



**Authorized Medical Examiner  
Guidance**

**Original  
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## Preface

### 1. Purpose:-

This Manual Contain CARC Policy and Guidance Material which Provides instant access to information regarding regulations, Medical History, Examination, disposition for Completion of CARC form 27/1001, Application for Airman Medical Certificate or Airman Medical & Student Certificate also This Manual describe the duties , responsibilities Procedures & requirements for designation and termination of Authorized Medical Examiner .

### 2. Distribution:-

This document shall be distributed by Aviation Medicine Unit to all designated Authorized Medical Examiner, Aviation Medical Centers and Medical Assessors .

### 3. Effective Date:-

This Manual effective as of 1 January 2014.

### 4. Forms & Supplies:-

CARC Form mentioned in this Manual at Appendices Part may be obtained form CARC/AMU, they use of any locally designated form or Certificate in lieu of those listed in this prohibited. all Medical certificates forms needed for Medical Examination to issue Medical Certificate shall be furnished to each designated AME by CARC/AMU, the designee shall be informed that misuses of the Airmen Medical Certificate, and application form for Airmen Medical Certificate could have adetrimnal effect of Air safety, accordingly, these forms shall be afforded an appropriate degree of security and any loss shall be reported immediately to CARC/AMU.

### 5. Cancellation:-

All Previous CARC Airmen Medical Certificate & Application for Airmen Medical Certificate shall be Canceled after the effective date of this Manual.

### 6. Exemptions:-

Any Medical Certificate issued before the date of effective of this Manual will be remain effective valid till the date of expiry of the Certificate, Then the AME should issue the Medical Certificate in new Format as mentioned in this Manual.

### 7. Legal Basis:-

This Manual will act as CARC/CEO order for all designated AMEs according to civil aviation law No 41/2007.



**Capt. Mohammad Amin Al-Quran**  
**Chief Commissioner/CEO**  
**Civil Aviation Regulatory Commission**



## AMENDMENT RECORD SHEET

[illegible]

**Approved by Chief Commission/CEO**



Extra sheet added  
Sheet no.i /-





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### Abbreviations

AME	=	Authorized Medical Examiner
AMC	=	Aviation Medical Center .
AMU	=	Aviation Medicine Unit.
AMSC	=	Aviation Medicine Supreme committee .
CARC	=	Civil Aviation Regulatory Commissions .
FCL 3	=	Flight Crew Licensing 3 ( Medical ) .
HKJ	=	Hashemite Kingdom of Jordan .
ICAO	=	International Civil Aviation Organization.
JCAR	=	Jordan Civil Aviation Regulation
MC	=	Medical Certificate.
MED 3	=	Third Class Medical Certificate for Airmen other than Pilot.
MOH	=	Ministry of Health



## **Definitions**

**AMC** = Aviation Medical Center which headed by AME to Perform Initial & Renewal Medical Certificate as Prescribed in JCAR FCL3 & Part MED.

**AME** = Authorized Medical Examiner A physician with training in aviation medicine with practical knowledge and experience of the aviation environment, who is designated by CARC to conduct medical examinations of fitness of applicants for licenses or ratings for which medical requirements are prescribed.

**AMSC** = Aviation Medicine Supreme Committee is a Committee appointed by CARC Commission Council to act as Medical Assessor.

**Airmen** = Any applicant who have license issued by CARC which need Medical Certificate to Perform the Privilege and activity of his/her License such as Pilots, Students Pilots, Glider Pilot, Sports Pilot, Flight Engineer, Flight Navigator, Flight Attendant, Airframe and Power Plant license and Air Traffic Controllers.

**Designation** = Authority to assume the responsibility of an AME which Comments on the date of a letter of Formal notification of designation and remains in effect for 12 months following that date.

**Medical Assessor** = A physician or group of physicians in form of a committee , appointed by CARC, qualified and experienced in the practice of aviation medicine and competent in evaluating and assessing medical as well as evaluating medical reports submitted to CARC by medical examiners in addition to that they evaluate the AME performance on annual basis by Annual Evaluation Site Form CARC form 27/1008 which attached to Appendix 9 to this manual.

**Physician** = A doctor of Medicine License by MOH.

**Termination of Designation** = withdrawal of an AME designation before completion of the standard 12 months designation period or Nonrenewal of his / her designation .





## **1. General Information**

### **1.1 CARC Medical Certification Policy**

- 1.1.1 The CARC's medical certification policy is to promote and maintain the best reasonably attainable standards of safety in the operation of civil aircraft, to work for the betterment of civil aviation and to ensure that the requirements concerning operations activities are interpreted and implemented in a consistent manner therefore any Airmen must obtained medical certificate by designated AME before exercising the privilege of his / her license .
- 1.1.2 The AME is designated for Renewal Medical Certificate whose the Initial Medical Certificated shall be issued by designated AMC only.
- 1.1.3 The Designation is Privilege not right for AME.
- 1.1.4 Designation for Air Force AME :
- (a) The commander of medical facility of Jordan Air Force can be designated as an AME to perform the medical examination to issue initial and renewal any class of medical certificate for all Air Force personnel only who need medical certificate to exercise the privilege of his /her license .
  - (b) The commander of medical facility of Jordan Air Force must comply with all contents of this manual to be designated as an Air Force AME .



1.1.5 Amendment to JCAR FCL 3 and JCAR Part MED , AME guidance & Administrative Material , CEO Medical Related orders or any other Medical related documents shall be published on the CARC public website and notify letters to all designated AMEs and Medical Assessors.

1.1.6 The AMU will act as CARC representative for all AMEs , there for all copies of medical certificate & signed original copy of all Application form for medical certificate which required by CARC, continuous designation application, redesignation application and official letter or any other inquires must sent to CARC /AMU personally or mailed to the following address :-

P.O Box 954344, Amman 11954. Jordan.



## **1.2 Legal Responsibility**

### **1.2.1 An AME is delegated the Authority to :**

- ( a ) Accept applications for physical examinations necessary for issuing medical certificates under JCAR FCL 3 & Part MED 3 .
- ( b ) Personally conduct physical examinations in accordance with this manual guidance and practices.
- ( c ) Issue airman medical certificates in accordance with JCAR FCL 3 & Part MED 3, subject to reconsideration by AMSC .
- ( d ) Defer a medical certification decision to the AMSC when the AME does not have sufficient information, or is unsure of whether he/she should issue a medical certificate, or if deferral is recommended by JCAR FCL 3 & Part MED 3 .
- ( e ) The Laboratory investigations, Chest X-Ray & ECG test must be done under the supervision and responsibility of the designated AME

### **1.2.2 The responsibility of designated AME is as following :**

- (a) To conduct. Medical Examination according to JCAR RCL 3 & Part MED Requirements.
- (b) To ensure that any investigation required for medical certificate and these specified by JCAR FCL 3 & Part MED on individual license applicant or holder, are carried out duly .
- (c) To issue appropriate medical certificate once the applicant meet all requirements for fit assessment in accordance with JCAR FCL 3 & Part MED .
- (d) To ensure the identification of the applicant .
- (e) Whether it is for medical certificate or Aeromedical evaluation , the AME shall be required to submit sufficient medical information to AMSC for medical assessment and fitness clearance.
- (f) AME shall ensure the proper safeguard of medical confidentially are observed at all time , all medical records & reports shall be securely held with accessibility to authorized personnel.
- (g) In case where the AME judgment an applicant has failed to meet any medical requirement such that exercise of the privilege of his/her license is likely to jeopardize flight safety or are complicated and unusual cases , the AME must defer his/her evaluation and submit the case to AMSC for assessment .



- (h) If the medical examination is carried out by two or more AME , CARC will appoint one of these AMEs to be responsible for coordinating the result of the examination evaluating the findings with regards to medical fitness and signing the reports .
- (i) If the medical reports is submitted in electronic format , adequate identification of the examiners should be established .
- (j) The AME shall submit a signed report of the medical certificate with its completion to CARC .
- (k) An AME shall not perform a self examination for issuance of a medical certificate to himself or herself .
- (l) An AME is prohibited to issue medical certificate on absence of the applicant .



## 1.3 Procedures for AME Designation

### 1.3.1 Qualifications :

- (a) The applicant for designation as an AME with authority to perform examinations for CARC medical certificates shall be a professionally qualified physician in good standing in his / her community.
- (b) The applicant must be able to read, write, speak, and understand the English language and possess an unrestricted license(s) to practice medicine in the HKJ.
- (c) The applicant must be engaged in the practice of medicine at an established office address and located in the HKJ.
- (d) There shall be a determined need for an AME in the area, based on adequacy of coverage related to the Airmen population .
- (e) At the time of initial application for designation, the physician shall submit a completed CARC Form 27/1006 Aviation Medical Examiner Designation Application and the following documents or copies thereof:
  - (aa) Diploma from medical school ( MBBS ) degree .
  - (bb) Certificate of any postgraduate professional training in Aviation Medicine (e.g., internship, residency, fellowship).
  - (cc) Certification of current valid licenses , with no restriction or limitations, to practice medicine in HKJ which can be obtained by MOH.
  - (dd) Letter of permanent registration form Jordan Medical Union .



### 1.3.2 Conditions of Designation :

- (a) The AME must comply with Civil Aviation law No. 41/2007, Policies, orders and regulations of CARC .
- (b) The AME must comply with the training mentioned in Part ( 1.4 ) of this Manual .
- (c) The AME must be familiar with JCAR FCL3 & Part MED and airmen Examination.
- (d) The AME must notify CARC at any time if there is a change in status of licensure to practice medicine.
- (e) The AME must personally conduct all medical examinations at an established office address. Paraprofessional medical personnel (e.g., nurses, nurse practitioners, physician assistants, etc.) may perform limited parts of the examinations (e.g., measurement of visual acuity, hearing, phorias, blood pressure, pulse, conduct of lab investigation and electrocardiography) under the supervision of the AME.
- (f) The AME shall conduct the general physical examination, sign the CARC forms, and list his/her CARC designation identification number at both Airmen Application Aviation Medicine form and on the medical certificate.
- (g) In all cases, the AME shall review, certify, and assume responsibility for the accuracy and completeness of the total report of examination.
- (h) Medical examination fees charged by AMEs should, as a general rule, be equivalent to the fees mentioned in Appendix 8.

### 1.3.3 Duration of designation :

- (a) The Designation of an AME is effective for 12 Months after the date issued for designation.
- (b) For continued services as an AME, anew designation shall be made every 12 months, an AME must submit written letter to CARC and attend refresh course in Aviation Medicine as stated in Part ( 1.4 ) of this manual to Continue his/her services as an AME.





## 1.4 Training Requirements for AME designation :

AMEs shall be qualified and licensed in the practice of medicine and shall have received training in aviation medicine acceptable to CARC. They should acquire practical knowledge and experience of the conditions in which the holders of licenses and ratings carry out their duties this training must be of:

### 1.4.1 Basic training in Aviation Medicine :

- (a) Basic training for AMEs responsible for the medical selection and shall consist of a minimum of 60-hours of lectures including practical work (examination techniques).
- (b) A final examination shall conclude the basic training course. A certificate will be awarded to the successful candidate.
- (m) Possession of a certificate of basic training in Aviation Medicine constitutes no legal right to be authorized as an AME for medical examinations.
- (n) The basic training shall consist of the following :

- |  |                |
|--|----------------|
| <b>1. <u>Introduction to Aviation Medicine:</u></b>  | <b>1 hour</b>  |
| <ul style="list-style-type: none"><li>- History of aviation medicine</li><li>- Specific aspects of civil aviation medicine</li></ul>   |                |
| <b>2 <u>Physics of Atmosphere and Space:</u></b>   | <b>1 hour</b>  |
| <ul style="list-style-type: none"><li>- Atmosphere.</li><li>- Gas and vapour laws and their physiological significance.</li></ul>  |                |
| <b>3 <u>Basic aeronautical knowledge</u></b>   | <b>3 hours</b> |
| <ul style="list-style-type: none"><li>- Flight mechanisms.</li><li>- Propulsion.</li><li>- Instrumentation on board.</li><li>- Air traffic control.</li><li>- Simulator/aircraft experience.</li></ul>                             |                |
| <b>4 <u>Aviation Physiology:</u></b>   |                |
| <b>4.1 ATMOSPHERE:</b>   |                |
| <ul style="list-style-type: none"><li>- Functional limits for humans in flight.</li><li>- Divisions of the atmosphere.</li><li>- Gas laws – physiological significance.</li><li>- Physiological effects of decompression</li></ul> |                |
| <b>4.2 RESPIRATION:</b>  | <b>4 hours</b> |
| <ul style="list-style-type: none"><li>- Blood gas exchange.</li><li>- Oxygen saturation</li></ul>  |                |



**4.3 HYPOXIA :**

- Signs and symptoms.
- Average time of useful consciousness TUC).
- Hyperventilation – signs and symptoms.
- Barotraumas.
- Decompression sickness .

**4.4 ACCELERATION :****1 hour**

- G-Vector orientation.
- Effects and limits of G-load.
- Methods to increase gz-tolerance.
- Positive/negative acceleration.
- Acceleration and the vestibular system.

**4.5 VISUAL DISORIENTATION :****1 hour**

- Sloping cloud deck.
- Ground lights and stars – confusion.
- Visual autokinesis

**4.6 VESTIBULAR DISORIENTATION :****2 hours**

- Anatomy of the inner ear.
- Function of the semicircular canals.
- Function of the otolith organs .
- The oculogyral and coriolis illusion.

**4.7 SIMULATOR ILLUSION :****1 hour**

- Forward acceleration illusion of ‘nose up’.
- Deceleration illusion of ‘nose down’ .
- Motion sickness – causes and management.

**4.8 NOISE AND VIBRATION :****1 hour**

- Preventive measures.

**5 Ophthalmology:**

Including 1 hour demonstration and practical.

**4 hours**

- Anatomy of the eye.
- Clinical examination of the eyes.
- Function testing (visual acuity, color vision, visual fields etc.
- Aspects of eye-pathology significant to aviation.
- JCAR visual requirements

**6 Otorhinolaryngology:**

Including 1 hour demonstration and practical

**3 hours**

- Anatomy of the systems.
- Clinical examination in ORL.
- Functional hearing tests.
- Equilibrium testing.
- Aero-deafness.
- Barotraumas – ears and sinuses.
- Aeronautical ORL – pathology.
- JCAR hearing requirements.

**Cardiology and General Medicine:**

**10 hours**

- Complete physical examination.
- Physical fitness and cardiovascular conditions.
- Respiratory conditions.
- Gastrointestinal disease.
- Renal disorders.
- Gynecology.
- Glucose tolerance.
- Hematological disorders.
- Orthopedic disorders.
- Pilots with disabilities.

**8 Neurology:**

**2 hours**

- Complete neurological examination.
- Physical fitness and neurological disorders.

**9 Psychiatry in Aviation Medicine:**

**4 hours**

- Psychiatric exploration.
- Physical fitness and psychiatric conditions.
- Drugs and alcohol.

**10 Psychology:**

**4 hours**

- Introduction to psychology in aviation.
- Behavior.
- Personality.
- Flight motivation and suitability.
- Group social factors.
- Workload, ergonomics.
- Psychological stress, fatigue.
- Psychomotor functions and age Fear and refusal of flying.
- AME/Flight Crew relationships.





- 11 Dentistry:** **1 hour**
- Dental examination.
- Barodontalgia
- 12 Accidents, Escape and Survival:** **4 hours**
- Injuries.
  - Accident statistics:
  - General, recreational aviation.
  - Commercial aviation.
  - Military aviation.
  - Aviation pathology, postmortem examination, identification.
  - Escape from aircraft in flight:
  - Aircraft on fire.
  - Aircraft in water.
  - By parachute.
  - By ejection.
- 13 Legislation, Rules and Regulations:** **6 hours**
- CARC Standards & Regulation (JCAR).
- ICAO Standards and Recommended Practices.
  - JCAR provisions (Requirements, Appendices) .
- 14 Air Evacuation:** **3 hours**
- Including 1 hour demonstration and practical
- Organization and logistics.
  - Disabled passengers.
  - Air ambulance flying.
  - Patients in respiratory distress.
  - Patients with cardiovascular disorders.
  - Psychiatric emergencies.
- 15 Medication and Flying :** **2 hours**
- 16 Concluding items :** **2 hours**
- Final examination



### 1.4.2 Advanced (CLINICAL ) training in Aviation Medicine

- (a) 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.
- (b) A final examination shall conclude the basic training course. A certificate will be awarded to the successful candidate.
- (c) Possession of a certificate of basic training in Aviation Medicine constitutes no legal right to be authorized as an AME for medical examinations.
- (d) The advanced training shall consist of the following :

#### 1 Pilot working environment:

**2 hours**

- Pressure cabin.
- Fixed wing.
- Helicopter.
- Single-pilot/multi-crew

#### 2 Aerospace physiology:

Including 2 hours demonstration and practical

**4 hours**

Brief review of basics in physiology

(Hypoxia, hyperventilation, acceleration, disorientation)

#### 3 Ophthalmology:

Including 2 hours demonstration and practical

**5 hours**

- Brief review of basics.
- (Visual acuity, refraction, color vision, visual fields...).
- JCAR Class 1 visual requirements.
- Implications of refractive and other eye surgery.
- Case review.

#### 4 Otorhinolaryngology :

Including 2 hours demonstration and practical

**4 hours**

- Brief review of basics (barotraumas - ears and sinuses, functional hearing tests...).
- JCAR Class 1 hearing requirements.
- Case review.



**5 Cardiology and general medicine:**

Including 4 hours demonstration and practical

**10 hours**

- Complete physical examination and review of basics.
- JCAR requirements.
- Medication and flying.
- Diagnostic steps in cardiology.
- Clinical cases

**6 Neurology/Psychiatry:**

Including 2 hours demonstration and practical

**6 hours**

- Brief review of basics (neurological examination, psychiatric exploration).
- Drugs and alcohol.
- JCAR requirements

**7 Human Factors in aviation:**

Including 9 hours demonstration and practical

**19 hours**

**7.1 Long haul flight operations:**

- Flight time limitations.
- Sleep disturbance.
- Extended/expanded crew.
- Jet lag/time zones.
- Sleep disturbance.

**7.2 Human information processing and system design:**

- Simulator training
- Ergonomics
- Flight experience.

**7.3 Crew commonality:**

- flying under the same type rating e.g. B737-300, -400, -500
- flying under common type rating e.g. B757/767, A320/340

**7.4 Human factors in aircraft accidents:**

- Analysis by and consequences for airlines.





- JCAR requirements.

**8 Tropical medicine:****2 hours**

- Endemicity of tropical disease.
- Tropical pathology and aviation
- Medicine Vaccination of flight crew and passengers International health.
- regulations

**9 Hygiene:**

Including 2 hours demonstration and practical

**4 hours**

- Aircraft and transmission of diseases.
- Disinfection in aviation.
- Hygiene aboard aircraft.
- Catering.
- Crew nutrition.

**10 Concluding items :****4 hours**

- Organization, briefing.
- Final examination and critique.

**1.4.3 Refresher Training in Aviation Medicine**

During the period of authorization , an AME is required to attend a minimum of 20 hours refresher training [acceptable to CARC]. A minimum of 6 hours must be under the direct supervision of the CARC.

Scientific meetings, congresses and flight deck experience may be approved by CARC for this purpose, for a specified number of hours.



