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MEDICAL PROCEDURE MANUAL

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PERSONNEL LICENSING SECTION**LIST OF GUIDANCE MATERIAL ISSUED BY THE PERSONNEL LICENSING SECTION**

	
PERSONNEL LICENSING PROCEDURES MANUAL(SLCAP 3010)	MEDICAL PROCEDURES MANUAL (SLCAP 3020)
	
OFFICE PROCEDURES MANUAL (SLCAP 3030)	ELPC PROCEDURES MANUAL (SLCAP 3040)
	
FLIGHT TEST EXAMINERS MANUAL (SLCAP 3050)	ATC ASSESSMENT PROCEDURES MANUAL(SLCAP 3060)
	
AML ASSESSMENT PROCEDURES MANUAL (SLCAP 3070)	EXAMINATION PROCEDURES MANUAL (SLCAP 3080)
	
FLYING SCHOOL CERTIFICATION MANUAL (SLCAP 3100)	PERPATUAL LICENCE ASSESSMENT PROCEDURES MANUAL (SLCAP 3100)



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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 Medical Examiners working under the Medical Assessor of CAASL at the Aero Medical Centre established within the Licensing Section.

Conducting of certification of Personnel for their Medical Fitness in various Classes as per ICAO recommendations of Annex 1 chapter 6 has been done over the years through good practices without having established a formal procedure Manual to guide everyone involved in the process.

Purpose of this Manual is to document all the procedures practiced so far & the standards applicable in each of segments of certification in Aviation Medicine appropriate to each Class of Assessment for the use of CIVIL AVIATION MEDICAL EXAMINERS (CAME) & MEDICAL ASSESSOR (MA) as a reference material prior to determining Medical Fitness of Licence Holders.

Medical Procedure Manual (SLCAP 3020) contains mainly two parts whereas Part I containing all administrative procedures involved in conducting medical assessments and Part II containing the standards applicable in Sri Lanka in terms of various medical concerns including accredited medical conclusions reached during last few years.

Also included in it are some of useful chapters on Qualification requirement, Appointment procedure & Training requirements of CAME & MA. All other pertinent documents such as applications, Lists of Investigations for various Classes of Medical Assessments applicable for Initial & renewal Assessments, & forms have been made available as attachments.

This Manual SLCAP 3020 is approved by me as the Director General of Aviation of Sri Lanka on the Powers vested upon me by the Civil Avian Act No 15 of 1950, 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. Themiya Abeywickrama.

Director General of Civil Aviation & Chief Executive Officer,
Civil Aviation Authority of Sri Lanka,
NO 152/1, Minuwangoda Road,
Katunayake.

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Definitions

Accredited medical conclusion. The conclusion reached by one or more medical experts acceptable to the DGCA Sri Lanka for the purposes of the case concerned, in consultation with flight operations or other experts as necessary.

Adapted competency model. A group of competencies with their associated description and performance criteria adapted from an ICAO competency framework that an organization uses to develop competency-based training and assessment for a given role.

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 aircraft 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 judgement and well-developed knowledge, skills and attitudes to accomplish flight objectives.

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

AMC. Aeromedical Centre

Appropriate airworthiness requirements. The comprehensive and detailed airworthiness codes established, adopted or accepted by a Contracting State for the class of aircraft, engine or propeller under consideration.

Approved maintenance organization[†]. An organization approved by DGCA Sri Lanka, in accordance with the requirements of IS 056 Requirements to be satisfied by Aircraft

[†] Applicable until 2 November 2022.

^{††} Applicable as of 3 November 2022.

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Maintenance Organizations for Approval, to perform maintenance of aircraft or parts thereof and operating under supervision approved by him.

Note. Nothing in this definition is intended to preclude that the organization and its supervision be approved by more than one State.

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

ATS surveillance service. A term used to indicate a service provided directly by means of an ATS surveillance system.

ATS surveillance system. A generic term meaning variously, ADS-B, PSR, SSR or any comparable ground-based system that enables the identification of aircraft.

Note.— A comparable ground-based system is one that has been demonstrated, by comparative assessment or other methodology, to have a level of safety and performance equal to or better than monopulse SSR.

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

Note.- This definition applies to free balloons.

CAME – Civil Aviation Medical Examiner

Certify as airworthy (to). To certify that an aircraft or parts thereof comply with current airworthiness requirements after maintenance has been performed on the aircraft or parts thereof.

Command and control (C2) link. The data link between the remotely piloted aircraft and the remote pilot station for the purposes of managing the flight.

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-based training and assessment. Training and assessment that are characterized by a performance orientation, emphasis on standards of performance and

† Applicable until 2 November 2022.

†† Applicable as of 3 November 2022.

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their measurement, and the development of training to the specified performance standards.

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.

Credit. Recognition of alternative means or prior qualifications.

Cross-country. A flight between a point of departure and a point of arrival following a pre-planned route using standard navigation procedures.

Detect and avoid. The capability to see, sense or detect conflicting traffic or other hazards and take the appropriate action.

Dual instruction time[†]. Flight time during which a person is receiving flight instruction from a properly authorized pilot on board the aircraft.

Dual instruction time^{††}. Flight time during which a person is receiving flight instruction from a properly authorized pilot on board the aircraft, or from a properly authorized remote pilot using the remote pilot station during a remotely piloted aircraft flight.

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.

† Applicable until 2 November 2022.

†† Applicable as of 3 November 2022.

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Flight procedures trainer. See Flight simulation training device.

Flight simulation training device (FSTD)†. Any one of the following three types of apparatus in which flight conditions are simulated on the ground:

A flight simulator, which provides an accurate representation of the flight deck of a particular aircraft type to the extent that the mechanical, electrical, electronic, etc. aircraft systems control functions, the normal environment of flight crew members, and the performance and flight characteristics of that type of aircraft are realistically simulated;

A flight procedures trainer, which provides a realistic flight deck environment, and which simulates instrument responses, simple control functions of mechanical, electrical, electronic, etc. aircraft systems, and the performance and flight characteristics of aircraft of a particular class;

A basic instrument flight trainer, which is equipped with appropriate instruments, and which simulates the flight deck environment of an aircraft in flight in instrument flight conditions.

Flight simulation training device (FSTD)††. Any one of the following three types of apparatus in which flight conditions are simulated on the ground:

A flight simulator, which provides an accurate representation of the flight deck of a particular aircraft type or an accurate representation of the remotely piloted aircraft system (RPAS) to the extent that the mechanical, electrical, electronic, etc. aircraft systems control functions, the normal environment of flight crew members, and the performance and flight characteristics of that type of aircraft are realistically simulated;

A flight procedures trainer, which provides a realistic flight deck environment or realistic RPAS environment, and which simulates instrument responses, simple control functions of mechanical, electrical, electronic, etc. aircraft systems, and the performance and flight characteristics of aircraft of a particular class;

A basic instrument flight trainer, which is equipped with appropriate instruments, and which simulates the flight deck environment of an aircraft in flight or the RPAS environment in instrument flight conditions.

Flight simulator. See Flight simulation training device.

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.

† Applicable until 2 November 2022.

†† Applicable as of 3 November 2022.

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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.

Flight time — remotely piloted aircraft systems. The total time from the moment a command and control (C2) link is established between the remote pilot station (RPS) and the remotely piloted aircraft (RPA) for the purpose of taking off or from the moment the remote pilot receives control following a handover until the moment the remote pilot completes a handover or the C2 link between the RPS and the RPA is terminated at the end of the flight.

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.

