



Part 67

Medical standards And Certification

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SUBPART A

General

Definition

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

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

Likely. In the context of the medical provisions in this Part, likely means with a probability of occurring that is unacceptable to the Medical Assessor.

Medical Assessment. The evidence issued by a Contracting State that the licence holder meets specific requirements of medical fitness.

Medical assessor. A physician, appointed by the ECAA, qualified and experienced in the practice of aviation medicine and competent in evaluating and assessing medical conditions of flight safety significance.

Note 1.— Medical assessors evaluate medical reports submitted to the Licensing Authority by medical examiners.

Note 2.— Medical assessors are expected to maintain the currency of their professional knowledge.

Medical examiner. A physician with training in aviation medicine and practical knowledge and experience of the aviation environment, who is designated by the ECAA to conduct medical examinations of fitness of applicants for licences or ratings for which medical requirements are prescribed.

Problematic use of substances. The use of one or more psychoactive substances by aviation personnel in a way that:

(a) constitutes a direct hazard to the user or endangers the lives, health or welfare of others; and/or

(b) Causes or worsens an occupational, social, mental or physical problem or disorder.

Psychoactive substances. Alcohol, opioids, cannabinoids, sedatives and hypnotics, cocaine, other psychostimulants, hallucinogens, and volatile solvents, whereas coffee and tobacco are excluded. (Ref 67.21).

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

Statesafetyprogramme(SSP). An integrated set of regulations and activities aimed at improving safety.

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

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

67.1 Applicability

This Part prescribes the medical standards and certification procedures for issuing medical certificates for airmen and for remaining licensed personnel eligible for a medical certificate.

67.2 Issue

A person who meets the medical standards prescribed in this Part, based on medical examination and evaluation of the person's history and condition, is entitled to an appropriate medical certificate issued in accordance with the provisions of this ECAR Part and appropriate to the privileges of the license.

67.5 Certification of foreign airmen

A person who is neither an Egyptian citizen nor a resident alien is issued a certificate under this Part, outside the Arab Republic of EGYPT, only when the ECAA finds that the certificate is needed for operation of an Egyptian registered aircraft.

67.7 Medical fitness

Note 1: Guidance material is published in the manual of civil aviation medicine (Doc 8984).

Note 2: To satisfy the licensing requirements of medical fitness for the issue of various types of licenses, the applicant must meet certain appropriate medical requirements which are specified as three classes of medical assessment. Details are given in this Part. To provide the necessary evidence to satisfy the requirements of 67.7(a), the ECAA issues and renews licenses for candidates holding the appropriate medical assessment, class 1, class 2 or class 3. This can be done by a suitably titled separate certificate. The Egyptian regulation contained in this part stipulates that the Medical Assessment is an integral part of the licence.

Note 3: The medical assessment is an integral part of the license, such that a license shall be deemed to be suspended if its holder suffers any personal injury or any illness involving incapacity to undertake the functions to which his license relates. In addition the holder of a license shall not be entitled to continue to perform any of the functions to which his license relates if he knows or has reason to believe that his physical and/or mental condition renders him temporarily or permanently unfit to perform such function. Meanwhile an AOC holder shall not assign any duties to his licensed personnel unless they are continuously medically fit to perform their licenses' privileges.

Note 4: The license holder and his employer shall notify the approved medical examiner, approved medical board or approved assessor at any time his medical conditions are affected as described in this paragraph to be permitted to exercise the privileges of his license.

- (a) An applicant for a license shall, when applicable, hold a medical assessment issued in accordance with the provisions of this Part.
- (b) The ECAA shall apply, as part of Its State safety programme, basic safety management principles to the medical assessment process of licence holders, that as a minimum include:
 - (1) routine analysis of in-flight incapacitation events and medical findings during medical assessments to identify areas of increased medical risk; and
 - (2) continuous re-evaluation of the medical assessment process to concentrate on identified areas of increased medical risk.

Note.— A framework for the implementation and maintenance of a State safety programme is contained in Attachment C. Guidance on State safety programmes and safety management principles is contained in the Safety Management Manual (SMM) (Doc 9859) and the Manual of Civil Aviation Medicine (Doc 8984).

- (c) The ECAA shall implement appropriate aviation-related health promotion for licence holders subject to a Medical Assessment to reduce future medical risks to flight safety.

Note 1.— 67.7 (b) above indicates how appropriate topics for health promotion activities may be determined.

Note 2.— Guidance on the subject is contained in the Manual of Civil Aviation Medicine (Doc 8984). Note 3.— Guidance on the relationship between the Licensing Authority and the implementation of

Medical Assessment for licence holders is contained in the Manual of Procedures for Establishment and Management of a State's Personnel Licensing System (Doc 9379).

- (d) The period of validity of a Medical Assessment shall begin on the day the medical examination is performed. The duration of the period of validity shall be in accordance with the provisions of 67.9.

- (1) The period of validity of a Medical Assessment may be extended, at the discretion of the Licensing Authority, up to 45 days

Note: It is advisable to let the calendar day on which the Medical Assessment expires remain constant year after year by allowing the expiry date of the current Medical Assessment to be the beginning of the new validity period under the provision that the medical examination takes place during the period of validity of the current Medical Assessment but no more than 45 days before it expires.

- (e) Except as provided in 67.9(b)(3), flight crew members or air traffic controllers shall not exercise the privileges of their license unless they hold a current medical assessment appropriate to the license.
- (f) The ECAA has medical examiners, qualified and licensed in the practice of medicine, to conduct medical examinations of fitness of applicants for the issue or renewal of the licenses or ratings specified in this Part, and of the appropriate licenses specified in Parts 61, 63 and 65. On condition that:
- (1) Medical examiners shall have received training in aviation medicine in accordance with Appendix A of Part 183 and shall receive refresher training at regular intervals. Before designation, medical examiners shall demonstrate adequate competency in aviation medicine.
 - (2) Medical examiners shall have practical knowledge and experience of the conditions in which the holders of licenses and ratings carry out their duties.
Note: Examples of practical knowledge and experience are flight experience, simulator experience, on-site observation or any other hands-on experience deemed by the ECAA to meet this requirement.
 - (3) The competence of a medical examiner should be evaluated periodically by the medical assessor or
- (g) Applicants for licences or ratings for which medical fitness is prescribed shall sign and furnish to the medical examiner a declaration stating whether they have previously undergone such an examination and, if so, the date, place and result of the last examination. They shall indicate the examiner whether a Medical Assessment has previously been refused, revoked or suspended and, if so, the reason for such refusal, revocation or suspension.
- (1) Any false declaration to a medical examiner made by an applicant for a licence or rating shall be reported to the Licensing Authority of the issuing State for such action as may be considered appropriate.
- (h) Having completed the medical examination of the applicant in accordance with this Part the medical examiner shall coordinate the results of the examination and submit a signed report, or equivalent, to the ECAA, in accordance with its requirements, detailing the results of the examination and evaluating the findings with regard to medical fitness.
- (i) If the medical report is submitted to the ECAA in electronic format, adequate identification of the examiner shall be established.
- (j) If the medical examination is carried out by two or more medical examiners, the ECAA will send the medical reports to the assessor who is responsible for coordinating the results of the examination, evaluating the findings with regard to medical fitness, and signing the report.
- (k) The ECAA is using the services of medical assessor to evaluate reports submitted by medical examiners.
Medical assessors, because of their functions as employees of or consultants the ECAA and as supervisors for the medical examiners, will normally have advanced training in the specialty of aviation medicine and extensive experience in regulatory and clinical civil aviation medicine. In addition to evaluating medical reports submitted to the ECAA and making final assessments in border-line cases, the medical assessor will normally be in charge of Accredited Medical Conclusions (see 1 below). An important duty of the medical assessor is the safeguarding of medical confidentiality, although pertinent medical information may be presented by the medical assessor to other officials of the ECAA when justified by operational concerns or when an Accredited Medical Conclusion is sought. Also the audit of medical reports by medical examiners and refresher training of medical examiners will usually fall within the remit of the medical assessor.
- (l) The medical examiner shall be required to submit sufficient medical information to the Licensing Authority to enable the Authority to audit Medical Assessments.
Note: The purpose of such auditing is to ensure that medical examiners meet applicable standards for good medical practice and aeromedical risk assessment. Guidance on aeromedical risk assessment is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (m) If the medical Standards prescribed in this Part for a particular license are not met, the appropriate medical assessment shall not be issued or renewed unless the following conditions are fulfilled:

- (1) Accredited medical conclusion indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercising of the privileges of the license applied for is not likely to jeopardize flight safety;
 - (2) Relevant ability, skill and experience of the applicant and operational conditions have been given due consideration; and
 - (3) The license is endorsed with any special limitation or limitations when the safe performance of the license holder's duties is dependent on compliance with such limitation or limitations.
- (n) Medical confidentiality shall be respected at all times.
 - (o) All medical reports and records shall be securely held with accessibility restricted to authorized personnel.
 - (p) When justified by operational considerations, the medical assessor shall determine to what extent pertinent medical information is presented to relevant officials of the ECAA. It is important that medical confidentiality is respected at all times. Medical information is of a sensitive nature and a person who has undergone a medical examination for issuance or renewal of his licence has a right to expect that such information is kept confidential and disclosed only to medical officials. In many States a separate medical section is established, either within the authority or attached to it. Medical confidentiality is best assured when this medical section, where the reports from the medical examiners are received and evaluated, is headed by a physician and has its own staff, its own channels of communication, its own filing system, etc. If the medical section is a sub-part of another non-medical section and thus shares office space, office staff, and files with that section, medical confidentiality becomes untenable.
 - (q) If the candidate is not satisfied with his examination results as reported by the approved medical board, he may file a complaint to the ECAA to investigate the situation through the advice of different approved medical examiners, assessors and legal advisors. If the candidate remains not satisfied with the ECAA decision he may go to the Court.