## 1.5 Location and Equipment Required

- 1.5.1 The AME shall have adequate facilities for performing the medical examination .
- 1.5.2 The AME must engage in the practice of clinical medicine at an established office address , telephones numbers , and mailing address that is available to the general public .
- 1.5.3 The AME should notify CARC for any change of office address , contacts numbers , emails and mailing address .
- 1.5.4 The AME shall agree to obtain required equipment prior to conduct any CARC medical examination .
- 1.5.5 The required equipment shall be contain on the following :

Item No	Description
	<b><u>Stethoscope</u></b>
1	<ul style="list-style-type: none"> <li>- Binaural Double Head chest piece with Folding head piece.</li> <li>- Complete with Ear Tips, Bell-shaped Diagram Chest piece.</li> </ul>
	<b><u>Sphygmomanometer Mercurial</u></b>
2	<ul style="list-style-type: none"> <li>- Mercurial Desk Type.</li> <li>- Rating Up to 300mm Hg</li> <li>- In Metal Case with Cuffs Velcro Type Adult Size.</li> </ul>
	<b><u>Diagnostic Set</u></b>
3	<ul style="list-style-type: none"> <li>- Complete In Case With Metal Battery Handle.</li> <li>- 1 Otoscope With 3 Ear Specula, 1 Ophthalmoscope With Steeples Focusing , 1 Nasal Speculum, 2 Laryngeal Mirrors With Holder , 1 Depressor Holder With Spare Bulbs For Each Head Deluxe Type .</li> </ul>
	<b><u>ECG Recorder</u></b>
4	<ul style="list-style-type: none"> <li>- Electrocardiograph A.C 230, 50HZ &amp; Rechargeable Built in Battery, 1-3 Channels mm or Equiv.</li> <li>- Thermal Chart.</li> <li>- Sensitivity 0.5 1, 2cm/, v. linearity Less Than 5% AC Filter, Isolated Patient Input with Earthling connection &amp; Cables.</li> <li>- Option 9 Channel ECG.</li> </ul>
5	Two jerk (mallet hammers).
6	One tuning fork 128. One tuning fork 266.



7	<p align="center"><b><u>Color Vision Test Apparatus</u></b></p> <p>Pseudisochrommstic Plates ,Divorine 2<sup>nd</sup> edition ,Ishihara Concise 14-24 : or 38 Plate editions ,Acceptable substitutes' are : Farnsworth Lantern</p>
8	<p align="center"><b><u>Visual Acuity Test</u></b></p> <p>Standard Snellen type for both near &amp; distant.</p>
9	<p align="center"><b><u>Eye Muscle Test Light</u></b></p> <p>Maybe spot of light 0.5 cm in diameter or ophthalmoscope</p>
10	<p align="center"><b><u>Heterophoria</u></b></p> <ul style="list-style-type: none"> <li>- Maddox Rod with handle 0.5 cm</li> <li>- Horizontal Prism Bar with graduated prism beginning with 1 diopter and increasing in power to at least 8 diopters.</li> </ul>
11	<p align="center"><b><u>Field of Vision Test</u></b></p> <p>A wall target consisting of a 50 –inch square surface with a matte finish ( maybe black felt or dull finish paper) and a 2-mm white test object ( maybe a pin ) in a suitable handle of the same color as the background.</p>
12	<p align="center"><b><u>Other Vision Test Equipment</u></b></p> <p>Acceptable as replacement for 7 through 11 :  Titmus Vision Tester, Stereo optical, optic 2000 Vision Tester, Bausch &amp; Lomb Orthorator, Keystone orthoscope or Telebinocular.</p>
13	<p align="center"><b><u>Audiometric equipment</u></b></p> <p>AME must have access to audiometric equipment or a capability of referring applicants to other medical facilities for Audiometric testing.</p>
14	<p align="center"><b><u>Weighing Machine/Adult Use</u></b></p> <ul style="list-style-type: none"> <li>- All Metal Construction.</li> <li>- With Height Measuring Rod.</li> <li>- Range 0 – 150kg. Approx .2 Scales.</li> <li>- Sensitivity 0, 1 kg or Better.</li> <li>- Metric System.</li> </ul>





15	<p><b><u>Patient Trolley</u></b></p> <p><b>Specification :-</b></p> <ul style="list-style-type: none"> <li>- Chrome Plated Or SS Farm With Handle At Each End ,Fitted With Tow Polyfoam Pad Covered Black Antistatic Sheeting Mounted On Four Ball Bearing Antistatic Rubber Tired Castors With Brakes .</li> <li>- Dimensions Approx. (200L x 70 Wx80H) cm, Complete With Chrome Plated Mobile Safety Side Rails, Infusion Pole &amp; Mattress.</li> <li>- Corner Bumpers.</li> </ul>
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## 1.6 Termination of designation

### 1.6.1 Evaluation :

The CARC /AMSC continuously evaluates the performance of each AME which is responsible for that .

### 1.6.2 Termination of designation :

Termination or Nonrenewal of designation may be based in whole or in part on the following criteria:

- (a) No examinations performed after 24 months of initial designation.
- (b) Performance of an insufficient number of examinations to maintain proficiency.
- (c) Disregard of, or failure to demonstrate knowledge of, CARC rules, regulations, policies procedures.
- (d) Careless or incomplete reporting of the results of medical certification examination.
- (e) Failure to comply with the mandatory AME and staff training requirements.
- (f) Movement of the location of practice without CARC notification .
- (g) Unprofessional office maintenance and appearance.
- (h) Unprofessional performance of examinations.
- (i) Failure to promptly mail reports of medical examinations to CARC.
- (j) Loss, restriction, or limitation of a license to practice medicine.
- (k) Any action that compromises public trust or interferes with the AME's ability to carry out the responsibilities of his or her designation.



- (l) Any illness or medical condition that may affect the physician's sound professional judgment or ability to perform examinations.
- (m) Arrest, indictment, or conviction for violation of a law.
- (n) Failure, under the requirements of this manual after initial designation.
- (o) Request by the AME for termination of designation.
- (P) Any other reason the CARC or AMSC deems appropriate.

**1.6.3 . when an AME doesn't comply with this order , the following procedures will be taken :**

- (a) Documented and witnessed verbal warning , then
- (b) Written warning , then
- (c) 30 days restricted observation , then
- (d) 14 days notification of termination , then
- (e) Termination .



## **2. Medical Certificate**

### **2.1 Legal Basis of Medical Certificate :**

2.1.1 Licenses holders who applicable for any class of CARC medical certificate according to JCAR shall not exercise the privilege of their licenses without holding a consent & valid current medical certificate issued according to JCAR FCL 3 and Part MED requirements .

2.1.2 The medical certificate is a CARC legal documents should be retained to CARC once the Airmen is NO longer meet the requirement of any class of medical certificate .

2.1.3 The holder of a medical certificate should keep it in safe & secured place with easy access to show it when its needed .

2.1.4 The holder of medical certificate shall submit it to CARC for further action if required .

2.1.5 The holder of medical certificate shall present it to the AME at the time of revalidation or renewal of the certificate .

### **2.2 Class of Medical Certificate**

An applicant may apply and be granted any class of airman medical certificate as long as the applicant meets the required medical standards for that class of medical certificate. However, an applicant must have the appropriate class of medical certificate for the duties the airman intends to exercise.

Listed below are the three classes of airman medical certificates, identifying the categories of airmen certificates applicable to each class.

#### **2.2.1 First Class Medical Certificate:-**

- (a) commercial pilot licenses - aero plane, airship, helicopter and powered-lift.
- (b) multi-crew pilot licenses- aero plane.
- (c) airline transport pilot licenses – aero plane, helicopter and powered- lift.
- (d) instructor pilot licenses.
- (e) student pilot licenses.

#### **2.2.2 Second Class Medical Certificate:-**





- (a) flight navigator licenses.
- (b) flight engineer licenses.
- (c) private pilot licenses - aeroplane, airship, helicopter and powered-lift.
- (d) glider pilot licenses.
- (e) free balloon pilot licenses.

— 2.2.3 Third Class Medical Certificate:-

- (a) Air Traffic Controller Licenses.
- (b) Student Air Traffic Certificate.
- (c) Flight Attendant Applicant.
- (d) Air Traffic Maintenance Licensees.

— **2.3 Validity of Medical Certificate**

2.3.1 Class one Medical Certificate is valid from the date of the examination plus the remaining days of expiry calendar month and for 12 months except for applicants who:-

- (a) Are engaged in single-pilot commercial air transport operations carrying passengers and have passed their 40th birthday, or
- (b) Have passed their 60th birthday the period of validity shall be reduced to 6 months. This increase in frequency after the 40th birthday does not apply to flight engineers.

2.3.2 Class Two Medical Certificate is Valid from the date of the examination plus the remaining days of expiry calendar month and for 60 months until age 40, then 24 months until age of 50, then 12 months thereafter.

2.3.3 The expiry date of the medical certificate is calculated on the basis of the information contained in (2.3.1) and (2.3.2) The validity period of a medical certificate (including any associated extended examination or special investigation) shall be determined by the age at which the medical examination of the applicant takes place.

2.3.4 Despite (2.3.2) above, a medical certificate issued prior to the holder's 40th birthday will not be valid for Class 2 privileges after his 42nd birthday.

2.3.5 Class Three Medical Certificate is valid from the date of the examination plus the remaining days of expiry calendar month and for 24 months till age of 40, then 12 months thereafter for ATC and Flight Attendant, where 36 months apply for All Aircraft Maintenance Licenses holder.

2.3.6 The period of validity of the medical certificate may be reduced when clinically indicated by an AME in Consultation with CARC/AMSC.



**2.3.7 Summary for class one and two medical certificate :**

<b>Validity According to Airman Age</b>	<b>Class</b>	<b>License</b>
18 - 39 = 24 month 40 + = 12 month	First	Student Pilot
18 - 39 = 60 month 40 - 49 = 24 month 50 + = 12 month	Second	Private Pilot
18 - 39 = 60 month 40 - 49 = 24 month 50 + = 12 month	Second	Glider Pilot
18 - 39 = 60 month 40 - 49 = 24 month 50 + = 12 month	Second	Free Balloon Pilot
18 - 39 = 12 month 40 + = 6 month	First	Single Commercial Pilot carrying Passengers
18 - 59 = 12 month 60 + = 6 month	First	Other Commercial Pilot operation
18 - 39 = 12 month 40 + = 6 month	First	Air Transport Pilot
12 month	First	Instructor Pilot
12 month	Second	Flight Engineer
12 month	Second	Flight Navigator

**2.3.8 Summary for class three medical certificate :**

<b>Validity According to Airman Age</b>	<b>Class</b>	<b>License and or applicant</b>
18 - 39 = 24 month 40 + = 12 month	Third	Air Traffic Controller





18 - 39 = 24 month 40 + = 12 month	Third	Flight attendant
Each 36 month	Third	Aircraft maintenance

## 2.4 Revalidation & Renewal

2.4.1 If the medical revalidation is taken up to 45 days prior to the expiry date calculated in accordance with Part ( 2.3 ) of this manual , the expiry of the new certificate is calculated by adding the period mentioned in Part ( 2.3 ) of this manual as applicable, to the expiry date of the previous medical certificate.

2.4.2 A medical certificate revalidated prior to its expiry becomes invalid once a new certificate has been issued.

2.4.3 If the medical examination is not taken within the 45 day period referred the expiry date will be calculated in accordance Part ( 2.3 ) of this Manual .

2.4.4 Requirements for revalidation or renewal.

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

## 2.5 Application form of Aviation Medical Certificate

2.5.1 The Application form for Aviation Medical Certificate Consist of seven pages :

- (a) Page one & two its Airmen part, which must be filled & signed by Airmen himself.
- (b) Page three it's Examiner part, which must be filled & signed by the AME.
- (c) Page 4-7 instruction for Airmen & AME for completion of the form .

2.5.2 All previous CARC Application form for Aviation Medical Certificate Concerned Cancelled once the effective date of this manual start .

2.5.3 Writing by Airmen and AME must be in block capitals using a ball-point pen and be legible for Completion of the application form.

2.5.4 The AME must send the original & signed copy of the Application form for Aviation Medical Certificate after Completion of the examination with copy of signed Aviation Medical Certificate to CARC/AMU within 7 days after the date of Issuance of the Certificate.

2.5.5 The AME must keep copies of the Application form for Aviation Medical Certificate & Aviation Medical Certificate after Completion of the Examination.





2.5.6 Sample of the Application form for Aviation Medical Certificate is available on Appendix 1 of this manual.

2.5.7 Summary for Required Medical Examination are available on Appendix 10 of this Manual.

## 2.6 Instruction for Completion of the Application form for Aviation Medical Certificate

**2.6.1 Airmen Part :** The applicant should personally complete, in full, all questions (sections) on the application form. Writing should be legible and in block capitals using a ball- point pen . Completion of this form by typing/printing is also acceptable. If more space is required to answer any questions, a plain sheet of paper should be used, bearing the applicant's name and signature, and the date of signing. The following numbered instructions apply to the numbered headings on the application form for a medical certificate. Failure to complete the application form in full, or write legibly, may result in non-acceptance of the application form. The making of false or misleading statements or 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. The following numbering items as it's in the application form :

1. First name	Name as appear in Passport
2. Middle name	Father name
3. Family name	As its appears in the Passport
4. Reference Number	State Reference Number allocated to you by CARC initial applicants enter NONE .
5. Date Of Birth	Specify in order dd/mm/yyyy
6. Sex	Tick as appropriate.
7. APPLICATION	Tick appropriate box.
8. Medical Certificate Applied For	Class 1: Professional Pilot & student pilot Class 2: Private Pilot, sport pilot & glider pilot Class 3: ATC, flight attendant + A&P holders
9. Type Of License Applied For	State type of license applied for from the following list: Aeroplane Transport Pilot License Multi-pilot License Commercial Pilot License/Instrument Rating Commercial Pilot License Private Pilot License/Instrument Rating Private Pilot License Sailplane Pilot License Balloon Pilot License Light Aircraft Pilot License And whether Fixed Wing / Rotary Wing / Both





	Other – Please specify
10. Place And Country of Birth	State town and country of birth.
11. Nationality	State name of country of citizenship.
12. Occupation	Indicate your principal employment.
13. Address:.	State permanent postal address and country. Enter telephone area code as well as telephone number.
14. Employer	If principal occupation is pilot, then state employer's name or if self employed, state 'self', others - please specify.
15. Last Application For A Medical Certificate	State date (day, month, year) and place (town, country). Initial applicants state 'NONE'.
16. License(S) Held (Type)	State type of license held enter number and State of issue. If no licenses are held, state 'NONE'.
17. Any Limitations on the License(S)/Medical Certificate	Tick appropriate box and give details of any limitation on your license(s)/medical certificate eg. vision, color vision, safety pilot, etc
18. Medical Certificate Denial , Suspension Or Revocation	Tick yes box if you have ever had a medical certificate denied suspended or revoked, even if only temporary Give date & country where occurred .
19. Flight Time Total	State total number of hours flown.
20. Flight Time Since Last Medical	State number of hours flown since your last medical examination.
21. Aircraft Class/Type (S) Presently Flown	State name of principal aircraft flown ,eg Boeing 737, Cessna 150, etc.
22. Any Aircraft Accident Or Reported Incident Since Last Medical Examination	If yes , please state date & country of incident .
23. Type Of Flying Intended	State whether Airline , charter , single pilot ,commercial air transport carrying passenger ,agriculture , pleasure etc.
24. Present Flying Activity	Tick appropriate box to indicate whether you fly as the SOLE pilot or not.
25. Do You Drink Alcohol?	Tick applicable box if yes, state weekly alcohol consumption
26. Do You Smoke Tobacco?	Tick applicable box if yes, state type ( Cigarette,pipe,cigar ) and amount e.g 20 cig / day
27. Do You Currently Use Any Medication?	If yes give full details ,name ,dose ,how long , Include any non-prescription medication
28.General And Medical History	All items under this heading 28+29 inclusive should have the answer 'YES' or 'NO' ticked. You should tick 'YES' if you have ever had the condition in your life and describe the condition and approximate date in the ( 29 ) remarks box. All questions asked are medically important even though this may not be readily apparent there has been no change in your condition, you may state 'Previously Reported; No Change Since'. However, you should still tick 'YES' to the condition. Do not report occasional common illnesses such as colds.
30. Declaration And Consent To Obtaining And Releasing Information	Do not sign or date these declarations until indicated to do so by the AME





	who will act as witness and sign accordingly.
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## 2.6.2 AME Part : The AME performing the examination should verify the identity of the applicant.

All questions (sections) on the medical examination report form should be completed in full.

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing/printing is also acceptable. If more space is required to answer any question, a plain sheet of paper should be used, bearing the applicant's name, the AME's name and signature, and the date of signing. The following numbered instructions apply to the numbered headings on the medical examination report form.

Failure to complete the medical examination report form in full, as required, or to write legibly, may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of false or misleading statements or the withholding of relevant information by an AME may result in criminal prosecution, denial of an application or withdrawal of any medical certificate(s) granted.

