstrate that one pair of spectacles is sufficient to meet both distant and near visual requirements.

Note 1- An applicant who needs near correction to meet this requirement will require “look-over”, bifocal or perhaps multifocal lenses in order to read the instruments and a chart or manual held in the hand, and also to make use of distant vision, through the windscreen, without removing the lenses. Single-vision near correction (full lenses of one power only, appropriate for reading) significantly reduces distant visual acuity and is therefore not acceptable.

Note 3- Whenever there is a requirement to obtain or renew correcting lenses, an applicant is expected to advise the refractionist of reading distances for the visual flight deck tasks relevant to the types of aircraft in which the applicant is likely to function.

3.3.4.1 When near correction is required in accordance with this paragraph, a second pair of near-correction spectacles shall be kept available for immediate use.

3.3.5 The applicant shall be required to have normal fields of vision.

3.3.6 The applicant shall be required to have normal binocular function.

3.3.6.1 Reduced stereopsis, abnormal convergence not interfering with near vision, and ocular misalignment where the fusional reserves are sufficient to prevent asthenopia and diplopia need not be disqualifying.

3.4 Hearing requirements

3.4.1 The applicant, when tested on a pure-tone audiometer, shall not have a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz.

3.4.1.1 An applicant with a hearing loss greater than the above may be declared fit provided that the applicant has normal hearing performance against a background noise that reproduces or simulates the masking properties of flight deck noise upon speech and beacon signals.

Note 1- It is important that the background noise is representative of the noise in the cockpit of the type of aircraft for which the applicant’s licence and ratings are valid.

Note 2 – In the speech material for discrimination testing, both aviation –relevant phrases and phonetically balanced words are normally used.

3.4.1.2 Alternatively, a practical hearing test conducted in flight in the cockpit of an aircraft of the type for which the applicant's licence and ratings are valid may be used.

4 Class 2 Medical Assessments

4.1 Assessment issue and renewal

4.1.1 An applicant for a private pilot licence — aeroplane, airship, helicopter or powered-lift, a glider pilot licence, a free balloon pilot licence, a flight engineer licence or flight navigator licence shall undergo an initial medical examination for the issue of a Class 2 Medical Assessment.

4.1.2 Except where otherwise stated in this section, holders of private pilot licences — aeroplane, airship, helicopter or powered-lift, glider pilot licences, free balloon pilot licences, a flight engineer licences or flight navigator licences shall have their Class 2 Medical Assessments renewed at intervals not exceeding those specified in 5.2 of ASN # 054.

4.1.3 When the requirements of this section and the general provisions of 1 and 2 have been met, to the satisfaction of DGCA Sri Lanka Class 2 Medical Assessment will be issued to the applicant.

4.2 Physical and mental requirements

The medical examination shall be based on the following requirements.

4.2.1 The applicant shall not suffer from any disease or disability which could render that applicant likely to become suddenly unable either to operate an aircraft safely or to perform assigned duties safely.

4.2.2 The applicant shall have no established medical history or clinical diagnosis of:

- a) an organic mental disorder;
- b) a mental or behavioural disorder due to psychoactive substance use; 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 behavioural 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 behavioural or emotional disorder, with onset in childhood or adolescence; or
- k) a mental disorder not otherwise specified;

such as might render the applicant unable to safely exercise the privileges of the licence applied for or held.

4.2.2.1 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 applicants licence and rating privileges.

Note 1: Guidance on assessment on applicants treated with antidepressant medication is contained in the Manual of Civil Aviation Medicine (Doc 8984)

Note 2: Mental and behavioral disorders are defined in accordance with the clinical

4.2.3 The applicant shall have no established medical history or clinical diagnosis of any of the following:

- a) a progressive or non-progressive disease of the nervous system, the effects of which, are likely to interfere with the safe exercise of the applicant's licence and rating privileges;
- b) epilepsy;
- c) any disturbance of consciousness without satisfactory medical explanation of cause.

4.2.4 The applicant shall not have suffered any head injury, the effects of which are likely to interfere with the safe exercise of the applicant's licence and rating privileges.

4.2.5 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.

4.2.5.1 An applicant who has undergone coronary by-pass 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 applicants licence or rating privileges.

4.2.5.2 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 applicants licence or rating privileges.

