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Civil Aviation Authority of Sri Lanka

MEDICAL PROCEDURE MANUAL

4th Edition – 2026

Issued under the authority of the Director General of Civil Aviation and Chief Executive Officer

CIVIL AVIATION AUTHORITY OF SRI LANKA

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CIVIL AVIATION AUTHORITY OF SRI LANKA

Forward

Civil Aviation Authority of Sri Lanka being the regulatory body empowered to conduct certifications & surveillance on Civil Aviation activities, its Licensing Section is entrusted to conduct certification of personnel involved in these activities whose job functions require such certification to perform their jobs.

Conducting Medical Assessments for the determination of Medical Fitness on Aviation personnel is an essential part of certification of personnel, which is done by Authorized Aviation Medical Examiners working under the Aeromedical Services of CAASL established within the CAASL premises.

This Medical Procedure Manual SLCAP 3020 is for the use and guidance of CAASL regulators, especially for Aeromedical Services Staff, Aeromedical Examiners and Medical Assessor. This manual outlines regulations, policies and procedures for the oversight and management of the Aviation Medical Examination System. All personnel, directly or indirectly concerned with Aviation Medical System are required to use and apply the applicable procedures contained within this manual along with any other documentation such as Implementing Standard 036.

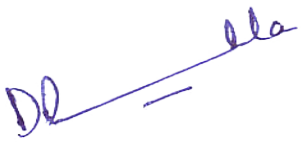
Aviation Medicine and its regulations and procedures are continuously improving and updated based on research, alongside its technology and practical experience which make it necessary for the Aviation Medical Expert to update the recommendations and standards. Enabling the guidance material to be implemented by CAA for the use by Aeromedical Certification System, designated AMEs, MA and AMS Staff to deal with medical assessment of Aviation Personnel.

Hence, this Medical Procedure Manual is updated with latest recommendations and standards of Aviation Medicine through valuable contribution provided by ICAO, based upon Annex I and supplementary SARPs which specify the minimum standards required.

Medical Procedure Manual (SLCAP 3020) contains mainly two parts whereas Part I containing all administrative and medical procedures involved in conducting medical assessments and Part II containing the guidelines for Aviation Medical Examiners.

This Manual SLCAP 3020 is approved by me as the Director General of Civil Aviation of Sri Lanka on the Powers vested upon me by the Civil Aviation Act No 14 of 2010, on the date indicated below for the use & guidance of all applicable personnel for its intended purpose.

This Authority may, without any prior notice, change the contents of this manual as appropriate, to suite the administrative requirements.



Capt. Daminda Rambukwella.
Director General of Civil Aviation & Chief Executive Officer,
Civil Aviation Authority of Sri Lanka,

15.08.2026

Glossary of Abbreviations & Definitions

The following terms or acronyms are used in this manual published by CAASL.

Abbreviation	Meaning
AME	Aviation Medical Examiner
AMS	Aeromedical Services
ATPL	Air Transport Pilot Licence
ATC	Air Traffic Controller
ASO	Aeronautical station Operator
ACI	Airport Council International
CAASL	Civil Aviation Authority of Sri Lanka
CPL	Commercial Pilot Licence
CCM	Cabin Crew Member
CPD	Continuous Professional Development
DGCA	Director General of Civil Aviation
DL	Driving Licence
FRMS	Fatigue Risk Management Systems
ICAO	International Civil Aviation Organization
IATA	International Airline Transport Association
MFT	Medical Flight Test
NIC	National Identity Card
OJT	On-the-Job Training
PPL	Private Pilot Licence
PM	Pilot monitoring
PIC	Pilot in Command
PANS	Procedures for Air Navigation Services
RPS	Remote Pilot Station
RPA	Remotely Piloted aircraft
RPAS	Remotely piloted aircraft system
SSP	State Safety Programme
SARPs	Standards and Recommended Practices
SMS	Safety Management Systems
SPL	Student Pilot Licence
SLMC	Sri Lanka Medical Council
TEM	Threat and Error Management

Definitions

Accredited medical conclusion. The conclusion reached by one or more medical experts acceptable to the DGCA Sri Lanka, 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.

Aeroplane. A power-driven heavier-than-air aircraft, deriving its lift in flight chiefly from aerodynamic reactions on surfaces which remain fixed under given conditions of flight.

Aircraft. Any machine that can derive support in the atmosphere from the reactions of the air other than the reactions of the air against the earth's surface.

Aircraft avionics. A term designating any electronic device including its electrical part for use in an aircraft, including radio, automatic flight control and instrument systems.

Aircraft — category. Classification of aircraft according to specified basic characteristics, e.g. aeroplane, helicopter, glider, free balloon.

Aircraft certificated for single-pilot operation. A type of aircraft which the State of Registry has determined, during the certification process, can be operated safely with a minimum crew of one pilot.

Aircraft required to be operated with a co-pilot. A type of aircraft that is required to be operated with a co-pilot, as specified in the flight manual or by the air operator certificate.

Aircraft — type of. All aircrafts of the same basic design including all modifications thereto except those modifications which result in a change in handling or flight characteristics.

Airmanship. The consistent use of good judgment and well-developed knowledge, skills and attitudes to accomplish flight objectives.

Airship. A power-driven lighter-than-air aircraft***.***

Aviation Medical Examiner (AME). A physician with training in aviation medicine and practical knowledge and experience of the aviation environment, who is designated by DGCA Sri Lanka to conduct medical examinations of fitness of applicants for licences or ratings for which medical requirements are prescribed.

AMS. Aeromedical Services.

Approved training. Training conducted under special curricula and supervision approved by the DGCA Sri Lanka

Approved training organization. An organization approved by and operating under the supervision of DGCA Sri Lanka in accordance with the requirements of SLCAP 3090 and IS 67 to perform approved training

Balloon. A non-power-driven lighter-than-air aircraft.

Note: This definition applies to free balloons.

Commercial air transport operation. An aircraft operation involving the transport of passengers, cargo or mail for remuneration or hire.

Competency. A dimension of human performance that is used to reliably predict successful performance on the job. A competency is manifested and observed through behaviours that mobilize the relevant knowledge, skills and attitudes to carry out activities or tasks under specified conditions.

Competency standard. A level of performance that is defined as acceptable when assessing whether or not competency has been achieved.

Conditions. Anything that may qualify a specific environment in which performance will be demonstrated.

Co-pilot. A licensed pilot serving in any piloting capacity other than as pilot-in-command but excluding a pilot who is on board the aircraft for the sole purpose of receiving flight instruction.

***Error*.** An action or inaction by an operational person that leads to deviations from organizational or the operational person's intentions or expectations.

Note: See IS 070 for a definition of operational personnel.

Error management. The process of detecting and responding to errors with countermeasures that reduce or eliminate the consequences of errors and mitigate the probability of further errors or undesired states.

Note: See Chapter 6 of Part II, Section 1 of the Procedures for Air Navigation Services — Training (PANS-TRG, Doc 9868) and Circular 314 — Threat and Error Management (TEM) in Air Traffic Control for a description of undesired states.

***Flight crew member*.** A licensed crew member charged with duties essential to the operation of an aircraft during a flight duty period.

Flight plan. Specified information provided to air traffic services units, relative to an intended flight or portion of a flight of an aircraft.

Flight time — aeroplanes. The total time from the moment an aero plane first moves for the purpose of taking off until the moment it finally comes to rest at the end of the flight.

Note: Flight time as here defined is synonymous with the term "block to block" time or "chock to chock" time in general usage which is measured from the time an aero plane first moves for the purpose of taking off until it finally stops at the end of the flight.

Flight time — helicopters. The total time from the moment a helicopter's rotor blades start turning until the moment the helicopter finally comes to rest at the end of the flight, and the rotor blades are stopped.

Glider. A non-power-driven heavier-than-air aircraft, deriving its lift in flight chiefly from aerodynamic reactions on surfaces which remain fixed under given conditions of flight.

Glider flight time. The total time occupied in flight, whether being towed or not, from the moment the glider first moves for the purpose of taking off until the moment it comes to rest at the end of the flight.

Helicopter. A heavier-than-air aircraft supported in flight chiefly by the reactions of the air on one or more power-driven rotors on substantially vertical axes.

***Human performance*.** Human capabilities and limitations which have an impact on the safety and efficiency of aeronautical operations.

ICAO competency framework. A competency framework, developed by ICAO, is a selected group of competencies for a given aviation discipline. Each competency has an associated description and observable behaviours.

Likely. In the context of the medical provisions in IS 036, ***likely*** means with a probability of occurring that is unacceptable to the medical assessor.

Maintenance. The performance of tasks required to ensure the continuing airworthiness of an aircraft, including any one or combination of overhaul, inspection, replacement, defect rectification, and the embodiment of a modification or repair.

Medical Assessment. The evidence issued by a DGCA Sri Lanka that the licence holder meets specific requirements of medical fitness.

Medical Assessor (MA). A physician appointed by DGCA Sri Lanka , qualified and experienced in the practice of aviation medicine and competent in evaluating and assessing medical conditions of flight safety significance.

Note 1: Medical Assessors evaluate medical reports submitted by medical examiners.
Note 2: Medical Assessors are expected to maintain the currency of their professional knowledge.

Monitoring. A cognitive process to compare an actual to an expected state.

Note: Monitoring is embedded in the competencies for a given role within an aviation discipline, which serve as countermeasures in the threat and error management model. It requires knowledge, skills and attitudes to create a mental model and to take appropriate action when deviations are recognized.

Night. The hours between the end of evening civil twilight and the beginning of morning civil twilight or such other period between sunset and sunrise, as may be prescribed by DGCA Sri Lanka.

Note: Civil twilight ends in the evening when the center of the sun's disc is 6 degrees below the horizon and begins in the morning when the center of the sun's disc is 6 degrees below the horizon.

Pilot (to). To manipulate the flight controls of an aircraft during flight time.

Pilot-in-command. The pilot designated by the operator, or in the case of general aviation, the owner, as being in command and charged with the safe conduct of a flight.

Pilot-in-command under supervision. Co-pilot performing, under the supervision of the pilot-in-command, the duties and functions of a pilot-in-command, in accordance with a method of supervision acceptable to the Licensing Authority.

Pilot monitoring (PM). The pilot whose primary task is to monitor the flight path and its management by the PF. The secondary tasks of the PM are to perform non–flight path related actions (radio communications, aircraft systems, other operational activities, etc.) and to monitor other crew members.

Powered-lift. A heavier-than-air aircraft capable of vertical take-off, vertical landing, and low-speed flight, which depends principally on engine-driven lift devices or engine thrust for the lift during these flight regimes and on non-rotating aero foil (s) for lift during horizontal flight.

Problematic use of substances. The use of one or more psycho-active substances by aviation personnel in a way that: constitutes a direct hazard to the user or endangers the lives, health or welfare of others; and/or causes or worsens an occupational, social, mental or physical problem or disorder.

Psychoactive substances. Alcohol, opioids, cannabinoids, sedatives and hypnotics, cocaine, other psychostimulants, hallucinogens, and volatile solvents, whereas coffee and tobacco are excluded.

Quality system. Documented organizational procedures and policies; internal audit of those policies and procedures; management review and recommendation for quality improvement.

Rating. An authorization entered on or associated with a licence and forming part thereof, stating special conditions, privileges or limitations pertaining to such licence.

Remote co-pilot. A licensed remote pilot serving in any piloting capacity other than as remote pilot-in-command but excluding a remote pilot who is in the remote pilot station for the sole purpose of receiving flight instruction.

Remote flight crew member. A licensed flight crew member charged with duties essential to the operation of a remotely piloted aircraft system during a flight duty period.

Remote pilot. A person charged by the operator with duties essential to the operation of a remotely piloted aircraft and who manipulates the flight controls, as appropriate, during flight time.

Remote pilot-in-command. The remote pilot designated by the operator as being in command and charged with the safe conduct of a flight.

Remote pilot station (RPS). The component of the remotely piloted aircraft system containing the equipment used to pilot the remotely piloted aircraft.

Remotely piloted aircraft (RPA). An unmanned aircraft which is piloted from a remote pilot station.

Remotely piloted aircraft system (RPAS). A remotely piloted aircraft, its associated remote pilot station(s), the required command and control links and any other components as specified in the type design.

Significant. In the context of the medical provisions in IS 036, ***significant*** means to a degree or of a nature that is likely to jeopardize flight safety.

State Safety Programme (SSP). An integrated set of regulations and activities aimed at improving safety.

Threat. Events or errors that occur beyond the influence of an operational person, increase operational complexity and must be managed to maintain the margin of safety.

Note: See IS 070 – for a definition of operational personnel

Threat management. The process of detecting and responding to threats with countermeasures that reduce or eliminate the consequences of threats and mitigate the probability of errors or undesired states.

Note: See Attachment C to Chapter 3 of the Procedures of Air Navigation Services – Training (PANS – TRG, Doc 9868) and Circular 314 Threat and Error Management (TEM) in Air Traffic Control (in preparation) for a description of undesired states.

PART 1 – AERO MEDICAL EXAMINATIONS

CHAPTER 1- INTRODUCTION

1.1. Background

Flying is a highly skilled job that involves a complex interaction between the Aviator and the machine in an environment that is full of stressors. Although the flying machine may fail occasionally, it is the human component that is the cause of aviation accidents more than 70% of the time. The aircraft environment differs from other occupational environments with respect to altitude stressors such as hypoxia, noise and vibration, low humidity leading to dehydration, fatigue, decompression syndrome, acceleration and spatial disorientation. Because of these stressors, the aircrew is required to maintain a high level of physical and mental fitness and is legally required to assess their medical fitness in order to carry out their professional duties.

Aeromedical decisions must be based on factual and objective data, which is evidence-based and supported by documentation to ensure aviation safety. Aviation Medicine combines aspects of preventative, occupational, environmental and clinical medicine with the physiology and psychology of man-in-flight.

The medical standards and policies of the Civil Aviation Authority of Sri Lanka (CAASL) must be compliant with the Standards and Recommended Practices as stipulated by the International Civil Aviation Organization (ICAO) Regulations, Chapter 6, Annex 1.

The incidence of incapacitation of aircrew is low due to the effect of medical conditions or physiological impairment: however, it represents a serious potential threat to flight safety. Most potential pilots with a significant risk of incapacitation (e.g. Epilepsy, Type I Diabetes Mellitus) are screened out at the time of the initial examination. The Civil Aviation Authorities internationally permit aircrew with certain medical conditions to be medically certified, provided that such permission does not compromise aviation safety.

Unfortunately, a comprehensive review of the proportion of medical conditions leading to medical unfitness and incapacitation has not been conducted on the Asian continent. This has led to limited knowledge of the causes of in-flight incapacitation, medical causes of aircraft accidents and other issues specific to the Asian continent. The limited research creates a challenge to the local Aviation Regulatory Authority, as development and revision of local medical policies are based on information from the West, which differs significantly with regard to the demography of those populations and diseases endemic on the Asian continent. However the AMS, CAASL has considered, a number of studies on non-communicable diseases and other medical conditions affecting the population of Sri Lanka when developing this Manual. Knowledge of these medical conditions has assisted in relation to the regulatory aspect of licensing and the development of appropriate, evidence-based medical standards.

This Manual is to provide guidance on aeromedical requirements and standards to the designated Aeromedical Examiners and to the Aviation industry.

1.2. The Chicago Convention

The Convention on International Civil Aviation, which was signed in Chicago on 7 December 1944, includes several articles which call for adoption of international regulations in all fields where uniformity facilitates and improves air navigation. These regulations, known as Standards and Recommended Practices (SARPs) have been promulgated in Annexes to the Convention which are amended from time to time when necessary. Each Annex deals with a specific aspect of international civil aviation. Aviation medicine is included mainly in Annex 1 (Personnel Licensing) and to some degree in Annex 2 (Rules of the Air), Annex 6 (Operation of Aircraft) and Annex 9 (Facilitation) and Annex 11 — Air Traffic Services and Annex 14 — Aerodromes. Part VI, Chapter 1 of this manual covers this topic.

1.3. Standards and Recommended Practices are defined as follows:

Standard - Any specification for physical characteristics, configuration, material, 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 that a State finds it impracticable to comply in all respects with any such international standard but allows a less stringent practice, immediate notification to ICAO is compulsory under Article 38 of the Convention.

Recommended Practice - Any specification for physical characteristics, configuration, material, performance, personnel or procedure, the uniform application of which is recognized as desirable in the interest of safety, regularity or efficiency of international air navigation, and to which Contracting States will Endeavour to conform in accordance with the Convention. Although the purpose of SARPs is to provide provisions only for international air navigation, they have greatly influenced national regulations governing domestic aviation in most Contracting States. ICAO also originates guidance material which is intended to assist States in the implementation of SARPs, but places no regulatory responsibility upon States for compliance.

- End of Chapter 1 -

CHAPTER 2- PERSONNEL LICENSING

2.1. General

Civil aviation includes different types of operations which, for convenience, can be divided into three major categories.

Commercial air transport (airlines) - This category includes all operations conducted with large and sophisticated aircraft which used to be piloted by several crew members. In recent years the need for more efficiency has produced some dramatic technological changes which directly involve flight personnel. On modern aero planes, computers are handling the systems and the pilot is becoming more and more of a systems manager and decision maker rather than a control operator.

Aerial work and small air transport - All professional flying except airlines is included in this category. Typical operations are flying instruction, crop spraying, aerial surveying, small commuter operations, air taxi and corporate flying. This category has not faced such important changes as has airline transport. It must be noted that helicopters now perform a significant part of these operations.

Private air transport and pleasure flight- The majority of the world's pilots belong to this category. The operations are not conducted for remuneration and generally involve small aircraft. In this category, glider pilots form an important subgroup. During the last two decades, a new dimension has been added to this category with the fast-growing popularity of the ultra- light aircraft.
The medical examiner, when making an assessment, must be familiar with the various operating environments.