The following numbering items as it's in the application form :

31. Examination Category Tick Appropriate Box.	Renewal/Revalidation – Subsequent ROUTINE examinations.
32. HEIGHT	Measure height, without shoes, in centimeters to nearest cm
33. WEIGHT	Measure weight, in indoor clothes, in kilograms to nearest kg.
34. COLOUR EYE	State color of applicant's eyes from the following list: brown, blue, green, hazel, grey, multi.
35. COLOUR HAIR	State color of applicant's hair from the following list: brown, black, red, fair, bald.
36. BLOOD PRESSURE	Blood pressure readings should be recorded as Phase 1 for Systolic pressure and Phase 2 for Diastolic pressure. The applicant should be rested. Recordings in mm Hg.
37. PULSE (RESTING)	The pulse rate should be recorded in beats per minute and the rhythm should be recorded as regular or irregular. Further comments if necessary may be written in section 39, 59 or separately.
38. inclusive constitute the general clinical examination, and each of the boxes should be marked (with a tick) as normal or abnormal.	
a. Head, Face, Neck, Scalp	To include appearance, range of neck and facial movements, symmetry, etc.
b. Mouth, Throat, Teeth	To include appearance of buccal cavity, palate motility, tonsillar area, pharynx and also gums, teeth and tongue.
c. Nose, Sinuses	To include appearance and any evidence of nasal obstruction or sinus





	tenderness on palpation.
d. Ears, Drums, Eardrum Motility	To include otoscopy of external ear, canal, tympanic membrane. Eardrum motility by valsalva manoeuvre or by pneumatic otoscopy.
e. Eyes – Orbit And Adnexa; Visual Fields	To include appearance, position and movement of eyes and their surrounding structures in general, including eyelids and conjunctiva. Visual fields check by campimetry, perimetry or confrontation.
f. Eyes – Pupils And Optic Fundi	To include appearance, size, reflexes, red reflex and fundoscopy. Special note of corneal scars.
g. Eyes – Ocular Motility, Nystagmus	To include range of movement of eyes in all directions; symmetry of movement of both eyes; ocular muscle balance; convergence; accommodation; signs of Nystagmus.
h. Lungs, Chest, Breasts	To include inspection of chest for deformities, operation scars, abnormality of respiratory movement, auscultation of breath sounds. Physical examination of female applicant's breasts should only be performed with informed consent.
i. Heart	To include apical heartbeat, position, auscultation for murmurs, carotid bruits, palpation for trills.
j. Vascular System	To include examination for varicose veins, character and feel of pulse, peripheral pulses, evidence of peripheral circulatory disease.
k. Abdomen, Hernia, Liver, Spleen	To include inspection of abdomen; palpation of internal organs; check for inguinal hernias in particular.
l. Anus, Rectum	Examination only with informed consent.
m. Genito-Urinary System	To include renal palpation; inspection palpation male/female reproductive organs only with informed consent.
n. Endocrine System	To include inspection, palpation for evidence of hormonal abnormalities/imbalance; thyroid gland.
o. Upper And Lower Limbs, Joints	To include full range of movements of joints and limbs, any deformities, weakness or loss. Evidence of arthritis.
p. Spine, Other Musculoskeletal	To include range of movements, abnormalities of joints.
q. Neurologic – Reflexes etc.	To include reflexes, sensation, power, vestibular system – balance, romberg test, etc
r. Psychiatric	To include appearance, appropriate mood/thought, unusual behavior.
s. Skin, Identifying Marks And Lymphatic's	To include inspection of skin; inspection, palpation for lymphadenopathy, etc. Briefly describe scars, tattoos, birthmarks, etc. which could be used for identification purposes.
t. General Systemic	All other areas, systems and nutritional status.
39. NOTES	Any notes, comments or abnormalities to be described – extra notes if required on separate sheet of paper, signed and dated.
40. Any identification mark or scars etc	





41. Distant Vision At 5/6 Meters	Each eye to be examined separately and then both together. First without correction, then with spectacles (if used) and lastly with contact lenses, if used. Record visual acuity in appropriate boxes. Visual acuity to be tested at either 5 or 6 meters with the appropriate chart for the distance.
42. Intermediate Vision At 100 cm	Each eye to be examined separately and then both together. First without correction, then with spectacles if used and lastly with contact lenses if used. Record visual acuity in appropriate boxes as ability to read N14 at 100 cm (Yes/No), or equivalent chart.
43. Near Vision At 30-50 cm.	Each eye to be examined separately and then both together. First without correction, then with spectacles if used and lastly with contact lenses, if used. Record visual acuity in appropriate boxes as ability to read N5 or equivalent at 30-50 cm (Yes/No).
44. Spectacles	Tick appropriate box signifying if spectacles are or are not worn by applicant. If used, state whether unifocal, bifocal, varifocal or look-over.
45. Contact Lenses	Tick appropriate box signifying if contact lenses are or are not worn. If worn, state type from the following list; hard, soft, gas-permeable or disposable.
46. Color Perception	Tick appropriate box signifying if color perception is normal or not. If abnormal; state number of plates of the first 15 of the pseudo-isochromatic plates (Ishihara 24 plates) have not been read correctly.
47. Hearing	Tick appropriate box to indicate hearing level ability as tested separately in each ear at 2 m.
48. Urinalysis	State whether result of urinalysis is normal or not by ticking appropriate box. If no abnormal constituents, state NIL in each appropriate box.
49. Pulmonary Function	When required or on indication, state actual FEV1/FVC value obtained in % and state if normal or not with reference to height, age, sex and race.
50. Hemoglobin	Enter actual hemoglobin test result and state units used. Then state whether normal value or not, by ticking appropriate box.
51 to 57 inclusive	One box opposite each of these sections must be ticked. If the test is not required and has not been performed, then tick the NOT PERFORMED box. If the test has been performed (whether required or on indication) complete the normal or abnormal box as appropriate. In the case of question 57, the number of other accompanying reports must be stated.
58. AME Recommendation	The applicant's name, date of birth and reference number, should be entered here in block capitals. The applicable class of medical certificate should be indicated by a tick in the appropriate box. If a fit assessment is recommended and a medical certificate has been issued, this should be indicated in the appropriate box. An applicant may be recommended as fit for a lower class of medical certificate, but also be deferred or recommended as unfit for a higher class of medical certificate. If an unfit



	recommendation is made, applicable JCAR Part-MED paragraph references should be entered. If an applicant is deferred for further evaluation, the reason should be indicated.
59. Comments, Limitations, etc	The AME's findings and assessment of any abnormality in the history or examination, should be entered here. The AME should also state any limitation required.(limitation are specified in page No 7 of the application form .
60. AME Details	The AME should sign the declaration, complete his/her name and address in block capitals, contact details and lastly stamp the relevant section with his/her designated AME stamp incorporating his/her AME number. The AME identification no. is the number provided by CARC.
Place And Date	The place (town or city) and the date of examination should be entered here. The date of examination is the date of the general examination and not the date of finalization of the form. If the medical examination report is finalized on a different date, the date of finalization should be entered as 'Report finalized on ..... '.





## **2.7 Aviation Medical Certificate**

- 2.7.1 The Aviation Medical Certificate is a CARC Protected Documents.
- 2.7.2 It is light blue in color with front page and back page .
- 2.7.3 The Front page contained but not limited the personal detailed of the Airmen with his/her signature and the identification number of the AME with his/her Signature and code description for limitations.
- 2.7.4 The Back page contain of a summary of minimum periodic requirement for medical examination and validity of medical certificate.
- 2.7.5 No hand writing is accepted on the Aviation Medical Certificate, therefore CARC/AMU will supply the AME with software copy.
- 2.7.6 Any Scratch , hand writing, editing etc , on the Aviation Medical Certificate concedes cancelled.
- 2.7.7 The Original copy of the Aviation Medical Certificate and application form for Aviation Medical Certificate with AME identification number and CARC stamp will be supplied to AME on initial designation.
- 2.7.8 All CARC supplies to AME must be kept in safe & secured place, an AME must report to CARC/AMU immediately if lost.
- 2.7.9 All form , software & hardware copies supplies and stamps must retained immediately to CARC/AMU when the AME designation terminated.
- 2.7.10 The AME must send a copy of signed Aviation Medical Certificate with signed original copy of Application form for Aviation Medical Certificate to CARC/AMU within 7 days after the date of issuance of the Certificate.
- 2.7.11 The format shape of the Aviation Medical Certificate is available in Appendix 2 of this Manual.



## 2.8 Limitation & Code Description

2.8.1 The Limitation mentioned in Aviation Medical Certificate must entered by code , the following table shows all code Description needed:



CODE	LIMITATION,CONDITION,VARIATION	IMPOSED BY	REMOVED BY
TML	VALID FOR .....MONTHS	AME / AMSC	AMSC
VDL	SHALL WEAR CORRECTIVE LENSES AND CARRY A SPARE SET OF SPECTACLES	AME / AMC /AMSC	AMSC
VML	SHALL WEAR MULTIFOCAL LENSES AND CARRY A SPARE SET OF SPECTACLES	AME / AMC / AMSC	AMSC
VNL	SHALL HAVE AVAILABLE CORRECTIVE SPECTACLES FOR NEAR VISION AND CARRY A SPARE SET O SPECTACLES	AME / AMC / AMSC	AMSC
VCL	VALID BY DAY ONLY	AMSC	AMSC
OML	VALID ONLY AS OR WITH QUALIFIED CO - PILOT	AMSC	AMSC
OFL	CLASS 1 VALID FOR FLIGHT ENGINEER DUTIES ONLY	AMSC	AMSC
OCL	VALID ONLY AS CO – PILOT	AMSC	AMSC
OSL	VLID ONLY WITH SAFETY PILOT AND IN AIRCRAFT WITH DUAL CONTROLS	AMSC	AMSC
OAL	RESTRICTED TO DEMONSTRATED AIRCRAFT TYPE	AMSC	AMSC
OPL	VALID ONLY WITHOUT PASSENGERS	AMSC	AMSC
APL	VALID ONLY With APPROVED PROSTHESIS	AMSC	AMSC
AHL	VALID ONLY APPROVED HAND CONTROLS	AMSC	AMSC
AGL	VALID ONLY WITH APPROVED EYE PROTECTION	AMSC	AMSC
SSL	(SPECIAL RESTRICTIONS AS SPECIFIED)	AMSC	AMSC
SIC	SPECIAL INSTRUCTIONS – CONTACT AMSC	AMSC	AMSC
AMSC	RECERTIFICATION OR RENEWAL ONLY BY AMSC	AMSC	AMSC





REV	MEDICAL CERTIFICATE ISSUED AFTER REVIEW PROCEDURE ,SPECIAL INSTRUCTIONS MAY APPLY ,AMSC MAY BE CONTACTED	AMSC	AMSC
R XO	REQUIRES SPECIALIST OPHTHALMOLOGICAL EXAMINATIONS	AME / AMC /AMSC	AMSC
FEV	FOR F/E DUTIES VALID FOR AN ADDITIONAL PERIOD OF 6 MONTHS	AME / AMC /AMSC	AMSC

2.8.2 The explanation of the code description as the following :

**(a) LIMITATION TML**

- TML 'VALID ONLY FOR \_\_\_\_\_ MONTHS'

**EXPLANATION:**

The period of validity of your medical certificate has been limited to the duration as shown above for the reasons explained to you by your Authorized Medical Examiner. This period of validity commences on the date of your medical examination. Any period of validity remaining on your previous medical certificate is now no longer valid. You should present for re-examination when advised and follow any medical recommendations.

**(b) LIMITATION VDL**

- VDL ' SHALL WEAR CORRECTIVE LENSES AND CARRY A SPARE SET OF SPECTACLES'

**EXPLANATION:**

In order to comply with the vision requirements of your license, you are required to wear those spectacles or contact lenses that correct for defective distant vision as examined and approved by an Authorized Medical Examiner whilst exercising the privileges of your license. You must also carry with you a similar set of spectacles. Should you wear contact lenses, you must carry a spare set of spectacles as approved by an AME. You may not wear contact lenses whilst exercising the privileges of your license until cleared to do so by an AME. You must also carry a spare set of spectacles.

**(c) LIMITATION VML**

- ☐ VML 'SHALL WEAR MULTIFOCAL SPECTACLES AND CARRY A SPARE SET OF SPECTACLES' .



**EXPLANATION:**

In order to comply with the vision requirements of your license, you are required to wear those spectacles that correct for defective distant, intermediate and near vision as examined and approved by the Authorized Medical Examiner whilst exercising the privileges of your license. Contact lenses or full frame spectacles, when either correct for near vision only, may not be worn. You must also carry a spare set of spectacles.

**(d) LIMITATION VNL**

- VNL 'SHALL HAVE AVAILABLE CORRECTIVE SPECTACLES FOR NEAR VISION AND CARRY A SPARE SET OF SPECTACLES'

**EXPLANATION:**

In order to comply with the vision requirements of your license, you are required to carry with you those spectacles that correct for defective near vision as examined and approved by an Authorized Medical Examiner whilst exercising the privileges of your license. Contact lenses or full frame spectacles, when either correct for near vision only, may not be worn. You must also carry a spare set of spectacles.

**(e) LIMITATION VCL**

- VCL 'VALID BY DAY ONLY'

**EXPLANATION:**

This limitation applies to Airmen with varying degrees of color deficiency to operate within specified circumstances.

**(f) LIMITATION OML**

- OML 'VALID ONLY AS OR WITH QUALIFIED CO-PILOT'

**EXPLANATION:**

This applies to crew members who do not meet the medical requirements for single crew operations, but are fit for multi-pilot operations.

**(g) LIMITATION OFL for F/E**

- OFL 'CLASS 2 VALID FOR FLIGHT ENGINEER DUTIES ONLY'

**EXPLANATION:**

This applies to flight engineers who do not fully meet the medical requirements for a Class 2 medical certificate, but are fit for F/E duties in multi-pilot operations.





**(h) LIMITATION OCL**

- OCL 'VALID ONLY AS CO-PILOT'

**EXPLANATION:**

This limitation is a further extension of the OML limitation and is applied when, for some well defined medical reason, the individual is assessed as safe to operate in a co-pilot role but not in command.

**(i) LIMITATION OSL**

- OSL 'VALID ONLY WITH SAFETY PILOT AND IN AIRCRAFT WITH DUAL CONTROLS'.

**EXPLANATION:**

This limitation requires that the aircraft have dual flying controls. The Safety Pilot must be qualified as PIC on the class/type of aircraft and rated for the flight conditions. He must occupy a control seat, be aware of the type(s) of possible incapacity that you may suffer and be prepared to take over the aircraft controls during flight.

**(j) LIMITATION OAL**

- OAL 'RESTRICTED TO DEMONSTRATED AIRCRAFT TYPE'

**EXPLANATION:**

This limitation may apply to a pilot who has a limb deficiency or some other anatomical problem which had been shown by medical flight test or flight simulator testing to be acceptable but to require a restriction to a specific type of aircraft.

**(k) LIMITATION OPL**

- OPL 'VALID ONLY WITHOUT PASSENGERS'

**EXPLANATION:**

This limitation may be considered when a pilot with a musculo-skeletal problem, or some other medical condition, may involve an increased element of risk to flight safety which might be acceptable to the pilot but which is not acceptable for the carriage of passengers.

**(l) LIMITATION APL**

- APL 'VALID ONLY WITH APPROVED PROTHESIS'

**EXPLANATION:**

This is similar in application to Limitation OPL and revolves around cases of limb deficiency.





**(m) LIMITATION AHL**

- AHL 'VALID WITH APPROVED HAND CONTROLS'

**EXPLANATION:**

(Reference JCAR FCL3.320 & part MED.170, Appendix9).

**(n) LIMITATION AGL**

- AGL 'VALID ONLY WITH APPROVED EYE PROTECTION'

**EXPLANATION:**

(Reference JCAR-FCL 3.215, 3.220, 3.335, 3.340 and, part MED .185,.190 in particular Appendix 13

**(o) LIMITATION SSL**

- SSL 'SPECIAL RESTRICTIONS AS SPECIFIED'

**EXPLANATION:**

This limitation is for use in cases that are not clearly defined in JCAR-FCL & MED but where a limitation is considered to be appropriate by the AMSC.

**(P) LIMITATION SIC**

- SIC 'SPECIAL INSTRUCTIONS – AME TO CONTACT AMSC'

**EXPLANATION:**

This limitation requires the AME to contact the AMSC before embarking upon renewal or recertification medical assessment. It is likely to concern a medical history or a special instruction of which the AME should be aware prior to undertaking the assessment.

**(q) LIMITATION AMSC**

- AMSC 'RECERTIFICATION OR RENEWAL ONLY BY AMSC'

**EXPLANATION:**

The AMSC, as the duly empowered part of CARC with overall responsibility for medical certification, has the right to determine that a certificate shall be issued by the AMSC only and not by an AME, if the medical circumstances so require.



**(r) LIMITATION REV**

- REV 'MEDICAL CERTIFICATE ISSUED AFTER REVIEW PROCEDURE, SPECIAL INSTRUCTIONS MAY APPLY, AMSC MAY BE CONTACTED'

**EXPLANATION:**

If a Airmen has been outside the limits of JCAR FCL 3 & part MED, but has been certified after review procedure by the AMSC, this annotation allows any AME to be aware of the previous AMSC review procedure and to contact the AMSC for more information if deemed necessary. Special instruction(s) not mentioned on the medical certificate might apply. However, the holder of the medical certificate should present the written report of the AMSC concerning the review procedure to the AME to allow quicker processing .

**(s) LIMITATION RXO**

- RXO 'REQUIRES SPECIALIST OPHTHALMOLOGICAL EXAMINATIONS'

**EXPLANATION:**

Where specialist ophthalmological examinations are required for any significant reason, the medical certificate is to be marked with the limitation "Requires specialist ophthalmological examinations – RXO". Such a limitation may be applied by an AME but may only be removed by the AMSC.

**(t) LIMITATION FEV**

- FEV 'FOR F/E DUTIES VALID FOR AN ADDITIONAL PERIOD OF MONTHS'

**EXPLANATION:**

The validity of a medical certificate Class 1 is reduced from 12 to 6 months over age 40. This does not apply for flight engineers. In those over age 40, who hold a pilot license and an additional flight engineer license the medical certificate has a validity of 6 months for pilot duties and for an additional period of 6 months (altogether 12 months) for flight engineers.





### **3. Decision Consideration**

The following general decision must be taken in consideration regarding the Aerospace medical disposition .

#### **3.1 Cardiovascular System Diseases :**

##### **3.1.1 Class one and two Medical Certificate :**

1- Exercise electrocardiography shall be required:

- (a) when indicated by signs or symptoms suggestive of cardiovascular disease;
- (b) for clarification of a resting electrocardiogram;
- (c) at the discretion of an aeromedical specialist acceptable to CARC. (d) at age 65 and every 4 years for class 1 (revalidation or renewal).

2- (a) Serum lipid estimation is case finding and significant abnormalities shall require review, investigation and supervision by the AMSC or AME in conjunction with CARC.

- (b) An accumulation of risk factors (smoking, family history, lipid abnormalities, hypertension, etc.) shall require cardiovascular evaluation by the AMSC or AME in conjunction with CARC.

3- The diagnosis of hypertension shall require review of other potential vascular risk factors. The systolic pressure shall be recorded at the appearance of the Korotkoff sounds (phase I) and the diastolic pressure at their disappearance (phase V). The blood pressure should be measured twice. If the blood pressure is raised and/or the resting heart rate is increased, further observations should be made during the assessment.

4- Anti-hypertensive treatment shall be agreed by CARC.

Drugs acceptable to CARC may include:

- (a) non-loop diuretic agents;
- (b) certain (generally hydrophilic) beta-blocking agents; (c) ACE Inhibitors;
- (d) angiotensin II AT1 blocking agents (the sartans);
- (e) slow channel calcium blocking agents.

For Class 1, hypertension treated with medication may require a multi-pilot (Class 1 “ OML” ) or, for Class 2, a safety pilot (Class 2 “ OSL”) limitation.

5- In suspected asymptomatic coronary artery disease or peripheral arterial disease, exercise electrocardiography (according to paragraph 6(a) Appendix 1 to Subparts B and C) shall be required followed, if necessary, by further tests (myocardial perfusion scanning, stress echocardiography, coronary angiography or equivalent investigations acceptable to CARC) which shall show no evidence of myocardial ischemia or significant coronary artery stenosis.

6- After an ischemic cardiac event, including revascularization or peripheral arterial disease, applicants without symptoms shall have reduced any vascular risk factors to an appropriate





level. Medication, when used only to control cardiac symptoms, are not acceptable. All applicants should be on acceptable secondary prevention treatment.

A coronary angiogram obtained around the time of, or during, the ischemic cardiac event shall be available. A complete and detailed clinical report of the ischemic event, the angiogram and any operative procedures shall be available to CARC.

There shall be no stenosis more than 50% in any major untreated vessel, in any vein or artery graft or at the site of an angioplasty/stent, except in a vessel leading to an infarct. More than two stenosis between 30% and 50% within the vascular tree should not be acceptable.

The whole coronary vascular tree shall be assessed as satisfactory by a cardiologist acceptable to CARC, and particular attention should be paid to multiple stenosis and/or multiple revascularizations.

An untreated stenosis greater than 30% in the left main or proximal left anterior descending coronary artery should not be acceptable.

At least 6 months from the ischemic cardiac event, including revascularization, the following investigations shall be completed:

- (a) an exercise ECG (symptom limited to Bruce Stage IV, or equivalent), showing no evidence of myocardial ischemia nor rhythm disturbance;
- (b) an echocardiogram (or equivalent test acceptable to CARC) showing satisfactory left ventricular function with no important abnormality of wall motion (such as dyskinesia or akinesia) and a left ventricular ejection fraction of 50% or more.
- (c) in cases of angioplasty/stenting, a myocardial perfusion scan or stress echocardiography (or equivalent test acceptable to CARC) which shall show no evidence of reversible myocardial ischemia. If there is any doubt about myocardial perfusion in other cases (infarction or bypass grafting) a perfusion scan will also be required;
- (d) Further investigations, such as a 24 hour ECG, may be necessary to assess the risk of any significant rhythm disturbance.