4.2.6 Electrocardiography shall form part of the heart examination for the first issue of a Medical Assessment.

4.2.6.1 Electrocardiography shall be included in re-examinations of applicants after the age of 50 no less than every two years.

4.2.7 The systolic and diastolic blood pressures shall be within normal limits.

4.2.7.1 The use of drugs for control of high blood pressure shall be disqualifying except for those drugs, the use of which, is compatible with the safe exercise of the applicant's licence and rating privileges

4.2.8 There shall be no significant functional nor structural abnormality of the circulatory system.

4.2.9 There shall be no disability of the lungs nor any active disease of the structures of the lungs, mediastinum or pleura likely to result in incapacitating symptoms during normal or emergency operations.

4.2.9.1 Chest radiography shall form part of the initial examination and periodic examinations in cases where asymptomatic pulmonary disease can be expected.

4.2.10 Applicants with chronic obstructive pulmonary disease shall be assessed as unfit unless the applicant's 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 licence or rating privileges.

4.2.11 Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms during normal or emergency operations shall be assessed as unfit.

4.2.11.1 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 licence and rating privileges.

4.2.12 Applicants with active pulmonary tuberculosis shall be assessed as unfit.

4.2.12.1 Applicants with quiescent or healed lesions, known to be tuberculous or presumably tuberculous in origin, may be assessed as fit.

4.2.13 Applicants shall be completely free from those hernias that might give rise to incapacitating symptoms.

4.2.13.1 Applicants with significant impairment of the function of the gastrointestinal tract or its adnexa shall be assessed as unfit.

4.2.14 Applicants with sequelae of disease of or surgical intervention on any part of the digestive tract or its adnexae, likely to cause incapacitation flight, in particular any obstructions due to stricture or compression, shall be assessed as unfit.

4.2.14.1 An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexa, with a total or partial excision or a diversion of any of these organs shall be assessed as unfit until such time as the medical assessor, having access to the details of the operation concerned, considers that the effects of the operation are not likely to cause incapacitation in flight.

4.2.15 Applicants with metabolic, nutritional or endocrine disorders that are likely to interfere with the safe exercise of their licence and rating privileges shall be assessed as unfit.

4.2.16 Applicants with insulin treated diabetes mellitus shall be assessed as unfit.

Note : Guidance on assessment of Type 2 insulin treated diabetic applicants under the provisions of 4.8 in ASN 054 is contained in the Manual of Civil Aviation Medicine (Doc 8984)

4.2.16.1 Applicants with non-insulin treated diabetes mellitus shall be assessed as unfit unless the condition is shown to be satisfactorily controlled by diet alone or by

diet combined with oral anti-diabetic medication, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.

4.2.17 Applicants with diseases of the blood and/or the lymphatic system shall be assessed as unfit, unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.

Note - Sickle cell trait and other haemoglobinopathic traits are usually compatible with fit assessment.

4.2.18 Applicants with renal or genito-urinary disease shall be assessed as unfit; unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.

4.2.18.1 Urine examination shall form part of the medical examination and abnormalities shall be adequately investigated.

4.2.19 Applicants with sequelae of disease of, or surgical procedures on, the kidneys or the genito-urinary tract, in particular obstructions due to stricture or compression, shall be assessed as unfit unless the applicant's 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 licence or rating privileges.

4.2.19.1 Applicants who have undergone nephrectomy shall be assessed as unfit unless the condition is well compensated.

4.2.20 Applicants who are seropositive for human immunodeficiency virus (HIV) shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed as not likely to interfere with the safe exercise of the applicant's licence or rating privileges.

Note 1: Early diagnosis and active management of HIV disease with antiretroviral therapy reduces morbidity and improves prognosis and thus increases the likelihood of a fit assessment.

Note 2 : Guidance on the assessment of applicants who are seropositive for human immunodeficiency virus (HIV) is contained in the Manual of Civil Aviation Medicine (Doc 8984)

4.2.21 Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk uncomplicated pregnancy.

4.2.21.1 For applicants with a low-risk uncomplicated pregnancy, evaluated and supervised in accordance with 4.2.21, the fit assessment shall be limited to the period from the end of the 12th week until the end of the 26th week of gestation.

