AZƏRBAYCAN RESPUBLİKASININ
RƏQƏMSAL İNKİŞAF VƏ NƏQLİYYAT NAZİRLİYİ
DÖVLƏT MÜLKİ AVİASİYA AGENTLİYİ

ƏMR

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"Azerbaijan Aviation Rules – Medical Provisions for Aircrew Licensing" ("Azərbaycan Aviasiya Qaydaları - Hava gəmisi heyətinə şəhadətnamələrin verilməsi üzrə tibbi müddəalar") adlı sənədə dəyişikliyin qüvvəyə minməsi barədə

"Azerbaijan Aviation Rules – Medical Provisions for Aircrew Licensing" ("Azərbaycan Aviasiya Qaydaları - Hava gəmisi heyətinə şəhadətnamələrin verilməsi üzrə tibbi müddəalar") adlı sənədi təkmilləşdirmək məqsədilə qeyd olunan sənədin 1-ci nəşrinə 01 saylı dəyişiklik işlənib hazırlanmışdır.

Sözügedən nəşrin tətbiqini təmin etmək məqsədilə Azərbaycan Respublikası Prezidentinin 2018-ci il 22 may tarixli 90 nömrəli Fərmanı ilə təsdiq edilmiş "Azərbaycan Respublikasının Rəqəmsal İnkişaf və Nəqliyyat Nazirliyi yanında Dövlət Mülki Aviasiya Agentliyi haqqında Əsasnamə"nin 5.6.6-cı yarımbəndini rəhbər tutaraq,

əmr edirəm:

1. "Azerbaijan Aviation Rules – Medical Provisions for Aircrew Licensing" ("Azərbaycan Aviasiya Qaydaları - Hava gəmisi heyətinə şəhadətnamələrin verilməsi üzrə tibbi müddəalar") adlı sənədin 1-ci nəşrinə 01 saylı dəyişiklik qüvvəyə minsin.
2. Sənədin müvafiq nəşrinin Dövlət Mülki Aviasiya Agentliyinin (DMAA) və onun tabeliyində "Mülki Aviasiyada Uçuşların Təhlükəsizliyi üzrə Dövlət Müfəttişliyi" publik hüquqi şəxsin aidiyyəti mütəxəssisləri tərəfindən öyrənilməsi və icrası təşkil edilsin.
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Direktor **Arif Məmmədov**

AZERBAIJAN AVIATION RULES – MEDICAL PROVISIONS FOR AIRCREW LICENCING

State Civil Aviation Agency of the Republic of Azerbaijan

Document № AAR-PEL-004

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0.4 RECORDS OF AMENDMENTS AND REVISIONS

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Edition 01	01.02.2021	
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Edition: - *Release of a document having incorporated all previous revisions until the current version. New edition of a document will not show revised text in blue color. Current edition of a document shown on each page in footer.*

Revision: *- A change made to a part of document, where it is reflected with blue text or accompanied with a vertical line on right side of a document. Basic information on revisions (number and date) given in the List of effective Pages and indicated in header of affected page and in context itself.*

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0.5 TERMS AND DEFINITIONS

1. '"AAR-FCL licence' means an aircrew licence which complies with the requirements of AAR-FCL.

2. "Acceptable means of compliance (AMC)" means non-binding standards adopted by the State Civil Aviation Agency to illustrate means to establish compliance with the relevant aviation regulation and its implementing rules.

3. "Accredited medical conclusion" means the conclusion reached by one or more medical experts acceptable to the licensing authority, on the basis of objective and non-discriminatory criteria, for the purposes of the case concerned, in consultation with flight operations or other experts as necessary, for which an operational risk assessment may be appropriate.

4. "Aero-medical assessment" means the conclusion on the medical fitness of an applicant based on the evaluation of the applicant as required in these Rules and further examinations and medical tests as clinically indicated.

5. "Aero-medical examination" means an inspection, palpation, percussion, auscultation or any other means of investigation for determining the medical fitness to exercise the privileges of the licence, or to carry out cabin crew safety duties.

6. "Aero-medical examiner" means a physician with training in aviation medicine and practical knowledge and experience of the aviation environment, who is designated by the Licensing Authority to conduct medical examinations of fitness of applicants for licences or ratings for which medical requirements are prescribed.

7. "Aircrew" means a person assigned by an operator to duty on an aircraft during a flight duty period; flight crew and cabin crew.

8. "Applicant" means a person applying for, or being the holder of, a medical certificate who undergoes an aero-medical assessment of fitness to exercise the privileges of the licence, or to carry out cabin crew safety duties.

9. "Cabin crew member" means an appropriately qualified crew member, other than a flight crew or technical crew member, who is assigned by an operator to perform duties related to the safety of passengers and flight during operations.

10. "Colour safe" means the ability of an applicant to readily distinguish the colours used in air navigation and to correctly identify aviation coloured lights.

11. "Competent authority" means State Civil Aviation Agency of the Republic of Azerbaijan (SCAA).

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

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

14. “Investigation” means the assessment of a suspected pathological condition of an applicant by means of examinations and tests in order to verify the presence or absence of a medical condition.

15. “Licensing authority” means the competent authority of the State that issued the licence, or to which a person applies for the issuance of a licence, or, when a person has not yet applied for a licence, the competent authority as determined in accordance with FCL.001 of Annex I (AAR-FCL).

16. “Light aircraft pilot licence (LAPL)” means the leisure pilot licence.

17. “Limitation” means a condition placed on the medical certificate or cabin crew medical report that shall be complied with whilst exercising the privileges of the licence.

18. “Medical assessor” means a physician, appointed by the Licensing Authority, qualified and experienced in the practice of aviation medicine and competent in evaluating and assessing medical conditions of flight safety significance.

19. “Medical history” means a narrative or record of past diseases, injuries, treatments or other medical facts, including unfit assessment(s) or limitation of a medical certificate, that are or may be relevant to an applicant’s current state of health and aero-medical fitness.

20. “Misuse of substances” means the use of one or more psychoactive substances by aircrew in a way that, alternatively or jointly:

    a. constitutes a direct hazard to the user or endangers the lives, health or welfare of others;

    b. causes or worsens an occupational, social, mental or physical problem or disorder.

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

22. “Principal place of business” of an organisation means the head office or registered office of the organisation within which the principal financial functions and operational control of the activities referred to in this Regulation are exercised.

23. “Psychoactive substances” means alcohol, opioids, cannabinoids, sedatives and hypnotics, cocaine, other psychostimulants, hallucinogens, and volatile solvents, with the exception of caffeine and tobacco.

24. “Refractive error” means the deviation from emmetropia measured in dioptres in the most ametropic meridian, measured by standard methods.

25. “Significant” means a degree of a medical condition, the effect of which would prevent the safe exercise of the privileges of the licence or of the cabin crew safety duties.

26. “State” means Republic of Azerbaijan.

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0.6 ABBREVIATION

A	Aeroplane
AAR	Azerbaijan Aviation Rules
A/C	Aircraft
AMC	Acceptable Means of Compliance
AME	Aero-medical examiner
AeMC	Aero-medical center
ATP	Airline Transport Pilot
ATPL	Airline Transport Pilot Licence
BPL	Baloon Pilot Licence
CPL	Commercial Pilot Licence
FCL	Flight Crew Licensing
GMP	General medical practitioner
ICAO	International Civil Aviation Organization
MPL	Multi-crew pilot Licence
PIC	Pilot-In-Command
PPL	Private Pilot License
SARPs	Standards and Recommended Practices
SCAA	State Civil Aviation Agency of the Republic of Azerbaijan
SPA	Single-pilot Aeroplane
SPH	Single-pilot Helicopter
VFR	Visual Flight Rules

0.7 TERMS SHALL, SHOULD, MAY

The following terms shall have the meaning outlined below:

“Shall” - An action verb in the imperative sense means that the application of a rule or procedure or provision is mandatory.