2.2. The Concept of Licensing

Since the early days of aviation, States have recognized the necessity to check the competency of personnel who perform activities which, unless performed properly, could jeopardize aviation safety. The recognition of this competency was generally made by issuing a licence. This concept has remained valid throughout the years, and the whole of Annex 1 may be considered as an evolution of this basic idea.

However, Civil Aviation is very different today from what it was when the first licences were issued, and the provisions of Annex 1 have been established and then regularly updated to manage the increasing complexity of civil aviation. The personnel licensing system is now built on the following principles:

The licence is the authorization which allows the holder to perform specific activities, which otherwise would be prohibited.

A licence is issued by a State when the applicant has demonstrated an acceptable degree of competency. The right to issue a licence is reserved to States either directly or through a body with delegated authority.

There are different types of licences. Each one grants specific privileges to the holder. Ratings can be added to the licence to extend the basic privileges.

2.3. Different type of licences

2.3.1. Pilot's Licences

a) **Student Pilot Licence** - While it is not formally a licence, CAASL issue an authorization for a student pilot, allowing such a pilot to fly solo before licensing as long as the applicant is medically fit. The medical fitness required is the least restrictive of all pilot licences (Class II). Therefore the medical examiner should be prepared to counsel the applicant against further time and expense in pursuance of piloting ambitions that it is likely that a medical condition is established may be detected when evaluated for an Issuance of Class I Assessment which may not be a concern under Class II, which might prevent his acquisition of a more senior pilot licence, if this is his ambition.

b) **Private Pilot Licence – aeroplane** (PPL - aeroplane) - The most commonly held licence permitting the holder to fly an aeroplane other than professionally. Private pilots usually fly small aeroplanes in visual meteorological conditions (VMC). It is, however, not unusual to add an instrument rating to a PPL.

c) **Private pilot licence – helicopter** (PPL - helicopter) - This is the helicopter licence equivalent to the PPL – aeroplane.

d) **Private Pilot licences** – Other categories of Aircraft,

   i. Air ship
   ii. Powered Lift

e) **Glider pilot licence** - Permits the holder to act as pilot-in-command of any glider.

f) **Free balloon pilot licence** - The holder of this licence is permitted to act as pilot in-command of any free balloon.

g) **Commercial Pilot Licence – Aeroplane** (CPL - Aeroplane) - The CPL is the junior licence permitting the holder to perform professional duties either as a pilot-in-command of an aeroplane certificated for single pilot operations (Up to turbo prop Aircraft & in some modern executive jets) or as co-pilot of Multi Pilot Multi Engine jet aircraft.

h) **Commercial Pilot Licence – Helicopter** (CPL - Helicopter) - This licence is the helicopter equivalent to the CPL – aeroplane.

i) **Airline Transport Pilot Licence – Aeroplane** (ATPL – Aeroplane) - The senior pilot licence, permitting the holder to operate any aircraft either as pilot-in-command or co-pilot. The privileges of the instrument rating are included in the ATPL – aeroplane.

j) **Airline transport pilot licence – Helicopter** (ATPL – Helicopter). The helicopter equivalent of the ATPL – aeroplane. The instrument rating privileges, however, are not included in the licence.

k) Other Aircraft types applicable for both above Licences CPL & ATPL are as follows.

I. Air Ships
II. Powered Lift
III. Hot Air Balloon

l) **Multi-crew pilot licence** – applicable only to the aeroplane category (MPL – aeroplane). The equivalent to an ATPL but with restriction to multi-crew operations.
This Licence is a modern Licence recently introduced by ICAO yet not practiced here in Sri Lanka. MPL provides holders to fly only as a co-pilot of a multi-engine Multi Crew jet Aircraft without Pilot in command privileges for commercial operations limited for PPL. The MPL, CPL and ATPL are often referred to as "professional licences".

2.3.2. Ratings for Pilot Licences

a) Type and class ratings- Each pilot licence must be endorsed with a rating specifying the type of aircraft the holder is authorized to fly. The larger aircraft (usually those with a maximum take-off mass of more than 5 700 kg) need a specific rating. The smaller aircraft are grouped into classes (single-engine-Land/Sea and multi-engine-Land/Sea) and the holder of a licence endorsed with a class rating is permitted to fly all the aircraft of the relevant class.

b) Instrument Rating- This rating can be endorsed on a PPL, CPL, and ATPL - helicopter. It permits the holder to fly in other than visual meteorological conditions.

c) Instructor Rating- This rating permits the holder to act as a flight instructor.

2.3.3. Licences for flight crew members other than pilot

a) Flight engineer- The licence permitting the holder to perform the duty of a flight engineer when required by aircraft certification or operational regulation.

b) Flight navigator- The licence permitting the holder to perform the duty of a flight Navigator when required by aircraft certification or operational regulation.

c) Flight radio operator- The licence permitting the holder to perform the duty of a flight Radio Telephony Operator when required by aircraft certification or operational regulation.

2.3.4. Licences and Certificates for Personnel Other Than Flight Crew Members

a) Air traffic controller licence- The licence in itself carries no privileges. Air Traffic Controller Licence permits holder to work in a particular Air Traffic Control Centre associated with that Rating. These are conferred with additional ratings to the licence which characterizes the duty of an air traffic controller. Addition of more Ratings for other operational centers to the Air Traffic Controller Licence shall provide additional privileges.

The basic ratings for this licence are:

i. Aerodrome Control Rating

Aerodrome control rating, permitting the holder to provide or to supervise the provision of aerodrome control service for the aerodrome for which he is rated. Aerodrome control handles traffic on ground and in flight at the vicinity of the runway & Aerodrome.

ii. Approach Control Procedural Rating
Approach control rating, permitting the holder to provide or to supervise the provision of approach control service for the aerodrome or aerodromes for which he is rated. Approach control handles traffic in flight during departure and during descent on arrival.

iii. Approach Control Surveillance-Radar Rating

iv. Area Control Procedural Rating.
Area control rating, permitting the holder to provide or to supervise the provision of area control service within the control area for which he is rated. Area control handles traffic during the cruise, the last part of climb and the initial part of descent. When radar is used to perform the duty, the air traffic controller must hold a radar rating in addition to the relevant rating. These Ratings are usually upgraded to surveillance Rating when provided with the use of a surveillance equipment such as Radar or ADS (Automatic Data Dependence System) working on CPDLC (Controller Pilot data Link Communications) via satellite logging.

v. Area Control Surveillance-Radar/ADS Rating.

b) Cabin Crew Certificate (CCC)

i. The privileges of CCC shall be subject to the holder's current physical condition, and subject to strict compliance with the applicable provisions in the Civil Aviation Act No.14 of 2010 and other applicable operating regulations which are in force.

ii. Holder shall not exercise the privileges of CCC or act as a Cabin Crew member unless he/she holds a current Class II Cabin Crew Medical Certificate issued by AMS, CAASL.

Note: Refer to IS 036, Part MED 1, Sub Part C.

- End of Chapter 2 -

CHAPTER 3 - THE ISSUE OF A PERSONNEL LICENCE

An applicant who seeks a Personnel licence must complete a multi-step process which can be divided into three major parts: prerequisites, training and demonstration of competency. If a Licences is associated with a rating (usually is) Initial Issuance of that Licence shall be coupled with issuance of at least one Rating which shall be endorsed on the Licence on the initial Issue of such Licence.

3.1. Prerequisites

Age - A minimum age is specified for each licence (refer Personnel Licensing Procedure Manual (SLCAP 3010)).

Experience - A minimum level of experience depending on the licence is required for all personnel to be licensed. The unit of measurement of experience is flight hours for flight crew, on the job training (OJT) hours for Air Traffic Controllers (ATC), Aeronautical station Operators (ASO) and years of duty for ground personnel. For pilots, experience requirements range from 40 flight hours for PPL to 1 500 flight hours for ATPL.

Medical fitness- Most of the licences require compliance with medical fitness standards. Complete guidance on this matter is provided in this manual.

3.2. Training

Training is obviously one of the most important parts of the licensing system. For several licences, an applicant may choose to take an approved training course instead of a regular course and thus be eligible for reduced experience requirements. It is expected that even more emphasis will be placed on training in the future. The advent of the multi-crew pilot licence has provided a new method of training of individuals intending to operate only multi-pilot aircraft.

3.3. Demonstration of competency

Each licence has its specific skill and knowledge requirements, and each applicant must demonstrate compliance with the requirements pursuant to the licence he seeks. CAASL use a written examination and a practical test to check the competency of an applicant. Some other methods are also used concurrently, such as acceptance of a military licence.

3.4. Currency of licences

As outlined above, basically there are two different types of licences practiced worldwide, can be found. Some Sri Lankan licensing system is expiry type has a period of currency which is limited to a defined period. At each renewal, the holder must give evidence of his competency and his medical fitness. Competency is usually judged by considering the recent flight experience and sometimes by an examination. The other type of licence (continuous type) is not limited to a defined period of currency. The holder is allowed to exercise licence privileges as long as he holds a current Medical

Assessment and complies with the regulations detailing the actions necessary to ensure maintenance of competency.

- End of Chapter 3 -

CHAPTER 4
AEROMEDICAL SERVICES (AMS) ADMINISTRATIVE ASPECTS

4.1. Medical Assessor (MA)

CAASL use the services of Medical Assessor to evaluate reports submitted to the AMS by AMEs and to evaluate & assess medical conditions of flight safety significance.

Medical Assessor as a supervisor for the designated medical examiners, has advanced training in the specialty of aviation medicine and extensive experience in regulatory and clinical Civil Aviation Medicine.

Medical Assessor is responsible for Accredited Medical Conclusions, evaluates medical reports submitted to the AMS, CAASL and performs final assessments in border-line cases.

The important duty of the Medical Assessor is to safeguard medical confidentiality, although pertinent medical information may be presented to DGCA through Head of AMS, when justified by operational concerns or when an Accredited Medical Conclusion is sought.

4.1.1. Authorization of appointment

Authorization is given by DGCA, by virtue powers vested in terms of sub section (U), section 7 of part II of the CAASL Act of No.34 of 2002 according to the duties & responsibilities mentioned below.

4.1.2. Qualifications & Experience

1. Medical Practitioner with MBBS degree (Basic Medical Degree recognized by Sri Lanka Medical Council)
2. Registered with the Sri Lanka Medical Council with more than 5 years of experience
3. Possession of a qualification in advanced training of Aviation Medicine and experience in the aviation medical field.
4. Possession of certificate in Aviation Medicine, CAASL.
5. Uninterrupted service experience in an aviation related organization for more than 5 years on Aviation Medicine.
6. Experience and fluent in aviation regulatory requirements according to ICAO rules and regulations, EASA Part MED regulations and other regulatory requirements of international Associations such as IATA, ACI etc.
7. Experience in Aviation Public Health, Aviation Safety Management Systems (SMS), Fatigue Risk Management Systems (FRMS) and State Safety Programme (SSP).
8. Availability during the day time for consultation at least two days a week.
9. Minimum five years' experience as Civil Aviation Medical Examiner preferably in CAASL and Medical Examination Board.

4.1.3. Duration of assignment

The duration of the assignment is for a period of one year (01) unless terminated sooner as provided under clauses 5 of the service agreement.

4.1.4. Functions, Duties & Responsibilities - Medical Assessor

1. Supervise, monitoring and auditing all aviation medical issues related to issuance, renewal, referral, denial Aircrew Medical Certificate, and making final assessment in boarder line cases, based on data, documents and investigations requested from the AME.
2. Determination of fitness of licence holders for the issue / Renewal of Medical Certificates of following licence.
   i. All pilot licences. (SPL, PPL, CPL, ATPL)
   ii. Air Traffic Controllers licence.
   iii. CCM Certificates.
3. Authorize Class I, Class II, and Class III Medical Certificates for the issue of licences.
4. Review & Evaluate Medical reports of all licence renewals issued by Medical Examiners and if there is any inconsistence, withdraw the Medical Certificate already issued by AME.
5. Submit pertinent Medical information to DGCA when justified by operational concerns or when an Accredited Medical conclusion is sought.
   MA or Head of AMS shall determine to what extent pertinent medical information is presented to relevant officials of the CAASL
6. Recommendation of Appointment of AMEs and training requirements of AMEs.
7. Recommendation for Withdrawal of Authority from AMEs.
8. Recommendation of processes for smooth Functioning of the Aeromedical Services (AMS) and recommendation of improvements to the same.
9. Recommendation of Hospitals & Laboratories for Clinical Investigations.
10. Convening & conducting Medical Board to evaluate & establish Accredited Medical Conclusions for marginal cases.
11. Evaluating the renewal requirements of individual in terms of medical investigations (Checks / Tests) and assessments carried out by Medical Examiners as per the below established procedure.
    (Refer to 4.1.5 Process of evaluating medical reports submitted by AME)
12. Determination of necessary medical investigations as per the established procedure to be performed on individual applicant who need more medical evaluation on certain ailments prior to granting medical fitness.
13. Evaluate and discuss with the Medical Examiners, the composition of the Medical Board of any abnormalities and borderline cases for the,
    I. Initial Medical Examinations of a licence applicant,

II. Medical Examination of a person whose licence had been suspended on medical grounds & qualifies for reinstatement.

III. Medical examinations of a holder of a lapsed licence who may not qualify for a routine Medical Examination due to the period of lapse.

IV. Medical Examination of a holder of a lapsed licence who had been grounded for indiscipline/ incompetence / court case.

14. Take necessary steps to request to appoint a panel of Consultants for the purpose of conducting medical examinations / assessments in specific /borderline cases from DGCA.
15. Overall supervision of AMEs & recommend improvement on medical assessment, equipment, procedures etc.
16. Recommend to the Head of AMS on purchase of equipment, periodicals, medical journals, medical books & ICAO Material for reference of Medical Examiners.
17. If one or several medical conditions of a licence holder are found to be on the decline over a period, liaise with the relevant Medical Examiners and Head of AMS/ SCAI-AM to determine the further management plan and on validity period of the medical certificate. Bring such cases to the notice of the DGCA.
18. If deems necessary, refer borderline cases to a Medical Consultant or a Panel of Consultants specialized in the respective area for this purpose.
19. Recommend to DGCA on suspension or cancellation of aviation licences on medical grounds & reinstatement as and when the Licence holder's fit assessment is made.
20. Inform the DGCA, CAASL in advance, when the service of MA is not available for period exceeding two weeks.
21. Attend local or overseas training programmes or familiarization visits offered by CAASL.
22. Conduct minimum of one evaluation/competency assessment audits on each AME once in every two years and ensure that the AMEs meet applicable standards of good medical practice and aeromedical risk assessment.

A. <u>Competency Assessment audit process</u>
   1. In every two years MA shall conduct competency assessment audit on each and every AME of CAASL.
   2. MA shall use the medical assessment audit Form CAA/AMS/09 as in Appendix I for the evaluation/assessment.
   3. MA shall evaluate according to the criteria given in the Appendix I
   4. Once the assessment is completed, MA shall get the signature from relevant AME in order to get the consent for the evaluation results.
   5. MA shall place the signature and date in the relevant box confirming the assessment is completed in the Competency assessment audit report– refer to appendix I

6. If the Assessment is unsatisfactory, MA shall submit corrective action plan to DGCA through the Head of AMS for implementation.
7. A reassessment of relevant AME shall be done by MA after completion of the corrective action plan by the said AME prior to the confirmation of satisfactory competency.

23. Recommend the renewal of each AME at the end of tenure after evaluating according to the competency assessment audit process to complete the renewal requirement/process.
24. Submit AME surveillance plan to DGCA before the beginning of the year for approval.

4.1.5. Process of evaluating medical reports submitted by AME

1. Applicant's medical file with duly completed medical assessment report by AME along with the routine investigations/reports & other required reports shall be submit to the Medical Assessor.
2. Medical Assessor shall go through the medical assessment report and the investigation reports and shall initial each and every report to confirm that all are perused carefully.
3. Medical Assessor shall initial on the Medical Examination Form if he/she is satisfied with the clinical examination data and completion of the Medical Examination Form submitted by the AME.
4. If medical assessment report and the investigation reports are as per the applicable Medical Standards & Recommended Practices, MA shall approve the medical certificate by signing on the designated place of the Medical Assessment Form.
5. If any deviation/any abnormal reports detected or need more clarification, MA shall minute in the medical file to AME for corrective action prior to the approval of the Medical Certificate by MA.
6. AME shall take necessary steps to comply with the recommendations made by MA and file to be resubmitted once file is completed or need further advice (Ex. Accredited medical conclusion) regarding the certification.

4.2 Senior Civil Aviation Inspector (Aviation Medicine)

CAASL uses the services of Senior Civil Aviation Inspector (Aviation Medicine) as the Head of Aeromedical Services to accomplish in close liaison with DGCA, the State Safety Oversight functions in relation to Aviation Medicine in conformity with the International Standards and Recommended Practices and published local requirements.

Shall be Senior Aeromedical Examiner, of more than five (5) years' experience as AME of excellent performance report in CAA records, performing more than one hundred (100)

Class I medicals in one (1) year, of good understanding to the local & international law and regulations of aviation medicine.

4.2.1. Authorization of appointment

Authorization is given by Civil Aviation Authority of Sri Lanka, by virtue powers vested in the CAASL in terms of section 7 read in conjunction with section 18 of the CAASL Act of No.34 of 2002 according to the duties & responsibilities mentioned below.

4.2.2. Qualifications & Experience

1. Medical Practitioner with MBBS degree or Basic Medical Degree recognized by Sri Lanka Medical Council
2. Registered with the Sri Lanka Medical Council with 5 years or more experience
3. Possess a qualification in Aviation Medicine and current experience in the field of aviation is essential. Possession of a CAASL recognized certificate in Aviation Medicine will be a normal requirement.
4. Experience in practicing Aviation medicine, or aviation related organizations for more than 5 years.
5. Fulltime work during office hours in week days in office environment.