Follow-up shall be yearly (or more frequently if necessary) to ensure that there is no deterioration of cardiovascular status. It shall include a review by a specialist acceptable to CARC, exercise ECG and cardiovascular risk assessment. Additional investigations may be required by CARC.

After coronary artery vein bypass grafting, a myocardial perfusion scan (or equivalent test acceptable to CARC) shall be performed if there is any indication, and in all cases within five years from the procedure.

In all cases coronary angiography, or an equivalent test acceptable to CARC, shall be considered at any time if symptoms, signs or non-invasive tests indicate cardiac ischemia.



## CARC assessment

Successful completion of the six month review will allow for a fit assessment with multi-pilot (Class 1 “OML”) limitation for Class 1 applicants.

Class 2 applicants having fulfilled the criteria mentioned in paragraph (6) may fly without a safety pilot (Class 2 ‘OSL’) limitation, but CARC may require a period of flying with a safety pilot before solo flying is authorized. Class 2 applicants for revalidation or renewal can fly, at the discretion of CARC, with a safety pilot (Class 2 “OSL”) limitation having completed only an exercise ECG to the standards in 6 (a) above.

7- Any significant rhythm or conduction disturbance requires evaluation by a cardiologist acceptable to CARC and appropriate follow-up in the case of a fit assessment:

(a) Such evaluation shall include:

- (1) Exercise ECG to the Bruce protocol or equivalent. The test should be to maximum effort or symptom limited. Bruce stage 4 shall be achieved and no significant abnormality of rhythm or conduction, nor evidence of myocardial ischemia shall be demonstrated. Withdrawal of cardioactive medication prior to the test should be considered.
- (2) 24-hour ambulatory ECG which shall demonstrate no significant rhythm or conduction disturbance,
- (3) 2D Doppler echocardiogram which shall show no significant selective chamber enlargement, or significant structural, or functional abnormality, and a left ventricular ejection fraction of at least 50%.

(b) Further evaluation may include:

- (1) Repeated 24-hour ECG recording.
- (2) Electrophysiological study.
- (3) Myocardial perfusion scanning, or equivalent test;
- (4) Cardiac MRI or equivalent test.
- (5) Coronary angiogram or equivalent test (see Appendix 1 paragraph 6).

(c) CARC Assessment Class 1:

(1) Atrial fibrillation/flutter:

- (i) For initial Class 1 applicants a fit assessment shall be limited to those with a single episode of arrhythmia which is considered by CARC to be unlikely to recur.
- (ii) Revalidation/renewal Class 1 shall be determined by CARC.

(2) Complete right bundle branch block:

- (i) For initial Class 1 applicants a fit assessment may be considered by CARC if the applicant is under age 40 years. If over age 40 years, initial Class 1 applicants should demonstrate a





period of stability, normally 12 months.

- (ii) For Class 1 revalidation/renewal a fit assessment without a multi-pilot (Class 1 'OML') limitation may be considered if the applicant is under age 40 years.

A multi-pilot (Class 1 'OML') limitation should be applied for 12 months for those over 40 years of age.

- (3) Complete left bundle branch block Investigation of the coronary arteries is necessary in applicants over age 40:

- (i) Initial Class 1 applicants should demonstrate a 3 year period of stability.
- (ii) For Class 1 revalidation/renewal, after a 3 year period with a multi-pilot

(Class 1 'OML') limitation applied, a fit assessment without multi-pilot  
(Class 1 'OML') limitation may be considered.

- (4) Ventricular pre-excitation:

- (i) Asymptomatic initial Class 1 applicants with pre-excitation may be assessed as fit by CARC if an electrophysiological study, including adequate drug-induced autonomic stimulation reveals no inducible re-entry tachycardia and the existence of multiple pathways is excluded.
- (ii) Asymptomatic Class 1 applicants with pre-excitation may be assessed as fit by CARC at revalidation/renewal with a multi-pilot (Class 1 'OML') limitation.

- (5) Pacemaker Following permanent implantation of a subendocardial pacemaker a fit assessment which shall be no sooner than three months after insertion shall require:

- (i) no other disqualifying condition.
- (ii) a bipolar lead system.
- (iii) that the applicant is not pacemaker dependent.
- (iv) regular follow-up including a pacemaker check; and
- (v) At Class 1 revalidation/renewal a fit assessment requires a multi-pilot (Class 1 'OML') limitation.

- (6) Ablation:

A fit assessment for Class 1 applicants having undergone successful catheter ablation shall require a multi-pilot (Class 1 'OML') limitation for at least one year, unless an electrophysiological study, undertaken at a minimum of two months after the ablation, demonstrates satisfactory results. For those in whom the long term outcome cannot be assured by invasive or non-invasive testing, an additional period with a multi-pilot (Class 1 'OML') limitation and/ or observation may be necessary.

- (d) CARC AMU assessment Class 2:

The CARC AMU assessment Class 2 should follow the Class 1 assessment procedures. A safety pilot (Class 2 'OSL') or OPL (valid only without passengers) limitation may be considered.

- 8- Applicants with unoperated infra-renal abdominal aortic aneurysms may be assessed as fit for Class 1 with a multi-pilot (Class 1 'OML') or for Class 2 with a safety pilot (Class 2 'OSL')





limitation by CARC. Follow-up by ultra- sound scans, as necessary, will be determined by CARC. After surgery for infra-renal abdominal aortic aneurysm without complications, and after cardiovascular assessment, Class 1 applicants may be assessed as fit by CARC with a multi-

pilot (Class 1 'OML') limitation and follow-up as approved by CARC, a Class 2 fit assessment may require a safety-pilot (Class 2 'OSL') limitation.

9-

(a) Applicants with previously unrecognized cardiac murmurs shall require evaluation by a cardiologist acceptable to CARC and assessment by CARC. If considered significant, further investigation shall include at least 2D Doppler echocardiography.

(b) Valvular Abnormalities:

(1) Applicants with bicuspid aortic valve may be assessed as fit without a multi- pilot (Class 1 'OML') or a safety pilot (Class 2 'OSL') limitation if no other cardiac or aortic abnormality is demonstrated. Follow-up with echocardiography, as necessary, will be determined by CARC.

(2) Applicants with aortic stenosis require CARC review. Left ventricular function must be intact. A history of systemic embolism or significant dilatation of the thoracic aorta are disqualifying. Those with a mean pressure gradient of up to 20 mm Hg may be assessed as fit. Those with mean pressure gradient above 20 mm Hg but no greater than 40 mm Hg may be assessed as fit for Class 2 or for Class 1 with a multi-pilot (Class 1 'OML') limitation. A mean pressure gradient up to 50 mm Hg may be acceptable, at the discretion of CARC. Follow-up with 2D Doppler echocardiography, as necessary, will be determined by CARC.

(2) Applicants with aortic regurgitation may be assessed as fit without a multi- pilot (Class 1 'OML') or a safety pilot (Class 2 'OSL') limitation only if trivial. There shall be no demonstrable abnormality of the ascending aorta on 2D Doppler echocardiography. Follow-up, as necessary, will be determined by CARC.

(4) Applicants with rheumatic mitral valve disease shall normally be assessed as unfit.

(5) Mitral leaflet prolapse/mitral regurgitation. Asymptomatic applicants with isolated mid-systolic click may need no multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') limitation. Class 1 applicants with uncomplicated minor regurgitation may require a multi-pilot (Class 1 'OML') limitation as determined by CARC. Applicants with evidence of volume overloading of the left ventricle demonstrated by increased left ventricular end-diastolic diameter shall be assessed as unfit. Periodic review and assessment as determined by CARC is required.

(c) Valvular surgery:

(1) Applicants with implanted mechanical valves shall be assessed as unfit. (2) Asymptomatic applicants with a tissue valve who at least 6 months following surgery shall have satisfactorily completed investigations which demonstrate normal valvular and ventricular configuration and function may be considered for a fit assessment by CARC as judged by:

(i) a satisfactory symptom limited exercise ECG to Bruce Stage IV or equivalent which a





cardiologist acceptable to CARC interprets as showing no significant abnormality. Myocardial scintigraphy/stress echocardiography shall be required if the resting ECG is abnormal and any coronary artery disease has been demonstrated. See also paragraphs 5, 6 and 7 of Appendix 1 to Subparts B & C;

- (ii) a 2D Doppler echocardiogram showing no significant selective chamber enlargement, a tissue valve with minimal structural alterations and with a normal Doppler blood flow, and no structural, nor functional abnormality of the other heart valves. Left ventricular fractional or shortening shall be normal;
- (iii) the demonstrated absence of coronary artery disease unless satisfactory re-vascularisation has been achieved – see paragraph 7 above;
- (iv) the absence of requirement for cardioactive medication;
- (v) Follow-up with exercise ECG and 2D echocardiography, as necessary, will be determined by CARC.

A Class 1 fit assessment shall require a multi-pilot (Class 1 ‘OML’) limitation. A fit assessment for Class 2 applicants may be applicable without a safety pilot (Class 2 ‘OSL’) limitation.

10- Applicants following anticoagulant therapy require review by CARC. Venous thrombosis or pulmonary embolism is disqualifying until anticoagulation has been discontinued. Pulmonary embolus requires full evaluation. Anticoagulation for possible arterial thromboembolism is disqualifying.

11- Applicants with abnormalities of the epicardium/myocardium and/or endocardium, primary or secondary, shall be assessed as unfit until clinical resolution has taken place. Cardiovascular assessment by CARC may include 2D Doppler echocardiography, exercise ECG and/or myocardial scintigraphy/stress echocardiography and 24-hour ambulatory ECG. Coronary angiography may be indicated. Frequent review and multi-pilot (Class 1 ‘OML’) or safety pilot (Class 2 ‘OSL’) limitation may be required after fit assessment.

12- Applicants with congenital heart conditions including those surgically corrected, shall normally be assessed as unfit unless functionally unimportant and no medication is required. Cardiological assessment by CARC shall be required. Investigations may include 2D Doppler echocardiography, exercise ECG and 24-hour ambulatory ECG. Regular Cardiological review shall be required. Multi-pilot (Class 1 ‘OML’) and safety pilot (Class 2 ‘OSL’) limitation may be required.

13- Applicants who have suffered recurrent episodes of syncope shall undergo the following:

- (a) a symptom limited 12 lead exercise ECG to Bruce Stage IV, or equivalent, which a cardiologist acceptable to CARC interprets as showing no abnormality. If the resting ECG is abnormal, myocardial scintigraphy/stress echocardiography shall be required.
- (b) a 2D Doppler echocardiogram showing no significant selective chamber enlargement nor structural nor functional abnormality of the heart, valves nor myocardium.
- (c) a 24-hour ambulatory ECG recording showing no conduction disturbance, nor complex, nor sustained rhythm disturbance nor evidence of myocardial ischemia.

(d) and may include a tilt test carried out to a standard protocol which in the opinion of a





cardiologist acceptable to CARC shows no evidence of vasomotor instability.

Applicants fulfilling the above may be assessed as fit, requiring multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') limitation not less than 6 months following an index event provided there has been no recurrence. neurological review will normally be indicated. 5 years freedom from attacks shall be required before a fit assessment without a multi-pilot (Class 1 'OML') or a safety pilot (Class 2 'OSL') limitation. Shorter or longer periods of consideration may be accepted by

CARC according to the individual circumstances of the case. Applicants who suffered loss of consciousness without significant warning shall be assessed as unfit.

### 3.1.2 Class Three Medical Certificate :

- 1- Exercise electrocardiography shall be required:
  - (a) when indicated by signs or symptoms suggestive of cardiovascular disease.
  - (b) for clarification of a resting electrocardiogram;
  - (c) at the discretion of an aeromedical specialist acceptable to CARC
- 2- (a) Serum lipid estimation is case finding and significant abnormalities shall require review, investigation and supervision by the AMSC or AME in conjunction with CARC.
  - (b) An accumulation of risk factors (smoking, family history, lipid abnormalities, hypertension, etc.) shall require cardiovascular evaluation by the AMSC or AME in conjunction with CARC.
- 3- The diagnosis of hypertension shall require review of other potential vascular risk factors. The systolic pressure shall be recorded at the appearance of the Korotkoff sounds (phase I) and the diastolic pressure at their disappearance (phase V). The blood pressure should be measured twice. If the blood pressure is raised and/or the resting heart rate is increased, further observations should be made during the assessment.
- 4- Anti-hypertensive treatment shall be agreed by CARC. Drugs acceptable to CARC may include:
  - (a) non-loop diuretic agents;
  - (b) certain (generally hydrophilic) beta-blocking agents;
  - (c) ACE Inhibitors;
  - (d) angiotensin II AT1 blocking agents (the sartans);
  - (e) slow channel calcium blocking agents.
- 5- In suspected asymptomatic coronary artery disease or peripheral arterial disease, exercise electrocardiography (according to paragraph 6)
  - (a) Appendix 1 to Subparts B) shall be required followed, if necessary, by further tests (myocardial perfusion scanning, stress echocardiography, coronary angiography or equivalent investigations acceptable to CARC) which shall show no evidence of myocardial ischemia or significant coronary artery





stenosis.

- 6- After an ischemic cardiac event, including revascularization or peripheral arterial disease, applicants without symptoms shall have reduced any vascular risk factors to an appropriate level. Medication, when used only to control cardiac symptoms, are not acceptable. All applicants should be on acceptable secondary prevention treatment.

A coronary angiogram obtained around the time of, or during, the ischemic cardiac event shall be available. A complete and detailed clinical report of the ischemic event, the angiogram and any operative procedures shall be available to CARC.

There shall be no stenosis more than 50% in any major untreated vessel, in any vein or artery graft or at the site of an angioplasty/stent,

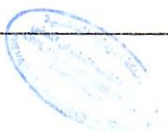
except in a vessel leading to an infarct. More than two stenosis between 30% and 50% within the vascular tree should not be acceptable.

The whole coronary vascular tree shall be assessed as satisfactory by a cardiologist acceptable to CARC, and particular attention should be paid to multiple stenosis and/or multiple revascularizations.

An untreated stenosis greater than 30% in the left main or proximal left anterior descending coronary artery should not be acceptable.

At least 6 months from the ischemic cardiac event, including revascularization, the following investigations shall be completed:

- (a) an exercise ECG (symptom limited to Bruce Stage IV, or equivalent), showing no evidence of myocardial ischemia nor rhythm disturbance.
- (b) an echocardiogram (or equivalent test acceptable to CARC) showing satisfactory left ventricular function with no important abnormality of wall motion (such as dyskinesia or akinesia) and a left ventricular ejection fraction of 50% or more.
- (c) in cases of angioplasty/stenting, a myocardial perfusion scan or stress echocardiography (or equivalent test acceptable to CARC) which shall show no evidence of reversible myocardial ischemia. If there is any doubt about myocardial perfusion in other cases (infarction or bypass grafting) a perfusion scan will also be required;
- (d) Further investigations, such as a 24 hour ECG, may be necessary to assess the risk of any significant rhythm disturbance. Follow-up shall be yearly (or more frequently if necessary) to ensure that there is no deterioration of cardiovascular status. It shall include a review by a specialist acceptable to CARC,



exercise ECG and cardiovascular risk assessment. Additional investigations may be required by CARC.

After coronary artery vein bypass grafting, a myocardial perfusion scan (or equivalent test acceptable to CARC) shall be performed if there is any indication, and in all cases within five years from the procedure.

In all cases coronary angiography, or an equivalent test acceptable to CARC, shall be considered at any time if symptoms, signs or non-invasive tests indicate cardiac ischemia.

- 7- Any significant rhythm or conduction disturbance requires evaluation by a cardiologist acceptable to CARC and appropriate follow-up in the case of a fit assessment:

(a) Such evaluation shall include:

- (1) Exercise ECG to the Bruce protocol or equivalent. The test should be to maximum effort or symptom limited. Bruce stage 4 shall be achieved and no significant abnormality of rhythm or conduction, nor evidence of myocardial ischemia shall be demonstrated. Withdrawal of cardio active medication prior to the test should be considered.
- (2) 24-hour ambulatory ECG which shall demonstrate no significant rhythm or conduction disturbance,
- (3) 2D Doppler echocardiogram which shall show no significant selective chamber enlargement, or significant structural, or functional abnormality, and a left ventricular ejection fraction of at least 50%.

(b) Further evaluation may include:

- (1) Repeated 24-hour ECG recording.
- (2) Electrophysiological study.
- (3) Myocardial perfusion scanning, or equivalent test;
- (4) Cardiac MRI or equivalent test.
- (5) Coronary angiogram or equivalent test (see Appendix 1 paragraph 6).

(c) CARC Assessment:

(1) Atrial fibrillation/flutter:

- (i) For initial certification a fit assessment shall be limited to those with a single episode of arrhythmia which is considered by CARC to be unlikely to recur.

(ii) Revalidation/renewal shall be determined by CARC

(2) Complete right bundle branch block:

- (i) For initial certification a fit assessment may be considered by CARC if the applicant is





under age 40 years. If over age 40 years, initial certification should demonstrate a period of stability, normally 12 months.

(ii) For revalidation/renewal a fit assessment may be considered if the applicant is under age 40 years.

(3) Complete left bundle branch block Investigation of the coronary arteries is necessary in applicants over age 40:

(i) Initial certification should demonstrate a 3 year period of stability.

(ii) For revalidation/renewal, after a 3 year period with no complication, a fit assessment may be considered by CARC.

(4) Ventricular pre-excitation:

(i) Asymptomatic initial certification with pre-excitation may be assessed as fit by CARC if an electrophysiological study, including adequate drug-induced autonomic stimulation reveals no inducible re-entry tachycardia and the existence of multiple pathways is excluded.

(ii) Asymptomatic certification with pre-excitation may be assessed as fit by CARC at revalidation/renewal.

(5) Pacemaker Following permanent implantation of a subendocardial pacemaker a fit assessment which shall be no sooner than three months after insertion shall require:

(i) no other disqualifying condition. (ii) a bipolar lead system.

(iii) that the applicant is not pacemaker dependent. (iv) regular follow-up including a pacemaker check.

(6) Ablation: A fit assessment for Class 3 applicants having undergone successful catheter ablation may be considered by CARC only for at least one year, unless an electrophysiological study, undertaken at a minimum of two months after the ablation, demonstrates satisfactory results may be considered by CARC or AME.

8- Applicants with unoperated infra-renal abdominal aortic aneurysms may be assessed as fit for Class 3 by CARC. Follow-up by ultra-sound scans, as necessary, will be determined by CARC. After surgery for infra-renal abdominal aortic aneurysm without complications, and after cardiovascular assessment, Class 3 applicants may be assessed as fit by CARC.





- 9- (a) Applicants with previously unrecognized cardiac murmurs shall require evaluation by a cardiologist acceptable to CARC and assessment by CARC. If considered significant, further investigation shall include at least 2D Doppler echocardiography.

(b) Valvular Abnormalities:

- (1) Applicants with bicuspid aortic valve may be assessed as fit by CARC Follow-up with echocardiography, as necessary, will be determined by CARC or AME.
- (2) Applicants with aortic stenosis require CARC review. Left ventricular function must be intact. A history of systemic embolism or significant dilatation of the thoracic aorta are disqualifying. Those with a mean pressure gradient of up to 20 mm Hg may be assessed as fit. Those with mean pressure gradient above 20 mm Hg but no greater than 40 mm Hg may be assessed as fit for Class 3 by CARC. A mean pressure gradient up to 50 mm Hg may be acceptable, at the discretion of CARC. Follow-up with 2D Doppler echocardiography, as necessary, will be determined by CARC.
- (3) Applicants with aortic regurgitation may be assessed as fit. There shall be no demonstrable abnormality of the ascending aorta on 2D Doppler echocardiography. Follow-up, as necessary, will be determined by CARC.
- (4) Applicants with rheumatic mitral valve disease shall normally be assessed as unfit.
- (5) Mitral leaflet prolapse/mitral regurgitation. Asymptomatic applicants with isolated mid-systolic click may be considered fit. Class 3 applicants with uncomplicated minor regurgitation may require fit assessment by CARC. Applicants with evidence of volume overloading of the left ventricle demonstrated by increased left ventricular end-diastolic diameter shall be assessed as unfit. Periodic review and assessment as determined by CARC is required.