“Should” - Means that the application of a procedure or provision is recommended.

“May” - Means that the application of a procedure or provision is optional.

0.8 ADMINISTRATION AND CONTROL

This document is published as a book on A4-sized sheets. The PDF files will be locked and signed to prevent changes.

This document is regularly revised and amended. All personnel must be familiarized with all revisions done.

This document will be Amended and Revised in accordance with requirements of “Documentation and Control” procedure.

0.9 PREAMBULE

That Regulation provides for the means of achieving that objective and other objectives in the field of civil aviation safety.

Aircrew involved in the operation of certain aircraft, as well as flight simulation training devices, persons and organisations involved in training, testing or checking of those pilots, have to comply with the relevant essential requirements set out in AAR.

Aircrew should be issued with a medical certificate and aero-medical examiners, responsible for assessing the medical fitness of aircrew, should be certified once they have been found to comply with the relevant essential requirements.

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SUBPART A – GENERAL REQUIREMENTS

SECTION 1 - GENERAL

MED.A.001 COMPETENT AUTHORITY

For the purpose of these Rules, the competent authority shall be:

a. for aero-medical centres (AeMCs):

1. the authority designated by the State, where the AeMC has its principal place of business;

2. the authority designated by the State, if the AeMC is located in a third country;

b. for aero-medical examiners (AMEs):

1. the authority designated by the State where the AME has its principal place of practice;

2. if the principal place of practice of an AME is located in a third country, the authority designated by the State to which the AME applies for the issue of the AME certificate;

c. for general medical practitioners (GMPs), the authority designated by the State to which the GMP notify their activity;

MED.A.005 SCOPE

These Rules establishes the requirements for:

a. the issuance, validity, revalidation and renewal of the medical certificate required for exercising the privileges of a pilot licence or of a student pilot, flight navigators, flight engineers and flight radio operators;

b. the medical fitness of cabin crew and load masters;

c. the certification of AMEs;

d. the qualification of GMPs.

MED.A.010 DEFINITIONS

Moved to Subpart 0 Section 0.5

MED.A.015 MEDICAL CONFIDENTIALITY

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

MED.A.020 DECREASE IN MEDICAL FITNESS

a. Licence holders shall not exercise the privileges of their licence and related ratings or certificates, and student pilots shall not fly solo, at any time when they:

1. are aware of any decrease in their medical fitness which might render them unable to safely exercise those privileges;

2. take or use any prescribed or non-prescribed medication which is likely to interfere with the safe exercise of the privileges of the applicable licence;

3. receive any medical, surgical or other treatment that is likely to interfere with the safe exercise of the privileges of the applicable licence.

b. In addition, holders of a medical certificate shall, without undue delay and before exercising the privileges of their licence, seek aero-medical advice from the AeMC, AME or GMP, as applicable, when they:

1. have undergone a surgical operation or invasive procedure;

2. have commenced the regular use of any medication;

3. have suffered any significant personal injury involving incapacity to function as a member of the flight crew;

4. have been suffering from any significant illness involving incapacity to function as a member of the flight crew;

5. are pregnant;

6. have been admitted to hospital or medical clinic;

7. first require correcting lenses.

c. In the cases referred to in point (b):

1. holders of class 1 and class 2 medical certificates shall seek the aero-medical advice of an AeMC or AME. In that case, the AeMC or AME shall assess their medical fitness and decide whether they are fit to resume the exercise of their privileges;

2. holders of light aircraft pilot licence medical certificates shall seek the aero-medical advice of an AeMC, an AME or the GMP who signed the medical certificate. In that case, the AeMC, AME or GMP shall assess their medical fitness and decide whether they are fit to resume the exercise of their privileges.

d. Cabin crew members/load masters shall not perform duties on an aircraft and, where applicable, shall not exercise the privileges of their cabin crew/load master licence when they are aware of any decrease in their medical fitness, to the extent that this medical condition might render them unable to discharge their safety duties and responsibilities.

e. In addition, if any of the medical conditions specified in points (1) to (7) of point (b) apply, cabin crew members/load masters shall, without undue delay, seek the advice of an AME or AeMC, as applicable. In that case, the AME or AeMC shall assess the medical fitness of the cabin crew members/load masters and decide whether they are fit to resume their safety duties.

MED.A.025 OBLIGATIONS OF THE AEMC, AME AND GMP

a. When conducting aero-medical examinations and aero-medical assessments as required in these Rules the AeMC, AME and GMP shall:

1. ensure that communication with the applicant can be established without language barriers;

2. make the applicant aware of the consequences of providing incomplete, inaccurate or false statements on their medical history;

3. notify the licensing authority, or, in the case of cabin crew/load master licence holders, notify the competent authority, if the applicant provides incomplete, inaccurate or false statements on their medical history;

4. notify the licensing authority if an applicant withdraws the application for a medical certificate at any stage of the process.

b. After completion of the aero-medical examinations and assessments, the AeMC, AME and GMP shall:

1. inform the applicant whether he or she is fit, unfit or referred to the medical assessor of the licensing authority, AeMC or AME, as applicable;

2. inform the applicant of any limitation that may restrict flight training or the privileges of his or her licence or cabin crew/load master licence, as applicable;

3. if the applicant has been assessed as unfit, inform him or her of his or her right to have the decision reviewed in accordance with the procedures of the competent authority;

4. in the case of applicants for a medical certificate, submit without delay to the medical assessor of the licensing authority a signed, or electronically authenticated, report containing the detailed results of the aero-medical examinations and assessments as required for the class of medical certificate and a copy of the application form, the examination form, and the medical certificate;

5. inform the applicant of his or her responsibilities in the case of decrease in medical fitness, as specified in point MED.A.020.

c. Where consultation with the medical assessor of the licensing authority is required in accordance with these Rules, the AeMC and AME shall follow the procedure established by the competent authority.

d. AeMCs, AMEs and GMPs shall maintain records with details of aero-medical examinations and assessments performed in accordance with these Rules and their results for a minimum of 10 years, or for a longer period if so determined by national legislation.

e. AeMCs, AMEs and GMPs shall submit to the medical assessor of the competent authority, upon request, all aero-medical records and reports, and any other relevant information, when required for:

1. medical certification;

2. oversight functions.

f. AeMCs and AMEs shall enter or update data to Aero-Medical Repository in accordance with point (c) of point ARA.MED.160.

g. The stamp used by the AME on licensing-related documents includes the examiner's name, surname, workplace and number.

SECTION 2 – REQUIREMENTS FOR MEDICAL CERTIFICATES

MED.A.030 MEDICAL CERTIFICATES

a. A student pilot shall not fly solo unless that student pilot holds a medical certificate, as required for the relevant licence.

b. An applicant for a licence, in accordance with AAR-APL and AAR-FCL, shall hold a medical certificate issued in accordance with these Rules and appropriate to the licence privileges applied for.

c. When exercising the privileges of a:

1. light aircraft pilot licence (LAPL), a balloon pilot licence (BPL) issued in accordance with AAR-BFCL, or a sailplane pilot licence (SPL) issued in accordance with AAR-SFCL, the pilot shall hold at least a valid LAPL medical certificate;

2. private pilot licence (PPL), the pilot shall hold at least a valid class 2 medical certificate;

3. BPL for the purpose of:

   i. commercial passenger ballooning, the pilot shall hold at least a valid class 2 medical certificate;
   ii. commercial operation other than commercial passenger ballooning, with more than 4 persons on board the aircraft, the pilot shall hold at least a valid class 2 medical certificate;

4. SPL for the purpose of commercial sailplane operations, the pilot shall hold at least a valid class 2 medical certificate;

5. a commercial pilot licence (CPL), a multi-crew pilot licence (MPL) or an airline transport pilot licence (ATPL), the pilot shall hold a valid class 1 medical certificate.