4.2.3 Functions, Duties & Responsibilities - Senior Civil Aviation Inspector (Aviation Medicine)

1. Shall directly report to DGCA and be under direct supervision of DGCA.
2. Reviewing the existing legal framework relating to Aviation Medicine and Medical Examinations periodically to ensure that it is adequate and effective enough to satisfy the State's Obligations under the Chicago Convention, Other International Conventions and Protocols relating to Aviation Medicine and other National requirements both current & evolving and initiating necessary action, if revision to existing legislative requirement is found necessary.
3. Recommendation for Adoption of Annex 1 Standards to local regulatory standards (IS036) for the issuance of Medical Assessments. Developing & Amending of Medical Procedure Manual (SLCAP 3020)
4. Reviewing the National Operating Regulations regarding Aviation Medicine and Medical Examinations periodically to ensure their adequacy for the consistent implementation of the International Standards and Recommended Practices;
5. Developing/reviewing guidance material according to the ICAO requirements/ Documents and in other National requirements which are in conformity of local legislations to maintain a sound State Safety Oversight System;
6. Organizing all administrative, operational and maintenance duties and functions involved in the AMS, for the efficient conduct of duties and functions of the AMS, CAASL. This includes but not limited to assisting the Senior Management in all such management functions of CAASL as determination of the logistics for the Section, attending to day to day duties and functions, planning, designing, implementation

of the annual work plans, programmes and budgeting, data collection, storage, processing, retrieval, disseminations and report writing etc.;

7. Plan, develop and administer medical support programmes in support with Aeromedical Systems, exercise surveillance through audits, spot checks, inspections, and periodic meetings with operator and AMEs to ensure that are comply with Aeromedical regulations and requirements.
8. Development/improvement of existing medical examination system for the establishment of medical fitness of personnel to be engaged in safety sensitive tasks and seeking licences from the CAASL;
9. Ensure implementation of Aeromedical regulation guidelines for all licence holders in line with ICAO SARPS/CAA and other international regulations.
10. Organize periodic orientation seminars and refresher courses on relevant issues in Aviation Medicine for AMEs, AMS staff, Aircrew and Airline operators.
11. As the Head of AMS, the overall supervision & control of Aeromedical Services of CAASL is vested and shall be in charge of all staff of the Aeromedical Services, shall determine manpower requirements in ongoing basis for the effective discharge of Aeromedical Services of the Section and provide recommendations for suitable adjustments/improvements to DGCA.
12. Monitor the performance of AMS staff involved in aeromedical examinations strictly adhering with the code of conduct;
    a) Head of AMS shall verify each activity within the AMS on periodic review and document the audit reports securely within the facility for CAA review.
    b) Head of AMS shall continuously update, and improve the processes of Aeromedical Examination where necessary and detail these in the report provided to MA for review and approval.
    c) Ensure the Aeromedical Staff have sufficient training on AMS medical examination duties, administrative duties and responsibilities.
13. Identifying the initial and recurrent training requirements of the personnel engaged in various tasks assigned to the Section and liaising with the relevant sections of the CAASL for their consistent implementation. This includes but not limited to updating the applicable sections in the CAASL Master Training Plan, Development of Annual Training Plans and Annual Training Programmes, conduct of necessary in-house or outdoor training, workshops, seminars etc. for the enhancement of knowledge and awareness of the relevant CAASL staff and industry partners, as and when required.
14. Developing, adopting and promulgating necessary guidance material for the efficient discharge of duties and functions of the Section to which the officer is attached and review and update the existing material in an ongoing basis. This includes the updating of the applicable portions of the CAA citizen's charter, office manual, official website and sectional library.
15. Development and maintenance of a comprehensive, accurate and up-to-date medical fitness history of personnel engaged in safety sensitive tasks;

16. Monitor and audit
    a. Airlines food hygiene control procedures
    b. Airlines drug abuse and alcohol procedures
    c. Crew first Aid syllabus, training and procedures
    d. Competency of Aircrew on first Aid
    e. On board first Aid content
    f. Airport emergency medical facility
    g. Airline medical facility and adopted procedures
    h. Aviation Public Health measures implemented at the Airports, Airlines and other Aviation related stakeholders.
    i. Implementation of all CAASL Aviation Medicine SARPs by the Aviation Industry

17. Implementation of effective enforcement action on identified cases, as and when required. Issuance of conditional medical certificates, imposing decreased medical fitness status (DMF), releasing the reinstatements for all licence holders or provide recommendation to DGCA on suspension of medical certificate of a licence holder to exercise the privilege of the licence, or rating to which the medical certificate relates.
18. Issuing of amended/duplicated Aeromedical Certificates whenever indicated and inserting or removal of any limitation on medical certificate.
19. Performing all activities relating to ICAO Continuous Monitoring Assessment on Aviation Safety Oversight in accordance to the ICAO Annex 1 and associated other documents;
20. Recommendation of Hospitals & Laboratories for Clinical Investigations and conduct inspections/surveillance activities to check the standards of the above mentioned Hospitals & Laboratories and provide recommendations to renew agreements between CAASL and relevant Hospitals & Laboratories.
21. Maintain proper records of each individual licence holders. Supervise and control Safe keeping of Medical Records & Maintaining confidentiality of the same.
22. Organizing Medical Board to evaluate & establish Accredited Medical Conclusions for marginal cases.
23. Function as the overall administrative supervisor and controller of MA & AMEs, shall perform all surveillance activities on MA & AMEs, review/evaluate their agreements with CAASL, recommend DGCA on renewing of agreements, coordinate and conduct periodic meetings with them on administrative matters of the section.
24. Recommend purchase of equipment, periodicals, medical journals, medical books & ICAO Material for reference of Medical Examiners.
25. Attend local or overseas training programmes or familiarization visits organized by CAASL. Represent CAASL on special Aviation medicine/Aviation public health committees and societies whose regulatory power affect Aviation industry.
26. Liaise with Government and other National and International Agencies in Aviation Medicine & Aviation Public Health matters/issues concerning Aviation industry.

4.3. Aviation Medical Examiners (AMEs)

Aviation Medical Examiners shall have practical knowledge and experience of the conditions in which the holders of licences and ratings carry out their duties.

Note: Practical knowledge is considered as flight experience, simulator experience, on site observation or any other hands-on experience deemed by AMS to meet this requirement.

4.3.1. Scope of designated AME

1) Issue, revalidate or renew Class I, II, III and Cabin Crew Class II medical Certificates and conduct relevant medical examinations and assessments.
2) Defer a medical certification decision to the MA when the AME does not have sufficient medical information or is unsure of the medical fitness of an applicant or whether should issue a medical certificate, deferral is recommended by AMS regulations.

4.3.2. Appointment

The selected Medical Officers as per designation procedure in 4.3.3, will be appointed by the DGCA to the Board of Medical Examiners and after appropriate training on Aeromedical regulatory requirements of AMS according to the ICAO regulations, are authorized to exercise delegated authority as Aviation Medical Examiner of the CAASL.

Aviation Medical Examiners will conduct detailed medical examinations with the required routine investigation results & shall coordinate the results of the examination and submit a signed report to the MA with appropriate comments and recommendation.

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

The CAASL will determine the number of examiners it requires from time to time & instigate action to designate & re designate as per its own assessment on the required number after closely monitoring the operations.

4.3.3. Designation procedure of an AME.

As indicated in the above paragraph if CAASL decides that a designation of AME is required accommodating a request or heeding to industry demand depending on congestion on one or more AME at the time it shall adopt the following procedure under the guidance and supervision of the Head of AMS.

1. Evaluation & selection of eligible applicants by Head of AMS as per criteria mentioned in 4.3.4
2. Selected applicants shall undergo CAASL Aviation Medicine Regulatory Course as per Appendix VI of this Manual and shall complete successfully.
3. Selected applicant shall understudy minimum one initial medical examination & two renewal medical examinations being conducted by CAASL designated AME.

4. CAASL designated AME shall submit the understudy evaluation report of the applicant to Head of AMS.
5. After completion of the understudy, evaluation shall be conducted by MA while applicant conducting a medical Examination and submit the evaluation report to Head of AMS.
6. If the applicant found satisfactory in above 1-5 steps, an interview shall be conducted by MA, Head of AMS & a representative nominated by DGCA to evaluate the suitability of the applicant according to the stipulated standards of CAASL.
7. The successful applicant from above steps will be granted designation as AME by DGCA, CAASL. Initial designation granted only for one year.

4.3.4. Qualifications & Experience required for designation of an AME

1. Medical Practitioner with MBBS degree.
2. Registered with the Sri Lanka Medical Council with more than 5 years of experience
3. Possess a qualification in Aviation Medicine and experience in the aviation field is essential.
4. The basic course for AMEs shall consist of sixty (60) hours theoretical and practical training, including specific examination techniques.

   Recommended Initial Aviation Medicine Training Programmes are;

   a) Certificate of Aviation Medicine, Farnborough, UK
   b) Aviation Medicine, Institute of Aviation Medicine, Bangalore, India
   c) Diploma in Aviation Medicine, D. Av. Royal College of Physicians, UK.
   d) Diploma in Aerospace Medicine, Pakistan.
   e) Certificate in Civil Aviation Medicine, Melbourne, Australia OR;
   f) Any other Aviation Medicine training programme which is recognized by CAASL after an evaluation of the programme and the institute/University.
5. Experience in practicing Aviation medicine, or aviation related organizations would be desirable.
6. Availability during the day time for consultation at least one day a week.

4.3.5. Authorization

AME will be authorized for a period not exceeding three years. Authorization is to perform medical examinations for the issuance of Medical Assessments of Class I or Class II or Class III at the discretion of the Authority.

1. Conditions of issuance of Authorization for AMEs.
   A. Initial Authorization – as per the above 4.3.3
   B. Renewal of Authorization

a. Competency of AME shall be assessed through Competency Assessment audit process (Refer to Appendix I) by MA once in every two years before re-issuance of Authorization.

b. Minimum of Ten Initial examination for Class I per year.

c. Recurrent training (at least one refresher training within 3 years)

d. Flight deck & ATC experience if CAASL has provided during the tenure.

e. Recommendation of MA and Head of AMS.

2. Duration of Designation
   a. Initial authorization of an AME is for one year only.

   b. Renewal authorization of an AME is for a period of not exceeding three years unless withdrawn by DGCA

4.3.6. Terms of Reference

Having completed the medical examination of the applicant in accordance with IS 036, the medical examiner shall coordinate the results of the examination and submit a signed report, Medical Certificate to AMS, in accordance with its requirements, detailing the results of the examination and evaluating the findings with regard to medical fitness

a) An AME is a designated representative of the CAASL administrator with important duties and responsibilities. It is essential that AMEs recognize the responsibility associated with their appointment.

b) Medical Examinations for the issue or renewal of a personnel Licence shall be conducted at the Aeromedical Services situated within the CAA premises.

c) AME shall conduct medical examinations for the issue and renewal of all categories of licences in compliance with the Air Navigation Regulations of Sri Lanka, CAASL Implementing Standard (IS 036) and Requirements issued by the DGCA and published in this Medical Procedure Manual (SLCAP 3020).

d) AME shall conduct medical examinations in conformity with the Standards and Recommended Practices contained in ICAO Annex 1 (subject to any differences filed by the State), IS 036, Requirements issued by the DGCA and requirements published in the Medical Procedure Manual (SLCAP 3020). If no Requirements are published by the DGCA, the guidelines published in ICAO Doc. 8984 - Manual of Civil Aviation Medicine and/or EASA PART MED Requirements shall be used.

e) If an applicant is unfit or needs to be further investigated, AME shall inform the applicant soon after the Medical Examinations. Such cases shall be brought to the attention of the MA along with AME's recommendations.

f) If deemed necessary, AME shall refer borderline cases to a Specialist Medical Consultant or a Panel of such Consultants who have been designated by the DGCA for expert opinion and advice.

g) In consultation with and approval of the MA, AME shall take necessary steps to seek accredited medical conclusion as and when necessary.

h) AME shall review/evaluate results of previous medical examinations of personnel licence holders and monitor and analyze the medical condition of Licence holders

i) AME should propose development of new procedures and practices, which could be implemented in order to maintain highest standards and quality.

j) AME shall sign and stamp each document issued, using the official stamp provided by CAASL and the said stamp shall be kept in safe custody of the Nursing Officer of AMS.

k) AME shall inform Head of AMS in advance when his/her services will not be available for a consecutive period more than 7 days.

l) AME shall forward the results of routine licensing medical examinations to MA, at the earliest possible but not later than two weeks from the date of the medical examination.

m) AME shall provide further details/clarifications/explanations on medical examination conducted by him/her, to the MA, Head of AMS or the DGCA if seems desired or at request.

n) AME shall attend training Programmes or familiarization visits offered by AMS.

o) AME shall refrain from carrying out a medical examination for personnel licensing activity unless the person carries an authorization issued by the DGCA.

p) AME shall be remunerated in accordance with the approved payment scheme of the CAASL.

q) The DGCA reserves the right to withdraw the appointment of an AME at any time without giving reasons for such an action. In such an event, the AME shall return all official stamps, Official Identity Card, documents and any other material issued to him/her by the DGCA without delay.

Note: Further guidance is provided by the Part II, General Guidelines for Aviation Medical examiners published by CAASL.

4.3.7. Competency Assessment of AME

Competency of an AME shall be assessed by MA once in every two years and before re-issuance of Authorization, pursuance to 4.1.4.22 of this SLCAP 3020.

In case the Competency Assessment audit done by MA is unsatisfactory, a formal interview with the MA or exam may be required for AMEs who meets designation criteria.

For competency assessment by MA refer to appendix I

4.4. Training for AMEs

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

Training will be guided, supervised and implemented by the AMS as per the "TRAINING PLAN FOR AVIATION MEDICAL EXAMINERS (AMEs)" in Appendix VII of this document.

4.4.1. Basic training in Aviation Medicine

Medical examiners shall have required Basic training consist of a minimum of 60-hours from recognized aviation medicine institute of lectures including practical work (examination techniques) prior to appoint as a Designated Medical Examiner.

After the completion of Initial Training a AME is required to understudy minimum of one initial & two renewal examinations being conducted by a designated AME & finally the evaluation shall be conducted by MA while applicant conducting a medical Examination.

4.4.2. Advanced training in Aviation Medicine

Advanced training in Aviation Medicine should consist of a minimum of 120-hours of lectures (60 additional hours to basic training) and practical work, training attachments and visits to aero medical Centers, Clinics, Research, ATC, Simulator, Airport and industrial facilities. Training attachments and visits may be spread over three years. Basic training in Aviation Medicine shall be a compulsory entry requirement.

The objectives of these training programmes have been related to the discussion of recent trends in aviation medicine, as well as the latest techniques of assessment of applicants for aviation duties. And also Designated Medical Examiners are required in accordance with Annex 1 to process training in aviation medicine, including practical knowledge and experience of the condition which the holders of licence and ratings carry out their duties.

4.4.3. Refresher Training in Aviation Medicine

During the period of authorization, an AME shall attend fifteen (15) hours of Continuous Professional Development training (CPD) related to Aviation Medicine under the direct supervision of the Aeromedical Services, CAASL. Scientific meetings, congresses and flight deck experience may be approved by the CAASL for this purpose, for a specified number of hours.

4.5. Aeromedical Examination Board (AEB)

Appointment of Aeromedical Examination Board & Legal Status

The Aviation Medical Examiners will be appointed by the DGCA to the Board of Medical Examiners after appropriate training at AMS on Aeromedical regulatory requirements and ICAO Aeromedical regulations and authorized to exercise delegated authority as Aviation Medical Examiners of the CAASL.

This Aeromedical Examination Board is responsible for the review on appeal regarding suspension, amendment, modification, revocation, or denial of any Medical Certificate issued by the Aeromedical Services. The decision of the AEB is subject to review by the DGCA for the CAASL.

4.6. Enforcement

CAASL shall, at any time in accordance with its procedures, revoke any authorization it has issued in accordance with the requirements of CAASL, if it is established that an AME has not met, or no longer meets, the requirements of CAASL or relevant applicable regulations, practices or procedures or it is proved beyond doubt that a AME has not adhered to the procedure stipulated by this manual when conducting medical examinations and issuing medical certificates.

In the event it is found that integrity of an AME is in question or procedures adopted by him have been not acceptable as stated in above, Medical certificate issued during a considerable period shall be re-scrutinized for any disparity or shall take action according to the enforcement system of CAASL Enforcement Manual SLCAP 0005, 2.1.8.4 and appendix I, table 07.

4.7. Health Promotion

The Aeromedical Services (AMS) should establish and implement an Aviation Health Promotion Programme for licence holders subject to medical assessment.

AMS shall analyze trends identified during aeromedical assessments and review reports of in-flight and operational incapacitation events or incidents to identify preventable medical risks and determine priority health promotion topics.

Based on this analysis, AMS to develop and conduct health promotion through medical counselling during examinations, seminars, workshops, lectures & awareness programmes covering relevant subjects.

AMS shall maintain records of health promotion activities, stakeholder communications, analyses of medical assessment findings and incapacitation events or incidents.

- End of Chapter 4 -

CHAPTER 5 - THE AERO MEDICAL EXAMINATION

5.1 Aero medical Services (AMS)

Aero Medical Services (AMS) is the established facility by CAASL within its premises, for the proper conduct of aero medical examinations & safe keeping of relevant documents & apparatus used for the purpose, which is functioning as a fully-fledged clinic.

Aeromedical Services is administered by Head of AMS/Senior Civil Aviation Inspector-Aviation Medicine. Aviation Medical Examiners (AME) have been designated from well experienced Physicians in the practice of Aviation Medicine to conduct examinations to determine medical fitness of Aviation licence holders. Such physicians are duly empowered to act on behalf of the DGCA, & they shall be known as the Aviation medical Examiners (AME) of Aero Medical Services (AMS) of CAASL. Specialized tests are carried out in designated hospitals and the investigations reviewed prior to issue of licence.

