2024

GUIDE FOR AVIATION MEDICAL EXAMINERS

(Updated 01/31/2024)

Welcome to the Guide for Aviation Medical Examiners. The format of this version of the Guide provides instant access to information regarding regulations, medical history, examination procedures, dispositions, and protocols necessary for completion of the FAA Form 8500-8, Application for Airman Medical Certificate.

To navigate through the Guide PDF by Item number or subject matter, simply click on the "BOOKMARK" tab in the left column to search specific certification decision-making criteria. To expand any "BOOKMARK" files, click on the corresponding + button located in the front of the text. To collapse any of the expanded files, click on the + button again.

AME ALERT

NEW:

Pharmaceuticals, Weight Loss Medication:

- tirzepatide (Mounjaro, Zepbound) (GIP + GLP-1 Agonist) moved to Conditionally Acceptable category (requires SI).

Item 29. Ears, General - new disposition tables for:

- Middle Ear Abnormalities
- Outer Ear Abnormalities

REVISED:

- Specifications for Neurological Evaluation – added caffeine use to social history criteria.
- Computerized Color Vision Tests (ATCS and Pilots) – Clarified pass values.

NOTE: Updates to the 2024 AME Guide are scheduled for the last Wednesday of each month, as indicated below. Please refer to the Archives and Updates section for a description of changes that are made.

JANUARY 31	MAY 29	SEPTEMBER 25
FEBRUARY 28	JUNE 26	OCTOBER 30
MARCH 27	JULY 31	NOVEMBER 27
APRIL 24	AUGUST 28	DECEMBER – No updates scheduled

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Forms

Federal Aviation Administration Regional and Center Medical Office Addresses

Title 14 Code of Federal Regulations Part 67 — Medical Standards and Certification

Convention on International Civil Aviation International Standards on Personnel Licensing:

The international Standards on Personnel Licensing are contained in Annex 1 – *Personnel Licensing* to the Convention on International Civil Aviation. The FAA maintains an updated, hard copy of all the ICAO Annexes and also an on-line subscription. The FAA makes copies of Annex 1 available at seminars and can provide AMEs access upon request.

FREQUENTLY USED PAGES

(Updated 06/28/2023)

GENERAL

PAGE	HYPERLINK
AME Guide	www.faa.gov/go/ameguide
AME Home	www.faa.gov/go/ame
AME Training Information	www.faa.gov/go/ametraining
AME Seminar Schedule	www.faa.gov/go/ameseminars
AMCS Support	www.faa.gov/go/amcssupport
CAMI Library	www.faa.gov/go/aeromedlibrary
FAA Home	http://www.faa.gov/go/
FAA Neuropsychologists	https://www.faa.gov/ame_guide/media/FAA_Neuropsychologists.pdf
Federal Air Surgeon's Medical Bulletin	www.faa.gov/go/fasmb
FSDO	www.faa.gov/go/fsdo
HIMS AMEs	https://www.faa.gov/pilots/amelocator
Pilot Safety Brochures	www.faa.gov/go/pilotsafetybrochures
Regional Flight Surgeons	www.faa.gov/go/rfs
Student Pilot Certificate Requirements	www.faa.gov/go/student_cert

AME GUIDE

PAGE	HYPERLINK
Attention-Deficit/Hyperactivity Disorder (ADHD)	www.faa.gov/go/ADHD
Bundle Branch Block	www.faa.gov/go/BBB
CACI Worksheets	www.faa.gov/go/caci
Color Vision	www.faa.gov/go/colorvision
Detailed Clinical Progress Note explained	www.faa.gov/ame_guide/dcpn
Diabetes on Medication (not insulin)	www.faa.gov/go/diabetic
Diabetes – ITDM CGM and 3rd Class Option (insulin treated)	www.faa.gov/go/ITDM
Do Not Issue – Do Not Fly Medications	www.faa.gov/go/dni
HIMS Drug and Alcohol Monitoring Program	www.faa.gov/go/hims-da
Insulin	http://www.faa.gov/go/insulin
Obstructive Sleep Apnea	www.faa.gov/go/osa
Pharmacy Home	www.faa.gov/go/meds
Psychiatric Conditions – Use of Antidepressant Medications	www.faa.gov/go/ssri
Weight Loss Management	https://www.faa.gov/ame_guide/media/Weight_loss_management_dispo_table.pdf

GENERAL INFORMATION

This section provides input to assist an Aviation Medical Examiner (AME), otherwise known as an Examiner, in performing his or her duties in an efficient and effective manner. It also describes AME responsibilities as the Federal Aviation Administration's (FAA) representative in medical certification matters and as the link between airmen and the FAA.

1. Legal Responsibilities of Designated Aviation Medical Examiners

Title 49, United States Code (U.S.C.) (Transportation), sections 109(9), 40113(a), 44701-44703, and 44709 (1994) formerly codified in the Federal Aviation Act of 1958, as amended, authorizes the FAA Administrator to delegate to qualified private persons; i.e. designated AMEs, matters related to the examination, testing, and inspection necessary to issue a certificate under the U.S.C. and to issue the certificate. Designated Examiners are delegated the Administrator's authority to examine applicants for airman medical certificates and to issue or deny issuance of certificates.

Approximately 450,000 applications for airman medical certification are received and processed each year. The vast majority of medical examinations conducted in connection with these applications are performed by physicians in private practice who have been designated to represent the FAA for this purpose. An AME is a designated representative of the FAA Administrator with important duties and responsibilities. It is essential that AMEs recognize the responsibility associated with their appointment.

At times, an applicant may not have an established treating physician and the AME may elect to fulfill this role. You must consider your responsibilities in your capacity as an AME as well as the potential conflicts that may arise when performing in this dual capacity.

The consequences of a negligent or wrongful certification, which would permit an unqualified person to take the controls of an aircraft, can be serious for the public, for the Government, and for the AME. If the examination is cursory and the AME fails to find a disqualifying defect that should have been discovered in the course of a thorough and careful examination, a safety hazard may be created and the AME may bear the responsibility for the results of such action.

Of equal concern is the situation in which an AME deliberately fails to report a disqualifying condition either observed in the course of the examination or otherwise known to exist. In this situation, both the applicant and the AME in completing the application and medical report form may be found to have committed a violation of Federal criminal law which provides that:

> "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to $250,000 or imprisoned not more than 5 years, or both" (Title 18 U.S. Code. Secs. 1001; 3571).

Cases of falsification may be subject to criminal prosecution by the Department of Justice. This is true whether the false statement is made by the applicant, the AME, or

both. In view of the pressures sometimes placed on AMEs by their regular patients to ignore a disqualifying physical defect that the physician knows to exist, it is important that all AMEs be aware of possible consequences of such conduct.

In addition, when an airman has been issued a medical certificate that should not have been issued, it is frequently necessary for the FAA to begin a legal revocation or suspension action to recover the certificate. This procedure is time consuming and costly. Furthermore, until the legal process is completed, the airman may continue to exercise the privileges of the certificate, thereby compromising aviation safety.

2. Authority of Aviation Medical Examiners

The AME is delegated authority to:

- Examine applicants for, and holders of, airman medical certificates to determine whether or not they meet the medical standards for the issuance of an airman medical certificate.

- Issue, defer, or deny airman medical certificates to applicants or holders of such certificates based upon whether or not they meet the applicable medical standards. The medical standards are found in Title 14 of the Code of Federal Regulations, part 67.

The AME may NOT:

- Perform self-examinations for issuance of a medical certificate to themselves*;
- Issue a medical certificate to themselves or to an immediate family member*; or
- Generate or author their own medical status reports. Reports regarding the medical status of an airman should be written by their treating provider. A report completed by an airman will **NOT** be accepted, even if that airman is a physician.

*For more information, see FAA Order 8000.95 Designee Management Policy.

A medical certificate issued by an AME is considered to be affirmed as issued unless, within 60 days after date of issuance (date of examination), it is reversed by the Federal Air Surgeon, a RFS, or the Manager, AMCD. However, if the FAA requests additional information from the applicant within 60 days after the issuance, the above-named officials have 60 days after receipt of the additional information to reverse the issuance.

3. Equipment Requirements

AME EQUIPMENT AND MEDICAL CONFIDENTIALITY

(Updated 06/29/2022)

AMEs must have adequate facilities and equipment for performing the required physical examinations. AMEs shall certify, at the time of designation, prior to conducting any FAA examinations, re-designation, or upon request, that they possess and maintain as necessary the equipment specified below.

Indicate the items available in your office with a checkmark:

AME REQUIRED EQUIPMENT

(Updated 05/31/2023)

ITEM	SPECIFICATIONS
1. VISUAL ACUITY AND PHORIA TESTING Must have ALL in either 1.A. **OR** Exception 1.B. ☐ **1. A.** **MANUAL TESTING**	**VISUAL ACUITY TESTING:** Must have all of the following: ☐ Standard Snellen test for distance visual **acuity, with appropriate eye lane** and lighting. ☐ FAA Form 8500-1, Near Vision Acuity Card for near and intermediate vision testing ☐ Opaque eye occluder **PHORIA TESTING:** Must have at least one option from EACH category: Prisms, Red Maddox Rod, and Eye Muscle Test Light: Prisms - Must have at least one of the following: **To measure heterophoria, must begin with 1 prism diopter and increase to at least 8 prism diopters for BOTH horizontal and vertical.** ☐ Risley rotary prism device ☐ Prism bars: BOTH horizontal and vertical ☐ Individual hand prisms **Red Maddox Rod -** Must have at least one of the following: ☐ Maddox Rod included in Risley rotary prism device ☐ Maddox Rod handheld **Eye Muscle Test Light -** Must have at least one of the following: ☐ Muscle light ☐ Ophthalmoscope light ☐ Penlight 0.5cm in diameter

ITEM	SPECIFICATIONS
☐ **1. B. COMMERCIAL TESTING EXCEPTION**	Optional substitute: Any commercially available visual acuity and heterophoria-testing device that gives distance and near acuity in Snellen equivalents is acceptable for the equipment listed in 1.A. It is strongly recommended that if using a commercial device, that both a Snellen wall chart and near vision acuity card are available to recheck testing, if needed. If applicable, check the box below and write the name of the device. ☐ I use the following commercially available visual acuity and heterophoria testing device(s) in my office: Device name: _____
2. COLOR VISION TESTING - Must have AT LEAST ONE of the following: (Updated 05/31/2023)	**Pseudoisochromatic Plates (PIP)** American Optical Company (AOC), 1965 Edition ☐ AOC-HRR, 2nd edition ☐ Dvorine, 2nd edition ☐ Ishihara (select one below) ☐ Concise 14-plate ☐ 24-plate ☐ 38-plate edition ☐ Richmond1983 edition, 15-plate ☐ Richmond-HRR **Commercial Vision Testers** ☐ Farnsworth Lantern ☐ Keystone Orthoscope ☐ Keystone Telebinocular ☐ OPTEC 900 Color Vision Tester ☐ OPTEC 2000 Model 2000PM, 2000 PAME, 2000P Must include the 2000-010 Far color perception PIP plate to be approved ☐ OPTEC 2500 ☐ Titmus Vision Tester ☐ Titmus i400. **Computerized Tests** ☐ City Occupational Colour Assessment & Diagnosis (CAD; AVOT-PRO-US) ☐ Rabin Cone Test (RCCT)Air Force/Army/Navy/Coast Guard Version ☐ Waggoner Computerized Color Vison Test

ITEM	SPECIFICATIONS
3. FIELD OF VISION TESTING – must have at least ONE of the following:	☐ Direct confrontation field-testing (must test all 4 quadrants). No equipment required ☐ Wall Target (50-inch square surface made of black felt or dull/matte finish paper; and a 2-mm white test object, which may be a pin with a handle the same color as the wall target. ☐ Visual Field Perimeter (must test all 4 quadrants).
4. OTHER OFFICE EQUIPMENT – must have ALL of the following:	☐ Computer with internet access and printer ☐ Diagnostic instruments necessary to complete FAA exam ☐ Equipment to measure height and weight ☐ Urinalysis Test Strips to test for albumin and sugar Urine dipstick expiration date on package: _____
5. SENIOR AME - SPECIAL EQUIPMENT REQUIRED – must have the following:	☐ Access to electrocardiograph (EKG/ECG) equipment (preferably at your office location) Brand of ECG equipment: _____
6. EMPLOYEE AME - SPECIAL EQUIPMENT REQUIRED - must have the following	☐ **Audiometric Equipment. Brand:** _____ ☐ Calibration date: _____

I hereby certify that I possess and maintain as necessary the equipment specified above in my office or available at the designated location below:

Address:

City: _____ **State**: _____ **Zip Code**: _____

Country (if outside the US): _____

Telephone Number (Include Area Code): _____

Signature: _____ **Date:** _____

AND

I hereby certify that I maintain confidentiality of medical records at all times.

Signature: _____ **Date:** _____

Printed Name: _____ **AME number:** _____

4. Medical Certification Decision Making

The format of the Guide establishes aerospace medical dispositions, protocols, and AME Assisted Special Issuances (AASI) identified in Items 21–58 of the FAA Form 8500. This guidance references specific medical tests or procedure(s) the results of which are needed by the FAA to determine the eligibility of the applicant to be medically certificated. The request for this medical information must not be misconstrued as the FAA ordering or mandating that the applicant undergo testing, where clinically inappropriate or contraindicated. The risk of the study based upon the disease state and test conditions must be balanced by the applicant's desire for certification and determined by the applicant and their healthcare provider(s).

After reviewing the medical history and completing the examination, AMEs must:

- Issue a medical certificate,
- Deny the application, or
- Defer the action to the Manager, AMCD, AAM-300, or the appropriate RFS

AMEs **may issue** a medical certificate *only* if the applicant meets all medical standards, including those pertaining to medical history unless otherwise authorized by the FAA.

AMEs **may not issue** a medical certificate if the applicant fails to meet specified minimum standards or demonstrates any of the findings or diagnoses described in this Guide as "disqualifying" unless the condition is unchanged or improved and the applicant presents written documentation that the FAA has evaluated the condition, found the applicant eligible for certification, and authorized AMEs to issue certificates.

The following medical conditions are specifically disqualifying under 14 CFR part 67. However, the FAA may exercise discretionary authority under the provisions of Authorization of Special Issuance, to issue an airman medical certificate. See **Special Issuances** section for additional guidance where applicable.

- Angina pectoris;
- Bipolar disorder;
- Cardiac valve replacement;
- Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant;
- Diabetes mellitus requiring insulin or other hypoglycemic medication;
- Disturbance of consciousness without satisfactory medical explanation of the cause;

- Epilepsy;
- Heart replacement;
- Myocardial infarction;
- Permanent cardiac pacemaker;
- Personality disorder that is severe enough to have repeatedly manifested itself by overt acts;
- Psychosis;
- Substance abuse and dependence; and/or
- Transient loss of control of nervous system function(s) without satisfactory medical explanation of cause.

An airman who is medically disqualified for any reason may be considered by the FAA for an Authorization for Special Issuance of a Medical Certificate (Authorization). For medical defects, which are static or non-progressive in nature, a Statement of Demonstrated Ability (SODA) may be granted in lieu of an Authorization.

The AME **may always defer** the application to the FAA for action. In the interests of the applicant and of a responsive certification system, however, deferral is appropriate only if: the standards are not met; if there is an unresolved question about the history, the findings, the standards, or agency policy; if the examination is incomplete; if further evaluation is necessary; or if directed by the FAA.

The AME may deny certification *only* when the applicant clearly does not meet the standards. For information on Denial – see Item 62.

5. Authorization for Special Issuance and AME Assisted Special Issuance (AASI)

A. Authorization for Special Issuance of a Medical Certificate (Authorization).

At the discretion of the Federal Air Surgeon, an Authorization for Special Issuance of a Medical Certificate (Authorization), valid for a specified period, may be granted to a person who does not meet the established medical standards if the person shows to the satisfaction of the Federal Air Surgeon that the duties authorized by the class of medical certificate applied for can be performed without endangering public safety during the period in which the Authorization would be in force. The Federal Air Surgeon may authorize a special medical flight test, practical test, or medical evaluation for this purpose. A medical certificate of the appropriate class may be issued to a person who fails to meet one or more of the established medical standards if that person possesses a valid agency issued Authorization and is otherwise eligible. An airman medical certificate issued in accordance with the special issuance section of part 67 (14 CFR §

67.401), shall expire no later than the end of the validity period or upon the withdrawal of the Authorization upon which it is based. An airman must again show to the satisfaction of the Federal Air Surgeon that the duties authorized by the class of medical certificate applied for can be performed without endangering public safety in order to obtain a new medical certificate and/or a Re-Authorization.

In granting an Authorization, the Federal Air Surgeon may consider the person's operational experience and any medical facts that may affect the ability of the person to perform airman duties including:

- The factors leading to and surrounding the episode;
- The combined effect on the person of failing to meet one or more than one requirement of part 67; and
- The prognosis derived from professional consideration of all available information regarding the person.

In granting an Authorization, the Federal Air Surgeon specifies the class of medical certificate authorized to be issued and may do any or all of the following:

- Limit the duration of an Authorization;
- Condition the granting of a new Authorization on the results of subsequent medical tests, examinations, or evaluations;
- State on the Authorization, and any medical certificate based upon it, any operational limitation needed for safety; or
- Condition the continued effect of an Authorization, and any second- or third-class medical certificate based upon it, on compliance with a statement of functional limitations issued to the person in coordination with the Director of Flight Standards or the Director's designee.
- In determining whether an Authorization should be granted to an applicant for a third-class medical certificate, the Federal Air Surgeon considers the freedom of an airman, exercising the privileges of a private pilot certificate, to accept reasonable risks to his or her person and property that are not acceptable in the exercise of commercial or airline transport pilot privileges, and, at the same time, considers the need to protect the safety of persons and property in other aircraft and on the ground

An Authorization granted to a person who does not meet the applicable medical standards of part 67 may be withdrawn, at the discretion of the Federal Air Surgeon, at any time if:

- There is an adverse change in the holder's medical condition;

- The holder fails to comply with a statement of functional limitations or operational limitations issued as a condition of certification under the special issuance section of part 67 (14 CFR 67.401);

- Public safety would be endangered by the holder's exercise of airman privileges;

- The holder fails to provide medical information reasonably needed by the Federal Air Surgeon for certification under the special issuance section of part 67 (14 CFR 67.401); or

- The holder makes or causes to be made a statement or entry that is the basis for withdrawal of an Authorization under the falsification section of part 67 (14 CFR 67.403).

A person who has been granted an Authorization under the special issuance section of part 67 (14 CFR 67.401), based on a special medical flight or practical test, need not take the test again during later medical examinations unless the Federal Air Surgeon determines or has reason to believe that the physical deficiency has or may have degraded to a degree to require another special medical flight test or practical test.

The authority of the Federal Air Surgeon under the special issuance section of part 67 (14 CFR 67.401) is also exercised by the Manager, AMCD, and each RFS.

If an Authorization is withdrawn at any time, the following procedures apply:

- The holder of the Authorization will be served a letter of withdrawal, stating the reason for the action;

- By not later than 60 days after the service of the letter of withdrawal, the holder of the Authorization may request, in writing, that the Federal Air Surgeon provide for review of the decision to withdraw. The request for review may be accompanied by supporting medical evidence;

- Within 60 days of receipt of a request for review, a written final decision either affirming or reversing the decision to withdraw will be issued; and

- A medical certificate rendered invalid pursuant to a withdrawal, in accordance with the special issuance section of part 67 (14 CFR 67.401) shall be surrendered to the Administrator upon request.

B. AME Assisted Special Issuance (AASI)

(Updated 05/31/2023)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization to an applicant who has a medical condition that is disqualifying under 14 CFR part 67. An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by

attachments that specify the information that treating physician(s) must provide for the re-issuance determination. AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the requisite medical information required for determination. AMEs may not issue initial Authorizations. An AME's decision or determination is subject to review by the FAA.

Continue Authorization Letter

As of May 2023:

- If the AME issued an AASI correctly, AAM will no longer send a "continue authorization" letter, in accordance with the last paragraph of the authorization letter:

  "Please be advised that as long as reports are submitted as outlined in your Authorization letter, certificates are issued correctly, and there have been no changes in your medical condition(s), no further correspondence will be sent from our office."

- AAM will continue to review AASI documents after an AME issues.

An individual may receive a Continue Authorization Letter when:

- A third-class interim medical certificate is being issued; OR

- If the AME made an error on the medical certificate and AAM needs to send a corrected certificate (e.g., forgot to put time limitation); OR

- There was an interim condition where review was required, but no changes to the AASI are needed.

6. Privacy of Medical Information

A. Within the FAA, access to an individual's medical information is strictly on a "need-to-know" basis. The safeguards of the Privacy Act apply to the application for airman medical certification and to other medical files in the FAA's possession. The FAA does not release medical information without an order from a court of competent jurisdiction, written permission from the individual to whom it applies, or, with the individual's knowledge, during litigation of matters related to certification. The FAA does, however, on request, disclose the fact that an individual holds an airman medical certificate and its class, and it may provide medical information regarding a pilot involved in an accident to the National Transportation Safety Board (NTSB) (or to a physician of the appropriate medical discipline who is retained by the NTSB for use in aircraft accident investigation).

The AME, as a representative of the FAA, should treat the applicant's medical certification information in accordance with the requirements of the Privacy Act. Therefore, information should not be released without the written consent of the applicant or an order from a court of competent jurisdiction. Whenever a court order or subpoena is received by the AME, the appropriate RFS or the AMCD should be

contacted In order to ensure proper release of information. Similarly, unless the applicant's written consent for release routine in nature (e.g., accompanying a standard insurance company request), the FAA must be contacted before releasing any information. In all cases, copies of all released information should be retained.

B. Health Insurance Portability and Accountability Act of 1996 (HIPAA) and AME's activities for the FAA.

This Act provides specific patient protections and depending upon an AME's activation and practice patterns, you may have to comply with additional requirements.

C. AMEs shall certify at the time of designation, re-designation, or upon request that they shall protect the privacy of medical information.

7. Release of Information

(Updated 08/29/2018)

Except in compliance with an order of a court of competent jurisdiction, or upon an applicant's written request, AMEs will not divulge or release copies of any reports prepared in connection with the examination to anyone other than the applicant or the FAA. A copy of the examination may be released to the applicant upon request. (See: Request for Airman Medical Records Form 8065-2). Upon receipt of a court subpoena or order, the AME shall notify the appropriate RFS. Other requests for information will be referred to:

MANAGER
Federal Aviation Administration
Civil Aerospace Medical Institute, Building 13
Aerospace Medical Certification Division, AAM-300
PO Box 25082
Oklahoma City, OK 73125-9867

8. No "Alternate" Examiners Designated

The AME is to conduct all medical examinations at their designated address only. An AME **is not permitted** to conduct examinations at a temporary address and is not permitted to name an alternate examiner. During an AME's absence from the permanent office, applicants for airman medical certification shall be referred to another AME in the area.

9. Who May Be Certified

(Updated 05/31/2023)

a. Age Requirements

There is **no age restriction** or aviation experience requirement **for medical certification**. Any applicant who qualifies medically may be issued a Medical Certificate regardless of age.

The AME may issue any class of medical certificate without regard to age to any applicant who meets the appropriate medical standards.

There is a maximum age requirement for certain air carrier pilots. This is an operational requirement, not a medical certification requirement.

Pilot Certification (i.e., pilot license certificate). Minimum age requirements are defined in 14 CFR part 61 and vary by type of certificate. See Certification: Pilots and Flight Instructors, and Ground Instructors.

Note: As of April 1, 2016 (per Final Rule [81 FR 1292]), AMEs no longer issue a combined FAA Medical Certificate and Student Pilot Certificate. See Student Pilot Rule Change.

b. Language Requirements

There is no language requirement for medical certification.

10. Classes of Medical Certificates

(Updated 06/28/2023)

An applicant may apply for and be granted any class of airman medical certificate as long as the applicant meets the required medical standards for that class of medical certificate.

An applicant must have the appropriate class of medical certificate for the flying duties the pilot intends to exercise. For example, an applicant who exercises the privileges of an airline transport pilot (ATP) certificate must hold a first-class medical certificate. That same pilot when holding only a third-class medical certificate may only exercise privileges of a private pilot certificate. Finally, an applicant does not need to hold an ATP airman/pilot certificate to be eligible for a first-class medical certificate.

The type of medical certification required for each type of flying is determined by Flight Standards.

Listed below are the three classes of pilot **medical certificates**, identifying the categories of airmen (i.e., pilot) certificates applicable to each class.

1) **First-Class** - Airline Transport Pilot

2) **Second-Class** - Commercial Pilot, Flight Engineer, Flight Navigator, Balloon Pilots exercising Commercial Pilot Privileges, or Air Traffic Control Tower Operator (this category of air traffic controller does **not** include FAA employee air traffic control specialists).

   Note: Effective May 22, 2023, **Balloon Pilots exercising Commercial Pilot Privileges, other than instructional flight, must hold at least a Class II FAA**

Medical Certificate. See 11/22/2022 Medical Certification Standards for Commercial Balloon Operations 2120-0034.

3) **Third-Class** - Private Pilot or Recreational Pilot

An airman medical certificate is valid only with the original signature of the AME who performed the examination or with the digital signature of an authorized FAA physician (e.g., Regional Flight Surgeon, manager of the Aerospace Medical Certification Division, Federal Air Surgeon). Please note:

- Copies are NOT valid.
- An AME may only issue ONE originally signed certificate to an airman. A replacement for a lost or destroyed certificate must be issued by the FAA.

11. Operations Not Requiring a Medical Certificate

(Updated 05/31/2023)

The following do not require a medical certificate; however, applicants must certify that they do not know or have reason to know of any medical condition that would make them unable to operate any of the following in a safe manner.

a. **Glider pilots** are not required to hold a medical certificate of any class.

b. **Free Balloon Pilots** exercising private or student pilot privileges.

c. **Student Pilot**. See Student Pilot Rule Change **Note:** Student pilot will need a valid medical certificate prior to solo flight.

d. "**Sport" pilots** are required to hold either a valid pilot medical certificate or a current and valid U.S. driver's license. When using a current and valid U.S. driver's license to qualify, sport pilots must comply with each restriction and limitation on their U.S. driver's license and any judicial or administrative order applying to the operation of a motor vehicle.

To exercise sport pilot privileges using a current and valid U.S. driver's license as evidence of qualification, sport pilots must:

- Not have been denied the issuance of at least a third-class airman medical certificate (if they have applied for an airman medical certificate)
- Not have had their most recent airman medical certificate revoked or suspended (if they have held an airman medical certificate); and
- Not have had an Authorization withdrawn (if they have ever been granted an Authorization).

Sport pilots may not use a current and valid U.S. driver's license in lieu of a valid airman medical certificate if they know or have reason to know of any medical condition that would make them unable to operate a light-sport aircraft in a safe manner.

Sport pilot medical provisions are found under 14 CFR §§ 61.3, 61.23, 61.53, and 61.303).

For more information about the sport pilot final rule, see the 2/1/2010 Certification of Aircraft and Airmen for the Operation of Light-Sport Aircraft; Final Rule.

12. Medical Certificates – AME Completion

(Updated 07-26-2017)

- Date the medical certificate to reflect the date the medical examination was performed, NOT the date of import, issuance, or transmission.
- Limitations must be selected from the list in the Aerospace Medical Certification System (AMCS). Additional limitations may NOT be typed/written in.
- Signatures: Each medical certificate must be fully completed prior to being signed.
    - Both the AME and applicant must sign the medical certificate in ink.
    - The applicant must sign before leaving the AME's office.

- Give only ONE certificate to the airman
- Use AMCS generated certificates only.
- Transmit the exam electronically to the FAA using AMCS within 14 days.
- The following are NOT valid:
    - Copies of medical Certificates;
    - Typewriter or handwritten certificates;
    - Obviously corrected certificates;
    - Paper 8500-8 certificates (any remaining paper forms should be destroyed by the AME).
- Replacement medical certificates must be issued by the FAA.

13. Validity of Medical Certificates

An airman medical certificate is valid only with the original signature of the AME who performed the examination or with the digital signature of an authorized FAA physician (e.g., Regional Flight Surgeon, manager of the Aerospace Medical Certification Division, Federal Air Surgeon).

- Copies are NOT valid.
- An AME may only issue ONE originally signed certificate to an airman. A replacement for a lost or destroyed certificate must be issued by the FAA.

A. First-Class Medical Certificate: A first-class medical certificate is valid for the remainder of the month of issue; plus

6-calendar months for operations requiring a first-class medical certificate if the airman is age 40 or over on or before the date of the examination, or plus

12-calendar months for operations requiring a first-class medical certificate if the airman has not reached age 40 on or before the date of examination

12-calendar months for operations requiring a second-class medical certificate, or plus

24-calendar months for operations requiring a third-class medical certificate, or plus

60-calendar months for operations requiring a third-class medical certificate if the airman has not reached age 40 on or before the date of examination.

B. Second-Class Medical Certificate: A second-class medical certificate is valid for the remainder of the month of issue; plus

12-calendar months for operations requiring a second-class medical certificate, or plus

24-calendar months for operations requiring a third-class medical certificate, or plus

60-calendar months for operations requiring a third-class medical certificate if the airman has not reached age 40 on or before the date of examination.

C. Third-Class Medical Certificate: A third-class medical certificate is valid for the remainder of the month of issue; plus

24-calendar months for operations requiring a third-class medical certificate, or plus

60-calendar months for operations requiring a third-class medical certificate if the airman has not reached age 40 on or before the date of examination.

14. Title 14 CFR § 61.53, Prohibition on Operations During Medical Deficiency

NOTE: 14 CFR § 61.53 was revised on July 27, 2004, by adding subparagraph (c)

(a) Operations that require a medical certificate. Except as provided in paragraph (b) of this section, a person who holds a current medical certificate issued under part 67 of this chapter shall not act as pilot in command, or in any other capacity as a required pilot flight crewmember, while that person:

(1) Knows or has reason to know of any medical condition that would make the person unable to meet the requirements for the medical certificate necessary for the pilot operation; and/or

(2) Is taking medication or receiving other treatment for a medical condition that results in the person being unable to meet the requirements for the medical certificate necessary for the pilot operation.

(b) Operations that do not require a medical certificate. For operations provided for in § 61.23(b) of this part, a person shall not act as pilot in command, or in any other capacity as a required pilot flight crewmember, while that person knows or has reason to know of any medical condition that would make the person unable to operate the aircraft in a safe manner.

(c) Operations requiring a medical certificate or a U.S. driver's license. For operations provided for in Sec. 61.23(c), a person must meet the provisions of—

(1) Paragraph (a) of this section if that person holds a valid medical certificate issued under part 67 of this chapter and does not hold a current and valid U.S. driver's license

(2) Paragraph (b) of this section if that person holds a current and valid U.S. driver's license

15. Reexamination of an Airman

A medical certificate holder may be required to undergo a reexamination at any time if, in the opinion of the Federal Air Surgeon or authorized representative within the FAA, there is a reasonable basis to question the airman's ability to meet the medical standards. An AME may **NOT** order such reexamination.

16. Examination Fees

The FAA does not establish fees to be charged by AMEs for the medical examination of persons applying for airman medical certification. It is recommended that the fee be the

usual and customary fee established by other physicians in the same general locality for similar services.

17. Replacement of Medical Certificates

(Updated 08/30/2017)

Medical certificates that are lost or accidentally destroyed may be replaced upon proper application provided such certificates have not expired. The request should be sent to:

FOIA DESK
Federal Aviation Administration
Civil Aerospace Medical Institute, Bldg. 13
Aerospace Medical Certification Division, AAM-331
PO Box 25082
Oklahoma City, OK 73125-9867

The airman's request for replacement must be accompanied by a remittance of two dollars ($2) (check or money order) made payable to the FAA. This request must include:

- Airman’s full name and date of birth;
- Class of certificate;
- Place and date of examination;
- Name of the AME; and
- Circumstances of the loss or destruction of the original certificate.

The replacement certificate will be prepared in the same manner as the missing certificate and will bear the same date of examination regardless of when it is issued.

In an emergency, contact your RFS or the Manager, AMCD, AAM-300, at the above address or by facsimile at 405-954-4300 for certification verification only.

18. Disposition of Applications and Medical Examinations

All completed applications and medical examinations, unless otherwise directed by the FAA, must be transmitted electronically via AMCS within 14 days after completion to the AMCD. These requirements also apply to submissions by International AMEs.

A record of the examination is stored in AMCS, however, AMEs are encouraged to print a copy for their own files. While not required, the AME may also print a summary sheet for the applicant.

19. Protection and Destruction of Forms

Forms are available electronically in AMCS. AMEs are accountable for all blank FAA forms they may have printed and are cautioned to provide adequate security for such

forms or certificates to ensure that they do not become available for illegal use. AMEs are responsible for destroying any existing paper forms they may still have.

Note: Forms should not be shared with other AMEs.

20. Questions, Requests for Assistance, and Technical Support

(Updated 09/29/2021)

AMCS Technical Support: For any questions regarding **technical issues** related to transmitting exams, please contact the AMCS Support Team. Typical technical issues include AMCS password resets, data entry questions, corrections to transmitted exams, etc.

AMCS Support is available Monday-Friday, 8 a.m. to 4:15 p.m. (CT) and can be reached by:

- Phone (405) 954-3238 or
- Email at 9-amc-aam-certification@faa.gov.

Other Issues: When an AME has a question or needs assistance in carrying out responsibilities, the AME should contact one of the following individuals:

A. Regional Flight Surgeon (RFS)

- Questions pertaining to problem medical certification cases in which the RFS has initiated action;
- Telephone interpretation of medical standards or policies involving an individual airman whom the AME is examining;
- Matters regarding designation and re-designation of AMEs and the Aviation Medical Examiner Program; or
- Attendance at Aviation Medical Examiner Seminars.

B. Manager, AMCD, AAM-300

- Inquiries concerning guidance on problem medical certification cases;
- Information concerning the overall airman medical certification program;
- Matters involving FAA medical certification of military personnel; or
- Information concerning medical certification of applicants in foreign countries

These inquiries should be made to:

MANAGER
Federal Aviation Administration
Civil Aerospace Medical Institute, Building 13
Aerospace Medical Certification Division, AAM-300
PO Box 25082
Oklahoma City, OK 73125-9867

C. Manager, Aeromedical Education Division, AAM-400

- Matters regarding designation and re-designation of AMEs;
- Requests for medical forms and stationery; or
- Requests for airman medical educational material

These inquiries should be made to:

MANAGER
Federal Aviation Administration
Civil Aerospace Medical Institute, Building 13
Aerospace Medical Certification Division, **AAM-400**
PO Box 25082
Oklahoma City, OK 73125-9867

21. Airman Appeals

(Updated 08/30/2017)

A. Request for Reconsideration

An AME's denial of a medical certificate is not a final FAA denial. An applicant may ask for reconsideration of an AME's denial by submitting a request in writing to:

MANAGER
Federal Aviation Administration
Civil Aerospace Medical Institute, Building 13, Room 308
Aerospace Medical Certification Division, AAM-300
PO Box 25082
Oklahoma City, OK 73125-9867

The AMCD will provide initial reconsideration. Some cases may be referred to the appropriate RFS for action. If the AMCD or a RFS finds that the applicant is not qualified, the applicant is denied and advised of further reconsideration and appeal procedures. These may include reconsideration by the Federal Air Surgeon and/or petition for NTSB review.

B. Statement of Demonstrated Ability (SODA)

At the discretion of the Federal Air Surgeon, a Statement of Demonstrated Ability (SODA) may be granted, instead of an Authorization, to a person whose disqualifying condition is static or non-progressive and who has been found capable of performing airman duties without endangering public safety. A SODA does not expire and authorizes a designated AME to issue a medical certificate of a specified class if the AME finds that the condition described on the SODA has not adversely changed.

In granting a SODA, the Federal Air Surgeon may consider the person's operational experience and any medical facts that may affect the ability of the person to perform airman duties including:

- The combined effect on the person of failure to meet more than one requirement of part 67; and

- The prognosis derived from professional consideration of all available information regarding the person.

In granting a SODA under the special issuance section of part 67 (14 CFR 67.401), the Federal Air Surgeon specifies the class of medical certificate authorized to be issued and may do any of the following:

- State on the SODA, and on any medical certificate based upon it, any operational limitation needed for safety; or

- Condition the continued effect of a SODA, and any second- or third-class medical certificate based upon it, on compliance with a statement of functional limitations issued to the person in coordination with the Director of Flight Standards or the Director's designee.

- In determining whether a SODA should be granted to an applicant for a third-class medical certificate, the Federal Air Surgeon considers the freedom of an airman, exercising the privileges of a private pilot certificate, to accept reasonable risks to his or her person and property that are not acceptable in the exercise of commercial or airline transport pilot privileges, and, at the same time, considers the need to protect the safety of persons and property in other aircraft and on the ground.

A SODA granted to a person who does not meet the applicable standards of part 67 may be withdrawn, at the discretion of the Federal Air Surgeon, at any time if:

- There is adverse change in the holder's medical condition;

- The holder fails to comply with a statement of functional limitations or operational limitations issued under the special issuance section of part 67 (14 CFR 67.401);

- Public safety would be endangered by the holder's exercise of airman privileges;

- The holder fails to provide medical information reasonably needed by the Federal Air Surgeon for certification under the special issuance section of part 67 (14 CFR 67.401);

- The holder makes or causes to be made a statement or entry that is the basis for withdrawal of a SODA under the falsification section of part 67 (14 CFR 67.403); or

- A person who has been granted a SODA under the special issuance section of part 67 (14 CFR 67.401), based on a special medical flight or practical test need not take the test again during later medical examinations unless the Federal Air Surgeon determines or has reason to believe that the physical deficiency has or

may have degraded to a degree to require another special medical flight test or practical test.

The authority of the Federal Air Surgeon under the special issuance section of part 67 (14 CFR 67.401) is also exercised by the Manager, AMCD, and each RFS.

If a SODA is withdrawn at any time, the following procedures apply:

- The holder of the SODA will be served a letter of withdrawal stating the reason for the action;

- By not later than 60 days after the service of the letter of withdrawal, the holder of the SODA may request, in writing, that the Federal Air Surgeon provide for review of the decision to withdraw. The request for review may be accompanied by supporting medical evidence;

- Within 60 days of receipt of a request for review, a written final decision either affirming or reversing the decision to withdraw will be issued; and

- A medical certificate rendered invalid pursuant to a withdrawal, in accordance with the special issuance section of part 67 (14 CFR 67.401 (a)) shall be surrendered to the Administrator upon request.

C. National Transportation Safety Board (NTSB)

Within 60 days after a final FAA denial of an unrestricted airman medical certificate, an airman may petition the NTSB for a review of that denial. The NTSB does not have jurisdiction to review the denial of a SODA or special issuance airman medical certificate.

A petition for NTSB review must be submitted in writing to:

National Transportation Safety Board
490 L'Enfant Plaza, East SW
Washington, DC 20594-0001

The NTSB is an independent agency of the Federal Government that has the authority to review on appeal the suspension, amendment, modification, revocation, or denial of any certificate or license issued by the FAA Administrator.

An Administrative Law Judge for the NTSB may hold a formal hearing at which the FAA will present documentary evidence and testimony by medical specialists supporting the denial decision. The petitioner will also be given an opportunity to present evidence and testimony at the hearing. The Administrative Law Judge’s decision is subject to review by the full NTSB.

22. Medical Certificates Requested for any Situation or Job Other than a Pilot or Air Traffic Controller.

(Updated 07/29/2020)

The FAA's authority to issue airman medical certificates is limited to civil aviation safety considerations by statute (Title 49, United States Code, Chapter 447) and regulation (Title 14, Code of Federal Regulations (CFR), Parts 61 and 67). **The Federal Air Surgeon's authority is therefore limited to considering whether an individual applying for medical certification is physically and mentally qualified to safely perform pilot or air traffic control duties requiring any class of airman medical certificate.** This includes contract air traffic control tower operators who are required by regulation to have a class II airman medical certificate.

The Federal Air Surgeon may not give consideration to non-pilot occupational, employment, recreational, or other reasons an individual may have for seeking an airman medical certificate. This would be an abrogation of the Federal Air Surgeon's safety responsibilities.

Historically, several industries have required certain employees to obtain medical certification by completing an FAA airman medical examination, usually related to accident or health insurance liability issues, e.g., parachute jump instructors, speedboat drivers, and Armed Security Officers (per TSA/DHS requirements).

Those requirements are set by the employer, not by the FAA. The FAA may not put limitations on an airman's medical certificate, such as "valid for speedboat racing only." Similarly, the FAA may not issue airman medical certificates with a limitation of "not valid for flying."

The medical application may not be tailored to specific industries or non-aviation uses. The applicant either meets all of the medical requirements for a specific class, with or without a Special Issuance or SODA, or they do not. The FAA may not issue a medical certificate, for example, if the applicant passed everything except the vision requirement or the hearing requirement for that class because they are not a pilot or ATC. The fact that an employer requires an airman medical certificate for employment is an issue that the individual should address with their employer. It is outside the purview of the FAA.

Once issued an FAA airman medical certificate, the individual may legally use that certificate to become a pilot or perform pilot (or air traffic control) duties, even if the individual specifically denied intent to do so at the time of the application. Therefore, if the FAA issues an airman medical certificate with the intent that the person does not use it to fly, yet they decided to do so, that would be an abrogation of the FAA's safety duties.

23. Pilot Information – Current Detailed Clinical Progress Note

(Updated 03/30/2022)

In the course of the certification process, the pilot may be asked to provide a current detailed Clinical Progress Note performed within 90 days of the exam from the treating physician. In some instances, the specialty of the physician will be specified (ex. cardiologist or neurologist, etc.). A current detailed Clinical Progress Note must include a summary of the history of the condition; current medications, dosages, and side effects (if any); clinical exam findings; results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up. Based on the condition, we may require additional, specific criteria.

If the pilot submits patient information from the patient portal or an "After Visit Summary (AVS)" instead of an actual detailed clinical progress note, it may NOT address all of the information the FAA needs to review the application for medical certification. The review process will be significantly delayed if incorrect or incomplete information is submitted. To avoid this, refer the pilot to the **Pilot Information – Current Detailed Clinical Progress Note** sheets below.

NOTE: Any reference to a **"current status report"** or "**status report**' is a request for a current detailed Clinical Progress Note as described above.

PILOT INFORMATION – CURRENT DETAILED CLINICAL PROGRESS NOTE

(Updated 11/30/2022)

The FAA requires a **current detailed Clinical Progress Note** performed within **90 days of your AME exam*** to make a determination on your FAA Medical Certificate. If you ask your physician's office for a copy of your progress note, they may direct you to your patient portal to print out "notes" or an "After Visit Summary (AVS)." Patient Portal notes or an AVS that do not meet the criteria listed below for a detailed Clinical Progress Note are **NOT** sufficient for FAA purposes. Submitting incorrect or incomplete information will delay your medical certification review. To help avoid this, please review the information provided below.

Patient Portal Notes vs a Current, Detailed Clinical Progress Note

☒ **Patient Portal or After Visit Summary (AVS)**	☑ **Current, Detailed Clinical Progress Note**
Ready immediately after the visit.	May take some time (days) for the physician to review and sign.
Accessible on your patient portal.	May be accessible in your patient portal, however, this depends on your physicians Electronic Medical Record (EMR) system.
Title = "After Visit Summary"	Title = "Progress Notes" or "View notes"
Page Contents: • Blood pressure, weight, pulse; • Instructions ("pick up medications, return in 6 months," etc.); • Reason for visit, list of medications given, or tests ordered; and • Medication allergies, immunization history, etc.	**Page Contents:** • Blood pressure, weight, pulse; • Instructions ("pick up medications, return in 6 months," etc.); • Reason for visit, list of medications given, or tests ordered; • Medication allergies, immunization history, etc.; **PLUS:** • Review of body systems; • Physical exam findings (Ex. constitutional, cardiovascular, skin, etc.); • List of all current medication(s) and dosages; • Assessment and Plan (prognosis); and • ICD-10 codes
You do not need to sign a release to obtain.	You may have to sign a release with your physician's office to get a copy (printed or released to you in your EMR).

Review the FAA terms on the next page. You may wish to share this with your treating physician.

FAA CURRENT, DETAILED CLINICAL PROGRESS NOTE TERMS

WHEN YOU SEE THIS:	IT MEANS:
CURRENT	Performed within **90 days** of your AME exam* **Example:** You see your **AME** on June 1. To be "current," the detailed Clinical Progress Note should be from an evaluation in which you saw your **treating physician** in clinic between March 1 and June 1 (90 days). (*FAA ATCS clearance exams correlate with birth month, so the treating physician evaluation should be within 90 days of birth month.)
DETAILED	Must include the following items:** • A summary of the history of the condition, • Current medications, dosages, and side effects (if any); • Clinical exam findings; • Results of any testing performed; • Diagnosis; • Assessment and Plan (prognosis); and • Follow-up Example: A letter stating, "Mr. Smith is ok to fly" (or any other simple note) is NOT a current detailed Clinical Progress Note and is NOT acceptable. (**This information is standard in most clinical progress notes. [E.g. Medicare standards])
CLINICAL	Describes findings from an **actual** clinical encounter (usually in office).
PROGRESS NOTE You may also see this called a **"current status report"** or **"status report"** in current FAA Guidance. Any reference to a "status report" equals the criteria listed on this sheet.	This is part of the **actual medical record** that details events of your office or hospital visit. Physicians and other providers understand this term. It may be called a SOAP note or patient note. It has specific components (see "Detailed" above). A patient "after visit summary" or "patient summary" are NOT sufficient for FAA purposes. To see if your note meets FAA requirements, see the previous page for a comparison between "patient portal or after visit summary" vs. **current detailed Clinical Progress Note**.
"IT MUST SPECIFICALLY INCLUDE"	If this language is in your letter, it is to highlight **SPECIFIC items** (that may or may not be part of a standard current detailed Clinical Progress Note). **Make sure your physician addresses these specific items.**

APPLICATION FOR MEDICAL CERTIFICATION

Items 1-20 of FAA Form 8500-8

ITEMS 1- 20 of FAA Form 8500-8

This section contains guidance for items on the Medical History and General Information page of FAA Form 8500-8, Application for Airman Medical Certificate.

I. AME Guidance for Positive Identification of Airmen and Application Procedures

All applicants must show proof of age and identity under 14 CFR §67.4. On occasion, individuals have attempted to be examined under a false name. If the applicant is unknown to the AME, the AME should request evidence of positive identification. A Government-issued photo identification (e.g., driver's license, identification card issued by a driver's license authority, military identification, or passport) provides age and identity and is preferred. Applicants may use other government-issued identification for age (e.g., certified copy of a birth certificate); however, the AME must request separate photo identification for identity (such as a work badge). Verify that the address provided is the same as that given under Item 5. Record the type of identification(s) provided and identifying number(s) under Item 60. Make a copy of the identification and keep it on file for 3 years with the AME work copy.

An applicant who does not have government-issued photo identification may use non-photo government-issued identification (e.g. pilot certificate, birth certificate, voter registration card) in conjunction with a photo identification (e.g. work identification card, student identification card).

If an airman fails to provide identification, the AME must report this immediately to the AMCD, or the appropriate RFS for guidance.

II. Prior to the Examination

(Updated 02/28/2018)

- Once the applicant successfully completes Items 1-20 of FAA Form 8500-8 through the FAA MedXPress system, he/she will receive a confirmation number and instructions to print a summary sheet. **This data entered through the MedXPress system will remain valid for 60 days.**
- Applicants must bring their MedXPress confirmation number and valid photo identification to the Exam. If the applicant does not bring their confirmation number to the exam, the applicant can retrieve it from MedXPress or their email account. AMEs should call AMCS Support if the confirmation number cannot be retrieved.
- AMEs **must not** begin the exam until they have imported the MedXPress application into AMCS and have verified the identity of the applicant.

III. After the Applicant Completes the Medical History of the FAA Form 8500-8

The AME must review all Items 1 through 20 for accuracy. The applicant must answer all questions. The date for Item 16 may be estimated if the applicant does not recall the actual date of the last examination. However, for the sake of electronic transmission, it must be placed in the mm/dd/yyyy format.

Verify that the name on the applicant's identification media matches the name on the FAA Form 8500-8. If it does not, question the applicant for an explanation. If the explanation is not reasonable (legal name change, subsequent marriage, etc.), do not continue the medical examination or issue a medical certificate. Contact your RFS for guidance.

The applicant's Social Security Number (SSN) is not mandatory. Failure to provide is not grounds for refusal to issue a medical certificate. (See **Item 4**). All other items on the form must be completed.

Applicants must provide their home address on the FAA Form 8500-8. Applicants may use a private mailing address (e.g., a P.O. Box number or a mail drop) if that is their preferred mailing address; however, under Item 18 (in the "Explanations" box) of the FAA Form 8500-8, they must provide their home address.

An applicant cannot make updates to their application once they have certified and submitted it. If the AME discovers the need for corrections to the application during the review, the AME is required to discuss these changes with the applicant and obtain their approval. The AME must make any changes to the application in AMCS.

Strict compliance with this procedure is essential in case it becomes necessary for the FAA to take legal action for falsification of the application.

ITEMS 1-2. Application for; Class of Medical Certificate Applied For

The applicant indicates the class of medical certificate desired. The class of medical certificate sought by the applicant is needed so that the appropriate medical standards may be applied. The class of certificate issued must correspond with that for which the applicant has applied.

The applicant may ask for a medical certificate of a higher class than needed for the type of flying or duties currently performed. For example, an aviation student may ask for a first-class medical certificate to see if he or she qualifies medically before entry into an aviation career. A recreational pilot may ask for a first- or second-class medical certificate if they desire.

The AME applies the standards appropriate to the class sought, not to the airman's duties - either performed or anticipated. The AME should never issue more than one certificate based on the same examination.

ITEMS 3-10. Identification

Items 3-10 on the FAA Form 8500-8 must be entered as identification. While most of the items are self-explanatory (as indicated in the MedXPress drop-down menu next to individual items) specific instructions include:

- **Item 3. Last Name; First Name; Middle Name**
  The applicant's legal last, first, and middle name* (or initial if appropriate) must be provided.

  *If an applicant has no middle name, leave the middle name box blank. Do **not** use nomenclature which indicates no middle name (i.e. NMN, NMI, etc.). If the applicant has used such a nomenclature on their MedXPress application, delete it and leave the middle name box blank.

  Note: If the applicant's name changed for any reason, the current name is listed on the application and any former name(s) in the EXPLANATIONS box of Item 18 on the application.

- **Item 4. Social Security Number (SSN)** (Updated 07/27/2022)
  If the applicant does not wish to provide their SSN, they may leave the SSN blank and click the box next to ***International/Declined to Submit.*** Clicking this option will assign the applicant a pseudo SSN.

- **Item 5. Address and Telephone Number**
  The applicant must print a permanent mailing address, including country, and the zip code (full nine digits if known). The person must also provide a current daytime area code and telephone number.

- **Item 6. Date of Birth** (Updated 05/31/2023)
  The applicant **must** enter the numbers for the month, day, and year of birth in order. Name, date of birth, and Social Security Number (SSN)* are the basic pilot identifiers. When an AME communicates with the FAA concerning an applicant, the AME must give the applicant's full name, date of birth, and if at all possible, SSN. The applicant should indicate citizenship (e.g., USA).

  *Providing an SSN is not mandatory. See instructions for applicants who do not wish to use their SSN (Item 4).

ITEMS 11-12. Occupation; Employer

Occupational data are principally used for statistical purposes. This information, along with information obtained from **Items 10, 14** and **15** may be important in determining whether a SODA may be issued, if applicable.

11. Occupation

This should reflect the applicant's major employment. "Pilot" should only be reported when the applicant earns a livelihood from flying.

12. Employer

The employer's name should be entered by the applicant.

ITEM 13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?

The applicant shall check "yes" or "no." If "yes" is checked, the applicant should enter the date of action and should report details in the EXPLANATIONS box of **Item 18**.

The AME may not issue a medical certificate to an applicant who has checked "yes." The only exceptions to this prohibition are:

- The applicant presents written evidence from the FAA that he or she was subsequently medically certificated and that an AME is authorized to issue a renewal medical certificate to the person if medically qualified; or

- The AME obtains oral or written authorization to issue a medical certificate from an FAA medical office

ITEMS 14-15. Total Pilot Time

14. Total Pilot Time to Date

The applicant should indicate the total number of *civilian* flight hours and whether those hours are logged (LOG) or estimated (EST).

15. Total Pilot Time Past 6 Months

The applicant should provide the number of *civilian* flight hours in the 6-month period immediately preceding the date of this application. The applicant should indicate whether those hours are logged (LOG) or estimated (EST).

ITEM 16. Date of Last FAA Medical Application

If a prior application was made, the applicant should indicate the date of the last application, even if it is only an estimate of the year. This item should be completed even if the application was made many years ago or the previous application ***did not result in the issuance*** of a medical certificate. If no prior application was made, the applicant should check the appropriate block in Item 16.