Handover. The act of passing piloting control from one remote pilot station to another.

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.

Instrument flight time.† Time during which a pilot is piloting an aircraft solely by reference to instruments and without external reference points.

Instrument flight time.†† Time during which a pilot is piloting an aircraft, or a remote pilot is piloting a remotely piloted aircraft, solely by reference to instruments and without external reference points.

Instrument ground time. Time during which a pilot is practicing, on the ground, simulated instrument flight in a flight simulation training device approved by the DGCA Sri Lanka

Instrument time. Instrument flight time or instrument ground time.

Licensing Authority. The DGCA Sri Lanka who is the designated authority by the state as responsible for the licensing of personnel.

† Applicable until 2 November 2022.

†† Applicable as of 3 November 2022.

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Note.- In the provision of this IS DGCA Sri Lanka is deemed to be given the following responsibilities by the state:

- a) Assessment of an applicant’s qualifications to hold a licence or rating;
- b) Issue and endorsement of licences and ratings;
- c) Designation and authorization of approved persons;
- d) Approval of training courses;
- e) Approval of the use of flight simulation training device and authorization for their use in gaining the experience or in demonstrating the skill required for the issue of a licence or rating; and
- f) Validation of licences issued by other Contracting States.

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 to DGCA Sri Lanka by medical examiners.

Note 2 -Medical Assessors are expected to maintain the currency of their professional knowledge.

Medical examiner. 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.

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.

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†† Applicable as of 3 November 2022.

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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.

Observable behaviour (OB). A single role-related behaviour that can be observed and may or may not be measurable.

Performance criteria. Statements used to assess whether the required levels of performance have been achieved for a competency. A performance criterion consists of an observable behaviour, condition(s) and a competency standard.

Performance criteria. Simple, evaluative statements on the required outcome of the competency element and a description of the criteria used to judge whether the required level of performance has been achieved.

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

Pilot flying (PF). The pilot whose primary task is to control and manage the flight path. The secondary tasks of the PF are to perform non-flight path related actions (radio communications, aircraft systems, other operational activities, etc.) and to monitor other crew members.

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,

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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.

Rated air traffic controller. An air traffic controller holding a licence and valid ratings appropriate to the privileges to be exercised.

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.

Rendering (a licence) valid. The action taken by DGCA Sri Lanka, as an alternative to issuing its own licence, in accepting a licence issued by any other Contracting State as the equivalent of its own licence.

Rotorcraft. A power-driven heavier-than-air aircraft supported in flight by the reactions of the air on one or more rotors.

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**SCAI-AM** – Senior Civil Aviation Inspector-Aviation Medicine

Sign a maintenance release (to).† To certify that maintenance work has been completed satisfactorily in accordance with the applicable Standards of airworthiness, by issuing the maintenance release referred to in IS 056

Sign a maintenance release (to). †† To certify that maintenance work has been completed satisfactorily in accordance with appropriate airworthiness requirements, by issuing the maintenance release referred to in IS 017 (in the case of a release not issued by an approved maintenance organization) or IS 056 (in the case of a release issued by an approved maintenance organization)

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.

Solo flight time. Flight time during which a student pilot is the sole occupant of an aircraft.

Solo flight time – remotely piloted aircraft systems. Flight time during which a student remote pilot is controlling the RPAS, acting solo.

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

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PART 1 – AERO MEDICAL EXAMINATIONS

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CHAPTER 1- INTRODUCTION

1.1. 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.

1.2. 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.

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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.

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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 2). 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 Class1 Assessment which may not be a concern under Class 2, 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, viz
 - 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.

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- 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 practised 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.

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- 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 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
 - ii. Approach Control Procedural Rating
 - iii. Approach Control Surveillance-Radar Rating
 - iv. Area Control Procedural Rating
 - v. Area Control Surveillance-Radar/ADS Rating.
- i. 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 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. 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.

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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 Licence 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.

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CHAPTER 4 - CAASL ADMINISTRATIVE ASPECTS

4.1. Medical Assessor (MA)

CAASL use the services of medical assessor to evaluate reports submitted to the CAASL by CAMEs 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.

Evaluating medical reports submitted to the CAASL and making final assessments in border-line cases, the medical assessor will be in charge of Accredited Medical Conclusions.

An important duty of the medical assessor is the safeguarding of medical confidentiality, although pertinent medical information may be presented by the medical assessor to DGCA through Director, Training Organization & Personnel Licensing (DТОPL) 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. Possess a qualification in Aviation Medicine and experience in the aviation medical field currently essential. Possession of a CAA Sri Lankan certificate in Aviation Medicine will be a normal requirement.
4. Experience in practicing Aviation medicine, or aviation related organizations would be desirable.
5. Experience in aviation regulatory requirements according to ICAO rules and regulations.
6. Availability during the day time for consultation at least two days a week
7. Minimum five years' experience as Civil Aviation Medical Examiner preferably in CAASL and Medical Examination Board.

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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. Evaluation of Medical Reports, submitted by CAMEs as per the applicable Medical Standards & Recommended Practices, & determination of medical fitness of license holders for the Issue/ Renewal of Licences.
2. Determination of fitness of licence holders for the issue / Renewal of following licence.
 - i. All pilot licences. (SPL, PPL, CPL, ATPL)
 - ii. Air Traffic Controllers licence.
 - iii. CCM Certificates.
3. And issue Class I, Class II, 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 in consistence, withdraw the Medical Certificate already issued by CAME.
5. Submit pertinent Medical information to DGCA when justified by operational concerns or when an Accredited Medical conclusion is sought.
MA shall determine to what extent pertinent medical information is presented to relevant officials of the CAASL
6. Recommendation of Appointment of CAMEs.
7. Recommendation of Training requirements of CAMEs.
8. Recommendation for Withdrawal of Authority from CAMEs.
9. Recommendation of processes for smooth Functioning of the Aeromedical Center. (AMC) and recommendation of improvements to the same.
10. Recommendation of Hospitals & Laboratories for Clinical Investigations
11. Recommendation for Adoption of Annex 1 Standards for the Issue of Medical Assessments.
12. Safe keeping of Medical Records & Maintaining confidentiality of the same.

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13. Convening & conducting Medical Board to evaluate & establish Accredited Medical Conclusions for marginal cases.
14. Form a part of or a member of Human Factors group of Aircraft Accident Investigation Team or any other Investigation Team.
15. Any other responsibility as & when required as appropriate.
16. 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 CAME)
17. Conduct of evaluations of the issuance requirements of individual in terms of medical investigations reports as per the established procedure.
18. Make final assessments in borderline cases after and will be in charge of Accredited Medical Conclusions.
19. 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 routing 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.
20. In consultation with SCAI-AM, devise methods to ensure confidentiality in pathological examinations record safekeeping.
21. 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.
22. Coordinate and conduct periodic meetings with CAMEs.