67.9 Validity of medical assessment

- (a) The ECAA after issuing a license will ensure that the privileges granted by that license, or by related ratings, are not exercised unless the holder maintains a current medical certificate.
- (b) Except as provided in 67.9(b)(1), 67.9(b)(2) and 67.9(b)(3), a report of medical fitness obtained in accordance with 67.7(e) and 67.7(f) shall be submitted at intervals of not greater than:
 - (1) 24 months for the student pilot license — aeroplane, helicopter;
 - (2) 60 months for the private pilot license — aeroplane, airship, helicopter and powered-lift;
 - (3) 12 months for the commercial pilot license — aeroplane, airship, helicopter and powered-lift;
 - (4) 12 months for the multi-crew pilot licence — aeroplane;
 - (5) 12 months for the airline transport pilot license — aeroplane, helicopter and powered-lift;
 - (6) 60 months for the glider pilot license;
 - (7) 60 months for the free balloon pilot license;
 - (8) 12 months for the flight navigator license;
 - (9) 12 months for the flight engineer license;
 - (10) 48 months for the air traffic controller license; and
 - (11) 24 months for cabin crew licenses. (until he or she have passed their 60th birthday)

Note 1: The periods of validity listed above may be extended by up to 45 days in accordance with 67.7(c)(1)

Note 2: When calculated in accordance with 67.9(b) and its sub-paragraphs, the period of validity will, for the last month counted, include the day that has the same calendar number as the date of the medical examination or, if that month has no day with that number, the last day of that month.
- (c) The period of validity of a Medical Assessment may be reduced when clinically indicated.

- (d) When the holders of airline transport pilot licences- aeroplane, helicopter, and and power-lift commercial pilot licences-aeroplane, airship, helicopter, and power-lift who are engaged in single-crew commercial air transport operations carrying passengers, have passed their 40th birthday up to 65th birthday, the period of validity specified in 67.9(b) shall be reduced to six months.
- (e) When the holders of airline transport pilot licences- aeroplane, helicopter, and and power-lift commercial pilot licences-aeroplane, airship, helicopter, and power-lift and multi-crew pilot licences-aeroplane who are engaged in commercial air transport operations have passed their 60th birthday up to 65th birthday, the period of validity specified in 67.9(b) shall be reduced to six months.
- (f) When the holders of private pilot licences aeroplane and helicopter, glider pilot licence, free balloon pilot licence, and air traffic controller licence have passed their 40th birthday, the period of validity specified in 67.9(b) shall be reduced to 24 months.
- (g) When the holders of private pilot licences—aeroplane, airship, helicopter and powered-lift, free balloon pilot licences, glider pilot licences and air traffic controller licences have passed their 50th birthday, the period of validity specified in 67.9(b) should be further reduced to 12 months.
Note: The periods of validity listed above are based on the age of the applicant at the time of undergoing the medical examination.
- (h) The ECAA shall not allow the medical examination for licencing holder to be deferred in such circumstances the licencing holder is operating in an area distant from designated medical examination facilities.
Note: The ECAA allow the extention of the periods of validity of the licence holder may be extended by up to 45 days in accordance with 67.7(c)(1) & 67.9 (b).
- (i) For weights: A maximum body mass index (BMI) of 35 is required. This standard could be waived as long as the ECAA is certain that the duties required from the license holder are not affected.
Note: BMI is calculated as the weight of the person in kilograms divided by the square of the person's height in meters.

67.11 Decrease in medical fitness

- (a) Holders of licences provided for in this Part shall not exercise the privileges of their licence sandre lated ratings at any time when they are aware of any decrease in their medical fitness which might render the munable to safely and properly exercise these privileges.
- (1) ECAA should ensure that licence holders are provided with clear guidelines on medical conditions that may be relevant to flight safety and when to seek clarification or guidance from a medical examiner or Licensing Authority.
Note: Guidance on physical and mental conditions and treatments that are relevant to flight safety about which information may need to befor warded to the Licensing Authority is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (2) ECAA should, as far as practicable, ensure that licence holders do not exercise the privileges of their licences and related ratings during any period in which their medical fitness has, from any cause, decreased to an extent that would have prevented the issue or renewal of their Medical Assessment.
- (b) Licence holders should inform the ECAA of confirmed pregnancy or any decrease in medical fitness of a duration of more than 20 days or which requires continued treatment with prescribed medication or which has required hospital treatment.

67.13 Medical assessments: General

- (a) Classes of medical assessment:
Three classes of medical assessment shall be established as follows:
- (1) Class I medical assessment applies to applicants for, and holders of:
- (i) Commercial pilot licences — aeroplane, airship, helicopter and powered-lift;
 - (ii) Airline transport pilot licenses — aeroplane, helicopter and powered-lift;
 - (iii) Flight navigator licenses;
 - (iv) Flight engineer licenses; and
 - (v) Multi-crew pilot licences — aeroplane

- (vi) Private pilot licenses (seeking an instrument rating)— aeroplane, airship, helicopter and powered-lift
- (2) Class 2 medical assessment applies to applicants for, and holders of:
- (i) Student pilot licenses — aeroplane and helicopter;
 - (ii) Private pilot licenses (not seeking an instrument rating)— aeroplane, airship, helicopter and powered-lift;
 - (iii) Glider pilot licenses;
 - (iv) Free balloon pilot licenses; and
 - (v) Cabin crew licenses.
 - (vi) Flight engineer licences
- (2) Class 2 medical assessment applies to applicants for, and holders of:
- (i) Student pilot licenses — aeroplane and helicopter;
 - (ii) Private pilot licenses (not seeking an instrument rating)— aeroplane, airship, helicopter and powered-lift;
 - (iii) Glider pilot licenses;
 - (iv) Free balloon pilot licenses; and
 - (v) Cabin crew licenses.
- (3) Class 3 medical assessment applies to applicants for, and holders of air traffic controller licenses.
- (b) The applicant for a medical assessment shall provide the medical examiner with a personally certified statement of medical facts concerning personal, familial and hereditary history. The applicant shall be made aware of the necessity for giving a statement that is as complete and accurate as the applicant's knowledge permits, and any false statement shall be reported to the ECAA for appropriate enforcement action.
- (c) The medical examiner shall report to the ECAA any individual case where, in the examiner's judgement, an applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the license being applied for, or held, is not likely to jeopardize flight safety 67.7(h).
- (d) The level of medical fitness to be met for the renewal of a Medical Assessment shall be the same as that for the initial assessment except where otherwise specifically stated.
- Note: The intervals between routine medical examinations for the purpose of renewing medical assessments are specified in 67.9(b).

67.15 Medical provisions for licensing

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

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

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

Note 4: Attention is called to the administrative clause in 67.7(j) dealing with accredited medical conclusion.

Note 5: Guidance material to assist medical examiners is published separately in the current edition of the Manual of Civil Aviation Medicine (Doc 8984). This guidance material also contains a discussion of the terms 'likely' and 'significant' as used in the context of the medical provisions in this part .

