

Democratic Socialist Republic of Sri Lanka



Civil Aviation Authority of Sri Lanka

Implementing Standards

(Issued under Section 120, Civil Aviation Act No. 14 of 2010)

Title: Medical Requirements (PART MED) Class I, Class II & Class III

IS Reference Code: CAA-IS-PART MED-036

Date of issue: 15 January 2024

Pursuant to Section 120 of the Civil Aviation Act No.14 of 2010, (herein after referred to as the CA Act) Director General of Civil Aviation (hereafter referred to as the DGCA) shall have the power to issue, whenever he considers it necessary or appropriate to do so, such Implementing Standards for the purpose of giving effect to any of the provisions of the CA Act, Regulations or Rules made thereunder including the Articles of the Convention on International Civil Aviation specified in the Schedule to the CA Act.


Accordingly, I being the DGCA do hereby issue the Implementing Standards **Medical Requirements (PART MED) for Class I, Class II and Class III** as mentioned in the attachment here to (Ref: CAA-IS-PART MED-036-Att.), for the purpose of giving effect to the provisions in the aforementioned Act and Standards & Procedures described under Article 37 of the Convention, which are specified in the Attachment hereto.

This Implementing Standard shall be applicable to every person seeking a licence from DGCA to engage in aircraft related safety sensitive activities or personnel already engaged in safety sensitive activities of an aircraft under a licence issued by DGCA and shall come into force with effect from 15th January 2024 and remain in force unless revised/ revoked.

This Implementing Standard will supersede IS 036, 4th Edition, Rev 00 dated 15th March 2023 issued by DGCA.

Attention is also drawn to Section 103 of the Civil Aviation Act No.14 of 2010, which states inter alia that failure to comply with Implementing Standards is an offence. Further, if any standard stipulated in this Implementing Standards is not complied with or violated, an appropriate enforcement action will be taken as per the Aviation Enforcement Policy and Procedures Manual, 0005 by the DGCA under Section 102 of the CA Act.

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Director General of Civil Aviation and
Chief Executive Officer

Enclosure: Attachment No. CAA-IS-PART MED-036-Att.

PREAMBLE

Notice to the Recipient

- 1.1. The requirements in this Implementing Standard are based on the Standards and Recommended Practices (SARPs) adopted by the International Civil Aviation Organization (ICAO) and incorporated in the Amendment No. 177 to Annex 01
- 1.2. In pursuance of the obligation cast under Article 38 of the Convention which requires the Contracting States to notify the ICAO of any differences between the national regulations of the States and practices and the International Standards contained in the respective Annex and any amendments thereto, the CAASL will be taking steps to notify ICAO of such differences relating to either a Standard or a Recommended Practice, if any. The CAASL will also keep the ICAO currently informed of any differences which may subsequently occur, or of the withdrawal of any differences previously notified. Furthermore, the CAASL will take steps for the publication of differences between the national regulations and practices and the related ICAO Standards and Recommended Practices through the Aeronautical Information Service, which is published in accordance with the provisions in the Annex-15 to the Convention.
- 1.3. Taking into account of the ICAO council resolution dated 13 April 1948 which invited the attention of Contracting States of the desirability of using in the State's national regulations, as far as is practicable, the precise language of those ICAO Standards that are of a regulatory character, to the greatest extent possible the CAASL has attempted to retain the ICAO texts in the Annex in drafting this Implementing Standard.

1.4. Status of ICAO Annex components in the Implementing Standard

Some of the components in an ICAO Annex are as follows and they have the status as indicated:

- 1.4.1. **Standard:** Any specification for physical characteristics, configuration, materiel, performance, personnel or procedure, the uniform application of which is recognized as necessary for the safety or regularity of international air navigation and to which Contracting States will conform in accordance with the Convention; in the event of impossibility of compliance, notification to the Council is compulsory under Article 38. The ICAO Standards are reflected in the Implementing Standards if they are locally implemented using the normal fonts and recipients are required to conform to such requirements invariably.
- 1.4.2. **Recommended Practice:** Any specification for physical characteristics, configuration, materiel, performance, personnel or procedure, the uniform application of which is recognized as desirable in the interest of safety, regularity, efficiency or environmentally responsiveness of international air navigation, and to which Contracting States will endeavor to conform in accordance with the Convention. The ICAO Recommended Practices are reflected in the Implementing Standards in italic fonts and the Recipients are encouraged to implement them to the greatest extent possible.

- 1.4.3. **Appendices:** Comprising material grouped separately for convenience but forming part of the Standards and Recommended Practices adopted by the Council. Enforcement action on such matters will be as in the case of Standards or Recommended Practices.
- 1.4.4. **Definitions:** A definition does not have independent status but is an essential part of each Standard and Recommended Practice in which the term is used, since a change in the meaning of the term would affect the specification.
- 1.4.5. **Tables and Figures:** add to or illustrate a Standard or Recommended Practice, and which are referred to therein, form part of the associated Standard or Recommended Practice and have the same status.

Implementing Standards

IS-036 : Medical Requirements (PART MED)) Class I, Class II, Class III

1. General

- 1.1. Requirement contained in this document are based on the **ICAO Annex I – “Personal Licensing” Chapter 1 – Definitions and General rules Concerning Licences and Chapter 6 –Medical Provision for Licencing.**
- 1.2. This document supersedes the Implementing Standards (IS) - **036 4th Edition Rev 00** issued by the DGCA and **IS - 036 4th Edition Rev 00** shall be treated as null and void.
- 1.3. This document may be amended from time to time and the amendments will be reflected with the vertical line on the right side of the text.

2. Applicable Legal Provisions relating to the issue of the Implementing Standards

- a) Section 120 of the Civil Aviation Act No. 14 of 2010;
- b) Chapter 1 of Annex I – “Definitions and General rules Concerning Licences”
- c) Chapter 6 of the Annex I - “Medical Provision for Licencing”

3. Objective (If Required)

- a) This Implementing Standards Lays down detailed rules for different ratings for pilots’ licences, the conditions for issuing, maintaining, amending, limiting, suspending or revoking licenses, the privileges and responsibilities of the holders of licences.
- b) The certification of persons responsible for providing flight training or flight simulation training and for assessing pilots’ skills;

4. Applicability

The implementing standards SLCAIS 036 shall be applicable to Class I, Class II and Class III Licence holders.

RECORD OF REVISION

Revision No.	Date Entered	Entered By
1st Edition – Rev 00	16 September 2015	DTOPL
2 nd Edition – Rev 00	08 April 2020	SCAI-AM
3 rd Edition – Rev 00	15 March 2022	SCAI-AM
4 th Edition – Rev 00	15 March 2023	SCAI-AM

List of Effective Pages

Page No	Revision No.	Effective Date
1	00	15 March 2023
2	00	15 March 2023
3	00	15 March 2023
4	00	15 March 2023
5	00	15 March 2023
6	00	15 March 2023
7	00	15 March 2023
8	00	15 March 2023
9	00	15 March 2023
10	00	15 March 2023
11	00	15 March 2023
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54	00	15 March 2023
55	00	15 March 2023
56	00	15 March 2023

History of Revision

Rev. No.	Source	Areas Subject to Change	Effective Date
1 st Edition – Rev 00	Annex I, Chapter 1 & 6	All areas	16 September 2015
2 nd Edition – Rev 00	Annex I, Chapter 1 & 6	All areas	08 April 2020
3 rd Edition – Rev 00	Annex I, Chapter 1 & 6	All areas	15 March 2022
4 th Edition – Rev 00	Annex I, Chapter 1 & 6	All areas	15 March 2023

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PART MED 1

Medical Requirements (PART-MED) – Class I & II

SUBPART A – GENERAL REQUIREMENTS

SECTION 1 – GENERAL

MED.A.001 Competent Authority

For the purpose of this Part-MED, the competent authority shall be Aero-medical Services (AMS), Civil Aviation Authority of Sri Lanka;

- (a) for Aero-medical services;
- (b) for Aero-medical examiners (AMEs);
- (c) for designated specialists;
- (d) for Aviation Public Health Services.

MED.A.005 Scope

This Part-MED establishes the requirements and applies for:

- (a) the issuance, validity, revalidation and renewal of the medical certificates required for exercising the privileges of Holders of Personnel Licences (Private Pilot Licences, Student Pilot Licences etc.), Holders of a Licence for Air Transport Operations, Air Traffic Controllers;
- (b) the medical fitness of cabin crew; and
- (c) the certification of AMEs;

MED.A.010 Definitions

For the purpose of this Part-MED, the following definitions shall apply:

- **‘limitation’** means a condition placed on the medical certificate or cabin crew medical report that shall be complied with whilst exercising the privileges of the licence or cabin crew attestation;
- **‘aero-medical examination’** means an inspection, palpation, percussion, auscultation or any other means of investigation for determining the medical fitness to exercise the privileges of the licence, or to carry out cabin crew safety duties;
- **‘aero-medical assessment’** means the conclusion on the medical fitness of an applicant based on the evaluation of the applicant’s medical history and or Aeromedical examination as required in this Part-MED and further examinations and medical tests as necessary when clinically indicated;
- **‘Significant’** means a degree of a medical condition, the effect of which would prevent the safe exercise of the privileges of the licence or of the cabin crew safety duties;
- **‘applicant’** means a person applying for, or being the holder of, a medical certificate who undergoes an aero-medical assessment of fitness to exercise the privileges of the licence, or to carry out cabin crew safety duties;
- **‘medical history’** means a narrative or record of past diseases, injuries, treatments or other medical facts, including unfit assessment(s) or limitation of a medical certificate, that are or may be relevant to an applicant’s current state of health and aero-medical fitness;

- **‘licensing authority’** means the competent authority that issued the licence, or to which a person applies for the issuance of a licence, or, when a person has not yet applied for a licence, the competent authority in accordance with this Part MED, which refers to the Civil Aviation Authority of Sri Lanka (CAASL).
- **‘colour safe’** means the ability of an applicant to readily distinguish the colours used in air navigation and to correctly identify aviation colored lights;
- **‘investigation’** means the assessment of a suspected pathological condition of an applicant by means of examinations and tests in order to verify the presence or absence of a medical condition;
- **‘accredited medical conclusion’** means the conclusion reached by one or more medical experts acceptable to the licensing authority, on the basis of objective and non-discriminatory criteria, for the purposes of the case concerned, in consultation with flight operations or other experts as necessary, for which an operational risk assessment may be appropriate;
- **‘misuse of substances’** means the use of one or more psychoactive substances by aircrew in a way that, alternatively or jointly:
 - (a) constitutes a direct hazard to the user or endangers the lives, health or welfare of others;
 - (b) causes or worsens an occupational, social, mental or physical problem or disorder;
- **‘psychoactive substances’** means alcohol, opioids, cannabinoids, sedatives and hypnotics, cocaine, other psycho-stimulants, hallucinogens, and volatile solvents, with the exception of caffeine and tobacco.
- **‘Refractive error’** means the deviation from emmetropia measured in dioptres in the most ametropic meridian, measured by standard methods.

MED.A.015 Medical Confidentiality

All persons involved in aero-medical examination, assessment and certification shall ensure that medical confidentiality is respected at all times.

To ensure medical confidentiality, all medical reports and records shall be securely held with accessibility restricted to personnel authorized by the head of the Aero-medical Services (AMS).

MED.A.020 Decrease in medical fitness

- (a) Licence holders shall not exercise the privileges of their licence and related ratings or certificates at any time when they:
 - (1) are aware of any decrease in their medical fitness which might render them unable to safely and properly exercise those privileges;
 - (2) take or use any prescribed or non-prescribed medication which is likely to interfere with the safe exercise of the privileges of the applicable licence;
 - (3) Receive any medical, surgical or other treatment that is likely to interfere with the safe exercise of the privileges of the applicable licence and flight safety.
- (b) In addition, licence holders of a medical certificate shall, without undue delay and before exercising the privileges of their licence, seek aero-medical advice when they:
 - (1) have undergone a surgical operation or invasive procedure;
 - (2) have commenced the regular use of any medication;

- (3) have suffered any significant personal injury involving incapacity to function as a member of the Flight crew;
 - (4) have been suffering from any significant illness involving incapacity to function as a member of the Flight crew;
 - (5) are pregnant;
 - (6) have been admitted to hospital or medical clinic;
 - (7) First require correcting lenses.
- (c) In the cases referred to in point (b):
- (1) Holders of class 1 and class 2 medical certificates shall seek the aero-medical advice from AMS.
 - (2) In that case, the MA or the Head of the AMS shall assess their medical fitness of the Licence holder and decide whether they are fit to resume the exercise of their privileges;
- (d) Cabin crew members shall not perform duties on an aircraft and, where applicable, shall not exercise the privileges of their cabin crew attestation when they are aware of any decrease in their medical fitness, to the extent that this medical condition might render them unable to discharge their safety duties and responsibilities.
- (e) In addition, if any of the medical conditions specified in (b) (1) to (5), cabin crew members shall, without undue delay, seek the advice of MA or Head of the AMS through airline Chief Medical Officer (CAASL designated AME) as applicable. In that case, the MA or Head of the AMS shall assess the medical fitness of the cabin crew members and decide whether they are fit to resume their safety duties.