6. a flight navigator licence (FNL), flight engineer licence (FEL) and flight radio operator licence(FROL) shall hold at least valid class 2 medical certificate.

d. If a night rating is added to a PPL or LAPL, the licence holder shall be colour safe.

e. If an instrument rating or en route instrument rating is added to a PPL, the licence holder shall undertake pure tone audiometry examinations in accordance with the periodicity and the standard required for class 1 medical certificate holders.

f. A licence holder shall not at any time hold more than one medical certificate issued in accordance with these Rules.

MED.A.035 APPLICATION FOR A MEDICAL CERTIFICATE

a. Applications for a medical certificate shall be made in a form and manner established by the competent authority.

b. Applicants for a medical certificate shall provide the AeMC, AME or GMP, as applicable, with:

1. proof of their identity;

2. a signed declaration:

i. of medical facts concerning their medical history;

ii. as to whether they have previously applied for a medical certificate or have undergone an aero-medical examination for a medical certificate and, if so, by whom and with what result;

iii. as to whether they have ever been assessed as unfit or had a medical certificate suspended or revoked.

c. When applying for a revalidation or renewal of the medical certificate, applicants shall present the most recent medical certificate to the AeMC, AME or GMP, as applicable, prior to the relevant aero-medical examinations.

MED.A.040 ISSUANCE, REVALIDATION AND RENEWAL OF MEDICAL CERTIFICATES

a. A medical certificate shall only be issued, revalidated or renewed once the required aero-medical examinations and assessments, as applicable, have been completed and the applicant has been assessed as fit.

b. Initial issuance

1. Class 1 medical certificates shall be issued by an AeMC.

2. Class 2 medical certificates shall be issued by an AeMC or an AME.

3. LAPL medical certificates shall be issued by an AeMC or an AME.

c. Revalidation *and renewal*

1. Class 1 and class 2 medical certificates shall be revalidated and renewed by an AeMC or an AME.

2. LAPL medical certificates shall be revalidated and renewed by an AeMC, AME or a GMP.

d. The AeMC, AME or GMP shall only issue, revalidate or renew a medical certificate if both of the following conditions have been met:

1. the applicant has provided them with a complete medical history and, if required by the AeMC, AME or GMP, with results of medical examinations and tests conducted by the applicant's physician or any medical specialists;

2. the AeMC, AME or GMP has conducted the aero-medical assessment based on the medical examinations and tests as required for the relevant medical certificate to verify that the applicant complies with all the relevant requirements of these Rules

e. The AME, AeMC or, in the case of referral, the medical assessor of the licensing authority may require the applicant to undergo additional medical examinations and investigations when there is a clinical or epidemiological indication before the medical certificate is issued, revalidated or renewed.

f. The medical assessor of the licensing authority may issue or reissue a medical certificate.

MED.A.045 VALIDITY, REVALIDATION AND RENEWAL OF MEDICAL CERTIFICATES

a. Validity

1. Class 1 medical certificates shall be valid for a period of 12 months.

2. By derogation from point (1), the period of validity of class 1 medical certificates shall be 6 months for licence holders who:

   i. are engaged in single-pilot commercial air transport operations carrying passengers and have reached the age of 40;

   ii. have reached the age of 60.

3. Class 2 medical certificates shall be valid for a period of:

   i. For PPL, BPL, SPL:

      A. 60 months, until the licence holder reaches the age of 40. A medical certificate issued prior to the licence holder reaching the age of 40 shall cease to be valid after the licence holder reaches the age of 42;

      B. 24 months, for licence holders aged between 40 and 50. A medical certificate issued prior to the licence holder reaching the age of 50 shall cease to be valid after the licence holder reaches the age of 51;

      C. 12 months, for licence holders aged above 50.

   ii. For FNL, FEL, FROL: 12 months.

4. LAPL medical certificates shall be valid for a period of:

   i. 60 months, until the licence holder reaches the age of 40. A medical certificate issued prior to the licence holder reaching the age of 40 shall cease to be valid after the licence holder reaches the age of 42;

   ii. 24 months, for licence holders aged above 40.

5. The validity period of a medical certificate, including any associated examination or special investigation, shall be calculated from the date of the aero-medical examination in the case of initial issue and renewal, and from the expiry date of the previous medical certificate in the case of revalidation.

b. Revalidation

Aero-medical examinations and assessments, as applicable, for the revalidation of a medical certificate may be undertaken up to 45 days prior to the expiry date of the medical certificate.

c. Renewal

1. If the holder of a medical certificate does not comply with point (b), a renewal examination and assessment, as applicable, shall be required.

2. In the case of class 1 and class 2 medical certificates:

i. if the medical certificate has expired for less than 2 years, a routine revalidation aero-medical examination shall be performed;

ii. if the medical certificate has expired for more than 2 years but less than 5 years, the AeMC or AME shall only conduct the renewal aero-medical examination after assessment of the aero-medical records of the applicant;

iii. if the medical certificate has expired for more than 5 years, the aero-medical examination requirements for initial issue shall apply and the assessment shall be based on the revalidation requirements.

3. In the case of LAPL medical certificates, the AeMC, AME or GMP shall assess the medical history of the applicant and perform the aero-medical examinations and assessments, as applicable, in accordance with points MED.B.005 and MED.B.095.

MED.A.046 SUSPENSION OR REVOCATION OF MEDICAL CERTIFICATES

a. A medical certificate may be suspended or revoked by the licensing authority.

b. Upon suspension of the medical certificate, the holder shall return the medical certificate to the licensing authority on request of that authority.

c. Upon revocation of the medical certificate, the holder shall immediately return the medical certificate to the licensing authority.

MED.A.050 REFERRAL

a. If an applicant for a class 1 or class 2 medical certificate is referred to the medical assessor of the licensing authority in accordance with point MED.B.001, the AeMC or AME shall transfer the relevant medical documentation to the licensing authority.

b. If an applicant for a LAPL medical certificate is referred to an AME or AeMC in accordance with point MED.B.001, the GMP shall transfer the relevant medical documentation to the AeMC or AME

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SUBPART B – REQUIREMENTS for FLIGHT CREW MEDICAL CERTIFICATES

SECTION 1 - GENERAL

MED.B.001 LIMITATIONS TO MEDICAL CERTIFICATES

a. Limitations to class 1 and class 2 medical certificates

1. If the applicant does not fully comply with the requirements for the relevant class of medical certificate but is considered to be not likely to jeopardise the safe exercise of the privileges of the applicable licence, the AeMC or AME shall:

i. in the case of applicants for a class 1 medical certificate, refer the decision on fitness of the applicant to the medical assessor of the licensing authority as indicated in this Subpart;

ii. in cases where a referral to the medical assessor of the licensing authority is not indicated in this Subpart, evaluate whether the applicant is able to perform his/her duties safely when complying with one or more limitations endorsed on the medical certificate and issue the medical certificate with limitation(s) as necessary;

iii. in the case of applicants for a class 2 medical certificate, evaluate, in consultation with the medical assessor of the licensing authority as indicated in this Subpart, whether the applicant is able to perform his/her duties safely when complying with one or more limitations endorsed on the medical certificate and issue the medical certificate, with limitation(s) as necessary.

2. The AeMC or AME may revalidate or renew a medical certificate with the same limitation(s) without referring to or consulting with the medical assessor of the licensing authority.

b. Limitations *to LAPL medical certificates*

1. If a GMP, after due consideration of the applicant's medical history, concludes that the applicant for a LAPL medical certificate does not fully meet the requirements for medical fitness, the GMP shall refer the applicant to an AeMC or AME, unless the applicant requires only limitation(s) related to the use of corrective lenses or to the period of validity of the medical certificate.

2. If an applicant for a LAPL medical certificate has been referred in accordance with point (1), the AeMC or AME shall give due consideration to points MED.B.005 and MED.B.095, evaluate whether the applicant is able to perform his or her duties safely when complying with one or more limitations endorsed on the medical certificate and issue the medical certificate with limitation(s) as necessary. The AeMC or AME shall always consider the need to restrict the applicant from carrying passengers (operational passenger limitation, OPL).