In addition there are two Nursing Officers for record management and assist the Aviation Medical Examiners in Aero Medical Examinations.

5.2 Medical Confidentiality

1. All Aeromedical Staff and all persons involved in medical examination, assessment and certification shall ensure that medical confidentiality is respected at all times.
2. Medical reports and files shall be kept in a separate restricted area in the Aeromedical Services and shall be securely held with accessibility restricted to authorized personnel only.
3. AMEs or MA can obtain medical reports and records from Head of AMS whenever it's needed to perform medical assessments and shall be returned to the Nursing Officer once the task is over.
4. No copies of any medical reports/records released to any third party without prior approval of DGCA. If a client or an Official from CAASL/institution need to obtain copies, shall submit a request to DGCA through Head of AMS.
5. The medical information provided by a person who has undergone a medical examination for issuance or renewal of his/her licence shall be kept confidential and disclosed only to Aeromedical officials at AMS, CAASL.
6. All confidential medical documents/reports/records shall be stored for ten (10) years with limited accessibility to Head of AMS/MA and other authorized personnel only.
7. DGCA has given fully authority to Head of AMS & MA to determine to what extent pertinent medical information is presented to relevant officials of the CAASL. (ref. 4.1.4.5).
8. The above procedures shall be supervised by the Head of AMS strictly.

5.3 Conduct of Medical Examinations

5.3.1 Medical Examination & Examination forms

A. Only one form (**Form CAA / AMS / 02, Medical Examination Form-attached as appendix II of this document**) is used for both initial medical examination and renewal medical examination.

1. Part A of this form
   This is an applicant's declaration. Applicant shall complete this part and sign prior to the Medical Examination by AME.
2. Part B of this form

   This Part shall be completed by the AME during the Medical Examination. AME shall obtain the required information from the applicant to mark the responses on the relevant boxes of this Part.
3. The AME shall complete Part B as below:
   a) All questions (boxes) on the Part B of the medical assessment form shall be completed in full.
   b) Writing must be legible.
   c) If more space is required to answer any question, write on a plain sheet of paper with the applicant's name, ID number, the additional information required, followed by AMEs signature and date.
   d) Completed form CAA/AMS/02 shall be signed by AME with the date of examination and the stamp of the AME shall be placed.

B. Prior to undertaking any aero medical examination, the examiner is to inform each applicant of the possible legal consequences of a deliberate false statement made with the intention of obtaining a medical certificate.

C. It is mandatory that the AME be able to be satisfied as to the identity of the applicant. When an AME does not know or recognize an applicant, then identification may be proven by the usual means such as passport, photo driving licence or NIC.

D. CAASL requires that the AME personally ask the applicant, the questions in the medical history section of the Part A of the medical assessment form, then personally observe the answers given. This allows the AME to assess the applicant's understanding of the questions and to provide any necessary explanations.

E. Conduct of Medical Examinations by AME for the issuance or Renewal of all Medical Assessments of Class I, II & III for all Flight Crew Members, Cabin Crew Members & Air traffic Controllers shall be done only at Aeromedical Services of CAASL.

F. Conducting the Medical Examination & evaluation of the medical reports is the responsibility of AME.

G. Having completed the medical Examination AME shall submit the duly completed medical examination form to AMS without delay along with signed "Medical

Certificate" recommending issuance of medical certification to AMS only if he/she is satisfied with the Medical Fitness of the applicant appropriate to the Class.

H. Initial and in every five years Medical assessment for Cabin Crew Members are done by AMEs at AMS and in between renewal of Cabin Crew Class II Medical Assessment is delegated to the AMS designated Airline Company Medical Officer and the said Medical Examination shall be done at the relevant Company Medical Centre. The Airline Medical Officer who perform the above mentioned medical assessments shall be a designated Medical Officer of the AMS, CAASL.

I. Further, Renewal of Medical Assessment for all three classes, authority of medical certification shall be delegated to AMEs subject to review & covering approval of

Medical Assessor. This arrangement is made to overcome any undue delays of renewal process to facilitate fast compromising safety concerns.

5.3.2 Periodic Requirements.

For a summary of special investigations required at initial, routine revalidation or renewal, and extended revalidation and renewal examination see **Appendix III**.

5.3.3 Medical Fitness

5.3.3.1 Fitness

The holder of a medical certificate shall be mentally and physically fit to exercise safely the privileges of the applicable licence.

5.3.3.2 Requirement

In order to apply for or to exercise the privileges of a licence, the applicant or the licence holder shall have a current medical certificate issued by the AMS in accordance with the provisions of CAASL Regulations.

5.3.4 Medical Certificate

An applicant shall hold a current Medical Certificate issued by the AMS in accordance with the provisions of CAASL IS 036 and ICAO Annex I, Chapter 6 to apply for the licence.

The period of validity of a Medical Assessment shall begin on the day the medical examination is performed. The duration of the period of validity shall be in accordance with the provisions of MED.A.045 and ATCO.MED.A.45 of IS 036.

Medical certificate is required by the licence holder to compliment and validate their licence in order to exercise the privileges of the licence. The licence holder must possess both the licence and a valid medical certificate for the class of licence held. The medical certificate will indicate the medical standard and the validity dates for each class of medical standard. The certificate will also indicate conditions, observations and any medical restriction/limitation that may affect the certificate validity and hence the licence.

The medical certificate confirms that the applicant has been medically assessed, the details of the class of medical certificate hold, the validity date, and confirms either that the required medical standard is met or details of any restrictions/limitations imposed by CAASL which affect the medical certificate's validity.

Until further notice CAASL does not practice issuance of Medical Certificate by the AME to the Medical Assessor through electronic or any other means other than issuing the manually signed Medical Certificate Form No CAA/AMS/01 or CAA/AMS/06.

5.3.4.1 Content of Medical certificate (CAA/AMS/01 & CAA/AMS/06)

The medical certificate contains the following information:

a. Reference number (as designated by the Authority)
b. Class of certificate
c. Full Name
d. Limitations , conditions and/or variations
e. AME, number and signature
f. Date of general examination
g. Medical Assessor's endorsement

5.3.4.2 Initial issue of medical certificates.

Initial Class I, Class II and Class III medical certificates shall be issued by the AMS after the authorization of the Medical Assessor.

5.3.4.3 Renewal of medical certificates.

Class I, II and Class III medical certificates shall be re-issued by the AMS after the AME's approval whilst on duty in AMS subject to the approval by the Medical Assessor.

5.3.4.4 Renewal of Cabin Crew Class II Medical for Cabin Crew Members of Airlines.

Authority of conducting a Medical examination for renewal of Cabin Crew Class II Medical Assessment of Cabin Crew Members of local Airlines is delegated to the AMS, CAASL designated Medical Officer of relevant Airlines for the next consecutive four years after the Initial issuance by the AMS, CAASL. Subsequent medical assessments in every five (5) years, the applicant shall report to AMS of CAASL for a medical examination for Cabin Crew Class II medical renewal. Procedure & the standards applicable for the issuance & renewal of Cabin Crew Class II Medical Assessment irrespective of where it is conducted, shall be assured & maintained as per the standards stipulated in this Manual and CAASL IS 036. Medical examination of Cabin Crew members over 50 years shall be done annually at AMS, CAASL.

Though the renewal of Cabin Crew Class II Medical Certificate is dedicated to the Airline Medical Officers in between AMS medical assessments, the AMS keep its right to call for medical assessments of any cabin crew member whenever deems necessary.

5.3.4.5 Reactivation/Renewal of Expired CLASS I, CLASS II & CLASS III Medical Certificates

Refer to MED.A.045 and ATCO.MED.A.045 of IS 036.

5.3.4.6 Replacement of Medical Certificate

Medical certificates that are lost or accidentally destroyed may be replaced upon proper application provided such certificates have not expired. The request should be sent to the DGCA through the Head of AMS along with the complaint made to the area police station if it is lost.

The replacement certificate will be prepared as same as the missing certificate, will bear the same date of examination regardless of when it is issued and will indicate as a duplicate copy.

Certificate Annotation, variation, limitation or suspension of a Medical Assessment-

When a review has been performed and a variation granted in accordance with IS 036 or with this manual, it shall be stated on the medical certificate. Assessment in addition to any conditions that may be required, and may be entered on the licence at the discretion of the Authority.

Following a medical examination, due to the justifiable reasons, the MA may, notify to the applicant on imposing any limitation or may suspend a medical certificate prior to issuance or issued by the AMS. In this case MA shall communicate the decision with the Head of AMS for necessary actions.

5.3.4.7 Denial of Certificate

An applicant who has been denied a medical certificate will be informed of this in writing and of his right of review by the Authority.

Information concerning such denial will be collated by the AMS Medical Board within 30 days. Medical information supporting this denial will not be released without prior consent of the applicant to a third party.

The applicant who has been denied a medical certificate may petition the AMS for a review within ninety (90) days after the final CAASL denial. For further information refer to the Appeal Procedure to an Accredited Medical Conclusion/Medical Board decision in Appendix IV of this manual and the request for secondary review is attached as Appendix V.

5.3.5 Period of validity of medical Assessment

Period of validity of the Medical Assessments of all Classes I, II & III shall be as per the periods promulgated by the IS 036 of CAASL.

Pilots over 60 years of Age

Class I Medical Certificates for Pilots over the Age of 60 years up to 65 years operating in Multi Crew Environment are issued by AMS for Pilots who have been maintaining Medical Reports with AMS at least for the preceding five years. Renewal Procedure shall be altered to Initial issuance procedure with respect to list of Medical Checks & Reports & the Examination shall be a comprehensive as per the applicable standards of Class I.

Renewal - If the medical examination is not taken within the 45 day period, the expiry date will be with effect from the date of the next medical examination.

Requirements for renewal & revalidation - The requirements to be met for the revalidation of medical certificates are the same as those for the initial issue of the certificate, except where specifically stated otherwise.

Reduction in the period of validity - The period of validity of a medical certificate may be reduced by an AME in consultation with the MA when clinically indicated if such action is required for flight safety.

5.3.6 Additional examination.

Where the Authority has reasonable doubt about the continuing fitness of the holder of a medical certificate, the AMS may require the holder to submit for further examination, investigation or tests. The reports shall be forwarded to the AMS.

5.3.7 Aviation Medical Audits

It is mandatory for examinations done by Designated Medical Examiners are audited by the Medical Assessor.

Refer to competency assessment audit process 4.1.4.36 and appendix I

- End of Chapter 5

CHAPTER 6
PROCEDURE FOR THE CONDUCT OF MEDICAL EXAMINATIONS.

6.1 Venue

Unless otherwise exempted in writing by DGCA, every Medical Examination except certain laboratory tests conducted for the purpose of issuance or renewal of Licences shall be conducted at the Aeromedical Services established & maintained within the Authority premises.

6.2. Authority

Conduct of Medical Examination for the issuance of Medical Certificates shall be only performed by an AME who has been duly delegated the task & who holds a valid authorization.

6.3. Procedure adopted by AMS Staff.

a) AMS staff shall issue application (Form-CAA/AMS/02) to the initial applicant with the medical examination procedure leaflet (Form-CAA/AMS/05) & describe the established administrative procedure of AMS for Medical Examination and obtain the duly completed application.

b) After verification with the established procedure, AMS staff (designated personnel) shall perfect the prescription form (Form-CAA/AMS/07) appropriate to the routine investigations of Class of Medical Assessment required to be undergone by the applicants and issue the said form to the applicant to produce it to the designated hospital/laboratory for the tests.

c) For the renewal medical examinations, the applicant shall undergo medical tests/investigations as per the document issued by the AMS;

   i. Medical Certificate (Form/CAA/AMS/01) for Class I and Class II applicants.

   ii. Medical laboratory investigations prescriptions (Form/CAA/AMS/07) for Cabin Crew Class II and Class III applicants.

d) Once the reports of the tests/investigations received by the AMS, the AMS Staff shall make an appointment for the medical examination by AME according to the requested date of the applicant. The appointments for the medical examination shall reserve on first come first serve basis.

e) If an urgent or extra appointment slot is requested by an applicant, the AMS Staff shall refer it to the Head of AMS and obtain the authorization prior to granting the appointment.

f) On the date of medical examination, AMS Staff will issue a Payment in voucher (PIV) to the applicant indicating the total expenses for the medical examination procedure and the applicant shall pay the amount to the Cashier

of the CAASL and return the payment confirmed slip (pink slip) to the AMS Staff.

g) The applicants who were given appointments for the renewal of their medical certificate shall complete the medical examination form (Form-CAA/AMS/02) on the date of medical examination and submit it to the AMS Staff for further proceedings.

h) The AMS Staff will prepare the Applicant's medical file including all the investigation reports and will submit to the AME at the time of medical examination.

6.4. Procedure for AME

6.4.1. Verification of declaration

AME shall verify & confirm the declaration submitted by individual applicant after reading out the essential parts of the application.

Conducting of Medical examination as per the guidance of this Manual until the AME is satisfactory that an applicant has been subjected to adequate examination. At the end of completion of above examination AME shall determine whether or not an applicant is medically fit for the issue of respective Class of Medical Certificate.

At the end of above examination, if AME is satisfied with the medical condition against appropriate Class of Medical Assessment requested by the applicant concerned, he shall complete the applicable Form CAA/AMS/02 (Part B) and CAA/AMS/06-b or CAA/AMS/01 (Medical Certificate).

Having completed the medical examination of the applicant in accordance with (IS 036), the medical examiner shall coordinate the results of the examination and submit a signed report, or equivalent, to AMS in accordance with the requirements, detailing the results of the examination and evaluating the findings with regards to medical fitness.

At the end of above examination if AME is not satisfied with the medical condition of the applicant concerned, such situation will be referred Medical Assessor for accredited medical conclusion. AME shall submit the applicable Form CAA/AMS/02 to CAASL with his recommendation.

AME may request additional tests if the applicant needs to undergo further investigations prior to the fit assessment.

6.4.2. Procedure of submitting completed medical assessment form CAA/AMS/02 to AMS.

1. Part B of Form CAA/AMS/02 shall be duly completed by AME during medical assessment according to the clinical examination and the available investigation reports and signed.

2. Once the medical assessment is completed AME shall complete the medical certificate CAA/AMS/06-b or CAA/AMS/01 followed by AMEs signature and

date confirming that the applicant has met the medical requirements according to the Class of the licence he/she holds.

3. AME shall coordinate the results of medical examination by submitting duly completed CAA/AMS/02 & CAA/AMS/06-b or CAA/AMS/01 to MA through AMS.

4. Conduct of medical examinations by AME is more elaborated in 5.3 of this Manual.

6.5. Procedure of conduct of CAASL Medical Board. (Accredited Medical Conclusions)

(Pursuant to MED.B.002 of IS 036)

The CAASL has established a Medical Board as an organizational element within the AMS responsible for the oversight and management of the aviation medical examination, to provide accredited medical conclusions, established processes and procedures which govern the aeromedical examination system.

After conducting a medical examination, if AME is not in a position to determine that one or more medical condition/s of the applicant confirm to standard specified in IS 036 numerically or otherwise, AME shall refrain from issuing appropriate Medical Certificate.

This decision shall be notified to the applicant. The applicant may be advised of the option available to him to pursue further seeking a Medical Board assistance & Accredited Medical Conclusions.

Procedure of accredited medical conclusions

1. If the Applicant's medical standard is not met according to the chapter 6 of Annex 1 and if AME is not in a position to determine that one or more medical condition/s of the applicant confirm to the specified standard, he/she shall refer it to the MA in writing for an accredited medical conclusion.
2. Medical Assessor shall go through all medical records/reports available, do a separate medical assessment/interview considering health status, ability, skills, experience and operational conditions of the applicants.
3. MA shall come to a conclusion whether applicant needs further specialized investigations, assessment by relevant Consultant or can be cleared.
4. If MA decides that the applicant is fit after above (2), refer back to AME in writing for certification. MA may add restrictions or limitations to the medical certificate according to the medical conclusion made.
5. If the applicant needs further specialized investigations and assessment by a Consultant, MA shall refer back to AME to arrange the referral to the relevant Consultant.
6. According to the recommendations made by the Consultant, MA shall decide whether to determine the medical fitness through the Medical Board of CAASL or can provide the accredited medical conclusion with the medical

records available. MA may add restrictions or limitations to the medical certificate which will be endorsed in the licence.

7. If MA decides to have a Medical Board to determine the fitness of the applicant, MA shall convene the Medical Board.
8. Medical Board has to take the final accredited medical conclusion after thorough scrutiny of all medical records available and if necessary followed by an interview with the applicant.
9. Medical Board decision shall be conveyed to DGCA by the Chairman of the Medical Board (MA) in writing for the approval.

6.5.1 Medical Board meetings

Procedure of conduct of CAASL Medical Board for Accredited Medical Conclusions;

1. Authority for convening Medical Board

   On the receipt of above Form CAA/AMS/02, CAASL Medical Assessor shall convene the Medical Board through Head of AMS to review the medical condition of the particular applicant. Further he/she may decide whether or not to obtain assistance of any other CAA official or specialist as appropriate.

2. Quorum Requirement
   I. Medical Assessor (Chairman)
   II. At least two AMEs
   III. Representative from DGCA if necessary
   IV. Consultant Specialist if necessary
3. Time Period

   Within 30 days from the day of reference to the Medical Board.

4. No of sittings of Medical Board for one applicant.

   Usually there is no limitation for the number of sittings. However every endeavor shall be made by the Medical Board & MA to determine the full course of action pertaining to a particular case within one sitting. During this session Board shall discuss & evaluate all possible follow up actions, anticipated results & associated course of actions.

   Consultation of various expert Physicians may be utilized if required.
   Every effort shall be made to conclude each case in a single sitting.