MED.A.025 Obligations of the AME & MA

- (a) When conducting aero-medical examinations and aero-medical assessments as required in this Part-MED, the AME shall:
- (1) ensure that communication with the applicant can be established without language barriers;
 - (2) make the applicant aware of the consequences of providing incomplete, inaccurate or false statements on their medical history;
 - (3) notify the Head of AMS, CAASL, if the applicant provides incomplete, inaccurate or false statements on their medical history;
 - (4) notify the Head of AMS, CAASL, if an applicant withdraws the application for a medical certificate at any stage of the process.
- (b) After completion of the aero-medical examinations and assessments, the AME shall:
- (1) inform the applicant whether he or she is fit, unfit or referred to the Medical Assessor or the Head of Aeromedical Services, as applicable;
 - (2) inform the applicant of any limitation that may restrict flight training or the privileges of his or her licence or cabin crew attestation, as applicable;
 - (3) inform the applicant of their right to have the decision reviewed in accordance with the appealing procedures of CAASL if he or she has been assessed as unfit;
 - (4) submit without delay the duly completed, signed/authenticated Medical Examination Report including assessment results as required for the class of medical certificate and signed medical certificate to the AMS, CAASL.
 - (5) Inform the applicant of his or her responsibilities in the case of decrease in medical fitness, as specified in point [MED.A.020](#).

- (c) Medical Assessor shall be appointed by DGCA, by virtue powers vested in terms of sub sections (U), section seven of part II of the CAASL act No.35 of 2002 and the MA shall;
- (1) Evaluate medical examination reports submitted by AME and asses as per the applicable medical standards in this Part MED and determined the medical fitness of applicants for the issuance/ renewal of medical certificates.
 - (2) Make the final medical assessment and provide accredited medical conclusion in border-line cases which are referred by AME.

Note: refer to SLCAP 3020 part I, chapter 4 for further guidance.

- (d) When consultation with the Medical Assessor or the Head of AMS of the CAASL is required in accordance with this Part MED, the AME shall follow the procedure established by the AMS, CAASL.
- (e) AMS shall maintain records with details of aero-medical examinations and assessments performed in accordance with this Part-MED and their results for a minimum of 10 years.
- (f) AMS shall submit to the Medical Assessor upon request, all aero-medical records and reports, and any other relevant information, when required for:
- (1) medical certification;
 - (2) Oversight functions.

MED.A.026 Classes of Medical Assessment

- (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 licence - 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 - aeroplanes, airship, helicopter and powered-lift
 - Glider pilot licences
 - Free balloon Pilot Licences
 - Student pilot Licences
- (c) Class 3 Medical Assessment (Part MED 2); applies to applicants for, and holders of:
- Air traffic controller licences
- (d) Cabin crew Medical Assessment
Applies to applicants as Class II - Cabin Crew.
- (e) A flight crew member who holds a valid Class 1 medical certificate referred to in paragraph (a) shall also be deemed to hold a valid Class 2 medical certificate referred to in paragraph (b), as applicable.
- (f) The medical requirements and standards to be complied with by an applicant for, or a holder of, a Class 1, 2, 3, or Cabin crew medical certificate shall be as prescribed in this Part.

MED.A.027 Deferment

The prescribed re-examination of a license holder operating in an area distance from designated medical examination facilities may be deferred at the discretion of the Authority, provided that such deferment shall only be made as an exception and shall not exceed;

- (a) A single period of six months in the case of a flight crew member of an aircraft engaged in non-commercial operations;
- (b) Two consecutive periods each of three months in the case of a flight crew member of an aircraft engaged in commercial operations provided that in each case a favorable medical report is obtained after examination by a designated medical examiner of the area concerned, or, in cases where such a designated medical examiner is not available, by a physician legally qualified to practice medicine in that area. A report of the medical examination shall be sent to the Authority;
- (c) In the case of a private pilot, a single period not exceeding 24 months where the medical examination is carried out by an examiner designated by the Contracting State in which the applicant is temporarily located. A report of the medical examination shall be sent to the authority where the licence was issued.

SECTION 2 - REQUIREMENTS FOR MEDICAL CERTIFICATES**MED.A.030 Medical certificates**

- (a) A student pilot shall not fly solo unless that he/she holds a medical certificate, as required for the relevant licence.
- (b) Applicants for and holders of a student pilot Licences (SPL), private pilot licence (PPL), a Glider pilot licence (GPL), or a balloon pilot licence (BPL) shall hold at least a Class 2 medical certificate.
- (c) If a night rating is added to a PPL, the licence holder shall be colour safe.
- (d) Applicants for and holders of a commercial pilot licence (CPL), a multi-crew pilot licence (MPL), or an airline transport pilot licence (ATPL) shall hold a Class 1 medical certificate.
- (e) If an instrument ratings is added to a PPL, the licence holder shall undertake pure tone audiometry examinations in accordance with the periodicity and the standard required for class I medical certificate holders.
- (f) A licence holder shall not at any time hold more than one medical certificate issued in accordance with this Part MED.

MED.A.035 Application for a medical certificate

- (a) Applications for a medical certificate shall be made in a format established by CAASL.
- (b) Applicants for a medical certificate shall provide the AME, as applicable, with:
 - (1) Proof of their identity;

- (2) A signed declaration:
- (i) of medical facts concerning their medical history;
 - (ii) as to whether they have previously applied for a medical certificate or have undergone an aero-medical examination for a medical certificate and, if so, by whom and with what result;
 - (iii) as to whether they have ever been assessed as unfit or had a medical certificate suspended or revoked.
- (c) When applying for a revalidation or renewal of the medical certificate, applicants shall present the most recent medical certificate to the AME, as applicable, prior to the relevant aero-medical examinations.

MED.A.040 Issuance, revalidation and renewal of medical certificates

- (a) A medical certificate shall only be issued, revalidated or renewed once the required aeromedical examinations and assessments, have been completed and the applicant has been assessed as fit.
- (b) *Initial issuance*
- (1) Class 1 medical certificates shall be issued by the AMS, CAASL.
 - (2) Class 2 medical certificates shall be issued by the AMS, CAASL.
- (c) *Revalidation and renewal*
- (1) Class 1 and class 2 medical certificates shall be revalidated and renewed by the AMS, CAASL.
- (d) The AMS shall only issue, revalidate or renew a medical certificate if both of the following conditions have been met:
- (1) the applicant has provided them with a complete medical history and if applicable, with results of medical examinations and tests conducted by the applicant's physician or any medical specialists;
 - (2) AME has conducted the aero-medical assessment based on the medical examinations and tests as required for the relevant medical certificate to verify that the applicant complies with all the relevant requirements of this Part MED.
- (e) The AME or, the Medical Assessor or the Head of AMS, in the case of referral, AMS may require the applicant to undergo additional medical examinations and investigations when there is a clinical or epidemiological indication before the medical certificate is issued, revalidated or renewed.
- (f) AMS, CAASL may withdraw, issue or re-issue a medical certificate, as applicable, if:
- 1) a case is referred;
 - 2) it has identified that corrections to the information on the Medical Certificate are necessary

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

- (a) *Validity*
- (1) Class 1 medical certificates shall be valid for a period of 12 months.

- (2) the period of validity of class 1 medical certificates shall be reduced to 6 months for licence holders who:
 - (i) are engaged in single-pilot commercial air transport operations carrying passengers and have reached the age of 40;
 - (ii) have reached the age of 60.
 - (3) Class 2 medical certificates shall be valid for a period of:
 - (i) 60 months, until the licence holder reaches the age of 40. A medical certificate issued prior to the licence holder reaching the age of 40 shall cease to be valid after the licence holder reaches the age of 42;
 - (ii) 24 months, for licence holders aged between 40 and 50. A medical certificate issued prior to the licence holder reaching the age of 50 shall cease to be valid after the licence holder reaches the age of 51;
 - (iii) 12 months, for licence holders after the age 50;
 - (iv) Cabin Crew Class II Medical Certificate;
 - a. Initial and Annual Medical Assessments of Class 2, Cabin Crew shall be conducted annually at CAASL approved Airline Medical Units until CCM reach 50 years of age.
 - b. Class 2 medical assessment of Cabin Crew at the age of 50 shall be conducted at AMS, CAASL.
 - c. Class 2 medical assessment of Cabin Crew above 50 years of age shall be conducted annually at AMS, CAASL
 - (4) The validity period of a medical certificate, including any associated examination or special investigation,
 - (i) determined by the age of the applicant at the date when the medical examination takes place; and
 - (ii) calculated from the date of the medical examination in the case of initial issue and renewal, and from the expiry date of the previous medical certificate in the case of revalidation.
- (b) *Revalidation*
Aero-medical examinations and assessments for the revalidation of a medical certificate may be undertaken up to 45 days prior to the expiry date of the medical certificate.
- (c) *Renewal*
- (1) If the holder of a medical certificate does not comply with point (b), and the medical examination is not taken within the stipulated 45 day period, a renewal examination and assessment shall be required. The expiry date will be calculated in accordance with paragraph (a) with effect from the date of the next general medical examination.
 - (2) In the case of class 1 and class 2 medical certificates:
 - (i) if the medical certificate has expired for less than 2 years, a routine revalidation aero-medical examination shall be performed;
 - (ii) if the medical certificate has expired for more than 2 years but less than 5 years, the AME shall only conduct the renewal aero-medical examination after assessment of the aero-medical records of the applicant;
 - (iii) if the medical certificate has expired for more than 5 years, the aero-medical examination requirements for initial issue shall apply and the assessment shall be based on the revalidation requirements.

- (d) Requirements for revalidation or renewal. The requirements to be met for the revalidation or renewal of medical certificates are the same as those for the initial issue of the certificate, except where specifically stated otherwise.
- (e) Reduction in the period of validity. The period of validity of a medical certificate may be reduced by an AME in consultation with the AMS, CAASL.
- (f) Additional examination. Where there is reasonable doubt about the continuing fitness of the holder of a medical certificate, the AMS, CAASL may require the holder to submit to further examination, investigation or tests. The reports shall be forwarded to the AMS, CAASL.

MED.A.046 Suspension or revocation of medical certificates

- (a) A medical certificate may be suspended or revoked by the AMS, CAASL.
- (b) Upon suspension of the medical certificate, the holder shall return the medical certificate to the AMS on request of CAASL.
- (c) Upon revocation of the medical certificate, the holder shall immediately return the medical certificate to the AMS, CAASL.

MED.A.050 Referral

- (a) If an applicant for a class 1 or class 2 medical certificate is referred to the Medical Assessor of the AMS, CAASL in accordance with point [MED.B.001](#), the AME shall refer with a brief medical history & the reasons for the referral to the AMS, CAASL. The AMS shall hand over all relevant medical documents with the AME's referral to the Medical Assessor for evaluation.