3. The GMP may revalidate or renew a LAPL medical certificate with the same limitation without referring the applicant to an AeMC or AME.

c. When assessing whether a limitation is necessary, particular consideration shall be given to:

1. whether accredited medical conclusion indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that

the exercise of the privileges of the licence applied for is not likely to jeopardise flight safety;

2. the applicant's ability, skill and experience relevant to the operation to be performed.

d. Operational *limitation codes*

1. Operational multi-pilot limitation (OML – class 1 only)

i. When the holder of a CPL, ATPL or MPL does not fully meet the requirements for a class 1 medical certificate and has been referred to a medical assessor of the licensing authority, that medical assessor shall assess whether the medical certificate may be issued with an OML 'valid only as or with qualified co-pilot'.

ii. The holder of a medical certificate with an OML shall only operate an aircraft in multi-pilot operations when the other pilot is fully qualified on the relevant class and type of aircraft, is not subject to an OML and has not attained the age of 60 years.

iii. The OML for class 1 medical certificates shall be initially imposed and only removed by the medical assessor of the licensing authority.

2. Operational safety pilot limitation (OSL – class 2 and LAPL privileges)

i. The holder of a medical certificate with an OSL shall only operate an aircraft if another pilot fully qualified to act as pilot-in-command on the relevant class and type of aircraft is carried on board, the aircraft is fitted with dual controls and the other pilot occupies a seat at the controls.

ii. The OSL for class 2 medical certificates may be imposed and removed either by the medical assessor of the licensing authority, or by an AeMC or an AME in consultation with the medical assessor of the licensing authority.

iii. The OSL for LAPL medical certificates may be imposed and removed by the medical assessor of the licensing authority, an AeMC or an AME.

3. Operational passenger limitation (OPL – class 2 and LAPL privileges)

i. The holder of a medical certificate with an OPL shall only operate an aircraft without passengers on board.

ii. The OPL for class 2 medical certificates may be imposed and removed either by the medical assessor of the licensing authority, or by an AeMC or an AME in consultation with the medical assessor of the licensing authority.

iii. The OPL for LAPL medical certificates may be imposed and removed by the medical assessor of the licensing authority, an AeMC or an AME.

4. Operational pilot restriction limitation (ORL – class 2 and LAPL privileges)

i. The holder of a medical certificate with an ORL shall only operate an aircraft if one of the two following conditions have been met:

A. another pilot fully qualified to act as pilot-in-command on the relevant class and type of aircraft is on board the aircraft, the aircraft is fitted with dual controls and the other pilot occupies a seat at the controls;

B. there are no passengers on board the aircraft.

ii. The ORL for class 2 medical certificates may be imposed and removed either by the medical assessor of the licensing authority, or by an AeMC or AME in consultation with the medical assessor of the licensing authority.

iii. The ORL for LAPL medical certificates may be imposed and removed by the medical assessor of the licensing authority, an AeMC or an AME.

5. Special restriction as specified (SSL)

The SSL on a medical certificate shall be followed by a description of the limitation.

e. Any other limitation may be imposed on the holder of a medical certificate by the medical assessor of the licensing authority, AeMC, AME or GMP, as applicable, if required to ensure flight safety.

f. Any limitation imposed on the holder of a medical certificate shall be specified therein.

MED.B.005 GENERAL MEDICAL REQUIREMENTS

Applicants for a medical certificate shall be assessed in accordance with the detailed medical requirements set out in Sections 2 and 3.

They shall, in addition, be assessed as unfit where they have any of the following medical conditions which entails a degree of functional incapacity which is likely to interfere with the safe exercise of the privileges of the licence applied for or could render the applicant likely to become suddenly unable to exercise those privileges:

a. abnormality, either congenital or acquired;

b. active, latent, acute or chronic disease or disability;

c. wound, injury or sequelae from operation;

d. effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken.

SECTION 2 – MEDICAL REQUIREMENTS FOR CLASS 1 AND CLASS 2 MEDICAL CERTIFICATES

MED.B.010 CARDIOVASCULAR SYSTEM

a. Examination

1. A standard 12-lead resting electrocardiogram (ECG) and report shall be completed when clinically indicated and at the following moments:

   i. for a class 1 medical certificate, at the initial examination, then every 2 years until age 30, annually until age 50, and at all revalidation or renewal examinations thereafter;

   ii. for a class 2 medical certificate:

      A. PPL/BPL/SPL, at the initial examination, at the first examination after age 30, then every 5 years until age 40, and every 2 years thereafter;

      B. FNL, FEL, FROL, at the initial examination, then every 5 years until age 30, every 2 years until age 40, and at all revalidation or renewal examinations thereafter;

2. An extended cardiovascular assessment shall be required when clinically indicated.

3. For a class 1 medical certificate, an extended cardiovascular assessment shall be completed at the first revalidation or renewal examination after age 65 and every 4 years thereafter.

4. For a class 1 medical certificate, estimation of serum lipids, including cholesterol, shall be required at the initial examination, and at the first examination after having reached the age of 40, and then every 3 years thereafter and when clinically indicated.

5. For all classes of Medical certificates, assessment of cardiovascular risk shall be required when clinically indicated.

b. Cardiovascular *System – General*

1. Applicants for a class 1 medical certificate with any of the following medical conditions shall be assessed as unfit:

   i. aneurysm of the thoracic or supra-renal abdominal aorta, before surgery;

   ii. significant functional or symptomatic abnormality of any of the heart valves;

   iii. heart or heart/lung transplantation.;

   iv. symptomatic hypertrophic cardiomyopathy.

2. Before further consideration is given to their application, applicants for a class 1 medical certificate with a documented medical history or diagnosis of any of the following medical conditions shall be referred to the medical assessor of the licensing authority:

   i. peripheral arterial disease before or after surgery;

   ii. aneurysm of the thoracic or supra-renal abdominal aorta after surgery;

   iii. aneurysm of the infra-renal abdominal aorta before or after surgery;

iv. functionally insignificant cardiac valvular abnormalities;

v. after cardiac valve surgery;

vi. abnormality of the pericardium, myocardium or endocardium;

vii. congenital abnormality of the heart, before or after corrective surgery;

viii. vasovagal syncope of uncertain cause;

ix. arterial or venous thrombosis;

x. pulmonary embolism;

xi. cardiovascular condition requiring systemic anticoagulant therapy.

3. Applicants for a class 2 medical certificate with an established diagnosis of one of the conditions specified in points (1) and (2) shall be evaluated by a cardiologist before they may be assessed as fit, in consultation with the medical assessor of the licensing authority.

4. Applicants with cardiac disorders other than those specified in points (1) and (2) may be assessed as fit subject to satisfactory cardiological evaluation.

c. *Blood Pressure*

1. Applicants' blood pressure shall be recorded at each examination.

2. Applicants whose's blood pressure is not within normal limits shall be further assessed with regard to their cardiovascular condition and medication with a view to determining whether they are to be assessed as unfit in accordance with points (3) and (4).

3. Applicants for a class 1 medical certificate with any of the following medical conditions shall be assessed as unfit:

i. symptomatic hypotension;

ii. blood pressure at examination consistently exceeding 160 mmHg systolic or 95 mmHg diastolic, with or without treatment.

4. Applicants who have commenced the use of medication for the control of blood pressure shall be assessed as unfit until the absence of significant side effects has been established.

d. *Coronary Artery Disease*

1. Before further consideration is given to their application, applicants for a class 1 medical certificate with any of the following medical conditions shall be referred to the medical assessor of the licensing authority and undergo cardiological evaluation to exclude myocardial ischaemia:

i. suspected myocardial ischaemia;

ii. asymptomatic minor coronary artery disease requiring no anti-anginal treatment.