67.17 Requirements for Medical Assessments

- (a) An applicant for a Medical Assessment issued in accordance with the terms of this Part shall undergo a medical examination based on the following requirements:
- (1) Physical and mental;
 - (2) Visual and colour perception; and
 - (3) Hearing.
- (b) Physical and mental requirements An applicant for any class of Medical Assessment shall be required to be free from:
- (1) Any abnormality, congenital or acquired; or
 - (2) Any active, latent, acute or chronic disability; or
 - (3) Any wound, injury or sequelae from operation; or
 - (4) Any effect or side-effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken; such as would entail a degree of functional incapacity which is likely to interfere with the safe operation of an aircraft or with the safe performance of duties.
- Note: Use of herbal medication and alternative treatment modalities requires particular attention to possible side-effects.
- (c) Visual acuity test requirements: The methods in use for the measurement of visual acuity are likely to lead to differing evaluations. To achieve uniformity, therefore, Contracting States shall ensure that equivalence in the methods of evaluation be obtained
- (d) The following should be adopted for tests of visual acuity:
- (1) Visual acuity tests should be conducted in an environment with a level of illumination that corresponds to ordinary office illumination (30-60 cd/m²).
 - (2) Visual acuity should be measured by means of a series of Landolt rings or similar optotypes, placed at a distance from the applicant appropriate to the method of testing adopted.
- (e) Colour perception requirements: contracting states shall use such methods of examination as will guarantee reliable testing of colour perception.
- (f) The applicant shall be required to demonstrate the ability to perceive readily those colours the perception of which is necessary for the safe performance of duties
- (g) The applicant shall be tested for the ability to correctly identify a series of pseudoisochromatic plates in day-light or in artificial light of the same colour temperature such as that provided by CIE standard illuminants C or D65 as specified by the International Commission on Illumination (CIE)
- (h) An applicant obtaining a satisfactory result as prescribed by the Licensing Authority shall be assessed as fit. An applicant failing to obtain a satisfactory result in such a test shall be assessed as unfit unless able to readily distinguish the colours used in air navigation and correctly identify aviation coloured lights. Applicants who fail to meet these criteria shall be assessed as unfit except for Class 2 assessment with the following restriction: valid daytime only.
- Note.— Guidance on suitable methods of assessing colour vision is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (i) Sunglasses worn during the exercise of the privileges of the licence or rating held should be non-polarizing and of a neutral grey tint.

67.19 Hearing test requirements

- (a) Contracting States shall use such methods of examination as will guarantee reliable testing of hearing.
- (b) Applicants shall be required to demonstrate a hearing performance sufficient for the safe exercise of their licence and rating privileges.
- (c) Applicants for Class 1 Medical Assessments shall be tested by pure-tone audiometry at first issue of the Assessment, not less than once every five years up to the age of 40 years, and thereafter not less than once every two years.
- (d) Alternatively, other methods providing equivalent results may be used.
- (e) Applicants for Class 3 Medical Assessments shall be tested by pure-tone audiometry at first issue of the Assessment, not less than once every four years up to the age of 40 years, and thereafter not less than once every two years.
- (f) Alternatively, other methods providing equivalent results may be used.

- (g) Applicants for Class 2 Medical Assessment should be tested by pure-tone audiometry at first issue of the Assessment and, after the age of 50 years, not less than once every two years.
- (h) At medical examinations, other than those mentioned in 67.19(c), 67.19(e) and 67.19(g), where audiometry is not performed, applicants shall be tested in a quiet room by whispered and spoken voice tests.

Note 1: The reference zero for calibration of pure-tone audiometers is that of the pertinent Standards of the current edition of the Audiometric Test Methods, published by the International Organization for Standardization (ISO).

Note 2: 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 3: For the purposes 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.

Note 4: Guidance on assessment of applicants who use hearing aids is contained in the Manual of Civil Aviation Medicine (Doc 8984).

Note 5: Applicants who hold a private pilot licence seeking an instrument rating shall have established their hearing acuity on the basis of compliance with the hearing requirements for the issue of a Class 1 Medical Assessment.

67.20 Use of Psychoactive substances

- (a) Holders of licences provided for in this Part shall not exercise the privileges of their licences and related ratings while under the influence of any psychoactive substance which might render them unable to safely and properly exercise these privileges.

Note: Attention is called to ECAR 121 Appendix I and Appendix J.

- (b) Holders of licences provided for in this Part shall not engage in any problematic use of substances.

Note: Attention is called to ECAR 121 Appendix I and Appendix J.

- (d) ECAA should ensure, as far as practicable, that all licence holders who engage in any kind of problematic use of substances are identified and removed from their safety critical functions. Return to the safety-critical functions may be considered after successful treatment or, in cases where not treatment is necessary, after cessation of the problematic use of substances and upon determination that the person's continued performance of the function is unlikely to jeopardize safety.

Note.— Guidance on suitable methods of identification (which may include biochemical testing on such occasions as pre-employment, upon reasonable suspicion, after accidents/incidents, at intervals, and at random) and on other prevention topics is contained in the Manual on Prevention of Problematic Use of Substances in the Aviation Work place (Doc 9654).

SUBPART B
First-Class Airman Medical Certificate

67.21 Eligibility

To be eligible for a first-class airman medical certificate, and to remain eligible for a first-class airman medical certificate, a person must meet the requirements of this subpart.

67.23 Class 1 medical assessment

(a) Assessment issue and renewal:

- (1) An applicant for private pilot license seeking an instrument rating, commercial pilot license — aeroplane, airship, helicopter or powered-lift, a multi-crew pilot licence – aeroplane, or an airline transport pilot license — aeroplane, helicopter or powered-lift, a flight engineer license or a flight navigator license, shall undergo an initial medical examination for the issue of a class I medical assessment;
- (2) Except where otherwise stated in this section, holders of commercial pilot licenses — aeroplane, airship, helicopter or powered-lift, multi-crew pilot licence – aeroplane, or airline transport pilot licenses — aeroplane helicopter or powered-lift, flight engineer licenses or flight navigator licenses, shall have their class I medical assessments renewed at intervals not exceeding those specified in 67.9(b);
- (3) In alternate years, for Class 1 applicants under 40 years of age, the Licensing Authority should, at its discretion, allow medical examiners to omit certain in routine examination items related to the assessment of physical fitness, whilst increasing the emphasis on health education and prevention of ill health.

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

- (4) When the ECAA is satisfied that the requirements of this section and the general provisions of subparts A and E of this Part have been met, a class I medical assessment shall be issued to the applicant.

(b) Visual requirements:

The medical examination shall be based on the following requirements:

- (1) The function of the eyes and their adnexa shall be normal. There shall be no active pathological condition, acute or chronic, nor any sequelae of surgery or trauma of the eyes or their adnexa likely to reduce proper visual function to an extent that would interfere with the safe exercise of the applicant's licence and rating privileges.
- (2) Distant visual acuity with or without correction shall be 6/9 or better in each eye separately, and binocular visual acuity shall be 6/6 or better. No limits apply to uncorrected visual acuity. Where this standard of visual acuity can be obtained only with correcting lenses, the applicant may be assessed as fit provided that:
 - (i) Such correcting lenses are worn during the exercise of the privileges of the licence or rating applied for or held; and
 - (ii) In addition, a pair of suitable correcting spectacles is kept readily available during the exercise of the privileges of the applicant's licence.

Note 1: 6.3.3.2 b) is the subject of Standards in Annex 6, Part I.

Note 2: An applicant accepted as meeting these provisions is deemed to continue to do so unless there is reason to suspect otherwise, in which case an ophthalmic report is required at the discretion of the Licensing Authority. Both uncorrected and corrected visual acuity are normally measured and recorded at each re-examination. Conditions which indicate a need to obtain an ophthalmic report include: a substantial decrease in the uncorrected visual acuity, any decrease in best corrected visual acuity, and the occurrence of eye disease, eye injury or eye surgery.