5. Medical Board Decision & Authority Decision.
   Final accredited medical conclusion on the case shall be made by the MA after the recommendation provided by the Medical Board and shall be forwarded to DGCA for the final authority decision.
6. Appeal for the Accredited Medical Conclusion/Medical Board Decision

   Having received the Accredited Medical Conclusion or the Medical Board Decision, the applicant may submit his concerns over the above decision to DGCA directly.

Note 1: For Appeal Process - Refer to No.1 of Appendix IV of this manual.
Note 2: Actions to be taken by DGCA - Refer to No.2 of Appendix IV of this manual.

7. Provision for re-evaluation

   If Required DGCA may decide whether to revisit & review the decision taken by the Medical Board and whether to reconsider.

- End of Chapter 6 -

CHAPTER 7 - DIFFERENCES FROM PROVISIONS

7.1. Standards

The physical standards outlined by ICAO in Chapter 6 of Annex 1 to the Convention on International Civil Aviation ratified in Sri Lanka in terms of IS 036 stipulating the minimum physical requirements considered necessary to maintain high standards of flight safety. Each system was considered with respect to its importance in flight whether sensory, physical or related to the possibility of incapacitation. In each case, where measurements could be taken, a norm was set which was varied according to the privileges of licence and operational conditions.

7.2. Flexibility and Waivers

Flying requires physical co-ordination, a degree of mental agility and good vision; nonetheless an individual does not need to be physically perfect. As indicated in Note 2 introducing Annex I Chapter 6, 'Standards and Recommended Practices cannot on their own, be sufficiently detailed to cover all possible individual situations.' Accordingly, particular individuals were allowed to exercise the privileges of a licence with or without the imposition of Limitations or Conditions where such activities were considered compatible with the requirements of flight safety. These differences from the Standards were proposed under 'accredited medical Conclusion (more than one medical opinion) but generally were empirical, subjective and inconsistent internationally.

7.3. Medical Assessment

The aero medical examination & how best this could be conducted is discussed in detail in this Medical Procedure Manual (SLCAP 3020) and an authorized examiner (AME) should recognize easily whether an individual meets clearly the requirements for the issue of appropriate class of assessment. If however, an individual does not meet a requirement, or is marginal under several of them, AME shall recommend the matter further with the Head of AMS or MA, which may provide convening the Medical board and achieve 'Accredited medical conclusion'. In all cases where an AME has refused or referred an assessment, the relevant data will be forwarded to the AMS in order that such data may be reviewed by MA or by the Medical Board.

7.3.1 Requirements for assessment

An applicant for, or holder of, a medical certificate issued in accordance with CAASL IS 036 and Medical Manual (SLCAP 3020) shall be free from

a) Any abnormality, congenital or acquired,

b) Any active, latent, acute or chronic disability,

c) Any wound, injury or sequel from operation, such as could entail a degree of functional incapacity which is likely to interfere with the safe operation of an aircraft or with the safe performance of duties.

d) An applicant for, or holder of, a medical certificate issued in accordance with CAASL IS 036 and Medical Manual (SLCAP 3020) shall not suffer from any disease or disability which could render him likely to become suddenly unable either to operate an aircraft safely or to perform assigned duties safely.

7.4. Aero medical Limitations

In some cases an applicant will require assistance to meet the requirements, for example using contact lenses or spectacles. Under these circumstances the Condition should be placed upon the medical certificate. If an applicant is assessed as requiring correction to meet the visual standards at initial assessment, it is possible that his vision may improve. An AME should not however add or remove that condition without verifying the position with the AMS and normally a further full refraction will be required before a visual condition can be changed. If such action is taken, it shall be appropriately mentioned in the medical certificate under Limitations.

Note: Refer to Chapter 6 of Annex 1 and ICAO Doc 8984 for the list of applicable limitations on medical matters.

7.5. Medical Flight Tests (Functional Test)

Where a physical deficiency is noted, a cockpit check or medical flight test may be required. A cockpit check is appropriate where stature or deformity may be a consideration

- For example, obesity can be a problem in smaller aircraft, particularly with floor mounted controls. Where fine movement and strength may be a concern,
- For example in an amputee, a medical flight test is appropriate and the AMS should brief the examiner concerning the problems that may be expected. In the case of lower leg amputation, toe brake operation may not be possible and with a forearm amputation, it may be necessary to specify which seat may be used. Any arm or hand disability must be carefully considered as the applicant must be able to maintain continuous control of primary flying surfaces at critical flight phases i.e., at landing or take-off. Simulators may be used instead of aircraft when the characteristics and cockpits accurately represent that aircraft and may allow more extensive challenge to the applicant than would be possible in actual flight.

If an applicant is considered fit for a medical certificate following medical flight test a report should be made to the AMS and recommendation made by them to the AMS for any appropriate conditions such as ‘restricted to demonstrated type’. Given such procedures, flexibility may be applied to the requirements in a uniform manner and under varied operational conditions. By applying common assessment policies based on aero medical risk assessment, flight safety should not be compromised and thus maintain the original concept of ICAO Annex I.

- End of Chapter 7 -

CHAPTER 8 - REVIEW PROCEDURES

8.1. The Assessment

As indicated in the section concerning flexibility, CAASL Medical Manual has been written in a form that is considerably more detailed and specific than ICAO Annex I. In doing so, the AMS has taken EASA manual as a guidance, with the aim of developing a common systematic approach to the investigation and assessment of cases including those of a marginal nature.

CAASL Medical Manual requirements provide direction to Aero Medical Examiners (AMEs) in assessment and also indicate whether decisions should be referred to MA or CAA Medical Board for further consideration. This approach encourages the use of 'Accredited Medical Conclusion' as it broadens the basis of what may, in many cases, be rather intangible risk management. Procedure that should be adopted summoning the Medical Board is discussed under Para 6.5 of this Manual.

8.2. Refusal

The AME is therefore primarily responsible for deciding whether or not an applicant is within the stipulated medical requirements. Any applicant who presents for examination must be examined unless the immediate history (epilepsy and psychosis for example) obviously precludes any kind of certification. If full examination indicates that an applicant does not clearly meet the requirements, the AME may advise the applicant of the area of concern and the report of refusal/referral shall be forwarded without delay. Any applicant rejected by an AME will have his data forwarded to the MA and may then request further review. Such a request will be treated as a referral. Please refer

Note: Refer to 6.4 of this manual to understand the procedure adopted by Sri Lanka.

8.3. Review Procedure

Any case referred to the CAASL Medical Board must be reconsidered against all applicable requirements appropriate to the class of Medical Assessment. If further investigation or opinion is required the applicant should be advised the need and how it may be achieved.

Applicants should be free to choose their Physician advisers, from the list of Designated Medical Specialists of AMS with particular aeromedical interest or experience. On occasion it may be necessary for the AMS to direct the applicant to a specific Medical Specialist for a further opinion. In all such cases relevant medical documentation of the applicant must be provided to the Specialist.

8.4. Secondary Review

Upon completion of their review the CAASL Medical Board should make an assessment and advise the applicant in writing of the Medical Board decision. In most cases the CAA-Medical Board will have sufficient additional expertise and operational experience to

make a decision. However, some cases require careful consideration of complex studies, for example coronary angiogram. In such cases it may be advantageous for the AMS to obtain opinion/advice of AMS Designated Cardiologists in order to gain consensus concerning interpretation of this data. This will demonstrate the assessments done are comprehensive and complete.

8.5. Variation and Review Policy

AMS Review -

If the medical requirements prescribed in CAASL Medical Manual for a particular licence are not fully met by an applicant, the appropriate medical certificate shall not be issued, revalidated or renewed by the AMS but the decision shall be referred to MA.

If there are provisions in CAASL Medical Manual that the individual under certain conditions (as indicated by the use of should or may) can be considered fit, a variation may be granted by the AMS. The AMS may issue, revalidate or renew a medical certificate after due consideration has been given to the requirements, acceptable means of compliance and guidance material.

Where the issue of a certificate will require more than one limitation, condition or variation, the additive and interactive effects upon flight safety must be considered by the AMS before a certificate can be issued.

Secondary review -

CAASL will constitute a secondary review procedure, with independent medical advisers, experienced in the practice of aviation medicine, to consider and evaluate contentious cases.

8.6. Standardization

All cases which are outside the Requirements and require consideration are to be reported to AMS. Such a report shall include identification details, age, type of licence held or requested, medical condition, Standard and or Appendix referred to and assessment recommended – including any Conditions or Limitations applied. A short narrative indicating the clinical summary is required in order to follow the reasoning applied. Proper compilation of this data should support audit of the requirements and Appendices and enable continuing review of the medical board's function.

8.7. Amendment of Common Policy

Some cases may be outside the Requirements and Appendices but may still be considered a reasonable risk by an AME. Such cases should be presented to the AMS with all supporting data and if favorably assessed may lead to amendment of Requirements, Appendices or CAA Manual of Civil Aviation Medicine.

- End of Chapter 8 -

CHAPTER 9 - RESPONSIBILITIES OF THE APPLICANT

9.1. Information to be provided/ Applicant's Medical history

Applicants for which medical fitness is prescribed shall sign and furnish to the AME, a declaration stating whether they have previously undergone such an examination and, if so, the date, place and result of the last examination. They shall indicate to the examiner whether a Medical assessment has previously been refused or suspended and, if so, the reason for such refusal or suspension.

9.2. Declaration

The applicant for initial issuance or renewal of a medical certificate shall produce proof of identification (NIC, DL, Passport or Aviation Licence as applicable) to the AME and a declaration of medical facts/information concerning personal, family and hereditary history. The Application FORM CAA/AMS/02 Part - A contains the declaration, including a statement of whether the applicant has previously undergone such an examination and, if so, with what result. The applicant shall be made aware by the AME, of the necessity for giving a statement that is as complete and accurate as the applicant's knowledge permits.

9.2.1. False information/Declaration

Pursuant to IS 036, AME conducting a medical examination on an applicant for issuance of a medical Certificate should be satisfied that either the declaration or statement or both made by the applicant in the form No CAA/AMS/02 Part - A is accurate.

If any false or inaccurate declaration made with intent to deceive, AME shall report the incident to the AMS. On receipt of such information, the AMS shall take such action as stipulated in the Enforcement Manual of CAASL – SLCAP 0005 Appendix 1, Table 11 & 12.

AME shall adopt the following procedure,

I. Inform the applicant regarding the false declaration made by him/her will be reported to the Head of AMS for appropriate action.

II. Advice applicant to receive further instructions from Head of AMS.

III. Submit the report to MA through Head of AMS for necessary action.

V. Update the individual medical file and register accordingly.

- End of Chapter 9 -

A. After completion of the medical examination by the AME, the applicant may be advised whether fit, unfit or referred to the AMS.

B. AME shall refer the decision on fitness of an applicant to the MA of the AMS in border line cases or where fitness is in doubt.

C. AME shall inform the applicant of any condition(s) (medical, operational or otherwise) that may restrict flying, training and/or the privileges of any licence issued.

D. In cases where a fit assessment may only be considered with limitation, AME or MA shall evaluate the medical condition of the applicant in consultation with flight operations and other experts, if necessary.

10.1 Limitations on Medical Certificate

10.1.1 To wear corrective Lenses all the time-constant wear.

The licence holder shall carry a spare spectacle all the time while on duty.

10.1.2 Operational Multi crew Limitation (OML -Class 1 only).

OML – Valid only as, or with, a qualified co-pilot.

The other pilot shall be qualified on the type, not be over age of 60, and not be with an AME limitation.

The limitation is to be applied when the holder of a CPL or an ATPL does not fully meet the Class I medical certificate requirements, but is considered to be within the accepted risk of incapacitation. This limitation is applied by the Authority in the context of a multi-pilot environment. An Operational Multi crew limitation can only be issued or removed by the MA of the AMS.

10.1.3 Operational Safety Pilot Limitation (OSL - Class II only).

OSL – Valid only with a safety pilot and in aircraft with dual controls.

A safety pilot is a pilot who is qualified to act as PIC on the Class/Type of aircraft which is fitted with dual controls, for the purpose of taking over control and the other pilot occupies a seat at the controls.

An OSL can only be issued or removed by the MA of the AMS.

10.2 Decrease in Medical Fitness

10.2.1. Holders of medical certificates shall not exercise the privileges of their licences, related ratings or authorizations at any time when they are aware of any decrease in their medical fitness which might render them unable to safely exercise those privileges.

10.2.2 Holders of medical certificates shall not take any prescription or non-prescription medication or drug, or undergo any other treatment, unless they are completely assured by the treating Doctor that the medication, drug or treatment will not have any adverse effect on their ability to perform safely their duties. If there is any doubt, advice shall be sought from Head of AMS or MA.

10.2.3 Holders of medical certificates shall, without undue delay, seek the advice of the AMS when becoming aware of any significant personal injury involving incapacity to function as a member of an Aircrew; or

10.2.4 Any illness involving incapacity to function as a member of an Aircrew throughout a period of 21 days or more; or Being pregnant, shall inform the AMS in writing, and as soon as possible in the case of illness. The medical certificate shall be deemed to be suspended upon the occurrence of such injury or the elapse of such period of illness or the confirmation of the pregnancy, and:

10.2.5 In the case of injury or illness the suspension shall be lifted upon the holder being medically examined under arrangements made by the AMS and being pronounced fit to function, or being pronounced to fit to function subjected to required conditions/Limitations.

10.2.6 In the case of pregnancy, the suspension may be lifted by the AME, for applicants with low risk uncomplicated pregnancy, evaluated and supervised in accordance with MED.B.045 (C) of IS 036. The fit assessment should be limited until the end of the 26th week of gestation. Following confinement or termination of pregnancy, the applicant shall not be permitted to exercise the privileges of her licence until she has undergone re-evaluation at the AMS in accordance with best medical practice and it has been determined that she is able to safely exercise the privileges of her licence and ratings.

10.2.7 Use of Medication, Drugs or any Other Treatment for any medical ailment (including allopathic, homeopathic and Ayurvedic medicine)
A medical certificate holder who is taking any prescription or non-prescription medication or drug or who is receiving any medical, surgical, or other treatment shall comply with the requirements of MED.A.020, MED.C.020 and ATCO.MED.A.020 of IS 036 and of this Medical Manual.

10.2.8 All procedures requiring the use of a general or spinal anesthetic shall be disqualifying for at least 48 hours and shall be cleared by the Head of AMS or MA.

10.2.9 All procedures requiring local or regional anesthetic shall be disqualifying for at least 12 hours and shall be cleared by the CAASL designated Airline Medical Officer.

10.3 Special Circumstances

It is recognized that the provisions of all parts of this Medical Manual will not cover every possible situation. Where the application of this Medical Manual would have anomalous consequences, or where the development of new training or testing concepts would not

comply with the requirements, an applicant may ask the Authority concerned for an exemption. An exemption may be granted only if it can be shown that the exemption ensure or lead to at least an equivalent level of safety.

Exemptions are divided into short term exemptions and long term exemptions (more than 3 months). The granting of a long term exemption may only be undertaken in agreement with the AMS Medical Board.

Curtailment of privileges of licence holders aged 60 years or more

Age 60-65 - The holder of a pilot licence who has attained the age of 60 years shall not act as a pilot of an aircraft engaged in international commercial air transport operations except: as a member of a multi-pilot crew and provided that, such holder is the only pilot in the flight crew who has attained age 60.

After age 65 - The holder of a pilot licence who has attained the age of 65 years shall not act as a pilot of an aircraft engaged in international commercial air transport operations.

10.4 Circumstances in which a Medical Examination may be deferred.

A medical examination may be differed only in the circumstance, when the licence holder is operating in an area distant from designated medical examination facilities and at the discretion of DGCA Sri Lanka, as an exception and not exceeding.

a) A single period of six months in the case of a flight crewmember 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 valid medical report is obtained after a comprehensive medical 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 who is legally qualified and allowed to practice in that area. AMS shall scrutinize and verify the relevant documents prior to granting such deferment.

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 under 1.2.4.6 of ICAO Annex I by the CAA of the Contracting State in which the applicant is temporarily located. A report of the medical examination shall be sent to AMS, CAASL where the licence was issued.

<u>Process of granting deferment</u>

1. The applicant who request a deferment or extension shall send a request letter or an email to Head of AMS with valid medical certificate issued by an ICAO member State or medical examination report issued by a CAA Designated AME in which the applicant located.
2. AMS shall verify the authenticity & validity of the medical certificate submitted by the applicant and AMS will consider previous medical records and operational risks if any during this process.

3. Granting of deferment – if satisfied, the AMS may grant a deferment of the medical re-examination in accordance with ICAO Annex 01 and CAASL IS 036 part MED provisions.

- End of Chapter 10 -

CHAPTER 11 - RECORDS & RECORDS MAINTENANCE

11.1 General

11.1.1 Each applicant/licence holder should have a personnel medical file on which is placed all medical correspondence, medical applications, assessments, medical reports and all documentation in related to the medical examinations.

11.1.2 Record keeping system including an index register system showing the file details should in place to ensure easy and quick accessibility for quick reference and statistical purposes.

11.1.3 Keep all medical records in a way that ensure medical confidentiality is respected at all times.

11.1.4 Medical records shall be stored in a manner that ensure protection from damage, alteration and theft.

11.1.5 These medical records should be maintained and organized in a way that ensures traceability and should be available throughout the required retention period.