SUBPART B – REQUIREMENTS FOR PILOT MEDICAL CERTIFICATES

SECTION 1 – GENERAL

MED.B.001 Limitations to medical certificates

- (a) *Limitations to class 1 and class 2 medical certificates*
- (1) If the applicant does not fully comply with the requirements for the relevant class of medical certificate but is considered to be not likely to jeopardize flight safety, the AME shall:
 - (i) in the case of applicants for a class 1 medical certificate, refer the decision on fitness of the applicant to the Medical Assessor as indicated in this Subpart;
 - (ii) in cases where a referral to the Medical Assessor is not indicated in this Subpart, evaluate whether the applicant is able to perform his/her duties safely when complying with one or more limitations endorsed on the medical certificate and issue the medical certificate with limitation(s) as necessary;
 - (iii) in the case of applicants for a class 2 medical certificate, evaluate, whether the applicant is able to perform his/her duties safely when complying with one or more limitations endorsed on the medical certificate and issue the medical certificate, with limitation(s) as necessary.
 - (2) The AME may revalidate or renew a medical certificate with the same limitation(s) without referring to or consulting with the Medical Assessor.
- (b) When assessing whether a limitation is necessary, particular consideration shall be given to:
- (1) whether accredited medical conclusion indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that the exercise of the privileges of the licence applied for is not likely to jeopardise flight safety;
 - (2) the applicant's ability, skill and experience relevant to the operation to be performed.
- (c) Operational limitation codes
- (1) Operational Multi-pilot Limitation (OML – class 1 only)
 - (i) When the holder of a CPL, ATPL or MPL does not fully meet the requirements for a class 1 medical certificate and has been referred to the Medical Assessor, shall assess whether the medical certificate may be issued with an OML 'valid only as or with qualified co-pilot'.
 - (ii) The holder of a medical certificate with an OML shall only operate an aircraft in multi-pilot operations when the other pilot is fully qualified on the relevant class and type of aircraft, is not subject to an OML and has not attained the age of 60 years.
 - (iii) The OML for class 1 medical certificates may only be imposed and removed by the AMS, CAASL.
 - (2) Operational Safety pilot Limitation (OSL – class 2 privileges)

- (i) The holder of a medical certificate with an OSL shall only operate an aircraft if another pilot fully qualified to act as pilot-in-command on the relevant class and type of aircraft is carried on board, the aircraft is fitted with dual controls and the other pilot occupies a seat at the controls.
 - (ii) The OSL for class 2 medical certificates may be imposed and removed either by the Medical Assessor or Head of AMS
- (3) Operational Passenger Limitation (OPL – class 2 privileges)
- (i) The holder of a medical certificate with an OPL shall only operate an aircraft without passengers on board.
 - (ii) The OPL for class 2 medical certificates may be imposed and removed by the AME in consultation with the Medical Assessor or the Head of AMS.
- (4) Operational pilot Restriction Limitation (ORL – class 2 privileges)
- (i) The holder of a medical certificate with an ORL shall only operate an aircraft if one of the two following conditions have been met:
 - (A) another pilot fully qualified to act as pilot-in-command on the relevant class and type of aircraft is on board the aircraft, the aircraft is fitted with dual controls and the other pilot occupies a seat at the controls;
 - (B) there are no passengers on board the aircraft.
 - (ii) The ORL for class 2 medical certificates may be imposed and removed either by the AME in consultation with the Medical Assessor or the Head of AMS.
- (5) Special restriction as Specified Licence (SSL)
- The SSL on a medical certificate shall be followed by a description of the limitation.
- (d) Any other limitation may be imposed on the holder of a medical certificate by the AME, MA or Head of AMS, as applicable, if required to ensure flight safety.
 - (e) Any limitation imposed on the holder of a medical certificate shall be specified therein.

MED.B.002 Special Circumstances

- (a) If the medical requirements prescribed in this Part MED for a particular licence are not met, the appropriate medical certificate will not be issued, renewed, or re-issued unless the following conditions are fulfilled:
 - (i) Accredited medical conclusion by the Medical assessor or a medical review board indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence applied for is not likely to jeopardize flight safety;
 - (ii) Relevant ability, skill, and experience of the applicant and operational conditions have been given due consideration; and
 - (iii) The licence is endorsed by the Authority with any special limitation or limitations when the safe performance of the licence holder's duties is dependent on compliance with such limitation or limitations.

- (b) The AME shall report to the AMS any individual case where, in the AME'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.

MED.B.003.0 Suspension of a Medical Certificate

- (a) In case of doubt concerning the medical fitness of the holder of a medical certificate, the AMS, CAASL may determine that the person involved shall again repeat a complete or partial medical examination, and may suspend the validity of that medical certificate until the repeat examination is completed with favourable results.
- (b) The validity of a medical certificate may also be suspended in case of a temporary rejection on medical grounds.
- (c) The person holding the medical certificate shall be notified in writing of a suspension stating the reasons for that suspension.
- (d) The person holding the suspended medical certificate shall surrender the medical certificate in his or her possession to the AMS within 7 working days after the date of receiving the notification.
- (e) In cases in which the medical fitness of the person involved allows it, the AMS may provide the person with a suspended medical certificate of a particular class with a new medical certificate of a lower class.
- (f) A suspension may be lifted if the medical examination intended in above (a) has been passed satisfactory. If a suspension is lifted, the person involved shall receive a new medical certificate unless the medical certificate was revoked.

MED.B.003.1 Revocation of Licences, Ratings, Authorizations or Certificates

- (a) A licence, rating, authorization or certificate shall be revoked if the holder has lost the skills for exercising the privileges mentioned in the document or fails to meet the appropriate medical standards as shown by the results of a medical examination or a test.
- (b) A licence, rating, authorization and / or certificate may be revoked if the holder has made a statement contrary to the truth in obtaining or maintaining that licence, rating authorization or certificate, or has provided incorrect data at a medical examination and / or test required for the issue, maintenance or renewal of the licence, rating, authorization and certificate.
- (c) A licence, rating, authorization or certificate shall be revoked in case of proven misconduct, recklessness or excessive carelessness. The holder of the licence will be notified in writing of the revocation with the reasons therefore.
- (d) A person who has had a licence or certificate revoked shall be obliged to hand over to the CAASL all the licences or certificates in his or her possession applicable to the revocation within 7 working days after the date of receiving notification from the CAASL.

- (e) The person who has been denied the privilege to manipulate the controls of an aircraft by judgement of a court, shall be equally obliged to hand over to the Authority all licences and certificates in his or her possession within 7 days after he or she has taken cognizance of the judgement or after it can be reasonably assumed that he or she has taken cognizance thereof.

MED.B.004 Psychoactive substance Testing and Reporting

- (a) Any person who performs any function requiring a licence, rating, qualification, or authorization prescribed by these Regulations directly or by contract for a certificate holder under the provisions of these Regulations may be tested at discretion of DGCA or DGCA Designated Inspector for usage of psychoactive substances.
- (b) Chemicals considered psychoactive substances are:
- alcohol;
 - opioids;
 - cannabinoids;
 - sedatives and hypnotics;
 - cocaine and other stimulants (except coffee)
 - hallucinogens; and
 - volatile solvents.
- (c) Any person subject to these Regulations who refuses to submit to a test to indicate the percentage by weight of alcohol in the blood (or equivalent Breathalyzer testing), when requested by a law enforcement officer or the Authority, or refuses to furnish or to authorize the release of the test results requested by the Authority may:
- (1) Be denied any licence, certificate, rating, qualification, or authorization issued under these Regulations for a period of up to 1 year after the date of that refusal; or
 - (2) Have his or her licence, certificate, rating, qualification, or authorization issued under these Regulations suspended or revoked.
- (d) Any person subject to these Regulations who refuses to submit to a test to indicate the presence of narcotic drugs, marijuana, or depressant or stimulant drugs or substances in the body, when requested by a law enforcement officer or the Authority, or refuses to furnish or to authorize the release of the test results requested by the Authority may:
- (1) Be denied any licence, certificate, rating, qualifications, or authorization issued under these Regulations for a period of up to 1 year after the date of that refusal; or
 - (2) Have his or her licence, certificate, rating, qualification, or authorization issued under these Regulations suspended or revoked.
- (e) Any person subject to these Regulations who is convicted for the violation of any local or national statute relating to the growing, processing, manufacture, sale, disposition, possession, transportation, or importation of narcotic drugs, marijuana, or depressant or stimulant drugs or substances, may:
- (1) Be denied any licence, certificate, rating, qualification, or authorization issued under these Regulations for a period of up to 1 year after the date of final conviction; or
 - (2) Have his or her licence, certificate, ratings, qualification, or authorization issued under these Regulations suspended or revoked

SECTION 2 – MEDICAL REQUIREMENTS FOR CLASS I AND CLASS II MEDICAL CERTIFICATES

MED.B.005 General medical requirements

- (a) Applicants for a medical certificate shall be assessed in accordance with the detailed medical requirements set out in Sections 2 and 3 of Sub Part B of this Part MED.
- (b) The applicants shall, in addition, be assessed as unfit where they have any of the following medical conditions which entails a degree of functional incapacity which is likely to interfere with the safe exercise of the privileges of the licence applied for or could render the applicant likely to become suddenly unable to exercise those privileges:
 - (1) abnormality, either congenital or acquired;
 - (2) active, latent, acute or chronic disease or disability;
 - (3) wound, injury or sequelae from operation;
 - (4) effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken.
- (c) In cases where the decision on Medical fitness of an applicant for Class 1 Medical Certificate is referred to the AMS by AME, shall delegate such decision to MA.
- (d) In cases where the decision on Medical fitness of an applicant for Class 2 – Cabin Crew Medical Certificate is referred to the AMS by AME, shall delegate such decision to the Head of AMS.

MED.B.010 Cardiovascular System

- (a) *Examination*
 - (1) A standard 12-lead resting electrocardiogram (ECG) and report shall be completed when clinically indicated and at the following moments:
 - (i) for a class 1 medical certificate, at the initial examination, then every 24 months until age 40, annually from 40 to 60, every 6 months above 60 years of age and at all revalidation or renewal examinations thereafter;
Note: Class I medical certificate for Single Pilot operations carrying passengers : at the initial examination, then every 24 months until age 40, annually from 40 to 50, every 6 months above 50 years of age and at all revalidation or renewal examinations thereafter
 - (ii) for a class 2 medical certificate, at the initial examination, at the first examination after age 50, and above 50 years annually.
 - (2) An extended cardiovascular assessment shall be required when clinically indicated.
 - (3) For a class 1 medical certificate, an extended cardiovascular assessment shall be completed at the first revalidation or renewal examination after age 60 and when clinically required.

- (4) For a class 1 medical certificate, estimation of serum lipids, including cholesterol, shall be required at the initial examination, and at the first examination after having reached the age of 40 and when clinically required.
- (b) *Cardiovascular System – General*
- (1) Applicants shall not suffer from any cardiovascular disorder which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
 - (2) Applicants for a class 1 medical certificate with any of the following medical conditions shall be assessed as unfit:
 - (i) aneurysm of the thoracic or supra-renal abdominal aorta, before or after surgery;
 - (ii) significant functional or symptomatic abnormality of any of the heart valves;
 - (iii) heart or heart/lung transplantation-;
 - (iv) symptomatic hypertrophic cardiomyopathy.
 - (3) Applicants for a class 1 medical certificate with an established medical history or diagnosis of any of the following medical conditions shall be referred to the MA:
 - (i) peripheral arterial disease before or after surgery;
 - (ii) aneurysm of the thoracic or abdominal aorta after surgery;
 - (iii) functionally insignificant cardiac valvular abnormalities;
 - (iv) after cardiac valve surgery;
 - (v) abnormality of the pericardium, myocardium or endocardium;
 - (vi) congenital abnormality of the heart, before or after corrective surgery;
 - (vii) vasovagal syncope of uncertain cause;
 - (viii) arterial or venous thrombosis;
 - (ix) pulmonary embolism;
 - (x) cardiovascular condition requiring systemic anticoagulant therapy.
 - (4) Applicants for a class 2 medical certificate with an established diagnosis of one of the conditions specified in points (2) and (3) shall be evaluated by a Cardiologist before they may be assessed as fit, in consultation with the Medical Assessor of the AMS, CAASL.
 - (5) Applicants with cardiac disorders other than those specified in points (1) and (2) may be assessed as fit subject to satisfactory Cardiological evaluation.
- (c) *Blood Pressure*
- (1) Applicants' blood pressure shall be recorded at each examination.
 - (2) The Applicants blood pressure shall be within normal limits. If it is not within normal limits shall be further assessed with regard to their cardiovascular condition and medication with a view to determining their fitness in accordance with points (3) and (4).
 - (3) Applicants for a class 1 medical certificate with any of the following medical conditions shall be assessed as unfit:
 - (i) symptomatic hypotension;
 - (ii) blood pressure at examination consistently exceeding 160 mmHg systolic or 95 mmHg diastolic, with or without treatment.
 - (4) Applicants who have initiated the use of medication for the control of blood pressure shall require a period of temporary suspension of the medical certificate determined by MA or Head of AMS to establish the absence of significant side effects.