- (3) Applicants may use contact lenses to meet this requirement provided that:
- (i) The lenses are monofocal and non-tinted;
 - (ii) The lenses are well tolerated; and
 - (iii) A pair of suitable correcting spectacles is kept readily available during the exercise of the licence privileges.
- (4) Applicants with a large refractive error shall use contact lenses or high-index spectacle lenses.
Note: If spectacles are used, high-index lenses are needed to minimize peripheral field distortion.
- (5) Applicants whose uncorrected distant visual acuity in either eye is worse than 6/60 shall be required to provide a full ophthalmic report prior to initial Medical Assessment and every five years thereafter.
Note1: The purpose of the required ophthalmic examination is (1) to ascertain normal visual performance, and (2) to identify any significant pathology.
Note2: Guidance on the assessment of monocular applicants under the provisions of 1.2.4.9 is contained in the Manual of Civil Aviation Medicine (Doc8984).
- (6) Applicants who have undergone surgery affecting the refractive status of the eye shall be assessed as unfit unless they are free from those sequelae which are likely to interfere with the safe exercise of their licence and rating privileges.
- (7) The applicant shall have the ability to read, while wearing the correcting lenses, if any, required by 67.23(b)(3), the N5 chart or its equivalent at a distance selected by that applicant in the range of 30 to 50 cm and the ability to read the N14 chart or its equivalent at a distance of 100 cm. If this requirement is met only by the use of near correction, the applicant may be assessed as fit provided that this near correction is added to the spectacle correction already pre-scribed in accordance with 67.23(b)(3); if no such correction is prescribed, a pair of spectacles for near use shall be kept readily available during the exercise of the privileges of the licence. When near correction is required, the applicant shall demonstrate that one pair of spectacles is sufficient to meet both distant and near visual requirements.
Note 1: N5 and N14 refer to the size of type face used. For further details, see the Manual of Civil Aviation Medicine (Doc8984).
Note 2: An applicant who needs near correction to meet this requirement will require "look-over", bifocal or perhaps multi focal lenses in order to read the instruments and a chart or manual held in the hand, and also to make use of distant vision, through the wind screen, with out removing the lenses. Single-vision near correction (full lenses of one power only, appropriate for reading) significantly reduces distant visual acuity and is therefore not acceptable.
Note 3: When ever the reissue requirement to obtain or renew correcting lenses, an applicant is expected to advise the refractionist of reading distances for the visual flight deck tasks relevant to the types of aircraft in which the applicant is likely to function.
- (8) When near correction is required in accordance with this paragraph, a second pair of near-correction spectacles shall be kept available for immediate use.
- (9) The applicant shall be required to have normal fields of vision.
- (10) The applicant shall be required to have normal binocular function.
- (11) Defective Reduced stereopsis, abnormal convergence not interfering with near vision, and ocular misalignment where the fusional reserves are sufficient to prevent strabismic diplopia and diplopia may need not be disqualifying.
- (c) Hearing requirements:
The medical examination shall be based on the following requirements:
- (1) The applicant, when tested on a pure-tone audiometer, shall not have a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz.
 - (2) An applicant with a hearing loss greater than the above may be declared fit provided that the applicant has normal hearing performance against a background noise that reproduces or simulates the masking properties of flight deck noise upon speech and beacon signals.

Note1: It is important that the background noise is representative of the noise in the cockpit of the type of aircraft for which the applicant's licence and ratings are valid.

Note2: In the speech material for discrimination testing, both aviation relevant phrases and phonetically balanced words are normally used.

- (3) Alternatively, a practical hearing test conducted in flight in the cockpit of an aircraft of the type for which the applicant's license and ratings are valid may be used.
- (d) Physical and mental requirements:
The medical examination shall be based on the following requirements:
- (1) The applicant shall not suffer from any disease or disability which could render that applicant likely to become suddenly unable either to operate an aircraft safely or to perform assigned duties safely.
- (2) The applicant shall have no established medical history or clinical diagnosis of:
- (i) An organic mental disorder;
 - (ii) A mental or behavioural disorder due to use of psychoactive substances; this includes dependence syndrome induced by alcohol or other psychoactive substances;
 - (iii) Schizophrenia or a schizotypal or delusional disorder;
 - (iv) A mood (affective) disorder;
 - (v) A neurotic, stress-related or somatoform disorder;
 - (vi) A behavioural syndrome associated with physiological disturbances or physical factors;
 - (vii) A disorder of adult personality or behaviour, particularly if manifested by repeated overt acts;
 - (viii) Mental retardation;
 - (ix) A disorder of psychological development;
 - (x) A behavioural or emotional disorder, with onset in childhood or adolescence; or
 - (xi) A mental disorder not otherwise specified; such as might render the applicant unable to safely exercise the privileges of the licence applied for or held.
- (3) An applicant with depression, being treated with antidepressant medication, should be assessed as unfit unless the medical assessor, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's licence and rating privileges.

Note1: Guidance on assessment of applicants treated with antidepressant medication is contained in the Manual of Civil Aviation Medicine (Doc 8984).

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

- (4) The applicant shall have no established medical history or clinical diagnosis of any of the following:
- (i) A progressive or non-progressive disease of the nervous system, the effects of which are likely to interfere with the safe exercise of the applicant's licence and rating privileges;
 - (ii) Epilepsy; or
 - (iii) Any disturbance of consciousness without satisfactory medical explanation of cause.
- (5) The applicant shall not have suffered any head injury, the effects of which, are likely to interfere with the safe exercise of the applicant's licence and rating privileges .
- (6) The applicant shall not possess any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.
- (7) An applicant who has undergone coronary by-pass grafting or angioplasty (with or without stenting) or other cardiac intervention or who has a history of

myocardial infarction or who suffers from any other potentially incapacitating cardiac condition shall be assessed as unfit unless the applicant's cardiac condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges, such applicant may be given a medical certificate of fitness imposing restrictions as " fit to fly with other experienced suitably qualified pilot " and is entitled to operate only as a pilot school flight instructor in a single pilot operation aircraft approved by ECAA or to operate a multi-crew operation only, either as a pilot in-command (Captain) or second in-command (Co-pilot) and the term "experienced suitably qualified pilot " will mean a pilot who:

- (i) For the pilot in-command, he/she must have a current pilot in-command rating on the type of aircraft; or
- (ii) For the second in-command, he/she must have a minimum of **1000** hours of total experience, including **300** hours on aircraft type and currently flying the type of aircraft,
- (iii) For the pilot school flight instructor, he/she must have a current pilot flight instructor, rating on the the type of aircraft, and to give training and endorsements to a pilot under training holding at least a current private pilot license.

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

Note: Guidance on cardiovascular evaluation is contained in the Manual of Civil Aviation Medicine (Doc 8984).

- (9) Electrocardiography shall form part of the heart examination for the first issue of a Medical Assessment.
- (10) Electrocardiography shall be included in re-examinations of applicants over the age of 50 no less frequently than annually.
- (11) Electrocardiography should be included in re-examinations of applicants between the ages of 30 and 50 no less frequently than every two years.

Note1: The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence to justify disqualification without further thorough cardiovascular investigation.

Note2: Guidance on resting and exercise electrocardiography is contained in the Manual of Civil Aviation Medicine (Doc 8984).

- (12) The systolic and diastolic blood pressures shall be within normal limits.
- (13) The use of drugs for control of high blood pressure is shall be disqualifying except for those drugs, the use of which, is compatible with the safe exercise of the applicant's licence and rating privileges.

Note: Guidance on the subject is contained in the Manual of Civil Aviation Medicine (Doc 8984).

- (14) There shall be no significant functional nor structural abnormality of the circulatory system.
- (15) There shall be no acute disability of the lungs nor any active disease of the structures of the lungs, mediastinum or pleurae likely to result in incapacitating symptoms during normal or emergency operations.
- (16) Chest radiography should form a part of the initial chest examination.

Note: Periodic chest radiography is usually not necessary but may be a necessity in situations where asymptomatic pulmonary disease can be expected.

- (17) Applicants with chronic obstructive pulmonary emphysema should disease shall be assessed as unfit. unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.
- (18) Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms during normal or emergency operations shall be assessed as unfit.

- (19) The use of drugs for control of asthma shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.
- Note:** Guidance on hazards of medication and drugs is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (20) Applicants with active pulmonary tuberculosis, shall be assessed as unfit.
- (21) Applicants with quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, may be assessed as fit.
- Note1:** Guidance on assessment of respiratory diseases is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- Note2:** Guidance on hazards of medications and drugs is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (22) Applicants with significant impairment of function of the gastrointestinal tract or its adnexa shall be assessed as unfit.
- (23) Applicants shall be completely free from those hernias that might give rise to incapacitating symptoms.
- (24) Applicants with sequelae of disease of, or surgical intervention on, any part of the digestive tract or its adnexae, likely to cause incapacitation in flight, in particular any obstructions due to stricture or compression, shall be assessed as unfit.
- (25) An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexae, with a total or partial excision or a diversion of any of these organs should be assessed as unfit until such time as the medical authority designated for the purpose by the Contracting State and assessor, having access to the details of the operation concerned, considers that the effects of the operation are not likely to cause incapacitation in flight.
- (26) Applicants with metabolic, nutritional or endocrine disorders that are likely to interfere with the safe exercise of their licence and rating privileges shall be assessed as unfit.
- (27) Applicants with insulin treated diabetes mellitus shall be assessed as fit/unfit.
- Note:** Guidance on assessment of Type 2 insulin-treated diabetic applicants under the provision of 1.2.4.9 is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (28) Applicants with non-insulin treated diabetes mellitus shall be assessed as unfit unless the condition is shown to be satisfactorily controlled by diet alone or by diet combined with oral anti-diabetic medication, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.
- Note:** Guidance on assessment of diabetic applicants is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (29) Applicants with diseases of the blood and/or the lymphatic system shall be assessed as unfit unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.
- Note:** Sickle cell trait or other haemoglobinopathic traits are usually compatible with a fit assessment.
- (30) Applicants with renal or genito-urinary disease shall be assessed as unfit, unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.
- (31) Urine examination shall form part of the medical examination and abnormalities shall be adequately investigated.
- Note:** Guidance on urine examination and evaluation of abnormalities are contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (32) Applicants with sequelae of disease of or surgical procedures on the kidneys and or the genito-urinary tract, in particular obstructions due to stricture or compression, shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.
- (33) Applicants who have undergone nephrectomy shall be assessed as unfit unless the condition is well compensated.
- (34) Applicants who are seropositive for human immunodeficiency virus (HIV)

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

Note1: Early diagnosis and active management of HIV disease with an antiretroviral therapy reduces morbidity and improves prognosis and thus increases the likelihood of a fit assessment.