ITEM 17.a. Do You Currently Use Any Medication (Prescription or NON prescription)?

If the applicant checks yes, give name of medication(s) and indicate if the medication was listed in a previous FAA medical examination.

This includes both prescription and nonprescription medication. (Additional guidelines for the certification of airmen who use medication may be found throughout the Guide).

For example, any airman who is undergoing continuous treatment with anticoagulants, antiviral agents, anxiolytics, barbiturates, chemotherapeutic agents, experimental hypoglycemic, investigational, mood-ameliorating, motion sickness, narcotic, sedating antihistaminic, sedative, steroid drugs, or tranquilizers must be deferred certification *unless* the treatment has previously been cleared by FAA medical authority. In such an instance, the applicant should provide the AME with a copy of any FAA correspondence that supports the clearance.

During periods in which the foregoing medications are being used for treatment of acute illnesses, the airman is under obligation to refrain from exercising the privileges of his/her airman medical certificate unless cleared by the FAA.

Further information concerning an applicant's use of medication may be found under the items pertaining to specific medical condition(s) for which the medication is used, or you may contact your RFS.

ITEM 17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying?

The applicant should indicate whether near vision contact lens(es) is/are used while flying. If the applicant answers "yes," the AME must counsel the applicant that **use of contact lens(es) for monovision correction is not allowed.** The AME must note in Item 60 that this counseling has been given. **Examples of unacceptable use include:**

- The use of a contact lens in one eye for near vision and in the other eye for distant vision (for example: pilots with myopia plus presbyopia).

- The use of a contact lens in one eye for near vision and the use of no contact lens in the other eye (for example: pilots with presbyopia but no myopia).

If the applicant checks "yes" and no further comment is noted on FAA Form 8500-8 by either the applicant or the AME, a letter will automatically be sent to the applicant informing him or her that such use is inappropriate for flying.

Please note: the use of **binocular** contact lenses for distance-correction-only is acceptable. In this instance, no special evaluation or SODA is routinely required for a distance-vision-only contact lens wearer who meets the standard and has no complications. **Binocular** bifocal or binocular multifocal contact lenses are also acceptable under the Protocol for Binocular Multifocal and Accommodating Devices. If the applicant checks “yes” in Item 17.b but actually is using **binocular** bifocal or binocular multifocal contact lenses then the AME should note this in **Item 60.**

ITEM 18. Medical History

Each item under this heading must be checked either "yes" or "no." For all items checked "yes," a description and approximate date of every condition the applicant has ever been diagnosed with, had, or presently has, must be given in the EXPLANATIONS box. If information has been reported on a previous application for airman medical certification and there has been no change in the condition, the applicant may note "PREVIOUSLY REPORTED, NO CHANGE" in the EXPLANATIONS box, but the applicant must still check "yes" to the condition.

Of particular importance are conditions that have developed since the last FAA medical examination. The AME must take the time to review the applicant's responses on FAA Form 8500-8 before starting the applicant's medical examination.

The AME should ensure that the applicant has checked all of the boxes in Item 18 as either "yes" or "no." The AME should use information obtained from this review in asking the applicant pertinent questions during the course of the examination.

Certain aspects of the individual's history may need to be elaborated upon. The AME should provide in Item 60 an explanation of the nature of items checked "yes" in items 18.a. through 18.y. Please be aware there is a character count limit in Item 60. If all comments cannot fit in Item 60, the AME may submit additional information on a plain sheet of paper and include the applicant's full name, date of birth, signature, any appropriate identifying numbers (PI, MID or SSN), and the date of the exam.

Supplementary reports from the applicant's physician(s) should be obtained and forwarded to the AMCD, when necessary, to clarify the significance of an item of history. The responsibility for providing such supplementary reports rests with the applicant. A discussion with the AME's RFS may clarify and expedite the certification process at that time.

Affirmative answers alone in Item 18 do not constitute a basis for denial of a medical certificate. A decision concerning issuance or denial should be made by applying the medical standards pertinent to the conditions uncovered by the history.

Experience has shown that, when asked direct questions by a physician, applicants are likely to be candid and willing to discuss medical problems.

The AME should attempt to establish rapport with the applicant and to develop a complete medical history. Further, the AME should be familiar with the FAA certification policies and procedures in order to provide the applicant with sound advice.

18.a. Frequent or severe headaches. The applicant should report frequency, duration, characteristics, severity of symptoms, neurologic manifestations, whether they have been incapacitating, treatment, and side effects, if any. (See **Item 46**)

18.b. Dizziness or fainting spells. The applicant should describe characteristics of the episode; e.g., spinning or lightheadedness, frequency, factors leading up to and surrounding the episode, associated neurologic symptoms; e.g., headache, nausea, LOC, or paresthesias. Include diagnostic workup and treatment if any.
(See **Items 25-30** and **Item 46**)

18.c. Unconsciousness for any reason. The applicant should describe the event(s) to determine the primary organ system responsible for the episode, witness statements, initial treatment, and evidence of recurrence or prior episode. Although the regulation states, "an unexplained disturbance of consciousness is disqualifying," it does not mean to imply that the applicant can be certificated if the etiology is identified, because the etiology may also be disqualifying in and of itself. (See **Item 46**).

18.d. Eye or vision trouble except glasses. The AME should personally explore the applicant's history by asking questions, concerning any changes in vision, unusual visual experiences (halos, scintillations, etc.), sensitivity to light, injuries, surgery, or

current use of medication. Does the applicant report inordinate difficulties with eye fatigue or strain? Is there a history of serious eye disease such as glaucoma or other disease commonly associated with secondary eye changes, such as diabetes? For glaucoma or ocular hypertension, obtain a FAA Form 8500-14, Report of Eye Evaluation for Glaucoma. For any other medical condition, obtain a FAA Form 8500-7, Report of Eye Evaluation. Under all circumstances, please advise the examining eye specialist to explain why the airman is unable to correct to Snellen visual acuity of 20/20. (See **Items 31-34, Item 53,** and **Item 54**)

18.e. Hay fever or allergy. The applicant should report frequency and duration of symptoms, any incapacitation by the condition, treatment, and side effects. The AME should inquire whether the applicant has ever experienced any barotitis ("ear block"), barosinusitis, alternobaric vertigo, or any other symptoms that could interfere with aviation safety. (See **Item 26**)

18.f. Asthma or lung disease. The applicant should provide frequency and severity of asthma attacks, medications, and number of visits to the hospital and/or emergency room. For other lung conditions, a detailed description of symptoms/diagnosis, surgical intervention, and medications should be provided. (See **Item 35**)

18.g. Heart or vascular trouble. The applicant should describe the condition to include, dates, symptoms, and treatment, and provide medical reports to assist in the certification decision-making process. These reports should include operative reports of coronary intervention to include the original cardiac catheterization report, stress tests, worksheets, and original tracings (or a legible copy). When stress tests are provided, forward the reports, worksheets, and original tracings (or a legible copy) to the FAA. Part 67 provides that, for all classes of medical certificates, an established medical history or clinical diagnosis of myocardial infarction, angina pectoris, cardiac valve replacement, permanent cardiac pacemaker implantation, heart replacement, or coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant, is cause for denial. (See **Item 36**)

18.h. High or low blood pressure. The applicant should provide history and treatment. Issuance of a medical certificate to an applicant with high blood pressure may depend on the current blood pressure levels and whether the applicant is taking anti-hypertensive medication. The AME should also determine if the applicant has a history of complications, adverse reactions to therapy, hospitalization, etc. (Details are given in **Item 36** and **Item 55**)

18.i. Stomach, liver, or intestinal trouble. The applicant should provide history and treatment, pertinent medical records, current status report, and medication. If a surgical procedure was done, the applicant must provide operative and pathology reports. (See **Item 38**)

18.j. Kidney stone or blood in urine. The applicant should provide history and treatment, pertinent medical records, current status report and medication. If a procedure was done, the applicant must provide the report and pathology reports. (See **Item 41**)

18.k. Diabetes. The applicant should describe the condition to include symptoms and treatment. Comment on the presence or absence of hyperglycemic and/or hypoglycemic episodes. A medical history or clinical diagnosis of diabetes mellitus requiring insulin or other hypoglycemic drugs for control are disqualifying. The AME can help expedite the FAA review by assisting the applicant in gathering medical records and submitting a current specialty report. (See **Item 48**)

18.l. Neurological disorders; epilepsy, seizures, stroke, paralysis, etc. The applicant should provide history and treatment, pertinent medical records, current status report and medication. The AME should obtain details about such a history and report the results. An established diagnosis of epilepsy, a transient loss of control of nervous system function(s), or a disturbance of consciousness is a basis for denial no matter how remote the history. Like all other conditions of aeromedical concern, the history surrounding the event is crucial. Certification is possible if a satisfactory explanation can be established. (See **Item 46**)

18.m. Mental disorders of any sort; depression, anxiety, etc. An affirmative answer to Item 18.m. requires investigation through supplemental history taking. Dispositions will vary according to the details obtained. An applicant with an established history of a personality disorder that is severe enough to have repeatedly manifested itself by overt acts, a psychosis disorder, or a bipolar disorder must be denied or deferred by the AME. (See **Item 47**)

18.n. Substance dependence; or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years. "Substance" includes alcohol and other drugs (e.g., PCP, sedatives and hypnotics, anxiolytics, marijuana, cocaine, opioids, amphetamines, hallucinogens, and other psychoactive drugs or chemicals). For a "yes" answer to Item 18.n., the AME should obtain a detailed description of the history. See disposition tables. A history of substance dependence or abuse is disqualifying. The AME must defer issuance of a certificate if there is doubt concerning an applicant's substance use.
See: Pharmaceuticals and Substances of Dependence/Abuse.

18.o. Alcohol dependence or abuse. See DUI/ DWI /Alcohol Incidents Disposition Table.

18.p. Suicide attempt. A history of suicidal attempts or suicidal gestures requires further evaluation. The ultimate decision of whether an applicant with such a history is eligible for medical certification rests with the FAA. The AME should take a supplemental history as indicated, assist in the gathering of medical records related to the incident(s), and, if the applicant agrees, assist in obtaining psychiatric and/or psychological examinations. (See **Item 47**)

18.q. Motion sickness requiring medication. A careful history concerning the nature of the sickness, frequency and need for medication is indicated when the applicant responds affirmatively to this item. Because motion sickness varies with the nature of the stimulus, it is most helpful to know if the problem has occurred in flight or under similar circumstances. (See **Item 29**)

18.r. Military medical discharge. If the person has received a military medical discharge, the AME should take additional history and record it in **Item 60**. It is helpful to know the circumstances surrounding the discharge, including dates, and whether the individual is receiving disability compensation. If the applicant is receiving veteran's disability benefits, the claim number and service number are helpful in obtaining copies of pertinent medical records. The fact that the applicant is receiving disability benefits does not necessarily mean that the application should be denied.

18.s. Medical rejection by military service. The AME should inquire about the place, cause, and date of rejection and enter the information in **Item 60**. It is helpful if the AME can assist the applicant with obtaining relevant military documents. If a delay of more than 14-calendar days is expected, the AME should transmit FAA Form 8500-8 to the FAA with a note specifying what documents will be forwarded later.

Disposition will depend upon whether the medical condition still exists or whether a history of such a condition requires denial or deferral under the FAA medical standards.

18.t. Rejection for life or health insurance. The AME should inquire regarding the circumstances of rejection. The supplemental history should be recorded in **Item 60**. Disposition will depend upon whether the medical condition still exists or whether a history of such a condition requires denial or deferral under the FAA medical standards.

18.u. Admission to hospital. For each admission, the applicant should list the dates, diagnoses, duration, treatment, name of the attending physician, and complete address of the hospital or clinic. If previously reported, the applicant may enter "PREVIOUSLY REPORTED, NO CHANGE." A history of hospitalization does not disqualify an applicant, although the medical condition that resulted in hospitalization may.

18.v. History of Arrest(s), Conviction(s), and/or Administrative Action(s).
(Updated 06/24/2020)

Arrest(s), conviction(s), and/or administrative action(s) affecting driving privileges may raise questions about the applicant's qualifications for airman medical certification. All incidents must be reported (even if reported on a previous application), to include even a single driving while intoxicated (DWI) arrest, conviction and/or administrative action. Incidents reported under 18.v. are just part of many factors considered in the overall process of medical certification. See Substances of Dependence/Abuse.

NOTE: Remind your airman that once he/she has checked yes to any item in #18, **especially items 18 n., 18 o. or 18 v**., they must **ALWAYS mark yes** to these numbers, even if the condition has been reviewed and granted an eligibility letter from the FAA.

18.w. History of nontraffic convictions. The applicant must report any other (nontraffic) convictions (e.g., assault, battery, public intoxication, robbery, etc.). The applicant must name the charge for which convicted and the date of the conviction(s), and copies of court documents (if available). (See **Item 47**)

18.x. Other illness, disability, or surgery. The applicant should describe the nature of these illnesses in the EXPLANATIONS box. If additional records, tests, or specialty reports are necessary in order to make a certification decision, the applicant should so be advised. If the applicant does not wish to provide the information requested by the AME, the AME should defer issuance.

If the applicant wishes to have the FAA review the application and decide what ancillary documentation is needed, the AME should defer issuance of the medical certificate and

forward the completed FAA Form 8500-8 to the AMCD. If the AME proceeds to obtain documentation, but all data will not be received with the 2 weeks, FAA Form 8500-8 should be transmitted immediately to the AMCD with a note that additional documents will be forwarded later under separate cover.

18. y. Medical Disability Benefits. The applicant must report any disability benefits received, regardless of source or amount. If the applicant checks “yes” on this item, the FAA may verify with other Federal Agencies (i.e. Social Security Administration, Veteran’s Affairs) whether the applicant is receiving a disability benefit that may present a conflict in issuing an FAA medical certificate. The AME must document the specifics and nature of the disability in findings in **Item 60**.

ITEM 19. Visits to Health Professional within Last 3 Years

The applicant should list all visits in the last 3 years to a physician, physician assistant, nurse practitioner, psychologist, clinical social worker, or substance abuse specialist for treatment, examination, or medical/mental evaluation. The applicant should list visits for counseling only if related to a personal substance abuse or psychiatric condition. The applicant should give the name, date, address, and type of health professional consulted and briefly state the reason for the consultation. Multiple visits to one health professional for the same condition may be aggregated on one line.

Routine dental, eye, and FAA periodic medical examinations and consultations with an employer-sponsored employee assistance program (EAP) may be excluded unless the consultations were for the applicant's substance abuse or unless the consultations resulted in referral for psychiatric evaluation or treatment.

When an applicant does provide history in Item 19, the AME should review the matter with the applicant. The AME will record in **Item 60** only that information needed to document the review and provide the basis for a certification decision. If the AME finds the information to be of a personal or sensitive nature with no relevancy to flying safety, it should be recorded in **Item 60** as follows:

"Item 19. Reviewed with applicant. History not significant or relevant to application."

If the applicant is otherwise qualified, a medical certificate may be issued by the AME.

FAA medical authorities, upon review of the application, will ask for further information regarding visits to health care providers only where the physical findings, report of examination, applicant disclosure, or other evidence suggests the possible presence of a disqualifying medical history or condition.

If an explanation has been given on a previous report(s) and there has been no change in the condition, the applicant may enter "PREVIOUSLY REPORTED, NO CHANGE."

Of particular importance is the reporting of conditions that have developed since the applicant's last FAA medical examination. The AME is asked to comment on all entries,

including those "PREVIOUSLY REPORTED, NO CHANGE." These comments may be entered under **Item 60**.

ITEM 20. Applicant's National Driver Register and Certifying Declaration

In addition to making a declaration of the completeness and truthfulness of the applicant's responses on the medical application, the applicant's declaration authorizes the National Driver Register to release the applicant's adverse driving history information, if any, to the FAA. The FAA uses such information to verify information provided in the application. Applicant must certify the declaration outlined in Item 20. If the applicant does not certify the declaration for any reason, AME shall not issue a medical certificate but forward the incomplete application to the AMCD.

EXAMINATION TECHNIQUES

Items 21-58 of FAA Form 8500-8

ITEMS 21- 58 of FAA Form 8500-8

The AME must personally conduct the physical examination. This section provides guidance for completion of Items 21-58 of the Application for Airman Medical Certificate, FAA Form 8500-8.

The AME must carefully read the applicant's history page of FAA Form 8500-8 (Items 1-20) *before* conducting the physical examination and completing the Report of Medical Examination. This alerts the AME to possible pathological findings.

The AME must note in **Item 60** of the FAA Form 8500-8 any condition found in the course of the examination. The AME must list the facts, such as dates, frequency, and severity of occurrence.

When a question arises, the Federal Air Surgeon encourages AMEs first to check this Guide for Aviation Medical Examiners and other FAA informational documents. If the question remains unresolved, the AME should seek advice from a RFS or AMCD.

ITEMS 21-22. Height and Weight

21. Height (inches)	22. Weight (pounds)

ITEM 21. Height

Measure and record the applicant's height in inches. Although there are no medical standards for height, exceptionally short individuals may not be able to effectively reach all flight controls and must fly specially modified aircraft. If required, the FAA will place operational limitations on the pilot certificate.

ITEM 22. Weight

Measure and record the applicant's weight in pounds.

BMI CHART AND FORMULA TABLE

Measurement Units	BMI Formula and Calculation
Pounds and inches	Formula: weight (lb) / [height (in)]^2 x 703 Calculate BMI by dividing weight in pounds (lbs) by height in inches (in) squared and multiplying by a conversion factor of 703. Example: Weight = 150 lbs, Height = 5'5" (65") Calculation: [150 ÷ (65)^2] x 703 = 24.96
Kilograms and meters (or centimeters)	Formula: weight (kg) / [height (m)]2 With the metric system, the formula for BMI is weight in kilograms divided by height in meters squared. Since height is commonly measured in centimeters, divide height in centimeters by 100 to obtain height in meters. Example: Weight = 68 kg, Height = 165 cm (1.65 m) Calculation: 68 ÷ (1.65)2 = 24.98

Body Mass Index Table

	Normal						Overweight					Obese									Extreme Obesity																
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
Height (inches)	Body Weight (pounds)																																			
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443

Source: Adapted from *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report.*

ITEMS 23-24. Statement of Demonstrated Ability (SODA); SODA Serial Number

23. Statement of Demonstrated Ability (SODA)		
Yes ☐	No ☐	Defect Noted:

ITEM 23. Has a SODA ever been issued?

Ask the applicant if a SODA has ever been issued. If the answer is "yes," ask the applicant to show you the document. Then check the "yes" block and record the nature and degree of the defect.

SODA's are valid for an indefinite period or until an adverse change occurs that results in a level of defect worse than that stated on the face of the document.

The FAA issues SODA's for certain static defects, but not for disqualifying conditions or conditions that may be progressive. The extent of the functional loss that has been cleared by the FAA is stated on the face of the SODA. If the AME finds the condition has become worse, a medical certificate should not be issued even if the applicant is otherwise qualified. The AME should also defer issuance if it is unclear whether the applicant's present status represents an adverse change.

The AME must take special care not to issue a medical certificate of a higher class than that specified on the face of the SODA even if the applicant appears to be otherwise medically qualified. The AME may note in **Item 60** the applicant's desire for a higher class.

ITEM 24. SODA Serial Number

24. SODA Serial Number

Enter the assigned serial number in the space provided.

AME PHYSICAL EXAMINATION INFORMATION AND DISPOSITION TABLES

Items 25-48 of FAA Form 8500-8

ITEMS 25-30. Ear, Nose, and Throat (ENT)

(Updated 01/31/2024)

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
25. Head, face, neck, and scalp		
26. Nose		
27. Sinuses		
28. Mouth and Throat		
29. Ears, general (internal and external canals: Hearing under Item 49)		
30. Ear Drums (Perforation)		

I. Code of Federal Regulations

All Classes: 14 CFR 67.105(b)(c), 67.205(b)(c), and 67.305(b)(c)

(b) No disease or condition of the middle or internal ear, nose, oral cavity, pharynx, or larynx that -

(1) Interferes with, or is aggravated by, flying or may reasonably be expected to do so; or

(2) Interferes with, or may reasonably be expected to interfere with, clear and effective speech communication.

(c) No disease or condition manifested by, or that may reasonably be expected to be manifested by vertigo or a disturbance of equilibrium.

II. Examination Techniques

1. The **head and neck** should be examined to determine the presence of any significant defects such as:

a. Bony defects of the skull
b. Gross deformities
c. Fistulas
d. Evidence of recent blows or trauma to the head
e. Limited motion of the head and neck
f. Surgical scars

2. The ***external ear*** is seldom a major problem in the medical certification of applicants. Otitis externa or a furuncle may call for temporary disqualification. Obstruction of the canal by impacted cerumen or cellular debris may indicate a need for referral to an ENT specialist for examination.

The tympanic membranes should be examined for scars or perforations. Discharge or granulation tissue may be the only observable indication of perforation. Middle ear disease may be revealed by retraction, fluid levels, or discoloration. The normal tympanic membrane is movable and pearly gray in color. Mobility should be demonstrated by watching the drum through the otoscope during a valsalva maneuver. See Outer Ear Abnormalities.

3. Pathology of the ***middle ear*** may be demonstrated by changes in the appearance and mobility of the tympanic membrane. The applicant may only complain of stuffiness of the ears and/or loss of hearing. An upper respiratory infection greatly increases the risk of aerotitis media with pain, deafness, tinnitus, and vertigo due to lessened aeration of the middle ear from eustachian tube dysfunction. When the applicant is taking medication for an ENT condition, it is important that the AME become fully aware of the underlying pathology, present status, and the length of time the medication has been used. If the condition is not a threat to aviation safety, the treatment consists solely of antibiotics, and the antibiotics have been taken over a sufficient period to rule out the likelihood of adverse side effects, the AME may make the certification decision.

The same approach should be taken when considering the significance of prior surgery such as myringotomy, mastoidectomy, or tympanoplasty. Simple perforation without associated symptoms or pathology is not disqualifying. When in doubt, the AME should not hesitate to defer issuance and refer the matter to the AMCD. The services of consultant ENT specialists are available to the FAA to help in determining the safety implications of complicated conditions. See Middle Ear Abnormalities.

4. **Unilateral Deafness.** An applicant with unilateral congenital or acquired deafness should not be denied medical certification if able to pass any of the tests of hearing acuity.

5. **Bilateral Deafness.** It is possible for a totally deaf person to qualify for a private pilot certificate. When the applicant initially applies for medical certification, the AME should defer the exam with notes in Block 60 explaining this and include which FSDO the airman wants to use to take a Medical Flight Test.

The student may practice with an instructor before undergoing a pilot check ride for the private pilot's license. When the applicant is ready to take the check ride, he/she must have an authorization to take a medical flight test (MFT) from either RFS/AMCD. Upon successful completion of the MFT, the applicant will be issued a SODA and an operational restriction will be placed on his/her pilot's license that restricts the pilot from flying into airspace requiring radio communication.

6. **Hearing Aids.** Under some circumstances, the use of hearing aids may be acceptable. If the applicant is unable to pass any of the above tests without the use of hearing aids, he or she may be tested using hearing aids.

7. The ***nose*** should be examined for the presence of polyps, blood, or signs of infection, allergy, or substance abuse. The AME should determine if there is a

history of epistaxis or anosmia. Polyps may cause airway obstruction or sinus blockage. Infection or allergy may be cause for obtaining additional history. (Updated 03/30/2022)
8. Evidence of ***sinus*** disease must be carefully evaluated by a specialist because of the risk of sudden and severe incapacitation from barotrauma.

9. The ***mouth and throat*** should be examined to determine the presence of active disease that is progressive or may interfere with voice communications. Gross abnormalities that could interfere with the use of personal equipment such as oxygen equipment should be identified. Also see Protocol for Obstructive Sleep Apnea.

10. The ***larynx*** should be visualized if the applicant's voice is rough or husky. Acute laryngitis is temporarily disqualifying. Chronic laryngitis requires further diagnostic workup. Any applicant seeking certification for the first time with a functioning tracheostomy, following laryngectomy, or who uses an artificial voice-producing device should be denied or deferred and carefully assessed.

III. Aerospace Medical Disposition

The Aerospace Medical Disposition Tables list the most common conditions of aeromedical significance and course of action that should be taken by the AME as defined by the protocol and disposition in the table.

Medical certificates must not be issued to an applicant with medical conditions that require deferral, or for any condition not listed in the table that may result in sudden or subtle incapacitation without consulting the AMCD or the RFS. Medical documentation must be submitted for any condition in order to support an issuance of an airman medical certificate.

ITEM 25. Head, Face, Neck, and Scalp

HEAD, FACE, NECK, AND SCALP

DISEASE/CONDITION	CLASS	EVALUATION DATA	DISPOSITION
Active fistula of neck, either congenital or acquired, including tracheostomy	All	Submit all pertinent medical information and current, detailed Clinical Progress Note.	Requires FAA Decision
Loss of bony substance involving the two tables of the cranial vault	All	Submit all pertinent medical information and current, detailed Clinical Progress Note.	Requires FAA Decision
Deformities of the face or head that would interfere with the proper fitting and wearing of an oxygen mask	1st & 2nd	Submit all pertinent medical information and current, detailed Clinical Progress Note.	Requires FAA Decision
	3rd	Submit all pertinent medical information.	If deformity does not interfere with administration of supplemental O^2 - Issue

NOSE

All classes

(Updated 02/24/2015)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Evidence of severe allergic rhinitis	Submit all pertinent medical information and current status report	Requires FAA Decision
Hay fever controlled solely by desensitization without antihistamines or other medications	Submit all pertinent medical information and current status report, include duration of symptoms, name and dosage of drugs and side effects	If responds to treatment and without side effects - Issue Otherwise - Requires FAA Decision
Obstruction of sinus ostia, including polyps, that would be likely to result in complete obstruction	Submit all pertinent medical information and current status report	Requires FAA Decision

For hay fever requiring antihistamines, see the Pharmaceuticals Section, Allergy - Antihistamine & Immunotherapy Medication.

ANOSMIA*

All Classes

(Updated 06/29/2022)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. KNOWN etiology Including **COVID-19 infection** If due to trauma associated with traumatic brain injury, tumor removal, etc., review that section for additional information or required recovery periods.	No evaluations or follow-up needed if the AME can determine the condition is benign and the pilot has no other condition(s) that would interfere with flight duties: ********** *** Discuss with the pilot: • This condition may cause an inability to receive early warning of **fuel** leaks, exhaust fumes, or a **fire** (prior to visible smoke). • Importance of using of a carbon monoxide (CO) detector (not a spot detector) in all aircraft flown that have an internal combustion engine. • CO is odorless and tasteless; however, it is frequently accompanied by exhaust fumes that can be detected by smell. Encourage the pilot to ask someone else to verify the absence of fuel fumes in the cabin prior to flight.	**ISSUE** Annotate this information in Block 60. For any identified underling condition(s), see that section.
B. UNKNOWN (or uncertain) **etiology** For **ANY** duration.	Submit the following to the FAA for review: • The most recent **detailed Clinical Progress Note** (actual clinical record) from an **otolaryngologist (ENT)**. • It should include a summary of the history of the condition or diagnosis, current medications, clinical exam findings, results of any testing performed, diagnosis, assessment, plan (prognosis), and follow-up. • It must specifically include etiology, if found.	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow up Issuance** will be per the airman's authorization letter.

*Anosmia-partial or complete loss of smell.

ENT evaluation required as some cases may be due to nasal polyps or nasal growth (tumor) which could be aeromedically significant.

ITEM 27. Sinuses

SINUSES - ACUTE OR CHRONIC
All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Sinusitis, intermittent use of topical or non-sedating medication	Document medication, dose and absence of side effects	Responds to treatment without any side effects - Issue
Severe - requiring continuous use of medication or affected by barometric changes	**Submit all pertinent medical information and current status report**	**Requires FAA Decision**

SINUS TUMOR
All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Benign - Cysts/Polyps	If no physiologic effects, submit documentation	Asymptomatic, no observable growth over a 12-month period, no potential for sinus block - Issue
Malignant	Submit all pertinent medical information and current status report	Requires FAA Decision

ITEM 28. Mouth and Throat

MOUTH AND THROAT
All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Any malformation or condition, including stuttering, that would impair voice communication	Submit all pertinent medical information and a current, detailed Clinical Progress Note.	Requires FAA Decision
Palate: Extensive adhesion of the soft palate to the pharynx	Submit all pertinent medical information and a current, detailed Clinical Progress Note. See Protocol for Obstructive Sleep Apnea	Requires FAA Decision

ITEM 29. Ears, General

HEARING DEVICES:

COCHLEAR IMPLANT (CI)

All Classes

(Updated 11/29/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. If the CI was placed in an adult to improve speech discrimination and sound localization (usually seen in older adults) OR Single Sided Deafness (SSD) Note: Pilots with a CI should fly with a spare processor and extra batteries.	If the AME can determine: • The individual can pass the hearing requirements with the CI turned OFF (i.e., SSD which passes hearing with the other ear); and • No symptoms or current problems that would interfere with flight duties: (If unable to pass hearing tests with CI turned off, go to Row B.)	**ISSUE** **Annotate** this information in Block 60 AND List the age the CI was placed and reason. Specify if they passed the hearing test with the CI turned on or off. This does NOT require a hearing limitation or MFT.
B. Implant was placed for hearing loss as a child/teen Note: Pilots with a CI should fly with a spare processor and extra batteries.	Submit the following for FAA review: 1. A **current, detailed Clinical Progress Note** generated from a clinic visit with the treating Ear, Nose, & Throat **(ENT) or audiologist no more than 90 days prior** to the AME exam. It must include: • A detailed summary of the history of the condition; • Current medications, dosage, and side effects (if any); • Physical exam findings; • Results of any testing performed; • Diagnosis; • Assessment and plan (prognosis); • Prognosis; and follow-up. 2. The Clinical Progress Note must specifically include: • Reason for the implant; • Date of implant; • How the individual functions with the device; • Ability to hear in noisy environment; and • Word discrimination 3. Audiogram performed no more than 90 days prior to the AME exam.	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Even if they pass the hearing test in the AME office.** Annotate elements or findings in Block 60.

Note: If pilot is unable to pass MFT or known to be deaf, see Item 49. Hearing.

ACOUSTIC NEUROMA

All Classes

(Updated 05/30/2018)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Treated **5 or more years ago** With • Surgery OR • Stereotactic radiation	The AME should review a current status report from the treating physician. If no symptoms or current problems, no ongoing treatment or surveillance needed:	**ISSUE** Summarize history in Block 60. Submit documents to the FAA for retention in the file.
B. Treated **5 or more years ago** With • Observation ONLY	Submit the following to the FAA for review: ☐ Current status report from the treating physician with treatment plan and prognosis; o It should identify all treatment used, size of the tumor at diagnosis, and current size; ☐ List of medications and side effects, if any; ☐ Operative notes and discharge summary, if applicable; and ☐ Copies of most recent imaging report(s) (MRI).	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow up Issuance** Will be per the airman's authorization letter.
C. Treated less than 5 years ago With ANY of the following: • Observation, • Surgery, OR • Stereotactic radiation	Submit the following to the FAA for review: ☐ Current status report from the treating physician (ENT or neurosurgeon) with o Treatment plan, prognosis, and adherence to treatment; o It should indicate the presence or absence of any residual tumor and any complications; ☐ List of medications and side effects, if any; ☐ Operative notes and discharge summary (if applicable); SEE NEXT PAGE ☐ Copies of initial and most recent imaging reports (MRI) and lab; ☐ Current audiogram (pure tone and speech discrimination); and ☐ If any neurologic deficit is noted, current documentation of the deficit and severity, as well as the status of the rest of the neurologic exam by treating neurosurgeon or neurotologist,-must be submitted.	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow up Issuance** Will be per the airman's authorization letter.

INNER EAR:

ACUTE OR CHRONIC DISEASE

All Classes
(Updated 11/29/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Acute or chronic disease without disturbance of equilibrium and successful miringotomy, if applicable	Submit all pertinent medical information	If no physiologic effects - Issue
Acute or chronic disease that may disturb equilibrium	Submit all pertinent medical information and current status report	Requires FAA Decision

BENIGN PAROXYSMAL POSITIONAL VERTIGO (BPPV)

All Classes
(Updated 11/29/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. RESOLVED **AND** symptoms lasted **1 year or less in total.** (This may have been single or multiple episode[s]).	If the AME can determine: • The condition has fully resolved without sequelae (with favorable notes from PCP, ER, or ENT); • No symptoms or current problems that would interfere with flight duties; • Medications, if any, are discontinued; and • No hearing loss: **Note:** Symptoms should be brief, mild, not disabling, and respond to repositioning.	**ISSUE** **Annotate** this information in Block 60.
B. Multiple/intermittent episodes for which the **combined time** of symptoms/sickness lasted **1 year or more**.	Submit the following for FAA review: 1. A **current, detailed Clinical Progress Note** generated from a clinic visit with the treating **otolaryngologist (ENT)** or PCP **no more than 90 days prior** to the AME exam. It must include: • A detailed summary of the history of the condition; • Current medications, dosage, and side effects (if any); • Physical exam findings; • Results of any testing performed; • Diagnosis; • Assessment and plan (prognosis); • Follow-up; and • It must specifically include any underling pathology, if found. 2. Copies of additional tests such as (ECOG, VEMP, MRI with Gadolinium of the cerebellopontine angle [CPA], etc.) performed as clinically indicated.	**DEFER** Submit the information to the FAA for a possible Special Issuance. Annotate elements or findings in Block 60.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
C. Severe/persistent recurrent/refractory to treatment OR Requiring surgery at any time	Submit the following for FAA review: 1. A **current, detailed Clinical Progress Note** generated from a clinic visit with the treating **ENT,** preferably with a **neurotologist** (a sub-specialty of ENT/otolaryngology). The clinic visit should be **no more than 90 days prior** to the AME exam. It must include: • A detailed summary of the history of the condition; • Current medications, dosage, and side effects (if any); • Physical exam findings; • Results of any testing performed; • Diagnosis; • Assessment and plan (prognosis); and • Follow-up. 2. If surgery was performed, copies of all clinic records including: • Operative notes; • Hospital admission H&P; • Discharge summary; and • Copies of any testing performed including CT/MRI/imaging.	**DEFER** Submit the information to the FAA for a possible Special Issuance.

LABYRINTHITIS
(Vestibular Neuritis, Viral Labyrinthitis, Epidemic Vertigo, Acute Vestibulopathy)

All Classes

(Updated 11/29/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Single episode now completely resolved	If the AME can determine: • The condition has fully resolved without sequelae (with favorable notes from PCP or ENT if recent event); • No symptoms or current problems that would interfere with flight duties; • No medication needed; and • No hearing loss **Note:** This condition usually takes approximately one month before fully recovered.	**ISSUE** **Annotate** this information in Block 60.
B. Current symptoms	The AME should not issue if there are current symptoms. Both the **condition and medication** to treat are of aeromedical concern. Once resolved, go to Row A. If recurrent symptoms, go to Row C.	**DEFER** Submit the information to the FAA. Annotate (elements or findings) Block 60.
C. Multiple episodes separated by weeks to months	Submit the following for FAA review: 3. A **current, detailed Clinical Progress Note** generated from a clinic visit with the treating **ENT (otolaryngologist), preferably a neurotologist** (a sub-specialty of ENT/otolaryngology). The clinic visit should be **no more than 90 days prior** to the AME exam. It must include: • A detailed summary of the history of the condition; • Current medications, dosage, and side effects (if any); • Physical exam findings; • Results of any testing performed; • Diagnosis; • Assessment and plan (prognosis); and • Follow-up. 2. It must specifically include if: • Any underlying pathology is found • Any hearing loss is noted.	**DEFER** Submit the information to the FAA for a possible Special Issuance. Annotate (elements or findings) in Block 60.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	3. Treatment notes 4. Vestibular testing already performed. 5. Current (performed within the past 90 days) clinical audiogram with Air-Conduction/ Bone-Conduction (AC/BC) and Speech Discrimination (SD). 6. Typed personal statement describing the history of the condition. It must include: • If there is any family history; • Episodes of hearing loss over the last year; • The number of episodes with approximates dates and how long each lasted; • A description of the severity of the attacks with type of symptoms; • Any history of Migraine or drop attacks (collapsing suddenly without fainting), • Medication used for control/treatment; • Any surgery; • Success of control (e.g., How often do you have a recurrence? When was most recent episode?); and • Therapy/medication used for control. If any underlying condition is found, see that page.	

MENIERE'S DISEASE

All Classes
(Updated 11/29/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Previously reviewed and warned by the FAA.	If the AME can determine there have been no further symptoms or episodes of vertigo: **Note:** The medical certificate should not be issued for any class until condition is fully resolved and reviewed by the FAA. Pilot duties must be discontinued while symptomatic or on medication for vertigo.	**ISSUE** If continued **asymptomatic,** annotate this information in Block 60. If return of symptoms, DEFER and submit the most recent ENT evaluation.
B. The FIRST time the condition is reported to the FAA.	After a recovery period of **six (6) months** showing: • Control of vertigo; • No further vertiginous attacks: AND • Hearing remains within standards. Submit the following for FAA review: 1. Current (performed within the past 90 days), detailed clinical **otolaryngologist** (ENT) evaluation and progress note that documents sustained control and no recurrence of symptoms. It must address if active disease exists. If in remission, when did remission commence. 2. Current (performed within the past 90 days) clinical audiogram with Air-Conduction/Bone-Conduction (AC/BC) and Speech Discrimination (SD). 3. Typed personal statement describing the history of the condition. It must include: • If there is any family history; • If single side or bilateral; • Episodes of hearing loss over the last year; • The number of attacks; • A description of the severity of the attacks with type of symptoms; • Any history of migraine or drop attacks (collapsing suddenly without fainting);	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow up Issuance** Will be per the Authorization Letter

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	• Medication used for control/treatment given; • Any surgery; • Success of control (e.g., How often do you have a recurrence? When was most recent episode?); and • Therapy/medication used for control. 4. Additional tests such as (ECOG, VEMP, MRI with Gadolinium of the cerebellopontine angle [CPA], etc.) performed as clinically indicated. 5. All treatment records associated with diagnosis. **Note:** Pilot and safety related duties (SRD) duties must be discontinued while on medication for vertigo. 14 CFR 61.53 applies. Medication: Betahistine (Serc, Beta-Serc) is **NOT** allowed.	
C. With associated hearing loss.	If there is associated hearing loss, the individual should be evaluated to determine if they meet hearing standards. See Item 49. Hearing.	**DEFER** Submit the information to the FAA

MOTION SICKNESS

All Classes

(Updated 11/29/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Motion Sickness	Submit all pertinent medical information and current status report	If occurred during flight training and **resolved** - Issue If condition requires medication - Requires FAA Decision

PERILYMPH FISTULA (PLF)

All Classes
(Updated 11/29/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Resolved **5 or more** years ago.	The AME should review the most recent **detailed Clinical Progress Note** generated from a clinic visit with the treating **otolaryngologist (ENT) or neurotologist.** If it verifies the treatment has been completed (surgical or medical) and no further episodes:	**ISSUE** **Annotate** Block 60 **and submit** the ENT evaluation to the FAA for retention in the file.
B. FIRST time the condition is reported to the FAA OR A new episode Within the last 5 years.	Once resolved and recovery period of: • One (1) month after surgery; or • Three (3) months if treated medically or with observation; and • Showing no further vertiginous attacks and hearing remains within standards. Submit the following for FAA review: 1. A **current, detailed Clinical Progress Note** generated from a clinic visit with the treating **otolaryngologist (ENT) or neurotologist no more than 90 days prior** to the AME exam. 2. It must include: • A detailed summary of the history of the condition; • Current medications, dosage, and side effects (if any); • Physical exam findings; • Results of any testing performed; • Diagnosis; • Assessment and plan prognosis; and • Follow-up. 3. It must specifically include: • If active disease exists. • If in remission, when did remission commence. 4. Current clinical audiogram with Air-Conduction/Bone-Conduction (AC/BC) and Speech Discrimination (SD) (performed within the past 90 days).	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow up Issuance** Will be per the Authorization Letter

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	5. Additional tests such as (ECOG, VEMP, MRI with Gadolinium of the cerebellopontine angle [CPA], etc.) performed as clinically indicated. 6. All Office treatment records. 7. Copy of Operative report if surgery performed. 8. Personal statement (typed) stating: • Number of attacks; • Severity; • Type of symptoms; • Episodes of hearing loss over the last year; • What type of therapy or medication(s) are used for control; and • How did the episode occur? (e.g., childbirth, straining, weightlifting, lightning strike, etc.).	

PERSISTENT POSTURAL PERCEPTUAL DIZZINESS (PPPD OR 3PD)

All Classes
(Updated 11/29/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Any history	• After the condition has fully resolved; • No symptoms remain; and • Medication is no longer needed for suppression of the vertigo: Submit the following for FAA review: 3. A **current, detailed Clinical Progress Note** generated from a clinic visit with the treating **otolaryngologist (ENT) or neurotologist no more than 90 days prior** to the AME exam. It must include: • A detailed summary of the history of the condition; • Current medications, dosage, and side effects (if any); • Physical exam findings; • Results of any testing performed; • Diagnosis; • Assessment and plan (prognosis); and • Follow-up 4. It must specifically include: • If active disease exists. • If in remission, when did remission commence. 5. Current clinical audiogram with Air-Conduction/Bone-Conduction (AC/BC) and Speech Discriminat ion (SD) (performed within the past 90 days). 6. Additional tests such as [ECOG, VEMP, MRI with Gadolinium of the cerebellopontine angle (CPA), etc.] performed as clinically indicated. 7. All Office treatment records. 8. Pharmacy Records for the last 3 years from all Pharmacies used. 9. Copies of any Vestibular Rehab progress notes (if performed).	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow up Issuance** Will be per the Authorization Letter

SUPERIOR SEMICIRCULAR CANAL DEHISCENCE SYNDROME (SSCDS)

All Classes
(Updated 11/29/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Incidental finding on imaging AND **NO** symptoms	The AME should obtain why the imaging was performed. Review a detailed, Clinical Progress Note from ENT (otolaryngology) performed any time after identification on imaging. If the ENT evaluation verifies: • An incidental finding on imaging; • The individual never had symptoms*; and • No required treatment AND The AME verifies no symptoms since diagnosis and there is no other condition found (which warranted imaging): If ANY symptoms, go to Row B. *Symptoms may include vertigo induced by a loud noise, autophonia, chronic imbalance, tinnitus, and hyperacusis. If another condition is found, see that page.	**ISSUE** **Annotate** Block 60 **and submit** the ENT evaluation to the FAA for retention in the file.
B. History of symptoms	After: • One (1) month after surgery; **and** • Released to full duties by the treating physician; **and** • No further vertiginous attacks; **and** • Hearing remains within standards. Submit the following for FAA review: 10. A **current, detailed Clinical Progress Note** generated from a clinic visit with the treating **ENT (otolaryngologist), preferably a neurotologist** (a sub-specialty of ENT/otolaryngology). The clinic visit should be no more than 90 days prior to the AME exam. It must include: • A detailed summary of the history of the condition; • Current medications, dosage, and side effects (if any); • Physical exam findings;	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow up Issuance** Will be per the Authorization Letter

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	• Results of any testing performed; • Diagnosis; • Assessment and plan (prognosis); and • Follow-up. 11. It must specifically include: • If active disease exists. • If in remission, when did remission commence. 12. Current clinical audiogram with Air-Conduction/Bone-Conduction (AC/BC) and Speech Discrimination (SD) (performed within the past 90 days). 13. Additional tests such as (ECOG, VEMP, MRI with Gadolinium of the cerebellopontine angle [CPA], etc.) performed as clinically indicated. 14. All Office treatment records. 15. Copy of Operative report (if surgery performed).	

MASTOIDS

All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Mastoid fistula	Submit all pertinent medical information and current status report	Requires FAA Decision
Mastoiditis, acute or chronic	Submit all pertinent medical information and current status report	Requires FAA Decision

MIDDLE EAR ABNORMALITIES
(Otitis Media, Serous Otitis Media, Eardrum Abnormalities, Tympanic Membrane Perforation, Myringotomy, Ear Tubes, PE Tubes, Eustachian Tube Dysfunction)

All Classes
(Updated 01/31/2024)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Myringotomy, Ear tubes, Tympanostomy tubes, Pressure equalizing tubes (PE tubes) **(single or bilateral)** **No matter how many sets**	If the AME can determine the condition is under control and no symptoms that would interfere with flight or safety-related duties: **Note:** There is no mandatory recovery period after PE tubes are placed other than wait time for General anesthesia (if used).	**ISSUE** **Annotate** this information in Block 60
B. RESOLVED Otitis media/ ear infection Tympanic membrane perforation (dry) OR Serous Otitis Media	If the AME can determine the condition has resolved without sequelae or no symptoms or current problems that would interfere with flight duties AND The individual can pass any of the acceptable hearing tests:	**ISSUE** **Annotate** this information in Block 60
C. ALL OTHERS Active acute Otitis Media/ear infection Chronic Otitis Media Chronic tympanic membrane perforation Eustachian Tube Dysfunction (ETD) Recurrent Acute Otitis Media Wet tympanic membrane perforation **Any of the above with associated pathology**	Submit the following for FAA review: 1. A **current, detailed Clinical Progress Note** generated from a clinic visit with the otolaryngologist **(ENT) or PCP** no more than 90 days prior to the AME exam. It must include: • A detailed summary of the history of the condition; • Current medications, dosage, and side effects (if any); • Physical exam findings; • Results of any testing performed; • Diagnosis; • Assessment and plan (prognosis); and • Follow-up.	**DEFER** Submit the information to the FAA for a possible Special Issuance

OUTER EAR ABNORMALITIES
(Cerumen Impaction, Otitis Externa, Microtia)

All Classes

(Updated 01/31/2024)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Impacted cerumen not affecting hearing OR Otitis Externa (resolved) or **not** affect flying/safety-related duties	If the AME can determine the condition has no symptoms or current problems that would interfere with flight duties AND The individual can pass any of the acceptable hearing tests:	**ISSUE** **Annotate** this information in Block 60.
B. With complications OR Incapacitating OR Affecting hearing (Unable to pass any of the acceptable hearing tests or the AME has concerns)	Submit the following for FAA review: 1. A **current, detailed Clinical Progress Note** generated from a clinic visit with the treating ear, nose, and throat **(ENT)** physician no more than 90 days before the AME exam. It must include: • A detailed summary of the history of the condition; • Current medications, dosage, and side effects (if any); • Physical exam findings; • Results of any testing performed; • Diagnosis; • Assessment and plan (prognosis); and • Follow-up. 2. All audiograms already performed.	**DEFER** Submit the information to the FAA for a possible Special Issuance.
C. Outer ear/external pinna abnormality (such as Microtia)	The AME should look closely at the affected ear for other visible signs of pathology such as pre auricular pits or brachial cleft cyst or other evidence of a syndromic nature. If the AME can determine the condition has no symptoms or current problems that would interfere with flight duties AND The individual can pass any of the acceptable hearing tests:	**ISSUE** **Annotate** this information in Block 60. **Note:** If the applicant is unable to pass any of the acceptable hearing tests or the AME has concerns, the AME should annotate this in Block 60 and **DEFER.**

ITEM 30. Ear Drums

EAR DRUMS
All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Perforation that has associated pathology	Establish etiology, treatment, and submit all pertinent medical information	Requires FAA Decision
Perforation which has resolved without any other clinical symptoms	Submit all pertinent medical information	If no physiologic effects - Issue

Otologic Surgery: A history of otologic surgery is not necessarily disqualifying for medical certification. The FAA evaluates each case on an individual basis following review of the otologist's report of surgery. The type of prosthesis used, the person's adaptability and progress following surgery, and the extent of hearing acuity attained are all major factors to be considered. AME should defer issuance to an applicant presenting a history of otologic surgery for the first time, sending the completed report of medical examination, with all available supplementary information, to the AMCD.
Some conditions may have several possible causes or exhibit multiple symptomatology. Episodic disorders of dizziness or disequilibrium require careful evaluation and consideration by the FAA. Transient processes, such as those associated with acute labyrinthitis, or benign positional vertigo may not disqualify an applicant when fully recovered. (Also see **Item 46., Neurologic** for a discussion of syncope and vertigo).

ITEMS 31-34. Eye

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
31. Eyes, general (vision under Items 50 to 54)		
32. Ophthalmoscopic		
33. Pupils (Equity and reaction)		
34. Ocular motility (Associated parallel movement nystagmus)		

I. Code of Federal Regulations

All Classes: 14 CFR 67.103(e), 67.203(e), and 67.303(d)

(e) No acute or chronic pathological condition of either the eye or adnexa that interferes with the proper function of the eye, that may reasonably be expected to progress to that degree, or that may reasonably be expected to be aggravated by flying.

II. Examination Techniques

For guidance regarding the conduction of visual acuity, field of vision, heterophoria, and color vision tests, please see **Items 50-54**.

The examination of the eyes should be directed toward the discovery of diseases or defects that may cause a failure in visual function while flying or discomfort sufficient to interfere with safely performing airman duties.

The AME should personally explore the applicant's history by asking questions concerning any changes in vision, unusual visual experiences (halos, scintillations, etc.), sensitivity to light, injuries, surgery, or current use of medication. Does the applicant report inordinate difficulties with eye fatigue or strain? Is there a history of serious eye disease such as glaucoma or other disease commonly associated with secondary eye changes, such as diabetes? (See **Item 53. Field of Vision** and **Item 54. Heterophoria**)

1. It is recommended that the AME consider the following signs during the course of the eye examination:

    a. *Color* — redness or suffusion of allergy, drug use, glaucoma, infection, trauma, jaundice, ciliary flush of Iritis, and the green or brown Kayser-Fleischer Ring of Wilson's disease.

    b. *Swelling* — abscess, allergy, cyst, exophthalmos, myxedema, or tumor.

    c. *Other* — clarity, discharge, dryness, ptosis, protosis, spasm (tic), tropion, or ulcer.

2. It is suggested that a routine be established for ophthalmoscopic examinations to aid in the conduct of a comprehensive eye assessment.

a. *Cornea* — observe for abrasions, calcium deposits, contact lenses, dystrophy, keratoconus, pterygium, scars, or ulceration.

b. *Pupils and Iris* — check for the presence of synechiae and uveitis. Size, shape, and reaction to light should be evaluated during the ophthalmoscopic examination. Observe for coloboma, reaction to light, or disparity in size.

c. *Aqueous* — hyphema or iridocyclitis.

d. *Lens* — observe for aphakia, discoloration, dislocation, cataract, or an implanted lens.

e. *Vitreous* — note discoloration, hyaloid artery, floaters, or strands.

f. *Optic nerve* — observe for atrophy, hemorrhage, cupping, or papilledema.

g. *Retina and choroid* — examine for evidence of coloboma, choroiditis, detachment of the retina, diabetic retinopathy, retinitis, retinitis pigmentosa, retinal tumor, macular or other degeneration, toxoplasmosis, etc.

3. Ocular Motility. Motility may be assessed by having the applicant follow a point light source with both eyes, the AME moving the light into right and left upper and lower quadrants while observing the individual and the conjugate motions of each eye. The AME then brings the light to center front and advances it toward the nose observing for convergence. End point nystagmus is a physiologic nystagmus and is not considered to be significant. It need not be reported. (For further consideration of nystagmus, see **Item 50., Distant Vision**.)

4. Monocular Vision. An applicant will be considered monocular when there is only one eye or when the best corrected distant visual acuity in the poorer eye is no better than 20/200. An individual with one eye, or effective visual acuity equivalent to monocular, may be considered for medical certification, any class, through the special issuance section of part 67 (14 CFR 67.401).

   In amblyopia ex anopsia, the visual acuity loss is simply recorded in Item 50 of FAA Form 8500-8, and visual standards are applied as usual. If the standards are not met, a Report of Eye Evaluation, FAA Form 8500-7, should be submitted for consideration.

   Although it has been repeatedly demonstrated that binocular vision is not a prerequisite for flying, some aspects of depth perception, either by stereopsis or by monocular cues, are necessary. It takes time for the monocular airman to develop the techniques to interpret the monocular cues that substitute for stereopsis; such as, the interposition of objects, convergence, geometrical perspective, distribution of light and shade, size of known objects, aerial perspective, and motion parallax.

In addition, it takes time for the monocular airman to compensate for his or her decrease in effective visual field. A monocular airman's effective visual field is reduced by as much as 30% by monocularity. This is especially important because of speed smear; i.e., the effect of speed diminishes the effective visual field such that normal visual field is decreased from 180 degrees to as narrow as 42 degrees or less as speed increases. A monocular airman's reduced effective visual field would be reduced even further than 42 degrees by speed smear.

For the above reasons, a waiting period of 6 months is recommended to permit an adequate adjustment period for learning techniques to interpret monocular cues and accommodation to the reduction in the effective visual field.