2. Before further consideration is given to their application, applicants for a class 2 medical certificate with any of the medical conditions set out in point (1) shall undergo satisfactory cardiological evaluation.

3. Applicants with any of the following medical conditions shall be assessed as unfit:

   i. myocardial ischaemia;

   ii. symptomatic coronary artery disease;

   iii. symptoms of coronary artery disease controlled by medication.

4. Applicants for the initial issue of a class 1 medical certificate with a medical history or diagnosis of any of the following medical conditions shall be assessed as unfit:

   i. myocardial ischaemia;

   ii. myocardial infarction;

   iii. revascularisation or stenting for coronary artery disease.

5. Before further consideration is given to their application, applicants for a class 2 medical certificate who are asymptomatic following myocardial infarction or surgery for coronary artery disease shall undergo satisfactory cardiological evaluation, in consultation with the medical assessor of the licensing authority. Such applicants for the revalidation of a class 1 medical certificate shall be referred to the medical assessor of the licensing authority.

e. *Rhythm/Conduction Disturbances*

1. Applicants with any of the following medical conditions shall be assessed as unfit:

   i. symptomatic sinoatrial disease;

   ii. complete atrioventricular block;

   iii. symptomatic QT prolongation;

   iv. an automatic implantable defibrillating system;

   v. a ventricular anti-tachycardia pacemaker.

2. Before further consideration is given to their application, applicants for a class 1 medical certificate havingany significant disturbance of cardiac conduction or rhythm, including any of the following, shall be referred to the medical assessor of the licensing authority:

   i. disturbance of supraventricular rhythm, including intermittent or established sinoatrial dysfunction, atrial fibrillation and/or flutter and asymptomatic sinus pauses;

   ii. complete left bundle branch block;

   iii. Mobitz type 2 atrioventricular block;

   iv. broad and/or narrow complex tachycardia;

   v. ventricular pre-excitation;

vi. asymptomatic QT prolongation;

vii. Brugada pattern on electrocardiography.

3. Before further consideration is given to their application, applicants for a class 2 medical certificate with any of the medical conditions specified in point (2) shall undergo satisfactory cardiological evaluation, in consultation with the medical assessor of the licensing authority.

4. Applicants with any of the following medical conditions may be assessed as fit subject to satisfactory cardiological evaluation and in the absence of any other abnormality:

i. incomplete bundle branch block;

ii. complete right bundle branch block;

iii. stable left axis deviation;

iv. asymptomatic sinus bradycardia;

v. asymptomatic sinus tachycardia;

vi. asymptomatic isolated uniform supra-ventricular or ventricular ectopic complexes;

vii. first degree atrioventricular block;

viii. Mobitz type 1 atrioventricular block.

5. Applicants with a medical history of any of the following medical conditions shall undergo satisfactory cardiovascular evaluation before they may be assessed as fit:

i. ablation therapy;

ii. pacemaker implantation.

Such applicants for a class 1 medical certificate shall be referred to the medical assessor of the licensing authority. Such applicants for a class 2 medical certificate shall be assessed in consultation with the medical assessor of the licensing authority.

MED.B.015 RESPIRATORY SYSTEM

a. Applicants with significant impairment of pulmonary function shall be assessed as unfit. However, they may be assessed as fit once pulmonary function has recovered and is satisfactory.

b. Applicants for a class 1 medical certificate shall undertake pulmonary morphological and functional tests at the initial examination and when clinically indicated.

c. Applicants for a class 2 medical certificate shall undertake pulmonary morphological and functional tests when clinically indicated.

d. Applicants with a medical history or diagnosis of any of the following medical conditions shall undertake respiratory evaluation with a satisfactory result before they may be assessed as fit:

1. asthma requiring medication;
2. active inflammatory disease of the respiratory system;
3. active sarcoidosis;
4. pneumothorax;
5. sleep apnoea syndrome;
6. major thoracic surgery;
7. pneumonectomy;
8. chronic obstructive pulmonary disease.

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

e. Aero-medical assessment

1. Applicants for a class 1 medical certificate with any of the medical conditions specified in point (d) shall be referred to the medical assessor of the licensing authority.
2. Applicants for a class 2 medical certificate with any of the medical conditions specified in point (d) shall be assessed in consultation with the medical assessor of the licensing authority.

f. Applicants for a class 1 medical certificate who have undergone a pneumonectomy shall be assessed as unfit.

MED.B.020 DIGESTIVE SYSTEM

a. Applicants with any sequelae of disease or surgical intervention in any part of the digestive tract or its adnexa likely to cause incapacitation in flight, in particular any obstruction due to stricture or compression, shall be assessed as unfit.

b. Applicants who have herniae that might give rise to incapacitating symptoms shall be assessed as unfit.

c. Applicants with any of the following disorders of the gastrointestinal system may be assessed as fit subject to satisfactory gastrointestinal evaluation after successful treatment or full recovery after surgery:

1. recurrent dyspeptic disorder requiring medication;
2. pancreatitis;
3. symptomatic gallstones;
4. a clinical diagnosis or documented medical history of chronic inflammatory bowel disease;
5. after surgical operation on the digestive tract or its adnexa, including surgery involving total or partial excision or a diversion of any of these organs.

d. Aero-medical assessment

1. Applicants for a class 1 medical certificate with the diagnosis of any of the medical conditions specified in points (2), (4) and (5) of point (c) shall be referred to the medical assessor of the licensing authority.

2. The fitness of applicants for a class 2 medical certificate with the diagnosis of the medical condition specified in point (2) of point (c) shall be assessed in consultation with the medical assessor of the licensing authority.

MED.B.025 METABOLIC AND ENDOCRINE SYSTEMS

a. Applicants with metabolic, nutritional or endocrine dysfunction may be assessed as fit subject to demonstrated stability of the medical condition and satisfactory aero-medical evaluation.

b. Diabetes mellitus

1. Applicants with diabetes mellitus requiring insulin shall be assessed as unfit.

2. Applicants with diabetes mellitus not requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved and is stable.

c. Aero-medical assessment

1. Applicants for a class 1 medical certificate requiring medication other than insulin for blood sugar control shall be referred to the medical assessor of the licensing authority.

2. The fitness of applicants for a class 2 medical certificate requiring medication other than insulin for blood sugar control shall be assessed in consultation with the medical assessor of the licensing authority.

MED.B.030 HAEMATOLOGY

a. Applicants for a class 1 medical certificate shall be subjected to an haemoglobin test at each aero-medical examination.

b. Applicants with a haematological condition may be assessed as fit subject to satisfactory aero-medical evaluation.

c. Applicants for a class 1 medical certificate with any of the following haematological conditions shall be referred to the medical assessor of the licensing authority:

1. abnormal haemoglobin, including, but not limited to anaemia, erythrocytosis or haemoglobinopathy;

2. significant lymphatic enlargement;

3. enlargement of the spleen;

4. coagulation, haemorrhagic or thrombotic disorder;

5. leukaemia.

d. The fitness of applicants for a class 2 medical certificate with any of the haematological conditions specified in points (4) and (5) of point (c) shall be assessed in consultation with the medical assessor of the licensing authority.

MED.B.035 GENITOURINARY SYSTEM

a. Urinalysis shall form part of each aero-medical examination. Applicants shall be assessed as unfit where their urine contains abnormal elements considered to be of pathological significance that could entail a degree of functional incapacity which is likely to jeopardise the safe exercise of the privileges of the license or could render the applicant likely to become suddenly unable to exercise those privileges.

b. Applicants with any sequelae of disease or surgical procedures on the genitourinary system or its adnexa likely to cause incapacitation, in particular any obstruction due to stricture or compression, shall be assessed as unfit.

c. Applicants with a diagnosis or medical history of the following may be assessed as fit subject to satisfactory genitourinary evaluation, as applicable:

1. renal disease;

2. one or more urinary calculi, or a medical history of renal colic.

d. Applicants who have undergone a major surgical operation in the genitourinary system or its adnexa involving a total or partial excision or a diversion of their organs shall be assessed as unfit. However, after full recovery, they may be assessed as fit.

e. The applicants for a class 1 medical certificate referred to in points (c) and (d) shall be referred to the medical assessor of the licensing authority.