(d) *Coronary Artery Disease*

- (1) Applicants for a class 1 medical certificate with
 - (i) suspected myocardial ischaemia;
 - (ii) asymptomatic minor coronary artery disease requiring no anti-anginal treatment;

Shall be referred to the Medical Assessor or Head of AMS and undergo cardiological evaluation to exclude myocardial ischaemia before a fit assessment can be considered.
- (2) Applicants for a class 2 medical certificate with any of the conditions detailed in d (1) shall undergo satisfactory cardiological evaluation before a fit assessment can be considered.
- (3) Applicants with any of the following conditions shall be assessed as unfit:
 - (i) myocardial ischaemia;
 - (ii) symptomatic coronary artery disease;
 - (iii) symptoms of coronary artery disease controlled by medication.
- (4) Applicants for the initial issue of a class 1 medical certificate with a medical history or diagnosis of any of the following medical conditions shall be assessed as unfit:
 - (i) myocardial ischaemia;
 - (ii) myocardial infarction;
 - (iii) Revascularization for coronary artery disease.
- (5) Applicants for a Class 2 medical certificate who are asymptomatic following myocardial infarction or surgery for coronary artery disease shall undergo satisfactory cardiological evaluation before a fit assessment can be considered in consultation with the Medical Assessor or the Head of AMS.
- (6) Applicants for the revalidation of a class 1 medical certificate shall be referred to the Medical Assessor or Head of AMS of CAASL.

(e) *Rhythm/Conduction Disturbances*

- (1) Applicants with any of the following medical conditions shall be assessed as unfit:
 - (i) symptomatic sinoatrial disease;
 - (ii) complete atrioventricular block;
 - (iii) symptomatic QT prolongation;
 - (iv) an automatic implantable defibrillating system;
 - (v) a ventricular anti-tachycardia pacemaker.
- (2) Applicants for a class 1 medical certificate shall be referred to the Medical Assessor or Head of AMS when they have any significant disturbance of cardiac conduction or rhythm, including any of the following,
 - (i) disturbance of supraventricular rhythm, including intermittent or established sinoatrial dysfunction, atrial fibrillation and/or flutter and asymptomatic sinus pauses;
 - (ii) complete left bundle branch block;
 - (iii) Mobitz type 2 atrioventricular block;
 - (iv) broad and/or narrow complex tachycardia;
 - (v) ventricular pre-excitation;
 - (vi) asymptomatic QT prolongation;
 - (vii) Brugada pattern on electrocardiography.

- (3) Applicants for a class 2 medical certificate with any of the conditions specified in point (2) shall undergo satisfactory cardiological evaluation before a fit assessment in consultation with the Medical Assessor or the Head of AMS can be considered.
- (4) Applicants with any of the following medical conditions may be assessed as fit subject to satisfactory cardiological evaluation and in the absence of any other abnormality:
 - (i) incomplete bundle branch block;
 - (ii) complete right bundle branch block;
 - (iii) stable left axis deviation;
 - (iv) asymptomatic sinus bradycardia;
 - (v) asymptomatic sinus tachycardia;
 - (vi) asymptomatic isolated uniform supra-ventricular or ventricular ectopic complexes;
 - (vii) first degree atrioventricular block;
 - (viii) Mobitz type 1 atrioventricular block.
- (5) Applicants with a history of any of the following medical conditions shall undergo satisfactory cardiovascular evaluation before a fit assessment can be considered:
 - (i) ablation therapy;
 - (ii) Pacemaker implantation.

Such applicants for a class 1 & Class II medical certificate shall be assessed in consultation with the Medical Assessor or the Head of AMS of CAASL.

Note: refer to the “Manual of Civil Aviation Medicine” of ICAO (ICAO Doc 8984) Part III, Chapter 1 for further guidance.

MED.B.015 Respiratory System

- (a) Applicants with significant impairment of pulmonary function shall be assessed as unfit. A fit assessment may be considered once pulmonary function has recovered and is satisfactory.
- (b) Applicants for a class 1 medical certificate shall undertake pulmonary functional test at the initial examination and when clinically indicated.
- (c) Applicants for a class 2 medical certificate shall undertake pulmonary functional tests when clinically indicated.
- (d) Applicants with a medical history or diagnosis of any of the following medical conditions shall undertake respiratory evaluation with a satisfactory result before they may be assessed as fit:
 - (1) asthma requiring medication;
 - (2) active inflammatory disease of the respiratory system;
 - (3) active sarcoidosis;
 - (4) pneumothorax;
 - (5) sleep apnoea syndrome;
 - (6) major thoracic surgery;
 - (7) pneumonectomy;
 - (8) chronic obstructive pulmonary disease.

Before further consideration is given to their application, applicants with an established diagnosis of any of the medical conditions specified in points (3) and (5) shall undergo satisfactory cardiological evaluation.

- (e) Aero-medical assessment
 - (1) Applicants for a class 1 medical certificate with any of the medical conditions specified in point (d) shall be referred to the Medical Assessor or the Head of AMS, CAASL.
 - (2) Applicants for a class 2 medical certificate with any of the medical conditions specified in point (d) shall be assessed in consultation with the Medical Assessor or the Head of AMS, CAASL.
- (f) Applicants for a class 1 medical certificate who have undergone a total pneumonectomy shall be assessed as unfit.

Note: refer to the “Manual of Civil Aviation Medicine” of ICAO (ICAO Doc 8984) Part III, Chapter 2 for further guidance.

MED.B.020 Digestive System

- (a) Applicants shall not possess any functional or structural disease of the Gastrointestinal Tract or its adnexa which is likely to interfere with the safe exercise of the privileges of the applicable Licence(s).
- (b) Applicants with any sequelae of disease or surgical intervention in any part of the digestive tract or its adnexa likely to cause incapacitation in flight, in particular any obstruction due to stricture or compression, shall be assessed as unfit.
- (c) Applicants shall be free from hernia that might give rise to incapacitating symptoms.
- (d) Applicants with the disorders of the following gastrointestinal system shall be assessed as unfit. A fit assessment may be considered after successful treatment or full recovery after surgery and subject to satisfactory gastrointestinal evaluation:
 - (1) recurrent dyspeptic disorder requiring medication;
 - (2) pancreatitis;
 - (3) symptomatic gallstones;
 - (4) a clinical diagnosis or documented medical history of chronic inflammatory bowel disease;
 - (5) after surgical operation on the digestive tract or its adnexa, including surgery involving total or partial excision or a diversion of any of these organ.
- (e) Aero-medical assessment
 - (1) Applicants for a class 1 medical certificate with the diagnosis of any of the medical conditions specified in points (2), (4) and (5) of point (d) shall be referred to the Medical Assessor or the Head of AMS, CAASL.
 - (2) The fitness of applicants for a class 2 medical certificate with the diagnosis of the medical condition specified in point (2) of point (d) shall be assessed in consultation with the Medical Assessor or the Head of AMS, CAASL.

Note: refer to the “Manual of Civil Aviation Medicine” of ICAO (ICAO Doc 8984) Part III, Chapter 3 for further guidance.

MED.B.025 Metabolic and Endocrine Systems

- (a) Applicants shall not possess any functional or structural metabolic, nutritional or endocrine disorder which is likely to interfere with the safe exercise of the privileges of the applicable Licence(s).
- (b) Applicants with metabolic, nutritional or endocrine dysfunction may be assessed as fit subject to demonstrated stability of the medical condition and satisfactory aero-medical evaluation.

Note: Nutritional status is determined by the WHO guidance on Malnutrition and assessed with tools such as BMI and BF% to determine the fitness of applicants of Class I & II Medical Certificate. For Cabin Crew Class II nutritional fitness- refer to CAASL IS 097.

- (c) *Diabetes mellitus*
 - (1) Applicants with diabetes mellitus requiring insulin shall be assessed as unfit.
 - (2) Applicants with diabetes mellitus not requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved and is stable.
- (d) Aero-medical assessment
 - (1) Applicants for a class 1 medical certificate requiring medication other than insulin for blood sugar control shall be referred to the Medical Assessor or the Head of AMS, CAASL.
 - (2) The fitness of applicants for a class 2 medical certificate requiring medication other than insulin for blood sugar control shall be assessed in consultation with the Medical Assessor or the Head of AMS, CAASL.

Note: refer to the “Manual of Civil Aviation Medicine” of ICAO (ICAO Doc 8984) Part III, Chapter 4 for further guidance.

MED.B.030 Haematology

- (a) Applicant shall not possess any haematological disease which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Applicants for a class 1 medical certificate shall be subjected to a haemoglobin (or FBC) test at each aero-medical examination.
- (c) Applicants with a haematological condition, such as :
 - (1) Coagulation, haemorrhagic or thrombotic disorder;
 - (2) Chronic leukaemia;may be assessed as fit subject to satisfactory aeromedical evaluation.
- (d) Aeromedical Assessment.
 - (1) Applicants for a class 1 medical certificate with any of the following haematological conditions shall be referred to the Medical Assessor or the Head of AMS, CAASL:
 - (2) Fitness of Class II applicant with one of the conditions specified in C of this section shall be assessed in consultation with the MA or Head of AMS, CAASL.

- (e) Class I applicants with one of the haematological conditions specified below shall be referred to the MA or Head of AMS, CAASL:
 - (1) abnormal haemoglobin, including, but not limited to anaemia, erythrocytosis or haemoglobinopathy;
 - (2) significant lymphatic enlargement;
 - (3) enlargement of the spleen;
- (f) The fitness of applicants for a class 2 medical certificate with any of the haematological conditions specified in point (c) shall be assessed in consultation with the MA or Head of AMS, CAASL.

Note: refer to the “Manual of Civil Aviation Medicine” of ICAO (ICAO Doc 8984) Part III, Chapter 5 for further guidance.

MED.B.035 Genitourinary System

- (a) Applicant shall not possess any functional or structural disease of the renal or genitourinary system or its adnexa which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Urinalysis shall form part of every aero-medical examination. Applicants shall be assessed as unfit where their urine contains abnormal elements considered to be of pathological significance that could entail a degree of functional incapacity which is likely to jeopardize the safe exercise of the privileges of the licence or could render the applicant likely to become suddenly unable to exercise those privileges.
- (c) Applicants with any sequelae of disease or surgical procedures on the genitourinary system or its adnexa likely to cause incapacitation, in particular any obstruction due to stricture or compression, shall be assessed as unfit.
- (d) Applicants with a diagnosis or medical history of the following may be assessed as fit subject to satisfactory genitourinary evaluation, as applicable:
 - (1) renal disease;
 - (2) one or more urinary calculi, or a medical history of renal colic.
- (e) Applicants who have undergone a major surgical operation in the genitourinary system or its adnexa involving a total or partial excision or a diversion of its organs shall be assessed as unfit. They may be assessed as fit following a re-evaluation after full recovery,
- (f) The applicants for a class I & II medical certificate in points (c) and (d) shall be referred to the Medical Assessor or the Head of AMS, CAASL.

Note: refer to the “Manual of Civil Aviation Medicine” of ICAO (ICAO Doc 8984) Part III, Chapter 6 for further guidance.

MED.B.040 Communicable (Infectious) Diseases

- (a) Applicants shall be assessed as unfit where they have a clinical diagnosis or medical history of any communicable (infectious) disease which is likely to jeopardize the safe exercise of the privileges of the licence.
- (b) Applicants who are HIV positive shall be assessed as unfit unless complete investigation provides no evidence of clinical disease. Such applicants for a class 1 medical certificate shall be referred to the Medical Assessor or the Head of AMS, CAASL.
- (c) Applicants with immunodeficiency syndrome (AIDS) shall be assessed as unfit.
Note: refer to the “Manual of Civil Aviation Medicine” of ICAO (ICAO Doc 8984) Part VI for further guidance.

MED.B.045 Obstetrics and Gynaecology

- (a) Applicants shall not possess any functional or structural Obstetrics or Gynaecological condition which is likely to interfere with safe exercise of the privileges of the applicable licence(s).
- (b) Applicants who have undergone a major gynaecological operation shall be assessed as unfit until full recovery.
- (c) *Pregnancy*
 - (1) In the event of pregnancy, an applicant may continue to exercise her privileges until the end of the 26th week of gestation only if the pregnancy is low-risk uncomplicated following evaluation by AME and considers that she is fit. After this point, the Medical Certificate shall be suspended until the full recovery following the end of the pregnancy. Re-evaluation after the full recovery following the end of the pregnancy shall be done by AME and suspension shall be lifted if medically fit to exercise her privileges of the licence.
 - (2) For holders of a class 1 medical certificate who are pregnant, an OML shall apply. Notwithstanding point [MED.B.001](#), in that case, the OML may be imposed and removed by the AME.