Note2: Guidance on the assessment of applicants who are seropositive for human immunodeficiency virus (HIV) is contained in the Manual of Civil Aviation Medicine (Doc 8984).

- (35) Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk uncomplicated pregnancy.
- (36) For applicants with a low-risk uncomplicated pregnancy, evaluated and supervised in accordance with 67.23(d)(36), the fit assessment should be limited to the period from the end of the 12th week until the end of the 26th week of gestation.
- (37) Following confinement or termination of pregnancy, the applicant shall not be permitted to exercise the privileges of her licence until she has undergone re-evaluation in accordance with best medical practice and it has been determined that she is able to safely exercise the privileges of her licence and ratings.
- (38) The applicant shall not possess any abnormality of the bones, joints, muscles, tendons or related structures which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.
Note: Any sequelae after lesions affecting the bones, joints, muscles or tendons, and certain anatomical defects will normally require functional assessment to determine fitness.
- (39) The applicant shall not possess any abnormality or disease of the ear or related structures which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.
- (40) There shall be:
- (i) No disturbance of vestibular function;
 - (ii) No significant dysfunction of the Eustachian tubes; and
 - (iii) No unhealed perforation of the tympanic membranes.
- (41) A single dry perforation of the tympanic membrane need not render the applicant unfit.
Note: Guidance on testing of the vestibular function is contained in Manual of Civil Aviation Medicine (Doc 8984).
- (42) There shall be:
- (i) No nasal obstruction; and
 - (ii) No malformation nor any disease of the buccal cavity or upper respiratory tract which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.
- (43) Applicants with stuttering or other speech defects sufficiently severe to cause impairment of speech communication shall be assessed as unfit.

SUBPART C
Second-Class Airman Medical Certificate

67.31 Eligibility

To be eligible for a second-class airman medical certificate, and to remain eligible for a second-class airman medical certificate, a person must meet the requirements of this subpart.

67.33 Class 2 medical assessment

(a) Assessment issue and renewal:

- (1) An applicant for a private pilot license (not seeking an instrument rating) aeroplane, airship, helicopter or powered-lift, a glider pilot license, a free balloon pilot license, or a cabin crew license shall undergo an initial medical examination for the issue of a class 2 medical assessment;
- (2) Except where otherwise stated in this section, holders of private pilot licenses aeroplane, airship, helicopter or powered-lift, glider pilot licenses, free balloon pilot licenses, a flight engineer licence or a flight navigator licence or a cabin crew license, shall have their class 2 medical assessments renewed at intervals not exceeding those specified in 67.9(b); and
- (3) When the ECAA is satisfied that the requirements of this section and the general provisions of this Part have been met, a class 2 medical assessment will be issued to the applicant.

(b) Physical and mental requirements:

The medical examination shall be based on the following requirements:

- (1) The applicant shall not suffer from any disease or disability that could render that applicant likely to become suddenly unable either to operate an aircraft safely or to perform assigned duties safely;
- (2) The applicant shall have no established medical history or clinical diagnosis of:
 - (i) An organic mental disorder;
 - (ii) A mental or behavioural disorder due to psychoactive substance use; this includes dependence syndrome induced by alcohol or other psychoactive substances;
 - (iii) Schizophrenia or a schizotypal or delusional disorder;
 - (iv) A mood (affective) disorder;
 - (v) A neurotic, stress-related or somatoform disorder;
 - (vi) A behavioural syndrome associated with physiological disturbances or physical factors;
 - (vii) A disorder of adult personality or behaviour, particularly if manifested by repeated overt acts;
 - (viii) Mental retardation;
 - (ix) A disorder of psychological development;
 - (x) A behavioural or emotional disorder, with onset in childhood or adolescence; or
 - (xi) A mental disorder not otherwise specified; such as might render the applicant unable to safely exercise the privileges of the licence applied for or held.
- (3) An applicant with depression, being treated with antidepressant medication, should be assessed as unfit unless the medical assessor, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's license and rating privileges.

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

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

- (4) The applicant shall have no established medical history or clinical diagnosis of any of the following:

- (i) A progressive or non-progressive disease of the nervous system, the effects of which, are likely to interfere with the safe exercise of the applicant's licence and rating privileges;
- (ii) Epilepsy;
- (iii) Any disturbance of consciousness without satisfactory medical explanation of cause.
- (5) The applicant shall not have suffered any head injury, the effects of which, are likely to interfere with the safe exercise of the applicant's licence and rating privileges.
- (6) The applicant shall not possess any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.
- (7) An applicant who has undergone coronary by-pass grafting or angioplasty (with or without stenting) or other cardiac intervention or who has a history of myocardial infarction or who suffers from any other potentially incapacitating cardiac condition shall be assessed as unfit unless the applicant's cardiac condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicants licence or rating privileges.
- (8) An applicant with an abnormal cardiac rhythm shall be assessed as unfit unless the cardiac arrhythmia has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicants licence or rating privileges.
- Note:** Guidance on cardiovascular evaluation is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (9) Electrocardiography shall form part of the heart examination for the first issue of a Medical Assessment after the age of 40.
- (10) Electrocardiography shall be included in re-examinations of applicants after the age of 50 no less than every two years.
- (11) Electrocardiography should form part of the heart examination for the first issue of a Medical Assessment
- Note1: The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence to justify disqualification without further thorough cardiovascular investigation.
- Note2: Guidance on resting and exercise electrocardiography is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (12) The systolic and diastolic blood pressures shall be within normal limits.
- (13) The use of drugs for control of high blood pressure shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.
- Note :** Guidance on the subject is published contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (14) There shall be no significant functional nor structural abnormality of the circulatory system.
- (15) There shall be no disability of the lungs nor any active disease of the structures of the lungs, mediastinum or pleura likely to result in incapacitating symptoms during normal or emergency operations.
- (16) Chest radiography should form part of the initial and periodic examinations in cases where asymptomatic pulmonary disease can be expected.
- (17) Applicants with chronic obstructive pulmonary disease shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.
- (18) Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms during normal or emergency operations shall be assessed as unfit.
- (19) The use of drugs for control of asthma shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.
- Note:** Guidance on hazards of medication and drugs is contained in the Manual of Civil Aviation Medicine (Doc 8984).

- (20) Applicants with active pulmonary tuberculosis, shall be assessed as unfit.
- (21) Applicants with quiescent or healed lesions, known to be tuberculous or presumably tuberculous in origin, may be assessed as fit.
- Note1:** Guidance on assessment of respiratory diseases is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- Note2:** Guidance on hazards of medication and drugs is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (22) Applicants shall be completely free from those hernias that might give rise to incapacitating symptoms.
- (23) Applicants with significant impairment of the function of the gastrointestinal tract or its adnexa shall be assessed as unfit.
- (24) Applicants with sequelae of disease of or surgical intervention on any part of the digestive tract or its adnexae, likely to cause incapacitation in flight, in particular any obstructions due to stricture or compression, shall be assessed as unfit.
- (25) An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexae, with a total or partial excision or a diversion of any of these organs should be assessed as unfit until such time as the medical assessor, having access to the details of the operation concerned, considers that the effects of the operation are not likely to cause incapacitation in flight.
- (26) Applicants with metabolic, nutritional or endocrine disorders that are likely to interfere with the safe exercise of their licence and rating privileges shall be assessed as unfit.
- (27) Applicants with insulin treated diabetes mellitus shall be assessed as unfit.
Note.— Guidance on assessment of Type 2 insulin-treated diabetic applicants under the provisions of 1.2.4.9 is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (28) Applicants with non-insulin treated diabetes mellitus shall be assessed as unfit unless the condition is shown to be satisfactorily controlled by diet alone or by diet combined with oral anti-diabetic medication, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.
Note: Guidance on assessment of diabetic applicants is contained in Manual of Civil Aviation Medicine (Doc 8984).
- (29) Applicants with diseases of the blood and/or the lymphatic system shall be assessed as unfit, unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.
Note: Sickle cell trait and other haemoglobinopathic traits are usually compatible with fit assessment.
- (30) Applicants with renal or genito-urinary disease shall be assessed as unfit; unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.
- (31) Urine examination shall form part of the medical examination and abnormalities shall be adequately investigated.
Note: Guidance on urine examination and evaluation of abnormalities are contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (32) Applicants with sequelae of disease of, or surgical procedures on, the kidneys or the genito-urinary tract, in particular obstructions due to stricture or compression, shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.
- (33) Applicants who have undergone nephrectomy shall be assessed as unfit unless the condition is well compensated.
- (34) Applicants who are seropositive for human immunodeficiency virus (HIV) shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed as not likely to interfere with the safe exercise of the applicant's licence or rating privileges.