11.2 Movement of medical files and medical assessment procedure

The following procedure shall be strictly followed by AMS including Medical Assessor, Head of AMS, AMEs, Nursing Officers and other authorized AMS Staff.

i. On the receipt of the application, declaration form No CAA/AMS/02 for the conducting of medical examinations for the issuance of Medical Certificates, Nursing Officer shall open a new file or the applicant's medical file and verify the details provided by the applicant in the declaration Form No. CAA/AMS/02 Part - A.

ii. Issue the prescription (Form No: CAA/AMS/07) for investigations and Medical Examination Procedure Leaflet (Form No: CAA/AMS/05).

iii. Once all applicable reports are received from the Designated Hospital, AMS Staff shall file them in the relevant applicant's file.

iv. Submit the applicant's medical file (all investigation reports, Form No: CAA/AMS/02 and Form No: CAA/AMS/06 or CAA/AMS/01) to AME with the duly completed application at the time of the examination.

v. Once AME complete the medical examination, if he/she certifies that the applicant's fitness is satisfactory for the issuance of medical certificate, Nursing Officer shall issue the Medical Certificate to the applicant.

vi. Having taken over the file, keep the file in the designated file cabinet under lock & key under the safe custody of Nursing Officer for the submission to the Medical Assessor.

vii. Submit the applicant's medical file which was certified by AME to the MA on the next immediate date available.

viii. Once the authorization for the medical certificate is done by the MA, submit it to the PEL section entering the register for the issuance of licence through the proper channel.

ix. Return the file containing all medical reports to the correct designated cupboard and keep it under safe custody and lock and key by the custodian Nursing Officer.

x. Generating copies, dissemination of medical information, divulging medical information, discussing medical information and limitations, extraction of medical reports shall be considered prohibited unless explicit approval is obtained from the individual medical record holder concerned and Head of AMS.

xi. All Aero Medical Staff shall ensure the highest level of security and confidentiality when handling the individual Medical Reports and files.

Appendix I

FORM CAA/AMS/09

Medical Assessment Audit on AMEs.

The competencies are set at 3 levels as follows:

Satisfactory - theoretical knowledge of the subject only
Practiced - actual practical experience such that the person could operate under supervision
Good - the person can operate without supervision
Very Good - the person can operate without supervision and could supervise others

	Date of Competency Assessment					
	Description	Level of competency	Level of competency	Level of competency	Level of competency	Level of competency
1.	Apply clinical skills to accurately diagnose and evaluate conditions and situations that have the potential to interact adversely with the aviation environment by utilizing: • Clinical history taking: • Physical and mental examination: • Further investigations or consultant reviews (whether performed or arranged by medical examiner): • Diagnostic skills:					
2.	Identify aspects of an applicant's medical condition or situation that may cause the applicant to interact adversely with the aviation environment					
3.	Access additional information, such as journals, scientific research, internet resources, colleagues, and specialist advisors, to support the assessment of an applicant's suitability and safety to operate in an aviation environment.					
4.	Determine and analyses the legislation, regulations, and medico legal considerations relating to the safety and suitability of an applicant to operate within the aviation environment.					
5.	Effectively communicate: • Information concerning the relevant legislation and regulations to applicants • With colleagues, consultants, and others as necessary for the purposes of obtaining additional information, advice, and guidance.					
Signature of AME						
Signature of the Auditor (MA)						

Appendix II

FORM CAA/AMS/02

Receipt No.....
Fees Paid.....

CIVIL AVIATION AUTHORITY OF SRI LANKA

MEDICAL EXAMINATION FORM FOR AVIATION LICENCES

PART A **MEDICAL IN CONFIDENCE**

(1) Full Name:				
(2) Initial with surname:	(3) Date of birth:	(4) Age:	(5) Sex Male ☐ Female ☐	(6) Application Initial ☐ Renewal ☐ Revalidation ☐
(7) Class of medical certificate applied for I ☐ II ☐ III ☐	(8) Any Limitations on previous Licence / Medical Certificate No ☐ Yes ☐ N/A ☐ Details :			(09) Type of licence applied for:
(10) Place and country of birth:	(11) Nationality:	(12) Occupation (principal)		
(13) Permanent address:	(14) Employer:	(15) Date of licence expire: Date: Initial or Renewal licence application file number:		
Telephone No: Mobile No: E-Mail: @	(16)National Identity Card No: Passport No:	(17) Aviation licence(s) held (type): Licence number:		
(18) Have you ever had an aviation medical certificate denied, suspended or revoked by any licensing authority? If yes, discuss with AME No ☐ Yes ☐ Date: Place: If Yes :- Details:- (reason)		(19) Total flight time hours:	(20) Flight time hours since last medical:	
		(21) Aircraft presently flown:-		
(22) Any air craft accident or reported incident since last Medical:- No ☐ Yes ☐ Date:- Place:- If yes, details:-		(23) Type of flying intended:		
		(24) Present flying activity Single pilot ☐ Multi pilot ☐		
(25) Do you drink alcohol – state average weekly intake in liters:	(26) Have you taken any medication for longer than two weeks after the last Medical Examination? Yes ☐ No ☐			
(27) Do you smoke tobacco? Never ☐ No ☐ Date stopped: Yes ☐ State type, amount & number of years:	If YES, state drug, dose, date started and why?			

(28)General and medical history: Do you have, or have you ever had, any of the following? YES or NO (or as indicated) must be ticked after each question. Elaborate YES answers in the remarks section.

	Yes	No		Yes	No		Yes	No		Yes	No
(101) Eye trouble/eye operation			(112) Nose, throat or speech disorder			(123) Malaria or other tropical disease			**Family history of:**		
(102) Spectacles and / or contact lenses ever worn			(113) Head injury or concussion			(124) A positive HIV test			(170) Heart disease		
(103) Spectacle / contact lens prescriptions /change since last medical exam			(114) Frequent or severe headaches			(125) Sexually transmitted disease			(171) High blood pressure		
(104) Hay fever, other allergy			(115) Dizziness or fainting spells			(126) Admission to hospital			(172) High cholesterol level		
(105) Asthma, lung disease			(116) Unconsciousness for any reason			(127) Any other illness or injury			(173)Epilepsy		
(106) Heart or vascular trouble			(117) Neurological disorders; stroke, epilepsy, seizure paralysis, etc			(128) Visit to medical practitioner since last medical examination			(174) Mental illness		
(107) High or low blood pressure			(118) Psychological / psychiatric trouble of any sort			(129) Refusal of life insurance			(175) Diabetes		
									(176) Tuberculosis		
(108) Kidney stone or blood in urine			(119) Alcohol/ drug /substance abuse			(130) Refusal of flying licence			(177) Allergy/asthma		
									(178) Inherited disorders		
(109) Diabetes, hormon			(120) Attempted suicide			(131) Do you hold a medical certification from any other CAA			(179) Glaucoma		
(110) Stomach, liver or intestinal trouble			(121) Motion sickness requiring medication			(132) Medical rejection from or for military service					
									Females only:		
(111) Deafness, ear disorder			(122) Anaemia/ Sickle cell trait/ other blood disorders			(133) Award of pension or compensation for injury or illness			(150) Gynecological, menstrual (151) Are you pregnant?		

Remarks: If previously reported and no change since, so state.

(29) Declaration: I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statement. I understand that if I have made any false or misleading statement in connection with this application, or fail to release the supporting medical information; the Authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under national law. Medical confidentiality will be respected at all times.

....

Date Signature of applicant Signature (Witness)

PART B

MEDICAL EXAMINATION REPORT **MEDICAL IN CONFIDENCE**

					Date :-				
(201) Examination Category Initial ☐ Renewal ☐	(202) Height cm	(203) Weight kg	(204) BMI	(205) Eye Colour	(206) Hair Colour	(207) Blood pressure – Seated mmHg		(208) Pulse - resting	
						Systolic	Diastolic	Rate(bpm)	Rhythm Reg ☐ Irreg ☐

Clinical examination: check each item

	Normal	Abnormal		Normal	Abnormal
(208) Head, face, neck, scalp,Thyroid			(218) Abdomen , hernia, liver, spleen		
(209) Mouth, throat, teeth			(219) Anus, rectum		
(210) Nose, sinuses			(220) Genito-urinary system		
(211) Ears, drums, eardrum motility			(221) Endocrine system		
(212) Eyes – orbit and adnexa; visual fields			(222) Upper and lower limbs, joints		
(213) Eyes – pupils and optic fundi			(223) Spine, other musculoskeletal		
(214) Eyes – ocular motility; nystagmus			(224) Neurologic – reflexes, etc.		
(215) Lungs, chest, breasts			(225) Psychiatric		
(216) Heart			(226) Skin, identifying, marks and lymphatics		
(217) Vascular system			(227) General systemic		

(218)**Notes:** Describe every abnormal finding, Enter applicable item number before each comment.	(226a) Identification marks, scars etc.

Visual acuity

(229) Distant vision at 6 m

	Uncorrected		Glasses	Contact lenses
Right eye		Corrected to		
Left eye		Corrected to		
Both eye		Corrected to		

(230) Intermediate vision

	Uncorrected		Corrected	
N14 at 100 cm	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(231) Near vision

	Uncorrected		Corrected	
N5 at 30 to 50 cm	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(232) Glasses	(233) Contact lenses
Yes ☐ No ☐ Type:	Yes ☐ No ☐ Type:

(234) **Colour Perception**	Normal ☐ Abnormal ☐
Pseudo- isochromatic plates	Type:
No of plates:	No of errors:

(235**) Hearing**	Right ear	Left ear
Conversational voice test at 2 m back turned to examiner	Yes ☐ No ☐	Yes ☐ No ☐

Audiometry				
Hz	500	1000	2000	3000
Right				
Left				

(236)**Urinalysis** Normal ☐ Abnormal ☐

Glucose	Protein	Blood	Other

Accompanying Reports	Normal	Abnormal / Comment
(237) ECG		
(238) Audiogram		
(239) PFR		
(240) Other		

241) **Comment, restrictions, limitations:**

(242) **Aviation Medical examiners recommendation:**

☐ Fit for Class _____
☐ Medical certificate issued by undersigned.

☐ Unfit for Class_____ **State reason:**

☐ Deferred for further evaluation. If yes, why and to whom?

(243) **Medical examiner's declaration:**

I hereby certify that I have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

(244) Place and date:	Examiner's Name:	Examiner's rubber stamp and number:
Medical Examiners Signature:		

Appendix III

INSTRUCTION PAGE FOR COMPLETION OF THE APPLICATION FORM FOR AN AVIATION MEDICAL CERTIFICATE

This Application Form, all attached Report Forms and Reports are required in accordance with ICAO instruction and will be transmitted to the Aero Medical Section. Medical confidentiality shall be respected at all times.

The Applicant must personally complete in full all questions (boxes) on the Application Form. Writing must be in **Block** Capitals using a ball-point pen and be legible. Exert sufficient pressure to make legible copies. If more space is required to answer any question, use a plain sheet of paper bearing the application form.

NOTICE: Failure to complete the application form in full or to write legibly will result in non-acceptance of the application form. The making of False or Misleading statements or the Withholding of relevant information in respect of this application may result in criminal prosecution, denial of this application and/or withdrawal of any medical certificate(s) granted.

1. Full Name: State your full name.	16 State your National Identity Card Number. If Foreigner state your Passport Number.
2. Initial with surname: State your surname with initial.	17.Aviation licence held: State type of licences. .Enter licence number. If no licences are held, state 'NONE'.
3. Date of birth: Specify in order Day (DD), Month (MM), Year (YYYY) in numerals. E.g. 22-08-2008.	18. Medical Certificate denial or revocation: Tick 'YES' box if you have ever had a medical certificate denied or revoked even if only temporary. State date.
4. Age: State your age last birthday.	19. Total flight time hours: State total number of hours flown.
5. Sex: Tick appropriate box.	20. Flight time hours since last medical: State number of hours flown since your last medical examination.
6. Application: Tick appropriate box.	21.Aircraft presently flown: State name of principal aircraft flown. e.g.Boeing 737 etc.
7.Class of medical certificate : Tick appropriate box. Class I : Airline Transport Pilot Licences – Aeroplane, helicopter and power- lift Commercial Pilot Licences – Aeroplane, airship, helicopter and power- lift Class 2 : Private Pilot – flight navigator, licences, glider pilot licences, free balloon pilot licences Class 3 : Air Traffic Controller	22. Aircraft Accident/Incident: If 'YES' box ticked. State Date and Country of incident.
8. Any Limitations on the Licence / Medical Certificate: Tick appropriate box and give details of any limitations on your licences/medical certificates, e.g. vision, safety pilot etc	23. Type of flying intended: State whether airline, charter, single-pilot commercial air transport carrying passengers, agriculture, pleasure, etc.

9. Type of licence applied for(Or intended): State type of licence applied for from the following list: Airline Transport Pilot Licence Commercial Pilot Licence Privet Pilot Licence/ Instrument Rating Student Pilot And whether Fixed Wing / Rotary Wing / Both Air Traffic	24. Present flying activity: Tick appropriate box to indicate whether you fly as the SOLE pilot or not.
10. Place and country of birth: State Town and Country of birth.	25. Do you drink alcohol: Tick appropriate box. If 'YES', state weekly alcohol consumption e.g. 2 liters beer.
11. Nationality: State name of country of Citizenship.	26. Do you currently use any medication: If yes, give full details – name, how much you take and when, etc. Include any non- prescription medication.
12. Occupation (principal) State Captain/ First Officer/ Cadet Pilot / None etc.	27. Do you smoke tobacco: Tick appropriate box. Current smokers state type (cigarettes, cigars, pipe) and amount. e. g. 2 cigars daily.
13. Permanent address: State permanent postal address and telephone number.	28.General and medical history: All items under this heading from number 101 to 179 inclusive must have the answer 'YES" or 'NO' ticked. You must tick 'YES' if you have ever had the condition in your life describe the condition and approximate date in the REMARKS box. All questions asked are medically important even though this may not be readily apparent. Items numbered 170 to 179 relate to immediate family history whereas items numbered 150 to 151 must be answered by female applicants only. If information has been reported on a previous application form and there has been no change since. However, you must still tick 'YES' to the condition. Do not report occasional common illnesses such as colds.
14. Employer If principal occupation is pilot, then state employer's name	29. Declaration and consent to obtaining and releasing information: Do not sign or date these declarations until indicated to do so by the medical examiner who will act as witness and sign accordingly.
15. Date of licence expire: State date (day, month, year). Initial applicants state 'NONE'. Licence Initial or Renewal application file number: State your online file number.	

Appendix III-A

Investigations required for all Classes Initial/Renewal

Initial Class I - Medical Checks

1. Urine FR
2. Full Blood Count
3. TSH
4. Fasting Blood Sugar
5 Lipid profile
6. Blood Group & Rh factor
7. VDRL
8. ECG & Reporting
9. ECHO cardiogram
10. Chest X-ray & Reporting
11. Audiogram
12. Ophthalmology

Initial Class I - Medical Checks (Over 60)

01. Urine FR
02. Full Blood Count
03. TSH
04. Fasting Blood Sugar
05. Liver profile
06. Lipid profile
07. Blood Group & Rh factor
08. VDRL
09. ECG & Reporting
10. ECHO cardiogram Tympanometry
11. Exercise ECG
    &
12. Lung function test
13. Chest X-ray & Reporting
14. Renal profile
15. Audiometry PTA with masking & Tympanometry
16. Ophthalmology with Visual field Assessment & Binocular Functio

Class 1 - Screening Checks (Over 60)

01. Urine FR
02. Full Blood Count
03. Fasting Blood Sugar
04. SGPT & Gamma GT
05. Lipid profile
06. ECG & Reporting
07. ECHO cardiogram
08. Exercise ECG
09. Audiometry PTA with masking &
10. Ophthalmology with Visual field Assessment

    Binocular Function

Initial Class II - Medical Checks

1. Urine FR
2. Full Blood Count
3. TSH
4. Fasting Blood Sugar
5. Blood Group & Rh factor
6. ECG & Reporting
7. Chest X-ray & Reporting
8. Audiogram

Initial Class III - Medical Checks

1. Urine FR
2. Full Blood Count
3. TSH
4. Fasting Blood Sugar
5. Blood Group & Rh factor
6. ECG & Reporting
7. Chest X-ray & Reporting
8. Audiogram
9. Ophthalmology

Appendix III-B

Renewal Medical Tests Class - I

	Medical Tests	Under 40 age	Over 40 age	Over 50 age	Over 60 age
01	UFR	Every 1 year	Every 1 year	Every 1 year	Every 6 month
02	Fasting Blood sugar	-	Every 1 year	Every 1 year	Every 6 month
03	Full Blood Count	Every 1 year	Every 1 year	Every 1 year	Every 6 month
04	Lipid profile	-	At the Age of 40	-	-
05	ECG	Every 2 year	Every 1 year	Every 1 year	Every 6 month
06	Chest X-ray	Every 5 year	Every 5 year	Every 5 year	Every 5 year
07	Audiogram	Every 5 year	Every 2 year	Every 2 year	Every 1 year
08	Ophthalmology	-	At 40 years	At 50 years	Every 6 month
09	Stress Echocardiogram		At 40 years		Every 1 year

Renewal Medical Tests Class - II

	Medical Tests	Under 40 age	Over 40 age	Over 50 age	Over 60 age
01	UFR	Every 5 year	Every 2 year	Every 1 year	Every 6 month
02	Fasting Blood sugar	-	Every 2 year	Every 1 year	Every 6 month
03	Full Blood Count	Every 1 year	Every 1 year	Every 1 year	Every 6 month
04	ECG	-	-	Every 2 year	Every 2 year
05	Chest X-ray	Every 5 year	Every 5 year	Every 5 year	Every 5 year
06	Audiogram	-	-	Every 2 year	Every 2 year
07	ECHO cardiogram	-	-	-	Every 6 month
08	Ophthalmology	-	-	-	Every 6 month

Renewal Medical Tests Class - III

	Medical Tests	Under 40 age	Over 40 age	Over 50 age	Over 60 age
01	UFR	Every 4 year	Every 2 year	Every 1 year	Every 6 month
02	Fasting Blood sugar	-	Every 2 year	Every 1 year	Every 6 month
03	Full Blood Count	Every 1 year	Every 1 year	Every 1 year	Every 6 month
04	ECG	-	-	Every 2 year	Every 2 year
05	Chest X-ray	Every 5 year	Every 5 year	Every 5 year	Every 5 year
06	Audiogram	Every 4 year	Every 2 year	Every 2 year	Every 2 year
07	ECHO cardiogram	-	-	-	Every 1 year
08	Ophthalmology	-	-	At 50Years	Every 6 month
09	Stress Echocardiogram	-	-	-	Every 1 year

Appendix IV

Appeal Procedure for an Accredited Medical Conclusion/Medical Board decision

1. **Appeal process for Applicants**
    1. In the event of a CAASL Class I, II & III Licence holder being declared medically unfit by MA or by the CAASL Medical Board, the applicant may appeal to the DGCA for a secondary review of the medical assessment within a period of 60 days from the date applicant has been declared unfit.
    2. According to the given format in this appendix, appeal for secondary review shall be addressed to the Director General of Civil Aviation & Chief Executive Officer, 152/1, New Minuwangoda Road, Katunayake. The appeal shall be sent by registered post with acknowledgement due or may be delivered in person to the DGCA Office and obtain a receipt for the same.
    3. The appeal must be accompanied with
        a. The letter or email sent by AMS specifying reference to the cause of unfitness stated in the medical assessment issued by CAASL.
        b. All documents in original relevant to his/her medical condition obtained by the applicant from reputed medical institutions, two recognized specialists of the concerned discipline.
        c. The need for this opinion of two recognized specialists is to confirm of the presence / absence of the disability, for which he has been declared permanently unfit. The medical specialist certifying the fitness in such a case should give sound reasons justifying his opinion, reports of the medical examination and results of investigations, in original attached with the documents.
    4. Once the appeal and the accompanied documents are scrutinized at AMS, DGCA or Authorized Official will inform the Appealer whether the appeal is accepted for further proceedings or rejected within a period of fourteen days.
2. **CAASL Appeal Process**
    1. DGCA shall review the appeal if the appeal is in order according to the applicant appealing procedure.
    2. If the documents are **not** in order as per the requirement, the appeal would be rejected.
    3. If the appeal is in order, it shall be referred and reviewed by MA.
    4. Following the review/re-assessment, MA may also ask for any such investigation / report or opinion of any specialist to determine the fitness of the applicant.