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23. Overall supervision of CAMEs & recommend improvement on medical assessment, equipment, procedures etc.
24. Recommend to the CAASL about the purchase of equipment, periodicals, medical journals, medical books & ICAO Material for reference of Medical Examiners.
25. Review/ evaluate medical examinations report of all medical examinations conducted by CAMEs and maintain proper records of each individual licence holders.
26. Liaise with the relevant Medical Examiners and SCAI-AM if one or several medical conditions of a licence holder are found to be on the decline over a period. Bring such cases to the notice of the DGCA.
27. If deems necessary, refer borderline cases to a medical consultant or a panel of consultants specialized in the respective area for this purpose.
28. In consultation with and approval of DGCA, seek accredited medical conclusions as and when required.
29. Recommend to DGCA suspension or cancellation of aviation licences on medical grounds & reinstatement as and when desired.
30. Recommend to the CAASL for refresher training for CAMEs.
31. Inform the DGCA, CAASL in advance when the service of MA is not available for period exceeding two weeks.
32. Provide further details/ clarifications/ explanations on a personal licensing medical examination conducted to the CAASL Clients on own initiation or on request as & when necessary.
33. Attend local or overseas training programmes or familiarization visits organized by CAASL.
34. Conduct minimum of one evaluation/competency assessment audits on each CAME once in every two years and ensure that the CAMEs meet applicable standards of good medical practice and aeromedical risk assessment.

Competency Assessment audit process

1. In every two years MA shall conduct competency assessment audit.
2. MA shall use the medical assessment audit form as Appendix I for the evaluation/assessment.
3. MA evaluate according to the criteria given in the Appendix I

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4. Once the assessment is completed, MA shall get the signature from relevant CAME 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 Competency assessment audit report– refer to appendix I
 6. If the Assessment is unsatisfactory, MA shall submit corrective action plan to DGCA for implementation.
 7. A reassessment shall be done by MA after completion of the corrective action plan prior to the confirmation of satisfactory competency of a CAME.
35. Recommend the renewal of each CAME at the end of tenure of present arrangement after evaluating whether or not CAME does satisfactorily complete the renewal requirement.
36. Maintain surveillance on all CAME whenever possible while they conduct medical examination in AMC not less than one inspection /surveillance per year per CAME.
- a) MA as the overall supervisor and the controller of CAMEs, shall perform inspection/supervision of CAMEs while they perform medical assessments.
 - b) MA shall evaluate clinical skills & skills of evaluation capabilities of a CAME in accordance to the aviation environment and aviation medicine aspect.
 - c) Results of the evaluation shall be documented in the CAMEs personnel file by MA for further perusal when MA perform competency assessment audit of CAMEs.
37. Submit surveillance plan to DGCA before the beginning of the year for approval.

4.1.5. Process of evaluating medical reports submitted by CAME

1. Applicant’s medical file with duly completed medical assessment report by CAME along with the routine investigations/reports & other reports if requested 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 duly completed medical assessment form which was submitted by the CAME.
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 certificate.
5. If any deviation/any abnormal reports detected or need more clarification, MA shall make a minute in the medical file to CAME for corrective action prior to the approval of the Medical Certificate by MA.
6. CAME 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

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4.2 Senior Civil Aviation Inspector (Aviation Medicine)

CAASL uses the services of Senior Civil Aviation Inspector (Aviation Medicine) 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.

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 would be desirable.
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. 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 Personnel Licensing and other national requirements both current and evolving and initiating necessary action, if revision to existing legislative requirement is found necessary;
2. 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,
3. guidance material in ICAO Documents and other national requirements in conformity the local legislations to maintain a sound State Safety Oversight System;

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4. Organizing all administrative, operational and maintenance duties and functions involved, for the efficient conduct of duties and functions of the Section of the CAASL to which the officer is attached. This includes but not limited to assisting the senior management in all such management functions of the section 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.;
5. As the overall supervisor & controller of Aeromedical Services of CAASL, shall be in charge of all staff of the Aeromedical Services, shall determine manpower requirements in ongoing basis for the effective discharge of the Section and make recommendations for suitable adjustments to DGCA.
6. 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.
7. 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.
8. Development of a 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. development and maintenance of a comprehensive, accurate and up-to-date medical fitness history of personnel engaged in safety sensitive tasks;
10. Implementation of effective enforcement action on identified cases, as and when required.
11. performing all activities relating to ICAO Continuous Monitoring Assessment on Aviation Safety Oversight centering the ICAO Annex 1 and associated other documents;
12. Overall supervision of the Aeromedical Services of the CAASL & suggest /make improvement to Aeromedical Services and Responsible for smooth Functioning of the CAASL Aeromedical Center and recommendation of improvements to the same

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13. Recommendation of Hospitals & Laboratories for Clinical Investigations and conduct inspections/surveillance activities to check the standards of the above mentioned Hospitals & Laboratories and recommendation to renew agreements between CAASL and relevant Hospitals & Laboratories.
14. Recommendation for Adoption of Annex 1 Standards for the Issue of Medical Assessments.
15. Developing & Amending of Medical Procedure Manual (SLCAP 3020).
16. Supervise Safe keeping of Medical Records & Maintaining confidentiality of the same.
17. Organizing Medical Board to evaluate & establish Accredited Medical Conclusions for marginal cases.
18. In consultation with MA, devise methods to ensure confidentiality in pathological examinations record safekeeping.
19. SCAI-AM as the overall administrative supervisor and controller of MA & CAMEs, shall perform all the administrative supervisions & surveillance activities on MA & CAMEs, 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.
20. Recommend purchase of equipment, periodicals, medical journals, medical books & ICAO Material for reference of Medical Examiners.
21. Maintain proper records of each individual licence holders.
22. Recommend to the CAASL for refresher training for CAMEs.
23. Attend local or overseas training programmes or familiarization visits organized by CAASL.

4.3. Civil Aviation Medical Examiners (CAMEs)

4.3.1. Appointment

The Civil Aviation Authority has designated, in sufficient numbers, Civil Aviation Medical Examiners (CAMEs), within Sri Lanka, qualified and fully registered medical practitioner licensed in the practice of medicine.

The selected medical officers, will be appointed by the DGCA to the Board of Medical Examiners and after appropriate training under the guidance of the ICAO, authorized to exercise delegated authority as Civil Aviation Medical Examiners of the CAASL. Medical

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Examiners will conduct detailed medical examinations with the required routine investigation results and the medical examiner 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.

4.3.2. Number of Examiners

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

4.3.3. Designation procedure of a CAME.

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

1. Evaluation of application as per 4.3.2
2. Evaluation of initial Aviation Medicine Training as per the recommended courses in 4.3.5.1
3. Selected applicant shall understudy minimum one initial medical examination & two renewal medical examinations being conducted by CAASL designated CAME.
4. CAASL designated CAME shall submit the evaluation report of the applicant during understudy to SCAI-AM.
5. Evaluation shall be conducted while applicant conducting a medical Examination by MA and submit the evaluation report to SCAI-AM.
6. If the applicant found satisfactory in above 1-5 steps, an interview shall be conducted by MA, SCAI-AM & 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 CAME by DGCA, CAASL. Initial designation granted for only one year.

4.3.4. Qualifications & Experience for CAME

1. Medical Practitioner with MBBS degree.
2. Registered with the Sri Lanka Medical Council with more than 5 years of experience
2. Possess a qualification in Aviation Medicine and experience in the aviation field currently essential.

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4. Experience in practicing Aviation medicine, or aviation related organizations would be desirable.
5. All medical examiners will be expected to attend recurrent training seminars/courses at a frequency specified by the Director General of Civil Aviation. Initially a training of 20 hours will be required.
6. Medical examiner must, as far as possible be aware of the conditions in which the applicants are employed and are encouraged to acquire practical experience of these conditions.
7. Availability during the day time for consultation at least one day a week.

4.3.5. Authorization

A CAME will be authorized for a period not exceeding three years. Authorization is to perform medical examinations for the issuance of Medical Assessments of Class 1 or Class 2 or class 3 at the discretion of the Authority.