Note1: Early diagnosis and active management of HIV disease with antiretroviral therapy reduces morbidity and improves prognosis and thus increases the likelihood of a fit assessment.

Note2: Guidance on the assessment of applicants who are seropositive for human immunodeficiency virus (HIV) is contained in the Manual of Civil Aviation Medicine (Doc 8984).

- (35) Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk uncomplicated pregnancy.
- (36) For applicants with a lowrisk uncomplicated pregnancy, evaluated and supervised in accordance with 67.33(b)(37), the fit assessment should be limited to the period from the end of the 12th week until the end of the 26th week of gestation.
- (37) Following confinement or termination of pregnancy, the applicant shall not be permitted to exercise the privileges of her licence until she has undergone re-evaluation in accordance with best medical practice and it has been determined that she is able to safely exercise the privileges of her licence and ratings.
- (38) The applicant shall not possess any abnormality of the bones, joints, muscles, tendons or related structures which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.
Note: Any sequelae after lesions affecting the bones, joints, muscles or tendons, and certain anatomical defects will normally require functional assessment to determine fitness.
- (39) The applicant shall not possess any abnormality or disease of the ear or related structures which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.
- (40) There shall be:
- (i) No disturbance of the vestibular function;
 - (ii) No significant dysfunction of the Eustachian tubes; and
 - (iii) No unhealed perforation of the tympanic membranes.
- (41) A single dry perforation of the tympanic membrane need not render the applicant unfit.
Note: Guidance on testing of the vestibular function is contained in Manual of Civil Aviation Medicine (Doc 8984).
- (42) There shall be:
- (i) No nasal obstruction; and
 - (ii) No malformation nor any disease of the buccal cavity or upper respiratory tract; which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.
- (43) Applicants with stuttering and other speech defects sufficiently severe to cause impairment of speech communication shall be assessed as unfit.
- (c) Visual requirements:
The medical examination shall be based on the following requirements.
- (1) The function of the eyes and their adnexa shall be normal. There shall be no active pathological condition, acute or chronic, nor any sequelae of surgery or trauma of the eyes or their adnexa likely to reduce proper visual function to an extent that would interfere with the safe exercise of the applicant's licence and rating privileges.
 - (2) Distant visual acuity with or without correction shall be 6/12 or better in each eye separately, and binocular visual acuity shall be 6/9 or better. No limits apply to uncorrected visual acuity. Where this standard of visual acuity can be obtained only with correcting lenses, the applicant may be assessed as fit provided that:
 - (i) Such correcting lenses are worn during the exercise of the privileges of the licence or rating applied for or held; and
 - (ii) In addition, a pair of suitable correcting spectacles is kept readily available during the exercise of the privileges of the applicant's licence.

Note: An applicant accepted as meeting these provisions is deemed to continue to do so unless there is reason to suspect to the contrary, in which case an ophthalmic report is required at the discretion of the Licensing Authority. Both

uncorrected and corrected visual acuity are normally measured and recorded at each re-examination. Conditions which indicate a need to obtain an ophthalmic report include: a substantial decrease in the uncorrected visual acuity, any decrease in best corrected visual acuity, and the occurrence of eye disease, eye injury or eye surgery.

- (3) Applicants may use contact lenses to meet this requirement provided that:
- (i) The lenses are monofocal and non-tinted;
 - (ii) The lenses are well tolerated; and
 - (iii) A pair of suitable correcting spectacles is kept readily available during the exercise of the licence privileges.

Note.—Applicants who use contact lenses may not need to have their uncorrected visual acuity measured at each re examination provided the history of their contact lens prescription is known.

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

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

- (5) Applicants whose uncorrected distant visual acuity in either eye is worse than 6/60 should be required to provide a full ophthalmic report prior to initial Medical Assessment and every five years thereafter.

Note 1.—The purpose of the required ophthalmic examination is (1) to ascertain normal visual performance, and (2) to identify any significant pathology.

Note 2.—Guidance on the assessment of monocular applicants under the provisions of 1.2.4.9 is contained in the Manual of Civil Aviation Medicine (Doc 8984).

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

- (7) The applicant shall have the ability to read, while wearing the correcting lenses, if any, required by 67.33(c)(2), the N5 chart or its equivalent at a distance selected by that applicant in the range of 30 to 50 cm. If this requirement is met only by the use of near correction, the applicant may be assessed as fit provided that this near correction is added to the spectacle correction already prescribed in accordance with 67.33(c)(2); if no such correction is prescribed, a pair of spectacles for near use shall be kept readily available during the exercise of the privileges of the licence. When near correction is required, the applicant shall demonstrate that one pair of spectacles is sufficient to meet both distant and near visual requirements.

Note 1.—N5 refers to the size of type face used. For further details, see the Manual of Civil Aviation Medicine (Doc 8984).

Note 2.—An applicant who needs near correction to meet the requirement will require “look-over”, bifocal or perhaps multi focal lenses in order to read the instruments and a chart or manual held in the hand, and also to make use of distant vision, through the wind screen, without removing the lenses. Single-vision near correction (full lenses of one power only, appropriate for reading) significantly reduces distant visual acuity and is therefore not acceptable.

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

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

- (9) The applicant shall be required to have normal fields of vision.

(10) The applicant shall be required to have normal binocular function.

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

- (d) Hearing requirements:

The medical examination shall be based on the following requirements:

Note: Attention is called to 2.7.1.3.1 on requirements for the issue of instrument rating to applicants who hold a private pilot licence.

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- (1) Applicants who are unable to hear an average conversational voice in a quiet room, using both ears, at a distance of 2 m from the examiner and with the back turned to the examiner, shall be assessed as unfit.
 - (2) When tested by pure-tone audiometry, an applicant with a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz shall be assessed as unfit.
 - (3) An applicant who does not meet the requirements in 67.33(d)(1) or 67.33(d)(2) should undergo further testing in accordance with 67.33(c)(2)

SUBPART D
Third-Class Airman Medical Certificate

67.41 Eligibility

To be eligible for a third-class airman medical certificate, or to remain eligible for a third-class airman medical certificate, a person must meet the requirements of this subpart.

67.43 Class 3 medical assessment

(a) Assessment issue and renewal:

- (1) An applicant for air traffic controller license shall undergo an initial medical examination for the issue of a class 3 medical assessment;
- (2) Except where otherwise stated in this section, holders of air traffic controller licenses, shall have their class 3 medical assessments renewed at intervals not exceeding those specified in 67.9(b);
- (3) when the ECAA is satisfied that the requirements of this section and the general provisions of this Part have been met, a class 3 medical assessment shall be issued to the applicant.

(b) Physical and mental requirements:

The medical examination shall be based on the following requirements.