MED.B.040 INFECTIOUS DISEASE

a. Applicants shall be assessed as unfit where they have a clinical diagnosis or medical history of any infectious disease which is likely to jeopardise the safe exercise of the privileges of the licence.

b. Applicants who are HIV positive may be assessed as fit subject to satisfactory aero-medical evaluation. Such applicants for a class 1 medical certificate shall be referred to the medical assessor of the licensing authority.

MED.B.045 OBSTETRICS AND GYNAECOLOGY

a. Applicants who have undergone a major gynaecological operation shall be assessed as unfit. However, they may be assessed as fit after full recovery.

b. Pregnancy

1. In the event of pregnancy, an applicant may continue to exercise her privileges until the end of the 26th week of gestation only if the AeMC or AME considers that she is fit to do so.

2. For holders of a class 1 medical certificate who are pregnant, an OML shall apply. Notwithstanding point MED.B.001, in that case, the OML may be imposed and removed by the AeMC or AME.

3. An applicant may resume exercising her privileges after recovery following the end of the pregnancy.

MED.B.050 MUSCULOSKELETAL SYSTEM

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

b. Applicants who do not have satisfactory functional use of the musculoskeletal system to enable them to safely exercise the privileges of the licence shall be assessed as unfit. However, where their functional use of the musculoskeletal system is satisfactory for the safe exercise the privileges in respect of a certain aircraft type, which may be demonstrated where necessary through a medical flight or a simulator flight test, the applicant may be assessed as fit and their privileges shall be limited accordingly.

c. In case of doubt arising in the context of the assessments referred to in points (a) and (b), applicants for a class 1 medical certificate shall be referred to the medical assessor of the licensing authority and applicants for a class 2 medical certificate shall be assessed in consultation with the medical assessor of the licensing authority.

MED.B.055 MENTAL HEALTH

a. Comprehensive mental health assessment shall form part of the initial class 1 aero-medical examination.

b. Drugs and alcohol screening shall form part of the initial class 1 aero-medical examination.

c. Applicants with a mental or behavioural disorder due to use or misuse of alcohol or other psychoactive substances shall be assessed as unfit pending recovery and freedom from psychoactive substance use or misuse and subject to satisfactory psychiatric evaluation after successful treatment.

d. Applicants with a clinical diagnosis or documented medical history of any of the following psychiatric conditions shall undergo satisfactory psychiatric evaluation before they may be assessed as fit:

1. mood disorder;
2. neurotic disorder;
3. personality disorder;
4. mental or behavioural disorder;
5. misuse of a psychoactive substance.

e. Applicants with a documented medical history of a single or repeated acts of deliberate self-harm or suicide attempt shall be assessed as unfit. However, they may be assessed as fit after satisfactory psychiatric evaluation.

f. Aero-medical assessment

1. Applicants for a class 1 medical certificate with any of the conditions specified in point (c), (d) or (e) shall be referred to the medical assessor of the licensing authority.

2. The fitness of applicants for a class 2 medical certificate with any of the conditions specified in point (c), (d) or (e) shall be assessed in consultation with the medical assessor of the licensing authority.

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

MED.B.065 NEUROLOGY

a. Applicants with clinical diagnosis or a documented medical history of any of the following medical conditions shall be assessed as unfit:

1. epilepsy, except in the cases referred to in points (1) and (2) of point (b);

2. recurring episodes of disturbance of consciousness of uncertain cause.

b. Applicants with clinical diagnosis or a documented medical history of any of the following medical conditions shall undergo further evaluation before they may be assessed as fit:

1. epilepsy without recurrence after age 5;

2. epilepsy without recurrence and off all treatment for more than 10 years;

3. epileptiform EEG abnormalities and focal slow waves;

4. progressive or non-progressive disease of the nervous system;

5. inflammatory disease of the central or peripheral nervous system;

6. migraine;

7. a single episode of disturbance of consciousness of uncertain cause;

8. loss of consciousness after head injury;

9. penetrating brain injury;

10. spinal or peripheral nerve injury;

11. disorders of the nervous system due to vascular deficiencies including haemorrhagic and ischaemic events.

Applicants for a class 1 medical certificate shall be referred to the medical assessor of the licensing authority. The fitness of applicants for a class 2 medical certificate shall be assessed in consultation with the medical assessor of the licensing authority.

MED.B.070 VISUAL SYSTEM

a. Examination

1. For a class 1 medical certificate:

i. a comprehensive eye examination shall form part of the initial examination and shall be undertaken when clinically indicated and periodically, depending on the refraction and the functional performance of the eye.

ii. a routine eye examination shall form part of all revalidation and renewal examinations.

2. For a class 2 medical certificate:

i. a routine eye examination shall form part of the initial and all revalidation and renewal examinations.

ii. a comprehensive eye examination shall be undertaken when clinically indicated.

b. Visual acuity

1. For a class 1 medical certificate:

i. Distant visual acuity, with or without correction, shall be 6/9 (0,7) or better in each eye separately and visual acuity with both eyes shall be 6/6 (1,0) or better.

ii. At the initial examination, applicants with substandard vision in one eye shall be assessed as unfit.

iii. At revalidation and renewal examinations, notwithstanding point (b)(1)(i), applicants with acquired substandard vision in one eye or acquired monocularity shall be referred to the medical assessor of the licensing authority and may be assessed as fit subject to a satisfactory ophthalmological evaluation.

2. For a class 2 medical certificate:

i. Distant visual acuity, with or without correction, shall be 6/12 (0,5) or better in each eye separately and visual acuity with both eyes shall be 6/9 (0,7) or better.

ii. Notwithstanding point (b)(2)(i), applicants with substandard vision in one eye or monocularity may be assessed as fit, in consultation with the medical assessor of the licensing authority and subject to a satisfactory ophthalmological evaluation.

3. Applicants shall be able to read an N5 chart or equivalent at 30-50 cm and an N14 chart or equivalent at 100 cm, if necessary with correction.

c. Refractive error and anisometropia

1. Applicants with refractive errors or anisometropia may be assessed as fit subject to satisfactory ophthalmic evaluation.

2. Notwithstanding point (c)(1), applicants for a class 1 medical certificate with any of the following medical conditions shall be referred to the medical assessor of the licensing authority and may be assessed as fit subject to a satisfactory ophthalmological evaluation:

i. myopia exceeding –6.0 dioptres;

ii. astigmatism exceeding 2.0 dioptres;

iii. anisometropia exceeding 2.0 dioptres.

3. Notwithstanding point (c)(1), applicants for a class 1 medical certificate with hypermetropia exceeding +5.0 dioptres shall be referred to the medical assessor of the licensing authority and may be assessed as fit subject to a satisfactory

ophthalmological evaluation, provided that there are adequate fusional reserves, normal intraocular pressures and anterior angles and no significant pathology has been demonstrated. Notwithstanding point (b)(1)(i), corrected visual acuity in each eye shall be 6/6 or better.

4. Applicants with a clinical diagnosis of keratoconus may be assessed as fit subject to a satisfactory examination by an ophthalmologist. Such applicants for a class 1 medical certificate shall be referred to the medical assessor of the licensing authority.

d. Binocular function

1. Applicants for a class 1 medical certificate shall be assessed as unfit, where they do not have normal binocular function and that medical condition is likely to jeopardise the safe exercise of the privileges of the license, taking account of any appropriate corrective measures where relevant.