Note: refer to the “Manual of Civil Aviation Medicine” of ICAO (ICAO Doc 8984) Part III, Chapter 7 for further guidance.

MED.B.050 Musculoskeletal System

- (a) Applicants who do not have sufficient sitting height, arm and leg length and muscular strength for the safe exercise of the privileges of the licence shall be assessed as unfit. However, where their sitting height, arm and leg length and muscular strength is sufficient for the safe exercise of the privileges in respect of a certain aircraft type, which can be demonstrated where necessary through a medical flight or a simulator flight test, the applicant may be assessed as fit and their privileges shall be limited accordingly.

- (b) Applicants who do not have satisfactory functional use of the musculoskeletal system to enable them to safely exercise the privileges of the licence shall be assessed as unfit. However, where their functional use of the musculoskeletal system is satisfactory for the safe exercise the privileges in respect of a certain aircraft type, which may be demonstrated where necessary through a medical flight or a simulator flight test, the applicant may be assessed as fit and their privileges shall be limited accordingly.
- (c) In case of doubt arising in the context of the assessments referred to in points (a) and (b), applicants for a class 1 medical certificate shall be referred to the Medical Assessor or the Head of AMS, CAASL and applicants for a class 2 medical certificate shall be assessed in consultation with the Medical Assessor or the Head of AMS of CAASL.

Note: refer to the “Manual of Civil Aviation Medicine” of ICAO (ICAO Doc 8984) Part III, Chapter 8 for further guidance.

MED.B.055 Mental Health

- (a) Applicants shall have no established medical history or clinical diagnosis of any psychiatric disease or disability, condition or disorder, acute or chronic, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Comprehensive mental health assessment shall be done in the initial class 1 aero-medical examination.
- (c) Drugs and alcohol screening shall be done in the initial class 1 aero-medical examination.
- (d) Applicants with a mental or behavioural disorder due to use or misuse of alcohol or other psychoactive substances shall be assessed as unfit. Fit assessment may be given if the psychiatric evaluation is satisfactory after successful treatment and freedom from psychoactive substance use or misuse is confirmed.
- (e) Applicants with a clinical diagnosis or documented medical history of any of the following psychiatric conditions shall undergo satisfactory psychiatric evaluation before they may be assessed as fit:
 - (1) mood disorder;
 - (2) neurotic disorder;
 - (3) personality disorder;
 - (4) mental or behavioural disorder;
 - (5) misuse of a psychoactive substance.
- (f) Applicants with a documented medical history of a single or repeated acts of deliberate self-harm or suicide attempt shall be assessed as unfit. However, they may be assessed as fit after satisfactory psychiatric evaluation.
- (g) Aero-medical assessment
 - (1) Applicants for a Class I medical certificate with any of the conditions specified in point (c), (d), (e) or (f) shall be referred to the Medical Assessor or the Head of AMS of CAASL.
 - (2) The fitness of applicants for a Class II medical certificate with any of the conditions specified in point (c), (d), (e) or (f) shall be assessed in consultation with the Medical Assessor or the Head of AMS of CAASL.

- (h) Applicants with a documented medical history or clinical diagnosis of schizophrenia, schizotypal or delusional disorder shall be assessed as unfit.

Note: refer to the “Manual of Civil Aviation Medicine” of ICAO (ICAO Doc 8984) Part III, Chapter 9 for further guidance.

MED.B.060 Psychology

- (a) Applicants shall have no established psychological deficiencies, which are likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) A Psychological evaluation may be required as part of, or complementary to, a specialist psychiatric or neurological examination.

Note: refer to the “Manual of Civil Aviation Medicine” of ICAO (ICAO Doc 8984) Part III, Chapter 9 for further guidance.

MED.B.065 Neurology

- (a) Applicants shall have no established medical history or clinical diagnosis of any neurological condition which is likely to interfere with the safe exercise of the privileges of applicable licence(s).
- (b) Applicants with an established history or clinical diagnosis of any of the following medical conditions shall be assessed as unfit:
- (1) epilepsy
 - (2) recurring episodes of disturbance of consciousness of uncertain cause.
- (c) Applicants with an established history or clinical diagnosis of any of the following medical conditions shall undergo further evaluation before they may be assessed as fit and shall be referred to the Medical Assessor or the Head of AMS of CAASL before a fit assessment can be considered.
- (1) epilepsy without recurrence after age 5;
 - (2) epilepsy without recurrence and off all treatment for more than 10 years;
 - (3) epileptiform EEG abnormalities and focal slow waves;
 - (4) progressive or non-progressive disease of the nervous system;
 - (5) inflammatory disease of the central or peripheral nervous system;
 - (6) migraine;
 - (7) a single episode of disturbance of consciousness of uncertain cause;
 - (8) loss of consciousness after head injury;
 - (9) penetrating brain injury;
 - (10) spinal or peripheral nerve injury;
 - (11) disorders of the nervous system due to vascular deficiencies including haemorrhagic and ischaemic events.

Note: refer to the “Manual of Civil Aviation Medicine” of ICAO (ICAO Doc 8984) Part III, Chapter 10 for further guidance.

MED.B.070 Visual System

- (a) Applicants shall not possess any abnormality of the function of the eyes or their adnexa or any active pathological condition, congenital or acquired, acute or chronic, or any sequelae of eye surgery or trauma, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Examination
- (1) For a class 1 medical certificate:
 - (i) a comprehensive eye examination shall form part of the initial examination and shall be undertaken when clinically indicated and periodically, depending on the refraction and the functional performance of the eye.
 - (ii) a routine eye examination shall form part of all revalidation and renewal examinations.
 - (2) For a class 2 medical certificate:
 - (i) a routine eye examination shall form part of the initial and all revalidation and renewal examinations.
 - (ii) a comprehensive eye examination shall be undertaken when clinically indicated.
- (c) Visual acuity
- (1) For a class 1 medical certificate:
 - (i) Distant visual acuity, with or without correction, shall be 6/9 (0,7) or better in each eye separately and visual acuity with both eyes shall be 6/6 (1,0) or better.
 - (ii) At the initial examination, applicants with substandard vision in one eye shall be assessed as unfit.
 - (iii) At revalidation and renewal examinations, notwithstanding point (b)(1)(i), applicants with acquired substandard vision in one eye or acquired monocular vision shall be referred to the Medical Assessor or the Head of AMS of CAASL and may be assessed as fit subject to a satisfactory ophthalmological evaluation.
 - (2) For a class 2 medical certificate:
 - (i) Distant visual acuity, with or without correction, shall be 6/12 (0,5) or better in each eye separately and visual acuity with both eyes shall be 6/9 (0,7) or better.
 - (ii) Notwithstanding point (b)(2)(i), applicants with substandard vision in one eye or monocular vision may be assessed as fit, in consultation with the Medical Assessor or the Head of AMS of CAASL and subject to a satisfactory ophthalmological evaluation.
 - (3) Applicants shall be able to read an N5 chart or equivalent at 30-50 cm and an N14 chart or equivalent at 100 cm, if necessary with correction.
- (d) An applicant for a class 1 Medical Certificate shall be required to have normal fields of vision and normal binocular function.
- (e) Applicants who have undergone eye surgery may be assessed as fit subject to satisfactory ophthalmic evaluation.

- (f) Applicants with a clinical diagnosis of keratoconus may be assessed as fit subject to a satisfactory examination by an Eye Specialist followed by an assessment by the MA or the Head of AMS.
- (g) Applicants with astigmatism and anisometropia may be assessed as fit subject to ophthalmic evaluation.
- (h) Applicants with diplopia shall be assessed as unfit.
- (i) Spectacles and contact lenses
 - (1) If satisfactory visual function is achieved only with the use of correction, the spectacles or contact lenses shall provide optimal visual function, be well-tolerated and suitable for aviation purposes.
 - (2) No more than one pair of spectacles shall be used to meet the visual requirements when exercising the privileges of the applicable licence(s).
 - (3) For distant vision, spectacles or contact lenses shall be worn when exercising the privileges of the applicable licence(s).
 - (4) For near vision,
 - (i) a pair of spectacles shall be kept available when exercising the privileges of the applicable licence(s).
 - (ii) an applicant who needs near corrections to meet the near vision requirements will require “look over”, bifocal or multifocal lenses in order to read the instruments and a chart or manual held in the hand, and also to make use of distance vision, through the windscreen, without removing the lenses.
 - (iii) Single vision near correction is not acceptable as it significantly reduces distant visual acuity.
 - (5) A spare set of similarly correcting spectacles, for distant or near vision as applicable, shall be readily available for immediate use when exercising the privileges of the applicable licence(s).
 - (6) If contact lenses are worn when exercising the privileges of the applicable licence(s), they shall be for distant vision, monofocal, and non-tinted and well-tolerated.
 - (7) Applicants with a large refractive error shall use contact lenses or high-index spectacle lenses.
 - (8) Orthokeratological lenses shall not be used.

Note: refer to the “Manual of Civil Aviation Medicine” of ICAO (ICAO Doc 8984) Part III, Chapter 11 for further guidance.

MED.B.075 Colour vision

- (a) Applicants shall be assessed as unfit, where they cannot demonstrate their ability to readily perceive the colours that are necessary for the safe exercise of the privileges of the licence.
- (b) *Examination and assessment*
 - (1) Applicants shall pass the Ishihara test for the initial issue of a medical certificate.
 - (2) For a class 1 medical certificate:
 - (i) Applicants who do not pass the Ishihara test shall be referred to MA and shall undergo further colour perception testing to establish whether they are colour safe.

- (ii) Applicants shall be normal trichromats or shall be colour safe.
- (iii) Applicants who fail further colour perception testing shall be assessed as unfit.
- (3) For a class 2 medical certificate:
 - (i) Applicants who do not pass the Ishihara test shall undergo further colour perception testing to establish whether they are colour safe.
 - (ii) Applicants who do not have satisfactory perception of colours shall be limited to exercising the privileges of the class 2 licence in daytime only.

Note: refer to the "Manual of Civil Aviation Medicine" of ICAO (ICAO Doc 8984) Part III, Chapter 11, 11.8 for further guidance.

MED.B.080 Otorhinolaryngology (ENT)

- (a) Applicants shall not possess any abnormality of the function of the ears, nose, sinuses or throat, including oral cavity, teeth and larynx, or any active pathological condition, congenital or acquired, acute or chronic, or any sequelae of surgery or trauma which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Hearing shall be satisfactory for the safe exercise of the privileges of the applicable licence(s).
- (c) *Examination*
 - (1) Applicants' hearing shall be tested at all examinations.
 - (i) For a Class 1 and Class II medical certificate when an instrument rating is to be added to the licence, hearing shall be tested with pure-tone audiometry at the initial examination, then every 5 years until the licence holder reaches the age of 40 and then every 2 years thereafter except Class I medical certificate over 60 years, audiometry in every 12 months.
 - (ii) When tested on a pure-tone audiometer, initial applicants shall not have a hearing loss of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, in either ear separately.
 - (iii) Applicants for revalidation or renewal with greater hearing loss shall demonstrate satisfactory functional hearing ability.
 - (2) A comprehensive ear, nose and throat examination shall be undertaken for the initial issue of a Class I medical certificate and periodically thereafter when clinically indicated.
- (d) Applicants with any of the following medical conditions shall undergo further examination to establish that the medical condition does not interfere with the safe exercise of the privileges of the applicable licence(s):
 - (1) hypoacusis;
 - (2) an active pathological process of the internal or middle ear;
 - (3) unhealed perforation or dysfunction of the tympanic membrane(s);
 - (4) dysfunction of the Eustachian tube(s);
 - (5) disturbance of vestibular function;
 - (6) significant restriction of the nasal passages;
 - (7) sinus dysfunction;
 - (8) significant malformation or significant infection of the oral cavity or upper respiratory tract;
 - (9) significant disorder of speech or voice;
 - (10) any sequelae of surgery of the internal or middle ear.