1. Conditions of issuance of Authorization.

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

Refer to procedure in 4.3.3

Recommended Initial 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
- f. Any other Aviation Medicine training programmes which can be recognized by CAASL after an evaluation of the programme and the institute/University,

2. Conditions for Re-issue of Authorization.

- a. Competency of a CAME shall be assessed by MA once in every three years before re-issuance of Authorization, pursuant to IS 50, 1.3.1 and after completing following requirements, a CAME will be re-authorized for a period not exceeding three years.

Refer appendix I

- b. Minimum of Ten Initial examination for Class 1.
- c. Recurrent training (at least one refresher training within 2 years)
- d. Requirement on participating on Medical Board.
- e. Flight deck & ATC experience.

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f. Recommendation of MA.

3. Duration of Designation

A CAME will be authorized for a period 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 the Licensing Authority, in accordance with its requirements, detailing the results of the examination and evaluating the findings with regard to medical fitness.

- a. Medical Examinations for the issue or renewal of a personnel Licence shall be conducted at the Aeromedical Section situated within the CAA premises.
- b. CAME shall conduct medical examinations for the issue and renewal of pilot licences of all categories and air traffic controller licences in compliance with the Air Navigation Regulations of Sri Lanka and Requirements issued by the DGCA and published in the Civil Aviation Medical Manual (SLCAP 3020).

Each standards stipulated in this manual regarding the provision of obtaining accredited medical conclusion, through medical board meeting.

- c. CAME 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) and Requirements issued by the DGCA and published in the Civil Aviation Medical 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.
- d. CAME shall inform an applicant who was failed to the Medical Board if one or several medical conditions of a Licence holder is found to be on the decline. Such cases shall be brought to the attention of the MA along with recommendations.
- e. If deemed necessary, CAME 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.
- f. In consultation with and approval of the MA, CAME shall take necessary steps to seek accredited medical conclusion as and when necessary.

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- g. CAME shall recommend to MA, reinstatement of a suspended or cancelled personnel Licence with adequate reasons for such an action and recommend the course of action to be followed for the reinstatement.
- h. CAME shall review/evaluate results of previous medical examinations of personnel licence holders and monitor and analyze the medical condition of Licence holders
- i. CAME should advice and guide the Nursing Officer of the Aeromedical Centre of the CAA and ensure orderly maintenance of medical records and safe storage of same
- j. CAME should propose development of new procedures and practices, which could be implemented in order to maintain highest standards and quality.
- k. CAME should recommend purchase of new equipment as and when necessary.
- l. CAME should recommend purchase of periodicals, journals and medical books for reference by the CAMEs.
- m. CAME shall sign and rubber stamp each document issued, using the official rubber stamp provided and keeps the rubber stamp in safe custody.
- n. CAME shall inform SCAI-AM in advance when his/her services will not be available for a consecutive period more than 7 days.
- o. CAME shall forward the results of routine licensing medical examinations to the MA, at the earliest possible but not later than two weeks from the date of the medical examination.
- p. CAME shall provide further details/clarifications/explanations on medical examination conducted by him/her, to the Chairman of the Medical Board or the DGCA on own initiation of the CAME if seems desired or at request.
- q. CAME shall attend training Programmes or familiarization visits offered by the DGCA.
- r. CAME shall refrain from carrying out a medical examination for personnel licensing activity unless the person carries an authorization issued by the DGCA.
- s. CAME shall be remunerated in accordance with the approve pay scheme of the CAA.
- t. The DGCA reserves the right to withdraw the appointment of a CAME at any time without giving reasons for such an action. In such an event, the CAME shall return all rubber seals, documents and any other material issued to him/her by the DGCA without delay.

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

4.3.7. Competency Assessment of CAME

Competency of a CAME shall be assessed by MA once in every two years and before re-issuance of Authorization, pursuant to 1.2.4.6.3 of IS 50.

For competency assessment by MA refer to appendix I

4.4. Training for CAMEs

CAMEs 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.

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 CAME is required to understudy minimum of one initial & two renewal examinations being conducted & finally the evaluation shall be conducted & has been found satisfactory by a designated CAME or MA while applicant CAME 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.

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4.4.3. Refresher Training in Aviation Medicine

During the period of every three years, a CAME is required to attend a minimum of 20 hours Continuous Professional Development training (CPD). A minimum of 6 hours must be under the direct supervision of the Aeromedical Centre. Scientific meetings, congresses and flight deck experience may be approved by the CAASL for this purpose, for a specified number of hours

4.5. Medical Examination Board

Appointment of Medical Examination Board & Legal Status -

The Civil Aviation Medical Examiners will be appointed by the DGCA to the Board of Medical Examiners and after appropriate training under the guidance of the ICAO, authorized to exercise delegated authority as Civil Aviation Medical Examiners of 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 CAME 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 CAME has not adhered to the procedure stipulated by this manual when conducting medical examination and issuing medical certificates.

In the event it is found that integrity of a CAME is in question or procedures adopted by him have been not acceptable as stated in above 4.6, 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 5350.

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CHAPTER 5 - THE AERO MEDICAL EXAMINATION

5.1 Aero medical Centre (AMC)

Aero Medical Centre (AMC) 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 Centre examinations are administered by Senior Civil Aviation Inspector- Aviation Medicine. Six Civil Aviation Medical Examiners (CAME) 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 Civil Aviation medical Examiners (CAME) of Aero Medical Centre (AMC) 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 medical examiners in Aero Medical Examinations.

5.2 Medical Confidentiality

Medical Confidentiality shall be respected at all times. The Authority shall ensure that all oral or written reports and electronically stored information on medical matters of licence holders/applicants are made available to a CAME, SCAI-AM & to MA, in order to be used by the Authority for completion of a medical assessment.

Aeromedical Centre shall ensure the confidentiality of medical records of CAASL Clients by implementing below mentioned procedures.

1. Aeromedical Centre should be a strictly confined area for its staff and the Clients who come for the medical assessments.
2. Medical reports and files shall be kept in a separate restricted area in the Aeromedical Centre.
3. The restricted area shall be kept locked always, keys shall be kept under safe custody of the Nursing Officers of AMC.
4. Medical reports and records can be obtained by SCAI-AM, MA & CAMEs whenever it's needed to perform medical assessments and shall be returned to the Nursing Officer once the task is over.
5. No copies of any medical reports/records released 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 SCAI-AM.

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- 6. Nursing Officer shall not release or disseminate any medical records to any party without the approval of Senior Civil Aviation inspector-Aviation Medicine.
- 7. The above procedures shall be supervised by the Senior Civil Aviation Inspector-Aviation Medicine.

Examining a healthy person may seem an easy task but also a rather futile thing to do, for what can you expect to find where nothing is wrong? In reality the periodic examination of airmen is both difficult and demanding, but may also be quite rewarding when performed with interest, care and thoroughness. A licence holder is legally obliged to undergo regular health examinations, performed by an Authorised Civil Aviation Medical Examiner (CAME). The airman may appear to be in perfect health, and more often than not will he himself believe this to be the case. At the same time he may reasonably fear that if something is wrong after all then this might cost him his medical certificate, i.e. his livelihood. This situation may lead the airman to feel nervous and tense at the examination, but almost invariably he will try to present himself as perfectly healthy. Fortunately most examinations will confirm that he is indeed in good health and fit for flying. But even if he is experiencing a mental or physical problem he may, consciously or subconsciously repress it, and in either case, the CAME may not receive the usual help from his examinee to guide him towards the site of any problem. To find a sign of early disease or malfunction under these circumstances takes skill, experience and the utmost thoroughness.