2. Applicants with diplopia shall be assessed as unfit.

e. Visual fields

Applicants for a class 1 medical certificate shall be assessed as unfit, where they do not have normal fields of vision and that medical condition is likely to jeopardise the safe exercise of the privileges of the license, taking account of any appropriate corrective measures where relevant.

f. Eye surgery

Applicants who have undergone eye surgery shall be assessed as unfit. However, they may be assessed as fit after full recovery of their visual function and subject to satisfactory ophthalmological evaluation.

g. Spectacles and contact lenses

1. If satisfactory visual function is achieved only with the use of correction, the spectacles or contact lenses shall provide optimal visual function, be well-tolerated and suitable for aviation purposes.

2. No more than one pair of spectacles shall be used to meet the visual requirements when exercising the privileges of the applicable licence(s).

3. For distant vision, spectacles or contact lenses shall be worn when exercising the privileges of the applicable licence(s).

4. For near vision, a pair of spectacles shall be kept available when exercising the privileges of the applicable licence(s).

5. A spare set of similarly correcting spectacles, for distant or near vision as applicable, shall be readily available for immediate use when exercising the privileges of the applicable licence(s).

6. If contact lenses are worn when exercising the privileges of the applicable licence(s), they shall be for distant vision, monofocal, and non-tinted and well-tolerated.

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

8. Orthokeratological lenses shall not be used.

MED.B.075 COLOUR VISION

a. Applicants shall be assessed as unfit, where they cannot demonstrate their ability to readily perceive the colours that are necessary for the safe exercise of the privileges of the licence.

b. Examination and assessment

1. Applicants shall be subjected to the Ishihara test for the initial issue of a medical certificate. Applicants who pass that test may be assessed as fit.

2. For a class 1 medical certificate:

i. Applicants who do not pass the Ishihara test shall be referred to the medical assessor of the licensing authority and shall undergo further colour perception testing to establish whether they are colour safe.

ii. Applicants shall be normal trichromats or shall be colour safe.

iii. Applicants who fail further colour perception testing shall be assessed as unfit.

3. For a class 2 medical certificate:

i. Applicants who do not pass the Ishihara test shall undergo further colour perception testing to establish whether they are colour safe.

ii. Applicants who do not have satisfactory perception of colours shall be limited to exercising the privileges of the applicable licence in daytime only.

MED.B.080 OTHORHINOLARYNGOLOGY(ENT)

a. Examination

1. Applicants' hearing shall be tested at all examinations.

i. For a class 1 medical certificate, and for a class 2 medical certificate when an instrument rating or en route instrument rating is to be added to the licence, hearing shall be tested with pure-tone audiometry at the initial examination, then every 5 years until the licence holder reaches the age of 40 and then every 2 years thereafter.

ii. When tested on a pure-tone audiometer, initial applicants shall not have a hearing loss of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, in either ear separately. Applicants for revalidation or renewal with greater hearing loss shall demonstrate satisfactory functional hearing ability.

2. A comprehensive ear, nose and throat examination shall be undertaken for the initial issue of a class 1 medical certificate and periodically thereafter when clinically indicated.

b. Applicants with any of the following medical conditions shall undergo further examination to establish that the medical condition does not interfere with the safe exercise of the privileges of the applicable licence(s):

1. hypoacusis;
2. an active pathological process of the internal or middle ear;
3. unhealed perforation or dysfunction of the tympanic membrane(s);
4. dysfunction of the Eustachian tube(s);
5. disturbance of vestibular function;
6. significant restriction of the nasal passages;
7. sinus dysfunction;
8. significant malformation or significant infection of the oral cavity or upper respiratory tract;
9. significant disorder of speech or voice;
10. any sequelae of surgery of the internal or middle ear.

c. Aero-medical assessment

1. Applicants for a class 1 medical certificate with any of the medical conditions specified in points (1), (4) and (5) of point (b) shall be referred to the medical assessor of the licensing authority.
2. The fitness of applicants for a class 2 medical certificate with any of the medical conditions specified in point (4) and (5) of point (b) shall be assessed in consultation with the medical assessor of the licensing authority.
3. The fitness of applicants for a class 2 medical certificate for an instrument rating or en route instrument rating to be added to the licence with the medical condition specified in point (1) of point (b) shall be assessed in consultation with the medical assessor of the licensing authority.

MED.B.085 DERMATOLOGY

Applicants shall be assessed as unfit, where they have an established dermatological condition which is likely to jeopardise the safe exercise of the privileges of the licence.

MED.B.090 ONCOLOGY

a. Before further consideration is given to their application, applicants with primary or secondary malignant disease shall undergo satisfactory oncological evaluation. Such applicants for a class 1 medical certificate shall be referred to the medical assessor of the licensing authority. Such applicants for a class 2 medical certificate shall be assessed in consultation with the medical assessor of the licensing authority.

b. Applicants with a documented medical history or clinical diagnosis of an intracerebral malignant tumour shall be assessed as unfit.

SECTION 3 – SPECIFIC REQUIREMENTS FOR LAPL MEDICAL CERTIFICATES

MED.B.095 MEDICAL EXAMINATION AND ASSESSMENT OF APPLICANTS FOR LAPL MEDICAL CERTIFICATES

a. An applicant for a LAPL medical certificate shall be assessed based on aero-medical best practice.

b. Special attention shall be given to the applicant's complete medical history.

c. The initial assessment, all subsequent re-assessments after the licence holder reaches the age of 50 and any assessments in cases where the medical history of the applicant is not available to the examiner shall include at least all of the following:

1. clinical examination;
2. blood pressure;
3. urine test;
4. vision;
5. hearing ability.

d. After the initial assessment, subsequent re-assessments until the licence holder reaches the age of 50 shall include at least both of the following:

1. an assessment of the LAPL holder's medical history;
2. the items specified in point(c) as deemed necessary by the AeMC, AME or GMP in accordance with aero-medical best practice.

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SUBPART C – REQUIREMENTS for MEDICAL FITNESS of CABIN CREW and LOAD MASTERS

SECTION 1 – GENERAL REQUIREMENTS

MED.C.001 GENERAL

Cabin crew members and load masters shall only perform the duties and responsibilities required by aviation safety rules on an aircraft if they comply with the applicable requirements of this Rules.

MED.C.005 AERO-MEDICAL ASSESSMENTS

a. Cabin crew members and load masters shall undergo aero-medical assessments to verify that they are free from any physical or mental illness which might lead to incapacitation or an inability to perform their assigned safety duties and responsibilities.

b. Each cabin crew members/load masters shall undergo an aero-medical assessment before being first assigned to duties on an aircraft, and after that at intervals of maximum 24 months.

c. Aero-medical assessments shall be conducted by an AME or AeMC.

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

MED.C.020 GENERAL

Cabin crew members and load masters shall be free from any:

a. abnormality, congenital or acquired;

b. active, latent, acute or chronic disease or disability;

c. wound, injury or sequelae from operation; and

d. effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken that would entail a degree of functional incapacity which might lead to incapacitation or an inability to discharge their safety duties and responsibilities.

MED.C.025 CONTENT OF AERO-MEDICAL ASSESSMENTS

a. An initial aero-medical assessment shall include at least:

   1. an assessment of the applicant cabin crew members and load master's medical history; and

   2. a clinical examination of the following:

      i. cardiovascular system;

      ii. respiratory system;

      iii. musculoskeletal system;

      iv. otorhino-laryngology;

      v. visual system; and

      vi. colour vision.

b. Each subsequent aero-medical re-assessment shall include:

   1. an assessment of the cabin crew members and load master's medical history; and

   2. a clinical examination if deemed necessary in accordance with aero-medical best practice.