(e) Aero-medical assessment

- (1) Applicants for a Class I medical certificate with any of the medical conditions specified in points (1), (4) and (5) of point (d) shall be referred to the Medical Assessor or the Head of AMS of CAASL.
- (2) The fitness of applicants for a Class II medical certificate with any of the medical conditions specified in point (4) and (5) of point (d) shall be assessed in consultation with the Medical Assessor or the Head of AMS of CAASL.
- (3) The fitness of applicants for a Class II medical certificate for an instrument rating to be added to the licence with the medical condition specified in point (1) of point (d) shall be assessed in consultation with the Medical Assessor or the Head of AMS of CAASL.

Note: refer to the “Manual of Civil Aviation Medicine” of ICAO (ICAO Doc 8984) Part III, Chapter 12 for further guidance.

MED.B.085 Dermatology

- (a) Applicants shall be assessed as unfit, where they have an established dermatological condition which is likely to jeopardise the safe exercise of the privileges of the licence.
- (b) Applicants with eczema, severe psoriasis, bacterial infections, drug induced or bullous eruptions or urticaria shall be referred to the MA or Head of AMS, CAASL.
- (c) Applicants with a dermatological condition associated with a systemic illness shall be referred to the MA to consider fit assessment following full investigation on the underlying illness.

MED.B.090 Oncology

- (a) Applicants shall have no established primary or secondary malignant disease likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Before further consideration is given to their application, applicants with primary or secondary malignant disease shall undergo satisfactory oncological evaluation. Such applicants for a class 1 medical certificate shall be referred to the MA or the Head of AMS of CAASL. Such applicants for a class 2 medical certificate shall be assessed in consultation with the Medical Assessor or the Head of AMS of CAASL.
- (c) Applicants with an established medical history or clinical diagnosis of an intracerebral malignant tumour shall be assessed as unfit.

Note: refer to the “Manual of Civil Aviation Medicine” of ICAO (ICAO Doc 8984) Part III, Chapter 15 for further guidance.

SECTION 3 – SPECIFIC REQUIREMENTS FOR LAPL MEDICAL CERTIFICATES

Reserved

SUBPART C – REQUIREMENTS FOR MEDICAL FITNESS OF CABIN CREW

SECTION 1 – GENERAL REQUIREMENTS

MED.C.001 General

Cabin crew members shall only perform the duties and responsibilities required by aviation safety rules on an aircraft if they comply with the applicable requirements of this Part MED Subpart C.

Further, the requirements for Medical Examination of Cabin Crew Members are elaborated in CAASL Implementing Standards 097 in par with this subpart C. Cabin Crew Members, Airline Medical Units and designated Aviation Medical Examiners shall abide the standards and recommended practices of this subpart C of this IS 036 and IS 097 when it comes to the Cabin Crew Medical Examinations and Assessments.

MED.C.005 Aero-medical assessments

- (a) Cabin crew members shall undergo aero-medical assessments to verify that they are free from any physical or mental illness which might lead to incapacitation or an inability to perform their assigned safety duties and responsibilities.
- (b) Initial and Annual Medical Assessments of Class 2, Cabin Crew shall be conducted annually at CAASL approved Airline Medical Units until CCM reach 50 years of age.
- (c) Class II medical assessment of Cabin Crew at the age of 50 shall be conducted at AMS, CAASL.
- (d) Class II medical assessment of Cabin Crew over 50 years of age shall be conducted annually at AMS, CAASL
- (e) The frequency of medical examination may be increased in case of specific cabin crew where a disease/condition has been detected and a more frequent follow up is required.
- (f) Aero-medical assessments of Cabin Crew Members shall be conducted by a CAASL designated AME at least who bears Class II (Cabin Crew) designation.
- (g) Cabin Crew Class II Aero-medical Examinations at the airline shall be done by a CAASL designated AME or CAASL trained Airline Medical Officer under supervision of CAASL designated AME.

MED.C.010 Aero-medical considerations for fitness of Cabin Crew

- (a) When conducting Aero-medical examinations and assessments of cabin crew members, as applicable, their medical fitness should be assessed considering their physical and mental ability to:
- (i) Undergo the training required for cabin crew to acquire and maintain competence, e.g. actual firefighting, slide descending, using Protective Breathing Equipment (PBE) in a simulated smoke filled environment, providing first Aid;
 - (ii) Manipulate the air craft systems and emergency equipment to be used by cabin crew, e.g. cabin management systems, doors/exits, escape devises, fire extinguishers, taking also into account the class and type of Aircraft operators, e.g. narrow-bodied or wide bodied, single/multi-deck, single/multi-cabin crew operations;
 - (iii) Continuously tolerate the aircraft environment whilst performing duties, e.g. altitude, pressure, re-circulated air, noise, and the type of operations such as short/medium/long/ultra-long haul;
 - (iv) Perform the required duties and responsibilities efficiently during normal and abnormal operations, and in emergency situations and psychologically demanding circumstances.
- (b) Aero medical examinations and assessments on applicants for cabin crew Class II medical certification shall be conducted in accordance with the applicable requirements of this Part MED and other relevant existing implementing standards of CAASL, such as IS 097.

SECTION 2 – REQUIREMENTS FOR AERO-MEDICAL ASSESSMENT OF CABIN CREW

MED.C.020 General

Cabin crew members shall be free from any:

- (a) abnormality, congenital or acquired;
- (b) active, latent, acute or chronic disease or disability;
- (c) Any mental disease (active or chronic);
- (d) wound, injury or sequelae from operation; and
- (e) effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken that would entail a degree of functional incapacity which might lead to incapacitation or an inability to discharge their safety duties and responsibilities.

MED.C.025 Content of aero-medical assessments

- (a) An initial aero-medical assessment shall include at least:
- (1) an assessment of the applicant cabin crew member's medical history; and

- (2) a clinical examination of the following:
 - (i) cardiovascular system;
 - (ii) respiratory system;
 - (iii) metabolic, nutritional and endocrine diseases;
 - (iv) musculoskeletal system;
 - (v) otorhino-laryngology;
 - (vi) neurological disorders;
 - (vii) visual system; and
 - (viii) colour vision.

- (b) Each subsequent aero-medical re-assessment shall include:
 - (1) an assessment of the cabin crew member's medical history; and
 - (2) a routine clinical examination and or if deemed necessary in accordance with aero-medical best practice.

- (c) For the purpose of (a) and (b), in case of any doubt or if clinically indicated, a cabin crew member's aero-medical assessment shall also include any additional medical examination, test or investigation that are considered necessary by the AME, MA or Head of AMS.

Note: For further reference on requirements for Medical Examinations of Cabin Crew Members refer to Implementing Standards 097 published by CAASL.

SECTION 3 – ADDITIONAL REQUIREMENTS FOR APPLICANTS FOR CABIN CREW

MED.C.030 Cabin crew medical report

- (a) After completion of each aero-medical assessment, applicants for, and holders of, a cabin crew attestation:
 - (1) shall be provided with a cabin crew medical report/page or renewal of existing medical page by the AMS or Airline Medical Unit; and
 - (2) Applicant shall provide the related information, or a copy of their cabin crew medical report to the operator(s) employing their services.

- (b) Cabin crew medical report

A cabin crew medical report shall indicate the date of the aero-medical assessment, whether the cabin crew member has been assessed fit or unfit, the validity period and, if applicable, any limitation(s). Any other elements shall be subject to medical confidentiality in accordance with [MED.A.015](#).

MED.C.035 Limitations

- (a) If holders of a cabin crew do not fully comply with the medical requirements specified in Section 2, the AME shall consider whether they may be able to perform cabin crew duties safely if complying with one or more limitations.
- (b) Any limitation(s) to the exercise of the privileges granted by the cabin crew shall be specified on the cabin crew medical report and shall only be removed by an AME consultation with Medical Assessor or the Head of AMS, CAASL.

MED.C.040 Airline Aeromedical Facility Requirements

Airline Aeromedical Facilities/ Units are designated to conduct Class II Cabin Crew Medical Examinations/ Assessments and this section establishes the requirements & obligations to be met by an Airline to qualify for the Medical Examinations/ Assessments of Cabin Crew Members and for the issuance of Class II Cabin Crew Medical Certificates.

- (a) Airline Medical Unit shall have at least one CAASL designated AME (Class II Cabin Crew) to conduct medical examinations & assessments.
- (b) AME of the Airline Medical Unit shall utilize Medical Officers trained by AMS, CAASL to conduct medical examinations for Cabin Crew (Class II) medical certification.
- (c) Obligation of Airline Medical Units
 - (1) Shall ensure the communication with the applicant can be established without language barriers;
 - (2) Shall aware applicant of the consequences of providing incomplete, inaccurate or false statements on their medical history;
 - (3) Shall notify AMS, CAASL if the applicant provides incomplete, inaccurate or false statements on their medical history;
 - (4) Shall notify AMS, CAASL if an applicant withdraws the applications for a medical certificate at any stage of the process
- (d) After completion of the Aeromedical Examinations and assessments, the Airline Medical Units shall;
 - (1) Inform applicant whether he/ she fit, unfit or referred to the Aeromedical Services, CAASL as applicable;
 - (2) Inform applicant of any limitation that may restrict the privileges of his/ her cabin crew attestation, as applicable;
 - (3) If the applicant has been assessed as unfit, inform his/ her right to have decision review in accordance with the procedures of the CAASL;
 - (4) Inform the applicant of his/ her responsibilities in the case of decrease of medical fitness, as specified in point MED.A.020.
- (e) When the consultation with the Medical Assessor/ Head of Aeromedical Services of CAASL is required or referral to be made to MA/ Head of Aeromedical Services of CAASL, the AME of Airline Medical Unit shall follow the procedure established by the CAASL.
- (f) Airline Medical Units shall maintain records with details of Aeromedical Examinations and Assessments performed in accordance with CAASL Implementing Standards (IS 036, IS 097) and their results for a minimum of 05 years, or until the applicant's retirement/ resignation.

(g) Airline Medical Units shall submit to the AMS, CAASL, upon request, all aeromedical records and reports, and any other relevant information, when required for;

- (1) Medical Certification;
- (2) Oversight functions;
- (3) During AMS audits/ inspections.

SUBPART D – AERO-MEDICAL EXAMINERS (AME)

SECTION 1 – AERO-MEDICAL EXAMINERS

MED.D.001 Privileges

- (a) The privileges of holders of an aero-medical examiner (AME) certificate are to issue, revalidate and renew class 1, 2 & 3 medical certificates and to conduct the relevant medical examinations and assessments.
- (b) AMEs shall comply the requirements set out in point [MED.D.015](#).
- (c) The privileges of a holder of an AME certificate referred to in points (a) and (b) shall include the privileges to conduct cabin crew members' aero-medical examinations and assessments and to provide the related cabin crew members' medical reports, as applicable, in accordance with this Part-MED.
- (d) The scope of the privileges of the holder of an AME certificate, and any condition thereof, shall be specified in the AME certificate.
- (e) A holder of an AME certificate shall not at any time hold more than one AME certificate issued in accordance with this Regulation.
- (f) Holders of an AME certificate shall not undertake aero-medical examinations and assessments in a Member State other than the Member State that issued their AME certificate, unless they have completed all the following steps:
 - (1) they have been granted access by the other Member State concerned to exercise their professional activities as a specialized doctor;
 - (2) they have informed the competent authority of that other Member State of their intention to conduct aero-medical examinations and assessments and to issue medical certificates within the scope of their privileges as AME;
 - (3) they have received a briefing from the competent authority of that other Member State.

MED.D.005 Application

- (a) An application for an AME certificate or for an extension of the privileges of an AME certificate shall be made in a form and manner specified by CAASL.
- (b) Applicants for an AME certificate shall provide the CAASL with:
 - (1) their personal details and professional address;
 - (2) documentation demonstrating that they comply with the requirements of point [MED.D.010](#), including a certificate of successful completion of the training course in aviation medicine appropriate to the privileges they apply for;
 - (3) a written declaration that, once the AME certificate has been issued, the AME will issue medical certificates on the basis of the requirements of this Regulation.
- (c) AMEs shall undertake aero-medical examinations in a location provided by the AMS, CAASL.
- (d) The AMS of CAASL shall determine the number of AMEs to its AME Panel.

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

Applicants shall be issued an AME certificate, where they meet all of the following conditions:

- (a) Shall be fully qualified and licensed for the practice of medicine and have evidence of completion of specialist training on Aviation Medicine.
- (b) shall have successfully completed a basic training course in aviation medicine.
- (c) Shall undergo the procedures of authorization of AME at AMS, CAASL and possession of a certificate of basic training in Aviation Medicine constitute no legal right to be approved as an AME to conduct Class I, II or III Medical Examinations for the CAASL.