Policy on to what extent pertinent medical information is presented

CAASL has given fully authority to SCAI-AM & MA to determine to what extent pertinent medical information is presented to relevant officials of the CAASL. (ref. 4.1.4.5)

It is important that medical confidentiality is respected at all times. Medical information is of a sensitive nature, and a person who has undergone a medical examination for issuance or renewal of his licence has a right to expect that such information is kept confidential and disclosed only to medical officials. CAASL has established a separate medical section within the authority in which medical confidentiality is best assured.

It is important that the aero medical examination is performed in a way that encourages the Licence holders to discuss freely and openly whatever problems, medical or otherwise, he/she may have, but the situation is not ideal for developing the usual doctor-patient relationship between CAME and the Licence holder. A Licence holder is not a patient and so has little encouragement to confide more than is required by the regulations. On the other hand, the CAME gains little without the Licence holder’s confidence as most information of value is voluntary. There is no specific route for the CAME to follow in order to ensure an aero medical examination of quality, but some important factors are mentioned in 5.3 to 5.6.

5.3 Professional competence

As highly trained technical professionals all Licence holders appreciate professionalism in others.

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5.4 Thoroughness

The Licence holder himself/herself may be unaware of the significance of minor signs and symptoms. It is of vital importance to review all systems at each examination and the Licence holder's statement of 'unchanged since last examination' should only be the start rather than the end of any history. Often the Licence holder will not be aware of anything wrong or that his minor symptoms are significant. In this latter situation only a very careful and thorough examination will reveal the problem.

An unknown intestinal cancer may be suspected from declining hemoglobin, still within normal range, and early diagnosis and intervention will most certainly improve the prognosis. Decreased visual acuity, reduced hearing, reflex anomalies, changes in blood picture or ECG are all signs and symptoms that may go unnoticed by the Licence holder himself/herself but which can be the first indication of serious underlying pathology.

Further, there must be ample time to discuss the Licence holder's employment (if professional air crew), or flying interest (if a private pilot) as information thus obtained is frequently as productive as the physical examination itself. During the health examination care should be taken so that minor progressive changes can be noted at the earliest stages, often before symptoms become evident.

5.5 Openness

Any abnormality found should be discussed, even if not apparently affecting certification, so that the Licence holder realises that the CAME remains primarily a physician throughout. Any such findings should be passed to the Licence holder's family doctor for investigation and action, if appropriate, and full communication maintained with the Authority Aero medical Centre (AMC) concerning such actions.

5.6 Aviation Knowledge

Every effort should be made to appoint physicians with an aviation interest as the amount of time spent in aero medical work is often disproportionate to other clinical activities. Sharing the Licence holder's interest in flying is the most direct way to establish a relationship and yet another reason why time spent on the flight deck and in the flying club (replaces with "industry") is an essential experience for the CAME. Although a good relationship between Licence holder and CAME is essential, it can occasionally cause the CAME difficulty, as a physician he is required to maintain medical confidence and as an CAME he is also required to communicate all information regarding the Licence holder's physical and mental fitness for flying to the Authority. At the same time the CAME may be the Company Doctor acting on behalf of the Licence holder's employer and thus heeding the commercial pressures of that organization. Finally, he may be the Licence holder's general practitioner.

Despite all conflicting interests, the CAME must remember that: CAME is appointed by the Civil Aviation Authority to verify that the individual applicant is examined by him meets the

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standards of CAASL as required for the issuance or renewal of a medical certificate, and The applicant consulting him knows that in his role as an CAME he is acting as the Civil Aviation Authority's approved medical examiner.

The individual CAME therefore cannot assess or recertify an applicant outside the requirements, nor can he withhold pertinent information from the AMC of the Authority. In either case, the CAME must realize that he is only an agent for the Authority and cannot act for it without prior consultation and agreement. At all times the CAME must protect his/her professional integrity and remain aware of his responsibility towards flight safety. When a pathological condition has been disclosed, many Licence holders will seek the advice and opinion of another physician, often a highly esteemed specialist, but usually without training or experience in aviation medicine. Almost invariably such a physician will take a more liberal stand to the importance of the disease or abnormality with regard to continued flying than would an aero medical specialist or the aero medical officer of the certificatory authority. Especially in cases where no effective treatment is possible and nothing can be done, most clinical practitioners try to comfort their patients with assurances that the condition is not very important or that the outlook is not so bad, etc. And, in fact, a disease may have a good prognosis quo ad victim, but may still entail cessation of a flying career.

In such cases as these, as in all situations where the Licence holder's certificatory status is in question, it is the CAME's responsibility to consult with the AMC on the Licence holder's behalf and, if considered appropriate, assist him in preparing his case for further assessment. The CAME may play an important role as medical adviser to the Licence holder and he may by prudent evaluation of the situation at hand, by explaining the specialists' statements, the information obtained from hospitals, the laboratory results etc. and by giving a balanced view of all aspects of the case, ensure that the Licence holder fully and correctly understands his/her own condition and the aero medical disposition it entails. To act in this way while maintaining the confidence of his/her Licence holder and the Authority is the art of the aero medical examiner. By mastering this art he will serve flight safety and, at the same time, help keep his/her Licence holder continues flying or their relevant aviation duties.

5.7 Conduct of Medical Examinations

5.7.1 Medical Examination & Examination forms

Only one form (**Form CAA / PL / E / 01, Medical Examination Form-attached as appendix II of this document**) is used for both initial medical examination and renewal medical examination. Part A of the form, the declaration is to be completed and signed by the applicant.

It is a requirement that the medical examiner personally asks the questions from the applicant in Part B and the responses mark on the form by the Medical examiner. The form must not be given to the applicant to complete this section. The CAME shall complete Part B as below:

- a) All questions (boxes) on the medial assessment form must be completed in full.
- b) Writing must be legible.

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- 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 CAMEs signature and date.
- d) Completed form CAA/PL/E/01 shall be signed by CAME with the date of examination and the stamp of the CAME shall be placed.

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.

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

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

Conduct of Medical Examinations by CAME for the issuance or Renewal of all Medical Assessments of Class 1, 2 & 3 for all Flight Crew Members, Cabin Crew Members & Air traffic Controllers shall be done only at Aero medical Centre of CAASL.

Conducting the Medical Examination & evaluation of the medical reports shall be the responsibility of CAME.

Having completed the medical Examination CAME shall submit the duly completed medical examination form to AMC without delay along with signed "Medical Certificate" recommending issuance of medical certification to licensing section only if he/she is satisfied with the Medical Fitness of the applicant appropriate to the Class.

Initial and in every five years Medical assessment for Cabin Crew Members are done by CAMEs of AMC and in between renewal of Class 2 Medical Assessment is delegated to Airlines Company Medical Officer at Company Medical Centre. The Airline Medical Officer who perform the above mentioned medical assessments shall be a recognized Medical Officer by the AMC, CAASL.

Issuance of Licences/Certificates for all three classes shall be carried out by the Licensing Section of CAASL once the applicant is medically cleared by AMC.

Further, Renewal of Medical Assessment for all three classes, authority of medical certification shall be delegated to CAMEs subject to review & covering approval of Medical Assessor. This arrangement is made to overcome any undue delays of renewal process to facilitate fast processing, without compromising safety concerns.

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5.7.2 Periodic Requirements.

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

5.7.3 Medical Fitness

5.7.3.1 Fitness

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

5.7.3.2 Requirement

In order to apply for or to exercise the privileges of a licence, the applicant or the holder shall hold a medical certificate issued in accordance with the provisions of CAASL Regulations and appropriate to the privileges of the licence.