4.2.22 Following confinement or termination of pregnancy, the applicant shall not be permitted to exercise the privileges of her licence until she has undergone re-evaluation in accordance with best medical practice and it has been determined that she is able to safely exercise the privileges of her licence and ratings.

4.2.23 The applicant shall not possess any abnormality of the bones, joints, muscles, tendons or related structures which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

Note - Any sequelae after lesions affecting the bones, joints, muscles or tendons, and certain anatomical defects will normally require functional assessment to determine fitness.

4.2.24 The applicant shall not possess any abnormality or disease of the ear or related structures which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

4.2.25 There shall be:

- a) No disturbance of the vestibular function;
- b) No significant dysfunction of the Eustachian tubes; and
- c) No unhealed perforation of the tympanic membranes.

4.2.25.1. A single dry perforation of the tympanic membrane need not render the applicant unfit.

4.2.26 There shall be:

- a) no nasal obstruction; and
- b) no malformation nor any disease of the buccal cavity or upper respiratory tract;

which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

4.2.27 Applicants with stuttering and other speech defects sufficiently severe to cause impairment of speech communication shall be assessed as unfit.

4.3 Visual requirements

The medical examination shall be based on the following requirements.

4.3.1 The function of the eyes and their adnexa shall be normal. There shall be no active pathological condition, acute or chronic, nor any sequelae of surgery or trauma of the eyes or their adnexa likely to reduce proper visual function to an extent that would interfere with the safe exercise of the applicant's licence and rating privileges.

4.3.2 Distant visual acuity with or without correction shall be 6/12 or better in each eye separately, and binocular visual acuity shall be 6/9 or better. No limits apply to uncorrected visual acuity. Where this standard of visual acuity can be obtained only with correcting lenses, the applicant may be assessed as fit provided that:

such correcting lenses are worn during the exercise of the privileges of the licence or rating applied for or held; and in addition, a pair of suitable correcting spectacles is kept readily available during the exercise of the privileges of the applicant's licence.

Note - An applicant accepted as meeting these provisions is deemed to continue to do so unless there is reason to suspect otherwise, in which case an ophthalmic report is required at the discretion of DGCA Sri Lanka. Both uncorrected and corrected visual acuity are normally measured and recorded at each re-examination. Conditions which indicate a need to obtain an ophthalmic report include: a substantial decrease in the uncorrected visual acuity, any decrease in best corrected visual acuity, and the occurrence of eye disease, eye injury or eye surgery.

4.3.2.1 Applicants may use contact lenses to meet this requirement provided that:

- a) the lenses are monofocal and non-tinted;
- b) the lenses are well tolerated; and
- c) a pair of suitable correcting spectacles is kept readily available during the exercise of the licence privileges

4.3.2.2 Applicants with a large refractive error shall use contact lenses or high-index spectacle lenses.

Note - If spectacles are used; high-index lenses are needed to minimize peripheral field distortion.

4.3.2.3 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 to ascertain normal visual performance and to identify any significant pathology.

4.3.3 Applicants who have undergone surgery affecting the refractive status of the eye shall

be assessed as unfit unless they are free from those sequelae which are likely to interfere with the safe exercise of their licence and rating privileges.

4.3.4 The applicant shall have the ability to read, while wearing the correcting lenses, if any, required by 4.3.2, the N5 chart or its equivalent at a distance selected by that applicant in the range of 30 to 50 cm. If this requirement is met only by the use of near correction, the applicant may be assessed as fit provided that this near correction is added to the spectacle correction already prescribed in accordance with 4.3.2; if no such correction is prescribed, a pair of spectacles for near use shall be kept readily available during the exercise of the privileges of the licence. When near correction is required, the applicant shall demonstrate that one pair of spectacles is sufficient to meet both distant and near visual requirements.

Note 1- An applicant who needs near correction to meet the requirement will require "look-over", bifocal or perhaps multifocal lenses in order to read the instruments and a chart or manual held in the hand, and also to make use of distant vision, through the windscreen, without removing the lenses. Single-vision near correction (full lenses of one power only, appropriate for reading) significantly reduces distant visual acuity and is therefore not acceptable.

Note 2- Whenever there is a requirement to obtain or renew correcting lenses, an applicant is expected to advise the refractionist of the reading distances for the visual flight deck tasks relevant to the types of aircraft in which the applicant is likely to function.