(c) Valvular surgery:

- (1) Applicants with implanted mechanical valves shall be assessed as unfit.
- (2) Asymptomatic applicants with a tissue valve who at least 6 months following surgery shall have satisfactorily completed investigations which demonstrate normal valvular and ventricular configuration and function may be considered for a fit assessment by CARC as judged by:
  - (i) a satisfactory symptom limited exercise ECG to Bruce Stage IV or equivalent which a cardiologist acceptable to CARC interprets as showing no significant abnormality. Myocardial scintigraphy/stress echocardiography shall be required if the resting ECG is abnormal and any coronary artery disease has been demonstrated. See also paragraphs 5, 6 and 7 of Appendix1 to Subparts B.





- (iii) a 2D Doppler echocardiogram showing no significant selective chamber enlargement, a tissue valve with minimal structural alterations and with a normal Doppler blood flow, and no structural, nor functional abnormality of the other heart valves. Left ventricular fractional or shortening shall be normal;
  - (iii) the demonstrated absence of coronary artery disease unless satisfactory re-vascularisation has been achieved – see paragraph 7 above;
  - (iv) the absence of requirement for cardioactive medication; (v) Follow-up with exercise ECG and 2D echocardiography, as necessary, will be determined by CARC.
- 10- Applicants following anticoagulant therapy require review by CARC. Venous thrombosis or pulmonary embolism is disqualifying until anticoagulation has been discontinued. Pulmonary embolus requires full evaluation. Anticoagulation for possible arterial thromboembolism is disqualifying.
- 11- Applicants with abnormalities of the epicardium/myocardium and/or endocardium, primary or secondary, shall be assessed as unfit until clinical resolution has taken place. Cardiovascular assessment by CARC may include 2D Doppler echocardiography, exercise ECG and/or myocardial scintigraphy/stress echocardiography and 24-hour ambulatory ECG. Coronary angiography may be indicated.
- 12- Applicants with congenital heart conditions including those surgically corrected, shall normally be assessed as unfit unless functionally unimportant and no medication is required. Cardiologist assessment by CARC shall be required. Investigations may include 2D Doppler echocardiography, exercise ECG and 24-hour ambulatory ECG. Regular Cardiologist review shall be required.
- 13- Applicants who have suffered recurrent episodes of syncope shall undergo the following:
- (a) a symptom limited 12 lead exercise ECG to Bruce Stage IV, or equivalent, which a cardiologist acceptable to CARC interprets as showing no abnormality. If the resting ECG is abnormal, myocardial scintigraphy/stress echocardiography shall be required.
  - (b) a 2D Doppler echocardiogram showing no significant selective chamber enlargement nor structural nor functional abnormality of the heart, valves nor myocardium.
  - (c) a 24-hour ambulatory ECG recording showing no conduction disturbance, nor complex, nor sustained rhythm disturbance nor evidence of myocardial ischemia.
  - (d) and may include a tilt test carried out to a standard protocol which in the opinion of a cardiologist acceptable to CARC shows no evidence of vasomotor instability.





### 3.2 Respiratory System Disease :

#### 3.2.1 Class one & two Medical Certificate :

1. Spirometric examination is required for initial Class 1 and 2 examination. An FEV1/FVC ratio less than 70% shall require evaluation by a specialist in respiratory disease.
2. Applicants experiencing recurrent attacks of asthma shall be assessed as unfit.
  - (a) A fit assessment for Class 1 may be considered by CARC if considered stable with acceptable pulmonary function tests and medication compatible with flight safety (no systemic steroids).
  - (b) A fit assessment for Class 2 may be considered by CARC if considered stable with acceptable pulmonary function tests, medication compatible with flight safety (no systemic steroids).
3. Applicants with active sarcoidosis are unfit. A fit assessment may be considered by CARC if the disease is:
  - (a) investigated with respect to the possibility of systemic involvement; and
  - (b) limited to hilar lymphadenopathy shown to be inactive and the applicant requires no medication.
4. Spontaneous pneumothorax:
  - (a) A fit assessment following a fully recovered single spontaneous pneumothorax may be acceptable after one year from the event with full respiratory evaluation.
  - (b) At revalidation or renewal a fit assessment may be considered by CARC with multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') limitation if the applicant fully recovers from a single spontaneous pneumothorax after six weeks. A fit assessment without multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') limitation may be considered by the CARC AMU after one year from the event with full respiratory investigation.
  - (c) A recurrent spontaneous pneumothorax is disqualifying. A fit assessment may be considered by CARC following surgical intervention with a satisfactory recovery.



5. Pneumectomy is disqualifying. A fit assessment following lesser chest surgery may be considered by CARC after satisfactory recovery and full respiratory evaluation. Multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') limitation may be appropriate.
6. Applicants with quiescent or healed lesions, known to be tuberculosis or presumably tuberculosis in origin, a fit assessment with full respiratory investigation and history of drugs used acceptable to CARC may be considered.

Note 1.— Guidance on assessment of respiratory diseases is contained in the ICAO(Doc 8984).Manual of Civil Aviation Medicine

Note 2.— Guidance on hazards of medication and drugs is contained in the ICAO(Doc 8984). Manual of Civil Aviation Medicine

### 3.2.2 Class Three Medical Certificate :

- 1- Applicants experiencing recurrent attacks of asthma shall be assessed as unfit, A fit assessment for Class 3 may be considered by CARC if considered stable with acceptable pulmonary function tests and medication compatible with flight safety (no systemic steroids).
- 2- Applicants with active sarcoidosis are unfit. A fit assessment may be considered by CARC if the disease is:
  - (a) investigated with respect to the possibility of systemic involvement; and
  - (b) limited to hilar lymphadenopathy shown to be inactive and the applicant requires no medication.
- 3- Spontaneous pneumothorax:
  - (a) A fit assessment following a fully recovered single spontaneous pneumothorax may be acceptable after one year from the event with full respiratory evaluation.
  - (b) At revalidation or renewal a fit assessment may be considered by CARC if the applicant fully recovers from a single spontaneous pneumothorax after six weeks from the event with full respiratory investigation.
  - (c) A recurrent spontaneous pneumothorax is disqualifying. A fit assessment may be considered by CARC following surgical intervention with a satisfactory recovery.
- 4- Pneumectomy is disqualifying. A fit assessment following lesser chest surgery may be considered by CARC after satisfactory recovery and full respiratory evaluation.
- 5- Applicants with quiescent or healed lesions, known to be tuberculosis or presumably tuberculosis in origin, a fit assessment with full respiratory investigation and history of drugs used acceptable to CARC may be considered.

Note 1.— Guidance on assessment of respiratory diseases is contained in the ICAO(Doc 8984).Manual of Civil Aviation Medicine



Note 2.— Guidance on hazards of medication and drugs is contained in the ICAO(Doc 8984). Manual of Civil Aviation Medicine.

### 3.3 Digestive System Disease

#### 3.3.1 Class One & Two Medical Certificate

- 1- (a) Applicants with recurrent dyspeptic disorder requiring medication shall be investigated .  
  
(b) Pancreatitis is disqualifying. A fit assessment may be considered by CARC if the cause of obstruction (e.g. medication, gallstone) is removed.  
  
(c) Alcohol may be a cause of dyspepsia and pancreatitis. If considered appropriate a full evaluation of its use/abuse is required.
- 2- Applicants with a single asymptomatic large gallstone may be assessed as fit after consideration by CARC. An applicant with asymptomatic multiple gallstones may be assessed as fit for Class 2 or with multi- pilot (Class 1 "OML") limitation at Class 1 revalidation / renewal  
by  
CARC.
- 3- Inflammatory bowel disease is acceptable provided that it is in established remission and stabilized and that systemic steroids are not required for its control.
- 4- Abdominal surgery is disqualifying for a minimum of three months.  
CARC may consider an earlier fit assessment at revalidation or renewal if recovery is complete, the applicant is asymptomatic and there is only a minimal risk of secondary complication or recurrence.

#### 3.3.2 Class Three Medical Certificate

- 1- (a) Applicants with recurrent dyspeptic disorder requiring medication shall be investigated.  
  
(b) Pancreatitis is disqualifying. A fit assessment may be considered by CARC if the cause of obstruction (e.g. medication, gallstone) is removed.  
  
(c)Alcohol may be a cause of dyspepsia and pancreatitis. If considered appropriate a full evaluation of its use/abuse is required.



- 2- Applicants with a single asymptomatic large gallstone may be assessed as fit after consideration by CARC. An applicant with asymptomatic multiple gallstones may be assessed as fit by CARC.
- 3- Inflammatory bowel disease is acceptable provided that it is in established remission and stabilized and that systemic steroids are not required for its control.
- 4- Abdominal surgery is disqualifying for a minimum of three months. CARC may consider an earlier fit assessment at revalidation or renewal if recovery is complete, the applicant is asymptomatic and there is only a minimal risk of secondary complication or recurrence.

### **3.4 Metabolic, nutritional and endocrine systems :**

#### **3.4.1 Class One & Two Medical Certificate :**

- 1- Metabolic, nutritional or endocrinological dysfunction is disqualifying. A fit assessment may be considered by CARC if the condition is asymptomatic, clinically compensated and stable with or without replacement therapy, and regularly reviewed by an appropriate specialist.
- 2- Glycosuria and abnormal blood glucose levels require investigation. A fit assessment may be considered by CARC if normal glucose tolerance is demonstrated (low renal threshold) or impaired glucose tolerance without diabetic pathology is fully controlled by diet and regularly reviewed.
- 3- The use of antidiabetic drugs is disqualifying. In selected cases, however, the use of biguanides or alpha- glucosidase inhibitors may be acceptable for a Class 1 fit assessment with multi-pilot (Class 1 'OML') limitation or a Class 2 fit assessment without a safety pilot (Class 2 'OSL') limitation. The use of sulphonylureas may be acceptable for a Class 2 fit assessment with a safety pilot (Class 2 'OSL') limitation at revalidation or renewal.
- 4- Addison's disease is disqualifying. A fit assessment may be considered by CARC for Class 2 or at revalidation or renewal for Class 1, provided that cortisone is carried and available for use, whilst exercising the privileges of the license. A multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') limitation may be required.

#### **3.4.2 Class Three Medical Certificate :**

- 1- Metabolic, nutritional or endocrinological dysfunction is disqualifying. A fit assessment may be considered by CARC if the condition is asymptomatic, clinically compensated and stable with or without replacement therapy, and regularly reviewed by an appropriate specialist.
- 2- Glycosuria and abnormal blood glucose levels require investigation. A fit assessment may be considered by CARC if normal glucose tolerance is demonstrated (low renal threshold) or impaired glucose tolerance without diabetic pathology is fully controlled by diet and regularly reviewed.



- 3- The use of antidiabetic drugs is disqualifying. In selected cases, however, the use of biguanides or alpha- glucosidase inhibitors or sulphonylureas may be acceptable for a Class 3 fit assessment .
- 4- Addison's disease is disqualifying. A fit assessment may be considered by CARC at revalidation or renewal for Class 3, provided that cortisone is carried and available for use, whilst exercising the privileges of the license.

### **3.5 Hematology Disease :**

#### **3.5.1 Class One & Two Medical Certificate :**

- 1- Anemia's demonstrated by reduced hemoglobin level require investigation. Anemia which is unamenable to treatment is disqualifying. A fit assessment may be considered by CARC in cases where the primary cause has been satisfactorily treated (e.g. iron deficiency or B12 deficiency) and haematocrit has stabilized at greater than 32%, or where minor thalassaemia or haemoglobinopathies are diagnosed without a history of crises and where full functional capability is demonstrated.
- 2- Lymphatic enlargement requires investigation. A fit assessment may be considered by CARC in cases of acute infectious process which is fully recovered or Hodgkin's lymphoma and Non Hodgkin's lymphoma of high grade which has been treated and is in full remission.
- 3- In cases of chronic leukemia a fit assessment may be considered by CARC. There shall be no history of central nervous system involvement and no continuing side-effects from treatment of flight safety importance. Hemoglobin and platelet levels shall be satisfactory. Regular follow-up is required.
- 4- Splenomegaly requires investigation. CARC may consider a fit assessment where the enlargement is minimal, stable and no associated pathology is demonstrable (e.g. treated chronic malaria), or if the enlargement is minimal and associated with another acceptable condition (e.g. Hodgkin's lymphoma in remission).
- 5- Polycythaemia requires investigation. CARC may consider a fit assessment with a multi-pilot (Class 1 'OML') or safety pilot (Class 2 ('OSL') limitation if the condition is stable and no associated pathology has been demonstrated.
- 6- Significant coagulation defects require investigation. CARC may consider a fit assessment with a multi-pilot (Class 1 ('OML') or safety pilot (Class 2 ('OSL') limitation if there is no history of significant bleeding or clotting episodes.



### 3.5.2 Class Three Medical Certificate :

- 1- Anemia's demonstrated by reduced hemoglobin level require investigation. Anemia which is unnamable to treatment is disqualifying. A fit assessment may be considered by CARC in cases where the primary cause has been satisfactorily treated (e.g. iron deficiency or B12 deficiency) and haematocrit has stabilized at greater than 32%, or where minor thalassaemia or haemoglobinopathies are diagnosed without a history of crises and where full functional capability is demonstrated.
- 2- Lymphatic enlargement requires investigation. A fit assessment may be considered by CARC in cases of acute infectious process which is fully recovered or Hodgkin's lymphoma and Non Hodgkin's lymphoma of high grade which has been treated and is in full remission.
- 3- In cases of chronic leukemia a fit assessment may be considered by CARC. There shall be no history of central nervous system involvement and no continuing side-effects from treatment of flight safety importance. Hemoglobin and platelet levels shall be satisfactory. Regular follow-up is required.
- 4- Splenomegaly requires investigation. CARC may consider a fit assessment where the enlargement is minimal, stable and no associated pathology is demonstrable (e.g. treated chronic malaria), or if the enlargement is minimal and associated with another acceptable condition (e.g. Hodgkin's lymphoma in remission).
- 5- Polycythaemia requires investigation. CARC may consider a fit assessment if the condition is stable and no associated pathology has been demonstrated.
- 6- Significant coagulation defects require investigation. CARC may consider a fit assessment if there is no history of significant bleeding or clotting episodes.

### 3.6 Urinary System Disease :

#### 3.6.1 Class One & Two Medical Certificate :

- 1- Any abnormal finding upon urinalysis requires investigation.
- 2- An asymptomatic calculus or a history of renal colic requires investigation. While awaiting assessment or treatment, CARC may consider a fit assessment at revalidation or renewal with a multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') limitation. After successful treatment a fit assessment without multi-pilot (Class 1 ('OML') or safety pilot (Class 2 ('OSL') limitation may be considered by CARC . For residual calculi, CARC may consider a fit assessment at revalidation or renewal with a multi-pilot (Class 1 'OML'), safety pilot (Class 2 'OSL') limitation, or, for Class 2 , without safety pilot (Class 2 ('OSL') limitation.
- 3- Major urological surgery is disqualifying for a minimum of three months. CARC may consider a fit assessment if the applicant is completely asymptomatic and there is a minimal risk of secondary complication or recurrence.



- 4- Renal transplantation or total cystectomy is not acceptable for Class 1 or 2 at initial examination. At revalidation or renewal a fit assessment may be considered by CARC in the case of:
    - (a) renal transplant which is fully compensated and tolerated with only minimal immuno-suppressive therapy after at least 12 months; and
    - (b) total cystectomy which is functioning satisfactorily with no indication of recurrence, infection or primary pathology.
- In both cases a multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') limitation may be appropriate.

### **3.6.2 Class Three Medical Certificate :**

- 1- Any abnormal finding upon urinalysis requires investigation.
- 2- An asymptomatic calculus or a history of renal colic requires investigation. While awaiting assessment or treatment, CARC may consider a fit assessment at revalidation or renewal after successful treatment.
- 3- Major urological surgery is disqualifying for a minimum of three months. CARC may consider a fit assessment if the applicant is completely asymptomatic and there is a minimal risk of secondary complication or recurrence.
- 4- Renal transplantation or total cystectomy is not acceptable for Class 3 at initial examination. At revalidation or renewal a fit assessment may be considered by CARC in the case of:
  - (a) renal transplant which is fully compensated and tolerated with only minimal immuno-suppressive therapy after at least 12 months; and
  - (b) total cystectomy which is functioning satisfactorily with no indication of recurrence, infection or primary pathology.

### **3.7 Sexually Transmitted Disease :**

#### **3.7.1 Class One & Two Medical Certificate :**

- 1- HIV positivity is disqualifying.
- 2- At revalidation or renewal a fit assessment of HIV positive individuals with multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') limitation may be considered by CARC subject to frequent review. The occurrence of AIDS or AIDS related complex is disqualifying.
- 3- Acute syphilis is disqualifying. A fit assessment may be considered by CARC in the case of those fully treated and recovered from the primary and secondary stages.

### **3.7.2 Class Three Medical Certificate :**

- 1- HIV positivity is disqualifying.
- 2- At revalidation or renewal a fit assessment of HIV positive individuals may be considered by CARC subject to frequent review. The occurrence of AIDS or AIDS related complex is disqualifying.
- 3- Acute syphilis is disqualifying. A fit assessment may be considered by CARC in the case of those fully treated and recovered from the primary and secondary stages.

### **3.8 Gynecology and Obstetrics Disease :**

#### **3.8.1 Class One & Two Medical Certificate :**

- 1- the AME or AMC in coordination with the CARC may assess pregnant aircrew as fit during the first 26 weeks of gestation following review of the obstetric evaluation. AMC or AME shall provide written advice to the applicant and the supervising physician regarding potentially significant complications of pregnancy. Class 1 certificate holders require a temporary multi-pilot (Class 1 'OML') limitation. In case of pregnant Class 1 certificate holders this temporary multi-pilot (Class1 ('OML') limitation may be imposed and, following confinement or termination of the pregnancy, removed by the AME or AMC informing CARC.
- 2- Major gynecological surgery is disqualifying for a minimum of three months. CARC may consider an earlier fit assessment at revalidation or renewal if the holder is completely asymptomatic and there is only a minimal risk of secondary complication or recurrence.

#### **3.8.2 Class Three Medical Certificate :**

- 1- the AME or AMC in coordination with the CARC may assess the fitness during the first 34 weeks of gestation following review of the obstetric evaluation , AMC or AME shall provide written advice to the applicant and the supervising physician regarding potentially significant complications of pregnancy.
- 2- Major gynecological surgery is disqualifying for a minimum of three months. CARC may consider an earlier fit assessment at revalidation or renewal if the holder is completely asymptomatic and there is only a minimal risk of secondary complication or recurrence.