Applicants who have had monovision secondary to refractive surgery may be certificated, providing they have corrective vision available that would provide binocular vision in accordance with the vision standards, while exercising the privileges of the certificate. The certificate issued must have the appropriate vision limitations statement.

5. Contact Lenses. The use of contact lens(es) for monovision correction is not allowed:

    - The use of a contact lens in one eye for near vision and in the other eye for distant vision is not acceptable (for example: pilots with myopia plus presbyopia).

    - The use of a contact lens in one eye for near vision and the use of no contact lens in the other eye is not acceptable (for example: pilots with presbyopia but no myopia).

    Additionally, designer contact lenses that introduce color (tinted lenses), restrict the field of vision, or significantly diminish transmitted light are not allowed.

    Please note: the use of binocular contact lenses for distance-correction-only is acceptable. In this instance, no special evaluation or SODA is routinely required for a distance-vision-only contact lens wearer who meets the standard and has no complications. Binocular bifocal or binocular multifocal contact lenses are acceptable under the Protocol for Binocular Multifocal and Accommodating Devices.

6. Intraocular Devices. Binocular airman using multifocal or accommodating ophthalmic devices may be issued an airman medical certificate in accordance with the Protocol for Binocular Multifocal and Accommodating Devices.
7. Orthokeratology (Ortho-K) is the use of rigid gas-permeable contact lenses, normally worn only during sleep, to improve vision through reshaping of the cornea. It is used as an alternative to eyeglasses, refractive surgery, or for those who prefer not to wear contact lenses while awake. The correction is not permanent and visual acuity can regress while not wearing the Ortho-K lenses.

There is no reasonable or reliable way to determine standards for the entire period the lenses are removed. Therefore, to be found qualified, applicants who use Ortho-K lenses **must meet the applicable vision standard while wearing the Ortho-K lenses AND must wear the Ortho-K lenses while piloting aircraft.** The limitation "must use Ortho-K lenses while performing pilot duties" must be placed on the medical certificate.

8. Glaucoma. The AME should deny or defer issuance of a medical certificate to an applicant if there is a loss of visual fields or a significant change in visual acuity.

   The FAA may grant an Authorization under the special issuance section of Part 67 (14 CFR 67.401) on an individual basis. The AME must obtain a report of Ophthalmological Evaluation for Glaucoma (FAA Form 8500-14) from an ophthalmologist. See Glaucoma Worksheet. Because secondary glaucoma is caused by known pathology such as; uveitis or trauma, eligibility must largely depend upon that pathology. Secondary glaucoma is often unilateral, and if the cause or disease process is no longer active and the other eye remains normal, certification is likely.

   Applicants with primary or secondary narrow angle glaucoma are usually denied because of the risk of an attack of angle closure, because of incapacitating symptoms of severe pain, nausea, transitory loss of accommodative power, blurred vision, halos, epiphora, or iridoparesis. Central venous occlusion can occur with catastrophic loss of vision. However, when surgery such as iridectomy or iridoclesis has been performed satisfactorily more than 3 months before the application, the likelihood of difficulties is considerably more remote, and applicants in that situation may be favorably considered.

   An applicant with unilateral or bilateral open angle glaucoma may be certified by the FAA (with follow-up required) when a current ophthalmological report substantiates that pressures are under adequate control, there is little or no visual field loss or other complications, and the person tolerates small to moderate doses of allowable medications. Individuals who have had filter surgery for their glaucoma, or combined glaucoma/cataract surgery, can be considered when stable and without complications. Applicants using miotic or mydriatic eye drops or taking an oral medication for glaucoma may be considered for Special Issuance certification following their demonstration of adequate control. These medications DO NOT qualify for the CACI program. Miotics such as pilocarpine cause pupillary constriction and could conceivably interfere with night vision. Although the FAA no longer routinely prohibits pilots who use such medications from flying at night, it may be worthwhile for the AME to discuss this aspect of the use of miotics with applicants. If considerable disturbance in night vision is documented, the FAA may limit the medical certificate: NOT VALID FOR NIGHT FLYING.

9. Sunglasses. Sunglasses are not acceptable as the only means of correction to meet visual standards, but may be used for backup purposes if they provide the necessary correction. Airmen should be encouraged to use sunglasses in bright

daylight but must be cautioned that, under conditions of low illumination, they may compromise vision. Mention should be made that sunglasses do not protect the eyes from the effects of ultra violet radiation without special glass or coatings and that photosensitive lenses are unsuitable for aviation purposes because they respond to changes in light intensity too slowly. The so-called "blue blockers" may not be suitable since they block the blue light used in many current panel displays. Polarized sunglasses are unacceptable if the windscreen is also polarized.

10. Refractive Procedures. The FAA accepts the following Food and Drug Administration approved refractive procedures for visual acuity correction:

    - Radial Keratotomy (RK)
    - Epikeratophakia
    - Laser-Assisted In Situ Keratomileusis (LASIK), including Wavefront-guided LASIK
    - Photorefractive Keratectomy (PRK)
    - Conductive Keratoplasty (CK)*

    Please be advised that these procedures have potential adverse effects that could be incompatible with flying duties, including: corneal scarring or opacities; worsening or variability of vision; and night-glare.

    The FAA expects that airmen will not resume airman duties until their treating health care professional determines that their post-operative vision has stabilized, there are no significant adverse effects or complications (such as halos, rings, haze, impaired night vision and glare), the appropriate vision standards are met, and they have been reviewed by an AME or AMCD. When this determination is made, the airman should have the treating health care professional document this in the health care record, a copy of which should be forwarded to the AMCD before resumption of airman duties. If the health care professional's determination is favorable and after consultation and review by an AME, the applicant may resume airman duties, unless informed otherwise by the FAA.

    An applicant treated with a refractive procedure may be issued a medical certificate by the AME if the applicant meets the visual acuity standards and the Report of Eye Evaluation (FAA Form 8500-7) indicates that healing is complete; visual acuity remains stable; and the applicant does not suffer sequela such as; glare intolerance, halos, rings, impaired night vision, or any other complications. There should be no other pathology of the affected eye(s).
    If the procedure was done 2 years ago or longer, the FAA may accept the AME's eye evaluation and an airman statement regarding the absence of adverse sequela.

    If the procedure was performed within the last 2 years, the airman must provide a report to the AMCD from the treating health care professional to document the date of procedure, any adverse effects or complications, and when the airman returned

to flying duties. If the report is favorable and the airman meets the appropriate vision standards, the applicant may resume airman duties, unless informed otherwise by the FAA.

***Conductive Keratoplasty (CK)**: CK is used for correction of farsightedness. As this procedure is not considered permanent and there is expected regression of visual acuity in time, the FAA may grant an Authorization for special issuance of a medical certificate under 14 CFR 67.401 to an applicant who has had CK.

The FAA evaluates CK procedures on an individual basis following a waiting period of 6 months. The waiting period is required to permit adequate adjustment period for fluctuating visual acuity. The AME can facilitate FAA review by obtaining all pre- and post-operative medical records, a Report of Eye Evaluation (FAA Form 8500-7) from a treating or evaluating eye specialist with comment regarding any adverse effects or complications related to the procedure.

III. Aerospace Medical Disposition

Applicants with many visual conditions may be found qualified for FAA certification following the receipt and review of specialty evaluations and pertinent medical records.

Examples include retinal detachment with surgical correction, open angle glaucoma under adequate control with medication, and narrow angle glaucoma following surgical correction.

The AME may not issue a certificate under such circumstances for the initial application, except in the case of applicants following cataract surgery. The AME may issue a certificate after cataract surgery for applicants who have undergone cataract surgery with or without lens(es) implant. If pertinent medical records and a current ophthalmologic evaluation (using FAA Form 8500-7 or FAA Form 8500-14)
indicate that the applicant meets the standards, the FAA may delegate authority to the AME to issue subsequent certificates.

The following is a table that lists the most common conditions of aeromedical significance, and course of action that should be taken by the AME as defined by the protocol and disposition in the table. Medical certificates must not be issued to an applicant with medical conditions that require deferral, or for any condition not listed in the table that may result in sudden or subtle incapacitation without consulting the AMCD or the RFS. Medical documentation must be submitted for any condition in order to support an issuance of an airman medical certificate.

ITEM 31. Eyes - General

EYES - GENERAL
All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Amblyopia* Initial certification	Provide completed FAA Form 8500-7 Note: applicant should be at best corrected visual acuity before evaluation	If applicant does not correct to standards, DEFER. Note in Block 60 along with which FSDO the airman wants to use to take a MFT
Congenital or acquired conditions (whether acute or chronic) of either eye or adnexa, that may interfere with visual functions, may progress to that degree, or may be aggravated by flying (tumors and ptosis obscuring the pupil, acute inflammatory disease of the eyes and lids, cataracts, or keratoconus.)	Provide completed FAA Form 8500-7 Submit all pertinent medical information and current status report For keratoconus, include if available results of imaging studies such as kertatometry, videokeratography, etc., with clinical correlation Note: applicant should be at best corrected visual acuity before evaluation	Requires FAA Decision
Any ophthalmic pathology reflecting a serious systemic disease (e.g., diabetic and hypertensive retinopathy)	Submit all pertinent medical information and current status report. (If applicable, see Diabetes and Hypertensive Protocols)	Requires FAA Decision
Diplopia	If applicant provides written evidence that the FAA has previously considered and determined that this condition is not adverse to flight safety. A MFT may be requested.	Contact RFS for approval to Issue Otherwise - Requires FAA Decision
Pterygium	Document findings in Item 60	If less than 50% of the cornea and not affecting central vision - Issue Otherwise - Requires FAA Decision

EYES – PROCEDURES

All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Aphakia/Lens Implants	Submit all pertinent medical information and current status report (See additional disease dependent requirements)	If visual acuity meets standards - Issue Otherwise - Requires FAA Decision
Conductive Keratoplasty - Farsightedness	See Protocol for Conductive Keratoplasty	See Protocol for Conductive Keratoplasty
Intraocular Devices	See Protocol for Binocular Multifocal and Accommodating Devices	See Protocol for Binocular Multifocal and Accommodating Devices
Refractive Procedures other than CK	Provide completed FAA Form 8500-7, type and date of procedure, statement as to any adverse effects or complications (halo, glare, haze, rings, etc.)	If visual acuity meets standards, is stable, and no complications exist - Issue Otherwise - Requires FAA Decision

ITEM 32. Ophthalmoscopic

OPHTHALMOSCOPIC
All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Chorioretinitis; Coloboma; Corneal Ulcer or Dystrophy; Optic Atrophy or Neuritis; Retinal Degeneration or Detachment; Retinitis Pigmentosa; Papilledema; or Uveitis	Submit all pertinent medical information and current status report	Requires FAA Decision
Glaucoma (treated or untreated)	Review all pertinent medical information and current status report, including Form 8500-14	Follow CACI - Glaucoma Worksheet. If airman meets all certification criteria – **Issue**. **All others** require FAA decision. Submit all evaluation data. **Initial Special Issuance** - Requires FAA Decision **Follow-up Special Issuances** - See AASI Protocol
Macular Degeneration; Macular Detachment	Submit all pertinent medical information and current status report	Requires FAA Decision
Tumors	Submit all pertinent medical information and current status report	Requires FAA Decision
Vascular Occlusion; Retinopathy	Submit all pertinent medical information and current status report	Requires FAA Decision

CACI - Glaucoma Worksheet (Updated 04/13/2022)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam.If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second- class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
Treating ophthalmologist finds the condition stable on current regimen and no changes recommended.	[ ] Yes
Age at diagnosis	[ ] 40 or older
FAA Form 8500-14 or equivalent treating physician report that documents the considerations below:	[ ] Yes
Acceptable types of glaucoma	[ ] Open Angle being monitored and stable, Ocular Hypertension or Glaucoma Suspect being monitored and stable, or previous history of Narrow Angle/Angle Closure Glaucoma which has been treated with iridectomy/iridotomy (surgical or laser) and is currently stable. **NOT acceptable:** Normal Tension Glaucoma, secondary glaucoma due to inflammation, trauma, or the presence of any other significant eye pathology (e.g. neovascular glaucoma due to proliferative diabetic retinopathy or an ischemic central vein occlusion or uveitic glaucoma)
Documented nerve damage or trabeculectomy (filtration surgery)	[ ] No
Medications	[ ] None or Prostaglandin analogs (Xalatan, Lumigan, Travatan or Travatan Z), Carbonic anhydrase inhibitor (Trusopt and Azopt), Beta blockers (Timoptic, etc), or Alpha agonist (Alphagan). Combination eye drops are acceptable **NOT acceptable for CACI**: Pilocarpine or other miotics, cycloplegics (Atropine), or oral medications.
Medication side effects	[ ] None
Intraocular pressure	[ ] 23 mm Hg or less in both eyes
ANY evidence of defect or reported Unreliable Visual Fields **Acceptable visual field tests: Humphrey 24-2 or 30-2 (either SITA or full threshold), Octopus (either TOP or full threshold). Other formal visual field testing may be acceptable but you must call for approval. Confrontation or screening visual field testing is not acceptable.**	**[ ] No**

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified glaucoma**.** (Documents do not need to be submitted to the FAA.)

[ ] Has current OR previous SI/AASI but now CACI qualified glaucoma.

[ ] NOT CACI qualified glaucoma**.** I have deferred. (Submit supporting documents.)

ITEM 33. Pupils

PUPILS
All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Disparity in size or reaction to light (afferent pupillary defect) requires clarification and/or further evaluation	Submit all pertinent medical information and current status report	Requires FAA Decision
Nonreaction to light in either eye acute or chronic	Submit all pertinent medical information and current status report	Requires FAA Decision
Nystagmus[1]	Submit all pertinent medical information and current status report	Requires FAA Decision
Synechiae, anterior or posterior	Submit all pertinent medical information and current status report	Requires FAA Decision

ITEM 34. Ocular Motility

OCULAR MOTILITY
All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Absence of conjugate alignment in any quadrant	Submit all pertinent medical information and current status report	Requires FAA Decision
Inability to converge on a near object	Submit all pertinent medical information and current status report	Requires FAA Decision
Paralysis with loss of ocular motion in any direction	Submit all pertinent medical information and current status report	Requires FAA Decision

[1] Nystagmus of recent onset is cause to deny or defer certificate issuance. Any recent neurological or other evaluations available to the Examiner should be submitted to the AMCD. If nystagmus has been present for a number of years and has not recently worsened, it is usually necessary to consider only the impact that the nystagmus has upon visual acuity. The Examiner should be aware of how nystagmus may be aggravated by the forces of acceleration commonly encountered in aviation and by poor illumination.

ITEM 35. Lungs and Chest

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
35. Lungs and chest (Not including breast examination)		

I. Code of Federal Regulations

All Classes: 14 CFR 67.113(b)(c), 67.213(b)(c), and 67.313(b)(c)

(b) No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds -

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges;

(c) No medication or other treatment that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the medication or other treatment involved, finds -

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

II. Examination Techniques

Breast examination: The breast examination is performed only at the applicant's option or if indicated by specific history or physical findings. If a breast examination is performed, the results are to be recorded in Item 60 of FAA Form 8500-8. The applicant should be advised of any abnormality that is detected, then deferred for further evaluation.

III. Aerospace Medical Dispositions

The following is a table that lists the most common conditions of aeromedical significance, and course of action that should be taken by the AME as defined by the protocol and disposition in the table. Medical certificates must not be issued to an applicant with medical conditions that require deferral, or for any condition not listed in the table that may result in sudden or subtle incapacitation without consulting the AMCD or the RFS. Medical documentation must be submitted for any condition in order to support an issuance of an airman medical certificate.

ALLERGIES

All Classes

(Updated 02/24/2021)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Allergies, severe	Submit all pertinent medical information and current status report, include duration of symptoms, name and dosage of drugs and side effects	Requires FAA Decision
Hay fever controlled solely by desensitization without antihistamines or other medications	Submit all pertinent medical information and current status report, include duration of symptoms, name and dosage of drugs and side effects	If responds to treatment and without side effects - Issue Otherwise - Requires FAA Decision

For hay fever requiring antihistamines, see the Pharmaceuticals Section, Allergy - Antihistamine & Immunotherapy Medication.

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ASTHMA

All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Mild or seasonal asthmatic symptoms	Review all pertinent medical information and current status report, include PFT's, duration of symptoms, name and dosage of drugs and side effects for special issuance consideration	Follow the CACI -Asthma Worksheet. If airman meets all certification criteria – **Issue**. **All others** require FAA Decision. Submit all evaluation data. **Initial Special Issuance** - Requires FAA Decision **Follow-up Special Issuances** - See AASI Protocol
Frequent severe asthmatic symptoms	Submit all pertinent medical information and current status report, include PFT's, duration of symptoms, name and dosage of drugs and side effects for special issuance consideration.	**Initial Special Issuance** - Requires FAA Decision **Follow-up Special Issuances** - See AASI Protocol

CACI - Asthma Worksheet

(Updated 04/13/2022)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second- class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
Treating physician finds the condition stable on current regimen and no changes recommended.	[ ] Yes
Symptoms: Stable and well-controlled (either on or off medication)	[ ] Yes for all of the following: - Frequency of symptoms - no more than 2 days per week - Use of inhaled short-acting beta agonist (rescue inhaler) - no more than 2 times per week - Use of oral corticosteroids for exacerbations - no more than 2 times per year - In the last year: o No in-patient hospitalizations o No more than 2 outpatient clinic/urgent care visits for exacerbations (with symptoms fully resolved).
Acceptable Medications **NOT acceptable for CACI**: Monoclonal antibodies	[ ] One or more of the following - Inhaled long-acting beta agonist - Inhaled short-acting beta agonist (e.g., albuterol) - Inhaled corticosteroid - leukotriene receptor antagonist, (e.g., montelukast [Singulair]) Note: A short course of oral or IM steroids during an exacerbation is acceptable. The AME **must caution airman not to fly until course of oral steroids is completed and airman is symptom free.**
Pulmonary Function Tests * *PFT is not required if the only treatment is PRN use on one or two days a week of a short-acting beta agonist (e.g., albuterol).	[ ] Current within last 90 days [ ] FEV1, FVC, and FEV1/FVC are all equal to or greater than 80% predicted before bronchodilators.

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified asthma. (Documents do not need to be submitted to the FAA.)

[ ] Has current OR previous SI/AASI but now CACI qualified asthma.

[ ] NOT CACI qualified asthma. I have deferred. (Submit supporting documents.)

Chronic Obstructive Pulmonary Disease (COPD); Emphysema; Chronic Bronchitis

All Classes

(Updated 05/31/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. GOLD stage 1A or 2A on multi-dimensional assessment of COPD AND • Resting SpO2 is 96% or higher • Post-bronchodilator FEV1 is 61% or higher • 6-minute walk test findings: ○ 1-3% drop in SpO2 from baseline **AND** ○ Walked 400 meters or more • Treated with 3 or fewer medications (**excluding** a rescue inhaler) • NOT taking daily oral steroid **ALL OTHERS, see Row B**	Submit the following: **1.** The COPD Status Summary (to expedite case processing); **2.** A **current, detailed Clinical Progress Note** from the **treating physician** or a board-certified **Pulmonologist no more than 90 days before the AME exam;** **3.** The progress note must specifically include: • History of the condition (how it was diagnosed, past and current treatments); • Current disease severity utilizing GOLD multi-dimensional assessment; • History of acute exacerbations or other complications; • Medication list noting presence or absence of side effects and dates used; • Physical exam findings; • Treatment plan; and • Prognosis; **4.** Pulmonary Function Test (PFT) performed no more than 90 days before the AME exam. PFT must be both pre- and post-bronchodilator and include flow volume loops; **5.** Current 6-minute walk test; **6.** Labs to include CBC within the past 90 days and any other tests deemed indicated or already performed; and **7.** Results of any tests/ imaging already performed	**DEFER** Submit the information to the FAA for a possible Special Issuance Annotate (elements or findings) in Item 60.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION

B. All others (or any of the following)
 	
Any GOLD stage **other than** 1A or 2A on multi-dimensional assessment of COPD
 	
OR
• Resting SpO2 is 95% or less
OR
• Post-bronchodilator FEV1 is 60% predicted or less
OR
• 6-minute walk test findings:
  ○ Greater than 3% drop in SpO2 from baseline **OR**
  ○ Walked less than 400 meters
OR
• Treated with 4 or more medications, (**excluding** a rescue inhaler)
OR
• Daily oral steroid use
	Submit the following:
	
	ALL items in Row A
	
	HOWEVER:
	
	• The evaluation, and current, detailed Clinical Progress Note must be from a **board-certified PULMONOLOGIST**
	
	• Pulmonary Function Test (PFT) **must include DLCO**, both pre- and post-bronchodilator, and include flow volume loops
		DEFER
		
		Submit the information to the FAA for a possible Special Issuance
		
		Annotate (elements or findings) in Item 60.

Chronic Obstructive Pulmonary Disease (COPD) Status Summary

(Updated 06/28/2023)

Name: _____ Birthdate: _____
Applicant ID: _____ PI#: _____

Please have your Pulmonologist or the physician who manages your COPD provide the requested information in the space provided. Submit this summary and a current, detailed Clinical Progress Note addressing each item. Attach a copy of Pulmonary Function Test (#3) and the 6-minute Walk Test results (#4) and submit to your AME or mail to the FAA:

Federal Aviation Administration Civil Aerospace Medical Institute, Building 13 Aerospace Medical Certification Division, AAM-300, PO Box 25082 Oklahoma City, OK 73125-9867	For stage criteria, see the Global Initiative for Chronic Lung Disease (GOLD) pocket guide app.

1. Is the individual classified as **GOLD stage 1 or 2a** and stable with no hospitalizations and no moderate or severe exacerbations in the past year?	YES NO
2. Resting oxygen saturation is 96% or higher.	YES NO
3. ☐ Pulmonary Function Test (PFT), performed no more than 90 days ago: Is the Post-bronchodilator **FEV1 greater than 60%** predicted:	YES NO Attach test results.
4. ☐ 6-minute walk test, (6MWT) performed no more than 90 days ago. Do the results verify: a. Less than or equal to 3% drop in SpO2 from baseline AND b. Walked 400 meters or more	YES NO Attach test results.
5. Medications. a. Treated with three (3) or fewer medications, excluding a rescue inhaler (e.g., Trelegy plus albuterol) AND b. Oral prednisone (or similar) not needed/ not used daily.	YES NO

6. Explain any “NO” answers or other concerns. (Attach a current, detailed Clinical Progress Note).

_____ _____
Treating Physician Signature (Circle: Pulmonologist; PCP; Other) Date of Evaluation

_____ _____
Name or Office Stamp Phone Number

DISEASE OF THE LUNGS, PLEURA, OR MEDIASTINUM

All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Abscesses Active Mycotic disease Active Tuberculosis	Submit all pertinent medical information and current status report	Requires FAA Decision
Fistula, Bronchopleural, to include Thoracostomy	Submit all pertinent medical information and current status report	Requires FAA Decision
Lobectomy	Submit all pertinent medical information and current status report	Requires FAA Decision
Pulmonary Embolism	See Thromboembolic Disease Protocol	See Thromboembolic Disease Protocol
Pulmonary Fibrosis	Submit all pertinent medical information, current status report, PFT's with diffusion capacity	If >75% predicted and no impairment - Issue Otherwise - Requires FAA Decision

PLEURA AND PLEURAL CAVITY

All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Acute fibrinous pleurisy; Empyema; Pleurisy with effusion; or Pneumonectomy	Submit all pertinent medical information and current status report	Requires FAA Decision
Malignant tumors or cysts of the lung, pleura or mediastinum	Submit all pertinent medical information and current status report	Requires FAA Decision
Other diseases or defects of the lungs or chest wall that require use of medication or that could adversely affect flying or endanger the applicant's well-being if permitted to fly	Submit all pertinent medical information and current status report	Requires FAA Decision
Pneumothorax - Traumatic	Submit all pertinent medical information and current status report	If 3 months after resolution - Issue
Sarcoid, if more than minimal involvement or if symptomatic	Submit all pertinent medical information and current status report	Requires FAA Decision
Spontaneous pneumothorax*	Submit all pertinent medical information and current status report	Requires FAA Decision

*A history of a single episode of spontaneous pneumothorax is considered disqualifying for airman medical certification until there is x-ray evidence of resolution and until it can be determined that no condition that would be likely to cause recurrence is present (i.e., residual blebs). On the other hand, an individual who has sustained a repeat pneumothorax normally is not eligible for certification until surgical interventions are carried out to correct the underlying problem. A person who has such a history is usually able to resume airmen duties 3 months after the surgery. No special limitations on flying at altitude are applied.

PULMONARY

All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Bronchiectasis	Submit all pertinent medical information and current status report	If moderate to severe - Requires FAA Decision

SLEEP APNEA

All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Obstructive Sleep Apnea	Requires risk evaluation, per OSA Protocol. Document history and Findings.	If meets OSA Criteria – Issue, if otherwise qualified **Initial Special Issuance** - Requires FAA Decision **Follow-up Special Issuance** See AASI

RESTLESS LEG SYNDROME (RLS)

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Restless Leg Syndrome (RLS)	Submit the following for FAA review: 1. A **current, detailed Clinical Progress Note** from a clinic visit with the treating physician **no more than 90 days before** the AME exam. It should include a detailed summary of the history of the condition, current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis), and follow-up. 2. **It must specifically include**: • Etiology and presence or absence of excessive daytime sleepiness (EDS), disruptive sleep, and presenting symptoms (if any); and • Current medication list. Specifically annotate **medication used to treat RLS or sleep disorder(s)** (name, dose, frequency, and side effects, if any). 3. **Lab** performed **no more than 90 days before** the AME exam to include: • Complete blood count (CBC); and • Ferritin level 4. **Sleep study (polysomnography)**results **if already performed.** **Note:** The FAA may request a sleep study for certification determination in some cases.	**DEFER** Submit the information to the FAA for a possible Special Issuance.

ITEM 36. Heart

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
36. Heart (Precordial activity, rhythm, sounds, and murmurs)		

I. Code of Federal Regulations:

First-Class: 14 CFR 67.111(a)(b)(c)

Cardiovascular standards for first-class airman medical certificate are:

(a) No established medical history or clinical diagnosis of any of the following:

(1) Myocardial infarction

(2) Angina pectoris

(3) Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant

(4) Cardiac valve replacement

(5) Permanent cardiac pacemaker implantation; or

(6) Heart replacement

(b) A person applying for first-class airman medical certification must demonstrate an absence of myocardial infarction and other clinically significant abnormality on electrocardiographic examination:

(1) At the first application after reaching the 35th birthday; and

(2) On an annual basis after reaching the 40th birthday

(c) An electrocardiogram will satisfy a requirement of paragraph (b) of this section if it is dated no earlier than 60 days before the date of the application it is to accompany and was performed and transmitted according to acceptable standards and techniques.

Second- and Third-Class: 14 CFR 67.211(a)(b)(c)(d)(e)(f) and 67.311(a)(b)(c)(d)(e)(f)

Cardiovascular standards for a second- and third-class airman medical certificate are no established medical history or clinical diagnosis of any of the following:

(a) Myocardial infarction

(b) Angina pectoris

(c) Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant

(d) Cardiac valve replacement

(e) Permanent cardiac pacemaker implantation; or

(f) Heart replacement

II. Examination Techniques

A. General Physical Examination.

1. A brief description of any comment-worthy personal characteristics as well as height, weight, representative blood pressure readings in both arms, funduscopic examination, condition of peripheral arteries, carotid artery auscultation, heart size, heart rate, heart rhythm, description of murmurs (location, intensity, timing, and opinion as to significance), and other findings of consequence must be provided.

2. The AME should keep in mind some of the special cardiopulmonary demands of flight, such as changes in heart rates at takeoff and landing. High G-forces of aerobatics or agricultural flying may stress both systems considerably. Degenerative changes are often insidious and may produce subtle performance decrements that may require special investigative techniques.

    a. Inspection. Observe and report any thoracic deformity (e.g., pectus excavatum), signs of surgery or other trauma, and clues to ventricular hypertrophy. Check the hematopoietic and vascular system by observing for pallor, edema, varicosities, stasis ulcers, and venous distention. Check the nail beds for capillary pulsation and color.

    b. Palpation. Check for thrills and the vascular system for arteriosclerotic changes, shunts, or AV anastomoses. The pulses should be examined to determine their character, to note if they are diminished or absent, and to observe for synchronicity. The medical standards do not specify pulse rates that, per se, are disqualifying for medical certification. These tests are used, however, to determine the status and responsiveness of the cardiovascular system. Abnormal pulse rates may be reason to conduct additional cardiovascular system evaluations.

i. Bradycardia of less than 50 beats per minute, any episode of tachycardia during the course of the examination, and any other irregularities of pulse other than an occasional ectopic beat or sinus arrhythmia must be noted and reported. If there is bradycardia, tachycardia, or arrhythmia further evaluation may be warranted and deferral may be indicated.

ii. A cardiac evaluation may be needed to determine the applicant's qualifications. Temporary stresses or fever may, at times, result in abnormal results from these tests. If the AME believes this to be the case, the applicant should be given a few days to recover and then be retested. If this is not possible, the AME should defer issuance, pending further evaluation.

c. Percussion. Determine heart size, diaphragmatic elevation/excursion, abnormal densities in the pulmonary fields, and mediastinal shift.

d. Auscultation. Check for resonance, asthmatic wheezing, ronchi, rales, cavernous breathing of emphysema, pulmonary or pericardial friction rubs, quality of the heart sounds, murmurs, heart rate, and rhythm. If a murmur is discovered during the course of conducting a routine FAA examination, report its character, loudness, timing, transmission, and change with respiration. It should be noted whether it is functional or organic and if a special examination is needed. If the latter is indicated, the AME should defer issuance of the medical certificate and transmit the completed FAA Form 8500-8 to the FAA for further consideration. AME must defer to the AMCD or Region if the treating physician or AME reports the murmur is moderate to severe (Grade III or IV). Listen to the neck for bruits.

It is recommended that the AME conduct the auscultation of the heart with the applicant both in a sitting and in a recumbent position.

Aside from murmur, irregular rhythm, and enlargement, the AME should be careful to observe for specific signs that are pathognomonic for specific disease entities or for serious generalized heart disease. Examples of such evidence are: (1) the opening snap at the apex or fourth left intercostal space signifying mitral stenosis; (2) gallop rhythm indicating serious impairment of cardiac function; and (3) the middiastolic rumble of mitral stenosis.

B. When General Examinations Reveal Heart Problems.

These specifications have been developed by the FAA to determine an applicant’s eligibility for airman medical certification. Standardization of examination methods and reporting is essential to provide sufficient basis for making determinations and the prompt processing of applications.

1. This cardiovascular evaluation (CVE), therefore, must be reported in sufficient detail to permit a clear and objective evaluation of the cardiovascular disorder(s) with emphasis on the degree of functional recovery and prognosis. It should be forwarded to the FAA immediately upon

completion. Inadequate evaluation, reporting, or failure to promptly submit the report to the FAA may delay the certification decision.

a. Medical History. Particular reference should be given to cardiovascular abnormalities cerebral, visceral, and/or peripheral. A statement must be included as to whether medications are currently or have been recently used, and if so, the type, purpose, dosage, duration of use, and other pertinent details must be provided. A specific history of any anticoagulant drug therapy is required. In addition, any history of hypertension must be fully developed to also include all medications used, dosages, and comments on side effects.

b. Family, Personal, and Social History. A statement of the ages and health status of parents and siblings is required; if deceased, cause and age at death should be included. Also, any indication of whether any near blood relative has had a “heart attack,” hypertension, diabetes, or known disorder of lipid metabolism must be provided. Smoking, drinking, and recreational habits of the applicant are pertinent as well as whether a program of physical fitness is being maintained. Comments on the level of physical activities, functional limitations, occupational, and avocational pursuits are essential.

c. Records of Previous Medical Care. If not previously furnished to the FAA, a copy of pertinent hospital records as well as out-patient treatment records with clinical data, x-ray, laboratory observations, and originals or copies of all electrocardiographic (ECG) tracings should be provided. Detailed reports of surgical procedures as well as cerebral and coronary arteriography and other major diagnostic studies are of prime importance.

d. Surgery. The presence of an aneurysm or obstruction of a major vessel of the body is disqualifying for medical certification of any class. Following successful surgical intervention and correction, the applicant may ask for FAA consideration. The FAA recommends that the applicant recover for at least 3 months for ATCS’s and 6 months for airmen.

A history of coronary artery bypass surgery is disqualifying for certification. Such surgery does not negate a past history of coronary heart disease. The presence of permanent cardiac pacemakers and artificial heart valves is also disqualifying for certification.

The FAA will consider an Authorization for a Special Issuance of a Medical Certificate (Authorization) for most cardiac conditions. Applicants seeking further FAA consideration should be prepared to submit all past records and a report of a complete current cardiovascular evaluation (CVE) in accordance with FAA specifications.

C. Medication.

- Medications acceptable to the FAA for treatment of hypertension in airmen include all Food and Drug Administration (FDA) approved diuretics, alpha-adrenergic blocking agents, beta-adrenergic blocking agents, calcium channel blocking agents, angiotension converting enzyme (ACE inhibitors) agents, and direct vasodilators.

- The following are **NOT ACCEPTABLE** to the FAA:

  - Centrally acting agents (such as reserpine, guanethidine, guanadrel, guanabenz, and methyldopa).
  - The use of flecainide when there is evidence of left ventricular dysfunction or recent myocardial infarction.
  - The use of nitrates for the treatment of coronary artery disease or to modify hemodynamics.
- The AME must defer issuance of a medical certificate to any applicant whose hypertension has not been evaluated, who uses unacceptable medications, whose medical status is unclear, whose hypertension is uncontrolled, who manifests significant adverse effects of medication, or whose certification has previously been specifically reserved to the FAA.

III. Aerospace Medical Disposition

The following is a table that lists the most common conditions of aeromedical significance, and course of action that should be taken by the AME as defined by the protocol and disposition in the table. Medical certificates must not be issued to an applicant with medical conditions that require deferral, or for any condition not listed in the table that may result in sudden or subtle incapacitation without consulting the AMCD or the RFS. Medical documentation must be submitted for any condition in order to support an issuance of an airman medical certificate.

ARRHYTHMIAS

All Classes

(Updated 04/27/2022)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Bradycardia (<50 bpm)	Document history and findings, CVE Protocol, and submit any tests deemed appropriate	If no evidence of structural, functional or coronary heart disease - Issue Otherwise - Requires FAA Decision
Bundle Branch Block (Left and Right) *IRBBB or ICVD	See Protocol for Bundle Branch Block (BBB)	If no evidence of structural, functional or coronary heart disease - Issue Otherwise - Requires FAA Decision
History of Implanted Pacemakers	See Implanted Pacemaker Disposition Table	Requires FAA Decision
PAC (2 or more on ECG) **See next page**	Requires evaluation, e.g., check for MVP, caffeine, pulmonary disease, thyroid, etc.	If no evidence of structural, functional or coronary heart disease – Issue Otherwise - Requires FAA Decision
PVC's (2 or more on standard ECG)	Max GXT – to include a baseline ECG	If no evidence of structural, functional or coronary heart disease and PVC's resolve with exercise - Issue Otherwise - Requires FAA Decision

PREMATURE ATRIAL CONTRACTION (PAC)

All Classes

(Updated 04/27/2022)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Asymptomatic, **not requiring treatment** **Current or history of PACs**	If the AME can determine the pilot has no symptoms, required no treatment, and does not require medication: This includes PACs found incidentally on ECG. Asymptomatic PACs are considered a Normal Variant. No evaluation is required unless symptomatic or AME has concerns.	**ISSUE** Summarize this history in Block 60
B. Symptomatic **OR** **Requiring treatment**	The pilot should submit the following for FAA review: ☐ A **current, detailed Clinical Progress Note** generated from a clinic visit with your treating physician or **cardiologist no more than 90 days** before your AME exam. It should include a detailed summary of the history of the condition or diagnosis; treatments and outcomes; current medications, dosages, and side effects (if any); physical exam findings; applicable test results; assessment; plan (prognosis); and follow-up. ☐ **ECG** performed within the past 90 days or most recent (already performed). ☐ **24-hour cardiac ambulatory monitor** (CAM) such as holter. ☐ **Echocardiogram** (**echo**). ☐ **Any other testing deemed necessary** by the treating physician.	**DEFER** Submit the information to the FAA for a possible Special Issuance Annotate (elements or findings such as test abnormalities or symptoms) in Block 60.

ARRHYTHMIAS

All Classes (Continued)
(Updated 10/26/2022)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
1st Degree AV Block with PR interval of LESS than 300 ms	If no symptoms or AME Concerns	ISSUE Annotate in Block 60
1st Degree AV Block with PR interval of 300 ms or MORE	Submit the flowing: A current Holter and cardiac evaluation	DEFER Submit information to the FAA for review
2nd Degree AV Block Mobitz I	Document history and findings, CVE Protocol, and submit any tests deemed appropriate	If no evidence of structural, functional or coronary heart disease - Issue Otherwise - Requires FAA Decision
2nd Degree AV Block Mobitz II	CVE Protocol in accordance w/ Hypertensive Evaluation Specifications and 24-hour Holter	Requires FAA Decision
3rd Degree AV Block	CVE Protocol in accordance w/ Hypertensive Evaluation Specifications and 24-hour Holter	Requires FAA Decision
Pre-excitation	CVE Protocol, GXT, and 24-hour Holter	Requires FAA Decision
Radio Frequency Ablation *If performed for atrial fibrillation, see that section first.	3-month wait, then 24-hour Holter	If Holter negative for arrhythmia and no recurrence – Issue Otherwise - Requires FAA Decision
Supraventricular Tachycardia	CHD Protocol with ECHO and 24-hour Holter	Initial Special Issuance - Requires FAA Decision Follow-up Special Issuances - See AASI Protocol

ATRIAL FIBRILLATION (AFIB)/A-FLUTTER

All Classes

(Updated 07/26/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Previously reported to FAA and the airman has a letter from the FAA that monitoring is not required.	The airman should bring his/her letter(s) from the FAA (for this condition) for the AME to review. If the AME's history and exam do not reveal any evidence or concern of recurrence:	**ISSUE** Summarize this history in Block 60.
B. Previously warned; Now with **New event or Findings:**	Submit the following to the FAA for review: ☐ Non-Valvular Atrial Fibrillation (AFib)/A-Flutter INITIAL Status Report **OR** ☐ A current clinical summary from the treating cardiologist describing all items on the AFib/A-Flutter Status Report sheet. **PLUS:** ☐ Current ≥ 24-hour cardiac monitor.	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow-up Special Issuance** – Will be per the Airman's authorization letter
C. Non-Valvular AFib/A-Flutter History of at **any time** **OR** current: Single or multiple episodes Paroxysmal Persistent Permanent/chronic Untreated or treated AFib treated with ablation (3-month recovery period) **or** cardioversion (1-month recovery period)	Submit the following to the FAA for review: ☐ Non-Valvular Atrial Fibrillation (AFib)/A-Flutter INITIAL Status Report **OR** ☐ A current clinical summary from the treating cardiologist describing all items on the AFib/A-Flutter Status Report sheet. ☐ Current ≥ 24-hour cardiac monitor ☐ Initial etiology work-up as follows: ○ TSH; ○ Sleep Study that meets current AASM or CMS Guidelines for a Type I or Type II sleep study (Type III or Type IV NOT allowed); ○ Cardiac echocardiogram; and ○ Exercise stress test	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow-up Special Issuance** – Will be per the Airman's authorization letter See Non-Valvular Atrial Fibrillation (AFib)/A-Flutter RECERTIFICATION Status Report

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	☐ If taking Warfarin, submit info listed on Pharmaceutical Anticoagulants – Emboli Mitigation.	
D. Treated with left atrial appendage (LAA) closure device ex: Watchman	After a **6-month recovery period**, submit the following to the FAA for review: ☐ Cardiologist evaluation that describes why the procedure/device was indicated, treatment regimen throughout the process, any procedure complications, whether device is working properly, and the current status of AFib; ☐ Current CHA2DS2-VASc score; ☐ Current ≥ 24-hour cardiac monitor ☐ Initial AFib etiology work up (TSH, sleep study that meets current AASM or CMS Guidelines for a Type I or Type II sleep study [Type III or Type IV not allowed], cardiac echocardiogram, exercise stress test), if not previously submitted; ☐ Procedure report; ☐ TEE report from time of implantation, if performed (images not required in most cases); and ☐ TEE report from ≥ 45 days post procedure to evaluate for peri-device leaks (Recommended images at 0, 45, 90, and 135 degrees with 2-4 heartbeats to show appendage and occlusion device or in accordance with industry standards).	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow-up Special Issuance** – Will be per the Airman's authorization letter

NON-VALVULAR ATRIAL FIBRILLATION (AFIB)/A-FLUTTER
INITIAL STATUS REPORT (Page 1 of 2) (Updated 03/29/2023)

Name: _____ Birthdate: _____
Applicant ID: _____PI: _____

Please have the **cardiologist** who treats your AFib or A-Flutter complete this report (or submit a current clinic summary that addresses all items below) AND a cardiac monitor report. Return this status report (or a clinic summary) AND the cardiac monitor report to your AME or mail to the FAA at:

Using regular mail (US Postal Service)	**Using special mail (FedEx, UPS, etc.)**
Federal Aviation Administration Civil Aerospace Medical Institute, Building 13 Aerospace Medical Certification Division, AAM-313 PO Box 25082 Oklahoma City, OK 73125-9914	Federal Aviation Administration Medical Appeals Section, AAM-313 Aerospace Medical Certification Division 6700 S. MacArthur Blvd, Room B-13 Oklahoma City, OK 73169

1. Describe history in detail: when and how diagnosed; historical characteristics/type displayed; all intervention, management, and treatment history:

_____
_____
_____

2. Were notable findings present on a cardiac echo, EST, TSH, and sleep study etiology work-up?
☐ **No** ☐ **Yes** ☐ **N/A (Explain if Yes or N/A):**

_____
_____

3. Is there a definitive or suspicious history for stroke, TIA, or other thromboembolic event?
☐ **No** ☐ **Yes/Explain:**

_____
_____

4. Does a current ≥ 24hr cardiac monitor show good rate control and is your patient functionally asymptomatic? (Address any concerns if average heart rate is > 100, maximum (non-exercise) is > 120, or a single pause is > 3 seconds. You must submit the 1-page computerized summary and the representative full-scale multi-lead ECG tracings, even if findings are normal.)
☐ **Yes** ☐ **No/Explain**:

_____
_____

5. Is treatment for AFib/A-Flutter currently indicated?
☐ **No** ☐ **Yes (If yes, see 5a.)**

5a. If treatment is indicated, is patient currently on such treatment?☐ **No/Explain** ☐ **Yes/Explain**:
(If indicated but not treated, explain. If treated, describe exact methodology, including medication and dosage, and reasons for treatment, e.g., symptom, rate and/or rhythm control.)

_____
_____

NON-VALVULAR ATRIAL FIBRILLATION (AFIB)/A-FLUTTER INITIAL STATUS REPORT

Name: _____ Birthdate: _____
Applicant ID: _____ PI: _____

6. Were any treatment changes made or recommended in the last year?
☐ **No** ☐ **Yes/Explain**:
_____
_____

7. What is your patient's current CHA2DS2-VASc score? _____

8. Is emboli mitigation strategy indicated/applicable?
(Include medication, dosages, and copy of the last 6 monthly INR values if warfarin/Coumadin is used. CHAD2DS2-VASc score of 2 or more should be emboli mitigated with warfarin/Coumadin, NOAC/DOAC, or LAA closure. Warfarin/Coumadin requires 6 weeks of stabilization with 80% of INRs between 2.0 and 3.0. If otherwise, explain.)
☐ **No** ☐ **Yes/Explain**
_____
_____

9. Are other stroke risk factors (e.g., hypertension and hyperlipidemia) well controlled?
☐ **Yes** ☐ **No/Explain:**
_____
_____

10. Is your patient tolerating AFib/A-Flutter treatment and/or emboli mitigation medication, if indicated, without complication or side effect?
☐ **N/A** ☐ **Yes** ☐ **No/Explain**:
_____
_____

Cardiologist Printed Name and Credentials: _____ Phone #: _____

Cardiologist Signature _____ Date _____

NON-VALVULAR ATRIAL FIBRILLATION (AFIB)/A-FLUTTER RECERTIFICATION STATUS SUMMARY

(Updated 09/27/2023)

Name _____ Birthdate _____

Applicant ID# _____ PI# _____

Instructions:

- Please have the **cardiologist** who treats your AFib or A-Flutter **complete, sign, and date** this sheet or submit a current, detailed Clinical Progress Note that addresses ALL items below.
- Return this sheet (or a current, Detailed Clinical Progress note from the cardiologist) **AND a current cardiac monitor report** to your AME for electronic upload to the FAA:

	NO	YES*
1. **Has the patient's condition worsened within the past year?** (Check YES* if there are any required or recommended treatment changes, procedures, if stroke risk factors [e.g., hypertension and hyperlipidemia] have not been well controlled, any bleeding episodes requiring medical attention, or other concerns.).....		
2. Is there a definitive or suspicious history for stroke, TIA, or any other thromboembolic event?		
3. **Is treatment for AFib/A-Flutter currently indicated?** If YES*, identify reason(s) AND treatment* (circle): Symptoms Rate control Rhythm control Other_____ Treatment _____	NOT indicated OR NO problems With treatment	YES* Indicated but NOT being treated*
4. What is your patient's **current** CHA2DS2-VASc score**?** (circle components for score)	CHA2DS2-VASc score	
5. If CHA2DS2-VASc is **2 or more,** is the patient treated with NOAC/DOAC, LAA closure, or warfarin/Coumadin? Warfarin/Coumadin requires 6 weeks of stabilization with 80% of INRs between 2.0 and 3.0. Submit a copy of the last 6 monthly INR values. If other emboli mitigation strategy utilized, describe: _____	Treatment NOT indicated OR treatment goals met	*Indicated but NOT treated OR goals NOT met
6. Does a current **≥ 24hr cardiac monitor** show poor rate control or is the patient functionally symptomatic? (Address any concerns if average heart rate is > 100, maximum [non-exercise] is > 120, or a single pause is > 3 seconds. You must **submit the 1-page computerized summary and the representative full-scale multi-lead ECG tracings, even if findings are normal.**)	NO	YES*
7. Is the patient non-compliant or not tolerating AFib/A-Flutter treatment and/or emboli mitigation medication? (Also check YES* if significant side effects.)	NO	YES*

Congestive heart failure	1	Vascular disease (prior MI, PAD, or aortic plaque/atheroma)	1
Hypertension	1	Age 65-74	1
Age > = 75	2	Female (Male = 0)	1
Diabetes mellitus	1		
Previous stroke/TIA/TE	2		

8. Describe any significant clinical history changes since last evaluation, any YES* items, or other concerns:

_____

_____

_____ _____

Cardiologist Signature Date of evaluation

Pilot/ATCS: When completed, give **all items below** to your AME to upload to the FAA:

- ☐ A copy of this AFib/A-Flutter Status Recertification Summary OR a current, detailed Clinical Progress Note (with ALL required information) from your physician;
- ☐ A copy of the most recent 24-hour ambulatory monitor (such as a Holter), **1-page computerized summary, and the representative full-scale multi-lead ECG tracings**; and
- ☐ **If YES* answers are not fully explained above, you must provide a copy of the corresponding current, detailed Clinical Progress Note from your cardiologist which fully addresses all the items on this sheet.**

IF ANY ANSWER FALLS IN YES* COLUMN ABOVE, THE AME MUST DEFER.

PACEMAKER

All Classes

(Updated 08/25/2021)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. **Pacemaker Only*** **Initial FAA review**	After a **2-month recovery period**, Submit the following to the FAA for review. ☐ Items on Pacemaker Protocol ☐ Pacemaker Status Summary NOTE: All testing must be performed **AFTER The 2-month recovery period.**	**DEFER** Submit the information to the FAA for a possible Special Issuance. 1st and 2nd class airmen are reviewed by the FAS Cardiology Panel or Consultant **Follow up Issuance** Will be per the airman's authorization letter.
B. **Pacemaker with Implantable Cardiac Defibrillator (ICD)*** An active ICD is disqualifying for all classes. Pacemaker with ICD will be considered only with documentation from the treating cardiologist that the ICD circuit has been turned OFF (i.e., deactivated).	☐ Cardiac narrative, (current within the past 90 days) from the treating physician which describes the reason the pacemaker and ICD were implanted, a statement if the ICD is needed or not, an assessment regarding the general physical and cardiac examination to include symptoms or treatment referable to the cardiovascular system; interim and current cardiac condition; functional capacity; and medical history; ☐ Medication list ☐ Hospital records to include ○ Admission (history & physical), ○ Coronary catheterization/ angiography report (if performed), ○ Operative report that includes the **make of the generator and leads, model**	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow up Issuance** Will be per the airman's authorization letter

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	and serial number, ○ All ECG tracings, and ○ Discharge summary; ☐ A report of current fasting blood sugar and a current blood lipid profile to include cholesterol, HDL, LDL, and triglycerides. Interrogation report from the ICD for the past 60 days.	
C. Pacemaker Lead replacement	After a **2-month recovery period** (to ensure lead stability), submit the following to the FAA for review: 1. Procedure note detailing the replacement 2. Pacemaker Status Summary 3. Status report from the surgeon indicating the procedure was successful; device is functioning properly with no residual complications. **Note:** In accordance with CFR61.53, airmen who currently hold a medical certificate and have a lead replaced should **NOT** fly. Once the above information is submitted and if the FAA authorizes the Special Issuance, the airman may resume flight duties.	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow up Issuance** Will be per the airman's authorization letter.
D. Pacemaker Battery/Generator Replacement	After a **14-day** recovery period, if the cardiologist OR AME verifies: • The pocket is healing well; • Off pain medications; and • No complications: Submit the following to the FAA for retention in the file: 1. Procedure note detailing the replacement 2. Pacemaker Status Summary	**ISSUE** Annotate Block 60 Submit the information to the FAA for retention in your file.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	Note: In accordance with CFR61.53, pilots who currently hold a medical certificate and have not yet met the above criteria, should **NOT** fly.	

Notes:

- Medtronic EnRhythm® Pacemaker is **not** acceptable for medical certification.
- Medtronic REVO pacemaker requires specific battery information from the manufacturer. Estimated battery longevity is required for recertification and we cannot issue without this specific piece of information. Please note that battery voltage and/or RRT, ERI, or EOL flags are not acceptable substitutes. With the Medtronic REVO pacemaker, the pacer clinic will need to call Medtronic at 1-800-505-4636 with a current scan in order to determine battery longevity.

*Permanent cardiac pacemaker implantation is a specifically disqualifying condition per Code of Federal Regulations 14 CFR 67.111(a) (5), 67.211(e), and 67.311(e).

CORONARY HEART DISEASE

All Classes

(Updated 01/27/2021)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Coronary Heart Disease: Angina Pectoris Atherectomy; Brachytherapy; Coronary Bypass Grafting (CABG); Myocardial Infarction (MI); PTCA; Rotoblation; and Stent Insertion	See CHD Protocol	**Initial Special Issuance** - Requires FAA Decision **Follow-up Special Issuances** - See AASI Protocol

HYPERTENSION (HTN)

All Classes

Updated 10/28/2015

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. No medication (If treating physician discontinued medications 30 days ago or longer.)	If airman meets standards:	ISSUE Summarize this history in Block 60.
B. Treated with 3 or fewer* acceptable medications.	See CACI – Hypertension Worksheet For additional information, see Hypertension FAQs	Follow the CACI – Hypertension Worksheet. Annotate Block 60.
C. Any of the following: • Treated with 4 or more* acceptable medications; • HTN is clinically uncontrolled; • Unacceptable medications are used; • Side effects are present; • Medical status of the airman is unclear; or Certification has been specifically reserved to the FAA	Submit the following to the FAA for review: ☐ Current status report from treating physician with treatment plan, prognosis and how long the condition has been stable; ☐ Specific mention if there is a secondary cause for HTN or any evidence of a co-morbid condition (ex. diabetes or OSA), or end organ damage (ex. renal insufficiency, kidney disease, eye disease, MI, CVA heart failure, etc); and ☐ List of medications, dates started and stopped, and any side effects.	DEFER Submit the information to the FAA for a possible Special Issuance. Follow up Issuance Will be per the airman's authorization letter

Notes: *Number of medications counts each component. (Example: lisinopril/HCTZ is 2 medications.)

If this airman is new to you or you are not certain of their HTN control, you may request a current status report from the treating physician for your review.

If the airman did not meet standards on exam, See Item 55. Blood Pressure.