4.3.4.1 When near correction is required in accordance with this paragraph, a second pair of near-correction spectacles shall be kept available for immediate use.

4.3.5 The applicant shall be required to have normal fields of vision.

4.3.6 The applicant shall be required to have normal binocular function.

4.3.6.1 Reduced stereopsis, abnormal convergence not interfering with near vision, and ocular misalignment where the fusional reserves are sufficient to prevent asthenopia and diplopia need not be disqualifying.

4.4 Hearing requirements

4.4.1 Applicants who are unable to hear an average conversational voice in a quiet room, using both ears, at a distance of 2 m from the examiner and with the back turned to the examiner, shall be assessed as unfit.

4.4.2 When tested by pure-tone audiometry, an applicant with a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1000 or 2000 Hz, or more than 50 dB at 3000 Hz shall be assessed as unfit.

4.4.3 An applicant who does not meet the requirements in 4.4.1 or 4.4.2 shall undergo further testing in accordance with 3.4.1.1.

5 Class 3 Medical Assessments

5.1 Assessment issue and renewal

5.1.1 An applicant for an air traffic controller licence shall undergo an initial medical examination for the issue of a Class 3 Medical Assessment.

5.1.2 Except where otherwise stated in this section, holders of air traffic controller licences shall have their Class 3 Medical Assessments renewed at intervals not exceeding those specified in 5.2 of ASN No 054.

5.1.3 When the requirements of this section and the general provisions of 1 and 2 have been met, to the satisfaction of DGCA Sri Lanka a Class 3 Medical Assessment shall be issued to the applicant.

5.2 Physical and mental requirements

5.2.1 The applicant shall not suffer from any disease or disability which could render that applicant likely to become suddenly unable to perform duties safely.

5.2.2 The applicant shall have no established medical history or clinical diagnosis of:

- a) an organic mental disorder;
- b) a mental or behavioural disorder due to psychoactive substance use; 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 behavioural syndrome associated with physiological disturbances or physical factors;
- g) a disorder of adult personality or behavior, particularly if manifested by repeated overt act;
- h) mental retardation;
- i) a disorder of psychological development;
- j) a behavioural or emotional disorder, with onset in childhood or adolescence; or
- k) a mental disorder not otherwise specified;

such as might render the applicant unable to safely exercise the privileges of the licence applied for or held.

5.2.2.1 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 licence and rating privileges.

Note 1 : Guidance on assessment of applicants treated with antidepressant medication is contained in the Manual of Civil Aviation Medicine (Doc 8984)

Note 2: Mental and behavioral disorders are defined in accordance with the clinical descriptions and diagnostic guidelines of the World Health Organization as given in the International Statistical Classification of Diseases and Related Health Problems, 10th Edition-Classification of Mental and Behavioural Disorders, *WHO 1992*. This document contains detailed descriptions of the diagnostic requirements which may be useful for their application to medical assessment.

5.2.3 The applicant shall have no established medical history or clinical diagnosis of any of the following:

- a) a progressive or non-progressive disease of the nervous system, the effects of which, are likely to interfere with the safe exercise of the applicant's licence and rating privileges;
- b) epilepsy; or
- c) any disturbance of consciousness without satisfactory medical explanation of cause.

5.2.4 The applicant shall not have suffered any head injury, the effects of which are likely to interfere with the safe exercise of the applicant's licence and rating privileges.

5.2.5 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.

5.2.5.1 An applicant who has undergone coronary by-pass 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 licence and rating privileges.

5.2.5.2 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 licence and rating privileges.

5.2.6 Electrocardiography shall form part of the heart examination for the first issue of a Medical Assessment.

5.2.6.1 Electrocardiography shall be included in re- examinations of applicants after the age of 50 no less frequently than every two years.

5.2.7 The systolic and diastolic blood pressures shall be within normal limits.

5.2.7.1 The use of drugs for control of high blood pressure is disqualifying except for those drugs, the use of which, is compatible with the safe exercise of the applicant's licence privileges.

5.2.8 There shall be no significant functional nor structural abnormality of the circulatory system.

5.2.9 There shall be no disability of the lungs nor any active disease of the structures of the lungs, mediastinum or pleurae likely to result in incapacitating symptoms.