MED.D.015 Requirements for the extension of privileges

An AME certificate shall be issued for a period not exceeding 3 years. It shall be revalidated subject to the holder:

- a) have a valid certificate
- b) continuing to fulfil the general conditions required for medical practice and maintaining registration as a medical practitioner according to the Medical Ordinance of Sri Lanka.
- c) has conducted at least 30 examinations for the issue, revalidation or renewal of all classes of medical certificates or equivalent over a period of no more than 3 years preceding the application
- d) has undertaken refresher training in aviation medicine within the last 3 years;
- e) has undergone competency assessment conducted by the MA at the AMS;
- f) remaining in compliance with the terms of their certificate; and
- g) exercising their privileges in accordance with this Part

MED.D.020 Training courses in aviation medicine

- (a) Training courses in aviation medicine shall be approved by the AMS of CAASL. The training organization providing the course shall demonstrate that the course syllabus is adequate and that the persons in charge of providing the training have adequate knowledge and experience.
- (b) Except in the case of refresher training, the courses shall be concluded by a written examination on the subjects included in the course content.
- (c) The training organization shall issue a certificate of successful completion to Applicants when they have obtained a pass in the examination.

MED.D.025 Changes to the AME certificate

- (a) Holders of an AME certificate shall, without undue delay, notify CAASL of the following circumstances which could affect their AME certificate:
 - (1) the AME is subject to disciplinary proceedings or investigation by a medical regulatory body of Sri Lanka;
 - (2) there are changes to the conditions under which the certificate was granted, including the content of the statements provided with the application;
 - (3) the requirements for the issuance of the AME certificate are no longer met;
- (b) Failure to notify the CAASL in accordance with point (a) shall result in the suspension or revocation of the AME certificate.

MED.D.030 Validity of AME Certificates

An AME certificate shall be issued for a period not exceeding 3 years, unless CAASL decides to reduce that period for duly justified reasons related to the individual case.

Upon application by the holder, the certificate shall be:

- (1) continuing to fulfil the general conditions required for medical practice and maintaining as a Medical Practitioner according to the Medical Ordinance of Sri Lanka.
- (2) has undertaken refresher training in aviation medicine within the last 3 years;
- (3) has performed at least 30 aero-medical examinations;
- (4) remains in compliance with the terms of the certificate;
- (5) exercises the privileges in accordance with this part MED.
- (6) has demonstrated that he or she maintains his or her aero-medical competency in accordance with the procedure established by CAASL.

MED.D.035 Health Promotion

The authority, incorporation with AMEs, shall implement appropriate aviation related health promotion for license holders subject to a Medical Assessment to reduce future medical risk to flight safety.

MED.D.040 Safety Management

- (a) AMEs, incorporation with the authority, are required to apply basic safety management principles to the medical assessment process of license holders that as a minimum includes:
 - (1) routine analysis of in-flight incapacitation events and medical findings during medical assessment to identify areas of increased medical risks; and
 - (2) continuous re-evaluation of the medical assessment process to concentrate on identified areas of increased medical risk.
- (b) AMEs shall notified the authority whenever they become aware of any event or finding in accordance with (a) above.

SECTION 2 – GENERAL MEDICAL PRACTITIONERS

MED.D.045 Requirements for general medical practitioners

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SECTION 3 – OCCUPATIONAL HEALTH MEDICAL PRACTITIONERS

MED.D.050 Requirements for occupational health medical practitioners

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PART MED 2

Medical Requirements (PART-MED) – ATCO Class III Medical Requirements for Air Traffic Controllers

SUBPART A – GENERAL REQUIREMENTS

SECTION 1

ATCO.MED.A.005 Scope

This part establishes the requirements for the issuance, validity, revalidation and renewal of the Medical Certificate required for exercising the privileges of an Air Traffic Controller Licence.

- (a) Until 2 November 2022, an applicant for an air traffic controller licence shall undergo an initial medical examination for the issue of a Class 3 Medical Assessment.
- (b) After 3 November 2022, an applicant for an air traffic controller licence or remote pilot licence shall undergo an initial medical examination for the issue of a Class 3 Medical Assessment.
- (c) Until 2 November 2022, except where otherwise stated in this section, holders of air traffic controller licenses shall have their Class 3 Medical Assessments renewed at intervals not exceeding those specified in 1.2.5.2 of IS 050.
- (d) After 3 November 2022, except where otherwise stated in this section, holders of air traffic controller licenses or remote pilot licence shall have their Class 3 Medical Assessments renewed at intervals not exceeding those specified in 1.2.5.2 of IS 050.
- (e) 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.

ATCO.MED.A.010 Definitions

The definitions in MED.A.010 are apply for this Part.

ATCO.MED.A.015 Medical Confidentiality

All persons involved in Aeromedical Examinations, Aeromedical assessments and Certification shall ensure that the medical confidentiality is maintained and respected at all times.

ATCO.MED.A.020 Decrease in Medical Fitness

- (a) Licence holders shall not exercise the privileges of their licence when they;
 - 1) Are aware of any decrease in their medical fitness which might affect to safety exercise of their privileges.

- 2) Use of any medications which may interfere with the safe exercise of the privileges of the licence.
- 3) Receive any medical, surgical or any other treatment that is likely interfere with the safe exercise of the privileges of the licence.
- 4) Have undergone a surgical operation or invasive procedure, have commenced regular use of any medication, have suffered any significant illness, have been admitted to a hospital and first require correcting lenses without the assessment of their medical fitness by an AME or the Head of the AMS.
- 5) Are pregnant.

ATCO.MED.A.025 Obligation of AME

- (a) When conducting aero-medical examinations and aero-medical assessments as required in this Part-MED ATCO, the AME shall:
 - (1) ensure that communication with the applicant can be established without language Barriers;
 - (2) make the applicant aware of the consequences of providing incomplete, inaccurate or false statements on their medical history;
 - (3) notify the Head of AMS, CAASL, if the applicant provides incomplete, inaccurate or false statements on their medical history;
 - (4) notify the Head of AMS, CAASL, if an applicant withdraws the application for a medical certificate at any stage of the process.
- (b) After completion of the aero-medical examinations and assessments, the AME shall:
 - (1) inform the applicant whether he or she is fit, unfit or referred to the Medical Assessor or the Head of Aeromedical Services, as applicable;
 - (2) inform the applicant of any limitation that may restrict flight training or the privileges of his or her licence or cabin crew attestation, as applicable;
 - (3) inform the applicant of their right to have the decision reviewed in accordance with the appealing procedures of CAASL if he or she has been assessed as unfit;
 - (4) submit without delay the duly completed, signed/authenticated Medical Examination Report including assessment results as required for the class of medical certificate and signed medical certificate to the AMS, CAASL.
 - (5) Inform the applicant of his or her responsibilities in the case of decrease in medical fitness, as specified in point [ATCO.MED.A.020](#)

SECTION 2 - Requirements for Medical Certificates

ATCO.MED.A.030 Medical Certificates

- (a) Applicants for and holders of Air Traffic Controller Licence or student Air Traffic Controller Licence shall hold a Class III Medical Certificate.
- (b) A licence holder shall not hold more than one Class III Medical Certificate issued in accordance with this Part ATCO.

ATCO.MED.A.035 Application for a Medical Certificate

- (a) Applicants shall apply for the Medical Certificate according to the format of AMS, CAASL.
- (b) Applicants shall provide;
 - (i) Proof of their identity
 - (ii) Duly completed and signed declaration
- (c) Applicants shall present the most recent Medical Certificate to AMS prior to the Aeromedical Examinations.

ATCO.MED.A.040 Issuance, revalidation and renewal

- (a) A Medical Certificate shall be issued, revalidated or renewed after the completion of Medical Examinations and the applicant has been assessed as fit.
- (b) Initial and renewal medical examinations certificates shall be conducted by AME at AMS, CAASL.
- (c) Initial and renewal medical examinations certificates shall be issued by AMS, CAASL.
- (d) Applicants shall undergo additional medical investigations or examinations when clinically indicated, deemed necessary and if referred or requested by the AME.

ATCO.MED.A.045 Validity, suspension or revocation of Class III Medical Certificates

- (a) Class III Medical Certificates shall be valid for only 24 months.
- (b) The period of validity of Class III Medical Certificates shall be reduced to 12 months for the Licence holders who have reached the Age of 40. A Class III Medical issued prior to reaching the Age of 40 shall cease to be valid when the Licence holder reaches the Age of 41.
- (c) Aeromedical Examinations and Assessments for the renewal of Medical Certificates may be under taken up to 45 days prior to the expiry date of Medical Certificate.
- (d) If a Medical Certificate has expired;
 - (i) less than 2 years, routine renewal Aeromedical Examination shall be performed.
 - (ii) More than 2 years, the AME shall refer the medical records of the applicant and if necessary shall request additional investigations along with routine investigations prior to conducting the Aeromedical Examination.
 - (iii) More than 5 years, the Aeromedical Examination shall be done as an initial Examination after the completion of initial investigation requirements.
- (e) Upon revocation or suspension of the Class III Medical Certificate, the holder shall immediately return the Medical Certificate to the AMS, CAASL.

ATCO.MED.A.050 Referrals

- (a) If an applicant for a Class III Medical Certificate is referred to MA or the Head of AMS, AME shall transfer the Medical records of the applicant along with a referral in writing in the individual's medical file.
- (b) If an applicant for a Class III Medical Certificate is referred to a Designated Consultant, AME shall follow up the case until a specialized opinion/recommendation is obtained and the Medical fitness is determined. In such case AME shall refer to MA for an accredited conclusion.

SUBPART B – Requirements for Air Traffic Controller Certificates.

SECTION 1 – General

ATCO.MED.B.001 Limitations

- (a) Limitations to Class III Medical Certificates:
 - (1) If the applicant does not fully complied with the Class III Medical requirements but can be considered to be not likely to jeopardize safe exercise of the privileges of the Licence, the AME shall;
 - (i) Evaluate the applicant is able to perform their duties complying with one or more limitations or
 - (ii) refer the decision on fitness of the applicant to MA
 - (2) in case of renewal, AME may revalidate or renew a medical Certificates with the same limitations without referring to MA.
- (b) When accessing the necessity of a limitation, AME shall consider;
 - (1) Whether by imposing a limitation jeopardize the safe exercise of the privileges of the licence.
 - (2) The applicant's experience relevant to the operation to be performed.
- (c) Operational limitations
 - (1) The CAASL, in conjunction with the air navigation service provider, shall determine the operational limitation applicable in a specific operational environment concerned.
 - (2) AMS shall impose appropriate operational limitation on the Medical Certificates.
- (d) Any other limitation may be imposed on the holder of a Medical Certificates if required to ensure the safe exercise of the privileges of the licence.
- (e) Any limitation impose on the holder of a Medical Certificates shall be specified clearly.

SECTION 2 – Medical Requirements for Class III Medical Certificates

ATCO.MED.B.005 General

Applicants shall be free from any of the following that would entail a degree of functional incapacity which is likely to interfere with the safe performance of duties or could render the applicant likely to become suddenly unable to exercise the privileges of the licence safely:

- (a) Abnormality, congenital or acquired
- (b) Active, latent, acute or chronic disease or disability.
- (c) Wound, injury or sequelae from operation
- (d) Effect or side effect of any prescribed or non - prescribed therapeutic, diagnostic or preventive medication taken.

ATCO.MED.B.010 Cardiovascular System

- (a) 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.
- (b) Applicants with an established history or diagnosis of any of the following conditions shall be referred to MA before a fit assessment may be considered;
 - (i) Peripheral arterial disease before or after surgery
 - (ii) Aneurysm of the thoracic or supra-renal abdominal aorta after surgery
 - (iii) Aneurysm of the infra-renal abdominal aorta before or after surgery
 - (iv) Functionally insignificant cardiac valvular abnormalities
 - (v) After cardiac valve surgery
 - (vi) Abnormality of the pericardium, myocardium or endocardium
 - (vii) Recurrent vasovagal syncope
 - (viii) Arterial or venous thrombosis
 - (ix) Pulmonary embolism
 - (x) Cardiovascular condition requiring systemic anticoagulant therapy.
- (c) 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.

- (d) 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.
- (e) Electrocardiography shall form part of the heart examination for the first issue of a Medical Assessment.