- (1) The applicant shall not suffer from any disease or disability, which could render that applicant likely to become suddenly unable to perform assigned duties safely;
- (2) The applicant shall have no established medical history or clinical diagnosis of:
 - (i) An organic mental disorder;
 - (ii) A mental or behavioural disorder due to psychoactive substance use; this includes dependence syndrome induced by alcohol or other psychoactive substances;
 - (iii) Schizophrenia or a schizotypal or delusional disorder;
 - (iv) A mood (affective) disorder;
 - (v) A neurotic, stress-related or somatoform disorder;
 - (vi) A behavioural syndrome associated with physiological disturbances or physical factors;
 - (vii) A disorder of adult personality or behaviour, particularly if manifested by repeated overt acts;
 - (viii) Mental retardation;
 - (ix) A disorder of psychological development;
 - (x) A behavioural or emotional disorder, with onset in childhood or adolescence; or
 - (xi) A mental disorder not otherwise specified;such as might render the applicant unable to safely exercise the privileges of the licence applied for or held.
- (3) An applicant with depression, being treated with an antidepressant medication, should be assessed as unfit unless the medical assessor, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's licence and rating privileges.
Note 1.—Guidance on assessment of applicants treated with antidepressant medication is contained in the Manual of Civil Aviation Medicine (Doc 8984).
Note 2: Mental and behavioural disorders are defined in accordance with the clinical descriptions and diagnostic guidelines of the World Health Organization as given in the International Statistical Classification of Diseases and Related Health Problems, 10th Edition Classification of Mental and Behavioural Disorders, WHO 1992. This document contains detailed descriptions of the diagnostic requirements which may be useful for their application to medical assessment.
- (4) The applicant shall have no established medical history or clinical diagnosis of any of the following:
 - (i) A progressive or non-progressive disease of the nervous system, the effects of which, according to, are likely to interfere with the safe exercise of the applicant's licence and rating privileges;
 - (ii) Epilepsy; or

- (iii) Any disturbance of consciousness without satisfactory medical explanation of cause.
- (5) The applicant shall not have suffered any head injury, the effects of which, are likely to interfere with the safe exercise of the applicant's licence and rating privileges .
- (6) The applicant shall not possess any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.
- (7) An applicant who has undergone coronary by-pass grafting or angioplasty (with or without stenting) or other cardiac intervention or who has a history of myocardial infarction or who suffers from any other potentially incapacitating cardiac condition shall be assessed as unfit unless the applicant's cardiac condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence and rating privileges.
- (8) An applicant with an abnormal cardiac rhythm shall be assessed as unfit unless the cardiac arrhythmia has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence and rating privileges.
Note: Guidance on cardiovascular evaluation is contained in the Manual of Civil Aviation Medicine (Doc8984)
- (9) Electrocardiography shall form part of the heart examination for the first issue of a Medical Assessment.
- (10) Electrocardiography shall be included in re-examinations of applicants after the age of 50 no less frequently than every two years.
Note1: The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence to justify disqualification without further thorough cardiovascular investigation.
Note2:Guidance on resting and exercise electrocardiography is published contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (11) The systolic and diastolic blood pressures shall be within normal limits.
- (12)The use of drugs for control of high blood pressure is disqualifying except for those drugs, the use of which, is compatible with the safe exercise of the applicant's licence privileges.
Note: Guidance on the subject is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (13)There shall be no significant functional nor structural abnormality of the circulatory system.
- (14) There shall be nodisability of the lungsn or any active disease of the structures of the lungs, mediastinu mor pleurae likely to result in in capacitating symptoms.
Note:Chestradiography isusually not necessary but may be indicated in cases where a symptomaticpulmonary disease can be expected.
- (15) Applicants with chronic obstructive pulmonary disease shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.
- (16) Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms shall be assessed as unfit.
- (17) The use of drugs for control of asthma shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.
Note: Guidance on hazards of medications is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (18) Applicants with active pulmonary tuberculosis shall be assessed as unfit.
- (19) Applicants with quiescent or healed lesions, known to be tuberculous or presumably tuberculous in origin, may be assessed as fit.
Note1: Guidance on assessment of respiratory diseases is contained in the Manual of Civil Aviation Medicine (Doc 8984).

- Note 2: Guidance on hazards of medication and drugs is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (20) Applicants with significant impairment of the function of the gastrointestinal tract or its adnexae, shall be assessed as unfit.
 - (21) Applicants with sequelae of disease of or surgical intervention on any part of the digestive tract or its adnexae, likely to cause incapacitation, in particular any obstructions due to stricture or compression, shall be assessed as unfit.
 - (22) An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexa, with a total or partial excision or a diversion of any of these organs should be assessed as unfit until such time as the medical assessor, having access to the details of the operation concerned, considers that the effects of the operation are not likely to cause incapacitation.
 - (23) Applicants with metabolic, nutritional or endocrine disorders that are likely to interfere with the safe exercise of the applicant's licence and rating privileges shall be assessed as unfit.
 - (24) Applicants with insulin treated diabetes mellitus shall be assessed as unfit.
- Note.— Guidance on assessment of Type 2 insulin-treated diabetic applicants under the provision of 1.2.4.9 is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (25) Applicants with non-insulin treated diabetes shall be assessed as unfit unless the condition is shown to be satisfactorily controlled by diet alone or by diet combined with oral anti-diabetic medication, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.
- Note: Guidance on assessment of diabetic applicants is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (26) Applicants with diseases of the blood and/or the lymphatic system shall be assessed as unfit, unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.
 - (27) Applicants with renal or genito-urinary disease shall be assessed as unfit unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.
 - (28) Urine examination shall form part of the medical examination and abnormalities shall be adequately investigated.
Note: Guidance on urine examination and evaluation of abnormalities are contained in the Manual of Civil Aviation Medicine (Doc 8984).
 - (29) Applicants with sequelae of disease of, or surgical procedures on the kidneys or the genito-urinary tract, in particular obstructions due to stricture or compression, shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.
 - (30) Applicants who have undergone nephrectomy shall be assessed as unfit unless the condition is well compensated.
 - (31) Applicants who are seropositive for human immunodeficiency virus (HIV) shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed as not likely to interfere with the safe exercise of the applicant's licence or rating privileges.
- Note 1.— Early diagnosis and active management of HIV disease with an antiretroviral therapy reduces morbidity and improves prognosis and thus increases the likelihood of a fit assessment.
- Note 2: Guidance on the assessment of applicants who are seropositive for human immunodeficiency virus (HIV) is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- (32) Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk uncomplicated pregnancy.
 - (33) During the gestational period, precautions should be taken for the timely relief of an air traffic controller in the event of early onset of labour or other complications.

- (34) For applicants with a low-risk uncomplicated pregnancy, evaluated and supervised in accordance with 67.43(b)(36), the fit assessment should be limited to the period until the end of the 34th week of gestation.
- (35) Following confinement or termination of pregnancy the applicant shall not be permitted to exercise the privileges of her licence until she has undergone re-evaluation in accordance with best medical practice and it has been determined that she is able to safely exercise the privileges of her licence and ratings.
- (36) The applicant shall not possess any abnormality of the bones, joints, muscles or, tendons or related structures which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.
- Note:** Any sequelae after lesions affecting the bones, joints, muscles or tendons, and certain anatomical defects will normally require functional assessment to determine fitness.
- (37) The applicant shall not possess any abnormality or disease of the ear or related structures which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.
- (38) There shall be no malformation nor any disease of the nose, buccal cavity or upper respiratory tract which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.
- (39) Applicants with stuttering or other speech defects sufficiently severe to cause impairment of speech communication shall be assessed as unfit.

(c) Visual requirements:

The medical examination shall be based on the following requirements:

- (1) The function of the eyes and their adnexa shall be normal. There shall be no active pathological condition, acute or chronic, nor any sequelae of surgery or trauma of the eyes or their adnexa likely to reduce proper visual function to an extent that would interfere with the safe exercise of the applicant's licence and rating privileges
- (2) Distant visual acuity with or without correction shall be 6/9 or better in each eye separately, and binocular visual acuity shall be 6/6 or better. No limits apply to uncorrected visual acuity. Where this standard of visual acuity can be obtained only with correcting lenses, the applicant may be assessed as fit provided that:
- (i) Such correcting lenses are worn during the exercise of the privileges of the licence or rating applied for or held; and
 - (ii) In addition, a pair of suitable correcting spectacles is kept readily available during the exercise of the privileges of the applicant's licence.

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

- (3) Applicants may use contact lenses to meet this requirement provided that:
- (i) The lenses are monofocal and non-tinted;
 - (ii) The lenses are well tolerated; and
 - (iii) A pair of suitable correcting spectacles is kept readily available during the exercise of the licence privileges.

Note: Applicants who use contact lenses may not need to have their uncorrected visual acuity measured at each re-examination provided the history of their contact lens prescription is known.

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

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

- (5) Applicants whose uncorrected distant visual acuity in either eye is worse than 6/60 shall be required to provide a full ophthalmic report prior to initial Medical Assessment and every five years thereafter

Note 1.—The purpose of the required ophthalmic examination is (1) to ascertain normal vision performance, and (2) to identify any significant pathology.

Note 2: Guidance on the assessment of monocular applicants under the provisions of 1.2.4.9 is contained in the Manual of Civil Aviation Medicine (Doc 8984).