Note: Chest radiography may be necessary in cases where asymptomatic pulmonary disease can be expected.

5.2.10 Applicants with chronic obstructive pulmonary disease shall be assessed as unfit unless the applicant's 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 licence or rating privileges..

5.2.11 Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms shall be assessed as unfit.

5.2.11.1 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 licence and rating privileges.

5.2.12 Applicants with active pulmonary tuberculosis shall be assessed as unfit.

5.2.12.1 Applicants with quiescent or healed lesions, known to be tuberculous or presumably tuberculous in origin, may be assessed as fit.

5.2.13 Applicants with significant impairment of the function of the gastrointestinal tract or its adnexae, shall be assessed as unfit.

5.2.14 Applicants with sequelae of disease of or surgical intervention on any part of the digestive tract or its adnexae, likely to cause incapacitation, in particular any obstructions due to stricture or compression, shall be assessed as unfit.

5.2.14.1 An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexa, with a total or partial excision or a diversion of any of these organs shall be assessed as unfit until such time as the medical assessor, having access to the details of the operation concerned, considers that the effects of the operation are not likely to cause incapacitation.

5.2.15 Applicants with metabolic, nutritional or endocrine disorders that are likely to interfere with the safe exercise of their licence and rating privileges shall be assessed as unfit.

5.2.16 Applicants with insulin treated diabetes mellitus shall be assessed as unfit.

Note : Guidance on assessment of Type 2 insulin treated diabetic applicants under the provisions of 4.8 of ASN 054 is contained in the Manual of Civil Aviation Medicine (Doc 8984)

5.2.16.1 Applicants with non-insulin treated diabetes shall be assessed as unfit unless the condition is shown to be satisfactorily controlled by diet alone or by diet combined with oral anti-diabetic medication, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges..

5.2.17 Applicants with diseases of the blood and/or the lymphatic system shall be assessed as unfit, unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.

5.2.18 Applicants with renal or genito-urinary disease shall be assessed as unfit unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.

5.2.18.1 Urine examination shall form part of the medical examination and abnormalities shall be adequately investigated.

5.2.19 Applicants with sequelae of disease of, or surgical procedures on the kidneys or the genito-urinary tract, in particular obstructions due to stricture or compression, shall be assessed as unfit unless the applicant's 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 licence or rating privileges.

5.2.19.1 Applicants who have undergone nephrectomy shall be assessed as unfit unless the condition is well compensated.

5.2.20. Applicants who are seropositive for human immunodeficiency virus (HIV) shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed as not likely to interfere with the safe exercise of the applicant's licence or rating privileges..

Note 1- Early diagnosis and active management of HIV disease with antiretroviral therapy reduces morbidity and improves prognosis and thus increases the likelihood of a fit assessment.

Note 2 - Guidance on the assessment of applicants who are seropositive for human immunodeficiency virus (HIV) is contained in the Manual of Civil Aviation Medicine (Doc 8984)

5.2.21 Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk complicated pregnancy.

5.2.21.1 During the gestational period, precautions shall be taken for the timely relief of an air traffic controller in the event of early onset of labour or other complications.

5.2.21.2 For applicants with a low-risk uncomplicated pregnancy evaluated and supervised in accordance with 5.2.22, the fit assessment shall be limited to the period until the end of the 34th week of gestation.

5.2.22 Following confinement or termination of pregnancy the applicants shall not be permitted to exercise the privileges of her licence until she has undergone re-evaluation in accordance with best medical practice and it has been determined that she is able to safely exercise the privileges of her licence and ratings.

5.2.23 The applicant shall not possess any abnormality of the bones, joints, muscles or tendons or related structures which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

Note - Any sequelae after lesions affecting the bones, joints, muscles or, tendons, and certain anatomical defects will normally require functional assessment to determine fitness.

5.2.24 The applicant shall not possess any abnormality or disease of the ear or related structures which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

5.2.25 There shall be no malformation nor any disease of the nose, buccal cavity or upper respiratory tract which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

5.2.26 Applicants with stuttering or other speech defects sufficiently severe to cause impairment of speech communication shall be assessed as unfit.

5.3 Visual requirements

The medical examination shall be based on the following requirements.