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

- (f) The systolic and diastolic blood pressures shall be within normal limits.
 - (i) Blood pressure shall be recorded at each examination
 - (ii) Applicants shall be assessed as unfit when they have symptomatic hypotension or when their blood pressure at examination consistently exceeds 160 mmHg systolic and/or 95mmHg diastolic, with or without treatment.
 - (iii) The initiation of medication for the control of blood pressure shall require a period of temporary unfit assessment to establish the absence of significant side effects.
- (g) 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.
- (h) There shall be no significant functional nor structural abnormality of the circulatory system.

Note: Guidance on Cardiovascular System – refer to Manual of Civil Aviation Medicine (Doc 8984)

ATCO.MED.B.015 Respiratory System

- (a) There shall be neither 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

- (b) 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.
- (c) Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms shall be assessed as unfit.
- (d) 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
- (e) Applicants with active pulmonary tuberculosis shall be assessed as unfit.

- (f) Applicants with quiescent or healed lesions, known to be tuberculous or presumably tuberculous in origin, may be assessed as fit.

Note: Guidance on Respiratory System & assessment of respiratory diseases - refer to Manual of Civil Aviation Medicine (Doc 8984).

ATCO.MED.B.020 digestive System

- (a) Applicants with significant impairment of the function of the gastrointestinal tract or its adnexa, shall be assessed as unfit.
- (b) Applicants with sequelae of disease of or surgical intervention on any part of the digestive tract or its adnexa, likely to cause incapacitation, in particular any obstructions due to stricture or compression, shall be assessed as unfit.
- (c) 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.

Note: Guidance on digestive System - refer to Manual of Civil Aviation Medicine (Doc 8984)

ATCO.MED.B.025 Metabolic and Endocrine System

- (a) 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.
- (b) Applicants with insulin treated diabetes mellitus shall be assessed as unfit.
- (c) 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.

Note: Guidance on Metabolic and Endocrine System – refer to Manual of Civil Aviation Medicine (Doc 8984)

ATCO.MED.B.030 Haematology

- (a) Considering the Medical History and following clinical & Physical Examination, AME shall be determined on further investigation including specialized blood investigations.
- (b) If any haematological condition detected or further specialized treatment needed prior to certifying the applicant's fitness, AME shall refer to MA.
- (c) Applicants with a haematological condition, such as:
- (i) Coagulation, haemorrhagic or thrombotic disorder;
 - (ii) Chronic leucamia;

- (iii) Abnormal haemoglobin, including but not limited to anemia, erythrocytosis or haemoglobinopathy;
- (iv) Significant lymphatic enlargement;
- (v) Enlargement of spleen;

Shall be referred to MA or the Head of AMS. A fit assessment may be considered subject to satisfactory Aeromedical Evaluation.

- (d) Applicants suffering of Acute leukemia shall be assessed as unfit

Note: Guidance on Haematology – refer to Manual of Civil Aviation Medicine (Doc 8984)

ATCO.MED.B.035 Genitourinary System

- (a) Urinalysis shall be performed in every Aeromedical Examination. The Urine shall not contain abnormal elements considered to be of pathological significance.
- (b) Applicants with any sequelae of any disease or surgical procedures on the genitourinary system or its adnexa likely to cause incapacitation shall be assessed as unfit.
- (c) Applicants with a genitourinary disorder, such as;
 - (i) Renal disease;
 - (ii) One or more urinary calculi may be assessed as fit subject to satisfactory evaluation.
- (d) Applicants who have undergone;
 - (i) Major surgical intervention/operations in the genitourinary system or its adnexa
 - (ii) Major urological surgery;shall be referred to MA for an Aeromedical assessment after full recovery for fit assessment.

Note: Guidance on Genitourinary System – refer to Manual of Civil Aviation Medicine (Doc 8984)

ATCO.MED.B.040 Infectious disease

- (a) Applicants who are HIV positive shall be referred to MA and may be assessed as fit subject to satisfactory specialist evaluation
- (b) Applicants diagnosed to have or presenting symptoms of infectious disease such as acute syphilis, active tuberculosis, infectious hepatitis and tropical diseases shall be referred to MA for an Aeromedical Assessment. A fit assessment may be considered after full recovery from the disease and specialist evaluation provided to the AMS has sufficient evidence that the treatment does not compromise the safe exercise of the privileges of the licences.

ATCO.MED.B.045 Obstetrics and Gynaecology

- (a) Applicants who have undergone major gynaecological operation shall be assessed as unfit until full recovery.
- (b) Pregnancy: in case of pregnancy, if the AME considers that the applicant is fit to exercise her privileges, shall limit the validity period of the Medical Certificate to the end of the 34th week of gestation. The applicants shall undergo a revalidation Aeromedical Examination and assessment after full recovery following the end of the Pregnancy.

Note: Guidance on Obstetrics and Gynaecology – refer to Manual of Civil Aviation Medicine (Doc 8984)

ATCO.MED.B.050 Musculoskeletal System

- (a) Applicants shall have satisfactory functional use of the musculoskeletal system to enable them to safe exercise the privileges of the licence.
- (b) Applicants with static or progressive musculoskeletal or rheumatologic conditions shall be referred to MA.
- (c) Fit assessment may be considered after satisfactory specialist evaluation.

Note: Guidance on Musculoskeletal System – refer to Manual of Civil Aviation Medicine (Doc 8984)

ATCO.MED.B.055 Psychiatry

- (a) Applicants with a mental or behavioural disorder due to alcohol or other misuse of psychoactive substances, including recreational substances with or without dependency, shall be assessed as unfit. A fit assessment can be considered by MA after a period of documented sobriety or freedom from psychoactive substance use or misuse subject to satisfactory psychiatric evaluation.
- (b) If any applicants with below mentioned Psychiatric conditions shall undergo satisfactory psychiatric evaluation before the fit assessment;
 - (i) Mood disorder
 - (ii) Neurotic disorder
 - (iii) Personality disorder
 - (iv) Mental or behavioural disorder.
- (c) Applicants with a history of a single or repeated acts of deliberate self-harm shall be assessed as unfit. A fit assessment may be considered by MA after satisfactory psychiatric evaluation.
- (d) Applicants with schizophrenia, schizotypal or delusional disorder and mania shall be assessed as unfit.

Note: Guidance on Mental Health – refer to Manual of Civil Aviation Medicine (Doc 8984)

ATCO.MED.B.060 Psychology

- (a) Applicants with stress related symptoms shall be referred to MA.
- (b) A fit assessment may only be considered after a psychological and / or psychiatric evaluation has demonstrated that the applicant has achieved acceptable satisfactory level of recovery from stress related symptoms.

Note: Guidance on Mental Health – refer to Manual of Civil Aviation Medicine (Doc 8984)

ATCO.MED.B.065 Neurology

- (a) Applicants with following condition shall be assessed as unfit;
 - (i) Epilepsy except without recurrence after the Age of 5
 - (ii) Recurring episode of disturbance of consciousness of uncertain cause
 - (iii) Conditions with a high propensity of cerebral dysfunction
- (b) The following conditions shall be referred to MA and shall undergo further evaluation before a fit assessment;
 - (i) Epilepsy without recurrence after the Age of 5
 - (ii) Epilepsy without recurrence and off all treatment for more than 10 years
 - (iii) Epleptiform EEG abnormalities and focal slow waves
 - (iv) Progressive or non-progressive disease of the nervous system
 - (v) A single episode of disturbances or loss of consciousness
 - (vi) Brain injury
 - (vii) Spinal or peripheral nerve injury
 - (viii) Disorders of the nervous system due to vascular deficiencies including haemorrhagic and ischemic events.

Note: Guidance on Neurology – refer to Manual of Civil Aviation Medicine (Doc 8984)

ATCO.MED.B.070 Visual System

- (a) A comprehensive eye examination shall be done at the initial examination and be undertaken periodically depending on the refraction and the functional performance of the eye.
- (b) A routine eye examination shall performed by AME during all revalidation and renewal examinations.

- (c) Applicants shall undergo a comprehensive eye examination at the initial and renewal examination at the Age of 40 and if clinically indicated.
- (d) Distant visual acuity, with or without optimal correction shall be 6/9 or better in each eye separately, and visual acuity with both eyes shall be 6/6 or better.
- (e) Initial applicants having monocular or functional monocular vision including eye muscle balance problems shall be assessed as unfit. If the above mentioned eye condition detected during revalidation or renewal Examination, the applicant may be assessed as fit provided that an ophthalmological examination and eye specialist view are satisfactory.
- (f) Applicants shall be able to read N5 chart at 30-50 cm and N14 at 60-100 cm distance, if necessary with aid of correction.
- (g) Applicants shall have normal fields of vision and normal binocular function.
- (h) Applicants who have undergone eye surgery shall be assessed as unfit until full recovery of the visual function. A fit assessment may be considered by MA subject to satisfactory ophthalmic evaluation.
- (i) Applicants with a clinical diagnosis of keratoconus shall be referred to MA and may be assessed as fit subject to a satisfactory ophthalmic evaluation.
- (j) Applicants with diplopia shall be assessed as unfit.
- (k) Spectacles and contact lances;
 - (i) If satisfactory visual function is achieved only with the use of correction, the spectacles or contact lenses shall provide optimal visual function, well tolerated, and suitable for Air Traffic control purposes.
 - (ii) Shall have extra pair of spectacles used to meet the visual requirements at all distances during the exercise of licenced privileges.
 - (iii) Contact lenses shall be mono-focal, non-tinted and not orthokeratological. Monovision contact lenses shall not be used.
 - (iv) Applicants with a large refractive error shall use contact lenses or high index spectacle lenses.

Note: Guidance on Visual System – refer to Manual of Civil Aviation Medicine (Doc 8984)

ATCO.MED.B.075 Colour Vision

- (a) Applicants shall be normal trichromates.

ATCO.MED.B.080 Otorhinolaryngology

- (a) Examination;
 - (i) A routine otorhinolaryngological examination shall be done in initial, revalidation and renewal examination by the AME.

- (ii) Hearing shall be tested at all examination. The applicant shall understand correctly conversational speech and whispered voice when tested.
- (iii) Hearing shall be tested with pure tone audiometry at the initial examination and at subsequent revalidation or renewal Examinations every 4 years until the Age of 40 and every 2 years thereafter.
- (iv) Applicants for a Class III Medical Certificate shall not have a hearing loss of more than 35 dB at any of the frequencies 500, 1000 or 2000 Hz, or more than 50 dB at 3000 Hz, in either ear separately.
- (v) Applicants who do not meet the hearing criteria above (iv) shall be referred to MA or Head of AMS and undergo Specialist assessment prior to granting fit assessment
- (vi) Hearing aids;
 - 1) An initial applicant who need of hearing aids to comply with hearing requirements is unfit to hold Class III Medical Certification.
 - 2) Renewal examinations: a fit assessment may be considered if the use of hearing aid(s) improves the hearing to achieve normal hearing standards as assess by fully functional testing in the operational environment.
 - 3) If a hearing aid is needed to achieve the normal hearing standard, a spare set of the equipment and accessories, such as batteries shall be available when exercising the privileges of the Licence.
- (b) Applicants with the following conditions shall be referred to MA or Head of AMS and shall undergo further ORL examination and assessment to establish that the condition does not interfere with the safe exercise of the privileges of the Licence;
 - (i) An active chronic pathological process of the internal or middle ear;
 - (ii) Unhealed perforation or dysfunction of the tympanic membrane;
 - (iii) Disturbance of vestibular function;
 - (iv) Significant malformation or significant chronic infection of the oral cavity or upper respiratory tract infection;
 - (v) Significant disorder of speech or voice reducing intelligibility.

Note: Guidance on Otorhinolaryngology – refer to Manual of Civil Aviation Medicine (Doc 8984)

ATCO.MED.B.085 Dermatology

- (a) Applicants shall be free from established dermatological condition likely to interfere with the safe exercise of the privileges of the Licence held.
- (b) AME shall conduct dermatological examination in each medical examination and if necessary shall refer to MA for further assessment.

ATCO.MED.B.090 Oncology

- (a) Applicants with an established history or clinical diagnosis of an intracerebral malignant tumour shall be assessed as unfit.
- (b) Applicant with diagnosed primary or secondary malignant disease shall be referred to MA or Head of AMS and shall undergo satisfactory oncological evaluation before consideration of a fit assessment.

Note: Guidance on Malignant disease– refer to Manual of Civil Aviation Medicine (Doc 8984)