5.7.4 Medical Certificate

An applicant shall hold a current Medical Assessment Certificate issued in accordance with the provisions of 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 1.2.5.2 of IS 50.

Medical certificate is required by the licence holder to compliment and validate the 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 that may affect the certificate validity and hence the licence.

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

Until further notice CAASL does not practice issuance of Medical Certificate by the CAME to the Medical Assessor through electronic or any other means other than issuing the manually signed Medical Certificate Form No CAA/PL/M/21.

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**5.7.4.1 Content of Medical certificate**

(CAA/PL/M/21) The medical certificate shall contain 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. CAME, number and signature
- f. Date of general examination
- g. Medical Assessors endorsement

5.7.4.2 Initial issue of medical certificates.

Initial Class 1 and Class 2 Class3 medical certificates shall be issued by the Medical Assessor at AMC.

5.7.4.3 Renewal of medical certificates.

Class 1 or 2 or Class 3 medical certificates shall be re-issued by a CAME whilst on duty in AMC subject to approval by the Medical Assessor.

5.7.4.4 Renewal of Class 2 Medical for Cabin Crew Members of Airlines.

Authority of conducting a Medical examination for renewal of Class 2 Medical Assessment to Cabin Crew Members of local Air Lines is delegated to Official medical Officer of relevant Airlines for the next consecutive Four years after the Initial Issue by AMC, CAASL. There after the applicant shall report to AMC of CAASL & submit for medical examination for Class 2 renewal by CAASL CAME. Procedure & the standards applicable for the issue & renewal of class 2 Medical Assessment irrespective of where it is conducted, shall be assured & maintained as per the standards stipulated in this Manual. Medical examination of Cabin Crew members over 50 years shall be done at AMC, CAASL yearly.

5.7.4.5 Reactivation of Expired CLASS 1, CLASS 2 & CLASS 3 Medical Certificate**Class 1**

- A. If a licence holder allows his Medical Certificate to expire by not more than two years, renewal shall require an initial or extended, at the discretion of Medical Assessor, through examination performed at an AMC by a CAME which has obtained his relevant medical records. Class 2 for PPL with Instrument Rating (PPL/IR)
- B. If an Instrument Rating is added to the licence, pure tone audiometry must have been performed within the last 60 months if the licence holder is 39 years of age or younger, and within the last 24 months if the licence holder is 40 years of age or older.

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- C. If a licence holder allows his Medical Certificate to expire by more than one year, renewal shall require an initial aero medical examination. Prior to the certificate issue the relevant medical records shall be obtained by the CAME.

5.7.4.6 Disposition of Certificate

Medical certificate shall be issued, in duplicate, to the CAASL, for the recommendation of Medical Assessor once the examination is completed, only if a fit assessment is made. In the case of unfitness shall be referred to CAASL Medical Board through the Medical Assessor.

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

When a review has been performed and a variation granted in accordance with this manual, this fact 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 certificate renewal examination, the Medical Assessor may, for medical reasons duly justifiable, notify to the applicant and the CAME and limit or suspend a medical certificate issued by the CAME.

5.7.4.7 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 Authority Medical Board within 30 days. Medical information supporting this denial will not be released without prior consent of the applicant to a third party.

5.7.5 Period of validity of medical Assessment

Period of validity of the Medical Assessments of all Classes 1,2 & 3 shall be as per the periods promulgated by the IS 50 of CAASL.

Pilots over 60 years of Age - Class 1 Medical Assessments for Pilots over the Age of 60 years up to 65 years operating in Multi Crew Environment is issued in Sri Lanka for Pilots who have been maintaining Medical Reports with AMC 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 1.

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.

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

5.7.6 Additional examination.

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

5.7.7 Aviation Medical Audits

It is mandatory for examinations done by Designated Medical Examiners to be audited by Medical Assessor.

Refer to competency assessment audit process 4.1.4.36 and appendix I

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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 Center established & maintained within the Authority premises.

6.2. Authority

Conduct of Medical Examination for the issue of Medical Assessments shall be only performed by a CAME who has been duly delegated the test & who holds a valid authorization.

6.3. Procedure adopted by CAASL Staff.

1. CAASL staff shall issue application & attend to administrative procedure as mentioned in relevant section of the CAA & refer the applicant with the signed declaration form to the CAME.
2. After verification with the established procedure CAASL staff (designated personnel) shall perfect the prescription form appropriate to the routine investigations of Class of Medical Assessment required to be undergone by the applicant, for relevant Tests & investigations.

6.4. Procedure for CAME

6.4.1. Verification of declaration

CAME 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 CAME is satisfactory that an applicant has been subjected to adequate examination. At the end of completion of above examination CAME 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 CAME is satisfied with the medical condition against appropriate Class of Medical Assessment requested by the applicant concerned, he shall complete the applicable Form CAA/PL/M/21. (Medical Certificate).

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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 DGCA Sri Lanka, 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 CAME is not satisfied with the medical condition of the applicant concerned, such situation will be referred Medical Assessor for accredited medical conclusion through to Medical Board. CAME shall submit the applicable Form CAA/PL/E/01 to CAASL with his recommendation.

CAME may on his own initiative require additional tests.

6.4.2. Procedure of submitting completed medical assessment form CAA/PL/E/01 to PEL section.

1. Part B of Form CAA/PL/E/01 is duly completed by CAME during medical assessment according to the clinical examination and the available investigation reports and signed.
2. Once the medical assessment is completed CAME shall complete the medical certificate CAA/PL/M/21 followed by CAME's signature and date confirming that the applicant has met the medical requirements according to the Class of the licence he/she holds.
3. CAME shall coordinate the results of medical examination by submitting duly completed CAA/PL/E/01 & CAA/PL/M/21 to DGCA through Medical Assessor.

Conduct of medical examinations by CAME is more elaborated in 5.7

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

(Pursuant to IS 50 1.2.4.10)

After conducting a medical examinations if CAME is not in a position to determine that one or more medical condition/s of the applicant do not confirm to standard specified in IS 036 numerically or otherwise, CAME shall defer the issue appropriate Medical Certificate.

This decision shall be notified to the applicant. The applicant may be advice 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 medical standards prescribed on chapter 6 of Annex 1 is not met, CAME shall refer in writing to MA for accredited medical conclusion if he/she is not in a position to determine that one or more medical condition/s of the applicant do not confirm to the specified standard.

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2. Medical Assessor shall go through all medical records/reports available, do a separate medical assessment/interview considering applicant's health status, ability, skills and experience.
3. MA shall come to a conclusion whether applicant needs further specialized investigations, assessment by relevant Consultant or can be cleared.
4. If MA takes decision that the applicant is fit after above (2), refer back to CAME 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 refer back to CAME 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 scrutinization 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 (Accredited Medical Conclusions)

1. Authority for convening Medical Board
On the receipt of above Form CAA/PL/M/21 ,CAASL Medical Assessor shall convene the Medical Board through SCAI-AM to review the medical condition of the particular applicant. Further he may decide whether or not obtaining assistance of any other CAA official or specialist as appropriate.
2. Quorum Requirement
 - I. Medical Assessor(Chairman)
 - II. At least two CAMEs
 - III. Representative from DGCA if necessary

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IV. Consultant Specialist if necessary

3. Time Period

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

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

Usually there is no limitation on the number of sittings that a Medical Board shall be convened to discuss a particular case. However every endeavour shall be made by the Medical Board & the Assessor 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 on reports.