5.3.1 The function of the eyes and their adnexa shall be normal. There shall be neither active pathological condition, acute or chronic, nor any sequelae of surgery or trauma of the eyes or their adnexa likely to reduce proper visual function to an extent that would interfere with the safe exercise of the applicant's licence and rating privileges.

5.3.2 Distant visual acuity with or without correction shall be 6/9 or better in each eye separately, and binocular visual acuity shall be 6/6 or better. No limits apply to uncorrected visual acuity. Where this standard of visual acuity can be obtained only with correcting lenses, the applicant may be assessed as fit provided that:

- a) such correcting lenses are worn during the exercise of the privileges of the licence or rating applied for or held; and
- b) in addition, a pair of suitable correcting spectacles is kept readily available during the exercise of the privileges of the applicant's licence.

Note - An applicant accepted as meeting these provisions is deemed to continue to do so unless there is reason to suspect otherwise, in which case an ophthalmic report is required at the discretion of DGCA Sri Lanka. Both uncorrected and corrected visual acuity are normally measured and recorded at each re-examination. Conditions which indicate a need to obtain an ophthalmic report include: a substantial decrease in the uncorrected visual acuity, any decrease in best corrected visual acuity, and the occurrence of eye disease, eye injury or eye surgery.

5.3.2.1 Applicants may use contact lenses to meet this requirement provided that:

- a) the lenses are monofocal and non-tinted;
- b) the lenses are well tolerated; and
- c) a pair of suitable correcting spectacles is kept readily available during the exercise of the licence privileges.

5.3.2.2 Applicants with a large refractive error shall use contact lenses or high-index spectacle lenses.

Note - If spectacles are used, high-index lenses are needed to minimize peripheral field distortion.

5.3.2.3 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.

Note – The purpose of the required ophthalmic examination is (1) to ascertain

normal vision performance, and (2) to identify any significant pathology.

5.3.3 Applicants who have undergone surgery affecting the refractive status of the eye shall be assessed as unfit unless they are free from those sequelae which are likely to interfere with the safe exercise of their licence and rating privileges.

5.3.4 The applicant shall have the ability to read, while wearing the correcting lenses, if any, required by 5.3.2, 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. If this requirement is met only by the use of near correction, the applicant may be assessed as fit provided that this near correction is added to the spectacle correction already prescribed in accordance with 5.3.2; if no such correction is prescribed, a pair of spectacles for near use shall be kept readily available during the exercise of the privileges of the licence. When near correction is required, the applicant shall demonstrate that one pair of spectacles is sufficient to meet both distant and near visual requirements.

Note 1- An applicant who needs near correction to meet the requirement will require “look-over”, bifocal or perhaps multifocal lenses in order to read radar screens, visual displays and written or printed material and also to make use of distant vision, through the windows, without removing the lenses. Single-vision near correction (full lenses of one power only, appropriate for reading) may be acceptable for certain air traffic control duties. However, it shall be realized that single-vision near correction significantly reduces distant visual acuity.

Note 2- Whenever there is a requirement to obtain or renew correcting lenses, an applicant is expected to advise the refractionist of reading distances for the air traffic control duties the applicant is likely to perform.

5.3.4.1 When near correction is required in accordance with this paragraph, a second pair

of near-correction spectacles shall be kept available for immediate use.

5.3.5 The applicant shall be required to have normal fields of vision.

5.3.6 The applicant shall be required to have normal binocular function.

5.3.6.1 Reduced stereopsis, abnormal convergence not interfering with near vision, and ocular misalignment where the fusional reserves are sufficient to prevent asthenopia and diplopia need not be disqualifying.

5.4 Hearing requirements

5.4.1 The applicant, when tested on a pure-tone audiometer, shall not have a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz.

5.4.1.1 An applicant with a hearing loss greater than the above may be declared fit provided that the applicant has normal hearing performance against a background noise that reproduces or simulates that experienced in a typical air traffic control working environment.

Note 1– The frequency composition of the background noise is defined only to the extent that the frequency range 600 to 4800 Hz (speech frequency range) is adequately represented.

Note 2– In the speech material for discrimination testing, both aviation relevant phrases and phonetically balanced words are normally used.

5.4.1.2 Alternatively, a practical hearing test conducted in an air traffic control environment representative of the one for which the applicant's licence and ratings are valid may be used.