CACI - Hypertension Worksheet

(Updated 04/13/2022)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. HOWEVER, the AME is not required to review a Clinical Progress Note from the treating physician IF the AME can otherwise determine that the applicant has had stable clinical blood pressure control on the current antihypertensive medication for at least 7 days, without symptoms from the hypertension or adverse medication side-effects, and no treatment changes are recommended. If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second- class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
Treating physician or the AME finds the condition stable on current regimen for at least 7 days and no changes recommended.	[ ] Yes
Symptoms	[ ] None
Blood pressure in office	[ ] Less than or equal to 155 systolic and 95 diastolic (Although 155/95 is acceptable for certification, the airman should be referred to their primary provider for further management, if the blood pressure is above clinical practice standards)
Acceptable medication(s) See Pharmaceuticals - Antihypertensive	[ ] Combinations of up to 3 of the following: Alpha blockers, Beta-blockers, calcium channel blockers, diuretics, ACE inhibitors, ARBs, direct renin inhibitors, and/or direct vasodilators are allowed. **NOT acceptable**: Centrally acting antihypertensive (ex: clonidine)
Side effects from medications	[ ] No

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified hypertension. (Documents do not need to be submitted to the FAA.)

[ ] Has current OR previous SI/AASI but now CACI qualified hypertension.

[ ] NOT CACI qualified hypertension. I have deferred. (Submit supporting documents.)

HYPERTENSION (HTN) - FREQUENTLY ASKED QUESTIONS (FAQs)

(Updated: 10/28/2015)

We continue to see deferrals when an airman has HTN and is on medications. Please review the following FAQs before making a determination.

GENERAL:

1. **What is the FAA specified limit for blood pressure during an exam?**
   The maximum systolic during exam is 155mmHg and the maximum diastolic is 95mmHg during the exam. (See Item 55. Blood Pressure.)

2. **If during the exam the airman's blood pressure is higher than 155/95, do I have to defer?**
   Not necessarily. If the airman's blood pressure is elevated in clinic, you have any the following options:

   - Recheck the blood pressure. If the airman meets FAA specified limits on the second attempt, note this in Block 60 along with both readings. If the airman is still elevated, follow B:

   - Have the airman return to clinic 3 separate days over a 7-day period. If the airman meets FAA specified limits during these re-checks, note this and the readings in Block 60. Also note if there was a reason for the blood pressure elevation. If the airman does not demonstrate good control on re-checks, follow C:

   - Send the airman back to his/her treating physician for re-evaluation. If medication adjustment is needed, a 7-day no-fly period applies to verify no problems with the medication. If this can be done within the 14-day exam transmission period, you could then follow the Hypertension Disposition Table.

3. **Can I hold an exam longer than 14 days to allow the airman time to provide the necessary information?**
   No.

MEDICATION(S):

4. **Can an airman fly while on HTN medication?**
   Yes, the majority of common blood pressure medications can be approved for flight. If the airman's blood pressure is controlled with 3 or fewer medications and there are no adverse medication side effects, the AME can often issue an unrestricted medical certificate (if otherwise qualified). See Hypertension Disposition Table.

5. **What HTN medications are acceptable/not acceptable by the FAA?**
   See Pharmaceuticals – Antihypertensive.

6. **The airman had medication(s) adjusted and now meets the standards, but it took longer than 14 days and the exam was deferred. What can the airman do now?**

    - If the airman is now well controlled and is on 3 or fewer medications, direct them to the CACI - Hypertension Worksheet. They should obtain the required information from their treating physician and submit it to the FAA.

    - If the airman is on 4 or more medications (combination medications count as the sum of their parts), direct them to the Hypertension Disposition Table. They should obtain the required information from their treating physician and submit it to the FAA.

7. **What if the treating physician stopped the medications less than 30 days ago?**
   See Section B of the Hypertensive Disposition Table and follow the CACI - Hypertension Worksheet.

8. **What if the airman stopped the medication on his/her own so they could fly?**
   Educate your airman (and their treating physician, if needed) that most HTN medications are acceptable and almost no one is denied for HTN.

9. **What if the airman has multiple conditions, e.g., HTN, Obstructive Sleep Apnea, and/or prior heart attack?**
   The airman must provide the required information for **each condition**.

10. **What if the airman is on a HTN medication that is not allowed by the FAA?**
    The treating physician can evaluate if the airman can safely be changed to an acceptable HTN medication.

    - If the medication(s) can be changed and the airman meets the required criteria, they should submit the items as detailed in Section C of the Hypertensive Disposition Table for FAA review. The treating physician note should describe the clinical rationale as to why the unacceptable medication was previously chosen and why it is ok for the airmen to be on a different medication now.

    - If the airman cannot safely be changed to an acceptable HTN medication, defer the exam and send in the documents listed in Section C of the Hypertensive Disposition Table for FAA review.

SYNCOPE

All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Syncope	CHD Protocol with ECHO and 24-hour Holter; bilateral carotid Ultrasound	Requires FAA Decision Syncope, recurrent or not satisfactorily explained, requires deferral (even though the syncope episode may be medically explained, an aeromedical certification decision may still be precluded). Syncope may involve cardiovascular, neurological, and psychiatric factors.

VALVULAR DISEASE

All Classes

(Updated 01-27-2021)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Aortic and Mitral Insufficiency	CHD Protocol with ECHO	**Initial Special Issuance** - Requires FAA Decision **Follow-up Special Issuances** - See AASI
Mitral Valve Repair	See CACI – Mitral Valve Repair Worksheet	Follow the CACI – Mitral Valve Repair Worksheet Annotate Block 60
Single Valve Replacement (Tissue, Mechanical, or Valvuloplasty)	See Cardiac Valve Replacement	**Initial Special Issuance** - Requires FAA Decision **Follow-up Special Issuances** - See AASI Protocol
Multiple Valve Replacement	Document history and findings, CVE Protocol, and submit appropriate tests.	Requires FAA Decision
All Other Valvular Disease	CHD Protocol with ECHO	Requires FAA Decision

MITRAL VALVE REPAIR

All Classes
Updated 02/23/2022

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. **5 or more years ago** and no co-morbid conditions*	See CACI – Mitral Valve Repair Worksheet. **Note to pilot:** Take the CACI worksheet to your cardiologist so they can fully address the FAA requirements.	Follow the CACI – Mitral Valve Repair Worksheet Annotate Block 60
B. **Less than 5 years ago** OR Any of the co-morbid conditions below*	After a **3 month recovery period** submit the following to the FAA for review: ☐ Hospital admission history and physical; ☐ Operative report/surgical report; ☐ Hospital discharge summary; ☐ Current status report from the treating cardiologist which should describe the type of repair, any complications, current treatment needed, and follow up plan; ☐ List of medications and side effects, if any; ☐ Cardiac testing performed AFTER the 3 month recovery period and within the last 90 days: ○ 24-hour Holter; ○ Electrocardiogram (ECG); ○ Echo; ○ Exercise Stress Test (EST); and ☐ Other imaging reports (if any) for studies performed by the treating cardiologist (e.g., Cath, CTA, or MRA).	**DEFER** Submit the information to the FAA for review. **Follow up Issuance** Will be per the airman's authorization letter

Notes:
*__Co-morbid conditions for FAA purposes include__:

- Cardiac disease (disease of other valves, ischemia, CHF, Left Ventricular Systolic Dysfunction (LVSD), Secondary or Functional mitral valve disease, arrhythmia, etc.);
- Connective tissue disorder (such as Marfan's or Ehlers-Danlos, etc.);
- Coumadin or other anticoagulation (other than ASA) due to a cardiac condition;
- Lung disease such as COPD (considered moderate to severe; any FEV1 or FVC less than 70%) or Pulmonary Hypertension; or
- Residual Mitral valve regurgitation listed as moderate or higher on cardiac echo.

CACI – Mitral Valve Repair Worksheet (Updated 04/27/2022)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second-class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
The airman had Mitral Valve Repair surgery **5 or more years ago** for primary mitral valve disease (not secondary MR or functional MR due to coronary heart disease, MI, ischemic disease, or	[ ] Yes
The treating cardiologist's current, detailed Clinical Progress Note verifies: • Is **asymptomatic** and stable; • Has no other current cardiac conditions; • Has not developed any new conditions, arrhythmias, or complications that would affect cardiac function; • Requires no more than a routine annual follow-up; and • No additional surgery is anticipated or recommended.	[ ] Yes
The airman has NO history of: • Connective tissue disorder (Marfan's or Ehlers-Danlos, etc.); • Lung disease: COPD (moderate or higher), or pulmonary HTN; or • Other cardiac disease (e.g., Congestive Heart Failure,	[ ] Yes

The most recent echo was performed **within the last 24 months** shows:
• Mitral valve regurgitation (if present) is classified as mild;
• No other abnormalities on echo such as:
  ○ Dilated aorta greater than 4 cm;
  ○ Hypertrophic cardiomyopathy or other cardiomyopathy;
  ○ Left Atrial Enlargement;
  ○ Aortic regurgitation/insufficiency (any severity);
  ○ Regurgitation of any valve moderate or higher; or
  ○ Structural abnormalities (dilated ventricle, atria, etc.)
	[ ] Yes

Notes:

- If any valve other than mitral was involved, the information must be submitted to the FAA for review.
- An annual echo is not required for each FAA exam for this CACI.
- Anticoagulation is not routinely required for mitral valve repair. If Coumadin or other anticoagulation (other than ASA) is required for a cardiac condition, the AME should defer.

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified Mitral Valve Repair.

[ ] Has current OR previous SI/AASI but now CACI qualified Mitral Valve Repair.

[ ] NOT CACI qualified Mitral Valve Repair. I have deferred. (Submit supporting documents.)

Other Cardiac Conditions (Updated 07/27/2022)

The following conditions **must be deferred:**

1. Hypertrophic Cardiomyopathy (HCM) [Formerly called hypertrophic obstructive cardiomyopathy (HOCM); idiopathic hypertrophic sub-aortic stenosis (IHSS)]
2. Non-compaction cardiomyopathy.
3. Cardiac Transplant – see Disease Protocols.
4. Cardiac decompensation
5. Congenital heart disease
6. Hypertrophy or dilatation of the heart as evidenced by clinical examination and supported by diagnostic studies. (Concentric LVH with no dilatation can be issued by the AME if no symptoms.)
7. Pericarditis, endocarditis, or myocarditis
8. Cardiac enlargement or other evidence of cardiovascular abnormality, If the applicant wishes further consideration, a consultation is required, preferably from the applicant's treating physician. It must include a narrative report of evaluation and be accompanied by an ECG with report and appropriate laboratory test results which may include, as appropriate, 24-hour Holter monitoring, thyroid function studies, ECHO, and an assessment of coronary artery status.
9. Anti-tachycardia devices
10. Implantable defibrillators (ICDs)
11. Anticoagulants *may be* allowed, if the condition is allowed.
12. Cardioversion (electrical or pharmacologic) *may be allowed.* A current, complete cardiovascular evaluation (CVE) and follow up Holter monitoring test is required. A **1-month observation period** must elapse after the procedure before consideration for certification.
13. Any other cardiac disorder not otherwise covered in this section.
14. Hypotension. A history of low blood pressure requires elaboration. If the AME is in doubt, it is usually better to defer issuance rather than to deny certification for such a history.

For all classes, certification decisions will be based on the applicant's medical history and current clinical findings. Evidence of extensive multi-vessel disease, impaired cardiac functioning, precarious coronary circulation, etc., will preclude certification. Before an applicant undergoes coronary angiography, it is recommended that all records and the report of a current cardiovascular evaluation (CVE), including a maximal electrocardiographic exercise stress test, be submitted to the FAA for preliminary review. Based upon this information, it may be possible to advise an applicant of the likelihood of favorable consideration.

ITEM 37. Vascular System

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
37. Vascular System		

I. Code of Federal Regulations

All Classes: 14 CFR 67.113(b)(c), 67.213(b)(c), and 67.313(b)(c)

(b) No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds –

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges;

(c) No medication or other treatment that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the medication or other treatment involved, finds -

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

II. Examination Techniques

1. Inspection. Observe and report any thoracic deformity (e.g., pectus excavatum), signs of surgery or other trauma, and clues to ventricular hypertrophy. Check the hematopoietic and vascular system by observing for pallor, edema, varicosities, stasis ulcers, venous distention, nail beds for capillary pulsation, and color.

2. Palpation. Check for thrills and the vascular system for arteriosclerotic changes, shunts or AV anastomoses. The pulses should be examined to determine their character, to note if they are diminished or absent, and to observe for synchronicity.

3. Percussion. N/A.

4. Auscultation. Check for bruits and thrills.

III. Aerospace Medical Disposition

The following table lists the most common conditions of aeromedical significance, and course of action that should be taken by the AME as defined by the protocol and disposition in the table. Medical certificates must not be issued to an applicant with medical conditions that require deferral, or for any condition not listed in the table that may result in sudden or subtle incapacitation without consulting the AMCD or the RFS. Medical documentation must be submitted for any condition in order to support an issuance of an airman medical certificate.

VASCULAR CONDITIONS

All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Aneurysm (Abdominal or Thoracic)	Submit all available medical documentation	Requires FAA Decision
Aneurysm (Status Post Repair)	Submit all documentation in accordance with CVE Protocol, and include a GXT	Requires FAA Decision
Arteriosclerotic Vascular disease with evidence of circulatory obstruction	Submit all documentation in accordance with CVE Protocol, and include a GXT, and CAD ultrasound if applicable	Requires FAA Decision
Buerger's Disease	Document history and findings	If no impairment and no symptoms in flight - Issue Otherwise - Requires FAA Decision
Peripheral Edema	The underlying medical condition must not be disqualifying	If findings can be explained by normal physiologic response or secondary to medication(s) - Issue Otherwise - Requires FAA Decision

VASCULAR CONDITIONS

DISEASE/CONDITION	CLASS	EVALUATION DATA	DISPOSITION
Phlebothrombosis or Thrombophlebitis	1st & 2nd	See Thrombophlebitis Protocol	Requires FAA Decision
Phlebothrombosis or Thrombophlebitis	3rd	Document history and findings See Thrombophlebitis Protocol	A single episode resolved, not currently treated with anticoagulants, and a negative evaluation - Issue If history of multiple episodes - Requires FAA Decision

RAYNAUD'S SYNDROME
(Primary Raynaud's/Raynaud's Disease or Secondary Raynaud's/Raynaud's Phenomenon)

All Classes

(Updated 05/31/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Primary Raynaud's OR Raynaud's disease	If the AME is able to determine through history and physical exam, there is no underlying cause, illness, or injury, the symptoms do not impede flight duties, and medication used to treat this condition is acceptable (see HTN meds):	**ISSUE** Annotate (elements or findings) in Item 60.
B. Secondary Raynaud's OR Raynaud's phenomenon OR with any impairment or disability due to the condition. If due to a known cause - see that section (Ex: systemic lupus erythematosus, Rheumatoid arthritis)	Submit the following: 1. A **current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician no more than **90 days before** the AME exam. **It must include:** • A detailed summary of the history of the condition; • Current medications, dosage, and side effects (if any); • Physical exam findings; • Results of any testing performed; • Diagnosis; • Assessment and plan; • Prognosis; and • Follow-up Any other testing already performed or deemed clinically necessary by the treating physician.	**DEFER** Submit the information to the FAA for a possible Special Issuance Annotate (elements or findings) in Item 60.

Note: The names Raynaud's disease, Raynaud's phenomenon, or Raynaud's syndrome are often used interchangeably.

If the AME has any concerns regarding the type or severity of the condition, request a current, detailed Clinical Progress Note from the treating physician.

ITEM 38. Abdomen and Viscera

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
38. Abdomen and viscera (including hernia)		

I. Code of Federal Regulations

All Classes: 14 CFR 67.113(b)(c), 67.213(b)(c), and 67.313(b)(c)

(b) No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the medication or other treatment involved, finds-

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

(c) No medication or other treatment that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the medication or other treatment involved, finds -

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

II. Examination Techniques

1. Observation: The AME should note any unusual shape or contour, skin color, moisture, temperature, and presence of scars. Hernias, hemorrhoids, and fissure should be noted and recorded.

   A history of acute gastrointestinal disorders is usually not disqualifying once recovery is achieved, e.g., acute appendicitis.

   Many chronic gastrointestinal diseases may preclude issuance of a medical certificate (e.g., cirrhosis, chronic hepatitis, malignancy, ulcerative colitis). Colostomy following surgery for cancer may be allowed by the FAA with special follow-up reports.

   The AME should not issue a medical certificate if the applicant has a recent history of bleeding ulcers or hemorrhagic colitis. Otherwise, ulcers must not have been active within the past 3 months.

   In the case of a history of bowel obstruction, a report on the cause and present status of the condition must be obtained from the treating physician.

2. Palpation: The AME should check for and note enlargement of organs, unexplained masses, tenderness, guarding, and rigidity.

III. Aerospace Medical Disposition

The following tables list the most common conditions of aeromedical significance and the course of action that should be taken by the AME as defined by the protocol and disposition in the table.

Medical certificates must not be issued to an applicant with medical conditions that require deferral, or for any condition not listed in the table that may result in sudden or subtle incapacitation without consulting the AMCD or the RFS. Medical documentation must be submitted for any condition in order to support an issuance of an airman medical certificate.

ABDOMEN AND VISCERA AND ANUS CONDITIONS
BARRETT'S ESOPHAGUS

All Classes

(Updated 4/27/2022)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Endoscopy (EGD) biopsy finding	If the AME can determine the medications are acceptable, the pilot has no symptoms that would interfere with flight duties, and there is no evidence of a GI bleed, esophageal cancer, or other pathology: The AME should comment on the approximate date of the procedure and any complications or additional findings (see corresponding section).	**ISSUE** Summarize this information including approximate date of procedure in Block 60
B. Abnormal findings or complications **(High-grade dysplasia, progression)**	Submit the following to the FAA for review: 1. A **current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician **no more than 90 days prior** to the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings;	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow up Issuance** will be per the airman's authorization letter.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up. 2. **It must specifically include** if there is any history of GI bleed, GI cancer, or complications. If history of GI cancer - see that section	

ABDOMEN AND VISCERA AND ANUS CONDITIONS
All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Cholelithiasis	Document history and findings	If asymptomatic – Issue Otherwise - Requires FAA Decision
Cirrhosis (Alcoholic)	See Substance Abuse/Dependence Disposition in Item 47.	Requires FAA Decision
Cirrhosis (Non-Alcoholic)	Submit all pertinent medical records, current status report, to include history of encephalopathy; PT/PTT; albumin; liver enzymes; bilirubin; CBC; and other testing deemed necessary.	Requires FAA Decision
Colitis (Ulcerative, Regional Enteritis or Crohn's disease) or Irritable Bowel Syndrome	Submit all pertinent medical information and current status report, include duration of symptoms, name and dosage of drugs and side effects.	Follow the CACI – Colitis Worksheet. If Airman meets all certification criteria – **Issue** **Initial Special Issuance** - Requires FAA Decision **Follow-up Special Issuance** - See AASI

CACI - Colitis Worksheet

(Updated 10/25/2023)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second-class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
The general health status of the applicant due to this condition, as documented by the treating physician's current, detailed Clinical Progress Note.	[ ] Favorable
Symptoms	[ ] None or mild diarrhea with or without mild abdominal pain/cramping Fatigue which limits activity or severe abdominal symptoms are not acceptable for certification.
Cause of Colitis	[ ] Crohn's Disease, Ulcerative colitis, or Irritable Bowel Syndrome Any other causes require FAA decision.
Surgery for condition in last 6 weeks	[ ] No
Medications for condition	[ ] One or more of the following: • Oral steroid (including budesonide) which does not exceed equivalent of prednisone 20 mg/day (see steroid conversion calculator) • Imuran or Sulfasalazine • Mesalamine (5-aminosalicylic acid such as Asacol, Pentasa, Lialda, etc.) • Steroid foams or enemas/ budesonide enema • Loperamide less than or equal to 16 mg a day and no side effects • Hyoscyamine - use 1-2 times a week with no side effects and no-fly 48 hours after use • Mercaptopurine (6-MP) • Tofacitinib (Xeljanz) • Vedolizumab (Entyvio): 4-hour no-fly after each dose • Humira (adalimumab): 4-hour no-fly after each dose **NOT acceptable**: Use of infliximab, use of hyoscyamine greater than 2 times per week, Prednisone equivalent greater than 20 mg/day, or Loperamide greater than 16 mg per day.

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified colitis. (Documents do not need to be submitted to the FAA.)

[ ] Has current OR previous SI/AASI but now CACI qualified colitis.

[ ] NOT CACI qualified. I have deferred. (Submit supporting documents.)

ABDOMEN AND VISCERA AND ANUS CONDITIONS

All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Hepatitis	Submit all pertinent medical records, current status report to include any other testing deemed necessary	If disease is resolved without sequela - **Issue** Otherwise - Requires FAA Decision
Hepatitis C	Review all pertinent medical information and current status report, include duration of symptoms, name and dosage of drugs and side effects	If disease is resolved without sequela and need for medications- **Issue** If applicant has chronic Hepatitis C, follow the CACI - Hepatitis C - Chronic Worksheet. If Airman meets all certification criteria - **Issue**. **All others** require FAA decision. Submit all evaluation data.

CACI - Hepatitis C - Chronic Worksheet

(Updated 04/13/2022)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second- class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
Treating physician finds the condition stable on current regimen and no changes recommended	[ ] Yes
Complications or symptoms from Chronic Hepatitis C	[ ] None
Medications for condition	[ ] None
Current Labs	[ ] Within last 90 days [ ] AST (SGOT), ALT (SGPT), Albumin, and PT **all** within 10% of normal lab scale.

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified Hepatitis C - Chronic**.** (Documents do not need to be submitted to the FAA.)

[ ] Has current OR previous SI/AASI but now CACI qualified Hepatitis C - Chronic.

[ ] NOT CACI qualified Hepatitis C - Chronic**.** I have deferred. (Submit supporting documents.)

ABDOMEN AND VISCERA AND ANUS CONDITIONS

All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Hernia - Inguinal, Ventral or Hiatal	Document history and findings	If symptomatic; likely to cause any degree of obstruction - Requires FAA Decision Otherwise - **Issue**
Liver Transplant - Recipient	Submit items listed on the Protocol for Liver Transplant (Recipient)	**Initial Special** Issuance - Requires FAA decision **Follow up Special Issuance** – per Authorization Letter requirements
Liver Transplant - Donor	Review a current status report from the transplant surgeon or transplant team physician	**Initial certification** - If the current, detailed Clinical Progress Note shows there were no complications, the pilot is off all pain medications, functional status has returned to normal, and the treating physician has granted a full release - ISSUE Note in Block 60 and send a copy of the current status report to the FAA for retention in the file. *If there were complications, see the appropriate, related section(s). Submit additional reports as necessary. **Follow up Certification** – No follow up is required unless there are changes in condition.
Liver + kidney Liver + heart Liver + other Combined Transplants	Submit the required items on the transplant protocol for each individual organ transplanted	**Defer** - Requires FAA Decision
Peptic Ulcer	See Peptic Ulcer Protocol	Requires FAA Decision
Splenomegaly	Provide hematologic workup	Requires FAA Decision

PANCREATITIS

All Classes

(Updated 06/24/2020)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Gallstone pancreatitis Single episode resolved	**1 month** recovery period after release from treating physician. Must have specific documentation from General Surgery (GS) or Gastroenterology (GI) verifying definitive treatment: **Alcohol must be ruled out as a contributing factor (via hospital records or treating physician determination. If not available, AME should screen).** Common Bile Duct (CBD) was cleared of stones/debris; Cholecystectomy; and Off all pain medications.	**ISSUE** Summarize this history in Block 60.
B. Any others such as: • Alcohol induced or contributing factor • CBD • Stricture/stenosis • Chronic pancreatitis • Recurrent pancreatitis • Retained stones • Secondary to elevate Triglycerides • Etiology unknown • Other causes	**3-month** recovery period then: **Submit the following for FAA review:** 1. Current, detailed Clinical Progress Note from the treating Gastroenterologist (GI) describing: • **Cause of the condition**, how long the condition has been stable, and prognosis; • If CBD stricture/stenosis or obstruction verify it has resolved; • If there is any evidence of alcohol involvement; and • Verify off all pain medication 2. Current Medication list, dosages, and side effects, If any; 3. Lab (minimum amylase and lipase, from hospital admission, discharge, and current evaluation; 4. Operative notes, admission H&P and discharge summary, if applicable; and 5. Results of MRI/CT or other imaging, if performed.	**DEFER** Submit the information to the FAA for review. **Follow up Issuance** Will be per the airman's authorization letter

Notes:

1. This applies to CLINICAL PANCREATITIS ONLY, not isolated elevations in amylase/lipase due to a concurrent illness.
2. Gallstone pancreatitis with retained stones should NOT be certified by AME as the risk of recurrent pancreatitis with incapacitation remains. (Applicant may have had an endoscopic retrograde cholangio-pancreatography (ERCP) with ampulotomy and opened the CBD but etiology of pancreatitis (residual stone/microlith/sludge) likely not resolved without cholecystectomy).

MALIGNANCIES

COLON CANCER/ COLORECTAL CANCER

All Classes

(Updated 07/18/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Non metastatic - treatment completed **5 or more years ago**	If no recurrence or ongoing treatment:	**ISSUE** Summarize this history in Block 60.
B. Pedunculated cancerous polyp (Adenocarcinoma) removed by **colonoscopy** **Less than 5 years ago**	Review **current, detailed Clinical Progress Note**. If it shows: • Local lesion only (TNM stage 0 or I); • Complete resection with no additional treatment needed; • Follow up is annual or less frequent colonoscopy; • No clinical concerns.	**ISSUE** Summarize this history in Block 60.
C. Non metastatic and no High-Risk features* Treatment completed **Less than 5 years ago**	Follow CACI worksheet.	Follow the CACI-Colon Cancer/ Colorectal Cancer Worksheet Note in Block 60
D. **HIGH RISK features*** **Or** **Metastatic disease** (Refers to distant metastatic disease such as: lung, liver, lymph nodes, peritoneum, brain.)	Submit the following to the FAA for review: ☐ Status report or treatment records from treating oncologist that provide the following information: ○ Initial staging; ○ Disease course including recurrence(s); ○ Location(s) of metastatic disease (if any); ○ Treatments used; ○ How long the condition has been stable; and ○ If any upcoming treatment change is planned or expected and prognosis. ☐ Medication list. Dates started and stopped. Description of side effects. ☐ Treatment records including clinic notes. ☐ Operative notes and discharge summary, if applicable. ☐ Colonoscopy reports.	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow-up Special Issuance** – Will be per the airman's authorization letter

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	☐ Pathology reports. ☐ Results of MRI/CT or PET scan reports that have already been performed (In some cases, the actual CDs will be required in DICOM format for FAA review.) ☐ Lab reports. o CBC and CEA performed within the last 90 days; o Previous tumor marker lab results (such as CEA).	

*Notes: **High-Risk features** for FAA purposes include the following. These **DO NOT CACI** qualify:

- CEA increase or CEA did not decrease with colectomy;
- Chemotherapy ever (including neoadjuvant);
- Familial Adenomatous Polyposis (FAP);
- High risk pathology per the treating oncologist;
- Incomplete resection or positive margins;
- Lynch syndrome;
- Metastatic disease (Refers to distant metastatic disease such as: lung, liver, lymph nodes, peritoneum, brain)
- Pathology of any type other than adenoma (ex: lymphoma, GIST, carcinoid)
- Radiation therapy;
- Recurrence; and or
- Sessile polyp with invasive cancer surgically treated only, no additional chemo/radiation.

An applicant with an ileostomy or colostomy may also receive FAA consideration. A report is necessary to confirm that the applicant has fully recovered from the surgery and is completely asymptomatic.

In the case of a history of bowel obstruction, a report on the cause and present status of the condition must be obtained from the treating physician.

OTHER MALIGNANCIES

All Classes

(Updated 07/26/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Other Malignancies	Submit all pertinent medical records, operative/ pathology reports, current oncological status report, including tumor markers, and any other testing deemed necessary.	Requires FAA Decision

CACI - Colon Cancer/ Colorectal Cancer Worksheet

(Updated 04/27/2022)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist no more than **90 days** before the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second- class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
The treating physician's current, detailed Clinical Progress Note verifies the condition is stable with no concerns and the airman is back to full daily activities with no treatment needed.	[ ] Yes
High Risk – any evidence of the following features ever: • CEA increase or CEA did not decrease with colectomy; • Chemotherapy ever (including neoadjuvant); • Familial Adenomatous Polyposis (FAP); • High-risk pathology per the treating oncologist; • Incomplete resection or positive margins; • Lynch syndrome; • Metastatic disease - refers to distant metastatic disease such as lung, liver, lymph nodes, peritoneum, brain, etc.; • Pathology of any type other than adenoma (ex: lymphoma, GIST, carcinoid); • Radiation therapy; • Recurrence; and/or • Sessile polyp with invasive cancer surgically treated only, no additional chemo/radiation.	[ ] None
Recurrence - any evidence or concern based on colonoscopy or imaging studies per acceptable current practice guidelines.	[ ] No
Metastatic disease ever (distant to liver, lung, lymph nodes, peritoneum, brain, etc.) or symptoms such as: • Headache or vision changes; • Focal neurologic dysfunction; • Gait disturbance; and/or • Cognitive dysfunction, including memory problems and mood or personality changes.	[ ] None
TNM stage at diagnosis was 0, I, II or III.	[ ] Yes
CEA at diagnosis was less **than 5 ng/ml**.	[ ] Yes
CEA within the last 90 days is normal and has no increase from previous levels.	[ ] Yes
CBC within the last 90 days shows a hemoglobin greater than 11 and no other significant abnormalities.	[ ] Yes

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified colon cancer/colorectal cancer.

[ ] Has current OR previous SI/AASI but now CACI qualified colon cancer/colorectal cancer.

[ ] NOT CACI qualified colon cancer/colorectal cancer. I have deferred. (Submit supporting documents.)

ITEM 39. Anus

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
39. Anus (Not including digital examination.).		

I. Code of Federal Regulations

All Classes: 14 CFR 67.113(a), 67.213(b)(c), and 67.313(b)(c)

(b) No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the medication or other treatment involved, finds

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

(c) No medication or other treatment that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the medication or other treatment involved, finds -

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

II. Examination Techniques

1. Digital Rectal Examination: This examination is performed only at the applicant's option unless indicated by specific history or physical findings. When performed, the following should be noted and recorded in Item 59 of FAA Form 8500-8.

2. If the digital rectal examination is not performed, the response to Item 39 may be based on direct observation or history.

ITEM 40. Skin

CHECK EACH ITEM IN APPROPRIATE COLUMN	NORMAL	ABNORMAL
40. Skin		

I. Code of Federal Regulations

All Classes: 14 CFR 67.113(b)(c), 67.213(b)(c), and 67.313(b)(c)

(b) No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds -

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

(c) No medication or other treatment that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the medication or other treatment involved, finds:

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

II. Examination Techniques

A careful examination of the skin may reveal underlying systemic disorders of clinical importance. For example, thyroid disease may produce changes in the skin and fingernails. Cushing's disease may produce abdominal striae, and abnormal pigmentation of the skin occurs with Addison's disease.

Needle marks that suggest drug abuse should be noted and body marks and scars should be described and correlated with known history. Further history should be obtained as needed to explain findings.

The use of isotretinoin (Accutane) can be associated with vision and psychiatric side effects of aeromedical concern – specifically decreased night vision/night blindness and depression. These side-effects can occur even after the cessation of isotretinoin. See Aeromedical Decision Considerations.

III. Aerospace Medical Disposition

The following is a table that lists the most common conditions of aeromedical significance, and course of action that should be taken by the AME as defined by the protocol and disposition in the table. Medical certificates must not be issued to an applicant with medical conditions that require deferral, or for any condition not listed in the table that may result in sudden or subtle incapacitation without consulting the AMCD or the RFS. Medical documentation must be submitted for any condition in order to support an issuance of an airman medical certificate.

CUTANEOUS

All classes

(Updated 05/31/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Raynaud's Syndrome (Primary Raynaud's/ Raynaud's Disease or Secondary Raynaud's/Raynaud's Phenomenon)	See Vascular Section	See Vascular Section
Dermatomyositis; Deep mycotic infections; Eruptive Xanthomas; Hansen's Disease; Lupus Erythematosus; Sarcoid; or Scleroderma	Submit all pertinent medical information and current status report.	Requires FAA Decision
Kaposi's Sarcoma	Submit all pertinent medical information and current status report. See HIV Protocol	Requires FAA Decision
Use of isotretinoin (Accutane)	For applicants using isotretinoin, there is a mandatory 2-week waiting period after starting isotretinoin prior to consideration. This medication can be associated with vision and psychiatric side effects of aeromedical concern - specifically decreased night vision/night blindness and depression. These side-effects can occur even after cessation of isotretinoin. A report must be provided with detailed, specific comment on presence or absence of psychiatric and vision side-effects. The AME must document these findings in Item 60., Comments on History and Findings.	Any history of psychiatric side-effect requires FAA Decision. If there is no vision, psychiatric, or other aeromedically unacceptable side-effects: **Issue with restriction "NOT VALID FOR NIGHT FLYING."** To remove restriction: *See notes on next page

*Notes:

- Use of isotretinoin must be permanently discontinued for at least 2 weeks prior to consideration date (confirmed by the prescribing physician);
- An eye evaluation in accordance with specifications in 8500-7; and
- Airman must provide a statement of discontinuation
  - Confirming the absence of any visual disturbances and psychiatric symptoms, and
  - Acknowledging requirement to notify the FAA and obtain clearance prior to performing any aviation safety-related duties if use of isotretinoin is resumed.

SKIN CANCER

All Classes

(Updated 08/26/2015)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Unknown pathology	If unable to verify pathology, have airman collect: ☐ Medical records describing the diagnosis and treatment; and ☐ Pathology report(s)	**MORE INFO NEEDED** Once reports are received, refer to the appropriate skin cancer diagnosis in this section.
Basal cell cancer (BCC) **Squamous cell cancer (SCC)** Uncomplicated skin only No organ involvement	AME interview and exam findings consistent with uncomplicated local BCC or SCC completely treated (excised, destroyed, or Mohs procedure) and resolved.	**ISSUE** Note BCC or SCC treated in Block 60. If complicated lesion, see below.
SCC or BCC Complicated lesion Metastatic lymph node or deep tissue involvement, aggressive pathology, or other abnormalities Also see ENT section	Submit the following for FAA review: ☐ Medical records describing the diagnosis and treatment; ☐ Pathology report(s); ☐ Operative notes; ☐ Current, detailed Clinical Progress Note that includes current or planned future treatment and prognosis; and ☐ Copies of any imaging performed (CT/MRI)	**DEFER** Submit reports to FA for review. Follow-up certification - based on Special Issuance Authorization.
Melanoma Less than 0.75 mm in depth OR Melanoma in Situ	Review: ☐ Medical records describing the diagnosis and treatment; and ☐ Pathology report(s)	**ISSUE** If complete resection with clear margins, no recurrence, no metastatic disease, and favorable reports. Document in block 60 **AND** submit reports to FAA for retention in the file.
Melanoma Equal to 0.75 mm or greater in depth	Review and submit the following: ☐ Medical records describing the diagnosis and treatment; ☐ Pathology report(s); ☐ Operative notes; ☐ Current status report that includes if any additional lesions, any metastatic disease, any current or future treatment planned; and ☐ Current MRI brain	**DEFER** Submit reports to FAA for review. Follow-up certification - based on Special Issuance Authorization.
Metastatic Melanoma OR **Melanoma of Unknown Primary Origin**	Submit the following for FAA review: ☐ Info from Melanoma greater than 0.75 mm above; ☐ PET scan; and ☐ Copies of any additional testing performed by the treating physician.	**DEFER** Submit supporting documents for FAA review.

URTICARIAL ERUPTIONS

All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Angioneurotic Edema	Submit all pertinent medical records and a **current, detailed Clinical Progress Note** to include treatment	Requires FAA Decision
Chronic Urticaria	Submit all records and a **current, detailed Clinical Progress Note** to include treatment	Requires FAA Decision

ITEM 41. G-U System

CHECK EACH ITEM IN APPROPRIATE COLUMN	NORMAL	ABNORMAL
41. G-U system (Not including pelvic examination)		

NOTE: The pelvic examination is performed only at the applicant's option or if indicated by specific history or physical findings. If a pelvic examination is performed, the results are to be recorded in Item 60 of FAA Form 8500-8.

I. Code of Federal Regulations

All Classes: 14 CFR 67.113(b)(c), 67.213(b)(c), and 67.313(b)(c)

(b) No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds:

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

(c) No medication or other treatment that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the medication or other treatment involved, finds -

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

II. Examination Techniques

The AME should observe for discharge, inflammation, skin lesions, scars, strictures, tumors, and secondary sexual characteristics. Palpation for masses and areas of tenderness should be performed. The pelvic examination is performed only at the applicant's option or if indicated by specific history or physical findings. If a pelvic examination is performed, the results are to be recorded in Item 60 of FAA Form 8500-8. Disorders such as sterility and menstrual irregularity are not usually of importance in qualification for medical certification.

Specialty evaluations may be indicated by history or by physical findings on the routine examination. A personal history of urinary symptoms is important; such as:

1. Pain or burning upon urination
2. Dribbling or Incontinence
3. Polyuria, frequency, or nocturia
4. Hematuria, pyuria, or glycosuria

Special procedures for evaluation of the G-U system should best be left to the discretion of an urologist, nephrologist, or gynecologist.

III. Aerospace Medical Disposition

(See **Item 48., General Systemic**, for details concerning diabetes and **Item 57., Urine Test**, for other information related to the examination of urine).

The following is a table that lists the most common conditions of aeromedical significance, and course of action that should be taken by the AME as defined by the protocol and disposition in the table. Medical certificates must not be issued to an applicant with medical conditions that require deferral, or for any condition not listed in the table that may result in sudden or subtle incapacitation without consulting the AMCD or the RFS. Medical documentation must be submitted for any condition in order to support an issuance of an airman medical certificate.

GENERAL DISORDERS

All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Congenital lesions of the kidney	Submit all pertinent medical information and current, detailed Clinical Progress Note	If the applicant has an ectopic, horseshoe kidney, unilateral agenesis, hypoplastic, or dysplastic and is asymptomatic – **Issue** Otherwise – Requires FAA Decision
Cystostomy and Neurogenic bladder	Requires evaluation. Current, detailed Clinical Progress Note must include etiology, clinical manifestation, and treatment plan.	Requires FAA Decision
Renal Dialysis	Submit a current, detailed Clinical Progress Note, all pertinent medical reports to include etiology, clinical manifestation, BUN, Ca, PO^4, Creatinine, electrolytes, and treatment plan	Requires FAA Decision
Renal Transplant	See Renal Transplant Protocol	Requires FAA Decision

CHRONIC KIDNEY DISEASE (CDK)

All Classes

(Updated 03/27/2019)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. eGFR **45 to 59**	No symptoms or complications and the underlying cause is not disqualifying.	**ISSUE** Summarize this history in Block 60.
B. eGFR **35 to 44**	See CACI worksheet. **Single kidney – DO NOT CACI**	Follow the CACI – Chronic Kidney Disease Worksheet annotate Block 60.
C. eGFR **34 or less** OR Symptoms or complications with any eGFR Proteinuria 2+ or higher or ACR is 300 or higher OR Single kidney with eGFR 44 or less	Submit the following to the FAA for review: ☐ **Current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician no more than 90 days before the AME exam. It should include a detailed summary of the history of the condition, current medications, dosage, and side effects (if any); physical exam findings, results of any testing performed, diagnosis, assessment, plan (prognosis), and follow-up. ☐ It should note if the condition is stable or if additional treatment or dialysis is recommended; ☐ Recent lab (within last 90 days) ○ Renal function studies(creatinine, BUN and eGFR); ○ Albumin as dipstick or ACR; and ○ Hemoglobin and hematocrit ☐ Imaging reports (if performed by treating physician); and ☐ Assessment by treating physician if evaluation is warranted.	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow-up Special Issuance** – Will be per the airman's Authorization Letter
ESRD requiring dialysis or kidney transplant	See table on previous page for more information.	**DEFER**

Notes: eGFR is a calculated/estimated value. If additional testing shows the actual renal function is higher than the eGFR, this should be stated in the note from the treating physician.

ACR = albumin creatinine ratio

CACI – Chronic Kidney Disease (CKD) Worksheet

(Updated 04/27/2022)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second-class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
The treating physician's current, detailed Clinical Progress Note verifies: • Is asymptomatic and stable; • Has not developed any new conditions or complications that would affect renal function; • Has 2 functioning kidneys; • Any underlying conditions (such as diabetes, HTN, glomerulonephritis, PKD, or chronic obstruction) are well controlled; and • Dialysis or transplant is not recommended or anticipated at this time.	[ ] Yes
eGFR is 35 or higher (Most recent value, must be within the last six (6) months.)	[ ] Yes
Albumin on urine dipstick is trace or negative OR albumin creatinine ratio (ACR) is 29 or less	[ ] Yes
Hemoglobin is at least 10 gm/dL AND hematocrit is at least 30%	[ ] Yes
Current treatment	[ ] Allowed HTN medication

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified Chronic Kidney Disease.

[ ] Has current OR previous SI/AASI but now CACI qualified Chronic Kidney Disease.

[ ] NOT CACI qualified Chronic Kidney Disease. I have deferred. (Submit supporting documents.)

INFLAMMATORY CONDITIONS

All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Acute (Nephritis)	Submit all pertinent medical information and **current, detailed Clinical Progress Note.**	If > 3 mos. ago, resolved, no sequela, or indication of reoccurrence - **Issu**e Otherwise - Requires FAA Decision
Chronic (Nephritis)	Submit all pertinent medical information and current, detailed **Clinical Progress Note.**	Requires FAA Decision
Nephrosis	Submit all pertinent medical information and **current, detailed Clinical Progress Note.**	Requires FAA Decision

KIDNEY STONE(S) (NEPHROLITHIASIS, RENAL CALCULI) OR RENAL COLIC

All Classes

(Updated 06/28/2017)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Most recent event/diagnosis **5 or more years ago**.	No symptoms or current problems. Renal function has returned to normal. No ongoing treatment or surveillance needed.	**ISSUE** Summarize this history in Block 60.
B. Single stone that passed **Less than 5 years ago** with no complications*	If a **single stone passed** or is in the bladder with no further problems and imaging (such as a KUB) verifies **no retained stones**:	**ISSUE** Summarize this history in Block 60.
C. Multiple or **Retained** asymptomatic stone(s) **Less than 5 years ago** with no complications* **Note:** Use this for incidental findings.	See CACI worksheet	Follow the CACI – Retained Kidney Stone(s) Worksheet. Annotate Block 60
D. All others Complications* Symptomatic Underlying cause for recurrent stones	Submit the following to the FAA for review: ☐ **Current, detailed Clinical Progress Note** generated from a clinic visit with the treating urologist no more than 90 days before the AME exam with treatment plan and prognosis. ☐ If underlying cause is identified, the status report should include diagnosis, treatment plan, prognosis and adherence to treatment for this condition; ☐ List of medications and side effects (if any); ☐ Operative notes and discharge summary (if applicable);and ☐ Copies of imaging reports and lab (if already performed by treating physician)	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow up Issuance** Will be per the airman's authorization letter

***Complications include**:

- Hydronephrosis (chronic).
- Metabolic/underlying condition requiring treatment/surveillance/monitoring
- Procedures (3 or more for kidney stones within the last 5 years)
- Renal failure or obstruction (acute or chronic).
- Sepsis or recurrent urinary tract infections due to stones

Metabolic evaluations and **imaging** should be performed as clinically indicated by the treating physician. Acceptable imaging includes KUB, ultrasound, IVP, or CT/MRI as clinically appropriate per the treating physician.

CACI – Retained Kidney Stone(s) Worksheet (Updated 04/27/2022)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second-class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA

The treating physician's current, detailed Clinical Progress Note verifies that the condition is:
 	
• Asymptomatic;
• Stable (**no increase in number or size of stones**);
• Unlikely to cause a sudden incapacitating event;
• If surgery has been performed, the airman:
  ○ Is off pain medication(s);
  ○ Has made a full recovery; and
  ○ Has a full release from the surgeon;
• No history of complications (including chronic hydronephrosis; metabolic/underlying condition; procedures (3 or more in the last 5 years); renal failure or obstruction; sepsis; or recurrent UTIs due to stones.)
	[ ] Yes

Is there an underlying cause for stone recurrence?	[ ] No
Current or recommended treatment After a single stone event - if follow up imaging verifies no further stone(s) present, annotate this in Block 60. No further follow up is required unless there is a change in condition.	[ ] None Supportive treatments such as hydration or medications (such as thiazides, allopurinol, or potassium citrate) to decrease recurrence **(with no side effects)** are allowed.

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified Retained Kidney Stone(s). (Documents do not need to be submitted to the FAA.)

[ ] Has current OR previous SI/AASI but now CACI qualified Retained Kidney Stone(s).

[ ] NOT CACI qualified Retained Kidney Stone(s). I have deferred. (Submit supporting documents.)

NEOPLASTIC DISORDERS/CANCER

BLADDER CANCER

All Classes

Updated 08/26/2015

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Non metastatic and treatment completed **5 or more years ago**	No recurrence or ongoing treatment:	**ISSUE** Summarize this history in Block 60.
B. Non metastatic and treatment completed **less than 5 years ago**	See CACI worksheet. Local recurrence within the bladder only: Follow CACI – Bladder Cancer Worksheet.	Follow the CACI - Bladder Cancer Worksheet. Note in Block 60.
C. Metastatic disease, **muscle invasion,** **or** **Recurrent disease that has spread outside the bladder**	Information that needs to be submitted to the FAA for review: ☐ Current, detailed Clinical Progress Note from the treating oncologist describing treatment plan and prognosis; ☐ List of medications with attention to any chemotherapy agents and dates used; ☐ Treatment records including clinic notes or summary letter describing initial staging and treatment course; ☐ Operative notes and discharge summary (if applicable); ☐ Pathology report(s) (if applicable); and ☐ MRI/CT or PET scan reports (In some cases, the actual CDs will be required in DICOM format for FAA review.)	**DEFER** **Initial Issuance** - Submit the information to the FAA **Follow up Issuance -** Will be per the airman's authorization letter

Note: If the airman is currently on radiation or chemotherapy, the treatment course must be completed before medical certification can be considered.

CACI – Bladder Cancer Worksheet (Updated 04/27/2022)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second-class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
The treating physician's current, detailed Clinical Progress Note verifies: • Condition is stable; • If recurrence, there has been NO spread outside the bladder; • There is no current or historic evidence of any metastatic disease or muscle invasion; • Active treatment is completed (chemotherapy/radiation, etc.) and no new treatment is recommended at this time; and/or • If surgery has been performed, the airman is off pain medication(s), has made a full recovery, and has been released by the surgeon.	[ ] Yes
Symptoms	[ ] None
Current treatment Notes: If it has been 5 or more years since the airman has had any treatment for this condition, with no history of metastatic disease, and no reoccurrence, CACI is not required. Note this in Block 60. (See disposition table). If the airman is currently on chemotherapy or radiation treatment, defer the exam. (See disposition table.	[ ] None or maintenance intravesical BCG or mitomycin. (If these medications are used, the airman should not fly until 24 hours post treatment and asymptomatic.)

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified bladder cancer. (Documents do not need to be submitted to the FAA.)

[ ] Has current OR previous SI/AASI but now CACI qualified bladder cancer.

[ ] NOT CACI qualified bladder cancer. I have deferred. (Submit supporting documents.)

PROSTATE CONDITIONS

All Classes

(Updated 08/26/2015)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Benign Prostatic Hypertrophy (BPH) or elevated PSA	If the airman has findings consistent with uncomplicated BPH with no evidence of prostate cancer:	**ISSUE** Summarize this history in Block 60

Note: See Pharmaceuticals section for a list of medications usually allowed.

PROSTATE CANCER

All Classes

(Updated 05/31/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Prostate Cancer Non metastatic With treatment completed **5 or more years ago**	If NO recurrence or ongoing treatment:	**ISSUE** Summarize this history in Block 60.
B. Prostate Cancer Non metastatic with treatment completed **less than 5 years ago or active surveillance/ watchful waiting.**	See CACI worksheet.	Follow the CACI - Prostate Cancer Worksheet Note in Block 60.
C. Prostate Cancer With **Metastatic disease** Current OR any time in the past OR **Recurrence of disease** Including a biochemical recurrence (BCR) after prostatectomy	**Submit the following for FAA review:** ☐ **Current, detailed Clinical Progress Note** generated from a clinic visit with the treating oncologist no more than 90 days before the AME exam. Status It should describe treatment plan, how long the condition has been stable, and prognosis; ☐ List of medications and presence or absence of side effects (if any) with specific attention to any chemotherapy, steroids, or hormone agents and dates used; ☐ Treatment records including clinic notes or a summary letter	**DEFER** **Initial Special Issuance** – Requires FAA Decision **Follow up Special Issuance** will be per the airman's authorization letter

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	describing initial staging, disease course, locations of metastatic disease, and stability; - Operative notes and discharge summary, if applicable; - Pathology report(s), if applicable; and - Results of MRI/CT or PET scan reports. (In some cases, the actual CDs will be required in DICOM format for FAA review).	

Notes: If the airman is currently on radiation or chemotherapy, the treatment course should be completed before medical certification can be considered.

CACI – Prostate Cancer Worksheet

(Updated 04/27/2022)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second- class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA

The treating physician's current, detailed Clinical Progress Note verifies:
• Condition is stable with no spread or recurrence;
• There is no current or historical evidence of any metastatic disease;
• Active treatment is completed (Chemotherapy/radiation, etc.) and no further treatment is recommended at this time; and
• If surgery has been performed, the airman
  ○ Is off pain medications;
  ○ Has made a full recovery; and
  ○ Has been released by the surgeon
	[ ] Yes

Current PSA (within the last 6 months)	[ ] 20 or less if no prostatectomy [ ] 0.2 or less after prostatectomy
Symptoms	[ ] None
Current treatment Notes: If it has been 5 or more years since the airman has had any treatment for this condition, with no history of metastatic disease and no reoccurrence, CACI is not required. Note this in Block 60. (See disposition table.)	[ ] None or active surveillance/watchful waiting or Brachytherapy

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified prostate cancer. (Documents do not need to be submitted to the FAA.)

[ ] Has current OR previous SI/AASI but now CACI qualified prostate cancer.

[ ] NOT CACI qualified prostate cancer. I have deferred. (Submit supporting documents.)

RENAL CANCER

All Classes

(Updated 09/30/2015)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Non metastatic with treatment completed **5 or more years ago**	If no recurrence or ongoing treatment:	**ISSUE** Summarize this history in Block 60.
B. Non metastatic with treatment completed **less than 5 years ago**	See CACI worksheet.	Follow the CACI-Renal Cancer Worksheet Note in Block 60
C. **Metastatic disease** Current OR any time in the past **OR** **Recurrence** of disease	Submit the following to the FAA for review: ☐ **Current, detailed Clinical Progress Note** generated from a clinic visit with the treating oncologist no more than 90 days before the AME exam. It should describe the treatment plan, how long the condition has been stable, prognosis, and if any upcoming treatment change is planned or expected; ☐ List of medications and presence or absence of side effects with specific mention of chemotherapy and dates used; ☐ Treatment records including clinic notes or a summary letter describing initial staging, disease course, locations of metastatic disease, and stability; ☐ Operative notes and discharge, if applicable; ☐ Pathology report(s), if applicable; ☐ Results of MRI/CT or PET scan reports. (In some cases, the actual CDs will be required in DICOM format for FAA review.); and ☐ Copies of most recent lab results performed by the treating physician.	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow-up Special Issuance –** Will be per the airman's authorization letter

CACI – Renal Cancer Worksheet

(Updated 04/13/2022)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second-class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
Treating physician finds the condition stable on current regimen and no changes recommended.	[ ] Yes
Any current or historic evidence of: • Chemotherapy • Disease recurrence; • Extra capsular extension; • Metastatic disease; • Stage 4 disease; or • Paraneoplastic syndrome	[ ] No
If surgery was performed - the airman is off pain medication(s), has made a full recovery, and has been released by the surgeon.	[ ] Yes
Symptoms	[ ] No
Treatment completed and back to full, unrestricted activities (ECOG performance status or equivalent is 0).	[ ] Yes
Current treatment: Notes: If it has been 5 or more years since the airman has had any treatment for this condition, with no history of metastatic disease and no reoccurrence, CACI is not required. Note this in Block 60. (See disposition table.)	[ ] None

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified renal cancer. (Documents do not need to be submitted to the FAA.)

[ ] Has current OR previous SI/AASI but now CACI qualified renal cancer.

[ ] NOT CACI qualified renal cancer. I have deferred. (Submit supporting documents.)