### **3.9 Musculoskeletal System Disorders :**

#### **3.9.1 Class One & Two Medical Certificate :**

- 1- Abnormal physique, including obesity, or muscular weakness may require medical flight or flight simulator testing approved by CARC. Particular attention shall be paid to emergency procedures and evacuation. Multi-pilot demonstrated limitation restricted to 'OSL') limitation or type(s) may be required. ("OAL") or to specified
- 2- In cases of limb deficiency, a fit assessment may be considered by the CARC for Class 2, or at revalidation or renewal for Class 1 and following a satisfactory medical flight test or simulator testing.
- 3- An applicant with inflammatory, infiltrative, traumatic or degenerative disease of the musculoskeletal system may be assessed as fit by CARC. Provided the condition is in remission and the applicant is taking no disqualifying medication and has satisfactorily completed a medical flight or simulator flight test when necessary, multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') limitation or limitation restricted to demonstrated aircraft type(s) ("OAL") or to specified type(s) may be required.

#### **3.9.2 Class Three Medical Certificate :**

- 1- Abnormal physique, including obesity, or muscular weakness may require medical work environment testing approved by CARC. Particular attention shall be paid for duties required to emergency procedures and evacuation.
- 2- In cases of limb deficiency, a fit assessment may be considered by CARC.
- 3- An applicant with inflammatory, infiltrative, traumatic or degenerative disease of the musculoskeletal system may be assessed as fit by CARC. Provided the condition is in remission and the applicant is taking no disqualifying medication and has satisfactorily completed a medical examination.

### **3.10 Psychiatric Disorders :**

#### **3.10.1 Class One & Two Medical Certificate :**

- 1- An established schizophrenia, schizotypal or delusional disorder is disqualifying. A fit assessment may only be considered if CARC concludes that the original diagnosis was inappropriate or inaccurate, or in the case of a single episode of delirium provided that the applicant has suffered no permanent impairment.
- 2- An established mood disorder is disqualifying. CARC may consider a fit assessment after full consideration of an individual case, depending on the mood disorder characteristics and gravity and after all psychotropic medication has been stopped for an appropriate period.
- 3- A single self destructive action or repeated acts of deliberate self-harm are disqualifying. A fit assessment may be considered by CARC after full consideration of an individual case and may require psychological or psychiatric review. Neuropsychological assessment may



be required.

- 4- Mental or behavioral disorders due to alcohol or other substance use, with or without dependency, are disqualifying. A fit assessment may be considered by CARC after a period of two years documented sobriety or freedom from substance use. At revalidation or renewal a fit assessment may be considered earlier – and a multi-pilot (Class 1 ‘OML’) or safety pilot limitation (Class 2 ‘OSL’) may be appropriate. Depending on the individual case and at the discretion of CARC, treatment and review may include:
  - (a) in-patient treatment of some weeks followed by
  - (b) review by a psychiatric specialist acceptable to CARC; and
  - (c) ongoing review including blood testing and peer reports, which may be required indefinitely.

### 3.10.2 Class Three Medical Certificate

- 1- An established schizophrenia, schizotypal or delusional disorder is disqualifying. A fit assessment may only be considered if CARC concludes that the original diagnosis was inappropriate or inaccurate, or in the case of a single episode of delirium provided that the applicant has suffered no permanent impairment.
- 2- An established mood disorder is disqualifying. CARC may consider a fit assessment after full consideration of an individual case, depending on the mood disorder characteristics and gravity and after all psychotropic medication has been stopped for an appropriate period.
- 3- A single self destructive action or repeated acts of deliberate self-harm are disqualifying. A fit assessment may be considered by CARC after full consideration of an individual case and may require psychological or psychiatric review. Neuropsychological assessment may be required.
- 4- Mental or behavioral disorders due to alcohol or other substance use, with or without dependency, are disqualifying. A fit assessment may be considered by CARC after a period of two years documented sobriety or freedom from substance use. At revalidation or renewal a fit assessment may be considered depending on the individual case and at the discretion of CARC, treatment and review may include:
  - (a) in-patient treatment of some weeks followed by
  - (b) review by a psychiatric specialist acceptable to CARC; and
  - (c) ongoing review including blood testing and peer reports, which may be required indefinitely.



### **3.11 Neurology Disease :**

#### **3.11.1 Class One & Two Medical Certificate :**

- 1- Any stationary or progressive disease of the nervous system which has caused or is likely to cause a significant disability is disqualifying. However, in case of minor functional losses, associated with stationary disease CARC may consider a fit assessment after full evaluation.
- 2- A history of one or more episodes of disturbance of consciousness of uncertain cause is disqualifying. In case of a single episode of such disturbance of consciousness, which can be satisfactorily explained, a fit assessment may be considered by CARC, but a recurrence is normally disqualifying.
- 3- Epileptiform paroxysmal EEG abnormalities and focal slow waves normally are disqualifying. Further evaluation shall be carried out by CARC.
- 4- A diagnosis of epilepsy is disqualifying, unless there is unequivocal evidence of a syndrome of benign childhood epilepsy associated with a very low risk of recurrence, and unless the applicant has been free of recurrence and off treatment for more than 10 years. One or more convulsive episodes after the age of 5 are disqualifying. However, in case of an acute symptomatic seizure, which is considered to have a very low risk of recurrence by a consultant neurologist acceptable to CARC, a fit assessment may be considered by CARC.
- 5- An applicant having had a single a febrile Epileptiform seizure which has not recurred after at least 10 years while off treatment, and where there is no evidence of continuing predisposition to epilepsy, may be assessed as fit if the risk of a further seizure is considered to be within the limits acceptable to CARC. For a Class 1 fit assessment a multi-pilot (Class 1 'OML') limitation shall be applied.
- 6- Any head injury which has been severe enough to cause loss of consciousness or is associated with penetrating brain injury must be assessed by CARC and be seen by a consultant neurologist acceptable to CARC. There must be a full recovery and a low risk (within the limits acceptable to CARC) of epilepsy before a fit assessment is possible.
- 7- Assessment of applicants with a history of spinal or peripheral nerve injury shall be undertaken in conjunction with the musculo-skeletal requirements.

#### **3.11.2 Class Three Medical Certificate :**

- 1- Any stationary or progressive disease of the nervous system which has caused or is likely to cause a significant disability is disqualifying. However, in case of minor functional losses, associated with stationary disease CARC may consider a fit assessment after full evaluation.
- 2- A history of one or more episodes of disturbance of consciousness of uncertain cause is disqualifying. In case of a single episode of such disturbance of consciousness, which can be satisfactorily explained, a fit assessment may be considered by CARC, but a recurrence is normally disqualifying.



- 3- Epileptiform paroxysmal EEG abnormalities and focal slow waves normally are disqualifying. Further evaluation shall be carried out by CARC.
- 4- A diagnosis of epilepsy is disqualifying, unless there is unequivocal evidence of a syndrome of benign childhood epilepsy associated with a very low risk of recurrence, and unless the applicant has been free of recurrence and off treatment for more than 10 years. One or more convulsive episodes after the age of 5 are disqualifying. However, in case of an acute symptomatic seizure, which is considered to have a very low risk of recurrence by a consultant neurologist acceptable to CARC, a fit assessment may be considered by CARC.
- 5- An applicant having had a single a febrile Epileptiform seizure which has not recurred after at least 10 years while off treatment, and where there is no evidence of continuing predisposition to epilepsy, may be assessed as fit if the risk of a further seizure is considered to be within the limits acceptable to CARC.
- 6- Any head injury which has been severe enough to cause loss of consciousness or is associated with penetrating brain injury must be assessed by CARC and be seen by a consultant neurologist acceptable to CARC. There must be a full recovery and a low risk ( within the limits acceptable to CARC) of epilepsy before a fit assessment is possible.
- 7- Assessment of applicants with a history of spinal or peripheral nerve injury shall be undertaken in conjunction with the musculo- skeletal requirements.

### **3.12 Ophthalmological Disease :**

#### **3.12.1 Class One & Two Medical Certificate :**

- 1- At the initial examination for a Class 1 or 2 medical Certificate the ophthalmological examination shall be carried out by an ophthalmologist acceptable to CARC or by a vision care specialist acceptable to CARC or by AME. All abnormal and doubtful cases shall be referred to an ophthalmologist acceptable to CARC.
- 2- At each aeromedical revalidation or renewal examination an assessment of the visual fitness of the license holder shall be performed and the eyes shall be examined with regard to possible pathology. All abnormal and doubtful cases shall be referred to an ophthalmologist acceptable to CARC.
- 3- Conditions which indicate specialist ophthalmological examination include, but are not limited to, a substantial decrease in the uncorrected visual acuity, any decrease in best corrected visual acuity and/or the occurrence of eye disease, eye injury, or eye surgery.





### 3.12.2 Class Three Medical Certificate :

- 1- At the initial examination for a Class 3 medical certificate the ophthalmological examination shall be carried out by an ophthalmologist acceptable to CARC or by a vision care specialist acceptable to CARC or by AME. All abnormal and doubtful cases shall be referred to an ophthalmologist acceptable to CARC.
- 2- At each aeromedical revalidation or renewal examination an assessment of the visual fitness of the license holder shall be performed and the eyes shall be examined with regard to possible pathology. All abnormal and doubtful cases shall be referred to an ophthalmologist acceptable to CARC.
- 3- Conditions which indicate specialist ophthalmological examination include, but are not limited to, a substantial decrease in the uncorrected visual acuity, any decrease in best corrected visual acuity and/or the occurrence of eye disease, eye injury, or eye surgery.

### 3.13 Visual Disorders :

#### 3.13.1 Class One & Two Medical Certificate :

- 1- Refraction of the eye and functional performance shall be the index for assessment.
- 2- (a) Class 1. For those, who reach the functional performance standards only with corrective lenses CARC may consider a Class 1 fit assessment if the refractive error is not exceeding +5 to -6 dioptries and if:
  - (1) no significant pathology can be demonstrated;
  - (2) optimal correction has been considered ;
  - (3) 5 yearly review is undertaken by an ophthalmologist or vision care specialist acceptable to CARC, if the refractive error is outside the range  $\pm 3$  dioptries.
- (b) Class 1. CARC may consider a fit assessment at revalidation or renewal if the myopic refraction is greater than -6 dioptries if:
  - (1) no significant pathology can be demonstrated;
  - (2) optimal correction has been considered;
  - (3) a 2 yearly review is undertaken by an ophthalmologist or vision care specialist acceptable to CARC for those with a myopic refraction greater than -6 dioptries.
- (c) Class 2. If the refractive error is within the range -5/-8 dioptries at initial examination or exceeding -8 dioptries at revalidation / renewal, CARC may consider a fit assessment for Class 2 provided that:
  - (1) no significant pathology can be demonstrated;
  - (2) optimal correction has been considered .
- 3- Astigmatism. Class 1 or 2. CARC may consider a fit assessment at revalidation or

renewal if the astigmatic component is greater than 3,0 dioptries if:

- (1) no significant pathology can be demonstrated;
- (2) optimal correction has been considered;
- (3) a 2 yearly review is undertaken by an ophthalmologist or vision care specialist acceptable to CARC.

4- Keratoconus. CARC may consider fit assessment for Class 2 and fit assessment for Class 1 at revalidation or renewal after diagnosis of a Keratoconus provided that:

- (a) the visual requirements are met with the use of corrective lenses; (b) review is undertaken by an ophthalmologist acceptable to the CARC, the frequency to be determined by CARC .

5- Anisometropia. Class 1 or 2. CARC may consider fit assessment at revalidation or renewal if the Anisometropia exceeds 3,0 dioptries if:

- (1) no significant pathology can be demonstrated;
- (2) optimal correction has been considered;
- (3) a 2 yearly review is undertaken by an ophthalmologist or vision care specialist acceptable to CARC.





## 6- (a) Monocularity :

- (1) Monocularity entails unfitness for a Class 1 certificate;
- (2) In the case of an initial Class 2 applicant who is functionally monocular, CARC may consider a fit assessment if:
  - (a) the Monocularity occurred after the age of 5.
  - (b) at the time of initial examination, the better eye achieves the following:
    - (i) distant visual acuity (uncorrected) of at least 6/6;
    - (ii) no refractive error;
    - (iii) no history of refractive surgery; (iv) no significant pathology.
  - (c) a flight test with a suitable qualified pilot acceptable to CARC, who is familiar with the potential difficulties associated with Monocularity, must be satisfactory;
  - (d) operational limitations, as specified by CARC, may apply.
- (3) CARC may consider a fit assessment at revalidation or renewal for Class 2 applicants if the underlying pathology is acceptable according to ophthalmological specialist assessment and subject to a satisfactory flight test with a suitably qualified pilot acceptable to CARC, who is familiar with the potential difficulties associated with Monocularity. Operational limitations as specified by CARC, may apply
- (e) Applicants with central vision in one eye below the limits may be assessed as fit at revalidation or renewal for Class 1 if the binocular visual field is normal and the underlying pathology is acceptable according to ophthalmological specialist assessment. A satisfactory flight test is and multi-pilot (Class 1 'OML') limitation are required.
- (f) In case of reduction of vision in one eye to below the limits a fit assessment at revalidation or renewal for Class 2 may be considered if the underlying pathology and the visual ability of the remaining eye are acceptable following ophthalmological evaluation acceptable to CARC and subject to a satisfactory medical flight test, if indicated.
- (g) An applicant with a visual fields defect may be considered as fit if the binocular visual field is normal and the underlying pathology is acceptable to CARC.

7- Heterophorias. The applicant/certificate holder shall be reviewed by an ophthalmologist acceptable to CARC. The fusional reserve shall be tested using a method acceptable to CARC (e.g. Goldman Red/Green binocular fusion test or equivalent).

8- After refractive surgery, a fit assessment for Class 1 and for Class 2 may be considered by CARC provided that:



- (a) pre-operative refraction as stated was no greater than +5 or -6 dioptres for Class 1 and no greater than +5 or -8 dioptres for Class 2;
  - (b) satisfactory stability of refraction has been achieved (less than 0,75 dioptres variation diurnally);
  - (c) examination of the eye shows no postoperative complications; (d) glare sensitivity is within normal standards;
  - (e) mesopic contrast sensitivity is not impaired ;
  - (f) review is undertaken by an ophthalmologist acceptable to CARC.
- 9- (a) Cataract surgery. A fit assessment for Class 1 and for Class 2 may be considered by CARC after 3 months .
- (b) Retinal surgery. A fit assessment for Class 1 and a fit assessment for Class 2 at revalidation or renewal may be considered by CARC normally 6 months after successful surgery. A fit assessment for Class 1 and 2 may be acceptable to CARC after retinal Laser therapy. Follow-up, as necessary, will be determined by CARC.
- (c) Glaucoma surgery. A fit assessment may be considered by CARC 6 months after successful surgery for Class 2 or at revalidation or renewal for Class 1. Follow-up, as necessary, will be determined by CARC.

### 3.13.2 Class Three Medical Certificate :

- 1- Refraction of the eye and functional performance shall be the index for assessment.
- 2- (a) For those, who reach the functional performance standards only with corrective lenses CARC or AME may consider a Class 3 fit assessment if the refractive error is not exceeding +5 to -6 dioptres and if:
  - (1) no significant pathology can be demonstrated;
  - (2) optimal correction has been considered ;
  - (3) 5 yearly review is undertaken by an ophthalmologist or vision care specialist acceptable to CARC, if the refractive error is outside the range  $\pm 5$  dioptres.
- (b) CARC may consider a fit assessment at revalidation or renewal if the myopic refraction is greater than -6 dioptres if:
  - (1) no significant pathology can be demonstrated;
  - (2) optimal correction has been considered;
  - (3) a 2 yearly review is undertaken by an ophthalmologist or vision care specialist



acceptable to CARC for those with a myopic refraction greater than -6 dioptries.

(c) If the refractive error is within the range -5/-8 dioptries at initial examination or exceeding -8 dioptries at revalidation / renewal, CARC may consider a fit assessment for Class 3 provided that:

- (1) no significant pathology can be demonstrated;
- (2) optimal correction has been considered .

3- Astigmatism. CARC may consider a fit assessment at revalidation or renewal if the astigmatic component is greater than 4,0 dioptries if

- (1) no significant pathology can be demonstrated;
- (2) optimal correction has been considered;

(3)a 2 yearly review is undertaken by an ophthalmologist or vision care specialist acceptable to CARC.

4- Keratoconus. CARC may consider fit assessment for Class 3 at revalidation or renewal after diagnosis of a Keratoconus provided that:

- (a) the visual requirements are met with the use of corrective lenses;
- (b) review is undertaken by an ophthalmologist acceptable to CARC, the frequency to be determined by CARC

5- Anisometropia. CARC may consider fit assessment at revalidation or renewal if the Anisometropia exceeds 4,0 dioptres if:

- (1) no significant pathology can be demonstrated;
- (2) optimal correction has been considered;
- (3) a 2 yearly review is undertaken by an ophthalmologist or vision care specialist acceptable to CARC.

6- Monocularity:

(1) Monocularity entails unfitness for a Class 3 certificate; CARC may consider a fit assessment if :

- (a) the Monocularity occurred after the age of 5.
- (b) at the time of initial examination, the better eye achieves the following:
  - (i) distant visual acuity (uncorrected) of at least 6/6;
  - (ii) no refractive error;
  - (iii) no history of refractive surgery;
  - (iv) no significant pathology.
- (c) operational limitations, as specified by CARC, may apply.

(2) CARC may consider a fit assessment at revalidation or renewal for Class 3 applicants if the underlying pathology is acceptable according to ophthalmological specialist assessment.

7- Heterophorias. The applicant/certificate holder shall be reviewed by an ophthalmologist acceptable to CARC. The fusional reserve shall be tested using a method acceptable to CARC (e.g. Goldmann Red/Green binocular fusion test or equivalent).

8- After refractive surgery, a fit assessment for Class 3 may be considered by CARC provided that:

- (a) pre-operative refraction as stated was no greater than +5 or -8 dioptres.
- (b) satisfactory stability of refraction has been achieved (less than 0,75 dioptres variation diurnally)
- (c) examination of the eye shows no postoperative complications;
- (d) glare sensitivity is within normal standards;
- (e) mesopic contrast sensitivity is not impaired ;
- (f) review is undertaken by an ophthalmologist acceptable to the CARC .

9- (a) Cataract surgery. A fit assessment for Class 3 may be considered by CARC after 3 months .



(b) Retinal surgery. A fit assessment for Class 3 may be considered by CARC 6 months after successful surgery. A fit assessment for Class 3 may be acceptable to CARC after retinal Laser therapy. Follow-up, as necessary, will be determined by CARC.

(c) Glaucoma surgery. A fit assessment may be considered by CARC 6 months after successful surgery. Follow-up, as necessary, will be determined by CARC.

### **3.14 Color Perception :**

#### **3.14.1 Class One & Two Medical Certificate :**

- 1- The Ishihara test (24 plate version) is to be considered passed if the first 15 plates are identified without error, without uncertainty or hesitation (less than 3 seconds per plate). These plates shall be presented randomly.
- 2- Those failing the Ishihara test shall be examined either by:
  - (a) Anomaloscopy (Nagel or equivalent). This test is considered passed if the color match is trichromatic and the matching range is 4 scale units or less, or by
  - (b) Lantern testing. This test is considered passed if the applicant passes without error a test with lanterns acceptable to CARC such as Holmes Wright, Beynes, or Spectrolux.

#### **3.14.2 Class Three Medical Certificate :**

- 1- The Ishihara test (24 plate version) is to be considered passed if the first 15 plates are identified without error, without uncertainty or hesitation (less than 3 seconds per plate). These plates shall be presented randomly.
- 2- Those failing the Ishihara test shall be examined either by:
  - (a) Anomaloscopy (Nagel or equivalent). This test is considered passed if the color match is trichromatic and the matching range is 4 scale units or less, or by
  - (b) Lantern testing. This test is considered passed if the applicant passes without error a test with lanterns acceptable to CARC such as Holmes Wright, Beynes, or Spectrolux.