5. In case the opinion of Senior Specialists confirms the presence of the disability, MA may deny another review at a Medical Board, to avoid infructuous expense and paper work
6. If the Specialist's reports confirms the absence of disability, fresh medical examination reports will be considered by MA to assess the medical fitness of the candidate.
7. With the fresh reports, MA shall call the same CAA Medical Board, the initial decision was made to reassess the medical condition.
8. If the CAA Medical Board decides to revoke the decision taken following step 7, MA shall inform DGCA regarding the revocation of the initial decision for necessary proceedings.
9. If the CAA Medical Board declares the same initial decision in the review following step 7, MA shall inform DGCA for further proceedings.
10. According to the decisions given by MA as per step 7 or 8, DGCA
    a. Step 8 – shall convene Appealer the new decision with proper justification.
    b. Step 9 – shall appoint a Medical Appeal Board to consider the appeal.
11. Medical Appeal Board shall consist of: Head of AMS, Two Aviation Medicine Specialists, at least one Consultant in the relevant medical specialty, PEL representative and, a flight operations specialist. DGCA may appoint a CAA legal advisor to the Panel to advise on matters of procedure only.
12. Medical Appeal Board shall study the case perusing all the reports & documents provided by MA/CAA Medical Board and the reports sent by the Appealer.
13. Medical Appeal Board shall decide whether they need to have a hearing or if they can reach to a conclusion following step 12 then go to step 10.a.
14. If Medical Appeal Board decides to have a hearing, then go to step 15.
15. In the event of a hearing,
    a. The Appealer will be invited to address the Panel to defend his decision to appeal against the MA/CAA Medical Board decision. Appealer is entitled to attend with one of his/her representative (by medical and/or legal and/or their relevant professional union representative). Names of all attendees shall be notified to the Head of AMS at least 7 days in advance of the hearing. If the applicant is to be legally represented it shall be notified to the Head of AMS at least 14 days prior to the date of the Panel.
    b. The Medical Assessor and the AME or the CAA Medical Board will be invited to address the Panel for justification of their medical decision.

c. The Medical Appeal Board may question the applicant and the Medical Assessor/CAA Medical Board if necessary.

d. At the end of the oral hearing, Medical Appeal Board shall discuss the case and shall come to the final conclusion.

e. The Medical Appeal Board will make the final decision on fitness for medical certification on behalf of the CAA and shall be conveyed to DGCA for further proceedings.

f. DGCA shall convey the final decision to the Appealer through an Official letter.
The applicant will normally be notified of the outcome of the appeal in writing within 10 working days after receiving the final decision of the Medical Appeal Board. The reason for the decision and the advice of the experts on which the decision maker has relied on reaching the decision will be set out in that decision. Where appropriate, the Medical Appeal Board may consider one or more limitations which are to be applied to the medical certificate of the appealer or that a medical certificate should be suspended or revoked.

16. Timelines for Medical Appeal Board decision.

DGCA shall appoint Medical Appeal Board within 14 days of receiving the Secondary Review decision from the Medical Assessor.
The final decision of the board shall be conveyed to DGCA within 30 days from the date of appointment. However CAASL may allow an extension to this time limit if there is good reason for doing so. The maximum extension permitted is six months.

Appendix V

Request for secondary review form

Name		
CAASL Ref. number		
Date of Birth		
NIC/Passport number		
Address		
Contact email address		
Telephone	Mobile	
	Land	
Please summarize your views on why you disagree with the medical assessment decision & the accredited medical conclusion of CAASL and your grounds for requesting a secondary review. (use additional sheets as necessary)		
Class of medical certificate requested		
……. Signature		…… Date

Appendix VI

CAASL Aviation Medicine Regulatory Course

Aeromedical Regulatory Requirements and its Implementation through Aviation Medical Examinations for Newly Designated Aviation Medical Examiners (AMEs)

1. Course Title -Aeromedical Regulatory Requirements and Their Implementation Through Aviation Medical Examinations
2. Course Duration - Two (02) Days (16 Hours)
3. Target Participants
    a. Newly Designated Aviation Medical Examiners (AMEs)
    b. Medical Officers nominated for AME designation
    c. Aviation Medical Assessors
    d. Medical Officers involved in aviation medical certification
4. Course Aim
   To provide newly designated Aviation Medical Examiners with the regulatory knowledge, aeromedical principles, and practical skills required to conduct aviation medical examinations in accordance with ICAO Standards and Recommended Practices (SARPs), national Civil Aviation Regulations, and internationally accepted aeromedical standards.
5. Learning Outcomes
   Upon successful completion of the course, participants will be able to:
    a. Explain the international regulatory framework governing aviation medicine.
    b. Apply ICAO Annex 1 medical standards during aviation medical examinations.
    c. Understand the responsibilities and legal obligations of an Aviation Medical Examiner.
    d. Conduct aviation medical examinations using standardized procedures.
    e. Apply aeromedical risk assessment principles when assessing medical fitness.
    f. Evaluate applicants against Class 1, Class II, Class II (Cabin Crew) and Class II Air Traffic Controller medical standards.
    g. Assess common medical conditions affecting certification.
    h. Correctly interpret medical investigation reports.
    i. Make appropriate certification recommendations.
    j. Recognize cases requiring referral to the Medical Assessor.
    k. Maintain appropriate medical documentation and confidentiality.
    l. Understand audit and quality assurance requirements applicable to AMEs.

6. Course Modules

Module 1 – Introduction to Aviation Medicine	**Duration: 2 Hours**
Learning Objective - Understand the importance of aviation medicine in maintaining flight safety.	
History of Aviation Medicine & Evolution of aeromedical certification	
Human performance and aviation safety	
Role of aviation medicine in accident prevention	
ICAO "Healthy Pilot – Safe Flight" concept	

Module 2 – International Aeromedical Regulatory Framework **Duration: 4 Hours**
Learning Objective - Understand the legal basis for aviation medical certification & Understand internationally recognized aeromedical regulatory systems.
ICAO Convention
ICAO Annex 1, ICAO Manual of Civil Aviation Medicine & Standards and Recommended Practices (SARPs)
EASA Basic Regulation & Part-MED
EASA Acceptable Means of Compliance (AMC) & Guidance Material (GM)
Interpretation of regulations - Harmonization and standardization
National Civil Aviation Regulations, State responsibilities & Responsibilities of the Licensing Authority
Designation of AMEs
Accredited Medical Conclusions, ICAO Annex 1 Paragraph 1.2.4.8, Medical confidentiality Ethics in aviation medicine

Module 3 – Principles of Aeromedical Risk Assessment **Duration: 2 Hours**
Learning Objective - Apply risk-based decision making during certification.
Medical fitness philosophy, Risk versus diagnosis & Aeromedical decision making
Acceptable risk & The 1% Rule
Sudden incapacitation & Types of incapacitation
Flexibility provisions & Accredited Medical Conclusions

Module 4 – Conduct of Aviation Medical Examination **Duration: 4 Hours**
Learning Objective - Conduct complete aviation medical examinations using standardized procedures.
Preparation before examination & Verification of identity
History taking – Medical & Aviation history, Occupational history, Medication review & Alcohol and substance use
Physical examination, Required investigations, Documentation & Recording findings
Certification pathways, Referral procedures & Deferred assessments
Practical Session

Module 5 – Medical Certification Standards **Duration: 2 Hours**
Learning Objective – Medical examination methods &
Classes of Medical Examination
Initial certification, Renewal, Revalidation, Special issuances, Medical limitations & Follow-up requirements
Physical examination, Required investigations, Documentation & Recording findings
Certification pathways, Referral procedures & Deferred assessments
Practical Session
Use of Medical Literature - Applying evidence to certification decisions

Module 5 – Medical Certification Standards **Duration: 2 Hours**
Learning Objective – Medical examination methods &
Classes of Medical Examination
Initial certification, Renewal, Revalidation, Special issuances, Medical limitations & Follow-up requirements
Physical examination, Required investigations, Documentation & Recording findings
Certification pathways, Referral procedures & Deferred assessments
Use of Medical Literature - Applying evidence to certification decisions & Use scientific evidence appropriately in aeromedical decision making.
Practical Session – Case studies.

7. Assessment of Participants - Minimum pass mark: 75%
    a. Attendance (minimum 90%)
    b. Case-based discussions & Oral questioning
    c. Instructor evaluation

8. Training Materials – ICAO Annex 01. ICAO Doc 8984, CAASL IS 036, CAASL SLCAP 3020, all official aeromedical forms related to aviation medicine and checklists.

9. Instructor Qualifications
   Training should be delivered by:
    a. Head of AMS/ Senior Civil Aviation Inspector - Aviation Medicine
    b. Medical Assessor

10. Certification

Participants who successfully complete all assessments shall be awarded a Certificate of Successful Completion in Aeromedical Regulatory Requirements, qualifying them for consideration as a designated Aviation Medical Examiner in accordance with the applicable CAASL requirements.

- End of appendix VI -

Appendix VII

CAASL TRAINING PLAN FOR AVIATION MEDICAL EXAMINERS (AMEs)

Applicable to: All physicians applying for designation, holding designation, or seeking renewal as CAASL Aviation Medical Examiners (AMEs).

1. **PURPOSE**

This training plan establishes the structured pathway for:

a) Initial designation of a AME
b) On-the-job competency development
c) Recurrent and refresher training
d) Competency assessment and surveillance
e) Renewal of AME authorization
f) Advanced professional development in aviation medicine

The objective is to ensure that all DMEs maintain the knowledge, skills, and professional competence required to conduct aviation medical examinations in accordance with ICAO SARPs, IS 036, and SLCAP 3020.

2. TRAINING PATHWAY

Stage	Activity
01	Eligibility Assessment
02	Basic Aviation Medicine Training
03	CAASL Aviation Medicine Regulatory Course
04	Understudy/ On-the-Job Training (OJT)
05	Practical Evaluation by Medical Assessor
06	Interview and Initial Designation
07	First-Year Mentoring
08	Recurrent/Refreshing Training
09	Competency Audit
10	Renewal of Authorization

3. STAGE 1 – ELIGIBILITY ASSESSMENT

Applicants shall meet the requirements of SLCAP 3020 Section 4.3.4.

Minimum eligibility:

a) MBBS or equivalent medical degree recognized by the SLMC.
b) Valid registration with the Sri Lanka Medical Council.
c) Minimum five (5) years of clinical experience.
d) Basic Qualification in Aviation Medicine
e) Practical knowledge of the aviation environment.
f) Availability for aeromedical duties as required by CAASL.

Assessment Method:

a) Document review
b) Curriculum vitae evaluation
c) Verification of professional standing

4. **STAGE 2 – CAASL AVIATION MEDICINE REGULATORY COURSE**
   Shall be conducted in accordance with the SLCAP 3020 Section 4.3.3 and Appendix VI
   Duration: 16 hours
   Conducted by: Aeromedical Services Division

5. **STAGE 3 – UNDERSTUDY / ON-THE-JOB TRAINING (OJT)**
   As required by SLCAP 3020 Sections 4.3.3 and 4.4.1.
   Minimum practical exposure:

Examination Type	Minimum Number
Initial Class I Medical Examination	1
Renewal Medical Examinations	2
Additional recommended supervised examinations	05

   OJT Activities:
   a) Observation of medical examinations
   b) Conducting examinations under supervision
   c) Completion of medical documentation
   d) Interpretation of routine investigations
   e) Assessment of borderline cases
   f) Use of CAASL certification procedures
   g) Interaction with pilots, ATCOs and cabin crew
   h) Medical file management

   The supervising AME shall submit an Understudy Evaluation Report to the Head of AMS.

6. **STAGE 4 – PRACTICAL EVALUATION BY MEDICAL ASSESSOR**
   Requirement:
   The applicant shall conduct a complete aeromedical examination while being observed by the Medical Assessor (MA). (SLCAP 3020 Section 4.3.3)

   Evaluation Areas:
   a) Clinical examination technique
   b) Aviation-focused history taking
   c) Risk assessment
   d) Knowledge of ICAO Annex 01 & IS 036 standards
   e) Decision-making regarding fitness
   f) Documentation accuracy
   g) Professional conduct
   h) Communication with applicants

   Outcome:
   Satisfactory – proceed to interview
   Unsatisfactory – additional supervised training required

7. **STAGE 5 – INTERVIEW AND INITIAL DESIGNATION**

Interview Panel:

a) Medical Assessor
b) Head of AMS
c) DGCA nominee

Assessment Criteria:

a) Relevant additional experience
   i. Judgment and decision making
   ii. Communication
   iii. Team work
   iv. Leadership, vision and management skills.
   v. Client orientation
   vi. Commitment to continuous learning
   vii. Currency of work in aviation medicine
   viii. Service experience with CAASL

b) Knowledge in Aviation
   i. Awareness of the relevant provisions of the convention on international civil aviation, concerned Annexes, international protocols relating to aviation medicine.
   ii. Civil Aviation legislative framework and aeromedical legal framework.
   iii. Knowledge of the essential Annexes related to aviation medicine field
   iv. Knowledge of organization, work and functions of ICAO, CAPSCA & Other international bodies such as IATA, CANSO, ACI and other regional cooperative programmes in aviation.
   v. Knowledge in aviation public health requirements, safety management systems, fatigue risk management.
   vi. Experience and ability in planning and organization of international events such as training courses, workshops, seminars or conferences.
   vii. Knowledge in the conduct of accident or incident investigations in the aviation medical field.
   viii. Knowledge in Crisis management
   ix. A good commend in English and any other ICAO languages.

c) Other achievements
   i. Held an office/position in any international/regional organization relating to civil aviation.
   ii. Current CAA appointed examiner
   iii. Holds more than one licence issued by DGCA in different disciplines.
   iv. Member of aviation medicine society.
   v. Any other qualifications.

Authorization:

Initial AME authorization shall be valid for one (1) year in accordance with SLCAP 3020 Section 4.3.5.

8. **STAGE 6 – FIRST-YEAR MENTORING**

During the initial authorization period, the AME shall:

a) Participate in Medical Board meetings
b) Refer complex cases to the MA
c) Receive feedback on certification decisions
d) Maintain a logbook of aeromedical examinations
e) Complete at least 10 Initial Class I examinations during the year

9. **STAGE 7 – RECURRENT / REFRESHER TRAINING**

Requirement:
Continuing Professional Development (CPD) related to Aviation Medicine during the authorization period. (SLCAP 3020 Section 4.3.5)

Approved CPD Activities

a) CAASL refresher courses
b) ICAO aviation medicine workshops
c) Aviation medicine conferences
d) Scientific meetings
e) Flight deck familiarization
f) ATC familiarization visits
g) Simulator sessions
h) Research presentations
i) Approved online aviation medicine courses

Recommended Annual Refresher Topics

Updates to ICAO Annex 1

a) Changes to IS 036 & SLCAP 3020
b) Cardiovascular risk assessment
c) Sleep disorders
d) Mental health in aviation
e) Substance misuse
f) Medical documentation
g) Accredited medical conclusions
h) Human factors
i) Case studies from CAASL
j) Aviation Public Health
k) Any other topic deemed important and timely.

10. STAGE 8 – COMPETENCY AUDIT

As required by SLCAP 3020 Sections 4.1.4.22 and 4.3.7.
Frequency: Every two (2) years
Conducted by: Medical Assessor
Using: CAA/AMS/09 Competency Assessment Audit Form
Audit Areas – As per the Form CAA/AMS/09
If deficiencies are identified, a corrective action plan and reassessment shall be completed before renewal.