TESTICULAR CANCER

All Classes (Updated 08/26/2015)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Non metastatic and treatment completed **5 or more years ago**	No recurrence or ongoing treatment:	**ISSUE** Summarize this history in Block 60.
B. Non metastatic and treatment completed **less than 5 years ago**	See CACI worksheet.	Follow the CACI -Testicular Cancer Worksheet Note in Block 60.
C. Metastatic disease current OR any time in the past **Recurrence of disease**	Submit the following to the FAA for review: ☐ **Current, detailed Clinical Progress Note**, generated from a clinic visit with the treating oncologist no more than 90 days before the AME exam, describing treatment plan and prognosis; ☐ List of medications with attention to any chemotherapy agents and dates used; ☐ Treatment records including clinic notes or summary letter describing disease course and initial staging; ☐ Operative notes and discharge summary (if applicable); ☐ Pathology report(s) (if applicable); ☐ MRI/CT or PET scan reports (in some cases, the actual CDs will be required in DICOM format for FAA review); and ☐ Serum tumor markers results (if applicable).	**DEFER** Submit the information to the FAA for a possible Special Issuance.

Notes: If the airman is currently on radiation or chemotherapy, the treatment course must be completed before medical certification can be considered.
Watchful waiting is allowed. See CACI – Testicular Cancer Worksheet.

CACI – Testicular Cancer Worksheet

(Updated 04/27/2022)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second-class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
The treating physician's **current, detailed Clinical Progress Note** verifies: • Condition is stable with no spread or recurrence; • There is no current or historic evidence of any metastatic disease; • Active treatment is completed (chemotherapy/radiation, etc.) and no new treatment is recommended at this time; and • If surgery has been performed, the airman is off pain medication(s), has made a full recovery, and has been released by the surgeon.	[ ] Yes
Symptoms	[ ] None
Current treatment Notes: If it has been 5 or more years since the airman has had any treatment for this condition, with no history of metastatic disease and no reoccurrence, CACI is not required. Note this in Block 60. (See disposition table.) If the airman is currently on chemo or radiation treatment, defer the exam. (See disposition table).	[ ] None, surveillance or watchful waiting

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified testicular cancer. (Documents do not need to be submitted to the FAA.)

[ ] Has current OR previous SI/AASI but now CACI qualified testicular cancer.

[ ] NOT CACI qualified testicular cancer. I have deferred. (Submit supporting documents.)

OTHER G-U CANCERS/NEOPLASTIC DISORDERS

All Classes

Updated 09/30/2015

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Other G-U Cancers when treatment was completed more than 5 years ago and there is no history of metastatic disease. (If less than 5 years, see below.)	Interview airman	Currently cancer-free and released from oncology car**e – Issue and warn for recurrence** Summarize in Block 60 All others – see below
Other G-U cancers when treatment was completed less than 5 years ago or for which there is a history of metastatic disease.	Submit a **current, detailed Clinical Progress Note**, all pertinent medical reports to include staging, metastatic work up, and operative report if applicable.	Requires FAA decision

NEPHRITIS

All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Pyelitis or Pyelonephritis	Submit all pertinent medical information and c**urrent, detailed Clinical Progress Note.**	If asymptomatic - **Issue** Otherwise - Requires FAA Decision
Pyonephrosis	Submit all pertinent medical information and **current, detailed Clinical Progress Note.**	Requires FAA Decision

POLYCYSTIC KIDNEY DISEASE

All Classes

(Updated 07/29/2020)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Autosomal Dominant (AD-PKD)	Submit the following to the FAA for review: ☐ A **current, detailed Clinical Progress Note** generated from a clinic visit with the treating Nephrologist no more than 90 days before the AME exam, detailing: ○ History, diagnosis, physical exam; ○ Treatment plan and prognosis; and ○ If airman has hypertension, the physician should comment if it is controlled. ☐ **Medication list** and side effects (if any); ☐ **Lab** (recent) to include at a minimum: Serum creatinine; ○ eGFR; and ○ Spot urine protein/creatinine ratio ☐ **Imaging** to include: ○ **Brain MRA** (preferred) or CTA (if MRI contraindications) for aneurysm; and ○ **Current transthoracic echocardiogram**.	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow up Issuance** Will be per the airman's authorization letter.
B. Autosomal recessive (AR-PKD)	Submit the following to the FAA for review: ☐ A **current, detailed Clinical Progress Note** generated from a clinic visit with the treating Nephrologist no more than 90 days before the AME exam, detailing: ○ History, diagnosis, physical exam; ○ Treatment plan and prognosis; and ○ If airman has hypertension, the physician should comment if it is controlled. ☐ **Medication list** and side effects if any;	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow up Issuance** Will be per the airman's authorization letter.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	□ **Lab** (recent) to include at a minimum: ○ Serum creatinine; ○ eGFR; and ○ spot urine protein/creatinine ratio □ **Gastroenterologist current evaluation** detailing: ○ History, diagnosis, physical exam; ○ Current status; ○ Treatment plan and prognosis; ○ Abdominal ultrasound; and Liver function testing plus any additional testing deemed clinically indicated.	

URINARY SYSTEMS

All Classes

(Updated 09/30/2015)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Hydronephrosis with impaired renal function	Submit all pertinent medical information and a **current, detailed Clinical Progress Note**	Requires FAA Decision
Nephrectomy (non-neoplastic)	Submit all pertinent medical information and a **current, detailed Clinical Progress Note**	If the remaining kidney function and anatomy is normal, without other system disease, hypertension, uremia, or infection of the remaining kidney – **Issue** Otherwise – Requires FAA Decision
Hematuria	Submit all pertinent medical information and a **current, detailed Clinical Progress Note**	If no underlying condition found after urology evaluation – **Issue** and submit evaluation to the FAA If underlying cause found, see that section.
Proteinuria and Glycosuria	Submit all pertinent medical records; **current, detailed Clinical Progress Note** to include names and dosage of medication(s) and side effects (if any).	Trace or 1+ protein and glucose intolerance ruled out - **Issue** Otherwise – Requires FAA Decision

ITEMS 42-43. Musculoskeletal

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
42. Upper and lower extremities (Strength and range of motion)		
43. Spine, other musculoskeletal		

I. Code of Federal Regulations

All Classes: 14 CFR 67.113 (b)(c), 67.213 (b)(c), and 67.313 (b)(c)

(b) No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition involved finds -

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

(c) No medication or other treatment that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the medication or other treatment involved, finds -

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

II. Examination Techniques

Standard examination procedures should be used to make a gross evaluation of the integrity of the applicant's musculoskeletal system. The AME should note:

1. Pain - neuralgia, myalgia, paresthesia, and related circulatory and neurological findings
2. Weakness - local or generalized; degree and amount of functional loss
3. Paralysis - atrophy, contractures, and related dysfunctions
4. Motion coordination, tremors, loss or restriction of joint motions, and performance degradation
5. Deformity - extent and cause
6. Amputation - level, stump healing, and phantom pain
7. Prostheses - comfort and ability to use effectively

III. Aerospace Medical Disposition

The following is a table that lists the most common conditions of aeromedical significance, and course of action that should be taken by the AME as defined by the protocol and disposition in the table. Medical certificates must not be issued to an applicant with medical conditions that require deferral, or for any condition not listed in the table that may result in sudden or subtle incapacitation without consulting the AMCD or the RFS. Medical documentation must be submitted for any condition in order to support an issuance of an airman medical certificate.

ITEM 42. Upper and Lower Extremities

NEUROPATHY
(Peripheral Neuropathy)
All Classes
(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Neuropathy Without functional limitations	If the AME can determine the condition is: • Under control; • Medications are acceptable; and • The individual has no symptoms that would interfere with flight duties:	**ISSUE** Annotate this information in Block 60. If no AME explanation, the pilot may be asked to provide documentation.
B. Neuropathy With weakness/ numbness OR Functional limitations	Submit the following for FAA review: 1. A current, detailed Clinical Progress Note generated from a clinic visit with the treating physician **no more than 90 days before** the AME exam. It must include a detailed summary of the neuropathy (including etiology if known); current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up. 2. **It must specifically include** a description of any weakness, numbness, or functional limitations. 3. **Lab** already performed for this condition. 4. Any other testing or imaging deemed clinically necessary by the treating physician. **Note:** If the neuropathy is due to an underlying condition such as diabetes - see that section.	**DEFER** Submit the information to the FAA for a possible Special Issuance Annotate (elements or findings) in Block 60. If not addressed in the progress note, the AME should describe any functional limitations that could affect the pilot's ability to operation aircraft controls.

UPPER AND LOWER EXTREMITIES

All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Amputations	Submit a **current, detailed Clinical Progress Note** to include functional status (degree of impairment as measured by strength, range of motion, pain), medications with side effects (if any), and all pertinent medical reports	If applicant has a SODA issued on the basis of the amputation - **Issue** Otherwise - Requires FAA Decision After review of all medical data, the FAA may authorize a special medical flight test
Atrophy of any muscles that is progressive, Deformities, either congenital or acquired OR Limitation of motion of a major joint, that are sufficient to interfere with the performance of pilot duties	Submit a **current, detailed Clinical Progress Note** to include functional status (degree of impairment as measured by strength, range of motion, pain), medications with side effects (if any), and all pertinent medical reports	Requires FAA Decision
Neuralgia	See Item 46. Neurologic, Other Conditions - Neuralgia (Trigeminal Neuralgia, Post Herpetic Neuralgia) Disposition Table	See disposition table
Sciatica, if sufficient to interfere with function or is likely to become incapacitating	Submit a **current, detailed Clinical Progress Note** to include functional status (degree of impairment as measured by strength, range of motion, pain), medications with side effects (if any), and all pertinent medical reports	Requires FAA Decision
Osteomyelitis, acute or chronic, with or without draining fistula(e)	Submit a **current, detailed Clinical Progress Note** to include functional status (degree of impairment as measured by strength, range of motion, pain), medications with side effects (if any), and all pertinent medical reports.	Requires FAA Decision
Tremor	See Item 46. Neurologic, Extrapyramidal, Hereditary, and Degenerative Diseases of the Nervous System- Tremor Disposition Table	See disposition table

For all the above conditions: If the applicant is otherwise qualified, the FAA may issue a limited certificate. This certificate will permit the applicant to proceed with flight training until ready for a MFT. At that time, at the applicant's request, the FAA (usually the AMCD) will authorize the student pilot to take a MFT in conjunction with the regular flight test. The MFT and regular private pilot flight test are conducted by an FAA inspector. This affords the student an opportunity to demonstrate the ability to control the aircraft despite the handicap. The FAA inspector prepares a written report and indicates whether there is a safety problem. If the airman successfully completes the MFT, a medical certificate and SODA will be sent to the applicant from AMCD.

When prostheses are used or additional control devices are installed in an aircraft to assist the amputee, those found qualified by special certification procedures will have their certificates limited to require that the devices (and, if necessary, even the specific aircraft) must always be used when exercising the privileges of the airman certificate.

Item 43. Spine, Other Musculoskeletal

ARTHRITIS

All Classes
(Updated 07/28/2021)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Osteoarthritis	• Well controlled, no persistent daily symptoms; • No functional limitations; and • Treatment is PRN NSAIDS or anti-inflammatory medication only.	**ISSUE** Summarize this History, annotate Block 60.
C. Osteoarthritis on additional medication OR Autoimmune arthritis	See CACI worksheet	Follow the CACI - Arthritis Worksheet Annotate Block 60.
C. All others • Complications*; • Symptomatic; or • Underlying cause with complications or systemic disease, etc.	Submit the following to the FAA for review: ☐ A **current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician no more than 90 days before the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up. ☐ It should note if there are any functional limitations. ☐ Operative notes (if applicable); and ☐ Copies of imaging reports and lab (if already performed by treating physician)	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow up Issuance** Will be per the airman's authorization letter.

***Complications include:**

- Joint deformity or decreased range of motion or strength that would impair flight duties
- Systemic disease

CACI - Arthritis Worksheet (Updated 04/13/2022)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second- class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
Treating physician finds the condition stable on current regimen and no changes recommended	[ ] Yes
Symptoms	[ ] None or mild to moderate symptoms with no significant limitations to range of motion, lifestyle, or activities
Cause of Arthritis *OA - see Arthritis Disposition Table CACI may not be required.	Acceptable causes are limited to: [ ] Osteoarthritis* and/or [ ] Autoimmune to include **only** the following: Rheumatoid (limited to joint), Psoriatic, or Ankylosing Spondylitis
Lab	[ ] NSAIDS or steroid only - no lab required Or [ ] Normal CBC, Liver Function Test, and Creatinine within the past 90 days

Acceptable Medications	[ ] One or more of the following:
	• Oral steroid which does not exceed equivalent of prednisone 20 mg/day (see steroid conversion calculator)
	• NSAIDS
	• Methotrexate
	• Hydroxychloroquine/ Chloroquine (Plaquenil/Aralen) see mandatory status report requirement below**
	• Only **ONE** of the following - with required no-fly time after each use:
	  ○ Adalimumab (Humira): 4-hour no-fly
	  ○ Apremilast (Otezla): n/a
	  ○ Etanercept (Enbrel): 4-hour no-fly
	  ○ Infliximab (Remicade): 24-hour no-fly
	  ○ rituximab (Rituxan): 72-hour no-fly
	  ○ secukinumab (Cosentyx): 4-hour no-fly

** STATUS REPORT is required if Hydroxychloroquine (HCQ)/ Chloroquine (CQ) (Plaquenil/Aralen) is used.	[ ] Hydroxychloroquine (HCQ)/ Chloroquine (CQ) Status Report (Plaquenil/Aralen) is favorable and no concerns OR [ ] N/A (NOT taking hydroxychloroquine/chloroquine [Plaquenil/Aralen]

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified arthritis**.** (Documents do not need to be submitted to the FAA.)

[ ] Has current OR previous SI/AASI but now CACI qualified arthritis.

[ ] NOT CACI qualified arthritis. I have deferred. (Submit supporting documents.)

CEREBRAL PALSY

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Any history	Submit the following for FAA review: 1. A **current, detailed neurological evaluation**, in accordance with the FAA Specifications for Neurologic Evaluation, generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. It must include and evaluation of items such as balance, strength, range of motion limitations and pain. It must describe any functional deficits or limitations for both large and small muscle groups as well as dexterity to operate an aircraft. 3. **All school/academic records**: Educational accommodations, Individual Education Plan (IEP) such as a "504" plan, educational support services provided, educational assessments and testing associated with IEP or individualized accommodations, neuropsychological assessments and testing, educational transcripts, and, if available, chief pilot reports. **Note**: In some cases, additional information such as brain imaging (MRI/CT) or neurocognitive testing may be required after review of the above items. Physical limitations associated with CP may require a Medical Flight Test (MFT). If a MFT is required, please state which FSDO the individual would prefer to use.	**DEFER** Submit the information to the FAA for a possible Special Issuance.

COLLAGEN DISEASE

All Classes

(Updated 03/29/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Acute Polymyositis; Dermatomyositis; Lupus Erythematosus; or Polyarteritis Nodosa	Submit a **current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician no more than **90 days** before the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up.	Requires FAA Decision

GOUT AND PSEUDOGOUT

All Classes

(Updated 04/29/2015)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Gout **Pseudogout** Well controlled	Interview and examination reveal: □ No persistent symptoms or functional impairment. □ Med combinations of NSAIDS, uric acid reducers (allopurinol, etc.), or uric acid excreters (probenecid) with no aeromedically significant side effects.	**ISSUE** Note findings in Block 60.
Gout **Pseudogout** Functional impairment Joint deformity Kidney stones, recurrent Meds other than above Not controlled Persistent symptoms	Submit a **current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician no more than **90 days** before the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up. It should also address: □ Severity and frequency of exacerbations to include interval between and date of most recent flare; □ Extent of renal involvement; and □ Extent of joint deformity or functional impairment and if it would impair operation of aircraft controls.	**DEFER** Submit records to the FAA for decision Follow up - per SI/AASI

SPINE, OTHER MUSCULOSKELETAL

All Classes

(Updated 03/29/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Active disease of bones and joints If due to a specific condition – See those pages If due to arthritis – See the Arthritis page	Submit a **current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician no more than **90 days** before the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up. Include functional status (degree of impairment as measured by strength, range of motion, pain).	Requires FAA Decision
Ankylosis, curvature, or other marked deformity of the spinal column sufficient to interfere with the performance of pilot duties	Submit a **current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician no more than **90 days** before the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up. Include functional status (degree of impairment as measured by strength, range of motion, pain).	Requires FAA Decision
Intervertebral Disc Surgery	See note	See note
Musculoskeletal effects of: Muscular Dystrophy Or Myopathies	Submit a **current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician no more than **90 days** before the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up.	Requires FAA Decision

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	Include functional status (degree of impairment as measured by strength, range of motion, pain).	
Musculoskeletal effect of Myasthenia Gravis	See Myasthenia Gravis Disposition Table	See disposition table
Other disturbances of musculoskeletal function, acquired or congenital, sufficient to interfere with the performance of pilot duties or likely to progress to that degree	Submit a **current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician no more than **90 days** before the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up. Include functional status (degree of impairment as measured by strength, range of motion, pain).	Requires FAA Decision
Symptomatic herniation of intervertebral disc	Submit a **current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician no more than **90 days** before the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up. Include functional status (degree of impairment as measured by strength, range of motion, pain).	Requires FAA Decision

Note: A history of intervertebral disc surgery is not disqualifying. If the applicant is asymptomatic, has completely recovered from surgery, is taking no medication, and has suffered no neurological deficit, the AME should confirm these facts in a brief statement in Block 60. The AME may then issue any class of medical certificate, providing that the individual meets all the medical standards for that class.

The paraplegic whose paralysis is not the result of a progressive disease process is considered in much the same manner as an amputee. The AME should defer issuance and may advise the applicant to request a Medical Flight Test. Other neuromuscular conditions are covered in more detail in Item 46.

ITEM 44. Identifying Body Marks, Scars, Tattoos

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
44. Identifying body marks, scars, tattoos (size and location)		

I. Code of Federal Regulations

All Classes: 14 CFR 67.113(b), 67.213(b), and 67.313(b)

(b) No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition finds-

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges

II. Examination Techniques

A careful examination for surgical and other scars should be made, and those that are significant (the result of surgery or that could be useful as identifying marks) should be described. Tattoos should be recorded because they may be useful for identification.

III. Aerospace Medical Disposition

The AME should question the applicant about any surgical scars that have not been previously addressed, and document the findings in Item 60 of FAA Form 8500-8. Medical certificates must not be issued to applicants with medical conditions that require deferral without consulting the AMCD or RFS. Medical documentation must be submitted for any condition in order to support an issuance of a medical certificate.

Disqualifying Condition: Scar tissue that involves the loss of function, which may interfere with the safe performance of airman duties.

ITEM 45. Lymphatics

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
45. Lymphatics		

I. Code of Federal Regulations

All Classes: 14 CFR 67.113(b)(c), 67.213(b)(c), and 67.313(b)(c)

(b) No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds -

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

(c) No medication or other treatment that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the medication or other treatment involved, finds -

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

II. Examination Techniques

A careful examination of the lymphatic system may reveal underlying systemic disorders of clinical importance. Further history should be obtained as needed to explain findings.

III. Aerospace Medical Disposition

The following is a table that lists the most common conditions of aeromedical significance, and course of action that should be taken by the AME as defined by the protocol and disposition in the table. Medical certificates must not be issued to an applicant with medical conditions that require deferral, or for any condition not listed in the table that may result in sudden or subtle incapacitation without consulting the AMCD or the RFS. Medical documentation must be submitted for any condition in order to support an issuance of an airman medical certificate.

LYMPHOMA AND HODGKIN'S DISEASE

All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Lymphoma and Hodgkin's Disease	Submit a **current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician no more than **90 days** before the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up.	**Initial Special Issuance –** Requires FAA Decision **Follow-up Special Issuances –** See AASI Protocol

LEUKEMIA, ACUTE AND CHRONIC

All Classes

(Updated 05/31/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Leukemia, Acute and Chronic – All Types	Submit a **current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician no more than **90 days** before the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up.	Requires FAA Decision

CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) / SMALL LYMPHOCYTIC LYMPHOMA (SLL)

All Classes
(05/31/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Rai stage 0 – 1 AND/OR Binet stage A Followed by oncology for **5 or more years** **AND** • Asymptomatic with no evidence of active disease; • Treated with observation only • Age 40 or older at time of diagnosis	See the CACI - Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL) Worksheet This requires a **current, detailed Clinical Progress Note** from the treating oncologist and lab. If the pilot meets all CACI worksheet criteria and is otherwise qualified	**ISSUE** Annotate (elements or findings) in Item 60. Annotate the correct CACI statement in Block 60 and keep the required supporting information on file.
B. Rai stage 0 – 2 AND/OR Binet stage A or B AND Followed by oncology for **less than 5 years** AND • Asymptomatic with no evidence of active disease; and • Treated with observation only	Submit the following: **1.** A CLL/SLL Status Summary (to expedite case processing); **2.** A current, detailed Clinical Progress Note generated from a clinic visit with a board-certified **ONCOLOGIST** no more than **90 days before** the AME exam. It must include: • A detailed summary of the history of the condition; • Current medications, dosage, and side effects (if any); • Physical exam findings; • Results of any testing performed; • Diagnosis; • Assessment and plan; • Prognosis based on Rai/Binet stage and other clinically indicated markers; and • Follow-up; **3.** It must specifically include performance status, disease staging, and treatment plan (including observation);	**DEFER** Submit the information to the FAA for a possible Special Issuance Annotate (elements or findings) in Item 60.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	4. Lab performed no more than 90 days before the AME exam to include: • CBC • Beta-2 microglobulin; **5.** Flow cytometry; and **6.** Any other testing already performed or deemed clinically necessary by the treating physician.	
C. All others Rai stage 3 or 4 AND/OR Binet stage C OR Followed by oncology for **less than 5 years** OR • Active disease or symptomatic; • Relapsed disease; or • Treated with targeted therapy and/or chemotherapy	Submit the following: **1. ALL information in Row B**	**DEFER** Submit the information to the FAA for a possible Special Issuance Annotate (elements or findings) in Item 60.

Note: Rows B and C require the same initial evaluation data. Row B may qualify for AASI consideration after follow-up.

Chronic Lymphocytic Leukemia (CLL) / Small Lymphocytic Lymphoma (SLL) Status Summary

(Updated 05/31/2023)

Name: _____ Birthdate: _____

Applicant ID: _____ PI: _____

Please have your treating ONCOLOGIST who manages your CLL/SLL provide the requested information in the space. Submit this summary and a current, detailed Clinical Progress Note addressing each item. Attach a copy the lab results (item #6) and submit to your AME or mail to the FAA:

Federal Aviation Administration
Civil Aerospace Medical Institute, Building 13
Aerospace Medical Certification Division, AAM-313, PO Box 25082
Oklahoma City, OK 73125-9914

1. Diagnosed at age 40 or older and has been followed by oncology for five (5) or more years?	YES		NO
2. Is the individual stable, asymptomatic, and treatment recommended is observation only.	YES		NO
3. Rai stage	0-1	2	3-4
4. Binet stage	A	B	C
5. Applicant has NO evidence of active disease.* (Consider iwCLL criteria) *Examples of active disease include weight loss (unintentional) greater than 10 pounds; new palpable lymph notes	YES		NO
6. ☐ Labs performed no more than 90 days ago verify:	Attach copy of lab results		
• Hemoglobin is _____ mg/dL	11+	10+	< 10
• Platelets greater than 100,000/microL AND Total or absolute lymphocyte count doubling time is greater than 6 months.	YES		NO

7. Explain any “NO” answers or other concerns. (Attach a current, detailed Clinical Progress Note.)

_____ _____
Treating Physician Signature Date of Evaluation

_____ _____
Name or Office Stamp Phone Number

CACI – Chronic Lymphocytic Leukemia (CLL) / Small Lymphocytic Lymphoma (SLL) Worksheet

(Added 05/31/2023)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist no more than 90 days prior to the AME exam. If the applicant meets ALL the acceptable certification criteria listed below, the Examiner can issue. Applicants for first- or second-class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	**ACCEPTABLE CERTIFICATION CRITERIA**
Treating Oncologist finds the condition stable and • Asymptomatic • Recommends observation only • Monitored for 5 or more years	[ ] Yes
Age at diagnosis	[ ] 40 or older
Rai stage 0 - 1 and/or Binet stage A	[ ] Yes
Applicant has NO evidence of active disease.* (Consider iwCLL criteria) *Examples of active disease include weight loss (unintentional) greater than 10 pounds; new palpable lymph notes	[ ] Yes
Lab(s) within the past 90 days show: • Hemoglobin > = 11 mg/dL • Platelets > = 100,000/microL • Total or absolute lymphocyte count doubling time is greater than 6 months	[ ] Yes

AME MUST NOTE in Block 60 one of the following:

Applicants with **CLL:**

[ ] CACI qualified CLL.
[ ] Has current OR previous SI/AASI but now CACI qualified CLL.
[ ] NOT CACI qualified CLL. I have deferred. (Submit supporting documents.)

Applicants with **SLL:**

[ ] CACI qualified SLL
[ ] Has current OR previous SI/AASI but now CACI qualified SLL.
[ ] NOT CACI qualified SLL. I have deferred. (Submit supporting documents.)

LYMPHATICS

All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Adenopathy secondary to Systemic Disease or Metastasis	Submit a **current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician no more than **90 days** before the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up.	Requires FAA Decision
Lymphedema	Submit a **current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician no more than **90 days** before the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up.	Requires FAA Decision
Lymphosarcoma	Submit a **current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician no more than **90 days** before the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up.	Requires FAA Decision

ITEM 46. Neurologic

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
46. Neurologic		

I. Code of Federal Regulations

All Classes: 14 CFR 67.109 (a)(b), 67.209 (a)(b), and 67.309 (a)(b)

(a) No established medical history or clinical diagnosis of any of the following:

(1) Epilepsy

(2) A disturbance of consciousness without satisfactory medical explanation of the cause; or

(3) A transient loss of control of nervous system function(s) without satisfactory medical explanation of the cause;

(b) No other seizure disorder, disturbance of consciousness, or neurologic condition that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds-

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

II. Examination Techniques

A neurologic evaluation should consist of a thorough review of the applicant's history prior to the neurological examination. The AME should specifically inquire concerning a history of weakness or paralysis, disturbance of sensation, loss of coordination, or loss of bowel or bladder control. Certain laboratory studies, such as scans and imaging procedures of the head or spine, electroencephalograms, or spinal paracentesis may suggest significant medical history. The AME should note conditions identified in Item 60 on the application with facts, such as dates, frequency, and severity of occurrence.

A history of simple headaches without sequela is not disqualifying. Some require only temporary disqualification during periods when the headaches are likely to occur or require treatment. Other types of headaches may preclude certification by the AME and require special evaluation and consideration (e.g., migraine and cluster headaches).

One or two episodes of dizziness or even fainting may not be disqualifying. For example, dizziness upon suddenly arising when ill is not a true dysfunction. Likewise, the orthostatic faint associated with moderate anemia is no threat to aviation safety as long as the individual is temporarily disqualified until the anemia is corrected.

An unexplained disturbance of consciousness is disqualifying under the medical standards. Because a disturbance of consciousness may be expected to be totally incapacitating, individuals with such histories pose a high risk to safety and must be denied or deferred by the AME. If the cause of the disturbance is explained and a loss of consciousness is not likely to recur, then medical certification may be possible.

The basic neurological examination consists of an examination of the 12 cranial nerves, motor strength, superficial reflexes, deep tendon reflexes, sensation, coordination, mental status, and includes the Babinski reflex and Romberg sign. The AME should be aware of any asymmetry in responses because this may be evidence of mild or early abnormalities. The AME should evaluate the visual field by direct confrontation or, preferably, by one of the perimetry procedures, especially if there is a suggestion of neurological deficiency.

III. Aerospace Medical Disposition

A history or the presence of any neurological condition or disease that potentially may incapacitate an individual should be regarded as initially disqualifying. Issuance of a medical certificate to an applicant in such cases should be denied or defer, pending further evaluation. A convalescence period following illness or injury may be advisable to permit adequate stabilization of an individual's condition and to reduce the risk of an adverse event. Applications from individuals with potentially disqualifying conditions should be forwarded to the AMCD. Processing such applications can be expedited by including hospital records, consultation reports, and appropriate laboratory and imaging studies, if available. Symptoms or disturbances that are secondary to the underlying condition and that may be acutely incapacitating include pain, weakness, vertigo or in coordination, seizures or a disturbance of consciousness, visual disturbance, or mental confusion. Chronic conditions may be incompatible with safety in aircraft operation because of long-term unpredictability, severe neurologic deficit, or psychological impairment. See FAA Neurologic Specification Sheet.

The following is a table that lists the most common conditions of aeromedical significance, and course of action that should be taken by the AME as defined by the protocol and disposition in the table. Medical certificates must not be issued to an applicant with medical conditions that require deferral, or for any condition not listed in the table that may result in sudden or subtle incapacitation without consulting the AMCD or the RFS. Medical documentation must be submitted for any condition in order to support an issuance of an airman medical certificate.

CEREBROVASCULAR DISEASE
ARTERIOVENOUS MALFORMATION (AVM)

All Classes
(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Not requiring treatment	**Submit to the FAA for review:** 1. A current, detailed neurological evaluation that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the treating neurologist no more than 90 days before the AME exam. 2. **Imaging studies:** • **MRI brain** to **include sequences sensitive to the presence of hemosiderin** performed **no more than 12 months before** the AME exam. • **CTA (preferred) or MRA head** performed **no more than 12 months before** the AME exam. • **Previous Imaging** (such as CT, MRI, CTA, MRA, or cerebral catheter angiography/cath angio of the head) performed at any time after the symptoms occurred. • Submit BOTH the report and a copy of all images on compact disc (CD) in DICOM readable format. (There MUST be a 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain copies of all CDs or images as a safeguard if lost in the mail. 3. Any other testing performed or deemed necessary by the treating physician. **Note:** If associated with a seizure – see that section. A recovery period may apply.	**DEFER** Submit the information to the FAA for a possible Special Issuance
B. Treated with embolization procedure Ruptured or repaired	Submit the following for FAA review: 1. All items in Row A. 2. **Imaging studies.** Performed after any procedure to verify the condition has been fully treated.	**DEFER** Submit the information to the FAA for a possible Special Issuance

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	3. Hospital records for each hospitalization related to this condition. It must include information on surgeries and procedures such as embolization. • Admission History and Physical (H&P). • Emergency Medical; Services (EMS)/ambulance run sheet (if applicable); • Hospital consultant report(s) (such as neurology, cardiology, internal medicine, or other specialists); • Hospital discharge summary. (Typically, the patient portal notes or after visit summary (AVS) that can be printed from the electronic medical record are NOT sufficient for pilot medical certification purposes.); • Lab report(s) including all drug or alcohol testing performed; • Operative/procedure report(s); • Pathology report(s); and • Radiology reports. The interpretive report(s) AND IMAGES of all diagnostic imaging (CT Scan, MRI, X-ray, ultrasound, or others) performed. • DO NOT submit miscellaneous hospital records such as flowsheets, nursing notes, physician orders, or medication administration records. **Note:** If the applicant has a large volume of records, it is recommended that they bring them to the exam so the AME can assist in determining what is miscellaneous and not needed by the FAA.	

BRAIN ANEURYSM
(Intracranial aneurysm / Cerebral aneurysm) Not Ruptured

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Existing Aneurysm which has not ruptured **Note**: If associated with a seizure – see that section. A recovery period may apply. If ruptured and/or repaired, refer to brain bleed/intracranial hemorrhage section.	Submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the treating neurologist **no more than 90 days before** the AME exam. 2. **CTA (preferred) or MRA head** performed **no more than 12 months before** the AME exam.* 3. Previous Imaging* (CT, MRI, CTA, MRA or cerebral catheter angiography/cath angio of the head) performed at any time after the symptoms occurred. Submit BOTH the report and a copy of the images on compact disc (CD) in DICOM readable format. (There MUST be a 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain copies of all CDs or images as a safeguard if lost in the mail.	**DEFER** Submit the information to the FAA for a possible Special Issuance

BRAIN BLEED
(Intracranial Hemorrhage, Cerebral Hemorrhage, Ruptured Aneurysm, Subarachnoid Hemorrhage, Subdural/Epidural Hemorrhage)

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Any history of a Spontaneous intracranial hemorrhage not due to trauma* (Examples may include ruptured AVM, Subarachnoid hemorrhage [SAH], Subdural, or epidural hemorrhage) (*If due to TRAUMA, See - Traumatic Brain Injury section, subdural hematoma, epidural hematoma, or subarachnoid hemorrhage.)	**Required recovery periods:** • If craniotomy performed: **Two (2) years** • Subarachnoid hemorrhage: **One (1) year** **After any required recovery period**, submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the treating neurologist (vascular neurologist preferred) **no more than 90 days before** the AME exam. 2. **Brain imaging to verify bleed has resolved,** performed **no more than 12 months before** the AME exam. If not already performed, a current test is required. 3. **MRI brain** to include **sequences sensitive to the presence of hemosiderin.** 4. **CT angiography (CTA) or MRA or angiography**. (Head required. Neck if clinically necessary) • Submit BOTH the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. 5. **Hospital records** for each hospitalization related to this condition. It must include information on surgeries and procedures. • Admission History and Physical (H&P);	**DEFER** Submit information to the FAA for a possible Special Issuance

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	• Emergency Medical Services (EMS)/ambulance run sheet (if applicable); • Hospital consultant report(s) (such as neurology, cardiology, internal medicine, or other specialists); • Hospital discharge summary. (Typically, the patient portal notes or after visit summary (AVS) that can be printed from an electronic medical record are NOT sufficient for pilot medical certification purposes.); • Lab report(s) including all drug or alcohol testing performed; • Operative/procedure report(s); • Pathology report(s); and • Radiology reports. The interpretive report(s) AND IMAGES of all diagnostic imaging (CT Scan, MRI, X-ray, ultrasound, or others) performed. • DO NOT submit miscellaneous hospital records such as flowsheets, nursing notes, physician orders, or medication administration records. **Note:** After review of the submitted information, a Neuropsychological (NP) evaluation that meets that meets FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment from a clinic visit with the treating neuropsychologist **may** be required If the applicant has a large volume of records, it is recommended that they bring them to the exam so the AME can assist in determining what is miscellaneous and not needed by the FAA. If associated with a **seizure** – see that section. An additional recovery period and testing (such as EEG) may apply. If a **shunt** was placed – see the Hydrocephalus section.	

BRAIN TUMOR (Intracranial Tumor)

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Benign Brain Tumor (meningioma, gliomas, etc.) **NOT surgically treated**	Submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the **treating neurologist (vascular neurologist preferred) no more than 90 days before** the AME exam. 2. **MRI brain** performed **no more than 12 months before** the AME exam. • Submit both the report and a copy of the images on compact disc (CD) in DICOM readable format. (There MUST be a file name 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain copies of all CDs or image as a safeguard if lost in the mail. 3. If hospitalized or radiation treatment was performed, submit copies of the following Hospital reports for each hospitalization related to this condition: • Admission History and Physical; • Hospital discharge summary. (Typically, the patient portal notes or after visit summary (AVS) that can be printed from an electronic medical record are NOT sufficient for pilot medical certification purposes.); • Emergency Medical Services (EMS)/ambulance run sheet (if applicable); • Hospital consultant report(s) (such as neurology, cardiology, internal medicine, or other specialists); • Lab report(s) including all drug or alcohol testing performed;	**DEFER** Submit the information to the FAA for a possible Special Issuance.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	• Operative/procedure report(s); • Pathology report(s); and • Radiology report(s). The interpretive report(s) of all diagnostic imaging (CT Scan, MRI, X-ray, ultrasound, or others) performed. Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. • DO NOT submit miscellaneous hospital records such as flowsheets, nursing notes, physician orders, and medication administration records. 4. **After review of the information submitted, a n**europsychological (NP) evaluation that meets FAA Specifications for Neuropsychological Evaluation for Potential Neurocognitive Impairment **MAY be required.** **Note:** If associated with a seizure also refer to the Seizure section. An additional recovery period may apply. If tumor type is **Acoustic neuroma or Pituitary Tumor -** see the corresponding section.	
B. Benign Brain Tumor (meningioma, gliomas, etc.) **Surgically treated/resected**	After a **two-year (2) recovery** period, submit the following for FAA review: 1. All information in Row A; 2. Neuropsychological (NP) evaluation that meets FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment. (Due to surgical resection, NP testing is required.) **Note:** If associated with a seizure also refer to the Seizure section. An additional recovery period may apply.	**DEFER** Submit the information to the FAA for a possible Special Issuance.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
C. Malignant (cancerous) Brain Tumor Primary Tumor or Secondary metastatic tumor	After a **five-year (5)** recovery period following completion of chemotherapy, radiation, or surgery. (Maintenance biologic medication does not add to the above recovery time.) Submit the following for FAA review: 1. All information in Row A; 2. The individual can submit the **MOST RECENT** detailed **neurological evaluation** (in lieu of one 90 days before the AME exam) that meets FAA Specifications for Neurologic Evaluation for initial case review.	**DEFER** Submit the information to the FAA for a possible Special Issuance.

Note: A variety of intracranial tumors, both malignant and benign, are capable of causing incapacitation directly by neurologic deficit or indirectly through recurrent symptomatology. Potential neurologic deficits include weakness, loss of sensation, ataxia, visual deficit, or mental impairment. Recurrent symptomatology may interfere with flight performance through mechanisms such as seizure, headaches, vertigo, visual disturbances, or confusion. A history or diagnosis of an intracranial tumor necessitates a complete neurological evaluation before a determination of eligibility for medical certification can be established.

PSEUDOTUMOR CEREBRI

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Pseudotumor Cerebri Idiopathic intracranial hypertension (Previous name: Benign Intracranial Hypertension)	Submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the treating neurologist **no more than 90 days before** the AME exam. 2. ***MRI of the brain** performed **no more than 90 days before** the AME exam. 3. A current, detailed Clinical Progress Note generated from a clinic visit with the treating **ophthalmologist or neuro-ophthalmologist** n**o more than 90 days before** the AME exam. It must include: A detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up. 4. Visual Field graphs (24-2 or 30-2) with narrative interpretation by the treating eye specialist. 5. If surgery was performed, it should indicate follow-up results and note any complications. • If a shunt was placed as part of treatment, a minimum recovery period of **two (2) years** is required. 6. Records from any hospitalization to include: • Admission History and Physical; • Hospital discharge summary. (Typically, the patient portal notes or after	**DEFER** Submit the information to the FAA for a possible Special Issuance Annotate (elements or findings) in Block 60.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	visit summary (AVS) that can be printed from an electronic medical record are NOT sufficient for pilot medical certification purposes.); • Emergency Medical Services (EMS)/ ambulance run sheet (if applicable); • Hospital consultant report(s) (such as neurology, cardiology, internal medicine, or other specialists); • Lab report(s) including all drug or alcohol testing performed; • Operative/procedure report(s); to include lumbar puncture(s); and • Pathology report(s) 7. Radiology report(s). The interpretive report(s) of all diagnostic imaging (CT scan, MRI, MRA, MRV, X-ray, ultrasound, or others) performed. • For MRI or other diagnostic imaging: Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail.	

STROKE
Cerebrovascular Accident (CVA) or Transient Ischemic Attack (TIA)

All Classes
(Updated 04/26/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. All types Ever in lifetime OR TIA	**Required recovery period:** • Cortical stroke or TIA: **2-year recovery** • Sub-cortical stroke: **1-year recovery** **Note:** If the specific cause of a TIA or subcortical stroke is known and corrected (e.g., high-grade carotid stenosis fully treated or PFO with known acute venous clot fully treated), these may be considered on a case-by-case basis sooner than one year. Cortical strokes typically require a 2-year recovery period, regardless of cause. Once the **required recovery period has been met,** submit the following for FAA review: 1. A detailed neurological evaluation that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. **Brain MRI performed within the previous 12 months**. New imaging may be required after FAA physician review. • Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. 3. Hospital records from the event: • Admission History and Physical; • Hospital discharge summary. (Typically, the patient portal notes or after visit summary (AVS) printed from an electronic medical record are NOT sufficient for pilot medical certification purposes.); • Emergency Medical Services (EMS)/ambulance run sheet, if applicable; • Hospital consultant report(s) (e.g., neurology, cardiology, internal medicine, or other specialists); • Lab report(s);	**DEFER** Submit the information to the FAA for a possible Special Issuance

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	• Operative/procedure report(s), if applicable; • *Radiology report(s). The interpretive report(s) of all diagnostic imaging (CT Scan, MRI, X-ray, ultrasound, or others) performed. • DO NOT submit miscellaneous hospital records such as flowsheets, nursing notes, physician orders, and medication administration records. 4. Cardiac Monitor • TIA - Results of a current 30-day cardiac event monitor such as a Zio patch or implanted loop recorder (ILR). • If an implanted cardiac monitor was placed, OR if a cryptogenic stroke, submit a minimum of **six (6) months** of device reports. • If ILR is currently implanted, submit data from implantation to the most recent interrogation. 5. Any other testing below, if already performed. New testing should not be obtained for aeromedical purposes until requested by FAA physicians. (See note on next page regarding additional testing.) • *Imaging. Copies of all previous imaging such as CT, MRI, MRA, or other radiological tests; • Carotid ultrasound such as post procedure carotid endarterectomy. A carotid ultrasound is NOT acceptable in place of an MRA or CTA; • Transthoracic echocardiogram (TTE); • Cardiovascular Evaluation (CVE). (This may be found in hospital records as many are completed during the hospital stay.); • Stress test; and • Holter monitors performed since the event.	

ADDITIONAL TESTING: Due to the complex etiology of strokes, once the initial information (Row A) is reviewed by the FAA, the items below **may be** required on a case-by-case basis. Additional testing should not be obtained until requested by FAA physicians.

1. Neuropsychological evaluation that meets FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment from a clinic visit with the treating neuropsychologist. In some cases, such as very small stroke in non-eloquent area, this may be reduced or waived after FAA review.

2. A comprehensive hypercoagulopathy panel to include the following test results:
   - Factor V Leiden mutation
   - PT and INR
   - PTT
   - Antithrombin III
   - Protein S free antigen
   - Activated protein C level
   - Prothrombin (Factor II) G20210A gene mutation
   - Homocysteine level
   - Antiphospholipid antibodies:
   - Lupus anticoagulant
   - Anticardiolipin antibodies
   - Beta-2 glycoprotein antibodies

DEMYELINATING DISEASE

All Classes

(Updated 04/26/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Acute Optic Neuritis; Immune-related demyelinating disease	Submit all pertinent medical records, current neurologic report, to comment on involvement and persisting deficit, period of stability without symptoms, name and dosage of medication(s) and side effects	Requires FAA Decision

GUILLAIN-BARRE SYNDROME

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Single episode, No complications, Fully resolved and recovered with a minimum of six (6) months stability	If the AME can determine this was a single episode, fully resolved with no complications or sequelae: **Note:** If the episode occurred within the **previous 12 months**, the AME must review documentation from the treating physician. If six (6) months of stability has not been met, go to Row B.	**ISSUE** Annotate Block 60 and submit any evaluations to the FAA for retention in the pilot's file. If any underlying cause found, see that section.
B. Less than six (6) months of stability after episode, Two or more episodes in a lifetime, Continued symptoms, OR Complications	Submit the following for FAA review: 1. A **current, detailed neurological evaluation,** in accordance with the FAA Specifications for Neurologic Evaluation, generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. It must specifically include if there is any persisting deficit and period of stability without symptoms. 3. Other testing already performed or deemed necessary by the pilot's physician. **Note**: If associated with a seizure, refer to the Seizure section. A recovery period may apply.	**DEFER** Submit the information to the FAA for a possible Special Issuance.

MULTIPLE SCLEROSIS (MS)

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Multiple Sclerosis	After a minimum of **6 (six) months** of clinical **and** radiological stability, submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. **MRI brain with and without gadolinium** performed **no more than 90 days before** the AME exam. 3. **MRI cervical and thoracic spine with and without gadolinium** (most recent, **if** already performed). • For each MRI submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. 4. **Eye evaluation**. A **current, detailed Clinical Progress Note** generated from a clinic visit with the treating **ophthalmologist no more than 90 days** before the AME exam. It must include a detailed summary of the history of any eye condition(s); current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up. • It must specifically include an interpretation of the visual field testing; • Visual field testing (24-2 SITA standard) performed within the previous 90 days; and • Optical Coherence Tomography (OCT), if performed. Supply the color draft and printouts. 5. A Neuropsychological (NP) evaluation that meets FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment.	**DEFER** Submit the information to the FAA for a possible Special Issuance.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	6. Lab. The following testing, if **already performed** or clinically indicated: • Rheumatological antibody screening (ANA, RF, Lyme titer); • Cerebrospinal Fluid (CSF) testing; • All evoked potential testing; and • NMO antibody panel (such as anti AQP4, anti MOG) in cases with spinal involvement, optic neuritis, or concerns for NMO-SD. (Submit most recent test result.) 7. Any other testing already performed or deemed clinically necessary by the treating physician.	

MYASTHENIA GRAVIS

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. **Generalized** Myasthenia Gravis	Requires **one (1)-year** recovery period after diagnosis. After 1-year recovery, submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation, generated from a clinic visit with the treating **neurologist no more than 90 days before** the AME exam. 2. **It must specifically include**: Medications prescribed for this condition including start and stop dates, dosages, and side effects (if any). • How long has the condition been stable; • Any periods of weakness, motor fluctuations, or fatigability; • Any history of myasthenic crisis; and • Any evidence of **ocular myasthenia**. If yes, also address: ○ Presence or absence of eye exam findings: ○ Any current finding of eye motility abnormality, symptoms of double vision; or ○ Any clinically significant ptosis. 3. Lab studies already performed. 4. CT Chest (performed at any time as a screening for Thymoma). Submit the report. 5. **Previous Imaging** (e.g., CT, MRI, CTA, MRA, or catheter angiography of the head) performed at any time after the symptoms occurred.*	**DEFER** Submit the information to the FAA for a possible Special Issuance.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	6. Other testing already performed such as an Electromyogram (EMG) or nerve conduction studies. *For all imaging, submit BOTH the report and a copy of the images on compact disc (CD) in DICOM readable format. (There MUST be a 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain copies of all CDs or images as a safeguard if lost in the mail. **Note:** If associated with a seizure see that page. An additional recovery period may apply.	
B. **Ocular** Myasthenia Gravis	Submit the following for FAA review: 1. All items listed in Row A above. 2. If ocular status is not addressed, an evaluation from an ophthalmologist may be required.	**DEFER** Submit the information to the FAA for a possible Special Issuance.

EXTRAPYRAMIDAL, HEREDITARY, AND DEGENERATIVE DISEASES OF THE NERVOUS SYSTEM

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Wilson's Disease Or Slow viral diseases i.e., Creutzfeldt-Jakob's Disease	Obtain medical records and current neurological status, complete neurological evaluation with appropriate laboratory and imaging studies, as indicated May consider Neuro-psychological testing	Requires FAA Decision

Note: Factors used in determining eligibility will include the medical history, neurological involvement and persisting deficit, period of stability without symptoms, type and dosage of medications used, and general health. Extrapyramidal, Hereditary, and Degenerative Diseases of the Nervous System: Considerable variability exists in the severity of involvement, rate of progression, and treatment of the above conditions.

ALZHEIMER's DISEASE OR MILD COGNITIVE IMPAIRMENT (MCI) or DEMENTIA

All Classes

(Updated 02/22/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Alzheimer's disease OR Mild Cognitive Impairment (MCI) OR Dementia from: • Creutzfeldt-Jakob disease; • Frontotemporal dementia; • Lewy body dementia; • Mixed dementia; • Normal Pressure Hydrocephalus; • Vascular dementia; or • Others	Submit the following for FAA review: The most **recent detailed**, **Clinical Progress Note** performed by the **treating physician or neurologist**. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up. In most cases, this condition is incompatible with aviation safety.	**DEFER** Submit the information to the FAA.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
B. Pre-clinical Alzheimer's condition	Submit the following for FAA review: 1. A **current, detailed neurological evaluation** generated from a clinic visit with the treating neurologist **no more than 90 days before** the AME exam in accordance with the FAA Specifications for Neurologic Evaluation. 2. Neuropsychological evaluation in accordance with the FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment no more than 90 days before the AME exam. 3. **Brain MRI**. Magnetic Resonance Imaging (MRI) of the brain performed no more than 90 days prior to your AME exam. Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. 4. **Other testing:** Already performed by the treating **neurologist**. **Note:** Upon receipt and review of the above information, additional documentation may be required.	**DEFER** Submit the information to the FAA for a possible Special Issuance.

AMYOTROPHIC LATERAL SCLEROSIS (ALS) aka LOU GEHRIG'S DISEASE And Other MOTOR NEURON DISEASES

All Classes
(01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. All classes Any history	Submit the following for FAA review: 1. A **current, detailed neurological evaluation in accordance** with the FAA Specifications for Neurologic Evaluation generated from a clinic visit from **certified ALS clinic or associated clinic no more than 90 days before** the AME exam. 2. Any other testing deemed clinically necessary or already performed for this condition by the treating physician.	**DEFER** Submit the information to the FAA.

DEEP BRAIN STIMULATOR (DBS)

All Classes

(Updated 02/22/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Deep Brain Stimulator (DBS)	Submit the following for FAA review: 1. Deep Brain Stimulator (DBS) Status Summary 2. Operative report If applicant has **two** DBS devices, complete a status summary for **each device.**	DEFER Submit the information to the FAA for a possible Special Issuance

Note: See underlying condition page for additional information requirements

DEEP BRAIN STIMULATOR (DBS) STATUS SUMMARY

(Updated 01/25/2023)

Name _____ Birthdate _____

Applicant ID# _____ PI# _____

Please have the treating neurologist complete this summary by entering the information in the space provided. Submit either this summary* or all supporting documentation (which addresses each item below) and **a copy of the most recent device printout indicating the current device settings and status** to your AME or to the FAA:

Federal Aviation Administration
Civil Aerospace Medical Institute, Building 13
Aerospace Medical Certification Division, AAM-300, PO Box 25082,
Oklahoma City, OK 73125-9867

Lead stimulation site e.g., GPi, STN, ViM, CZi _____
(Use a separate page for **each** DBS stimulator lead to report the specific site and information for **each** lead).

1. Diagnosis (Circle one): **Parkinson's disease**/ **essential tremor**/ **dystonia**/ **other** (If other, list)……._____

2. Date DBS data below was obtained……...____/____/____

3. DBS manufacturer and model ……..... _____

4. Date DBS leads implanted in the brain ……..... ____/____/____

5. Battery (Circle one):……..rechargeable/ non-rechargeable

6. Estimated battery longevity…..……..... _____ months

7. If battery was replaced, date of the last replacement ……..……..…….____/____/____

8. Active contacts:_____

9. Impedance for individual active leads…….._____ ohms

10. Total Impedance for active leads…….._____ ohms

11. Voltage (V)……..._____ volts

12. Frequency……..……..._____ hertz

13. Pulse width……......_____microseconds

14. Patient-controlled setting parameters _____

15. In the past 6 months, has the DBS functioned normally? (NO significant abnormality, impedance, or changes in effectiveness.) ……..Yes__ No__

16. To your knowledge, has the DBS lead(s) or generator been the subject of a recall?...……..……Yes__ No__

_____ _____
Neurologist signature Date

*This DBS Status Summary is NOT required; however, it will help to streamline and significantly DECREASE FAA review time.

DYSTONIA (Including Torticollis)

All Classes
(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Any history of Dystonia at any time This includes cervical dystonia (spasmodic torticollis or torticollis)	Submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. Any other testing performed or deemed necessary by the treating physician.	**DEFER** Submit the information to the FAA for a possible Special Issuance.

HUNTINGTON'S DISEASE

All Classes
(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Huntington's Disease	Submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. A Neuropsychological (NP) evaluation that meets FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment from a clinic visit with the **treating neuropsychologist no more than 90 days before** the AME exam. 3. Any other testing deemed clinically necessary or already performed for this condition by the treating physician. **Note:** If the diagnosis is confirmed as symptomatic Huntington's, the individual may want to submit that information to AAM before obtaining the neuropsychological evaluation.	**DEFER** Submit the information to the FAA for a possible Special Issuance.

PARKINSON'S DISEASE and PARKINSONISM (Secondary)

All Classes

(Updated 02/22/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Parkinson's Disease or Secondary Parkinsonism Current or historical diagnosis	Submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation, generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. **It must specifically include:** • Unified Parkinson's UPDRS-III motor rating scale; • Medication*: Comment on medications, side effects, and effectiveness of medication or treatment; • Describe findings if/when an individual misses a dose of medication; • Must discuss stability of the condition: Fluctuations of motor and cognitive function; dyskinesia, in response to the medication; and what is the pattern of fluctuations throughout the day; and • Autonomic dysfunction such as blood pressure fluctuation or orthostasis; ***Acceptable Medication(s)**: The **only** medication currently acceptable for aeromedical purposes is **carbidopa + levodopa** (in either long or short acting preparations). 3. **MRI brain** (Magnetic Resonance Imaging) performed **within the 12 months before the AME** exam. • Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail.	**DEFER** Submit the information to the FAA for a possible Special Issuance.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	4. A current **Neuropsychological evaluation** that meets FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment, generated from a clinic visit with the **treating neuropsychologist no more than 90 days before** the AME exam.	
B. Parkinson's Treated with **Deep Brain Stimulator** (DBS)	Submit the following for FAA review: 1. All Row A evaluation data 2. Operative report 3. DBS Status Summary **Note**: DBS and lesioning therapy may carry a risk of cognitive impairment and are reviewed on a case-by-case basis.	**DEFER** Submit the information to the FAA for a possible Special Issuance.