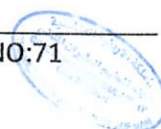
### **3.15 Otorhinolaryngological Disorders :**

#### **3.15.1 Class One & Two Medical Certificate :**

- 1- At the initial examination a comprehensive ORL examination shall be carried out by a specialist in aviation otorhinolaryngology acceptable to CARC or by AME.
- 2- At revalidation or renewal examinations all abnormal and doubtful cases within the ENT region shall be referred to a specialist in aviation otorhinolaryngology acceptable to CARC.
- 3- A single dry perforation of non-infectious origin and which does not interfere with the normal function of the ear may be considered acceptable for certification.
- 4- The presence of spontaneous or positional Nystagmus shall entail complete vestibular evaluation by a specialist acceptable to CARC. In such cases no significant abnormal caloric or rotational vestibular responses can be accepted. At revalidation or renewal examinations abnormal vestibular responses shall be assessed in their clinical context by CARC.

#### **3.15.2 Class Three Medical Certificate :**

- 1- At the initial examination a comprehensive ORL examination shall be carried out by an AMC or a specialist in aviation otorhinolaryngology acceptable to CARC or by AME.
- 2- At revalidation or renewal examinations all abnormal and doubtful cases within the ENT region shall be referred to a specialist in aviation otorhinolaryngology acceptable to CARC.
- 3- A single dry perforation of non-infectious origin and which does not interfere with the normal function of the ear may be considered acceptable for certification.
- 4- The presence of spontaneous or positional Nystagmus shall entail complete vestibular evaluation by a specialist acceptable to CARC. In such cases no significant abnormal caloric or rotational vestibular responses can be accepted. At revalidation or renewal examinations abnormal vestibular responses shall be assessed in their clinical context by CARC.





### 3.16 Hearing Disorders :

#### 3.16.1 Class One & Two Medical Certificate :

- 1- The pure tone audiogram shall cover the frequencies from 500 – 3000 Hz.

Frequency thresholds shall be determined as follows:

500 Hz  
1 000 Hz  
2 000 Hz  
3 000 Hz

- 2- (a) Cases of hypoacusis shall be referred to CARC for further evaluation and assessment.

(b) If satisfactory hearing in a noise field corresponding to normal flight deck working conditions during all phases of flight can be demonstrated, a fit assessment may be considered at revalidation or renewal.

#### Note 1.

For the purpose of testing hearing in accordance with the requirements, a quiet room is a room in which the intensity of the background noise is less than 35dB(A).

#### Note 2.

For the purpose of testing hearing in accordance with the requirements, the sound level of an average conversational voice at 1 m from the point of output (lower lip of the speaker) is c. 60 dB(A) and that of a whispered voice c. 45dB(A). At 2m from the speaker, the sound level is 6 dB(A) lower.

#### 3.16.2 Class Three Medical Certificate :

- 1- The pure tone audiogram shall be performed at initial examination & cover the frequencies from 500 – 3000 Hz. Frequency thresholds shall be determined as follows:

500 Hz  
1000 Hz  
2000 Hz  
3000 Hz

- 2- (a) Cases of hypoacusis shall be referred to CARC for further evaluation and assessment.

(b) If satisfactory hearing in a noise field corresponding to normal working conditions can be demonstrated, a fit assessment may be considered at revalidation or renewal.

**Note 1.—**

For the purpose of testing hearing in accordance with the requirements, a quiet room is a room in which the intensity of the background noise is less than 35 dB(A).

**Note 2.—**

For the purpose of testing hearing in accordance with the requirements, the sound level of an average conversational voice at 1 m from the point of output (lower lip of the speaker) is c. 60 dB(A) and that of a whispered voice c. 45dB(A). At 2 m from the speaker, the sound level is 6 dB(A) lower.

**3.17 Psychological Disorders :****3.17.1 Class One & Two Medical Certificate :**

- 1- Indication. A psychological evaluation should be considered as part of, or complementary to, a specialist psychiatric or neurological examination when CARC receives verifiable information from an identifiable source which evokes doubts concerning the mental fitness or personality of a particular individual. Sources for this information can be accidents or incidents, problems in training or proficiency checks, delinquency or knowledge relevant to the safe exercise of the privileges of the applicable licenses.
- 2- Psychological Criteria. The psychological evaluation may include a collection of biographical data, the administration of aptitude as well as personality tests and psychological interview.

**3.17.2 Class Three Medical Certificate :**

- 1- Indication. A psychological evaluation should be considered as part of, or complementary to, a specialist psychiatric or neurological examination when CARC receives verifiable information from an identifiable source which evokes doubts concerning the mental fitness or personality of a particular individual. Sources for this information can be accidents or incidents, problems in training or proficiency checks, delinquency or knowledge relevant to the safe exercise of the privileges of the applicable licenses.
- 2- Psychological Criteria. The psychological evaluation may include a collection of biographical data, the administration of aptitude as well as personality tests and psychological interview.



### 3.18 Dermatological Disorders :

#### 3.18.1 Class One & Two Medical Certificate :

- 1- Any skin condition causing pain, discomfort, irritation or itching can distract flight crew from their tasks and thus affect flight safety.
- 2- Any skin treatment, radiant or pharmacological, may have systemic effects which must be considered before fit assessment. A multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') limitation may be required.
- 3- Malignant or Pre-malignant Conditions of the Skin
  - (a) Malignant melanoma, squamous cell epithelioma, Bowen's disease and Paget's disease are disqualifying. A fit assessment may be considered by CARC if, when necessary, lesions are totally excised and there is adequate follow-up.
  - (b) In case of basal cell epithelioma, rodent ulcer, keratoacanthoma or actinic keratoses a fit assessment may be considered after treatment and/or excision in order to maintain certification.
- 4- In case of other skin conditions:
  - (a) Acute or widespread chronic eczema,
  - (b) Skin reticulosis,
  - (c) Dermatological aspects of a generalised condition ,and similar conditions require assessment of treatment and any underlying condition before assessment by CARC.

#### 3.18.2 Class Three Medical Certificate :

- 1- Any skin condition causing pain, discomfort, irritation or itching can distract applicant from their tasks and thus affect flight safety.
- 2- Any skin treatment, radiant or pharmacological, may have systemic effects which must be considered before fit assessment by CARC.
- 3- Malignant or Pre-malignant Conditions of the Skin:
  - (a) Malignant melanoma, squamous cell epithelioma, Bowen's disease and Paget's disease are disqualifying. A fit assessment may be considered by CARC if, when necessary, lesions are totally excised and there is adequate follow-up
  - (b) In case of basal cell epithelioma, rodent ulcer, keratoacanthoma or actinic keratoses a fit

assessment may be considered after treatment and/or excision in order to maintain certification.

4- In case of other skin conditions:

- (a) Acute or widespread chronic eczema,
- (b) Skin reticulosis,
- (c) Dermatological aspects of a generalised condition, and similar conditions require assessment of treatment and any underlying condition before assessment by CARC.

### **3.19 Oncology :**

#### **3.19.1 Class One & Two Medical Certificate :**

1- A fit assessment may be considered by CARC for Class 1 and by the AME in consultation with CARC for Class 2 if:

- (a) There is no evidence of residual malignant disease after treatment.
- (b) Time appropriate to the type of tumor has elapsed since the end of treatment.
- (c) The risk of in-flight incapacitation from a recurrence or metastasis is within limits acceptable to CARC.
- (d) There is no evidence of short or long-term sequelae from treatment.  
Special attention shall be paid to applicants who have received anthracycline chemotherapy.
- (e) Arrangements for follow-up are acceptable to CARC.

2- A multi-pilot (Class 1 'OML') for Class 1 revalidation or renewal or a safety pilot (Class 2 'OSL') limitation for Class 2 may be appropriate.

#### **3.19.2 Class Three Medical Certificate :**

A fit assessment may be considered by CARC for Class 3 if:

- (a) There is no evidence of residual malignant disease after treatment;
- (b) Time appropriate to the type of tumor has elapsed since the end of treatment;
- (c) The risk of recurrence or metastasis is within limits acceptable to CARC.
- (d) There is no evidence of short or long-term sequelae from treatment. Special attention shall be paid to applicants who have received anthracycline chemotherapy.
- (d) Arrangements for follow-up are acceptable to CARC.



**Appendix 1****Application Form for Aviation Medical Certificate , CARC form 27/1001 . Page 1****Civil Aviation Regulatory Commission****APPLICATION FORM FOR AVIATION MEDICAL CERTIFICATE**

Complete this page fully and in block capitals – Refer to instructions for completion

MEDICAL IN CONFIDENCE

(1) First Name:		(2) Middle Name:		(3) Family Name	
(4) CARC Reference number		(5) Date of birth:		(6) Sex	(7) Application Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/>
(8) Medical certificate applied for:		First <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>			(9) Type of licence applied for:
(10) Place and country of birth:		(11) Nationality:		(12) Occupation.	
(13) Permanent address:		(14) Employer			
Tel: Email:		(15) Last medical examination Date: Place:			
		(16) Aviation licence(s) held (type):			
(17) Any Limitations on Licence(s)/Medical Certificate held Details: No <input type="checkbox"/> Yes <input type="checkbox"/>					
(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: Details:					
(19) Flight time total:		(20) Flight time since last medical:		(21) Aircraft Class /Type(s) presently flown:	
(22) Any aviation accident or reported incident since last medical examination? No <input type="checkbox"/> Yes <input type="checkbox"/> Date: Place: Details:		(23) Type of flying intended:			
		(24) Present flying activity Single pilot <input type="checkbox"/> Multi pilot <input type="checkbox"/>			
(25) Alcohol – state average weekly intake in units:					
(26) Do you smoke tobacco? Never <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Date stopped:					
(27) Do you currently use any medication? No <input type="checkbox"/> Yes <input type="checkbox"/> If YES, state medication, dose, date started and why					



## Appendix 1

### Application Form for Aviation Medical Certificate , CARC form 27/1001 . Page 2

#### Civil Aviation Regulatory Commission

#### APPLICATION FORM FOR AVIATION MEDICAL CERTIFICATE

Complete this page fully and in block capitals – Refer to instructions for completion

MEDICAL IN CONFIDENCE

First name:	Family name:	CARC Reference number:
-------------	--------------	------------------------

(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
a. Eye trouble/eye operation			i. Nose, throat or speech disorder			w. Malaria or other tropical disease			<b>Females only:</b>		
b. Spectacles and/or contact lenses ever worn			m. Head injury or concussion			x. A positive HIV test			a.j. Gynaecological, menstrual problems		
c. Spectacles/contact lens prescriptions/change since last medical exam			n. Frequent or severe headaches			y. Sexually transmitted disease			a.j. Are you pregnant?		
d. Hay fever, other allergy			o. Dizziness or fainting spells			z. Admission to hospital			<b>Family history of:</b>		
e. Asthma, lung disease			p. Unconsciousness for any reason			aa. Any other illness or injury			a.k. Heart disease		
f. Heart or vascular trouble			q. Neurological disorders: stroke, epilepsy, seizure, paralysis, etc			ab. Visit to medical practitioner since last medical examination			a.l. High blood pressure		
g. High or low blood pressure			r. Psychological/psychiatric trouble of any sort			ac. Sleep Apnoea			a.m. High cholesterol level		
h. Kidney stone or blood in urine			s. Alcohol/drug/substance abuse			ad. Musculoskeletal illness			a.n. Epilepsy		
i. Diabetes, hormone disorder			t. Attempted suicide			ae. Refusal of Life Insurance			a.o. Mental illness		
j. Stomach, liver or intestinal trouble			u. Motion sickness requiring medication			af. Refusal of Flying licence			a.p. Diabetes		
k. Deafness, ear disorder			v. Anaemia/sickle cell trait/other blood disorders			ag. Medical rejection from or for military service			a.q. Tuberculosis		
						ah. Award of pension or compensation for injury or illness			a.r. Allergy/asthma/eczema		
									a.s. Inherited disorders		
									a.t. Glaucoma		

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

(30) 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, CARC 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. CONSENT TO RELEASE OF MEDICAL INFORMATION: I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the Medical Assessor of CARC, recognising that these documents or any other electronically stored data are to be used for completion of a medical assessment and will become and remain the property of CARC, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times.

Date

Signature of applicant

Signature of AME (Witness)

CARC Form 27/1001

Page 2 of 7



## Appendix 1

### Application Form for Aviation Medical Certificate , CARC form 27/1001 . Page 3

#### Civil Aviation Regulatory Commission

MEDICAL IN CONFIDENCE

#### MEDICAL EXAMINATION REPORT

First Name + Family Name + Reference Number:

(31) Examination Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/>	(32) Height cm	(33) Weight kg	(34) Eye Colour	(35) Hair Colour	(36) Blood Pressure – Systolic      Diastolic	(37) Pulse – resting Rate(bpm)      Rhythm Reg <input type="checkbox"/> Irreg <input type="checkbox"/>
(38) Clinical examination: Check each item				Abnormal/Comment		
Normal				Abnormal		
(a) Head, face, neck, scalp				(k) Abdomen, hernia, liver, spleen		
(b) Mouth, throat, teeth				(l) Anus, rectum		
(c) Nose, sinuses				(m) Genito –urinary system		
(d) Ears, drums, eardrum motility				(n) Endocrine system		
(e) Eyes – orbit & adnexa; visual fields				(o) Upper & lower limbs, joints		
(f) Eyes – pupils and optic fundi				(p) Spine, other musculoskeletal		
(g) Eyes – ocular motility; nystagmus				(q) Neurologic – reflexes, etc.		
(h) Lungs, chest, breasts				(r) Psychiatric		
(i) Heart				(s) Skin, identifying marks and lymphatics		
(j) Vascular system				(t) General systemic		
(39) Notes: Describe every abnormal finding. Enter applicable item number before each comment.				(40) Identifying marks, scars etc		

#### Visual acuity

(41) Distant vision at 5m/6m      Glasses      Contact lenses

	Uncorrected	Corrected to	
Right eye			
Left eye			
Both eyes			

(42) Intermediate vision      Uncorrected      Corrected

	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(43) Near vision      Uncorrected      Corrected

	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(44) Glasses      (45) Contact lenses

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type:		Type:	
Refraction	Sph	Cyl	Axis
Right Eye			
Left Eye			

(46) Colour perception      Normal ☐      Abnormal ☐

Pseudo-isochromatic plates	Type: Ishihara (24 plates)
No of plates:	No of errors

(47) Hearing (when 241 not performed)

	Right ear	Left ear
Conversational voice test at 2 m back turned to examiner	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>

Audiometry

Hz	500	1000	2000	3000
Right				
Left				

(48) Urinalysis      Normal ☐      Abnormal ☐

Glucose	Protein	Blood	Other

(50) AME declaration:

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

Place and date:	Examiner's Name and Address: (Block Capitals)	AME Stamp:
AME Signature:		
CARC Form 27/1001	Page 3 of 7	

(49) Pulmonary function      (50) Haemoglobin

FEV <sub>1</sub> /FVC	%	(unit)
Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
Accompanying Reports	Normal	Abnormal/Comment
(51) ECG		Not Performed
(52) Audiogram		
(53) Ophthalmology		
(54) ORL (ENT)		
(55) Blood lipids		
(56) Pulmonary function		
(57) Other (What?)		

(58) AME recommendation:


<input type="checkbox"/> Fit class
<input type="checkbox"/> Medical certificate issued by undersigned (copy attached) for class
<input type="checkbox"/> Unfit class

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

(59) Comments, limitations:

## Appendix 2

### Aviation Medical Certificate / CARC form 27/1002 ( Front Page )

 Hashemite Kingdom of Jordan Civil Aviation Regulation Commission (CARC)  <b>MEDICAL CERTIFICATE</b>  Class <input type="text"/>  This medical certificate complies with ICAR / ICAO medical standards	<b>I. Licensing Authority</b> <input type="text"/>	<b>VI. Date of Issue: (dd/mm/yyyy)</b> <input type="text"/>	<b>X. Limitations</b> Code Description <input type="text"/>
	<b>II. Reference Number</b> <input type="text"/>	<b>VII. Signature of Holder</b> <input type="text"/>	<b>VII. AME Name &amp; Signature</b> <input type="text"/>
<b>III. First, Middle &amp; Family Name of holder</b> <input type="text"/>	<b>IV. Date of Birth (dd/mm/yyyy)</b> <input type="text"/>	<b>IX. Stamp</b> <input type="text"/>	
<b>V. Nationality</b> <input type="text"/>			
<b>Decrease in medical fitness</b>  (a) Licence holders shall not exercise the privileges of their licence and related ratings or certificates at any time when they: (1) are aware of any decrease in their medical fitness that might render them unable to safely exercise those privileges; (2) take or use prescribed or non-prescribed medication that is likely to interfere with the safe exercise of the privileges of the applicable licence; or (3) receive any medical, surgical or other treatment that is likely to interfere with flight safety  (b) In addition, licence holders shall, without undue delay, seek CARC advice when they: (1) have undergone a surgical operation or invasive procedure; (2) have commenced the regular use of any medication; (3) have suffered any significant personal injury . (4) have been suffering from any significant illness. (5) are pregnant; (6) have been admitted to hospital or medical clinic; or (7) first require correcting lenses.		<b>XI. Expiry of this certificate: (dd/mm/yyyy)</b> <input type="text"/>	<input type="text"/>
		<b>Last Electrocardiogram (ECG) (dd/mm/yyyy)</b> <input type="text"/>	<input type="text"/>
		<b>Last Audiogram (dd/mm/yyyy)</b> <input type="text"/>	<input type="text"/>
		<b>Last Lipid Profile (dd/mm/yyyy)</b> <input type="text"/>	<input type="text"/>
		<b>Date of Examination (dd/mm/yyyy)</b> <input type="text"/>	<input type="text"/>



## Appendix 2

### Aviation Medical Certificate CARC form 27/1002 ( Back Page )

MEDICAL CERTIFICATE SUMMARY OF MINIMUM PERIODIC REQUIREMENTS					
The full requirements are detailed in JCAR FCL3 and Part MED3					
Note: Any tests may be required at any time if clinically indicated, Examinations and/or assessments for the revalidation of a medical certificate may be undertaken up to 45 days prior to the expiry of the medical certificate.					
Medical Certificate	Class 1 Single pilot & ATPL	Class 1* CPL & Flight Instructor	Class 2 ** PPL, Glider Pilot & Balloon Pilot	Class 3 ATC & Flight Attendant	Class 3 Aircraft Maintenance Licenses
Validity of certificate	Under 40 - 12 months 40 plus - 6 months	Under 60 - 12 months 60 plus - 6 months	Under 40 - 60 months 40 - 49 - 24 months 50 plus - 12 months	Under 40 - 24 months 40 plus - 12 months	Each 36 Months
Electrocardiogram	At initial then Under 30 - 5 yearly 30 - 39 - 2 yearly 40 - 49 - annually 50 plus - 6 monthly	At initial then Under 30 - 5 yearly 30 - 39 - 2 yearly 40 - 59 - annually 60 plus - 6 monthly	At initial then 40 - 50 - 2 yearly 50 plus - annually	At initial then 50 + - 2 yearly	At initial then Every examination
Audiogram	At initial then Under 40 - 4 yearly 40 plus - 2 yearly	At initial then Under 40 - 4 yearly 40 plus - 2 yearly	Initial instrument rating then Under 40 - 4 yearly 40 plus - 2 Yearly	At initial then Under 40 - 4 yearly 40 plus - 2 Yearly	At initial then Under 40 - 6 yearly 40 plus - 3 Yearly
Lipid Profile	At initial then every 2 years .	At initial then every 2 years .	At initial till age 40 then every 2 years .	At initial then when clinically indicated	At initial then when Clinically indicated

\* First Class for SPL License valid as (17-39 = 24 Months , 40 + = 12 Months ) .