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

SECTION 3 – ADDITIONAL REQUIREMENTS FOR APPLICANTS FOR, OR HOLDERS OF, A CABIN CREW/LOAD MASTER LICENCE

MED.C.030 CABIN CREW/LOAD MASTER MEDICAL REPORT

a. After completion of each aero-medical assessment, applicants for, and holders of, a cabin crew/load master licence:
   1. shall be provided with a cabin crew/load master medical report by the AME or AeMC; and
   2. shall provide the related information, or a copy of their cabin crew/load master medical report to the operator(s) employing their services.

b. Cabin crew/load master medical report

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

MED.C.035 LIMITATIONS

a. If holders of a cabin crew/load master licence do not fully comply with the medical requirements specified in Section 2, the AME or AeMC shall consider whether they may be able to perform cabin crew/load master duties safely if complying with one or more limitations.

b. Any limitation(s) to the exercise of the privileges granted by the cabin crew/load master licence shall be specified on the cabin crew medical report and shall only be removed by an AME or AeMC.

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SUBPART D – AERO-MEDICAL EXAMIINERS(AME), GENERAL MEDICAL PRACTITIONERS(GMP)

SECTION 1 – AERO-MEDICAL EXAMINERS

MED.D.001 PRIVILEGES

a. The privileges of holders of an aero-medical examiner (AME) certificate are to issue, revalidate and renew class 2 medical certificates and LAPL medical certificates and to conduct the relevant medical examinations and assessments.

b. Holders of an AME certificate may apply for an extension of their privileges to include medical examinations for the revalidation and renewal of class 1 medical certificates, if they comply with the requirements set out in point MED.D.015.

c. The privileges of a holder of an AME certificate referred to in points (a) and (b) shall include the privileges to conduct cabin crew members' aero-medical examinations and assessments and to provide the related cabin crew members' medical reports, as applicable, in accordance with these Rules.

d. The scope of the privileges of the holder of an AME certificate, and any condition thereof, shall be specified in that certificate.

e. A holder of an AME certificate shall not at any time hold more than one AME certificate issued in accordance with this Rules.

f. Holders of an AME certificate shall not undertake aero-medical examinations and assessments in a State other than the Azerbaijan Republic that issued their AME certificate, unless they have completed all the following steps:

   1. they have been granted access by the other State concerned to exercise their professional activities as a specialised doctor;

   2. they have informed the competent authority of that other State of their intention to conduct aero-medical examinations and assessments and to issue medical certificates within the scope of their privileges as AME;

   3. they have received a briefing from the competent authority of that other State.

MED.D.005 APPLICATION

a. An application for an AME certificate or for an extension of the privileges of an AME certificate shall be made in a form and manner specified by the competent authority.

b. Applicants for an AME certificate shall provide the competent authority with:

   1. their personal details and professional address;

   2. documentation demonstrating that they comply with the requirements of point MED.D.010, including evidence of successful completion of the training course in aviation medicine appropriate to the privileges they apply for;

   3. a written declaration that, once the AME certificate has been issued, the AME will issue medical certificates on the basis of the requirements of this Rules.

c. When AMEs undertake aero-medical examinations in more than one location, they shall provide the competent authority with relevant information regarding all practice locations and practice facilities.

MED.D.010 REQUIREMENTS FOR THE ISSUE OF AN AME CERTIFICATES

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

a. they are fully qualified and licensed for the practice of medicine and have evidence of completion of specialist medical training;

b. they have successfully completed a basic training course in aviation medicine, including practical training in the examination methods and aero-medical assessments;

c. they have demonstrated to the competent authority that they:

1. have adequate facilities, procedures, documentation and functioning equipment suitable for aero-medical examinations;

2. have in place the necessary procedures and conditions to ensure medical confidentiality.

d. have practical knowledge and experience of the conditions in which the holders of licences and ratings carry out their duties.

MED.D.011 PRIVILEGES OF AN AME CERTIFICATE HOLDER

Through the issuance of an AME certificate, the holder shall be granted the privileges to initially issue, revalidate and renew all of the following:

a. class 2 medical certificates;

b. LAPL medical certificates;

c. cabin crew members'/load masters' medical reports.

MED.D.015 REQUIREMENTS FOR THE EXTENSION OF PRIVILEGES

Applicants shall be issued an AME certificate extending their privileges to the revalidation and renewal of class 1 medical certificates where they meet all of the following conditions:

a. they hold a valid AME certificate;

b. they conducted at least 30 examinations for the issue, revalidation or renewal of class 2 medical certificates or equivalent over a period of no more than 3 years preceding the application;

c. they successfully completed an advanced training course in aviation medicine, including practical training in the examination methods and aero-medical assessments;

d. they have successfully completed practical training of a duration of at least 2 days, either at an AeMC or under the supervision of the competent authority.

e. they have practical knowledge and experience of the conditions in which the holders of licences and ratings carry out their duties.

MED.D.020 TRAINING COURSES IN AVIATION MEDICINE

a. Training courses in aviation medicine refered to in MED.D.010(b) and MED.D.015(c) shall only be provided after the prior approval of the course by the competent authority of the State where the training organisation has its principal place of business. In order to obtain such approval, the training organisation shall demonstrate that the course syllabus contains the learning objectives to acquire the necessary competencies and that the persons in charge of providing the training have adequate knowledge and experience.

b. Except in the case of refresher training, the courses shall be concluded by a written examination on the subjects included in the course content.

c. The training organisation shall issue a certificate of successful completion to participants when they have obtained a pass in the examination.

MED.D.025 CHANGES TO THE AME CERTIFICATE

a. Holders of an AME certificate shall, without undue delay, notify the competent authority of the following circumstances which could affect their AME certificate:

1. the AME is subject to disciplinary proceedings or investigation by a medical regulatory body;

2. there are changes to the conditions under which the certificate was granted, including the content of the statements provided with the application;

3. the requirements for the issuance of the AME certificate are no longer met;

4. there is a change to the aero-medical examiner's practice location(s) or correspondence address.

b. Failure to notify the competent authority in accordance with point (a) shall result in the suspension or revocation of the AME certificate in accordance with point ARA.MED.250 of AAR-ARA.

MED.D.030 VALIDITY OF AME CERTIFICATES

An AME certificate shall be valid for a period of 3 years, unless the competent authority decides to reduce that period for duly justified reasons related to the individual case.

Upon application by the holder, the certificate shall be:

a. revalidated, provided that the holder:

1. continues to fulfil the general conditions required for medical practice and maintains his or her licence for the practice of medicine;

2. has undertaken refresher training in aviation medicine within the last 3 years;

3. has performed at least 10 aero-medical examinations or equivalent every year;

4. remains in compliance with the terms of the certificate;

5. exercises the privileges in accordance with the requirements of these Rules;

6. has demonstrated that he or she maintains his or her aero-medical competency in accordance with the procedure established by the competent authority.

b. renewed, provided that the holder complies with either the requirements for revalidation set out in point (a) or with all of the following requirements:

1. continues to fulfil the general conditions required for medical practice and maintains his or her licence for the practice of medicine;
2. has undertaken refresher training in aviation medicine within the previous year;
3. has successfully completed practical training within the previous year, either at an AeMC or under the supervision of the competent authority;
4. remains in compliance with the requirements of point MED.D.010;
5. has demonstrated that he or she maintains his or her aero-medical competency in accordance with the procedure established by the competent authority.

SECTION 2 – GENERAL MEDICAL PRACTITIONERS

MED.D.035 REQUIREMENTS FOR GENERAL MEDICAL PRACTITIONERS

General medical practitioners (GMPs) may act as AMEs for issuing LAPL medical certificates, where they meet all of the following conditions:

a. they exercise their activity in a State where GMPs have access to the full medical records of applicants;

b. they exercise their activity in accordance with any additional requirements established in the national law of the State of their competent authority;

c. they are fully qualified and licensed for the practice of medicine in accordance with national law of the State of their competent authority;

d. they have notified the competent authority before starting such activity.

SECTION 3 – OCCUPATIONAL HEALTH MEDICAL PRACTITIONERS

MED.D.040 REQUIREMENTS FOR OCCUPATIONAL HEALTH MEDICAL PRACTITIONERS

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