TREMOR

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. **Physiologic tremor** • Not requiring medication • Not progressing • No functional limitations **Note:** This is not a disease. It can be a normal physiological finding for the situation.	If the AME can determine the pilot has no symptoms that would interfere with flight duties:	**ISSUE** Annotate this information in Block 60
B. **Essential Tremor** Treated with an acceptable medication. **Note:** Previous term was "Benign Essential Tremor"	Follow the CACI – Essential Tremor Worksheet. This requires a **current, detailed Clinical Progress Note** from the treating physician. Acceptable medication for CACI is **NONE or a beta-blocker.** (All others go to Row C). If the pilot meets all CACI worksheet criteria and is otherwise qualified:	**ISSUE** with no time limitation Annotate the correct CACI statement in Block 60 and keep the required supporting information on file.
C**. All others** The diagnosis is suspect or uncertain; The individual is dependent on medication to be functional or requires a medication change; Assistive devices (such as weighted gloves, utensils) are used; Condition is clinically uncontrolled or disabling (limits any day-to-day function such as holding cup, handwriting, flipping switches, etc.); and/or dependent on medication; **Note:** Most medication to treat tremor is not acceptable (e.g., gabapentin, mysoline [primadone]).	Submit the following to the FAA for review: ☐ A current, detailed neurological evaluation that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the treating neurologist **no more than 90 days before** the AME exam. ☐ **MRI and/or CT of the brain** (the most recent test). • Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. 3. **Electroencephalogram (EEG)** performed no more than **12 months before** the AME exam. It must be	**DEFER** Submit the information to the FAA for a possible Special Issuance Annotate elements or findings in Block 60.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	sleep-deprived EEG: awake, asleep, and with provocation (hyperventilation, photic/strobe light). • Include any previous EEG(s) available for comparison. • Submit BOTH the final interpretive report(s) and the actual tracings (ALL pages) for any EEGs on CD. • The CDs of EEG recordings must have proprietary opening software that is compatible with Windows 10. 4. Other testing already performed the treating physician for this condition	

CACI – Essential Tremor Worksheet

(Updated 07/26/2023)

The AME must review a **current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician **no more than 90 days before** the AME exam AND any supporting documents to determine the applicant's eligibility for certification. If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second-class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
A current, detailed Clinical Progress Note from the treating physician or neurologist verifies the diagnosis is essential tremor and the condition is stable (no disease progression and no treatment changes recommended).	[ ] Yes
Any evidence of a disabling tremor that limits day-to-day functioning? (e.g., holding a cup, handwriting, flipping switches on aircraft, or other).	[ ] No
Does the applicant rely on the medication to be functional? (Does the applicant have a disabling tremor when they do not take the medication or if the medication wears off?) **Note:** Beta blocker is the ONLY CACI-eligible medication for this condition.	[ ] No
Treatment for condition **Note:** Other medication or treatments (weighted gloves, specialized utensils, and deep brain stimulator) do NOT CACI qualify. See Tremor Disposition Table for possible Special Issuance information. Gabapentin, primidone (Mysoline), and other potentially sedating medications are not acceptable for aeromedical purposes. Do NOT CACI.	[ ] None Or [ ] Beta blocker (e.g., propanolol, metoprolol, Lopressor)

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified Essential Tremor**.** (Documents do not need to be submitted to the FAA.)

[ ] Has current OR previous SI/AASI but now CACI qualified Essential Tremor.

[ ] NOT CACI qualified Essential Tremor**.** I have deferred. (Submit supporting documents.)

TOURETTE SYNDROME or TIC DISORDER

All Classes

(Updated 02/22/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Tic disorder (Chronic motor or vocal tic) **Present 5 or more years** Not worsening	If the AME can determine: • The condition is under control, • No medications or treatment required, and • The individual has NO symptoms that would interfere with flight duties or communication: **Note**: Adult-onset tic disorder, go to Row B.	**ISSUE** Annotate this information in Block 60.
B. Tic disorder (Chronic motor or vocal Tic) Present **less than 5 years** Unknown cause OR Worsening OR Adult-onset tic	Submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. Due to the strong association with tic disorder and ADHD, a current neuropsychological and cognitive evaluation (Specifications for Neuropsychological Evaluations for ADHD) **MAY** be required after review of the initial neurological evaluation.	**DEFER** Submit the information to the FAA for a possible Special Issuance Annotate (elements or findings) in Block 60.
C. Tourette Syndrome	Submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. A **Neuropsychological (NP) evaluation** that meets FAA Specifications for Neuropsychological Evaluations for ADHD from a clinic visit with the **treating neuropsychologist no more than 90 days before** the AME exam. **Note:** Tourette's syndrome and tics are commonly associated with Attention Deficit Hyperactivity Disorder (ADHD). Neuropsychological evaluation and testing is required.	**DEFER** Submit the information to the FAA for a possible Special Issuance Annotate (elements or findings) in Block 60.

HEADACHES

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Atypical Facial Pain	Submit all pertinent medical records, current neurologic report, to include name and dosage of medication(s) and side effects	Requires FAA Decision

HEADACHE or MIGRAINE

(Cluster, Tension, Ocular, Acephalgic, Ophthalmic, or Retinal)

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Stress Headache Tension Headache Controlled with OTC meds	If the AME can determine the condition is: mild and under control: • Average of less than two headache days per month; • Medications are acceptable (seldom requiring more than OTC analgesics); • Is not incapacitating (The individual has no symptoms that would interfere with flight duties.); and • Not associated with any neurological findings:	**ISSUE** Annotate this information in Block 60.
B. Migraine with aura (Classic migraine/ Common Migraine) OR Chronic tension OR Chronic daily OR Cluster OR Any history of a migraine which results in changes in vision (excluding migraine aura) (Older terms include acephalgic migraine, ocular migraine, ophthalmic migraine)	**See the** CACI-Migraine and Chronic Headache Worksheet**.** This will require a current, detailed Clinical Progress Note from the treating physician or neurologist.	If the pilot meets **all** CACI worksheet criteria and is otherwise qualified **ISSUE** with no time limitation Annotate the **correct CACI statement** in Block 60 **and keep the required supporting information on file.**

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
C. Complicated migraine, OR Post-traumatic headaches, OR Retinal migraine (previously called ocular migraine)* *This type spreads across the retina and the concern is amaurosis)	Submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. **MRI* of the brain** performed **no more than one (1) year before** the AME exam. • If an MRI is contraindicated or cannot be performed, the treating neurologist should discuss why. If CT is used, with or without contrast is per the treating neurologist. • Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. 3. Number of headache days per month per the applicant. 4. **Other testing completed or** deemed necessary by the treating physician. **Note:** If associated with a seizure – see seizure section. Chronic recurring headaches or pain syndromes often require medication for relief or prophylaxis, and, in some instances, the use of such medications is disqualifying because they may interfere with the individual's alertness and functioning. In some conditions, pain may be incapacitating.	**DEFER** Submit the information to the FAA for a possible Special Issuance.

Note: Pain, in some conditions, may be acutely incapacitating. Chronic recurring headaches or pain syndromes often require medication for relief or prophylaxis, and, in most instances, the use of such medications is disqualifying because they may interfere with a pilot's alertness and functioning.

CACI - Migraine and Chronic Headache Worksheet

(Updated 04/13/2022)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second- class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
Treating physician finds the condition stable on current regimen and no changes recommended	[ ] Yes
Acceptable Types of Migraine or Headache	[ ] Classic/Common Migraine, Chronic Tension headache, Cluster headache **NOT acceptable**: Ocular migraine, complicated migraine
Frequency	[ ] No more than one episode per month
Symptoms	[ ] Only mild symptoms controlled with medication(s) listed below. [ ] In the last year: ○ **no in-patient hospitalizations** ○ no more than 2 outpatient clinic/urgent care visits for exacerbations (with symptoms fully resolved) **NOT acceptable**: neurological or TIA-type symptoms; vertigo; syncope; and/or mental status change
Medications - Preventive	[ ] None; or daily calcium channel blockers or beta blockers only for prophylaxis without side effects
Medications - Abortive	[ ] OTC headache medications; warn airman: 24 hour no-fly - Triptans 36 hour no-fly - Metoclopramide (Reglan); 96 hour no-fly - promethazine (Phenergan) **NOT acceptable**: Injectable medications and narcotics

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified migraine and chronic headaches. (Documents do not need to be submitted to the FAA.)

[ ] Has current OR previous SI/AASI but now CACI qualified migraine and chronic headaches.

[ ] NOT CACI qualified migraine and chronic headaches. I have deferred. (Submit supporting documents.)

HYDROCEPHALUS (With or Without Shunt)

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. With shunt placement	After a **two (2) year symptom-free** recovery period, submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the treating neurologist **no more than 90 days before** the AME exam. 2. It **must specifically include** • the reason a shunt was placed and • if the shunt is functional or non-functional. 3. **Shunt series CT or MRI brain** performed **no more than 12 months before** the AME exam. • Include both the report and a copy of the images on compact disc (CD) in DICOM readable format. (There MUST be a 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain copies of all CDs or image as a safeguard if lost in the mail. **Note**: After a review of the above information and due to the condition which caused the need for the shunt, a Neuropsychological (NP) evaluation in accordance with the FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment may be required. If associated with a seizure, brain tumor, or brain bleed – see the corresponding section. An additional recovery period may apply.	**DEFER** Submit the information to the FAA for a possible Special Issuance.
B. Without shunt placement (such as normal pressure hydrocephalus)	Submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation	**DEFER** Submit the information to the FAA for a

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. **MRI and/or CT of the brain** performed **no more than 90 days before** the AME exam. • Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail.	possible Special Issuance.

INFECTIONS OF THE NERVOUS SYSTEM

BRAIN ABSCESS

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. All classes **Any history** (current or ever in their lifetime)	After appropriate recovery period* Submit the following for FAA review 1. A **current, detailed neurological evaluation,** in accordance with the FAA Specifications for Neurologic evaluation, generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. A Neuropsychological (NP) evaluation that meets FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment from a clinic visit with the **treating neuropsychologist no more than 90 days** before the AME exam. 3. The most recent MRI and/or CT imaging of the brain. (If not already performed, a current brain MRI is required.) • Submit BOTH the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. 4. The most recent electroencephalogram (EEG). • (If not already performed, a current EEG is required.) • The EEG recording should be sleep-deprived: awake, asleep, and with provocation (e.g., hyperventilation, photic/strobe light). • Include any previous EEG(s) available for comparison.	**DEFER** Submit the information to the FAA for a possible Special Issuance.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	• Submit BOTH the final interpretive report(s) and the actual tracings (ALL pages) for any EEGs on CD. • The CDs of EEG recordings must have proprietary opening software that is compatible with Windows 10. 5. Other testing deemed clinically necessary by the treating physician. ***Note:** Applicants with prior brain abscess should have a minimum of 6 months observation following completion of treatment. If residual cortical lesion(s) are seen on MRI, a longer recovery period may be required. If surgery was performed (penetrating the dura), a minimum two (2)-year recovery period will apply. If associated with a seizure, refer to that section, as a longer recovery period may then apply.	

ENCEPHALITIS

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Current or historical diagnosis Single episode	Submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation, generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. It **must specifically include** if this was a single episode, if the individual is immunocompromised, and if any seizure activity occurred. 3. **MRI and/or CT of the brain (the most recent test)**. • Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. 4. An **electroencephalogram (EEG),** if already performed, OR if any history of seizures. • The EEG recording should be sleep-deprived - awake, asleep, and with provocation (e.g., hyperventilation, photic/strobe light). Include any previous EEG(s) available for comparison. Submit BOTH the final interpretive report(s) and the actual tracings (ALL pages) for any EEGs on CD. The CDs of EEG recordings must have proprietary opening software that is compatible with Windows 10. **Note**: Neuropsychological (NP) evaluation will be required in some cases (such as	**DEFER** Submit the information to the FAA for a possible Special Issuance.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	any residual lesions found on MRI or any neurocognitive concerns). When required, it must meet FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment from a clinic visit with the treating neuropsychologist. Seizure - if associated with a seizure, refer to that section. A recovery period may apply.	
B. Current or historical diagnosis with 2 or more lifetime episodes, Immunocompromised, or seizure activity	All information required in Row A PLUS • EEG is **required** if a history of seizures. • Additional information may be required after review of above information.	**DEFER** Submit the information to the FAA for a possible Special Issuance.

Note: For Brain Abscess or Meningitis, see that page.

MENINGITIS

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Single episode No complications, fully resolved and recovered AND No hospitalization OR Hospitalized **5 or more years ago**	If the AME can determine the condition has resolved with no complications and the pilot has no symptoms that would interfere with flight duties: If **within the past one year**, the pilot should provide the AME with the **most recent detailed, Clinical Progress Note** from the treating physician describing the clinical course and resolution without complications. **Note:** If associated with a seizure or more than one episode, go to Row C.	**ISSUE** Annotate this information in Block 60 including approximate date of single episode
B. Single episode requiring hospitalization **less than 5 years ago**	Submit the following for AME and FAA review: 1. The most **recent detailed, Clinical Progress Note** performed from the treating physician or neurologist. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up. 2. It must specifically include if the condition has resolved and if any residual side effects remain. 3. Hospital Discharge Summary. This is NOT the same as patient portal notes or After Visit Summary (AVS). 4. MRI and/or CT brain imaging report (if already performed). 5. EEG - electroencephalogram report (if already performed). **Note:** If the MRI or CT report verifies	If the AME can determine the condition has resolved with no residual symptoms, MRI, and EEG (if performed) are negative, and the pilot has no symptoms that would interfere with flight duties. **ISSUE** Annotate Block 60 and submit the evaluation to the FAA for retention in the pilot's file

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	lesions or scarring on the brain; or the neurologic evaluation determines there is concern for cognitive impairment on clinical exam; or any history of seizure (a recovery period may apply), go to Row C.	
C. More than one episode (ever) OR Complications such as meningoencephalitis, cortical involvement (stroke), seizure OR Abnormal MRI or EEG findings OR Not fully resolved or recovered	Submit the following for FAA review 1. **A current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the treating neurologist **no more than 90 days before** the AME exam. 2. Remember to also submit all items listed under "Prior Testing, Treatment, Or Other Records." 3. MRI and or CT of the brain **performed no more than 90 days before** the AME exam. • Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. 4. Hospital records (admission H&P, discharge summary, all consultant reports, copies of imaging reports, etc.). 5. An electroencephalogram (EEG) if already performed OR if any history of seizures. • The EEG recording should be sleep-deprived: awake, asleep, and with provocation (e.g., hyperventilation, photic/strobe light).	**DEFER** Submit the information to the FAA for a possible Special Issuance

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	• Include any previous EEG(s) available for comparison. • Submit BOTH the final interpretive report(s) and the actual tracings (ALL pages) for any EEGs on CD. • The CDs of EEG recordings must have proprietary opening software compatible with Windows 10. **Additional testing:** If the CT/MRI report identifies lesions or scarring on the brain or the clinical neurologic evaluation has concern for cognitive impairment, a Neuropsychological (NP) evaluation will be required. When required, it must meet FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment from a clinic visit with the treating neuropsychologist. Seizure: If associated with a seizure, refer to the Seizure section. A recovery period may apply.	

NEUROSYPHILIS

All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Neurosyphilis	Complete neurological evaluation with appropriate laboratory and imaging studies	Requires FAA Decision

NEUROLOGIC CONDITIONS

CENTRAL SLEEP APNEA

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Central Sleep Apnea **Noted on sleep study results ONLY**	If the AME can determine: • The condition is NOT central sleep apnea; • The sleep study apnea/hypopnea indices show: ○ **Less than 2** Central Apneas and/or Central Hypopnea episodes per hour occur AND ○ **Less than 25%** of total apnea and hypopnea episodes are listed as central; • The individual takes no medication for this condition; and • Individual has **NO** symptoms that would interfere with flight duties:	**ISSUE** Use the standard OSA protocol. Annotate Block 60 and submit the evaluation to the FAA for retention in the pilot's file.
B. Central Sleep Apnea **Diagnosis**	Submit the following for FAA review: 1. A **current, detailed Clinical Progress Note** generated from a clinic visit with the **treating neurologist or sleep specialist no more than 90 days before** the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up. 2. It **must specifically include:** • If there is excessive daytime sleepiness, • If treatment is successful, and • If the individual is compliant with treatment.	**DEFER** Submit the information to the FAA for a possible Special Issuance.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	3. **Sleep study**/ polysomnography (most recent test results). It must be an **in-lab type 1 attended study**. 4. Any other testing performed or deemed necessary by the treating physician.	

EPILEPSY
(Seizure Disorder)

All Classes

(Updated 05/31/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Epilepsy by history **Seizure-free for ten (10)** years AND **Off medication for the last 3 years**	After a **ten (10)-year seizure-free recovery** period, obtain the following and submit for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the treating neurologist (**epileptologist preferred**), **no more than 90 days before** the AME exam. 2. It **must specifically include** the date of last seizure activity and dates medication(s) discontinued. 3. **MRI brain** performed at any time after the seizure activity started. • If not already performed, a current brain MRI is required. Submit BOTH the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. 4. **Electroencephalogram (EEG)** performed no more than **12 months before** the AME exam. It must be sleep-deprived EEG: awake, asleep, and with provocation (hyperventilation, photic/strobe light). A 24-hour EEG study is preferred. • If not already performed, a current EEG is required. • Submit any previous EEG(s) available for comparison. • Submit BOTH the interpretive report(s) on paper and a copy of	**DEFER** Submit the information to the FAA for a possible Special Issuance.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	the EEG recording(s) on CD with proprietary opening software that is compatible with Windows 10. You may wish to retain a copy of all films as a safeguard if lost in the mail. 5. FAA Airman Seizure Questionnaire completed by the applicant.	
B. SeLECTS (Self-limited Epilepsy with Centrotemporal Spikes). **Seizure-free for four (4)** years AND **Off medication for the last two (2) years** This condition may also be called: • Rolandic Epilepsy, • Benign Rolandic Epilepsy (BRE), • BECTS (Benign Epilepsy with Central Temporal Spikes), or • CECTS (Childhood Epilepsy with Central Temporal Spikes)	After a **four (4)-year seizure-free recovery** period, obtain and submit for FAA review: • Evaluation Data Row A	**DEFER** Submit the information to the FAA for a possible Special Issuance.

COGNITIVE OR MENTAL IMPAIRMENT OR DYSFUNCTION COGNITIVE DISORDER)

All Classes (Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Neurological finding Cognitive impairment/ dysfunction Mental impairment/dysfunction Confusion Delirium Encephalopathy OR **When the cause of the neurological finding is <u>unknown</u>**	Submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. A Neuropsychological (NP) evaluation that meets FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment from a clinic visit with the **treating neuropsychologist no more than 90 days before** the AME exam. 3. Any other testing already performed or deemed necessary by the treating physician. **Note:** If the cause of the cognitive impairment is known (due to another condition - e.g., stroke, traumatic brain injury, substance abuse, multiple sclerosis, neurodegenerative disease, mood disorder, a specified medical illness, or specified medication effect) – see that section for any additional evaluation data requirements.	**DEFER** Submit the information to the FAA for a possible Special Issuance Annotate (elements or findings) in Block 60.

SEIZURE

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Simple Febrile Seizure occurring at **Age 5 or younger** (fever seizure/febrile seizure)	If the AME can determine all of the following apply: • A **single seizure only**; • Condition fully resolved age 5 or younger; • NO recurrence; • NO anticonvulsant medication given; AND • Condition has resolved without sequelae with NO symptoms or current problems that would interfere with flight duties: If the AME is unable to determine all of the above information, a **detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the treating neurologist will be required. If the neurology evaluation verifies the condition was a simple febrile seizure:	**ISSUE** Annotate this information in Block 60. All others, go to Row C
B. Single seizure even **provoked** by a known cause which has been corrected May be due to: Electrolyte or severe metabolic imbalance; Medication use; or Convulsive syncope; If due to TBI or post concussive seizure - see that section If due to drug or alcohol withdrawal - see D&A section	After a **One (1)-year recovery** period, submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the **treating neurologist no more than 90 days** before the AME exam. 2. It **must specifically include** the date of last seizure activity and dates medication discontinued. 3. ***MRI brain** performed at any time after the seizure activity started. • If not already performed, a current brain MRI is required. • Submit BOTH the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify	**DEFER** Submit the information to the FAA for a possible Special Issuance

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. 4. **Electroencephalogram (EEG)** performed **no more than 12 months before the AME exam**. It must be sleep-deprived EEG: Awake, asleep, and with provocation (hyperventilation, photic/strobe light). • If not already performed, a current EEG is required. • Submit any previous EEG(s) available for comparison. • Submit BOTH the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. 5. FAA Airman Seizure Questionnaire completed by the applicant. **Note:** In some cases, a longer recovery period will be required based on the underlying cause.	
C. Single seizure event **UNPROVOKED** (No known cause) OR **Complex febrile seizure**; Atypical/complex febrile seizures; or febrile seizures treated with medication as a child (usually age 5 or younger). **Note:** If **2 or more seizures in a lifetime**, from any cause, go to the **Epilepsy section.**	After a **four (4)-year recovery period and the last two (2) years must be without anticonvulsant medication,** submit the following for FAA review: • All information in Row B. Upon review, additional information may be required.	**DEFER** Submit the information to the FAA for a possible Special Issuance

FAA Pilot/ATCS Seizure Questionnaire (Updated 09/28/2022)

The following questions should be answered by the AIRMAN who should read through the entire questionnaire and complete all sections as appropriate. If the seizures occurred when the airman was a child, a parent or guardian familiar with the episodes should complete this questionnaire.

Circle, check, or fill in answers, as appropriate:

SECTION 1 - BIG SEIZURES			
Have you ever had a grand mal seizure or a big seizure where you lost consciousness or your whole body shook and stiffened?	Yes **Go to A**	No **Go to Section 2**	
A. How many have you had? Enter a number:			
B. When was the first one? *Enter approximate date, how long ago, or your age at the time:*	Date:	Or Months ago:	Or age:
C. When was the last one/most recent *Enter the approximate date*:	Date:		
D. Do you ever have a warning before your big seizure(s)?	Yes	No **Go to E**	Don't Know
D1. Did you ever have this warning and not have a seizure?	Yes	No	Don't know
D2. When was the last warning? *Enter actual date OR how long ago (in months)*	Date:	Or Months ago:	
D3. Did this warning consist of any of the following?			
a. Unusual feeling in stomach or chest	Yes	No	Don't know
b. Unusual smells or tastes?	Yes	No	Don't know
c. Hearing unusual sounds or hearing difficulty?	Yes	No	Don't know
d. See anything unusual, or have any change in your vision?	Yes	No	Don't know
e. Behave in unusual ways such as smacking your lips, touching your clothes, or doing any other unusual things without intending to?	Yes	No	Don't know
f. Have difficulty speaking or understand speech?	Yes	No	Don't know
E. Of the grand mal or big seizures that you had while awake, did they usually occur shortly after waking up? (Either in the morning or after a nap.)	Yes	No **Go to F**	Don't know
E1. How many minutes after waking up would you say the grand mal or big seizure(s) usually occurred? *Check one*	[ ]15 min or less [ ]16-30 min [ ] 31-45 min [ ] 46-60 min [ ] More than 60 min		
F. Before the seizure started, did you have jerking, shaking, or uncontrolled body movements or did your whole body jump suddenly, as if someone had startled you from behind?	Yes	No **Go to Section 2**	Don't know
F1. Which side was affected? *Check one*	[ ] Left side [ ] Right side [ ] Both sides [ ] One side; unsure of which [ ] Don't know		

Airman Name (printed) _____ **MID#, PI#, or App D#**_____

SECTION 2 - SMALL SEIZURES			
Have you ever had any small spells (other than grand mal or big seizures)?	Yes **Go to A**	No **Go to Section 3**	
A. When was the last time you had one of these spells? *Write in the approximate date OR age at which it occurred.*	Date:	Or age:	
B. How long would you say the spell lasted? *Check one*	[ ] 15 secs or less [ ] 16-30 secs [ ] 31 -59 secs [ ] 1-2 min [ ] More than 2 min		
C. During this most recent spell, which of the following best describes your awareness of the surroundings? *Check one*	[ ] Fully aware [ ] Fully unaware [ ] Somewhat aware, but less aware than usual		
D. During this spell, were you able to FUNCTION as you normally do?	Yes	No	Don't know
E. During this spell, were you able to COMMUNICATE as you normally do?	Yes	No	Don't know
F. After the spell was over, did you remember what happened during the spell or did you learn about it from someone else?	[ ] Yes, I remembered	[ ] No, someone else had to tell me	
G. During this spell, did any parts of your body move uncontrollably?	Yes	No **Go to H**	Don't know
G1. Which parts of the body were involved?	[ ] Arm [ ] Face [ ] Don't know [ ] Leg [ ] Other		
G2. Was this only on one side?	Yes	No	Don't know
H. During this spell, did any parts of your body JERK suddenly and unexpectedly?	Yes	No **Go to I**	Don't know
H1. Which parts of the body were involved?	[ ] Arm [ ] Face [ ] Total body [ ] Leg [ ] Other [ ] Don't know		
H2. Was this on only ONE SIDE?	Yes	No **Go to I**	Don't know
H3. Which side?	[ ] Left only [ ] Right only [ ] One side but unsure which [ ] Unsure		
H4. Have you ever had a similar spell with jerking on the opposite side?	Yes	No	Don't know
H5. Would you say the jerking felt like an electric shock going through your body?	Yes	No	Don't know
H6. Has this type of spell usually occurred shortly after waking up (either in the morning or after a nap)?	Yes	No	Don't know
H7. Does this type of spell occur only when you are going to sleep?	Yes	No	Don't know
H8. Did this type of spell ever occur as a result of lights shining in your eyes (for example strobe lights, video games, reflections or sun glare?)	Yes	No	Don't know
I. During this spell, did you behave in unusual ways such as smacking your lips, touching your clothes, or doing any other unusual things without intending to?	Yes	No	Don't know

SECTION 2 - SMALL SEIZURES			
J. Did your eyelids flutter during this spell?	Yes	No	Don't know
K. Do you tend to be clumsy in the morning such as dropping things or spilling coffee or other drinks?	Yes	No	Don't know
L. During your spells, did you ever have any other symptoms?	Yes **(Explain in Section 5)**	No	Don't know

SECTION 3 - OTHER			
Do you ever have unexplained episodes of any of the following?			
A. Unusual feelings in your stomach or chest?	Yes	No	Don't know
B. Unusual smells or tastes?	Yes	No	Don't know
C. Hearing unusual sounds or hearing difficulty?	Yes	No	Don't know
D. Seeing anything unusual or have any changes in your vision	Yes	No	Don't know
E. Behaving in unusual ways such as smacking your lips, touching your clothes, or doing any other unusual things without intending to?	Yes	No	Don't know
F. Having periods of lost time due to "spacing out" or daydreaming?	Yes	No	Don't know
G. Awaking in the morning with a bitten tongue or a bloody pillow?	Yes	No	Don't know
H. Awaking in the morning with unexplained bed-wetting?	Yes	No	Don't know
I. Other (or comments)	Yes **Explain in Section 5**	No	Don't know

SECTION 4 - MEDICATION HISTORY			
A. I am currently taking medication to prevent or control my seizures	Yes	No **Go to B**	Don't know
A1. I am currently taking medication to prevent or control my seizures	Yes	No	Don't know
A2. Current medication: *If you do not know the date or calendar year, enter your age when medication was started.*	Medication name:	Dosage	Date or age
B. I took medication in the past.	Yes	No **Go to Section 5**	Don't know
B1. Previous medication: *If you do not know the date or calendar year, enter your age when medication was stopped.*	Medication name:	Dosage	Date or age

Airman Name (printed) _____ **MID#, PI#, or App D#**_____

SECTION 5 - COMMENTS
Please enter additional explanation or comments for ANY part of this questionnaire:
******If anyone **other than the pilot/ATCS** completed this questionnaire, list name and relationship to the airman******   **Name:** **Relationship:**

Signature _____ Date completed _____

Airman Name (printed) **_____ MID#, PI#, or App D#_____**

TRANSIENT GLOBAL AMNESIA (TGA)

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. TGA Single episode 5 or more years ago	Submit the following for FAA review: 1. A **current, detailed neurological evaluation,** in accordance with the FAA Specifications for Neurologic Evaluation, that is generated from a clinic visit with the treating neurologist **no more than 90 days before** the AME exam. 2. **It must specifically include** if there IS or IS NOT any concern for seizure. 3. **MRI brain*** (Prefer with contrast, if clinically appropriate.) Magnetic Resonance Imaging (MRI) of the brain performed **no more than 90 days before** the AME exam. • Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. 4. **MR angiogram (MRA) or CT angiogram (CTA)** of both the **head and neck*.** • Carotid Doppler may be acceptable on a case-by-case basis. Generally, this is not preferred because it does not evaluate intracranial circulation. (The pilot may still need an MRA). 5. **EEG*** Sleep deprived and sleep awake state with activating procedures (with provocation). 6. **Echocardiogram** (Echo), if already performed. 7. Prolonged ECG such as a **Holter or loop** recorder (or telemetry reading from hospital), if already performed. 8. **Records** from any hospitalization(s) for this condition to include: • Admission History and Physical; • Hospital Discharge Summary (Typically, the patient portal notes or after visit summary [AVS] that can be printed from the electronic medical record are NOT sufficient for pilot medical certification purposes.)	**DEFER** Submit the information to the FAA for a possible Special Issuance.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	• Hospital consultant report(s) (such as neurology, cardiology, internal medicine, or other specialists); • Operative/procedure report(s); • Pathology report(s); • Radiology reports. The interpretive report(s) of all diagnostic imaging (CT Scan, MRI, X-ray, ultrasound, or others) performed; • Lab report(s) including all drug or alcohol testing performed; • Emergency Medical Services (EMS)/ambulance run sheet; • DO NOT submit miscellaneous hospital records such as flowsheets, nursing notes, physician orders, or medication administration records. 9. Progress notes from all clinic follow-up visits related to this condition; 10. Other tests already performed or as clinically indicated. **Note:** If imaging **(MRI DWI brain)** was performed in the acute period after the episode, it should be submitted (both reports and images). *Submit the reports and the actual images in DICOM format on CD.	
B. TGA Single episode **less than 5 years ago** OR If 2 or more lifetime episodes, that should be stated.	After a **6-month recovery period** obtain the following evaluation(s) and submit for FAA review: • All Evaluation Data items in Row A **Note:** *For all imaging, submit the interpretive report(s) AND the actual images on CD in DICOM readable format. MRI, MRA/CTA, or electroencephalogram (EEG) studies **are required**. If not performed during the initial management or monitoring of the condition, new testing must be obtained. If an **MRI DWI brain** was performed during the acute period after the episode, it should be submitted (both reports and images). If the MRI DWI shows classic TGA findings, the 6-month recovery period may be reduced. This waives the recovery period only. **The evaluation items are still required.**	**DEFER** Submit the information to the FAA for a possible Special Issuance.

UNEXPLAINED LOSS OF CONSCIOUSNESS (ULOC)

(Unexplained Disturbance of Consciousness or Transient LOC Without Satisfactory Medical Explanation)

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. ULOC Unexplained Loss of Consciousness current or historical	After a **2-year, symptom-free recovery period**, obtain and submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. The neurologic evaluation must specifically include: • A description of the event(s) and a summary of all testing or evaluation(s) performed to identify the cause; • If there has been any recurrence and the length of time without symptoms; and • If no cause was identified, that should be stated. 3. Copies of any testing already performed such as lab, imaging, EEG, or other testing. 4. Hospital or clinic records from this episode and follow-up. This may include History and Physical (H&P), operative notes, and hospital discharge summary (if applicable). **If no neurological explanation is found**, additional evaluations may be required on a case-by-case basis such as: • Cardiovascular evaluation from a cardiologist; • Exercise stress test; • Holter monitor; and/or • TTE Transthoracic echocardiogram (TTE) • If the above items have already been performed, they should be submitted to the FAA. If not yet performed, the applicant may want	**DEFER** Submit the information to the FAA for a possible Special Issuance.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	to wait until FAA review of their case before undergoing additional testing. **Note:** Upon review of the above items, additional information or testing may be required. If a cause is identified - see that section.	
B. Disturbance of consciousness without satisfactory medical explanation of the cause OR Transient loss of control of nervous system function(s) without satisfactory medical explanation of the cause	See Row A.	**DEFER** Submit the information to the FAA for a possible Special Issuance.

Note:

§ 67.109, 67.209, 67.309 Neurologic - Neurologic standards for an airman medical certificate are:
(a) No established medical history or clinical diagnosis of any of the following:
(1) Epilepsy;
(2) A disturbance of consciousness without satisfactory medical explanation of the cause; or
(3) A transient loss of control of nervous system function(s) without satisfactory medical explanation of the cause.

OTHER CONDITIONS

BELL'S PALSY

(Facial Nerve Palsy, Cranial Nerve Palsy)

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Single episode Completely resolved **5 or more years ago**	If the AME can determine the condition was a SINGLE EPISODE, fully resolved without sequelae with no symptoms or current problems that would interfere with flight duties:	**ISSUE** Annotate this information in Block 60.
B. Single episode Completely resolved **Less than 5 years ago**	If the AME is able to determine **ALL** of the following are true: 1. The condition/symptoms **lasted more than 1 week, and fully resolved within 3 months.** 2. There is **no other history of a neurologic condition or neurologic symptoms** (numbness, weakness, sensory disturbance, involvement outside the face, or the forehead not involved). 3. There are **no current eye symptoms** (e.g., dry eye, red eye, eye pain, vision disturbance, trouble closing eye, or persistent eyelid weakness). 4. **No surgery** was needed to correct the condition. If the AME is unable to determine above, request the treatment records or a current neurological, ENT, or ophthalmology evaluation.	**ISSUE** Annotate Block 60 and submit any evaluation(s) to the FAA for retention in the pilot's file. If any underlying cause found, see that section. All others, go to Row C
C. All others Resolved in **less than** one (1) week, Lasted longer than three (3) months, OR Continued/persistent symptoms Eye symptoms or required surgery to correct the condition OR	Submit the following for FAA review: 1. A **current, detailed Clinical Progress Note** generated from a clinic visit with the specialist (such as neurology, ENT, or ophthalmology) no more than 90 days before the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up. 2. **It must specifically include** if this was a single episode, if all symptoms have	**DEFER** Submit the information to the FAA for a possible Special Issuance.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Two (2) or more episodes in a lifetime Any additional neurological condition, neurological symptoms, or concern	resolved, and if any other neurological conditions were identified. 3. **MRI of the brain** (Magnetic Resonance Imaging). • The most recent test from time of event or later. • Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. 4. **Eye evaluation** by a board-certified ophthalmologist i**f any continued face or eye symptoms** (e.g., dry eye, red eye, eye pain, vision disturbance, trouble closing eye, persistent eyelid weakness) **OR any surgery** needed to correct the condition. If no eye symptoms or surgery, this must be stated in the clinical progress note or AME notes. 5. Copies of any treatment records such as ER, urgent care, or PCP notes describing events, diagnosis, and treatment. 6. Any other testing performed by the treating physician for this condition.	

CEREBRAL PALSY

(All classes)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Cerebral Palsy	See Item 43. Spine and Other Musculoskeletal, Cerebral Palsy Disposition Table.	Requires FAA Decision

NARCOLEPSY and IDIOPATHIC HYPERSOMNIA

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Current or historical diagnosis Treated or Untreated **Note:** This condition is incompatible with aviation safety.	Submit the following for FAA review: 1. The **most recent detailed, Clinical Progress Note**, generated from a clinic visit with the physician who treats or diagnosed this condition (narcolepsy or idiopathic hypersomnia). It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up. 2. Copies of the **most recent** • Sleep study (sleep lab polysomnography); • Multiple Sleep Latency Test [MSLT]); and • Any other testing already performed for this condition.	**DEFER** Submit the information to the FAA.
B. Current or historical diagnosis on medical records WITH **NEW** information which rescinds this diagnosis. Ex: Previously diagnosed with narcolepsy but additional evaluation determines cause is another condition. We require information for that condition and the following:	If additional testing, evaluation(s), or documentation verifies the diagnosis of Narcolepsy was rescinded, no longer requires treatment, or has resolved, submit the following for FAA review: 1. A **current, detailed neurological evaluation** in accordance with the FAA Specifications for Neurologic Evaluation, generated from a clinic visit with a **Board-Certified neurologist or sleep specialist no more than 90 days before** the AME exam. 2. It must specifically include the current diagnosis, how the diagnosis of Narcolepsy was rescinded, and any occurrence(s) and frequency of cataplexy. 3. A Type 1 or Type 2 Sleep Study (polysomnogram) performed within the previous 12 months. 4. A **MSLT** (multiple sleep latency test) **performed within the previous 12**	**DEFER** Submit the information to the FAA for a possible Special Issuance.

	months. To assure the usefulness of it is recommended that the MSLT is performed in conjunction with the sleep study and interpreted by the same physician. 5. Results of any additional testing already performed for this condition (e.g., Maintenance of Wakefulness Test [MWT]).	

NEURALGIA
(Trigeminal Neuralgia, Post Herpetic Neuralgia)

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A1. Post Herpetic Neuralgia, **Occipital Neuralgia** Fully resolved AND off medications	If the AME can determine that the **Post herpetic or occipital neuralgia** • Has fully resolved; • Medications have been discontinued; and • Individual has no symptoms that would interfere with flight or safety related duties:	**ISSUE** Annotate this information in Block 60. If no AME explanation the individual may be asked to provide documentation.
A2. Trigeminal Neuralgia Symptom free and treatment completed **5 or more years ago** **AND** did **NOT** require surgery, gamma knife, or other procedure	If the AME can determine that the **Trigeminal Neuralgia** • Fully resolved 5 or more years ago; • Does not require any medication; • Was never treated with surgery; and • Individual has no symptoms that would interfere with flight or safety related duties: If the AME is unable to determine the above, request a current, detailed Clinical Progress Note from the treating physician. If medications are currently used, the AME should check with the Do Not Issue - Do Not Fly list.	**ISSUE** Annotate this information in Block 60. If no AME explanation the individual may be asked to provide documentation.
B. Trigeminal Neuralgia Symptomatic, unresolved OR requiring treatment **within the past 5 years**	Submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the treating neurologist **no more than 90 days before** the AME exam. 2. **It must specifically include** medications prescribed for this condition. Include start and stop dates; dosages, and side effects (if any). 3. Imaging performed at any time after symptoms started: • **MRI brain** • **MRA head** • **Any other imaging** (such as CT, MRI, CTA, MRA, or cerebral	**DEFER** Submit the information to the FAA for a possible Special Issuance.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	catheter angiography/cath angio of the head) already performed. • Submit BOTH the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. **Note:** If due to Multiple Sclerosis or other condition - see that section.	
C. Trigeminal Neuralgia Treated with surgery or gamma knife (ever)	Submit the following for FAA review: 1. Row B evaluation data 2. Brain imaging performed AFTER the procedure. 3. Hospital records. Include these specific hospital records for any hospitalization, surgery, or procedures related to this condition. • Admission History and Physical (H&P); • Emergency Medical Services (EMS)/ambulance run sheet (if applicable); • Hospital consultant report(s) (such as neurology, cardiology, internal medicine, or other specialists); • Hospital discharge summary. (Typically, the patient portal notes or after visit summary (AVS) that can be printed from an electronic medical record are NOT sufficient for pilot medical certification purposes.); • Lab report(s) including all drug or alcohol testing performed; • Operative/procedure report(s); • Pathology report(s); and • Radiology reports. The interpretive report(s) of all diagnostic imaging (CT, MRI, X-ray, ultrasound, or others) performed. • DO NOT submit miscellaneous hospital records such as	**DEFER** Submit the information to the FAA for a possible Special Issuance.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	flowsheets, nursing notes, physician orders, or medication administration records. • For all imaging, submit BOTH the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. **Note:** If the applicant has a large volume of records, it is recommended that they bring them to the exam so the AME can assist in determining what is miscellaneous and not needed by the FAA.	

NEUROFIBROMATOSIS

(Type 1/NF-1 von Recklinghausen Disease and Type 2/NF-2 Wishart Disease)

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Neurofibromatosis Type 1 (NF1) von Recklinghausen disease	Submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation, generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. **Brain MRI with and without contrast** performed **no more than 90 days before** the AME exam (reports and CD)*. 3. Any other neuroimaging such as MRI spine, plexus, optic nerves, or other areas, most recent, if already performed (reports and CD)*. • For all images (CT/MRI), submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. 4. Eye evaluation from a **board- certified ophthalmologist** (NOT optometrist). Submit a **current, detailed Clinical Progress Note,** generated from a clinic visit with the t**reating ophthalmologist no more than 90 days before** the AME exam. It must include a detailed summary of the any eye conditions; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up. 5. Visual field testing (HVF 24-2 SITA standard) performed within the previous 90 days with an interpretation	**DEFER** Submit the information to the FAA for a possible Special Issuance.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	of the visual field testing by the treating ophthalmologist. 6. **Neuropsychological (NP) evaluation is required in most cases.** The type of evaluation may vary. The applicant may want to wait until FAA review of other items above before obtaining NP testing. • If a history of cognitive impairment, brain lesion, or brain surgery: FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment is required; • If there is a history or suspicion of learning disability or ADHD: FAA Specifications for Neuropsychological Evaluation for ADHD is required needed; • If no history: FAA may accept an abbreviated evaluation after review of the other neurologic evaluation items. 7. Any other testing deemed clinically necessary by the treating physician.	
B. Neurofibromatosis Type 2 (NF2) Wishart Disease	Submit the following for FAA review: 1. A **current, detailed neurological evaluation** that meets FAA Specifications for Neurologic Evaluation, generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. **Audiologic evaluation** including pure tone and speech discrimination and speech audiometry with interpretation performed **no more than 90 days** before the AME exam. 3. **Brain MRI with and without** contrast **with fine cuts through the posterior fossa** performed no more than **90 days before** the AME exam (reports and CD)*. 4. Any other neuroimaging such as MRI spine, plexus, optic nerves, or other	**DEFER** Submit the information to the FAA for a possible Special Issuance.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	areas, most recent, if already performed (reports and CD)*. * For all images (CT/MRI). Submit BOTH the interpretive report and the actual images on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. 5. Eye evaluation from a **board-certified ophthalmologist** (NOT optometrist). A current, detailed **Clinical Progress Note** generated from a clinic visit with the **treating ophthalmologist no more than 90 days before** the AME exam. It must include a detailed summary of the history of any eye conditions; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up. 6. Visual field testing (HVF 24-2 SITA standard) performed within the previous 90 days with an interpretation of the visual field testing by the treating ophthalmologist. 7. **Neuropsychological (NP) evaluation is required** in most cases. The type of evaluation may vary. The applicant may want to wait until FAA review of other items above before obtaining NP testing. • If a history of cognitive impairment, brain lesion, or history or brain surgery: FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment is required; • If there is a history or suspicion of learning disability or ADHD: FAA Specifications for	

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	Neuropsychological Evaluation for ADHD is required; • If no history - FAA may accept an abbreviated evaluation after review of the other neurologic evaluation items. 8. Any other testing deemed clinically necessary by the treating physician. **Note:** Brain surgery including resection of benign tumors that requires dural penetration (except resection of vestibular Schwannomas) requires a **2-year recovery period.**	

NEUROPATHY

(Peripheral Neuropathy)

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Neuropathy Without functional limitations	If the AME can determine the condition is: • Under control; • Medications are acceptable; and • The individual has no symptoms that would interfere with flight duties:	**ISSUE** Annotate this information in Block 60. If no AME explanation, the pilot may be asked to provide documentation.
B. Neuropathy With weakness/ numbness OR Functional limitations	Submit the following for FAA review: 1. A current, detailed Clinical Progress Note generated from a clinic visit with the treating physician **no more than 90 days before** the AME exam. It must include a detailed summary of the neuropathy (including etiology if known); current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up. 2. **It must specifically include** a description of any weakness, numbness, or functional limitations. 3. **Lab** already performed for this condition. 4. Any other testing or imaging deemed clinically necessary by the treating physician. **Note:** If the neuropathy is due to an underlying condition such as diabetes - see that section.	**DEFER** Submit the information to the FAA for a possible Special Issuance Annotate (elements or findings) in Block 60. If not addressed in the progress note, the AME should describe any functional limitations that could affect the pilot's ability to operation aircraft controls.

PRESENCE OF ANY NEUROLOGICAL CONDITION OR DISEASE THAT POTENTIALLY MAY INCAPACITATE AN INDIVIDUAL

HEAD INJURY
Concussion, Closed Head Injury (CHI), Open Head Injury, Traumatic Brain Injury (TBI)

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Concussion (No brain injury) **Mild Head Injury** • Loss of Consciousness (LOC); • Alteration of Consciousness (AOC); or • Post-Traumatic Amnesia (PTA) ALL **<u>less than</u> 1 HOUR** AND No seizure OR Immediate impact seizure (within 24 hours of injury)	After a **6-month recovery period** obtain the following evaluation(s) and submit for FAA review: 1. A **current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician **or neurologist no more than 90 days before** the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up. 2. **It must specifically include**: • Any evidence of seizure; • Any post-traumatic amnesia or mental fogginess (incomplete memory of the incident, does not recall the aircraft impact/crash, etc.) • Any post-concussive symptoms such as headaches, dizziness, irritability; • Any changes in vision; • Any focal deficit; • Any imaging performed and if (CT/MRI) was negative; • Any clinical indication for further brain imaging; initial CT head/face negative. 3. Records from any hospitalization(s) for this condition to include: • Admission History and Physical. • Hospital discharge summary. (Typically, the patient portal notes or after visit summary (AVS) you can print from your electronic medical record are NOT sufficient for pilot medical certification purposes.).	**DEFER** Submit the information to the FAA for a possible Special Issuance

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	• Hospital consultant report(s) (such as neurology, cardiology, internal medicine, or other specialists). • Operative/procedure report(s). • Pathology report(s). • Radiology reports*. The interpretive report(s) of all diagnostic imaging (CT Scan, MRI, X-ray, ultrasound, or others) performed. • Lab report(s) including all drug or alcohol testing performed. • Emergency Medical Services (EMS)/ambulance run sheet. • DO NOT submit miscellaneous hospital records such as flowsheets, nursing notes, physician orders, or medication administration records. • Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. **Note:** If any abnormalities noted, go to Row B	
B. Moderate Head Injury LOC, AOC, or PTA: **1 to 24 hours** OR Non-depressed skull fracture OR Seizure - more than 24 hours after TBI or multiple seizures OR	After a **12-month recovery period** obtain the following evaluation(s) and submit for FAA review: 1. A **current, detailed neurological evaluation,** in accordance with the FAA Specifications for Neurologic Evaluation, that is generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. **It must specifically include** if there is (or is NOT) any concern or history of seizure(s). 3. EEG* Sleep-deprived and sleep awake state with activating procedures (with provocation) performed at the time of event or later **only if seizure occurred**.	**DEFER** Submit the information to the FAA for a possible Special Issuance

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Small parafalcine subdural hematoma (resolved by MRI)	4. A **Neuropsychological evaluation** that meets FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment from a clinic visit with the **treating neuropsychologist no more than 90 days before** the AME exam. 5. **MRI brain** (prefer with contrast if clinically appropriate) performed any time after the event. • Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. 6. Records from any hospitalization(s) for this condition to include: • Admission History and Physical. • Hospital discharge summary. (Typically, the patient portal notes or after visit summary (AVS) you can print from your electronic medical record are NOT sufficient for pilot medical certification purposes.). • Hospital consultant report(s) (such as neurology, cardiology, internal medicine, or other specialists). • Operative/procedure report(s). • Pathology report(s). • Radiology reports. The interpretive report(s) of all diagnostic imaging (CT Scan, MRI, X-ray, ultrasound, or others) performed. For all imaging, submit the interpretive report(s) AND the actual images on CD in DICOM readable format. • Lab report(s) including all drug or alcohol testing performed. • Emergency Medical Services (EMS)/ambulance run sheet. • DO NOT submit miscellaneous hospital records such as flowsheets, nursing notes,	

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	physician orders, or medication administration records. 7. Progress notes from ALL clinic follow-up visits related to this condition. 8. Other tests already performed or clinically indicated. **Note: Small parafalcine Subdural Hematoma:** If asymptomatic and MRI 3-6 months after the injury shows complete resolution, FAA may consider after a 6-month recovery period. Submit the Evaluation Data in this row after the recovery period.	
C. Severe Head Injury (Brain injury) **Blood in the Brain** Brain contusion Intracranial bleed Hematoma Subdural hematoma Diffuse axonal injury OR LOC, AOC, PTA: **24 hours or more** OR Depressed skull fracture OR Penetrating head injury	After a **five (5)-year recovery period** submit for FAA review: • All items in Row B **Note:** MRI, MRA/CTA, or electroencephalogram (EEG) studies **are required**. If not performed during the initial management or monitoring of the condition, **new testing must be obtained**. For all imaging, submit the interpretive report(s) AND the actual images on CD in DICOM readable format.	**DEFER** Submit the information to the FAA for a possible Special Issuance

SPASTICITY, WEAKNESS, OR PARALYSIS OF THE EXTREMITIES

PARAPLEGIA

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Paraplegia	Submit the following for FAA review: 1. A **current, detailed neurological evaluation** in accordance with the FAA Specifications for Neurologic Evaluation, generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. It must specifically address: • Cause of paraplegia; • Medication use and side effects, if any; • Autonomic functions such as bowel, bladder, and blood pressure control; • Orthostatic episodes; • Hypotensive episodes on the ground. (This could be exacerbated with G-forces in flight.); and • Description of movement, strength, and tone (ability to get into and out of an airplane). **Note:** Most anticholinergic medications are not acceptable. If the neurology evaluation does not adequately describe movement, strength, and functional ability, the AME should describe any functional limitations that could affect the ability to operate aircraft controls. If not addressed, a PT/OT/PMR Functional Capacity Evaluation (FCE) may be required. In most cases, a Medical Flight Test (MFT) is required prior to medical certification and/or Special Issuance for all classes.	**DEFER** Submit the information to the FAA for a possible Special Issuance or Medical Flight Test and SODA.

POLIO (Poliomyelitis)

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Polio Any history including post-polio syndrome with **NO functional limitation**	If the AME can determine : • The condition is under control, • No medications are needed, AND • The individual has **no functional limitations** that could affect their ability to operation aircraft controls or perform safety related duties:	**ISSUE** Annotate this information in Block 60.
B. Polio Any history including post-polio syndrome **with functional limitation that could interfere with flight or safety related duties**	Submit the following for FAA review: 1. A **current, detailed Clinical Progress Note** generated from a clinic visit with a **physical medicine and rehabilitation physician, physical therapist, or occupational therapist no more than 90 days before** the AME exam. It should include a detailed history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up. 2. **It must include** the components of a Functional Capacity Evaluation (FCE). • It should evaluate items such as balance, strength, range of motion limitations, and pain. • It must describe any functional deficits or limitations for both large- and small-muscle groups as well as dexterity to operate an aircraft. 3. If not addressed in the Clinical Progress Note, the AME should describe any functional limitations that could affect the pilot's ability to operate aircraft controls. **Note**: If functional capacity is limited, a Medical Flight Test (MFT) may be required. See that page. Specify on the exam the FSDO location the pilot wants to use for the MFT.	**DEFER** Submit the information to the FAA for a possible Special Issuance or SODA.

VERTIGO OR DISEQUILIBRIUM

All Classes

(Updated 11/29/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Orthostatic Hypotension	Submit all pertinent medical records, current neurologic report, name and dosage of medication(s) and side effects	Requires FAA Decision

For other conditions, see Item 29. Ears, General

Note: Numerous conditions may affect equilibrium, resulting in acute incapacitation or varying degrees of chronic recurring spatial disorientation. Prophylactic use of medications also may cause recurring spatial disorientation and affect pilot performance. In most instances, further neurological evaluation will be required to determine eligibility for medical certification.

ITEM 47. Psychiatric

(Updated 10/14/2021)

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
47. Psychiatric (Appearance, behavior, mood, communication, and memory)		

I. Code of Federal Regulations

All Classes: 14 CFR 67.107(a)(b)(c), 67.207(a)(b)(c), and 67.307(a)(b)(c)

(a) No established medical history or clinical diagnosis of any of the following:

(1) A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.

(2) A psychosis. As used in this section, "psychosis" refers to a mental disorder in which:

(i) The individual has manifested delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of this condition; or

(ii) The individual may reasonably be expected to manifest delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of this condition.