Consultation of various expert Physicians is also mandatory if required.

Every effort shall be made to finish each case in single sitting.

5. Final Decision & authority on decision.

Final accredited medical conclusion on the case shall be made by the Medical Assessor after scrutinizing all reports & consultations required justifying the decision and forwarded to DGCA for the final decision.

6. Appeal for Decision

Having received the accredited medical conclusion, the applicant may submit his concerns over the decision to DGCA directly according to No 1 Appeal Process for applicant in Appendix IV, DGCA shall take action according to No 2 CAASL Appeal Process in Appendix IV.

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.

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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 (CAME) 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, CAME shall recommend the matter further with the Aero medical Centre (AMC) or Medical Assessor, which may provide convening the Medical board and achieve 'Accredited medical conclusion'. In all cases where a CAME has refused or referred an assessment, the relevant data will be forwarded to the AMC in order that such data may be reviewed by Medical Assessor or by Medical Board.

7.3.1 Requirements for assessment

An applicant for, or holder of, a medical certificate issued in accordance with CAASL (Medical) Manual shall be free from:

- a) Any abnormality, congenital or acquired,
- b) Any active, latent, acute or chronic disability,

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- 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 (Medical) Manual 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. A CAME should not however add or remove that Condition without verifying the position with the CAA 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

Refer to Annex 1, Chapter 6 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 CAA 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 CAA and recommendation made by them to the Authority 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.

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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 CAA Medical Panel has taken JAR 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 (CAMEs) in assessment and also indicate whether decisions should be referred to 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 6.2 of this Manual.

8.2. Refusal

The Aero Medical Examiner is therefore primarily responsible for deciding whether or not an applicant is within the 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 CAME may advise him of the area of concern and that a report of the refusal/referral will be forwarded without delay. Any applicant rejected by a CAME will have his data forwarded to the medical board and may then request further review. Such a request will be treated in the CAME manner as a referral. Please refer Para# 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 Assessment. If further investigation or opinion is required the applicant should be advised of this need and how it may be achieved. While applicants should be free to choose their physician advisers, from the list of medical specialists with particular aeromedical interest or experience. On occasion it may be necessary for the CAASL AMC to direct the applicant to a specific medical specialist for a further opinion. In all such cases relevant documentation 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 that decision. In most cases the CAA-medical board will have sufficient additional expertise and operational experience to make a decision.

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However, some cases require careful consideration of complex studies, for example coronary angiogram. In such cases it may be advantageous for the CAA-SL to bring together several CAA accepted cardiologists in order to gain consensus concerning interpretation of this data. The assessments can then be demonstrated as having been given full consideration.

8.5. Variation and Review Policy

AMC 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 AMC but the decision shall be referred to the Authority. 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 Authority. The AMC may issue, revalidate or renew a medical certificate after due consideration has been given to the requirements, acceptable means of compliance and guidance material and to:

The medical deficiency in relation to the operating environment; the ability, skill and experience of the applicant in the relevant operating environment;

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

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8.7. Amendment of Common Policy

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

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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 medical examiner 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 issue renewal of a medical certificate shall produce proof of identification (NIC, DL or Aviation Licence as applicable) to the CAME and a declaration of medical facts concerning personal, family and hereditary history. The Application FORM CAA/PL/E/01 contained 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 CAME, 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, CAME conducting a medical examination on an applicant for issuance of a medical assessment is satisfied that either the declaration or statement or both made by the applicant in the form No CAA/PL/E/01 is false or inaccurate and intended to deceive the CAME.

Any declaration made with intent to deceive shall be reported by the CAME to the AMC. On receipt of such information the CAASL shall take such action as stipulated in the Enforcement Manual of CAASL.

CAME shall adopt the following procedure,

- I. Inform the applicant regarding the deferment of the medical assessment.
- II. Advise applicant to receive further instruction from DGCA
- III. Submit the report to DGCA through MA.
- IV. Update the individual medical file and register accordingly.

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CHAPTER 10 - AEROMEDICAL DISPOSITION (MEDICAL CERTIFICATE –FORM NO CAA/PL/M/21-a, CAA/PL/M/21-b)

After completion of the examination the applicant may be advised whether fit, unfit or referred to the Authority. The Aero Medical Examiner (CAME) 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.

10.1 Limitations on Medical Certificate

10.1.1 To wear corrective spectacle all the time-constant wear. He/she should carry a spare spectacle all the time.

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

The limitation is to be applied when the holder of a CPL or an ATPL does not fully meet the class 1 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 Authority.

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

10.1.3 Operational Safety Pilot Limitation (OSL -Class 2 only).

A safety pilot is a pilot who is qualified to act as PIC on the class/type of aero plane and carried on board the aero plane, which is fitted with dual controls, for the purpose of taking over control should the PIC holding this specific medical certificate restriction become incapacitated. An OSL can only be issued or removed by the Authority

10.2 Decrease in Medical Fitness

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.

Holders of medical certificates shall not take any prescription or non-prescription medication or drug, or undergo any other treatment, unless they are completely sure 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 SCAI-AM, CAME or MA.

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

Any illness involving incapacity to function as a member of a flight crew throughout a period of 21 days or more; or Being pregnant, shall inform the Authority 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:

In the case of injury or illness the suspension shall be lifted upon the holder being medically examined under arrangements made by the CAASL and being pronounced fit to function, or upon the Authority exempting, subject to such conditions as it thinks fit, the holder from the requirement of a medical examination; and

In the case of pregnancy, the suspension may be lifted by the CAME, for applicants with low risk uncomplicated pregnancy, evaluated and supervised in accordance with IS 036 3.2.21.1 the fit assessment should be limited to the period from the end of the 12th week 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 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.

Use of Medication, Drugs or any Other Treatment (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 CAA-SL (Medical) Manual.

All procedures requiring the use of a general or spinal anesthetic shall be disqualifying for at least 48 hours.

All procedures requiring local or regional anesthetic shall be disqualifying for at least 12 hours.

10.3 Special Circumstances

It is recognized that the provisions of all parts of CAASL Medical Manual will not cover every possible situation. Where the application of CAASL 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 will ensure or lead to at least an equivalent level of safety.

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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 CAA-SL Medical Board.

Curtailment of privileges of licence holders aged 60 years or more

Age 60-64. 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.

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 favourable medical report is obtained after examination by a designated medical examiner of the area concerned, or, in cases where such a designated medical examiner is not available, by a physician legally qualified to practise medicine in that area. A report of the medical examination shall be sent to the Licensing Authority where the licence was issued;
- 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 DGCA Sri Lanka where the licence was issued.

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CHAPTER 11 - RECORDS & RECORDS MAINTENANCE

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

An index register system showing the file details is useful for quick reference and statistical purposes.

(Refer chapter 11 of Office Procedure Manual (SLCAP 3030) for further information on maintenance of records)

11.1 Movement of medical files and medical assessment procedure

The following procedure shall be strictly followed by medical unit including Medical Assessor, SCAI-AM, CAMEs, and Nursing Officer.