- (6) Applicants who have undergone surgery affecting the refractive status of the eye shall be assessed as unfit unless they are free from those sequelae which are likely to interfere with the safe exercise of their licence and rating privileges.
- (7) The applicant shall have the ability to read, while wearing the correcting lenses, if any, required by 67.34(c)(3), the N5 chart or its equivalent at a distance selected by that applicant in the range of 30 to 50 cm and the ability to read the N14 chart or its equivalent at a distance of 100 cm. If this requirement is met only by the use of near correction, the applicant may be assessed as fit provided that this near correction is added to the spectacle correction already prescribed in accordance with 67.34(c)(3), if no such correction is prescribed, a pair of spectacles for near use shall be kept readily available during the exercise of the privileges of the licence. When near correction is required, the applicant shall demonstrate that one pair of spectacles is sufficient to meet both distant and near visual requirements

Note 1.—N5 and N14 refer to the size of type face used. For further details, see the Manual of Civil Aviation Medicine (Doc 8984).

Note 2.—An applicant who needs near correction to meet the requirement will require “look-over”, bifocal or perhaps multi-focal lenses in order to read radar screens, visual displays and written or printed material and also to make use of distant vision, through the windows, without removing the lenses. Single-vision near correction (full lenses of one power only, appropriate for reading) may be acceptable for certain air traffic control duties. However, it should be realized that single-vision near correction significantly reduces distant visual acuity.

Note 3.—Whenever there is a requirement to obtain or renew correcting lenses, an applicant is expected to advise the refractionist of reading distances for the air traffic control duties the applicant is likely to perform.

- (8) When near correction is required in accordance with this paragraph, a second pair of near-correction spectacles shall be kept available for immediate use
- (9) The applicant shall be required to have normal fields of vision.
- (10) The applicant shall be required to have normal binocular function.
- (11) Reduced stereopsis, abnormal convergence not interfering with near vision, and ocular misalignment where the fusional reserves are sufficient to prevent asthenopia and diplopia need not be disqualifying.

(d) Hearing requirements:

The medical examination shall be based on the following requirements:

- (1) The applicant, when tested on a pure-tone audiometer at first issue of licence, not less than once every five years up to the age of 40 years, and thereafter not less than once every three years, shall not have a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz.
- (2) An applicant with a hearing loss greater than the above may be declared fit provided that the applicant has normal hearing performance against a background noise that reproduces or simulates that experienced in a typical air traffic control working environment.

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

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

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

SUBPART E **Certification Procedures**

67.51 Issue of a medical certificate

- (a) In order to apply for or to exercise the privileges of a license, the applicant or the holder shall hold a medical certificate issued in accordance with the provisions of this Part and appropriate to the privileges of the license.
- (b) Medical Certificates are issued after successfully completing the medical examinations required according to the standards of this Part and following the manners described in the relevant ECAA policy and procedures manuals.
- (c) It is recognized that the provisions of this Part will not cover every possible situation. Where the application would have anomalous consequences, or where the development of new training or testing concepts would not comply with the requirements, an applicant may ask the Authority for an exemption. An exemption may be granted only if it can be shown that the exemption will ensure or lead to at least an equivalent level of safety.
- (d) Exemptions are divided into short-term exemptions and long-term exemptions (more than 6 months). The granting of a long-term exemption may only be undertaken by agreement of an ECAA medical committee.

67.53 Applications, certificates, logbooks, reports, and records: Falsification, reproduction, alteration or incorrect statements

- (a) The applicant for a medical assessment shall provide the medical examiner with a personally certified statement of medical facts concerning his personal, familial and hereditary history. This statement shall be made on a form and in a manner acceptable to the ECAA.
- (b) The medical examiner shall report to the licensing authority any individual case where, in his judgment, an applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the license being applied for, or held, is not likely to jeopardize flight safety.
- (c) The requirements to be met for the renewal of a medical assessment are the same as those for the initial assessment.
- (d) Note: The medical examination shall, to the extent practicable, determine that no condition exists which may have a downgrading effect upon the applicant's medical fitness during the validity period of the license.
- (e) No person may make or cause to be made:
 - (1) Fraudulent or intentionally false statement on any application for a medical certificate;
 - (2) Fraudulent or intentionally false entry in any logbook, record, or report that is kept, made, or used, to show compliance with any requirement for any medical certificate;
 - (3) A reproduction, for fraudulent purposes, of any medical certificate under this part; or
 - (4) Alteration of any medical certificate under this Part.
- (f) The commission by any person of an act prohibited under paragraph (d) of this section is a basis for:
 - (1) Suspending or revoking all airman, ground instructor, and medical certificates and ratings held by that person;
 - (2) Withdrawing all authorizations held by that person; and
 - (3) Denying all applications for medical certification.
- (g) The following may serve as a basis for suspending or revoking a medical certificate; withdrawing an authorization; or denying an application for a medical certificate or request for an authorization:
 - (1) An incorrect statement, upon which the ECAA relied, made in support of an application for a medical certificate or request for an authorization; and
 - (2) An incorrect entry, upon which the ECAA relied, made in any logbook, record, or report that is kept, made, or used to show compliance with any requirement for a medical certificate or an authorization.

67.55 Medical examinations

Who may give the following:

- (a) First-class. Any aviation medical examiner who is specifically designated for the purpose, in accordance with the requirements of Part 183, may give the examination for the first-class medical certificate. Any interested person may obtain a list of these aviation medical examiners, in any area, from the ECAA evaluator.
- (b) Second and third class. Any aviation medical examiner who is specifically designated for the purpose, in accordance with the requirements of Part 183, may give the examination for the second or third class medical certificate. Any interested person may obtain a list of aviation medical examiners, in any area, from the ECAA evaluator.

67.57 Delegation of authority

- (a) The authority to issue or deny medical certificates is delegated to the ECAA evaluators, in accordance with the requirements of Part 183, to the extent necessary to:
 - (1) Examine applicants for and holders of medical certificates to determine whether they meet applicable medical standards; and
 - (2) Issue, renew, and deny medical certificates, and issue, renew, deny and statements of demonstrated ability to a person based upon meeting or failing to meet applicable medical standards.
- (b) The authority to reconsider the action of a medical examiner may be delegated to the ECAA evaluator.

67.59 Denial of medical certificate

- (a) Any person who is denied a medical certificate by an aviation medical examiner may, within 30 days after the date of the denial, apply in writing and in duplicate to the ECAA evaluator, attention: for reconsideration of that denial. If the person does not ask for reconsideration during the 30 days period after the date of the denial, he or she is considered to have withdrawn the application for a medical certificate.
- (b) The denial of a medical certificate:
 - (1) By aviation medical examiner is not a denial by the ECAA; and
 - (2) By the ECAA evaluator is considered to be a denial by the ECAA.
- (c) Any action taken under 67.407(b) that wholly or partly reverses the issue of a medical certificate by an aviation medical evaluator is the denial of a medical certificate. Where the person does not meet the standards of 67.107(b)(3) and (c), 67.109(b), 67.113(b) and (c), 67.207(b)(3) and (c), 67.209(b), 67.213(b) and (c), 67.307(b)(3) and (c), 67.309(b), or 67.313(b) and (c), any action taken under this paragraph other than by the ECAA evaluator is subject to reconsideration by the ECAA evaluator. A certificate issued by an aviation medical examiner is considered to be affirmed as issued unless an ECAA official named in this paragraph (authorized official) reverses that issuance within 60 days after the date of issuance. However, if within 60 days after the date of issuance an authorized official requests the certificate holder to submit additional medical information, an authorized official may reverse the issuance within 60 days after receipt of the requested information.
- (d) The authority of the ECAA to re-examine any civil airman to the extent necessary to determine an airman's qualification to continue to hold an airman medical certificate may be delegated to the ECAA evaluator and his or her authorized representatives within the ECAA.
- (e) If the ECAA evaluator wholly or partly reverses the issue of a medical certificate; the person holding that certificate shall surrender it, upon request of the ECAA.

67.60 Medical certificates by flight surgeons of armed forces

The ECAA may designate flight surgeons of the armed forces on specified military posts, stations, and facilities, as aviation medical examiners.

67.61 Medical records

- (a) Whenever the ECAA finds that additional medical information or history is necessary to determine whether an applicant for or the holder of a medical certificate meets the medical standards for it, the ECAA requests that person to

furnish that information or to authorize any clinic, hospital, physician, or other person to release to the ECAA all available information or records concerning that history. If the applicant or holder fails to provide the requested medical information or history or to authorize the release so requested, the ECAA may suspend, modify, or revoke all medical certificates the airman holds or may, in the case of an applicant, deny the application for an airman medical certificate.

- (b) If an airman medical certificate is suspended or modified under paragraph (a) of this section, that suspension or modification remains in effect until the requested information, history, or authorization is provided to the ECAA and until the ECAA evaluator determines whether the person meets the medical standards under this Part.

67.63 Return of medical certificate after suspension or revocation

The holder of any medical certificate issued under this Part that is suspended or revoked shall, upon request of the ECAA, return it to the ECAA.