(3) A bipolar disorder.

(4) Substance dependence, except where there is established clinical evidence, satisfactory to the Federal Air Surgeon, of recovery, including sustained total abstinence from the substance(s) for not less than the preceding 2 years. As used in this section -

(i) "Substance" includes: alcohol; other sedatives and hypnotics; anxiolytics; opioids; central nervous system stimulants such as cocaine, amphetamines, and similarly acting sympathomimetics; hallucinogens; phencyclidine or similarly acting arylcyclohexylamines; cannabis; inhalants; and other psychoactive drugs and chemicals; and

(ii) "Substance dependence" means a condition in which a person is dependent on a substance, other than tobacco or ordinary xanthine-containing (e.g., caffeine) beverages, as evidenced by-

(A) Increased tolerance
(B) Manifestation of withdrawal symptoms;
(C) Impaired control of use; or
(D) Continued use despite damage to physical health or impairment of social, personal, or occupational functioning.

(b) No substance abuse within the preceding 2 years defined as:

(1) Use of a substance in a situation in which that use was physically hazardous, if there has been at any other time an instance of the use of a substance also in a situation in which that use was physically hazardous;

(2) A verified positive drug test result, an alcohol test result of 0.04 or greater alcohol concentration, or a refusal to submit to a drug or alcohol test required by the U.S. Department of Transportation or an agency of the U.S. Department of Transportation; or

(3) Misuse of a substance that the Federal Air Surgeon, based on case history and appropriate, qualified medical judgment relating to the substance involved, finds-

(i) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(ii) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

(c) No other personality disorder, neurosis, or other mental condition that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds-

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman Medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

(Also see **Items 18.m.,18.n.,** and **18.p**.)

II. Examination Techniques

The FAA does not expect the AME to perform a formal psychiatric examination. However, the AME should form a general impression of the emotional stability and mental state of the applicant. There is a need for discretion in the AME/applicant relationship consonant with the FAA's aviation safety mission and the concerns of all applicants regarding disclosure to a public agency of sensitive information that may not be pertinent to aviation safety. AMEs must be sensitive to this need while, at the same time, collect what is necessary for a certification decision. When a question arises, the Federal Air Surgeon encourages AMES first to check this Guide for Aviation Medical Examiners and other FAA informational documents. If the question remains unresolved, the AMEs should seek advice from a RFS or the Manager of the AMCD.

Review of the applicant's history as provided on the application form may alert the AME to gather further important factual information. Information about the applicant may be found in items related to age, pilot time, and class of certificate for which applied. Information about the present occupation and employer also may be helpful. If any psychotropic drugs are or have been used, follow-up questions are appropriate. Previous medical denials or aircraft accidents may be related to psychiatric problems.

Psychiatric information can be derived from the individual items in medical history (**Item 18**). Any affirmative answers to Item 18.m., “Mental disorders of any sort; depression, anxiety, etc.," or Item 18.p., "Suicide attempt," are significant. Any disclosure of current or previous drug or alcohol problems requires further clarification. A record of traffic violations may reflect certain personality problems or indicate an alcohol problem. Affirmative answers related to rejection by military service or a military medical discharge require elaboration. Reporting symptoms such as headaches or dizziness, or even heart or stomach trouble, may reflect a history of anxiety rather than a primary medical problem in these areas. Sometimes, the information applicants give about their previous diagnoses is incorrect, either because the applicant is unsure of the correct information or because the applicant chooses to minimize past difficulties. If there was a hospital admission for any emotionally related problem, it will be necessary to obtain the entire record.

Valuable information can be derived from the casual conversation that occurs during the physical examination. Some of this conversation will reveal information about the family, the job, and special interests. Even some personal troubles may be revealed at this time. The AME’s questions should not be stilted or follow a regular pattern; instead, they should be a natural extension of the AME's curiosity about the person being examined. Information about the motivation for medical certification and interest in flying may be revealing. A formal Mental Status Examination is unnecessary. For example, it is not necessary to ask about time, place, or person to discover whether the applicant is oriented. Information about the flow of associations, mood, and memory, is generally available from the usual interactions during the examination. Indication of cognitive problems may become apparent during the examination. Such problems with concentration, attention, or confusion during the examination or slower, vague responses should be noted and may be cause for deferral.

The AME should make observations about the following specific elements and should note on the form any gross or notable deviations from normal:

1. Appearance (abnormal if dirty, disheveled, odoriferous, or unkempt);
2. Behavior (abnormal if uncooperative, bizarre, or inexplicable);
3. Mood (abnormal if excessively angry, sad, euphoric, or labile);
4. Communication (abnormal if incomprehensible, does not answer questions directly);
5. Memory (abnormal if unable to recall recent events); and
6. Cognition (abnormal if unable to engage in abstract thought, or if delusional or hallucinating).

Significant observations during this part of the medical examination should be recorded in Item 60, of the application form. The AME, upon identifying any significant problems, should defer issuance of the medical certificate and report findings to the FAA. This could be accomplished by contacting a RFS or the Manager of the AMCD.

III. Aerospace Medical Disposition

Drug and alcohol conditions are found in Substances of Dependence/Abuse.

A. General Considerations. It must be pointed out that considerations for safety, which in the "mental" area are related to a compromise of judgment and emotional control or to diminished mental capacity with loss of behavioral control, are not the same as concerns for emotional health in everyday life. Some problems may have only a slight impact on an individual's overall capacities

and the quality of life but may nevertheless have a great impact on safety. Conversely, many emotional problems that are of therapeutic and clinical concern have no impact on safety.

B. Denials. The FAA has concluded that certain psychiatric conditions are such that their presence or a past history of their presence is sufficient to suggest a significant potential threat to aviation safety. It is, therefore, incumbent upon the AME to be aware of any indications of these conditions currently or in the past, and to deny or defer issuance of the medical certificate to an applicant who has a history of these conditions. An applicant who has a current diagnosis or history of these conditions may request the FAA to grant an Authorization under the special issuance section of part 67 (14 CFR 67.401) and, based upon individual considerations, the FAA may grant such an issuance.

All applicants with any of the following conditions must be denied or deferred:
Attention deficit/hyperactivity, bipolar disorder, personality disorder, psychosis, substance abuse, substance dependence, suicide attempt.

In some instances, the following conditions may also warrant denial or deferral:
Adjustment disorder; bereavement; dysthymic; or minor depression; use of psychotropic medications for smoking cessation

NOTE: The use of a psychotropic drug is disqualifying for aeromedical certification purposes. This includes all sedatives, tranquilizers, antipsychotic drugs, antidepressant drugs (including SSRI's - see exceptions below), analeptics, anxiolytics, and hallucinogens. The AME should defer issuance and forward the medical records to the AMCD.

C. Use of Antidepressant Medications. (Updated 05/31/2023) The FAA has determined that applicants requesting first, second, or third-class medical certificates while being treated with one of several specific antidepressant medications may be considered. The Authorization decision is made on a case-by-case basis. **The AME may not issue.**

If the applicant opts to discontinue use of the SSRI, the AME must notate in Block 60, Comments on History and Findings, on FAA Form 8500-8 and defer issuance. To reapply for regular issuance, the applicant must be off the SSRI for a minimum of 60 days with a favorable report from the treating physician indicating stable mood and no aeromedically significant side effects. See SSRI Decision Path I

USE OF ANTIDEPRESSANT MEDICATIONS

(Updated 06/28/2023)

If you are an **AIRMAN** taking an SSRI – see Airman Information - SSRI INITIAL Certification

If you are an **ATCS** taking an SSRI – see FAA ATCS How to Guide

The FAA has determined that pilots or FAA Air Traffic Control Specialists (FAA ATCS) requesting medical certificates while being treated with one of several specific antidepressant medications may be considered. The Authorization decision is made on a case-by-case basis. **The AME may not issue.**

If the airman/FAA ATCS opts to discontinue use of the SSRI, the AME must notate in Block 60, Comments on History and Findings, on FAA Form 8500-8 and defer issuance. To reapply for regular issuance, the applicant must be off the SSRI for a minimum of 60 days with a favorable report from the treating physician indicating stable mood and no aeromedically significant side effects. See SSRI Decision Path I

An individual may be considered for an FAA Authorization of a Special Issuance (SI) or Special Consideration (SC) of a Medical Certificate (Authorization) if:

1.) The applicant has one of the following diagnoses:

- Major depressive disorder (mild to moderate) either single episode or recurrent episode;
- Dysthymic disorder;
- Adjustment disorder with depressed mood; or
- Any non-depression related condition for which the SSRI is used

2.) For a minimum of 6 continuous months prior, the applicant has been clinically stable as well as on a stable dose of medication without any aeromedically significant side effects and/or an increase in symptoms. If the applicant has been on the medication under 6 months, the AME must advise that 6 months of continuous use is required before SI/SC consideration.

3.) The medication used is one the following (single use only; not combined):

- Fluoxetine (Prozac)
- Sertraline (Zoloft)
- Citalopram (Celexa)
- Escitalopram (Lexapro)
- bupropion/Wellbutrin extended release (XL) or sustained release (SR)

If the applicant is on a SSRI that is not listed above, the AME must advise that the medication is not acceptable for SI/SC consideration.

4.) The applicant DOES NOT have symptoms or history of:

- Psychosis
- Suicidal ideation
- Electro convulsive therapy
- Treatment with multiple SSRIs concurrently
- Multi-agent drug protocol use (prior use of other psychiatric drugs in conjunction with SSRIs.)

If applicant meets all of the above criteria and wishes to continue use of the SSRI, advise the applicant that he/she must be further evaluated by a Human Intervention Motivation Study (HIMS) AME.

Off Medication for 60 Days:

SSRI Decision Path I

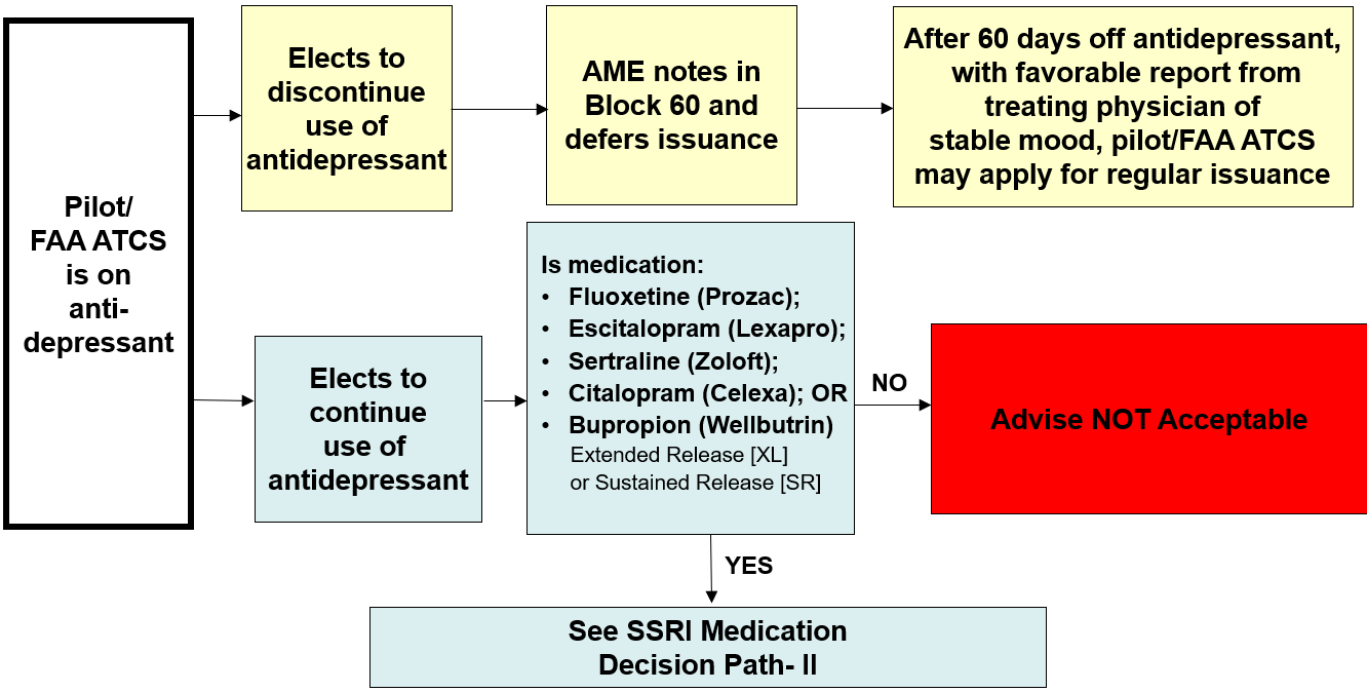
Initial Certification/Clearance:

- SSRI Decision Path II (HIMS AME - Initial Certification/Clearance)
- Airman Information - SSRI INITIAL Certification
- FAA ATCS HOW TO GUIDE - SSRI
- HIMS AME Checklist - SSRI Certification/Clearance
- FAA Certification Aid - SSRI Initial Certification/Clearance
- Specifications for Neuropsychological Evaluations for Treatment with SSRI Medications

Recertification/ Follow Up Clearance:

- Airman SSRI Follow Up Path for the HIMS AME
- FAA ATCS SSRI Follow Up Path for the HIMS AME
- HIMS AME Checklist - SSRI Recertification/ Follow Up Clearance
- FAA Certification Aid - SSRI Recertification/ Follow Up Clearance
- HIMS AME Change Request
- Specifications for Neuropsychological Evaluations for Treatment with SSRI Medications

SSRI Decision Path - I



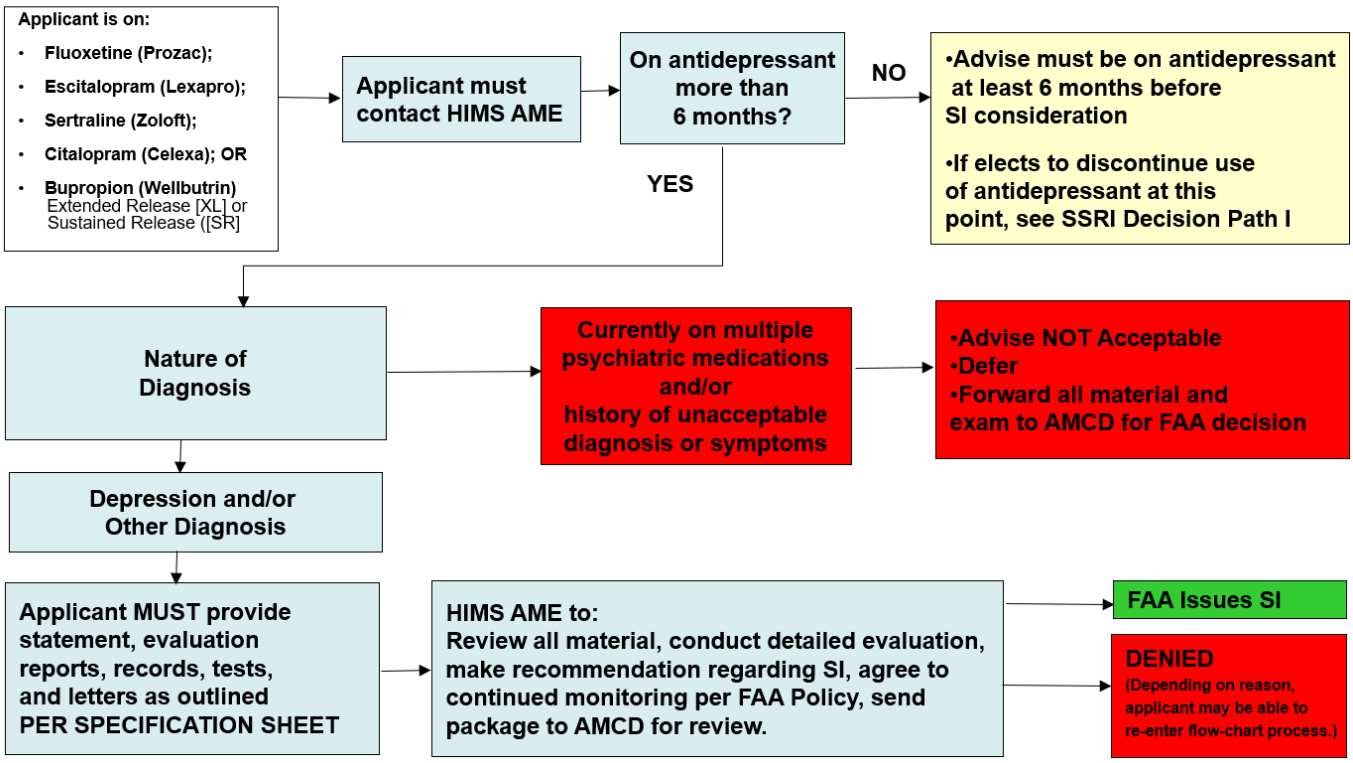
See:

[Airman Information - SSRI INITIAL Certification]

[FAA ATCS How to Guide – SSRI]

[FAA Certification Aid - SSRI Initial Certification/Clearance]

SSRI Decision Path – II (HIMS AME – INITIAL Certification/Clearance)



AIRMAN INFORMATION - SSRI INITIAL CERTIFICATION (Updated 05/25/2022)

If you are an FAA ATCS: See the FAA ATCS HOW TO GUIDE – SSRI below and contact your RFS

If you are an AIRMAN:

1. See your treating physician/therapist and/or psychiatrist and get healthy.
2. Do not fly in accordance with 14 CFR 61.53 until you have an Authorization from the FAA.
3. Select and contact a Human Intervention Motivation Study Aviation Medical Examiner (HIMS AME) to work with you through the FAA process.
    a. Provide the HIMS AME with a copy of ALL of your treatment records (no matter how many years have passed) from the time you:
        1. Sought treatment for any condition that required an SSRI or psychiatric medication or
        2. Had symptoms but were NOT on an SSRI
    b. Have a copy of your complete FAA file sent to the HIMS AME AND to a board certified psychiatrist if your treating physician is not a board certified psychiatrist. See Release of Information on how to request a copy of your file.
    c. At this time, make sure you also tell your HIMS AME about any other medical conditions you may have. They should be able to help you identify and collect the information that will be needed for a CACI/Special Issuance for these other conditions.
4. Print a copy of the FAA CERTIFICATION AID – SSRI INITIAL Certification/Clearance
    a. Review what reports, providers, or testing will be required.
    b. Take the correct CERTIFICATION AID page to each of the required physicians or providers so they understand what their report must include for FAA purposes. (This should save time and decrease the letters asking for more information.)
    c. Make sure the providers specifically address in their report the "FAA SSRI "Rule-Outs."
5. When you have been stable with no symptoms or side effects and on the same dose of medication for **6 months** (this must be documented), you should meet with your HIMS AME to determine if it is appropriate to submit an INITIAL SSRI Special Issuance packet for FAA review.
    ***Remember to bring all documents to this evaluation, including information on any other condition you may have that requires a CACI or** Special Issuance. ***
6. When your HIMS AME determines you are ready to submit a Special Issuance package they will:
    a. Review and complete the HIMS AME checklist;
    b. Complete a new 8500-8 exam;
    c. Place notes in Block 60 stating that the SSRI evaluation is complete;
    d. Place notes in Block 60 regarding any other conditions the airman may have (Special Issuance/CACI);
    e. Submit the SSRI information and information on any other condition that may require a Special Issuance to the FAA.
7. When submitting information:
    - The AME must submit your exam as **DEFERRED.**
    - Coordinate with your AME to make sure that ALL ITEMS LISTED on the AME Checklist and a COMPLETE package is sent to the FAA at the address below WITHIN 14 DAYS.
    - Partial or incomplete packages WILL NOT BE REVIEWED and will cause a DELAY IN CERTIFICATION.

AIRMAN - Initial Certification
FAA, Civil Aerospace Medical Institute, Building 13
Aerospace Medical Certification Division, Room 308 - AAM-300
PO Box 25082
Oklahoma City, OK 73125-9867

IMPORTANT NOTE: While your exam is under review, **continue to submit your Chief Pilot or Air Traffic Manager reports EVERY 3 months AND your HIMS AME evaluations and treating psychiatrist reports EVERY 6 months.** This will ensure the FAA has the most current information and will **decrease wait time.** If we do not have **current information** when we review your case, we will have to request it, which will slow down your certification review.

For **RECERTIFICATION**, see the HIMS AME Checklist – SSRI Recertification/ Follow up Clearance.

FAA ATCS HOW-TO GUIDE – SSRI

(Updated 03/29/2017)

1. Notify Regional Flight Surgeon (RFS) of your diagnosis and treatment with a Selective Serotonin Reuptake Inhibitor (SSRI).
    - In conjunction with the Regional Flight Surgeon's office (RFS), select a Human Intervention Motivation Study Aviation Medical Examiner (HIMS AME).
    - Sign a release to send a copy of your FAA ATCS medical file the HIMS AME.
    - You will be placed in an Incapacitated Status.
    - Any fees involved in obtaining medical tests and/or documentation to support a Special Consideration are the responsibility of the employee/applicant.

2. Contact the HIMS AME who will assist you in locating an acceptable psychiatrist and neuropsychologist for the required evaluations.
    - You must be on a stable dose with of one of the approved SSRIs for six months with no symptoms or side effects.
    - Your condition must be well controlled before review for a Special Consideration.
    - Provide your HIMS AME with all the items listed on the FAA Certification Aid – SSRI INITIAL Certification/Clearance.

3. When the above criteria have been met, you should meet with your HIMS AME for a face-to-face, in-office evaluation. The HIMS AME will prepare a report, recommendation, and submit an INITIAL SSRI Special Consideration packet to the RFS for determination.

4. RFS will process packet within the Office of Aerospace Medicine.

5. If Special Consideration is granted, the RFS will issue a time-limited clearance with Special Consideration for six (6) months.

For follow up Clearance, you must provide all items listed on the FAA Certification Aid – SSRI Recertification/ Follow Up Clearance.

Guide for Aviation Medical Examiners – Version 01/31/2024

HIMS AME Checklist - SSRI INITIAL Certification/Clearance (Updated 05/25/2022)

Name: _____ Airman MID or PI#: _____

Submit this checklist ALL supporting information for INITIAL SSRI consideration within 14 days of deferred exam to:

AIRMAN	**FAA ATCS**
FAA, Civil Aerospace Medical Institute, Building 13 Aerospace Medical Certification Division, Room 308 PO BOX 25082 Oklahoma City, OK 73125-9867	Regional Flight Surgeon (RFS) office

All numbered (#) items below refer to the corresponding section of the FAA CERTIFICATION AID - SSRI INITIAL Certification/Clearance.

1. **Airman/FAA ATCS statement and records**

	Yes	No
• Addresses/describes ALL items in FAA Certification Aid ……		
• Is signed and dated ……		
• Provides all **medical/treatment records** related to mental health history……..		

2. **HIMS AME FACE-TO-FACE, IN-OFFICE EVALUATION:**

	Yes	No
• Describes ALL items in #1-7 of "HIMS AME" checklist……		
• Verifies the airman/ FAA ATCS has been **on the same medication at the same dose** for a minimum of 6 months……		
• Is signed and dated ……		
• Copies of all reports have been submitted to the FAA or are enclosed with this checklist ……		
• Any other condition(s) that would require Special Issuance (SI)/Special Consideration (SC). Do not include CACI qualified condition(s)……		
○ List conditions:		

3. **TREATING PHYSICIAN (non-psychiatrist) REPORT** (If the treating physician is a Board Certified Psychiatrist, check N/A and skip to #4.):

	N/A	Yes	No
• Verifies the airman/FAA ATCS has been **on the same medication at the same dose** for a minimum of 6 months ……			
• Is signed and dated ……			

4. **Board Certified PSYCHIATRIST REPORT**:

	Yes	No
• Describes ALL items in #1-8 of PSYCHIATRIST requirements (including FAA SSRI "Rule-Outs.")		
• Verifies the airman/FAA ATCS has been **on the same medication at the same dose** for a minimum of 6 months……		
• Is signed and dated……		

5. **NEUROPSYCHOLOGIST REPORT**:

	Yes	No
• Describes ALL items in #1-8 of the NEUROPSYCHOLOGIST requirements ……		
• CogScreen-AE computerized report is attached ……		
• Additional neuropsychological testing (if performed or required) score summary sheet is attached.		
• Is signed and dated ……		

6. **ADDITIONAL REPORTS**

	N/A	Yes	No
• Chief Pilot Report (for Commercial pilots requesting 1st or 2nd-class certificates; 3rd class N/A) or Air Traffic Manager (ATM) for FAA ATCS……			
• SSRI related (drug testing, therapy reports, etc.) ……			
• Reports from other providers or for non-SSRI conditions that may require SI or SC……			

HIMS AME Signature_____ Date of Evaluation_____

IF ANY ITEMS ARE MISSING OR ARE INCOMPLETE, CERTIFICATION WILL BE DELAYED.

IMPORTANT NOTE: While your exam is under review, **continue to submit your Chief Pilot or Air Traffic Manager reports EVERY 3 months AND your HIMS AME evaluations and treating psychiatrist reports EVERY 6 months.** This will ensure the FAA has the most current information and will **decrease wait time.** If we do not have **current information** when we review your case, we will have to request it, which will slow down your certification review.

FAA CERTIFICATION AID – SSRI INITIAL Certification

(Updated 03/29/2017)

The following information is to assist your treating physician/ provider who may be unfamiliar with FAA medical certification/clearance requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on a medical certificate for airmen or clearance for FAA ATCS. You should strongly consider taking **a copy to each evaluator so they understand what specific information is needed in their report to the FAA.** If each item is not addressed by the corresponding provider, there may be a **delay** in the processing of your medical certification or clearance until that information is submitted. Additional information such as clinic notes or explanations should also be submitted as needed. All reports must be CURRENT (within the last 90 days) for FAA purposes.

REPORT FROM	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (SSRI INITIAL Certification/Clearance Evaluation)
AIRMAN or FAA ATCS	1. A typed statement, in your own words, describing your mental health history, antidepressant use, and any other treatment. **At a minimum, you must include the following information:** b. Symptoms: when started, what type, and when/how you first sought treatment. c. List all providers you have seen for any mental health condition(s) and **dates.** d. List all medications you have taken, dates they were started and stopped, whether they helped or not. e. List any other treatment(s) you have utilized, dates they were started and stopped, if they helped or not. f. List dates and locations of any hospitalizations due to any mental health condition. If you have not had any, that must be stated. f. Describe your current status: current medication dose, how long you have been on it, and how you function both on and off the medication. 2. Sign and date your statement. 3. Provide copies of **all of your medical/treatment records** related to your mental health history (to include any treatment records for past related symptoms where you were NOT on SSRI as well as from the date you began treatment to the present) *and* **sign two release forms* for the FAA to release a complete copy of your FAA medical file** to your HIMS AME and to a board certified psychiatrist (if your treating physician is not a psychiatrist). ***For ATCS release form** information, contact your RFS office.
HIMS AME Must be in letter/report format. Due to length and detail required, we cannot accept Block 60 notes for this section.	**1.** Evaluation MUST be a face-to-face, in person, and this must be noted in your report. **2. Record review verification**: Verify that you have reviewed **(a) complete copy** of the airman/FAA ATCS's Agency medical file, **(b)** the treating physician and/or/psychiatrist reports (as required), and (**c**) neuropsychologist report (see below). If you reviewed additional clinical and/or mental health records provided by the airman/FAA ATCS, the reports should be noted as reviewed and submitted to the FAA. 3. **Medication verification** a. Verify the current medication name, dose, and how long has the airman/ FAA ATCS been on this medication at this dosage. b. When was the most recent change in medication (discontinuation, dose, or change in medication type)? c. Are additional changes in dose or medication recommended or anticipated? 4. **Summarize your aeromedical impression and evaluation as a HIMS AME** based on the face-to-face evaluation AND review of the supporting documents. a. If you do not agree with the supporting documents, or if you have additional concerns not noted in the documentation, please discuss your observations or concerns. b. Review and specifically comment on whether or not the airman/FAA ATCS has any of the FAA SSRI "Rule-Outs" (e.g., suicide attempt, etc. See the table on page 3 of this document). 5. **Special Issuance/ Consideration Recommendation** a. Do you recommend Special Issuance (SI)/Special Consideration (SC) for this airman/FAA ATCS? b. Do you have any clinical concerns or recommend a change in the treatment plan? c. Will you agree to continue to follow the airman/FAA ATCS as his/her HIMS AME per FAA policy? If so, at what interval? 6. **Agreement to immediately notify the FAA** (for Airmen: 405-954-4821; for FAA ATCS contact the RFS office) if there is: a. Change in condition; b. Deterioration in psychiatric status or stability; c. Change in the medication dosage; or d. Plan to reduce or discontinue any medication. 7. **Additional conditions** a. Does this airman/FAA ATCS have ANY other medical conditions that are potentially disqualifying or required a special issuance/consideration? b. Is all documentation present for those other conditions?

FAA CERTIFICATION AID – SSRI INITIAL Certification

(Updated 03/29/2017)

The following information is to assist your treating physician/ provider who may be unfamiliar with FAA medical certification/clearance requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on a medical certificate for airmen or clearance for FAA ATCS. You should strongly consider taking **a copy to each evaluator so they understand what specific information is needed in their report to the FAA.** If each item is not addressed by the corresponding provider, there may be a **delay** in the processing of your medical certification or clearance until that information is submitted. Additional information such as clinic notes or explanations should also be submitted as needed. All reports must be CURRENT (within the last 90 days) for FAA purposes.

REPORT FROM	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (SSRI INITIAL Certification/Clearance Evaluation)
TREATING PHYSICIAN **Use this section if** the person prescribing your medication is NOT a board certified psychiatrist. (You will also have to submit an evaluation from a board certified psychiatrist - see next section.) IF the physician prescribing your medication is a BOARD CERTIFIED PSYCHIATRIST, you do not need to submit this "Treating Physician" section. Go to "Psychiatrist" section below.	A Current detailed evaluation report that summarizes clinical findings and status of how the airman/FAA ATCS is doing. At a minimum, it must include the following: 1. **Qualifications:** State your board certifications and specialty. 2. **History**: a. Review the overall symptom and treatment history, **with a timeline of evaluations and treatments (including start and stop dates).** b. Discuss the severity of the condition and any relapse/recurrence**.** 3. **Medication** a. **Current name and dose of medication**. b. How long has the airman/FAA ATCS been on this medication at this dosage? c. Any side effects from the current medications? (If none, that should be stated.) d. When was the most recent change in medication? (Dose, medication type, or discontinuation of medication) e. Previous medications that have been tried. List name, dosage, dates of use, and presence or absence of any side effects and outcomes. f. Are additional changes in dose or medication recommended or anticipated? 4. **Diagnosis:** a. Specify the current diagnosis (es). b. Discuss the severity of the condition 5. **Summary, Treatment and follow-up recommendations:** a. Discuss the airman/FAA ATCS's overall psychiatric and behavioral status and risk of recurrence. b. How will this airman/FAA ATCS be followed? At what interval? c. Do you have any clinical concerns or recommend a change in treatment plan? 6. **Agreement to immediately notify the FAA** (for airmen: 405-954-4821; for FAA ATCS, contact the RFS office) **if there are any:** changes in the airman/FAA ATCS's condition, dosage, change in medication or if the medication is stopped.

FAA CERTIFICATION AID – SSRI INITIAL Certification

REPORT FROM	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (SSRI INITIAL Certification/Clearance Evaluation)
PSYCHIATRIST Must be a board certified psychiatrist (If your treating physician IS a board- certified psychiatrist, you should submit this section.)	A Current detailed evaluation report that summarizes clinical findings and status of how the airman/FAA ATCS is doing. At a minimum, it must include the following: 1. **Qualifications:** State your board certifications, specialty, and any other pertinent qualifications. 2. **Records review:** What documents were reviewed? a. Specify if using your own clinic notes and/or notes from other providers or hospitals. b. Verify if you were provided with and reviewed a complete copy of the airman/FAA ATCS's FAA medical file. 3. **History**: a. Review the overall symptom and treatment history, **with a timeline of evaluations and treatments (including start and stop dates).** b. Discuss the severity of the condition and any relapse/recurrence**.** c. Each of the **FAA SSRI "Rule-Outs" below MUST be individually addressed. The report must specifically detail if there have been any symptoms or any history of the following:**

	FAA SSRI "RULE-OUTS"	Any prior SYMPTOMS?	Any prior HISTORY?
I	Affective instability		
Ii	Bipolar spectrum disorders		
Iii	Electroconvulsive therapy (ECT)		
Iv	Psychiatric hospitalization		
V	Psychosis		
Vi	Suicidal ideation or attempts		
Vii	Treatment with **multiple antidepressants** concurrently		
viii	Treatment with **multi-agent drug protocol use** (prior use of other psychiatric drugs in conjunction with antidepressant medications)		
ix	Any additional symptoms not listed above		

4. **Medication**
   a. **Current name and dose of medication**.
   b. How long has the airman/FAA ATCS been on this medication at this dosage?
   c. Any side effects from the current medications? (If none, that should be stated.)
   d. When was the most recent change in medication? (Dose, medication type, or discontinuation of medication.)
   e. **Previous** medications that have been tried. List name, dosage, dates of use, and presence or absence of any side effects and outcomes.
   f. Are additional changes in dose or medication recommended or anticipated?
5. **Diagnosis:**
   a. Specify the current diagnosis (es).
   b. Discuss any prior diagnostic questions or issues and explain why/how these are no longer under consideration or have been ruled-out.
   c. Discuss the severity of the condition, both current and historically.
6. **Summary, Treatment and follow-up recommendations:**
   d. Discuss the airman/FAA ATCS's overall psychiatric and behavioral status and risk of recurrence.
   e. How will this airman/FAA ATCS be followed? At what interval?
   f. Do you have any clinical concerns or recommend a change in treatment plan?
7. **Agreement to immediately notify the FAA if there is any** changes in the airman/FAA ATCS's condition, dosage, change in medication or if the medication is stopped. **(For airmen: 405-954-4821; for FAA ATCS: contact the RFS office)**
8. **Submit** copies of all treatment records such as clinic or hospital notes for any period of time which the airman/FAA ATCS has sought treatment or taken medication. (You do not need to submit any records received from the FAA.)

FAA CERTIFICATION AID – SSRI INITIAL Certification

(Updated 03/29/2017)

The following information is to assist your treating physician/ provider who may be unfamiliar with FAA medical certification/medical clearance requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on a medical certificate for airmen or medical clearance for FAA ATCS. You should strongly consider taking a copy to each evaluator so they understand what specific information is needed in their report to the FAA. If each item is not addressed by the corresponding provider, there may be a delay in the processing of your medical certification or clearance until that information is submitted. Additional information such as clinic notes or explanations should also be submitted as needed. All reports must be CURRENT (within the last 90 days) for FAA purposes.

REPORT FROM	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (SSRI INITIAL Certification/Clearance Evaluation)
NEUROPSYCHOLOGIST CogScreen Results AND Neurocognitive evaluation	**The neuropsychologist report MUST address:** 1. **Qualifications:** State your certifications and pertinent qualifications. 2. **Records review:** What documents were reviewed, if any? a. Specify clinic notes and/or notes from other providers or hospitals. b. Verify if you were provided with and reviewed a **complete copy** of the airman/FAA ATCS's FAA medical file. 3. **History**: Items from the clinical, educational, training, social, family, legal, medical, or other history pertinent to the context of the neuropsychological testing and interpretation. 4. **Testing results:** a. **CogScreen-AE information:** i. Date(s) of evaluation ii. CogScreen-AE Session number. (Note: Session 1 should be for initial test *only*; retests should be Session 2 or incrementally higher.) iii. Normative group used for comparison: • Major Carrier (age-corrected); or • Regional Carrier (NOT age-corrected) [also acceptable for GA pilots]; or • General Aviation Pilot Norms (age-corrected) b. **CogScreen-AE results with specific review of and discussion when any threshold values exceeded:** i. LRPV (threshold: if score > 0.80) ii. Base Rate for scores at-or-below the 5th percentile (threshold: if any T-scores < 40) [age corrected acceptable] iii. Base Rate for scores at-or-below the 15th percentile (threshold: if any T-scores < 40) [age corrected acceptable] iv. Taylor Aviation Factors (threshold: if any T-scores < 40) c. Results of any additional focused testing or a comprehensive test battery 5. **Interpretation:** a. The overall neurocognitive status of the airman/FAA ATCS b. Clinical diagnosis (es) suggested or established base on testing (if any). c. Discuss any weaknesses or concerning deficiencies that may potentially affect safe performance of pilot or aviation safety-related duties (if any). d. Discuss rationale and interpretation of any additional focused testing or comprehensive test battery that was performed. e. Any other concerns. 6. **Recommendations:** additional testing, follow-up testing, referral for medical evaluation (e.g., neurology evaluation and/or imaging), rehabilitation, etc. 7. **Agreement to immediately notify the FAA** (for airmen: 405-954-4821; for FAA ATCS contact the RFS office) **if there are any** changes or deterioration in the airman/FAA ATCS's psychological status or stability. 8. **Submit** the CogScreen-AE computerized summary report (approximately 13 pages) and summary score sheet for any additional testing (if performed).

FAA CERTIFICATION AID – SSRI INITIAL Certification (Page 5 of 5)

(Updated 03/29/2017)

The following information is to assist your treating physician/ provider who may be unfamiliar with FAA medical certification/medical clearance requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on a medical certificate for airmen or medical clearance for FAA ATCS. You should strongly consider taking a copy to each evaluator so they understand what specific information is needed in their report to the FAA. If each item is not addressed by the corresponding provider, there may be a delay in the processing of your medical certification or clearance until that information is submitted. Additional information such as clinic notes or explanations should also be submitted as needed. All reports must be CURRENT (within the last 90 days) for FAA purposes.

REPORT FROM	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (SSRI INITIAL Certification/Clearance Evaluation)
CHIEF PILOT **AIRLINE MANAGEMENT DESIGNEE** **OR** **AIR TRAFFIC MANAGER (ATM)** 1st and 2nd class pilots who have been employed by an air carrier within the last 2 years or FAA ATCS employees 3rd class pilots or FAA ATCS Applicant for Hire – Not applicable	**Report should address**: **For Airman:** 1. The airman's performance and competence. 2. Crew interaction. 3. Mood and behavioral changes. 4. Any other concerns. **For FAA ATCS:** 1. Issues related to safety and safe operations. 2. Interaction with other FAA ATCSs. 3. Mood and behavioral changes. 4. Any other concerns.
REPORTS FROM ADDITIONAL PROVIDERS **OR** **REPORTS REGARDING OTHER CONDITIONS**	**Supplemental reports (if any) that may be related to the condition for which the SSRI is prescribed:** • Any drug testing results • Psychotherapist records and reports • Social worker reports **Special Issuance/ Special Consideration conditions: The airman/FAA ATCS should bring reports and documentation for <u>any other</u> conditions that may require Special Issuance/Special Consideration to the HIMS AME for review.** **CACI conditions (airman only): The airman should bring reports or other documentation listed on the CACI worksheet to the HIMS AME for review.**

SSRI RECERTIFICATION/FOLLOW-UP CLEARANCE

(Updated 12/28/2022)

Policy Change in SSRI Program Cognitive Testing Requirements for Renewal of Special Issuance:

After careful study of data from 425 pilots in the SSRI Program, the FAA has determined that the neuropsychologist evaluation and routine CogScreen-AE administration are no longer necessary for **RENEWAL** of an SSRI special issuance, except when clinically indicated or specified on the Authorization/Special Consideration Letter. This policy change does NOT affect **initial** evaluations and the current AME checklists and Specifications for Neuropsychological Evaluations should still be used. This policy is effective immediately (12/15/2022).

Frequently Asked Questions (FAQs)

1. **Does the policy change apply to all classes of pilots and ATCS?**

   Yes.

2. **Is a Neuropsychology follow up evaluation still required?**

   No. This policy change eliminates both the neuropsychologist evaluation and CogScreen for follow up evaluations (unless the pilot/ATCS receives a specific request for follow-up).

3. **My pilot/ATCS is currently on an Authorization for the SSRI program. Their current Authorization letter states they need CogScreen. Can I issue without a follow-up CogScreen and Neuropsychology evaluation based on the 12/15/2022 policy change?**

   Yes. If all other items of the HIMS AME Checklist – SSRI Recertification/Follow-Up Clearance are in the clear column and they are otherwise qualified, issue with a 6-month time limitation. Submit all information to the FAA for review.

4. **What will happen when the case is reviewed at the FAA?**

   - All SSRI cases are reviewed by a FAA psychiatrist.
   - As each case is reviewed, a new Authorization letter may be generated. In most cases, the requirement for a follow-up CogScreen will be removed.
   - For a small number of cases, a follow up CogScreen may be required. This information will be on the Authorization Letter.

5. **If my pilot/ATCS receives a letter asking for a new CogScreen, can they fly in the meantime?**

   Yes, if otherwise qualified. There will be some overlap in letters that were sent out prior to 12/15/2022 which asked for a follow-up CogScreen. If the pilot/ATCS has already completed the CogScreen from the previous letter, the AME should review and send it to the FAA.

   If the pilot/ATCS has provided all items to the HIMS AME **except the CogScreen and Neuropsychology evaluation** (for follow-up SSRI Authorization), the AME can issue if all items are in the clear column of the HIMS AME Checklist – SSRI Recertification/ Follow-Up Clearance.

6. Is there a possibility that the aviator will be grounded due to the results of the CogScreen results?

If the results were severe and were thought to identify significant cognitive deficits, the Special Issuance would be temporarily withdrawn while further evaluation is completed.

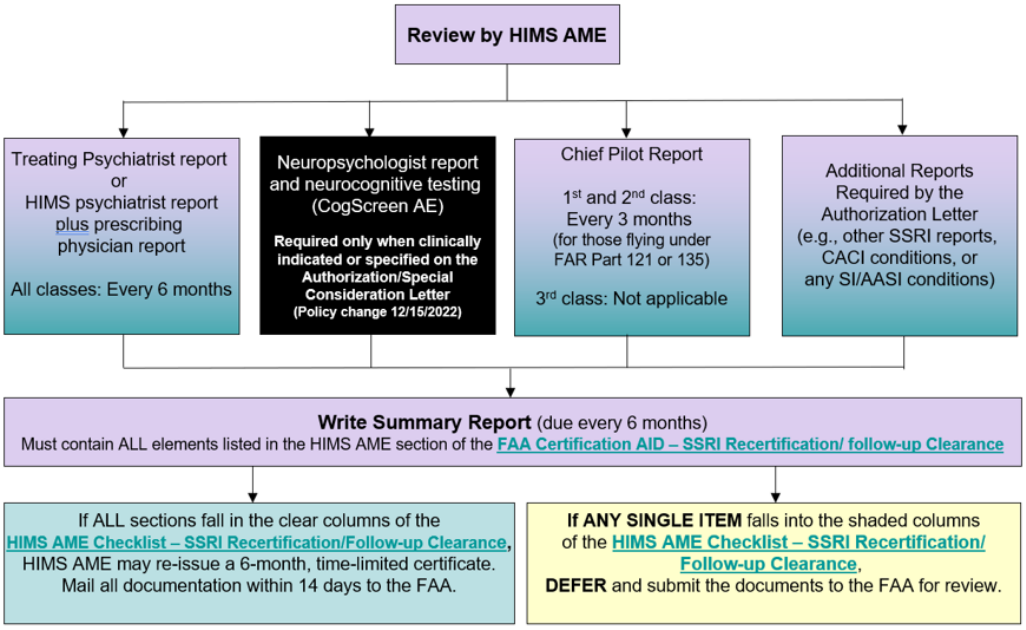
7. Does the policy change apply to pilots/ATCS who are not yet on an Authorization for SSRI?

Not at this time. There is no change to the current INITIAL Authorization requirements.

Airman SSRI Follow-Up Path for the HIMS AME

(Updated 12/28/2022)

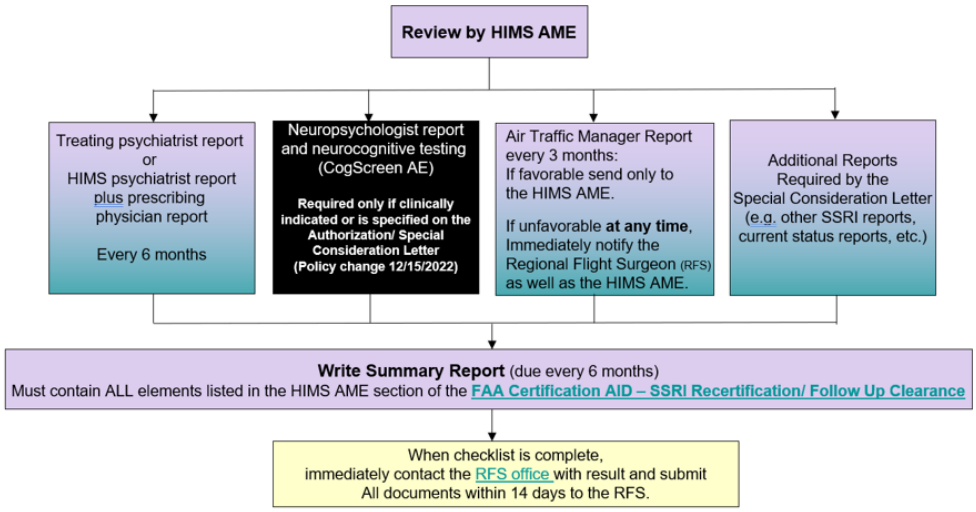
HIMS AME must see the airman in person every 6 months and review ALL the documents required on the HIMS AME Checklist – SSRI Recertification/Follow-up Clearance



FAA ATCS SSRI Follow-Up Path for the HIMS AME

(Updated 12/28/2022)

HIMS AME must see the FAA ATCS in person every 6 months and review ALL the documents required on the HIMS AME Checklist – SSRI Recertification/ Follow Up Clearance



Note: See important update in **black boxes** above. Neuropsychologist report and routine CogScreen-AE administration are no longer necessary for **RENEWAL** of an SSRI special issuance, except when clinically indicated or specified on the Authorization/Special Consideration Letter. This policy change does NOT affect **initial** evaluations and the current AME checklists and neuropsychological protocol should still be used. (Policy change 12/15/2022)

HIMS AME Checklist - SSRI Recertification /Follow Up Clearance (Updated 12/28/2022)

Name _____ Airman PI#_____

Instructions to the HIMS AME:

- Address the following items based on your in-office exam and documentation review;
- Submit this Checklist (signed and dated by the HIMS AME); AND include supporting documentation reviewed to complete this Checklist (including your HIMS AME report) within 14 days to:

AIRMAN
FAA, Civil Aerospace Medical Institute, Bldg. 13
Aerospace Medical Certification Division, Room 308 - AAM-300
PO Box 25082
Oklahoma City, OK 73125-9867

FAA ATCS: Regional Flight Surgeon (RFS) office

I reviewed the airman's SSRI Authorization or the FAA ATCS's Special Consideration Letter dated: _____
(Date of Letter)

1. **HIMS AME FACE-TO-FACE, IN OFFICE EVALUATION: Required EVERY 6 months for ALL CLASSES**

	No	Yes
Interval visit summaries (if any) are unfavorable or reflect concerns……		
Any concerns about the airman/FAA ATCS's current psychiatric status based on your clinical interview, evaluation, and review of reports? …….....		
Any new psychiatric conditions identified or change in medication or dose during this period?		
Any abnormal physical exam or mental exam findings? ……		
Any NEW condition(s) that would require Special Issuance/Consideration? (Do not include any new CACI qualified condition.) ……		

2. **TREATING PSYCHIATRIST REPORT**: **Required EVERY 6 months for ALL CLASSES**
   OR
   HIMS PSYCHIATRIST REPORT plus **PRESCRIBING PHYSICIAN REPORT**

	Yes	No
Report(s) is/are favorable with no anticipated or interim treatment changes ……..		
The airman/FAA ATCS is **on the same medication at the same dose** stated in the Authorization letter or Special Consideration Letter…….....		

3. **NEUROPSYCHOLOGIST REPORT** and routine CogScreen-AE administration are no longer necessary for **renewal** of an SSRI special issuance, **except when clinically indicated or specified on the Authorization Letter /Special Consideration Letter**. (Policy change 12/15/2022)
   If indicated/specified, answer the following items:

	N/A	Yes	No
Concludes NO aeromedically significant cognitive deficits or adverse changes?			
CogScreen is attached? ……..			
Additional neuropsych testing (if performed or required) is attached?			

4. **CHIEF PILOT or AIR TRAFFIC MANAGER (ATM) REPORT(S)**: **Required EVERY 3 months**
   Chief Pilot Reports required only for Commercial pilots holding 1st or 2nd class certificates.
   ATM reports required for FAA ATCS.

	N/A	Yes	No
Reports are favorable? ……...			

   If any report is unfavorable immediately contact the FAA: For Airmen: call 405-954-4821; for FAA ATCS contact the RFS office.

5. **ADDITIONAL REPORTS required by Authorization letter**

	N/A	Yes	No
SSRI-related (drug testing, therapy reports, etc.) reports are favorable…….....			
Reports required for other non-SSRI conditions meet Authorization requirements……			

6. I have no other concerns about this airman/FAA ATCS and I recommend re-certification for Special Issuance/Consideration……..... | Yes | No |

_____ _____
HIMS AME Signature Date of Evaluation

For Airman: If **ALL** items fall into the clear column, the AME may issue with the time limitation specified in the Authorization Letter or Special Consideration Letter. If **Any Single** Item falls into the shaded column, the **AME MUST DEFER** or contact the FAA and Explain in the HIMS report.
For FAA ATCS: When Checklist is complete, immediately contact RFS with results and submit all documents within 14 days.

FAA CERTIFICATION AID – SSRI Recertification

The following information is to assist your treating physician/ provider who may be unfamiliar with FAA medical certification requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on a medical certificate for airmen or medical clearance for FAA ATCS. You should strongly consider taking **a copy to each evaluator so they understand what specific information is needed in their report to the FAA.** If each item is not addressed by the corresponding provider there may be a **delay** in the processing of your medical certification until that information is submitted. Additional information such as clinic notes or explanations should also be submitted as needed. All reports must be CURRENT (within the last 90 days) for FAA purposes.

REPORT FROM	REQUIRED INTERVAL	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (SSRI Recertification/ Follow Up Clearance)
HIMS AME **All classes and FAA ATCS**	Every 6 months or as stated in the airman Authorization letter Or FAA ATCS Special Consideration Letter	1. Must be a face-to-face, in person evaluation every 6 months. 2. Summarize findings from additional interim evaluations that were performed by any other venue (phone/ video/ email), either at the AME's discretion or as required by the Authorization or Special Consideration Letter (every 1-3 months). 3. Summarize your aeromedical impression and evaluation as a HIMS AME based on the face-to-face evaluation AND review of the supporting documents. 4. If you do not agree with the supporting documents, or if you have additional concerns not noted in the documentation, please discuss your observations or concerns. 5. State if the airman/FAA ATCS meets all the requirements of the Authorization Letter/Special Consideration Letter or describe why they do not. 6. Review and comment if there has been any change in the **dose, type, or discontinuation of medication** stated in the Authorization Letter/ Special Consideration Letter. 7. Do you recommendation continued Special Issuance/Special Consideration in this airman/FAA ATCS? 8. Agreement to continue to serve as the airman/FAA ATCS's HIMS AME and follow this airman/FAA ATCS per FAA policy. 9. Agreement to immediately notify the FAA (for airmen: 405-954-4821; for FAA ATCS contact the RFS office) **if there is any** change in condition, deterioration in psychiatric status or stability, if the medication dosage has changed, or there is a plan to reduce or discontinue any medication. 10. Using the HIMS AME Checklist –SSRI Recertification/ Follow Up Clearance, comment on any items that fall into the shaded category. 11. Submit the SSRI check list, your HIMS AME written report, and all required supporting documentation that you reviewed with your package.
PSYCHIATRIST INTERIM HISTORY REPORT (or treating physician as noted in the Authorization letter) If the prescribing physician is not a psychiatrist, items #2-7 must be submitted from the prescribing physician IN ADDITION TO the psychiatrist report.	Every 6 months or per Authorization Letter Or FAA ATCS Special Consideration Letter	1. Summarize clinical findings and status of how the airman/FAA ATCS is doing. 2. Have there been any new symptoms or hospitalizations? 3. Did a change in dose or medication occur or is one recommended or anticipated? 4. Have there been any clinical concerns or changes in treatment plan? 5. Has the clinical diagnosis changed? 6. **Agreement to immediately notify the FAA** (for Airmen**:** 405-954-4821; for FAA ATCS: contact the RFS office) **if there is any** change in the airman/FAA ATCS's condition, dosage, change in medication or if the medication is stopped. 7. Interval treatment records such as clinic or hospital notes should also be submitted.