\*\* Second Class for Flight Engineer and Flight Navigator License valid for 12 Months only.

The holder of this Medical Certificate is entitled to privileges of the related Licence subject to any Limitations or Conditions

# **Appendix 3 = Ophthalmological Examination Form /CARC Form 27/1003**

## **OPHTHALMOLOGY EXAMINATION REPORT**

Complete this page fully and in block capitals – Refer to instructions pages for details

STATE

MEDICAL IN CONFIDENCE

Applicant's details

(1) State applied to:	(2) Class of medical certificate applied for 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Others <input type="checkbox"/>		
(3) Surname:	(4) Previous surname(s):	(12) Application Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/>	
(5) Forenames:	(6) Date of birth:	(7) Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	(13) Reference number:
(8) Place and country of birth:	(9) Nationality:	(14) Type of licence desired:	
<p>(301) Consent to release of medical information: I hereby authorise the release of all information contained in this report and any or all attachments to the Aeromedical Examiner, the Authority and where necessary the Aeromedical Section of another State, recognising that these documents or any other electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times.</p>			
Date: _____		Signature of medical examiner (witness): _____	

(302) Examination Category Initial <input type="checkbox"/> Reval/Renewal <input type="checkbox"/> Special referral <input type="checkbox"/>	(303) Ophthalmological history:
---	---------------------------------

<p><b>Clinical examination</b> Check each item</p> <table border="1"> <thead> <tr> <th></th> <th>Normal</th> <th>Abnormal</th> </tr> </thead> <tbody> <tr> <td>(304) Eyes, external &amp; eyelids</td> <td></td> <td></td> </tr> <tr> <td>(305) Eyes, Exterior (slit lamp, ophth.)</td> <td></td> <td></td> </tr> <tr> <td>(306) Eye position and movements</td> <td></td> <td></td> </tr> <tr> <td>(307) Visual fields (confrontation)</td> <td></td> <td></td> </tr> <tr> <td>(308) Pupillary reflexes</td> <td></td> <td></td> </tr> <tr> <td>(309) Fundi (Ophthalmoscopy)</td> <td></td> <td></td> </tr> <tr> <td>(310) Convergence cm</td> <td></td> <td></td> </tr> <tr> <td>(311) Accommodation D</td> <td></td> <td></td> </tr> </tbody> </table>			Normal	Abnormal	(304) Eyes, external & eyelids			(305) Eyes, Exterior (slit lamp, ophth.)			(306) Eye position and movements			(307) Visual fields (confrontation)			(308) Pupillary reflexes			(309) Fundi (Ophthalmoscopy)			(310) Convergence cm			(311) Accommodation D			<p><b>Visual acuity</b> (314) Distant vision at 5 m /6 m uncorrected Spectacles Contact lenses</p> <table border="1"> <tr> <td>Right eye</td> <td>Corrected to</td> <td></td> <td></td> </tr> <tr> <td>Left eye</td> <td>Corrected to</td> <td></td> <td></td> </tr> <tr> <td>Both eyes</td> <td>Corrected to</td> <td></td> <td></td> </tr> </table> <p>(315) Intermediate vision at 1 m uncorrected Spectacles Cont. lens.</p> <table border="1"> <tr> <td>Right eye</td> <td>Corrected to</td> <td></td> <td></td> </tr> <tr> <td>Left eye</td> <td>Corrected to</td> <td></td> <td></td> </tr> <tr> <td>Both eyes</td> <td>Corrected to</td> <td></td> <td></td> </tr> </table> <p>(316) Near vision at 30-50 cm uncorrected Spectacles Cont. lens.</p> <table border="1"> <tr> <td>Right eye</td> <td>Corrected to</td> <td></td> <td></td> </tr> <tr> <td>Left eye</td> <td>Corrected to</td> <td></td> <td></td> </tr> <tr> <td>Both eyes</td> <td>Corrected to</td> <td></td> <td></td> </tr> </table> <p>(317) Refraction Sph Cylinder Axis Near (add)</p> <table border="1"> <tr> <td>Right eye</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Left eye</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Actual refraction examined Spectacles prescription based</p> <p>(318) Spectacles: Yes <input type="checkbox"/> No <input type="checkbox"/> Type: _____</p> <p>(319) Contact lenses: Yes <input type="checkbox"/> No <input type="checkbox"/> Type: _____</p> <p>(320) Intra-ocular pressure</p> <table border="1"> <tr> <td>Right (mmHg)</td> <td>Left (mmHg)</td> </tr> <tr> <td>Method</td> <td>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/></td> </tr> </table>	Right eye	Corrected to			Left eye	Corrected to			Both eyes	Corrected to			Right eye	Corrected to			Left eye	Corrected to			Both eyes	Corrected to			Right eye	Corrected to			Left eye	Corrected to			Both eyes	Corrected to			Right eye					Left eye					Right (mmHg)	Left (mmHg)	Method	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
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Eso	Eso																																																																														
Exo	Exo																																																																														
Hyper	Hyper																																																																														
Cyclo	Cyclo																																																																														
Tropia Yes No	Phoria Yes No																																																																														
Fusional reserve testing Not performed Normal Abnormal																																																																															

(321) Ophthalmological remarks and recommendation:

(322) Examiner's declaration:		
I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.		
(323) Place and date:	Ophth Examiner's Name and Address: (Block Capitals)	AME or Specialist Stamp with No:
Authorised Medical Examiner's Signature:	Telefax No.: _____	
	Telefax No.: _____	



# **Appendix 4 = Otorhinolaryngological Examination Form /CARC Form 27/1004**

## **OTORHINOLARYNGOLOGY EXAMINATION REPORT**

Complete this page fully and in block capitals – Refer to instructions pages for details.

STATE

MEDICAL IN CONFIDENCE

Applicant's details

(1) State applied to:	(2) Class of medical certificate applied for: 1st 2nd Others		
(3) Surname:	(4) Previous surname(s):		
(5) Forenames:	(6) Date of birth:	(7) Sex: Male Female	(12) Application Initial Revalidation/Renewal
			(13) Reference number:

(401) Consent to release of medical information: I hereby authorise the release of all information contained in this report and any of all attachments to the Aeromedical Examiner, the Authority and where necessary the Aeromedical Section of another State, recognising that these documents or any other electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times

Date: Signature of the applicant: Signature of medical examiner (witness):

(402) Examination Category Initial Special referral	(403) Otorhinolaryngology history:
---	------------------------------------

### **Clinical examination**

Check each item	Normal	Abnormal
(404) Head, face, neck, scalp		
(405) Buccal cavity, teeth		
(406) Pharynx		
(407) Nasal passages and naso-pharynx (incl. anterior rhinoscopy)		
(408) Vestibular system incl. Romberg test		
(409) Speech		
(410) Sinuses		
(411) Ext acoustic meat, tympanic membranes		
(412) Pneumatic otoscopy		
(413) Impedance tympanometry (including Valsalva manoeuvre (initial only))		

### **(412) Pure tone audiometry**

dB HL (hearing level)

Hz	Right ear	Left ear
250		
500		
1000		
2000		
3000		
4000		
6000		
8000		

### **(420) Audiogram**

o = Right      - - - = Air  
x = Left      ..... = Bone

dBHL									
-10									
0									
10									
20									
30									
40									
50									
60									
70									
80									
90									
100									
110									
120									
Hz	250	500	1000	2000	3000	4000	6000	8000	

### **Additional testing (if indicated)**

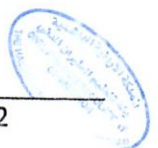
	Not performed	Normal	Abnormal
(414) Speech audiometry			
(415) Posterior rhinoscopy			
(416) BOG; spontaneous and positional nystagmus			
(417) Differential caloric test or vestibular autorotation test			
(418) Mirror or fibre laryngoscopy			

### **(421) Otorhinolaryngology remarks and recommendation:**

### **(422) Examiner's declaration:**

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

(423) Place and date:	ORL Examiner's Name and Address (Block Capitals)	AME or Specialist Stamp with No:
Authorised Medical Examiner's Signature:	Telephone No.:	
	Telefax No.:	



## Appendix 5

### NOTIFICATION OF INITIAL PLACING OF LIMITATION ON MEDICAL CERTIFICATE CARC Form 27/1005

<b>REFERENCES NO.:</b>		
<b>NAME:</b>		
<p><b>NOTIFICATION OF INITIAL PLACING OF LIMITATION ON MEDICAL CERTIFICATE</b></p> <p>The below- mentioned limitation, (conditions or restriction) has been recommended to the AMSC to be placed on your medical certificate . should you require further clarification or explanation of this limitation, you should contact the AMSC under which your medical certificate are issued .should you disagree with the applicability of this limitation, you should apply in writing to the AMSC to have the limitation reviewed. If the decision with which you disagree has been made by the AMSC you will be advised of the procedures, if any, required in order to obtain a further review.</p>		
<p><b>LIMITATION PLACED:</b></p> <p style="text-align: right;">(Limitation Number, Code, Wording)</p>		
<b>EXPLANATION</b>		
<b>Date:</b>	<b>AME Signature:</b>	<b>AME Number:</b>





**Appendix 6****Application Form for AME Designation /CARC Form 27/1006.**

CIVIL AVIATION REGULATORY COMMISSION ( CARC)

AVIATION MEDICAL EXAMINER DESIGNATION APPLICATION



السلطة العامة  
لتنظيم الطيران المدني

**A. APPLICANT IDENTIFICATION**

1. NAME :

2. DOB : / /

3 .MAILING ADDRESS :

4. Contact Numbers :

Mobile :

Clinic :

Fax :

E .MAIL :

5. Medical Specialty:

6. Are You Permanent Registered in Jordanian Medical Association?

Yes

No

☐
☐

7. Registration No :

**B. EDUCATION**

Name of University

Country

Yr Graduated

Degree

Name of Medical Institute

Country

Dates

Specialty

**C. EXPERIENCE & CONFERENCES**

MEDICAL :

AVIATION :

(N.B = Please attach a photocopy for part ( B &amp; C)) .





D. LICENCE INFORMATION		
( IF YOU CHECK YES EXPLAIN IN DETAIL UNDER REMARK )	Yes	No
1. Is your license to practice medicine/surgery limited or restricted in any way?		
2. Has your license to practice medicine/surgery ever been suspended or revoked?		
3. Has your application for renewal your license or medical registration to practice medicine and surgery ever been refused?		
4. Have you ever been charged and convicted of violation?		
5. Have you ever complained of chronic illness?		
E. REMARKS		
F. CERTIFICATION		
<p>I Certify that information provided hereon and in attachments is correct to the best of my knowledge and belief, and I agree to the conditions of acceptance which accompanied this application. It is further agreed that all necessary equipment will be acquired upon acceptance and PRIOR to my conduct CARC medical examinations.</p>		
APPLICATION (Typed name & signature)	Professional Degree :	
G. CARC USE ONLY		
<p>This application has been reviewed references have been investigated and /or it has otherwise been determined that the applicant</p> <p> <input type="checkbox"/> MEETS                         <input type="checkbox"/> DOES NOT MEET                     </p>		
<p>The professional standards required for designation as an Aviation Medical Examiner.</p> <p>DESIGNATION NOT MADE FOR THE FOLLOWING REASONS :</p>		
APPLICANT DESIGNATED AS	Yes	No
Medical Examiner for all Classes.	<input type="checkbox"/>	<input type="checkbox"/>
		Designation Number
Designation Office	CEO/CARC	
DATE :     /     /		





**Appendix 7****Application Form for Medical Consultant Designation /CARC Form 27/1007.**

CIVIL AVIATION REGULATORY COMMISSION ( CARC)			
AVIATION MEDICAL CONSULTANT DESIGNATION APPLICATION			
<b>A. APPLICANT IDENTIFICATION</b>			
1. NAME :		2. DOB :    /    /	
3 .MAILING ADDRESS :			
4. Contact Numbers :			
Mobile :	Clinic :	Fax :	
E .MAIL :			
5. Medical Specialty:			
6. Are You Permanent Registered in Jordanian Medical Association?		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
7. Registration No :			
<b>B. EDUCATION</b>			
Name of University	Country	Yr Graduated	Degree
Name of Medical Institute	Country	Dates	Specialty
<b>C. EXPERIENCE &amp; CONFERENCES</b>			
MEDICAL :			
AVIATION :			
(N.B = Please attach a photocopy for part ( B & C) ) .			



D. LICENCE INFORMATION		
( IF YOU CHECK YES EXPLAIN IN DETAIL UNDER REMARK )	Yes	No
1. Is your license to practice medicine/surgery limited or restricted in any way?		
2. Has your license to practice medicine/surgery ever been suspended or revoked?		
3. Has your application for renewal your license or medical registration to practice medicine and surgery ever been refused?		
4. Have you ever been charged and convicted of violation?		
5. Have you ever complained of chronic illness?		
E. REMARKS		
F. CERTIFICATION		
I Certify that information provided hereon and in attachments is correct to the best of my knowledge and belief, and I agree to the conditions of acceptance which accompanied this application. It is further agreed that all necessary equipment will be acquired upon acceptance and PRIOR to my conduct CARC medical examinations.		
APPLICATION (Typed name & signature)	Professional Degree :	
G. CARC USE ONLY		
This application has been reviewed references have been investigated and /or it has otherwise been determined that the applicant		
<input type="checkbox"/> MEETS <input type="checkbox"/> DOES NOT MEET		
The professional standards required for designation as an Aviation Medical Examiner.		
DESIGNATION NOT MADE FOR THE FOLLOWING REASONS :		
APPLICANT DESIGNATED AS Medical Consultant for .....		
Designation Office	CEO/CARC	
DATE :     /     /		





**Appendix 8** = Medical Examination Fees .

No	Examination	Fees
1	Aviation Medical Examiner fees for issuing a first class medical certificate	25 JD
2	Aviation Medical Examiner fees for issuing a second class medical certificate	15 JD
3	Aviation Medical Examiner fees for issuing a third class medical certificate	10 JD
4	Ophthalmologist's exam fees for issuing a first class medical certificate, including : <ul style="list-style-type: none"> <li>• Visual field for both eyes</li> <li>• V.A with Refraction of both eyes.</li> <li>• Fundoscopy of both eyes</li> <li>• Color blindness of both eyes.</li> </ul>	30 JD
5	Ophthalmologist's exam fees for issuing a second and third class medical certificate	15 JD
6	Nose, Ear and Throat exam fees for issuing a first class medical certificate.	20 JD
7	Nose, Ear and Throat exam fees for issuing a second + third class medical certificate.	15 JD
8	Audiogram Test	10 JD
9	Electrocardiograph Test (ECG)	10 JD
10	Lipid Profile Test (cholesterol+Triglycerids+LDL+HDL)	15 JD
11	Chest X-ray (per single)	10 JD
12	Liver Function Test (T.BIL+AST+ALP+ALT)	15 JD
13	Kidney Function Test ( U.A+Creat+Urea )	10 JD
14	Fasting Blood sugar Test	2 JD
15	Complete Blood Count Test (CBC)	5 JD
16	Prostate gland Test (T.PSA)	10 JD
17	Urine Analysis Test	2 JD
18	Treadmill Test if required	70 JD
19	Pulmonary Function Test	20 JD



# Appendix 9 = Annual AME Site Evaluation Form / CARC form 27/1008

Name			Evaluation Date	
AME No.		Jordan Medical Association No.		
location				
Mailing Address				
TEL		Fax		
Mobile		E-mail		

Item	Yes	No	Explanation
<b>(A) Qualification:</b>			
1. Registration at JMA			
2. Is your license to practice Medicine limited or restricted in any way.			
3. Is there any illness or disability.			
4. Aviation Medicine Refresh Course (give last date & attached copy)			
5. Use of latest ICAO SARPs			
<b>(B) Medical Certificate:</b>			
1. Does AME give applicant their copy.			
2. Does AME Transfer Forms Regularly to CARC & in time			
3. Does AME Require airmen to show ID			
4. Does AME use CARC website for guidance			
5. Are medical certificate form & records in secured place (please identify)			
<b>(C) Location Office &amp; Examination Room:</b>			
1. Easy access location			
2. Is there provision of waiting area for applicants			
3. Is there screening privacy during the examination			
4. Is there adequate lighting			
5. Cleanliness			
6. Organization			
7. Professionalism			
8. Chaperone Policy (please identify)			
9. Furniture			





<b>(D) Equipments:</b>			
1. Computer with Internet Access			
2. Fax (write fax No.)			
3. Standards Physician Diagnostic Instruments			
4. Scales & High Measurements Tools			
5. ECG Machine (Software & Type /Brand)			
6. Access to Audiogram machine (Type /Brand)			
7. Access to Blood & urine Tests (please specify)			
8. Visual Acuity Test : - Standard Snellen . - Others (please specify)			
9. Color Vision Test (please specify)			
10. Phoria Testing (please specify)			
11. Field of Vision Test (please specify)			
12. Examination couch			
<p><b>(E) AME Declaration</b> , I hereby declare that I have carefully considered that 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 and I maintain confidentiality of Medical Records at all time.</p>			
AME Signature		Date	

For official use only

AMSC Recommendation	
<p>Medical Assessors Name &amp; Signature</p> <p>Date</p>	

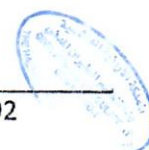


**Appendix 10** Summary for Required Medical Examination based on JCAR FCL3 & JCAR Part MED Requirements according to applicant age

NO.	Test	Class I	II	III
1.	ECG	17- 29 = every 5year 30 - 39 = every 2year 40 - 59 = every year 60+ = every examination	39 = initial 17- 40-49 = every 2year 50+ = every year.	17- 49 = initial 50+ = every 2 years.
2.	Lipid profile	Initial then every 2 years	Initial till age of 40 then every 2years.	Initial then if clinically indicated
3.	CXR	Initial then if clinically indicated		
4.	PFT	Initial then if clinically indicated		N.R
5.	LFT (AIP+ Bil + AST , ALT)	Initial then if clinically indicated		
6.	KFT (Urea+ Creat + Uric Acid)	Initial then if clinically indicated		
7.	Fasting blood sugar	Initial then if clinically indicated		
8.	CBC	Every Examination		
9.	Urine D/R	Every Examination		
10.	Audiogram	17- 39 = initial then every 4years. 40+ = every 2 years.		
11.	ENT examination	Comprehensive detailed examination at initial then routine ENT examination at all Renewal	Comprehensive detailed examination at initial then routine ENT examination at all Renewal	Comprehensive detailed examination at initial then routine ENT examination at all Renewal



12.	Ophthalmologic al examination	Initial Comprehensive detailed examination which include: History, V/A, Refraction , ocular motility & binocular vision , color vision, visual fields, external eye examination , fundoscopy. Then routine EYE examination at all renewal which include History , V/A , fundoscopy external eye examination	Initial Comprehensive detailed examination which include: History, V/A, Refraction , ocular motility & binocular vision , color vision, visual fields, external eye examination , fundoscopy. Then routine eye examination at all renewal which include History , V/A , fundoscopy external eye examination	At initial which include: Hs, V/A, Refraction external eye examination, fundoscopy & color vision. Then routine examination every 2yr.
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END