11. STAGE 9 – RENEWAL OF AUTHORIZATION

Renewal Requirements (SLCAP 3020 Section 4.3.5)

Eligibility checklist for renewal

a) Valid SLMC registration
b) Good professional standing
c) Satisfactory competency audit
d) Completion of refresher / CPD training (minimum 15 hours)
e) Flight deck and ATC familiarization if provided by CAASL
f) Minimum 10 Initial Class I examinations per year
g) Recommendation of the Medical Assessor and Head of AMS
h) Renewal authorization may be granted for a period not exceeding three (3) years unless withdrawn by the DGCA.

12. **ADVANCED PROFESSIONAL DEVELOPMENT**

Experienced AMEs are encouraged to complete:

a) Advanced Aviation Medicine Training
b) ICAO recognized Medical Assessor Course
c) Diploma or Master's Degree in Aerospace Medicine
d) Participation in ICAO CAPSCA programmes
e) Training of newly designated AMEs
f) Participation in development of CAASL aeromedical policies

13. TRAINING RECORDS

The Aeromedical Services Division shall maintain:

a) AME personnel file with training documents
b) Course completion certificates
c) OJT records
d) Competency audit reports
e) CPD attendance records
f) Refresher training records
g) Authorization and renewal records
h) Corrective action and reassessment records

Records shall be retained in accordance with CAASL record management procedures.

TRAINING TIMELINE SUMMARY

AME lifecycle timeline

Stage No.	Stage	Timing
01	Eligibility Assessment	Once
02	CAASL Aviation Medicine Regulatory course	Once
04	Understudy / OJT	Once
05	Practical Evaluation by Medical Assessor and Initial designation	Once
06	First year Mentoring	First Year
07	Recurrent / Refresher Training	CPD During Authorization Period

Stage No.	Stage	Timing
08	Competency Audit	Every 2 Years
09	Renewal of Authorization	Every 3 Years (Maximum)

IMPLEMENTATION

This Training Plan shall be implemented by the Head of Aeromedical Services in coordination with the Medical Assessor.

The plan shall be reviewed periodically and updated to remain aligned with:

a) ICAO Annex 1
b) ICAO Manual of Civil Aviation Medicine (Doc 8984)
c) CAASL IS 036
d) SLCAP 3020
e) International best practices in aviation medicine

PART II – GUIDELINES FOR AMEs

1. Duties of a doctor designated as AME in AMS, CAASL

Aviation medical Examiners are designated by DGCA to perform medical assessments on CAASL Clients who come to obtain their medical certificate according to the ICAO standards, the evidence issued that the licence holder meets specific requirements of medical fitness.

AMEs shall adhere to the rules and regulations of CAASL, guidelines prescribed in this part I & II, IS 036 and other related ICAO requirements, to maintain a standardized quality service to the Aeromedical Services Clients and to maintain the standards of CAASL.

2. AME Terms & Conditions

1. The AME shall undertake the medical examinations and issue, defer or deny medical certificates.
2. The AME shall inform the CAASL if the approval or certification criteria are no longer met.
3. The AME shall meet the requirements of the Sri Lanka Medical Council including registration, licensing and fitness to practice as a Medical Practitioner.
4. The AME shall comply with the regulations, law, policies and procedures, explanatory material and other guidance on civil aviation matters issued by the CAASL.
5. It is the AMEs responsibility to remain up to date with the latest guidance material issued by the CAASL.
6. The AME shall examine and assess applicants according to the regulations & requirements as specified by the CAASL.
7. The AME shall consult with and if appropriate, refer to Medical Assessor, any Class I, II & III applicant who does not fully meet the CAASL medical requirements. The referral shall be made in the Clients personnel medical file minute sheet, providing adequate information to the Medical Assessor.
8. Medical Examination form shall be completed legibly & comprehensively. All the questions and explanatory areas shall be answered.
9. All examination and investigation documents of the Client shall be evaluated and initialed/signed for audit purposes.
10. AMEs shall not recommend or prescribe/provide any form of treatment to CAASL Clients while performing duties as an AME.
11. The AME shall notify any change in an applicant's fitness assessment to the Medical Assessor by referring to the Assessor for his recommendations.

12. Regular aeromedical refresher training shall be undertaken as determined by the CAASL, and the AME shall maintain up-to-date knowledge of clinical and aeromedical practice.
13. The AME shall not change a decision made by the Medical Assessor or the CAASL Medical Board.
14. The AME shall respect confidentiality at all times and shall not divulge any information regarding Medical Board decisions, accredited conclusions made by MA or the information obtained from an individual in respect of an application for a medical certificate without obtaining consent of the individual concerned.
15. The AME shall demonstrate adequate qualities suitable for aeromedical examinations. The Aeromedical Services specific rules and regulations that are implemented for reasons of standardization and quality control shall be obeyed by the AME without any deviation.
16. The AME shall demonstrate and maintain a professional and safe standard of their medical practice.
17. The AME shall allow the Medial Assessor to evaluate AME's conformity to CAASL & ICAO rules and regulations, with or without reasonable notice.
18. The AME shall inform the CAASL if they are subject to a written complaint about their aeromedical practice/medical practice, or disciplinary investigation or proceedings by a medical regulatory body (Sri Lanka Medical Council).
19. The AME shall, at least 2 weeks prior to any change in postal address, email address or contact telephone number provide written notification to the Head of AMS of such a change.
20. The AME shall consult with and if appropriate, refer to Head of AMS, if any administrative issues of the Aeromedical Services, regulatory issues are to be clarified.
21. The AME shall not represent the CAASL or respond to media enquiries on behalf of the CAASL without the consent of the Head of AMS, CAASL.
22. Upon resignation/expiration of designation as an AME or revocation of designation, an AME shall return identification card to CAASL and shall not use the designation as AME to any other purposes such as an added qualification for their profile.
23. Any contravention of these Conditions may result in enforcement investigation and action by the CAASL.

3. General Conduct of AMEs

(All AMEs shall comply with the requirements specified in this section)

Clients must be able to trust AMEs. To justify that trust you must show respect for human life and ensure your practice meets the standards expected from AMEs in four domains.

3.1 Knowledge, skills and performance

Ensure that your Client is your first concern, provide a good standard of medical practice, keep your professional knowledge & skills up to date and recognize and work within the limits of your competence.

3.1.1 Develop and maintain your professional performance

a) You must be competent in all aspects of your work, including management, research and teaching.

b) You must keep your professional knowledge and skills up to date.

c) You must regularly take part in activities that maintain and develop your competence and performance.

d) You must be familiar with guidelines and developments that affect your work.

e) You must keep up to date with, and follow, the law, CAASL guidance and other regulations relevant to your work.

f) You must take steps to monitor and improve the quality of your work. AMEs are required to keep their aviation medicine knowledge up to date. AMEs are expected to attend at least 15 hours of refresher training every 3 years. A proportion of this should be provided by, or directly supervised by, the AMS. In addition to attending lectures, seminars and workshops, these refresher training activities may include internal auditing, “difficult case” discussions with other AME colleagues and MA or significant event analysis.

   Head of AMS and MA may also be involved in teaching, research and the production of policy or guidance material which they might record as CPD.

   The CAASL has published the implementing Standards rules (IS 036) and acceptable means of compliance contained in SLCAP 3020. AMEs should ensure that they are familiar with all of these and remain up to date with any developments. It is preferable to refer to the latest document on the CAA website rather than printing documents to ensure that the latest document is used for reference. AMEs should ensure that they are familiar with these along with the laws relating to medical practice in the country where they practice and the guidance provided by the SLMC. There are also Sri Lanka laws relevant to those employed by, or working as agents on behalf of, the CAASL.

These include the Civil Aviation Act and the Civil Aviation Authority Act. AMEs should be aware the regulatory requirements stated in both above mentioned acts concerning the disclosure of information furnished to the CAASL.

3.1.2 Apply knowledge and experience to practice

1. You must recognize and work within the limits of your competence.
2. You must provide a good standard of practice and care.
   i. Adequately assess the Client's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the Client;
   ii. Promptly provide or arrange suitable advice, investigations where necessary;
   iii. Refer a Client to another CAA designated practitioner when this serves the Client's needs.
   iv. You must be satisfied that you have consent or other valid authority before you carry out any examination or investigation, or volunteers in teaching or research.
3. You must make good use of the resources available to you. This guidelines sets out the requirements for referral of specific cases to the licensing authority or where decisions must be made in consultation with Designated Consultants. In all other cases AMEs and MA should recognize and work within the limits of their competence. AMEs & MA will have access to consultant advisers in a variety of medical specialties to whom they can refer for advice. Where appropriate, AMEs should consider referring to another AME colleague, Head of AMS, or MA if an issue is beyond their level of competence or if a decision is difficult and a consensus decision or peer review is warranted.

   An important element of adequately assessing an applicant's condition includes an assessment of mental wellbeing. A medical examination for aeromedical certification should include a general enquiry about mental health which should include mood, sleep and alcohol use. The AME should observe the applicant during the process of the examination and assess the mental state of the applicant under the broad headings of appearance/ speech/ mood/ thinking/ perception/ cognition/ insight. The AME should also be looking out for any signs of alcohol or drug misuse.
4. **The direct provision of clinical care is not part of an AME or MA role** although there will be times when this may need to be facilitated urgently and applicants directed to where they can receive appropriate care.

   AMEs shall avoid the conflicts of interest that can arise when they act in a regulatory capacity as an Aeromedical Examiner for a person for whom they also provide clinical care e.g. as a General Practitioner.

3.1.3. Record your work clearly, accurately and legibly

1. Documents you fill/make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards.
2. Clinical records should include:
    - Relevant clinical findings;
    - The decisions made and actions agreed, and who is making the decisions and agreeing the actions;
    - The information given to Clients;
    - any drugs have been prescribed or other investigation or treatment;
3. From time to time AMEs and MA may be required to assist the CAA Investigation and Enforcement Team with investigations into a breach of regulation by an applicant.

3.2. Safety and quality

Shall take prompt action if you think that Client's safety, dignity or comfort is being compromised and protect & promote the health of Clients and the public.

3.2.1 Respond to risks to safety

1. You must promote and encourage a culture that allows Clients to raise concerns openly and safely.
2. You must take prompt action if you think that Client's safety, dignity or comfort is or may be seriously compromised.
3. If a Client is not receiving basic care to meet their needs at Aeromedical Services, CAASL, you must immediately inform to the Head of AMS who is in a position to act straight away;
4. If Clients are at risk because of inadequate premises, equipment or other resources, policies or systems, you should put the matter to the Head of AMS. You must raise your concern in line with CAASL guidance. You should also make a record of the steps you have taken; If you have concerns that a colleague may not be fit to practice and may be putting Clients at risk, you must ask for advice from MA or Head of AMS. MA/Head of AMS should raise concerns through the CAA's confidential reporting system.
5. If you are still concerned you must report this, to DGCA, and make a record of the steps you have taken

3.2.2 Protect patients and colleagues from any risk posed by your health

1. If you know or suspect that you have a serious condition that you could pass on to Clients, or if your judgment or performance could be affected, you must consult MA. You must follow MA's advice about any changes to your practice they consider necessary. You must not rely on your own assessment of the risk to patients.
2. You should be immunized against common serious communicable diseases (unless otherwise contraindicated).
3. AMEs should let the MA & Head of AMS know if there are any issues regarding their health that might impact on their judgment or performance and thus present an indirect risk to flight safety. The Aeromedical Services does not necessarily need to know what the issue is but the MA & Head of AMS can discuss an AME's certification with them and make appropriate arrangements with regards to their AME certification. This may include a temporary suspension of the certificate until any issues are sufficiently resolved.

3.3. Communication, partnership and teamwork

Shall examine Clients politely, considerately and always respect Clients' right of confidentiality.

Ensure you listen to, and respond to, their concerns and preferences. Give Clients the information they want or need in a way that they can understand. Shall render support to your Clients in caring for themselves to improve and maintain their health.

Coordinate, collaborate and communicate with AME colleagues to serve Clients and to address their interests and wellbeing.

3.3.1. Communicate effectively

1. You must listen to Clients, take account of their views, and respond honestly to their questions.
2. You shall provide the information that the clients want or need and ensure they understand properly. You should ensure that arrangements are made, wherever possible, to meet Clients' language and communication needs.
3. You shall be considerate to those close to the Client and be sensitive and responsive in giving them information and support through the Aeromedical Services, CAASL.
4. When you are on duty you must be readily accessible to Clients and colleagues seeking information, advice or support.
5. It is important that AMEs are familiar with CAASL Implementing Standards concerning aeromedical certification and associated CAA guidance (SLCAP

3020) material so that they can properly assess and advise applicants. They should also be aware of applicable legislation and guidance material concerning other types of aviation medical certification and medical declarations.

6. There is an obligation on AMEs to ensure that communication with an applicant can be established without language barriers. If this is not possible then the medical examination/assessment should not proceed.
7. It is important that if AMEs are not going to be available for period e.g. due to ill health or annual leave, that they shall inform Head of AMS to make alternative arrangements.

3.3.2. Work collaboratively with colleagues to maintain or improve client care

1. You must work collaboratively with colleagues, respecting their skills and contributions.
2. You shall treat colleagues fairly and with respect.
3. You must be aware of how your behavior may influence others within and outside the team.

3.3.3 Training

1. MA is expected to contribute to the Aeromedical training that the CAASL undertakes. This includes teaching on aviation and space medicine courses as well as contributing to the training and mentoring of AMEs.
2. Although there are no obligations on AMEs to provide teaching and training as part of their certification, it is useful to their own professional development. Hence it is recommended to involve in such workshops, seminars and scientific sessions which are organized by the AMS and industry partners.

3.3.4 Establish and maintain partnerships with Clients

1. You shall be polite and considerate.
2. You shall treat Clients as individuals and respect their dignity and privacy.
3. You shall treat Clients fairly and with respect whatever their life choices and beliefs.
4. You shall treat information about Clients as confidential.
5. You shall support Clients in caring for themselves to empower them to improve and maintain their health. This may, for example, include:
   a) Advising Clients on the effects of their life choices and lifestyle on their health and well-being;
   b) Supporting Clients to make lifestyle changes where appropriate.

6. Disclosure of confidential information (with or without consent) might be required to protect individuals or society. AMEs should inform the CAA immediately if they are concerned that an applicant represents a risk to public safety.
7. Although doctors working as MA or AMEs not directly responsible for providing clinical care to an applicant, they can provide information about the requirements for certification, advice on how a medical condition will affect their fitness to fly and support applicants in obtaining the relevant reports and investigations to complete their application. AMEs are obliged to make applicants aware of the consequences of providing incomplete, inaccurate or false statements about their medical history and how their information will be handled.
8. As AMEs have the opportunity to interact with their clients closely, AMEs should use the routine medical examinations to provide clients with health information and promote health as an opportunity for health promotion, particularly as the examination involves a declaration of alcohol intake, smoking habits, measurement of weight and height and discussions about breast/testicular examination.

3.4. Maintaining trust

Be honest, open and act with integrity. Never discriminate or act unfairly against Clients or colleagues.

Never abuse your Clients' trust in you or the public's trust in the profession. You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

3.4.1 Show respect

1. You must not use your professional position to pursue a sexual or improper emotional relationship with a Client or someone close to them.
2. You must not express your personal beliefs (including political, religious and moral beliefs) to Clients in ways that exploit their vulnerability or are likely to cause them distress.

3.4.2 Treat Clients and colleagues fairly and without discrimination

1. You must not deny assessment of Clients because their medical condition may put you at risk. If a Client poses a risk to your health or safety, you should take all available steps to minimize the risk before providing your services.

2. You must not unfairly discriminate against Clients or colleagues by allowing your personal views to affect your professional relationships.

3. You must respond promptly, fully and honestly to complaints and apologize when appropriate. You must not allow a Client's complaint to adversely affect the service you provide.
4. Your professional profile including registered name, qualifications and SLMC reference number shall be revealed to any client for their reference.

3.4.3 Act with honesty and integrity

3.4.3.1 Honesty

1. You must ensure that your conduct justifies your Clients' trust in you and the public's trust in the profession.
2. You must always be honest about your experience, qualifications and current role.

3.4.3.2 Communicating information

1. You must be honest and trustworthy in all your communication with Clients and colleagues. This means you must ensure any information you provide is accurate when communicating publicly, including speaking to or writing in the media. You must maintain Client confidentiality.
2. You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must ensure that any documents you write or sign are not false or misleading.

3.4.3.3 Openness and legal or disciplinary proceedings

1. You must be honest and trustworthy when giving evidence to courts or tribunals. You must ensure that any evidence you give or documents you write or sign are accurate.
    a) You must take reasonable steps to check the information.
    b) You must not deliberately leave out any relevant information.
2. You must cooperate with formal inquiries and complaints procedures and must offer all relevant information while following the guidance in Confidentiality.
3. You must make clear the limits of your competence and knowledge when giving evidence or acting as a witness.
4. If you are suspended by an organization from a medical post, or have restrictions placed on your practice, you must, without delay, inform CAASL.
5. From time to time AMEs and Medical Assessor may be approached to assist the Civil Aviation Authority with regulatory or criminal investigations in relation to an applicant they have assessed. The Authority expects AMEs and MAs to co-operate

with Investigation Officers and provide relevant information, records in accordance with Good Medical Practice, whilst also following the guidance in Confidentiality.

3.4.3.4 Honesty in financial dealings

1. You must be honest in financial and commercial dealings with employers and other organizations or individuals.
2. You must not allow any interests you have to affect the way you prescribe, refer or commission services for Clients.
3. If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making.
4. You must not ask for or accept any inducement, gift or hospitality from Clients, colleagues or others that may affect or be seen to affect the way you assess Clients or commission services for CAASL. You must not offer these inducements.
5. For an AMEs & MA, the CAA has in place a policy relating to the giving or receiving of gifts or hospitality. This sets out guidance for all colleagues (including temporary staff and contractors) to follow to ensure the integrity of its employees and to demonstrate no undue influence by external parties in the course of its regulatory work. AMEs should also be careful about receiving gifts as these may be attached to an expectation of a fit assessment being made in return.