- i. On the receipt of the application, declaration form No CAA/PL/E/01 for the conducting of medical examinations for the issuance of medical assessments for the issuance of personnel licences, Nursing Officer shall open a new file and verify check list items.
- ii. Attend to following preliminary test and fill the form No CAA/PL/E/01 (Ex. Height, weight)
- iii. Issue the prescription for investigation as per section 8.2.4(b) of OPM (SLCAP 3030).
- iv. Once all applicable reports are received from the Designated Hospital, file them with a minute. (Record should be prepared as per the Chapter 11- Record Keeping of OPM (SLCAP 3030).
- v. Submit to the examiner with the summary report and the application at the time of the examination.
- vi. Once Nursing Officer is satisfactory about pre-requisites for the medical examinations, he shall handover the applicant and file to the CAME for the evaluation.
- vii. Once medical examination is recommended by CAME for the issuance of medical certificate having taken over the file, keep the file in a designated file cabinet under lock & key under the safe custody of Nursing Officer for the submission to the Medical Assessor.
- viii. Submit the file on the next immediate date available Medical Assessor for the next action.
- ix. If the medical certificate issue after validation by the Medical Assessor, submit to the PEL section entering the register for the issuance of licence through the proper channel.

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- x. 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.

(Refer section .11.8.3 responsibility of the custodian -chapter 11- OPM)

- xi. 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 concern, Medical Examiners concern, SCAI-AM concern, Medical Assessor's concern or DGCA's concern.
- xii. All Aero Medical Staff shall ensure the highest level of security and confidentiality when handling the individual Medical Reports and files.

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Appendix I

Medical Assessment Audit on CAMEs.

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: <ul style="list-style-type: none"> • 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 medicolegal considerations relating to the safety and suitability of an applicant to operate within the aviation environment.					
5.	Effectively communicate: <ul style="list-style-type: none"> • 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 CAME						
Signature of the Auditor(MA)						


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

CIVIL AVIATION AUTHORITY OF SRI LANKA
MEDICAL EXAMINATION FORM FOR AVIATION LICENCES
 MEDICAL IN CONFIDENCE

(1) Full Name:				
(2) Initial with surname:	(3) Date of birth:	(4) Age:	(5) Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	(6) Application Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Revalidation <input type="checkbox"/>
(7) Class of medical certificate applied for I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>	(8) Any Limitations on previous Licence / Medical Certificate No <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Details :		(09) Type of licence applied for:	
(10) Place and country of birth:	(11) Nationality:	(12) Occupation (principal)		
(13) Permanent address: Telephone No: Mobile No: E-Mail: _____@_____	(14) Employer:	(15) Date of licence expire: Date: Initial or Renewal licence application file number:	(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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> Date:- _____ Place:- _____ If yes, details:-	(23) Type of flying intended:			
	(24) Present flying activity Single pilot <input type="checkbox"/> Multi pilot <input type="checkbox"/>			
(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 <input type="checkbox"/> No <input type="checkbox"/> If YES, state drug, dose, date started and why?			
(27) Do you smoke tobacco? Never <input type="checkbox"/> No <input type="checkbox"/> Date stopped: Yes <input type="checkbox"/> State type, amount & number of years:				



(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		
(108) Kidney stone or blood in urine			(119) Alcohol/ drug /substance abuse			(130) Refusal of flying licence			(176) Tuberculosis		
(109) Diabetes, hormon			(120) Attempted suicide			(131) Do you hold a medical certification from any other CAA			(177) Allergy/asthma		
(110) Stomach, liver or intestinal trouble			(121) Motion sickness requiring medication			(132) Medical rejection from or for military service			(178) Inherited disorders		
(111) Deafness, ear disorder			(122) Anaemia/ Sickle cell trait/ other blood disorders			(133) Award of pension or compensation for injury or illness			(179) Glaucoma		
Females only:											
										(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)



MEDICAL EXAMINATION REPORT

MEDICAL IN CONFIDENCE

Date :-

Table with columns for Examination Category, Height, Weight, Eye Colour, Hair Colour, Blood pressure (Systolic/Diastolic), and Pulse (Rate/Rhythm).

Clinical examination: check each item

Table for clinical examination with columns for Normal/Abnormal findings for items (208) through (227), plus a notes section (218) and identification marks (226a).

Visual acuity

(229) Distant vision at 6 m Glasses Contact lenses

Table for distant vision at 6m, including uncorrected and corrected values for right, left, and both eyes.

(230) Intermediate vision Uncorrected Corrected

Table for intermediate vision at 100 cm, including uncorrected and corrected values for right, left, and both eyes.

(231) Near vision Uncorrected Corrected

Table for near vision at 30 to 50 cm, including uncorrected and corrected values for right, left, and both eyes.

(232) Glasses (233) Contact lenses

Form for recording presence of glasses and contact lenses, including a field for Type.



(234) Colour Perception	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>

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:		



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 1 : 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.



<p>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</p>	<p>24. Present flying activity: Tick appropriate box to indicate whether you fly as the SOLE pilot or not.</p>
<p>10. Place and country of birth: State Town and Country of birth.</p>	<p>25. Do you drink alcohol: Tick appropriate box. If 'YES', state weekly alcohol consumption e.g. 2 liters beer.</p>
<p>11. Nationality: State name of country of Citizenship.</p>	<p>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.</p>
<p>12. Occupation (principal) State Captain/ First Officer/ Cadet Pilot / None etc.</p>	<p>27. Do you smoke tobacco: Tick appropriate box. Current smokers state type (cigarettes, cigars, pipe) and amount. e. g. 2 cigars daily.</p>
<p>13. Permanent address: State permanent postal address and telephone number.</p>	<p>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.</p>
<p>14. Employer If principal occupation is pilot, then state employer's name</p>	<p>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.</p>
<p>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.</p>	

**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

Initial Class II - Medical Checks

01. 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

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

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**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	Lipid profile	-	Every 1 year	Every 1 year	Every 6 month
04	ECG	Every 2 year	Every 1 year	Every 1 year	Every 6 month
05	Chest X-ray	Every 5 year	Every 5 year	Every 5 year	Every 5 year
06	Audiogram	Every 5 year	Every 2 year	Every 2 year	Every 1 year
07	Ophthalmology	-	At 40 years	At 50 years	Every 6 month
08	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	ECG	-	-	Every 2 year	Every 2 year
04	Chest X-ray	Every 5 year	Every 5 year	Every 5 year	Every 5 year
05	Audiogram	-	-	Every 2 year	Every 2 year
06	ECHO cardiogram	-	-	-	Every 6 month
07	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
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 to 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 90 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 Aeromedical Centre specifying reference to the cause of unfitness stated in the medical assessment issued by CAASL.
 - b. All documents in original 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 that the licence holder must be convinced 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 CAASL, DGCA or Authorized Official will inform the Appealer whether the appeal is accepted for further proceedings or rejected within a period of seven 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 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.

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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 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: SCAI-AM, 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 anyone they wish and be represented (by medical and/or legal and/or their relevant professional union representative). Names of all attendees should be notified to the SCAI-AM at least 7 days in advance of the hearing. If the applicant is to be legally represented this should be notified to the SCAI-AM at least 14 days prior to the date of the Panel.
 - b. The Medical Assessor and the CAME or the CAA Medical Board will be invited to address the Panel for justification of their medical decision.
 - c. The Panel may question the applicant and the Medical Assessor/CAA Medical Board if necessary.

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- 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 Panel 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 Appeler through an Official letter. The applicant will normally be notified of the outcome of the appeal in writing within 10 working days. 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 Panel may consider one or more limitations should be applied to a medical certificate or that a medical certificate should be suspended or revoked.

16. Timelines for Medical Appeal Panel decision.

DGCA shall appoint Medical Appeal Panel within 14 days of receiving the Secondary Review decision from the Medical Assessor.

The final decision of the Panel 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.

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**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 & 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	