FAA CERTIFICATION AID – SSRI Recertification

The following information is to assist your treating physician/ provider who may be unfamiliar with FAA medical certification requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on a medical certificate for airmen or medical clearance for FAA ATCS. You should strongly consider taking **a copy to each evaluator so they understand what specific information is needed in their report to the FAA.** If each item is not addressed by the corresponding provider there may be a **delay** in the processing of your medical certification until that information is submitted. Additional information such as clinic notes or explanations should also be submitted as needed. All reports must be CURRENT (within the last 90 days) for FAA purposes.

REPORT FROM	REQUIRED INTERVAL	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (SSRI Recertification/ Follow Up Clearance)
CLINICAL PSYCHOLOGIST **OR** **NEUROPSYCHOLOGIST*** *Neuropsychologist report and routine CogScreen-AE administration are no longer necessary for **RENEWAL** of an SSRI special issuance, except when clinically indicated or specified on the Authorization/Special Consideration Letter. (Policy change 12/15/2022)	1st and 2nd class: Every 12 months or per Authorization Letter FAA ATCS: Every 12 months or per the Special Consideration Letter 3rd class: Every 24 months or per Authorization Letter	**CogScreen information results that must be addressed in the narrative:** 1. Specify the norm used: • Major Carrier (age-corrected); or • Regional Carrier (NOT age-corrected) [also acceptable for GA pilots]; or • General Aviation Pilot Norms (age-corrected) 2. Specify Session Number administered (listed on Page 1 and Page 2 of printout). Session 1 for initial test *only*; retests should be Session 2 or incrementally higher. **Clinical report** MUST specifically comment on the following CogScreen items. If they have changed or are not normal, the narrative must discuss these findings and if they are of any clinical or aeromedical concern: 1. Any increase in LRPV (page 4) 2. Taylor Factor scores (page 5) 3. Base Rate for Speed, Accuracy, or Process (page 4) **The psychologist or neuropsychologist report should also specifically mention:** 1. The overall neurocognitive status of the airman/FAA ATCS. 2. Any adverse neurocognitive findings or a decline in condition. 3. If additional focused neuropsych testing is/was required or recommended. If any additional testing was performed, the report must explain why the testing was performed, the results, and how that fits into the airman/FAA ATCS's overall neurocognitive status. 4. Any other concerns or absence of concerns. 5. **Agreement to immediately notify the FAA** (for Airmen**:** 405-954-4821; for FAA ATCS: contact the RFS office) if there is any change or deterioration in the psychological status or stability in the airman/FAA ATCS's condition. 6. Submit the entire CogScreen report (approximately 13 pages) and any additional testing (if performed).
CHIEF PILOT **AIRLINE MANAGEMENT DESIGNEE** **OR** **AIR TRAFFIC MANAGER (ATM)** 1st and 2nd class pilots who have been employed by an air carrier within the last 2 years or FAA ATCS employee 3rd class pilots or ATCS Applicant for hire – Not applicable	1st., 2nd class, and FAA ATCS: Every 3 months (bring cumulative reports to AME evaluation every 6 months.)	**Report must address**: **For Airman:** 1. The airman's performance and competence. 2. Crew interaction. 3. Mood and behavioral changes. 4. Any other concerns. **For FAA ATCS:** 1. Issues related to safety and safe operations. 2. Interaction with other FAA ATCSs. 3. Mood and behavioral changes. 4. Any other concerns.
ADDITIONAL PROVIDERS Additional reports for SSRI or any other condition noted in Authorization or FAA ATCS Special Consideration Letter	Every 6 months or per Authorization or FAA ATCS Special Consideration Letter	Varies. See the Authorization Letter or Special Consideration Letter. Include any drug testing results, therapist follow up reports, social worker reports, etc. If the prescribing physician is NOT a psychiatrist, reports from the prescribing physician and their clinic office notes must be submitted in addition to the required psychiatric evaluations (see above). If the airman/FAA ATCS has other non-SSRI conditions that require a special issuance/consideration, those reports should also be submitted according to the Authorization or FAA ATCS Special Consideration Letter.

HIMS AME Change Request

(Updated 07/25/2018)

The Authorization for Special Issuance requires that airmen **DO NOT change his/her HIMS AME without prior FAA approval.**

In **rare** cases in which the HIMS AME listed on the Authorization Letter is no longer available to the airman (ex: HIMS AME retires, is no longer a HIMS AME, is deceased, or the airman or HIMS AME relocates to a new state, etc.), a change request is required.

The FAA requires the following to consider any request:

1. CURRENT HIMS AME - must write a closeout, current status report describing why the change is requested and agree to release monitoring/sponsorship to the new HIMS AME (list the name of new HIMS AME). The closeout report must note if there are any concerns regarding the airman's compliance.

   If the HIMS AME is deceased, his/her office staff should contact AAM-200 Manager, Medical Specialties in Washington, DC at 202-267-8035.

2. NEW HIMS AME - must review the airman's records and, in writing, agree to sponsor/monitor the airman in accordance with the terms of the FAA SI Authorization Letter

3. The AIRMAN must send a written request that describes why the change to a new HIMS AME is needed.

The FAA will review the submitted information, and IF the change is approved*, will send an updated Authorization Letter with the new HIMS AME information to the airman.

Submit requests to:

Federal Aviation Administration
Civil Aerospace Medical Institute, Bldg. 13
Aerospace Medical Certification Division, AAM-313
PO Box 25082, Oklahoma City, OK 73125-9867

***NOTE: Submission of a HIMS AME Change Request does not automatically guarantee approval of the request.**

POST-TRAUMATIC STRESS DISORDER (PTSD)

All Classes

(Updated 10/14/2021)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. **NO treatment** **AND** **NO symptoms in past 2 years**	The AME should gather information regarding the diagnosis, severity, treatment, symptoms, and address **ALL** of the questions on the **Post-Traumatic Stress Disorder (PTSD) Decision Tool for the AME.**	**If all items** on the decision tool **are in the clear "No column", the AME may:** **ISSUE** Summarize this history, and annotate Block 60 with **"discussed the history of PTSD, no positives to screening questions, and no concerns."** If any "**YES**" answers, any AME concerns, or unable to verify history - go to Row B.
B. All others including: • **Continued symptoms;** • **Treatment with SSRI or other psychiatric medication** in the previous two years; and/or • **Psychotherapy** in the previous 2 years	Submit the following to the FAA for review: 1. **Airman personal statement** (typed) that describes in their own words: a. The **incident(s)** leading up to PTSD-related symptoms and the eventual diagnosis of PTSD. b. **Triggers** for PTSD symptoms - characterize the frequency and severity of the symptoms (flashbacks, nightmares, anxiety, avoidance, and cognitive changes). c. **Impact** - include any recent or ongoing performance change, loss of job/school, or relationship problems due to PTSD. d. **Modifications** - include any recent or current changes to work, academic, or living situation to accommodate or lessen the PTSD symptoms. e. **Medication** - list names and dates (if used);	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow up Issuance** Will be per the airman's authorization letter.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	f. **Counseling** - include any form of individual or group counseling or psychotherapy. List dates and provider(s) name(s). 2. **Current evaluation by your treating psychiatrist or psychologist** with clinical summary to include severity, frequency of episodes, and response to treatment (medications or psychotherapy). The report should identify if there is any history of suicidal ideation(s), homicidal ideation(s), substance use disorder(s) or other co-morbid psychiatric or psychological conditions, and identify diagnosis (DSM-V), treatment plan, and prognosis. 3. **Medication list.** List **all** current medications (including non-PTSD related medications), reason for use, start dates, and side effects, if any. If recently discontinued, list date and reason. **Note: if currently on an SSRI, must also submit items in the Initial SSRI Protocol.** 4. **Copies of any PTSD screening tools** or other assessment instruments (already performed). 5. **Copies of psychological testing** (already performed) including raw data. 6. **Veterans Administration (VA) records** (if applicable) a. VA Compensation and Pension disability evaluations (C&P exam); b. VA Disability Compensation Award letters; and c. VA clinic and/or hospital records 7. **Previous medical/hospital records** including previous	

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	clinical progress notes for any psychiatric evaluations and clinical progress notes for any psychiatric condition or PTSD that describe the dates, severity, and any treatment used.	

See the next page for the **Post-Traumatic Stress Disorder (PTSD) Decision Tool for the AME** on the following page.

Post-Traumatic Stress Disorder (PTSD) Decision Tool for the AME

(Updated 10/14/2021)

AME Instructions:

Address each the following items in your in-office exam and history review:

	No	Yes*
1. Is there any additional mental health diagnosis other than PTSD? (Including but not limited to depression, anxiety, ADHD, substance disorder.)	No	Yes*
2. Is there **any** history of suicidal (or homicidal) ideation or attempt(s) ever in their life?.....	No	Yes*
3. Have there been any symptoms of PTSD (such as: re-living, avoidance, or increased arousal) within the **past two (2) years**? [a]	No	Yes*
4. Has the individual taken medication or undergone psychotherapy for the PTSD in the past **two (2) years**?.....	No	Yes*
5. Is there any history of the individual being limited by the PTSD in performing the functions of any job (aviation related or not)? [b]	No	Yes*
6. Are there any elements of the history (such as: nature of the triggers, social dysfunction) which cause you to question whether the PTSD is in full remission or is of aeromedical concern? [c]	No	Yes*
7. Do you have ANY concerns regarding this airman or are unable to obtain a complete history?	No	Yes*

If **ALL** items fall into the clear/No column, the AME may issue with notes in Block 60 which show you discussed the history of PTSD, found no positives to the screening questions, AND had no concerns.

***If ANY SINGLE ITEM falls into the SHADED/YES COLUMN, the AME MUST DEFER. The AME report should note what aspect caused the deferral and explain any Yes answers (shaded column).**

Notes:

The AME should elicit what triggers the PTSD episode(s). If the airman has recently been exposed to their triggers (such as smells or loud noises), do they continue to react to these triggers? The AME should also take into consideration the likelihood of the triggers being encountered when flying or in everyday life. If the AME is unsure of any of the above criteria, the diagnosis, or severity - DEFER and note in Block 60

[a] For additional information on PTSD see: https://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd

[b] AMEs should pay specific attention to cockpit or flight-specific PTSD triggers. Has the airman changed jobs or occupations to avoid triggers or due to symptoms? Do they have any current accommodations for school or work due to PTSD?

[c] In the past 24 months, has the airman been given an increase in VA PTSD benefits or is there evidence of social impact such as divorce or severe isolation?

This decision tool is for AME use; it does not have to be submitted to the FAA.

SITUATIONAL DEPRESSION

Adjustment Disorder with Depressed Mood or MINOR Depression

All Classes

(07/27/2022)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Single episode Completely resolved **CAUTION:** Depression(s) requiring treatment **longer than 6 months** **OR** **NOT resolved within 6 months** **AFTER the resolution of the event/stressor** ARE NOT adjustment disorders. While they may have a situational component, they are likely a Major Depressive Disorder (MDD) or other significant depressive diagnosis.	The AME should gather information regarding the diagnosis, severity, treatment, symptoms, and address **ALL** of the questions on the Situational Depression Decision Tool for the AME. If 5 or more years ago; treatment was not more than 6 months from the resolution of the stressor; there is no history of self-harm, psychiatric hospitalization, or persisting symptoms - the FAA will accept the AME history and notes in Block 60. If the single episode was LESS than 5 years ago, the **AME must review a current, detailed Clinical Progress Note and actual clinical record(s)** from the treating provider to verify the diagnosis.	If **ALL** items on the Decision Tool have been marked **"YES,"** the AME may: **ISSUE** Summarize this history including dates of symptoms and resolution. Annotate Block 60 with **"discussed the history of Situational Depression, no positives to screening questions, and no concerns."** If any "**NO**" answers, any AME concerns, or unable to verify history - go to Row B.
B. All others No specific triggering event/stressor Treatment or symptoms lasted **longer than 6 months from resolution of the stressor** Continuing/persistent symptoms 2 or more episodes in a lifetime **Any** additional psychiatric conditions, symptoms, or history (e.g. intensive psychiatric treatment,	If currently taking an SSRI - see the SSRI protocol If no longer on medication, the individual should submit the following for FAA review: **1.** Current, detailed Clinical Progress Note (actual clinical record) from a **board-certified psychiatrist**. It must include a summary of the history of the condition; current medications, dosage, and side effects (if any); clinical exam findings; results of any testing performed;	**DEFER** Submit the information to the FAA for a possible Special Issuance. Follow up Issuance will be per the pilots' authorization letter.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
suicide attempt(s), significant legal events, violence). Medication is currently used for this condition, even if "as needed" (prn). **Any** treating provider concerns **Any** AME concerns	diagnosis; assessment; plan (prognosis), and follow-up. **Note:** A good template for the psychiatrist to follow is **Page 3** of the FAA Specifications for Psychiatric Evaluation. The AME should also discuss any history of the rule out criteria listed (even if not on an SSRI). **2.** The Clinical Progress Note must specifically include, if applicable, • Description of the triggering event/stressor; • How long after the triggering event/stressor the condition started; • Characterize/specify the nature of the impairment(s), such as clinical symptom burden, list all behavioral symptoms, and describe social or other area(s) of impairment; • Describe treatment (medication and/or psychotherapy) with start and end dates; • Date of full resolution of symptoms or condition; • Risk of recurrence; and • Copies of all treatment records such as emergency room, urgent care, hospital, and primary care physician or psychiatry notes describing event(s)/stressor(s), diagnosis, and treatment.	

Note: If Major Depression, Major Depressive Disorder (MDD), recurrent depression, or depression requiring treatment - see that section in Psychiatric Conditions. If any of the supporting documents contain a diagnosis **other than** Situational Depression, Adjustment Disorder With Depressed Mood, or Minor Depression - see the corresponding disposition table.

See the Situational Depression Decision Tool for the AME on the following page.

SITUATIONAL DEPRESSION DECISION TOOL FOR THE AME

(Adjustment Disorder with Depressed Mood or Minor Depression)
All Classes
(Updated 07/27/2022)

AME Instructions: Address each of the following items in your in-office exam and history review.

	Yes	No*
1. The AME is required to review clinical records if symptoms were within the past 5 years. For any documents reviewed, the diagnosis listed on ALL supporting documents is Situational Depression, Adjustment Disorder with Depressed Mood, or Minor epression.....	Yes	No*
2. The condition was precipitated by an event/stressor that would be likely to cause the average person to become depressed.....	Yes	No*
3. Symptoms **fully resolved within 6 months of <u>resolution of the stressor</u>** and are not persistent (with or without treatment)	Yes	No*
4. This was a **single episode with NO recurrence**.....	Yes	No*
5. The individual has **NO history or evidence of psychosis/psychotic symptoms, suicidal ideation, or self-destructive ideations (at any time**)…..	Yes	No*
6. Comprehensive history reveals an **absence of other psychiatric condition(s) including substance abuse** in the individual's lifetime.....	Yes	No*
7. The treating clinician and the AME have **no concerns**.….....	Yes	No*

If **ALL** items fall into the **CLEAR /YES COLUMN**, the AME may issue with notes in Block 60 which show the AME discussed the history of Situational Depression, found no positives to the screening questions, AND had no concerns.

If **ANY SINGLE ITEM** falls into the **SHADED/NO COLUMN**, the **AME MUST DEFER**. The AME report should note what aspect caused the deferral and **explain any NO* answers** (shaded column).

NOTES:

- The AME should elicit what triggered the Situational Depression episode(s).
- The timeline of "6 months" for treatment and symptom resolution is from the <u>resolution</u> of the stressor, NOT the <u>start</u> of the stressor.
- If the AME is unsure of any of the above criteria, DEFER and note in Block 60.
- **This decision tool is for AME use; it does not need to be submitted to the FAA.**

The Psychiatric Conditions Disposition Table lists the most common conditions of aeromedical significance and the corresponding AME course of action. Do not issue a medical certificate to an applicant with medical conditions that require deferral or for any condition not listed that may result in sudden or subtle incapacitation without consulting the AMCD or the RFS. Medical documentation must be submitted for any condition in order to support an issuance of an airman medical certificate.

NOTE – See Disease Protocols for specifications for Neurocognitive, Psychiatric, and/or Psychiatric and Psychological Evaluations.

PSYCHIATRIC CONDITIONS

Attention-Deficit/Hyperactivity Disorder (ADHD)* and/or use of ADHD Medications

All Classes
(Updated 09/27/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. NO treatment or use of ADHD medication (for any reason) in past four (4) years **AND** NO symptoms in past four (4) years **AND** NO instability in academic, occupational, or social functioning within the last four (4) years **AND** NO other psychiatric condition(s) or diagnosis (current or historical)	The individual will need to see a psychologist or neuropsychologist for records review and evaluation*. This section may be performed in person or virtually (in compliance with State and Federal regulations). ***Note:** Records review and evaluation can be done virtually; however, the **evaluation** component must be face-to-face on screen, not audio only. • See Fast Track - FAA ADHD Evaluation General Information • The AME should review the **FAA ADHD Summary** completed by a psychologist or neuropsychologist who has training and experience in the evaluation of ADHD. If the FAA ADHD Summary is provided, all items are in the "NO" category, and the AME has NO concerns regarding this individual: **Note:** If FAA ADHD Summary is not provided, any "YES" answers, any AME concerns, or unable to verify history, go to **Row B**.	**ISSUE** Summarize this history, annotate Block 60 "Meets ADHD **Fast Track** requirements." Submit ALL the following to the FAA: 1. Completed and signed FAA ADHD Summary; 2. Actual clinical visit report (not patient portal notes) from the psychologist or neuropsychologist; and 3. Copies of ALL supporting documents reviewed.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
B. Symptoms, treatment or use of ADHD Medication (for any reason), or instability in past four (4) years **OR** History of any psychiatric condition(s) or diagnosis (current or historical) **OR** AME and/or the HIMS neuropsychologist have any concerns	This row requires **HIMS neuropsychology evaluation and testing** to identify the presence of aeromedically significant ADHD. • Evaluation and testing must be completed **in person** by a **HIMS Neuropsychologist;** • ADHD testing is required after record review; and • The **HIMS Neuropsychologist** should reference the **Standard Track - FAA ADHD Evaluation General Information**. **Medication:** If the individual stopped taking ADHD medication(s), they must be off the medication(s) **for 90 days before testing and evaluation.**	**DEFER** Submit the information to the FAA.
C. Currently taking ADHD medication (for any reason), including PRN use **OR** Medication discontinued within the past 90 days **OR** Current symptoms	Taking ADHD medication or symptoms of ADHD are incompatible with aviation safety. Submit the following for FAA review: The most recent detailed, clinical progress note from the prescribing physician which identifies the diagnosis and treatment plan. If the treating physician determines the medication can be safely discontinued, the individual should be off the medication a minimum of **90 days** before obtaining the Standard Track - FAA ADHD Evaluation See **Row B**.	**DEFER** Submit the information to the FAA

*ADHD has replaced the former name ADD (attention-deficit disorder). The above requirements also apply to a history of or use of medication used to treat ADD.

PSYCHIATRIC CONDITIONS

All Classes

(Updated 08/30/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Bipolar Disorder	Submit all pertinent medical information and clinical status report. Also see 3. below.	Requires FAA Decision
Bereavement OR Dysthymic	Submit all pertinent medical information and clinical status report.	If stable, resolved, no associated disturbance of thought, no recurrent episodes, and; a). psychotropic medication(s) used for less than 6 months and discontinued for at least 3 months – Issue b). No use of psychotropic medication(s) - Issue Otherwise - Requires FAA Decision
Depression requiring the use of antidepressant medications	Submit all pertinent medical information and clinical status report. See Use of Antidepressant Medication Policy and Disease Protocols, Specifications for Neuropsychological Evaluations for Treatment with SSRI Medications.	Requires FAA Decision
Personality Disorders	Submit all pertinent medical information and clinical status report. Also see 1. below.	Requires FAA Decision
Psychosis	Submit all pertinent medical information and clinical status report. Also see 2. below.	Requires FAA Decision
Psychotropic medications for Smoking Cessation	Document period of use, name and dosage of medication(s) and side-effects.	If medication(s) discontinued for at least 30 days and w/o side-effects - Issue Otherwise – Requires FAA Decision

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Substance Abuse	See Substances of Dependence/Abuse	Requires FAA Decision
Substance Dependence	See Substances of Dependence/Abuse	Requires FAA Decision
Suicide Attempt	Submit all pertinent medical information required.	Requires FAA Decision

1. The category of personality disorders severe enough to have repeatedly manifested itself by overt acts refers to diagnosed personality disorders that involve what is called "acting out" behavior. These personality problems relate to poor social judgment, impulsivity, and disregard or antagonism toward authority, especially rules and regulations. A history of long-standing behavioral problems, whether major (criminal) or relatively minor (truancy, military misbehavior, petty criminal and civil indiscretions, and social instability), usually occurs with these disorders. Driving infractions and previous failures to follow aviation regulations are critical examples of these acts.

   Certain personality disorders and other mental disorders that include conditions of limited duration and/or widely varying severity may be disqualifying. Under this category, the FAA is especially concerned with significant depressive episodes requiring treatment, even outpatient therapy. If these episodes have been severe enough to cause some disruption of vocational or educational activity, or if they have required medication or involved suicidal ideation, the application should be deferred or denied issuance.

   Some personality disorders and situational dysphorias may be considered disqualifying for a limited time. These include such conditions as gross immaturity and some personality disorders not involving or manifested by overt acts.

2. Psychotic Disorders are characterized by a loss of reality testing in the form of delusions, hallucinations, or disorganized thoughts. They may be chronic, intermittent, or occur in a single episode. They may also occur as accompanying symptoms in other psychiatric conditions including but not limited to bipolar disorder (e.g., bipolar disorder with psychotic features), major depression (e.g. major depression with psychotic features), borderline personality disorder, etc. **All applicants with such a diagnosis must be denied or deferred.**

3. Bipolar Disorders are considered on a continuum as part of a spectrum of disorders where there are significant alternations in mood. Generally, only one episode of manic or hypomanic behavior is necessary to make the diagnosis. Please note that cyclothymic disorder is part of this spectrum. Even if the bipolar disorder does not have accompanying symptoms that reach the level of psychosis, the disorder can be so disruptive of judgment and functioning (especially mania) as to pose a significant risk to aviation safety. Impaired judgment does occur even in the milder form of the disease. **All applicants with a diagnosis of Bipolar Disorder must be denied or deferred.**

4. Although they may be rare in occurrence, severe anxiety problems, especially anxiety and phobias associated with some aspect of flying, are considered significant. Organic mental disorders that cause a cognitive defect, even if the applicant is not psychotic, are considered disqualifying whether they are due to trauma, toxic exposure, or arteriosclerotic or other degenerative changes. (See **Item 18.m**.).

ITEM 48. General Systemic

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
48. General Systemic		

I. Code of Federal Regulations

All Classes: 14 CFR 67.113(a)(b)(c), 67.213(a)(b)(c), and 67.313(a)(b)(c)

(a) No established medical history or clinical diagnosis of diabetes mellitus that requires insulin or any other hypoglycemic drug for control.

(b) No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds -

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

(c) No medication or other treatment that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the medication or other treatment involved, finds -

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

II. Examination Techniques

A protocol for examinations applicable to Item 48 is not provided because the necessary history-taking, observation, and other examination techniques used in examining other systems have already revealed much of what can be known about the status of the applicant's endocrine and other systems. For example, the examination of the skin alone can reveal important signs of thyroid dysfunction, Addison's disease, Cushing's disease, and several other endocrine disorders. The eye may reflect a thyroid disorder (exophthalmos) or diabetes (retinopathy).

When the AME reaches Item 48 in the course of the examination of an applicant, it is recommended that the AME take a moment to review and determine if key procedures have been performed in conjunction with examinations made under other items, and to determine the relevance of any positive or abnormal findings.

III. Aerospace Medical Disposition

The following is a table that lists the most common conditions of aeromedical significance, and course of action that should be taken by the AME as defined by the protocol and disposition in the table. Medical certificates must not be issued to an applicant with medical conditions that require deferral, or for any condition not listed in the table that may result in sudden or subtle incapacitation without consulting the AMCD or the RFS. Medical documentation must be submitted for any condition in order to support an issuance of an airman medical certificate.

BLOOD DONATION

All Classes

(Updated 01/25/2017)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. One unit (less than or equal to 500 ml)	After a 24-hour recovery period and the airman has no symptoms:	**ISSUE** Summarize this history in Block 60.
B. Two or more units (more than 500 ml) This includes Power Red (double red cell donation)	After a 72-hour recovery period and the airman has no symptoms:	**ISSUE** Summarize this history in Block 60.
C. Platelet OR Plasma donation	After a 4-hour recovery period and the airman has no symptoms:	**ISSUE** Summarize this history in Block 60.

BLOOD AND BLOOD-FORMING TISSUE DISEASE

All Classes

(Updated 11/28/2018)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Anemia	Submit a current status report and all pertinent medical reports. Include a CBC, and any other tests deemed necessary	Requires FAA Decision
Hemophilia	Submit a current status report and all pertinent medical reports. Include frequency, severity, and location of bleeding sites	Requires FAA Decision
Leukemia, Acute and Chronic – All Types	Submit a current status report and all pertinent medical reports. See **Acute Lymphocytic Leukemia (ALL)** disposition table on the following page.	Requires FAA Decision
Chronic Lymphocytic Leukemia	Submit a current status report and all pertinent medical reports.	Initial Special Issuance – requires FAA Decision Follow-up Special Issuance's - See AASI Protocol
Other disease of the blood or blood-forming tissues that could adversely affect performance of airman duties	Submit a current status report and all pertinent medical reports	Requires FAA Decision
Polycythemia	Submit a current status report and all pertinent medical reports; include CBC	Requires FAA Decision

Acute Lymphocytic Leukemia (ALL)

All Classes

(Updated 04/26/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Treatment completed **ten (10) or more years ago**	The AME must review an oncology evaluation performed within the previous 12 months. If the oncology evaluation verifies the individual is cured, with no follow up treatment required:	**ISSUE** Summarize this history in Block 60 and submit the evaluation to the FAA for retention in the pilot's file.
B. All others	Submit the following to the FAA for review: ☐ A current, detailed **Clinical Progress Note** generated from a clinic visit with the treating **oncologist** no more than 90 days before the AME exam. It must include a detailed summary of the history of the condition, physical exam findings, results of any testing performed, diagnosis, assessment and plan, prognosis, and follow-up. ☐ **It must specifically include** o Initial staging; o Treatments used; o How long the condition has been stable or in remission; o Any term follow-up (surveillance) requirements; o Recurrence(s); o Risk of recurrence; and o If recurrence were to occur, how would it present ☐ Medication list: Dates started and stopped. Description of side effects, if any; ☐ Operative notes and discharge summary (if applicable); ☐ Copies of lab including pathology reports, tumor markers (if already performed by treating physician); ☐ Copies of imaging reports from testing already performed (such as MRI/CT or PET scan); and ☐ Copies of any other testing already performed for this condition.	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow up Issuance** Will be per the airman's authorization letter.

THROMBOCYTOPENIA

(Platelet count < 150,000)
All Classes
(Updated 09/25/2019)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. <u>5 or more years ago</u> Most recent event/diagnosis	No symptoms or current problems. No ongoing treatment OR surveillance needed.	**ISSUE** Summarize this history in Block 60.
B. <u>Less than 5 years ago</u> Due to: Drugs (including HIT*), Infection (now resolved), Pregnancy, etc. *Heparin induced thrombocytopenia	• Treating physician report verifies condition has resolved or, if due to a medication, it has been stopped with no plan to re-start. • No symptoms or current problems. • No ongoing treatment OR surveillance needed. Note: If an underlying condition is identified, **see that section**. Example: Thrombocytopenia due to chemotherapy, malignancy, autoimmune disorders, or alcohol use.	**ISSUE** Summarize this history in Block 60
C. <u>Less than 5 years ago</u> Immune thrombocytopenia (ITP)	See CACI worksheet **Note:** CACI is for Chronic ITP **only.** All other causes of thrombocytopenia, See item "**D. All Others"** below.	Follow the CACI – Chronic Immune Thrombocytopenia (cITP) Worksheet Annotate Block 60.
D. All others	Submit the following to the FAA for review: ☐ Current status report from the treating **Hematologist** with diagnosis, treatment plan and prognosis; ☐ If an underlying cause is identified, the status report should include diagnosis, treatment plan, prognosis, and adherence to treatment for this condition;	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow up Issuance** will be per the airman's authorization letter.

	☐ List of medications and side effects, if any; ☐ Operative notes and discharge summary (if applicable); ☐ Copies of imaging reports or other lab (if already performed by treating hematologist); and ☐ **CBC** within the past 90 days.	

CACI – Chronic Immune Thrombocytopenia (cITP) Worksheet

(Also known as idiopathic thrombocytopenic purpura, immune thrombocytopenic purpura, or autoimmune thrombocytopenic purpura (AITP).

(Updated 04/27/2022)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second-class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	**ACCEPTABLE CERTIFICATION**
The treating physician's current, detailed Clinical Progress Note verifies: • The condition is CHRONIC ITP* and platelet counts are stable above 50,000/microL; • It has been more than 12 months from diagnosis; • No history of bleeding episodes that required medical attention ever (medication, IVIG, etc.); • No splenectomy required for treatment; • No current use of antiplatelet agents (NSAIDS, ASA, gingko biloba) or anticoagulants; • No increased risk of bleeding (ulcer, high fall risk); and • No treatment changes recommended.	[ ] Yes
Back to full, unrestricted activities.	[ ] Yes
Current treatment:	[ ] None
CBC within the last 90 days shows a platelet count of 50,000/microL or higher AND no anemia or leukopenia	[ ] Yes

***Notes:** Chronic ITP defined as more than 12 months from diagnosis.
Any recurrence, bleeding that requires treatment, or platelet count drops below 50,000/microL OR if any surgery or invasive procedures are performed, the airman should not fly in accordance with 61.53.

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified cITP.

[ ] Has current OR previous SI/AASI but now CACI qualified cITP.

[ ] NOT CACI qualified cITP. I have deferred. (Submit supporting documents.)

COVID-19 INFECTIONS

All Classes

(Updated 10/27/2022)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Asymptomatic or mild infection; OR Prolonged outpatient course; OR Hospitalization, **NOT** requiring intensive (ICU) care	Fully recovered. No residual symptoms or clinical findings.* See COVID-19 Medication See Anosmia Disposition Table - Item 26. Nose.	**ISSUE if otherwise qualified with notation:** "COVID. MO/YR resolved. No ICU, no sequelae." All others: Go to Row B or C
B. **Hospitalization**, requiring **ICU care** with or without ventilator	Submit the following to the FAA for review: A current, detailed Clinical Progress Note from the treating physician **no more than 90 days before** the AME exam to include: ☐ Current functional status, treatment plan and prognosis; ☐ Specialty consultations already performed (ex: neurology, cardiology, pulmonology, neuropsychology, etc.); ☐ List of current medications and side effects, if any; ☐ Hospital discharge summary; and ☐ Copies of imaging reports and lab (if already performed).	**DEFER*** Note in Block 60: "Intensive care COVID-19 infection with full recovery." Submit the information to the FAA for review.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
C. All others **Long COVID** **Post-COVID** **Ongoing residual Signs and/or Symptoms*** of confirmed COVID-19 such as: • Cardiovascular dysfunction; • Cognitive symptoms or concerns; • Kidney injury; • Neurological dysfunction; • Psychiatric conditions (depression, anxiety, moodiness); • Respiratory abnormalities; **and/or** • Symptoms such as fatigue, shortness of breath, cough, arthralgia, or chest pain.	Submit the following to the FAA for review: A current, detailed Clinical Progress Note from the treating physician **no more than 90 days before** the AME exam to include: ☐ Description the sequelae and current functional status; ☐ Treatment plan, and prognosis; ☐ Specialty consultations performed (ex: neurology, cardiology, pulmonology, neuropsychology, etc.); ☐ List of medications and side effects, if any; ☐ Hospital discharge summary; (if applicable); and ☐ Copies of imaging reports and lab (if already performed by treating physician). ☐ 6MWT (in some cases)	**DEFER**** Note in Block 60: "Currently experiencing sequelae from COVID-19 infection to include… (List the pathology or symptoms)." Submit the information to the FAA for review.

* See Anosmia Disposition Table for evaluation criteria

****DEFER** - If the AME defers the exam, the FAA will request additional information, including hospitalization and treating physician records. After review, the FAA will determine eligibility for airman medical certificate or if special issuance or denial is indicated.

PREDIABETES

(Metabolic Syndrome, Impaired Fasting Glucose,
Insulin Resistance, or Glucose Elevation/Intolerance)
All Classes
(09/27/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Treated with lifestyle intervention	If the AME can determine the condition is: • Under control; • Current medications are acceptable; and • The individual has no symptoms that would interfere with flight duties:	**ISSUE** Annotate this information in Block 60.
B. Treated with ONE diabetic medication **(non-insulin)** component	See the CACI – Prediabetes Worksheet and the Weight Loss Management or Prediabetes Status Report This requires a current, detailed Clinical Progress Note from the treating physician and Hemoglobin A1C lab performed **no more than 90 days before** the AME exam. If the pilot meets all CACI worksheet criteria and is otherwise qualified:	**ISSUE** Annotate the correct CACI statement in Block 60 and keep the required supporting information on file.
C. Treated with TWO (2) or more diabetic medication **(non-insulin)** components **Note:** If the medication is taken for weight loss, and the individual has a diagnosis of diabetes, see www.faa.gov/go/diabetic	Submit either: 1. Diabetes or Hyperglycemia on Oral Medications Status Report (The treating physician must clearly **indicate the reason for the medication and if there is any history of diabetes.)** **OR** 2. A **current, detailed Clinical Progress Note** from the treating physician which contains all the required information listed in the above status report. • It must include the **indication for the medication and if there is any history of diabetes or not**; • Hemoglobin A1c lab performed **no more than 90 days before** the AME exam.	**DEFER** Submit the information to the FAA for a possible Special Issuance Annotate (elements or findings) in Block 60.

Note: For Polycystic Ovarian Syndrome (PCOS), see that page.

CACI – Prediabetes Worksheet

(Metabolic Syndrome, Impaired Fasting Glucose,
Insulin Resistance, Glucose Elevation/Intolerance)
(Updated 10/25/2023)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the Examiner can issue. Applicants for first or second- class must provide this information annually; applicants for third-class must provide the information with each required exam. **NOTE: CACI expanded to include diabetic medication taken for weight loss.**

If the applicant has EVER had an A1C OF 6.5% OR GREATER, DO NOT USE THIS CACI.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION
Medication is used for: **Note:** Diabetes in remission (diet-controlled), diabetes treated with medication (including insulin), or diabetes insipidus **DO NOT** qualify for this CACI.	[ ] Prediabetes
Treating physician finds the condition is stable and **NONE** of the following are present: • Symptoms or complications associated with diabetes; • Side effects from the medication; and/or • Hypoglycemic events (symptoms or glucose 70 mg/dl or less) which required intervention in the past 12 months	[ ] Yes
ONLY ONE of the medications listed is used: • AME should verify **two-week** observation after starting medication. (See Pharmaceuticals, Weight Loss Medication.) • If using liraglutide or semaglutide, verify no history of substance use disorder, psychosis/psychotic symptoms, suicidal ideation, or self-destructive ideations **at any time.**	[ ] Yes Indicate which **one** medication is used: ☐ metformin **OR** ☐ liraglutide **OR** ☐ semaglutide
Current A1C **Note:** A1C 6.5% or greater is diagnostic for diabetes (ADA).	[ ] Yes to all of the following: ☐ Within last 90 days; ☐ 6.4 mg/dL or LESS; and ☐ **No history ever** of A1C 6.5% or greater

AME MUST NOTE in Block 60 either of the following:

[ ] CACI qualified prediabetes.

[ ] Has current OR previous SI/AASI but now CACI qualified prediabetes.

[ ] NOT CACI qualified prediabetes. I have deferred. (Submit supporting documents.)

DIABETES MELLITUS

All Classes

(Updated 09/27/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Diet Controlled/In Remission or treated with lifestyle intervention	See Diabetes Mellitus – Diet Controlled Protocol	**ISSUE** Summarize this history, annotate Block 60
B. Treated with one or more (non-insulin) diabetic medications	See: Protocol for Diabetes Mellitus Treated with Any Medication Other Than Insulin For acceptable medication and wait times, see Acceptable Combinations of Diabetes Medications.	**DEFER** Submit the information to the FAA. **Initial Special Issuance** – Requires FAA Decision Follow up Special Issuances - See Diabetes Mellitus - Type II, Medication Controlled (Not Insulin)
C. Treated with **ANY** type of insulin	**1st and 2nd** class must use: Diabetes Mellitus Type I or Type II - Insulin Treated - CGM Option Protocol **3rd class** may use the CGM protocol above OR the Insulin-Treated Diabetes Mellitus Non CGM – Third Class Option Protocol	**DEFER** Submit the information to the FAA. **Initial Special Issuance** – Requires FAA Decision

DIABETES INSIPIDUS OR POLYURIA

(Arginine vasopressin deficiency; central diabetes insipidus or
Arginine vasopressin resistance; nephrogenic diabetes insipidus)
All Classes
(Updated 09/27/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. **5 or more years ago** Due to a temporary condition which has fully resolved (ex. pregnancy) AND Did not require surgery	The AME should review a detailed Clinical Progress Note from a board-certified endocrinologist, nephrologist, or treating physician. If the documentation verifies that: • The individual has no sequela; and • The condition was due to a temporary condition which has resolved with no expectation to recur:	**ISSUE** **Annotate** Block 60 **and submit** the evaluation to the FAA for retention in the file.
B. **Arginine vasopressin deficiency** (central diabetes insipidus) **OR** **Arginine vasopressin resistance** (nephrogenic diabetes insipidus) **OR** Unknown cause If due to a neurologic condition such as a tumor, infection, stroke, neurosurgery, or head injury, see that condition page.	Submit the following for FAA review: **1.** A current, detailed **Clinical Progress Note** generated from a clinic visit with a board-certified endocrinologist, nephrologist, or treating physician no more than **90 days prior** to the AME exam. It must include: • A detailed summary of the history of the condition including etiology; • Current medications, dosage, and side effects (if any); • Physical exam findings; • Results of any testing performed; • Diagnosis; • Assessment and plan; • Prognosis; and • Follow-up. **2.** Copies of any lab performed for evaluation of this condition. **3.** Copies of any imaging (CT/MRI, etc.) already performed.	**DEFER** Submit the information to the FAA.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
C. **Primary polydipsia** (dipsogenic or psychogenic) If due to a neurologic condition such as a tumor, infection, stroke, neurosurgery, or head injury, see that condition page.	Submit the following for FAA review: **1.** A **current, detailed Clinical Progress Note** generated from a clinic visit with a board-certified endocrinologist, nephrologist or treating physician no more than **90 days prior** to the AME exam. It must include: • A detailed summary of the history of the condition; including etiology; • Current medications, dosage, and side effects (if any); • Physical exam findings; • Results of any testing performed; • Diagnosis; • Assessment and plan; • Prognosis; and • Follow-up. **2.** Copies of any lab performed for evaluation of this condition. **3.** Copies of any imaging (CT/MRI, etc.) already performed. **Note:** Psychiatric evaluation will be requested if the documents show the condition is psychogenic polydipsia.	**DEFER** Submit the information to the FAA for a possible Special Issuance Annotate (elements or findings) in Block 60.

ENDOCRINE DISORDERS

All Classes

(Updated 09/27/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Acromegaly	Submit all pertinent medical records; current status to include names and dosage of medication(s) and side effects	Requires FAA Decision
Addison's Disease	Submit all pertinent medical records; current status to include names and dosage of medication(s) and side effects	Requires FAA Decision
Cushing's Disease or Syndrome	Submit all pertinent medical records; current status to include names and dosage of medication(s) and side effects	Requires FAA Decision
Hypoglycemia, whether functional or a result of pancreatic tumor	Submit all pertinent medical records; current status to include names and dosage of medication(s) and side effects	Requires FAA Decision
Hyperparathyroidism	Submit all pertinent medical records; current status; include names and dosage of medication(s) and side effects, and current serum calcium and phosphorus levels	If status post-surgery, disease controlled, stable and no sequela - Issue Otherwise - Requires FAA Decision
Hyperthyroidism	Submit all pertinent medical records; current status to include names and dosage of medication(s) and side effects and current TFTs	**Initial Special Issuance** – Requires FAA Decision **Follow-up Special Issuances** – See AASI Protocol
Polycystic Ovarian Syndrome (PCOS)	See PCOS Disposition Table	See Disposition Table
Proteinuria & Glycosuria	Submit all pertinent medical records; current status to include names and dosage of medication(s) and side effects	Trace or 1+ protein and glucose intolerance ruled out - Issue Otherwise - Requires FAA Decision

HYPOPARATHYROIDISM

All Classes
(05/31/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Post-surgical hypoPARAthyroidism hypoPARAthyroidism treated with surgery **six (6) or more** months ago **AND** • Condition resolved • Asymptomatic • No longer requires treatment.	If the AME is able to determine through history and physical exam, the condition has resolved with surgery 6 or more months ago, is asymptomatic, and no longer requires treatment	**ISSUE** Annotate (elements or findings) in Item 60.
B. Post-surgical hypoPARAthyroidism treated with surgery **less** than six (6) months ago OR Treated at any time and remains symptomatic AND/OR Currently requires treatment with medications and/or supplements (e.g., calcium carbonate or calcium citrate)	Submit the following: **1.** A **current, detailed Clinical Progress Note** generated from a clinic visit with the treating SURGEON no more than **90 days before** the AME exam. **2.** It must include: • A detailed summary of the history of the condition; • Current medications, dosage, and side effects (if any); • Physical exam findings; • Results of any testing performed; • Diagnosis; • Assessment and plan; • Prognosis; and • Follow-up. **3.** It must specifically include the indication for surgery and clinical interpretation of lab results below. **4.** Lab performed no more than 90 days before the AME exam to include:	**DEFER** Submit the information to the FAA for a possible Special Issuance Annotate (elements or findings) in Item 60.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	• Basic metabolic panel • Intact PTH • Magnesium • Phosphorus • Total serum or ionized calcium • 25-hydroxy vitamin D **5.** Any other testing already performed or deemed clinically necessary by the treating physician.	
C. **Chronic** hypoPARAthyroidism due to autoimmune or other cause (treated or untreated)	Submit the following: **1.** A **current, detailed Clinical Progress Note** generated from a clinic visit with a board-certified ENDOCRINOLOGIST no more than **90 days before** the AME exam. **2.** It must include: • A detailed summary of the history of the condition; • Current medications, dosage, and side effects (if any); • Physical exam findings; • Results of any testing performed; • Diagnosis; • Assessment and plan; • Prognosis; and • Follow-up. **3.** It must specifically include if any history (or not) of cardiac, renal (including nephrolithiasis) ,or skeletal manifestations; clinical interpretation of lab results below; and a detailed neurological exam. **4.** Lab performed no more than 90 days before the AME exam to include: • Basic metabolic panel • Intact PTH • Magnesium • Phosphorus • Total serum or ionized calcium • 25-hydroxy vitamin D	**DEFER** Submit the information to the FAA for a possible Special Issuance Annotate (elements or findings) in Item 60.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	• 24-hour urine calcium and creatine excretion **5.** Report from renal stone imaging of clinician's choice (to identify presence of stones). **6.** A **current, detailed Clinical Progress Note** generated from a clinic visit with a board-certified OPHTHALMOLOGIST no more than **90 days before** the AME exam. It must include: • A detailed summary of the history of the condition; • Any history of cataracts and/or keratoconjunctivitis • Current medications, dosage, and side effects (if any); • Physical exam findings; • Results of any testing performed; • Diagnosis; • Assessment and plan; • Prognosis; and • Follow-up. **7.** Any other testing already performed or deemed clinically necessary by the treating physician. **Note:** Neuropsychological evaluation that meets FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment **may be required** after review of the submitted information.	

HYPOTHYROID or HYPOTHYROIDISM

(Including Hashimoto's Disease)

All Classes

(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Resolved No treatment required	If the AME is able to determine through history and exam no treatment necessary, no symptoms, and no clinical concern:	**ISSUE** Annotate this information in Block 60.
B. Primary Hypothyroidism	See the CACI - Hypothyroidism Worksheet. This will require a **current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician **no more than 90 days before** the AME exam AND TSH. **Note:** As of 1/25/2023, TSH up to 9.9 can be considered for CACI if other criteria are met.	If the pilot meets **all** CACI worksheet criteria and is otherwise qualified, **ISSUE** **with no time limitation** Annotate the **correct CACI statement** in Block 60 **and keep the required supporting information on file.**
C. Primary Hypothyroidism **Symptomatic** TSH 10 mIU/L or higher **Central Hypothyroidism** (Due to pituitary or hypothalamic disease)	Submit the following for FAA review: 1. A **current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician performed **no more than 90 days before** the AME exam. (Diagnosis of Central Hypothyroidism should be evaluated by an endocrinologist.) It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up. 2. **Lab:** Performed **within 90 days** of the AME exam to include: • Thyroid Stimulating Hormone (**TSH**), and • Any other lab already performed (Ex. T3, Free T4) by the treating physician.	**DEFER** Submit the information to the FAA for a possible Special Issuance.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	3. **Imaging:** Copies of any imaging reports (MRI, CT, ultrasound, X-ray) already performed. • Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. 4. **Any other testing** deemed clinically necessary by the treating physician.	

CACI - Hypothyroidism Worksheet

(Updated 06/28/2023)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second- class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
Treating physician finds the condition stable	[ ] Yes
Symptoms and signs	[ ] None of the following: fatigue, mental status impairment, or symptoms related to pulmonary, cardiac, or visual systems
Acceptable medications	[ ] Levothyroxine sodium (Synthroid, Levothyroid), porcine thyroid (Armour), liothyronine sodium (Cytomel), or liotrix (Thyrolar)
TSH **less than 10** (uIU/mL or mIU/L) within the last one year (10 or higher must be deferred)	[ ] Yes

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified hypothyroidism. (Documents do not need to be submitted to the FAA.)

[ ] Has current OR previous SI/AASI but now CACI qualified hypothyroidism.

[ ] NOT CACI qualified hypothyroidism. I have deferred. (Submit supporting documents.)

GENDER DYSPHORIA

All Classes

(Updated 01/27/2016)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Completed gender reassignment surgery **5 or more years ago** OR Treated with hormone therapy **for 5 or more years**	If there is no evidence of a mental health diagnosis and the airman is doing well on current treatment:	**ISSUE** Annotate Block 60
B. Treated with Hormone therapy* for **less than 5 years** OR Gender reassignment surgery **less than 5 years ago** OR History of a **coexisting mental health concern** OR **History of mental health treatment** such as psychotherapy or medications for any condition other than Gender Dysphoria (Information is required if the airman has ever had a mental health diagnosis [including substance use disorder] or has received treatment for a mental health condition at any time. If treatment was short-term counseling for Gender Dysphoria only, note in Block 60.)	Submit the following to the FAA for review: ☐ A completed FAA Gender Dysphoria Mental Health Status Report or an evaluation from the treating physician, using World Professional Association for Transgender Health guidelines (WPATH), which addresses items listed in the Mental Health Status Report. ☐ Updated evaluations AFTER: • Hormone therapy: If on hormones, a current status report describing the length of time on the medication and side effects, if any. • Surgery: If surgery has been performed within the last one year, a status report from the surgeon or current treating physician showing full release, off any sedation or pain medication, and any surgical complications (e.g., DVT/PE/cardiac, etc.).	**DEFER** Submit the information to the FAA for review. **Follow up Issuance** Will be per the pilots' authorization letter

Notes:

The AME may ISSUE (no further information is needed) if **the pilot**:

- Was evaluated for or diagnosed with Gender Dysphoria and has never undergone treatment (counseling or support group for GD does not require information);
- Has no history of other mental health diagnoses or treatment; and
- Is otherwise qualified
- *Side effects from hormone therapy can be aeromedically significant. The pilot should be warned not to fly per Title 14 CFR 61.53 if they experience medication side effects.

FAA Gender Dysphoria Mental Health Status Report

(Updated 06/24/2020)

Name _____ Birthdate _____

Applicant ID# _____ PI# _____

The following information must be addressed in the treating provider's evaluation. Evaluation should be performed in accordance with a comprehensive mental health assessment following the World Professional Association for Transgender Health (WPATH) guidelines *(Note: Link must be opened in Google Chrome.)*
Submit either this status report sheet* or supporting documentation addressing each item to your AME or to the FAA at:

Federal Aviation Administration
Civil Aerospace Medical Institute, Bldg. 13
Aerospace Medical Certification Division, AAM-300
PO Box 25082
Oklahoma City, OK 73125-9867

1.	I am a board certified psychiatrist or licensed psychologist AND I meet the criteria for a qualified mental health professional" per WPATH (current version) guidelines.	[ ] Yes	[ ] No-explain
2.	This airman meets the DSM-5 diagnostic criteria for Gender Dysphoria and the condition is not secondary to, or better accounted for, by other diagnoses.	[ ] Yes	[ ] No-explain
3.	PSYCHIATRIC HISTORY:		
	Current mental health diagnosis or coexisting mental health concerns….....	[ ] None	[ ] Yes-explain
	Previous mental health diagnosis or coexisting mental health concerns.....	[ ] None	[ ] Yes-explain
	ER visit or hospitalization for any psychiatric illness or condition ever…….....	[ ] None	[ ] Yes-explain
	Any suicide attempt(s) ever.....…….....	[ ] None	[ ] Yes-explain
	Substance Use disorder per DSM-5…… (e.g. alcohol, cannabis, stimulants, hallucinogens, opioids)	[ ] None	[ ] Yes-explain
4.	PSYCHIATRIC TREATMENT: (List start and end dates on each. For medications, also note name, dose, and side effects, if any.)		
	Current use……	[ ] None	[ ] Yes-explain
	Previous use……	[ ] None	[ ] Yes-explain
	Psychotherapy for any condition other than GD (e.g., depression, anxiety) ……	[ ] None	[ ] Yes-explain
	Other treatments (e.g., cognitive therapy, talk therapy, electroconvulsive therapy)	[ ] None	[ ] Yes-explain
5.	CURRENT STATUS: Airman is doing well. There are no mental health concerns. Psychotherapy (if any) is for gender dysphoria only. No other treatment is needed (do not include support group or support group counseling).	[ ] Yes	[ ] No-explain
6.	Any evidence of cognitive dysfunction or is a formal neuropsychological evaluation indicated?	[ ] None	[ ] Yes-explain
7.	Do you have ANY concerns regarding this airman?	[ ] None	[ ] Yes-explain

_____ _____
Treating Provider Signature Date of Evaluation

_____ _____
Name or Office Stamp Phone Number

***For any response which requires further explanation, submit supporting documentation. In some cases, actual records will be required.**

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

All Classes

(Updated 05/25/2022)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
HIV medication taken for long-term prevention or Pre-Exposure Prophylaxis (PrEP) in an HIV negative airman* **Note:** This **does NOT** include use for short-term Post-Exposure Prophylaxis (PEP) - (ex: healthcare exposure.)	Review a current status report from the prescribing physician that verifies: ☐ HIV status is negative; ☐ Appropriate lab studies are being monitored; ☐ Medication is Truvada (tenofovir-emtricitabine), Descovy (emtricitabine and tenofovir alafenamide), or Apretude (cabotegravir); and ☐ No side effects from the medication.	**ISSUE** Note this in Block 60 and submit the initial current status and lab report to FAA for retention in the airman's file. Inform the airman that if they develop any problems with the medication, change in prophylactic medications, or seroconvert to HIV+ status they must report this to the FAA. **For continued certification:** If no change in medication and HIV status remains negative, the AME may issue and note this in Block 60.
Human Immunodeficiency Virus (HIV) Use this disposition if the airman has a history of HIV only.	See HIV Protocol	**DEFER** Requires FAA Decision
Acquired Immunodeficiency Syndrome (AIDS) Use this disposition if the airman has EVER had a history of AIDS.	See HIV Protocol	**DEFER** Requires FAA Decision

NEOPLASMS

All Classes

(Updated 09/27/2017)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Also see: Acoustic Neuroma Colon/ Rectal Cancer and other Abdominal Malignancies G-U System Cancers Kaposi's Sarcoma Leukemias and Lymphomas Malignant Melanomas Eye Tumors		

BREAST CANCER

All Classes

(Updated 09/27/2021)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Non metastatic – treatment completed **5 or more years ago**	If no recurrence, current problems, or ongoing treatment: Continued hormone treatment is allowed (tamoxifen, aromatase inhibitor)	**ISSUE** Summarize this history in Block 60.
B. Non metastatic – treatment completed **Less than 5 years ago**	See CACI worksheet	Follow the CACI – Breast Cancer Worksheet. Annotate Block 60.
C. All others Chemotherapy used Lymph node spread Metastatic disease Stage IA or higher	Submit the following to the FAA for review: ☐ Status report or treatment records from treating oncologist that provides the following information: ○ Initial staging, ○ Disease course including recurrence(s), ○ Location(s) of metastatic disease (if any), ○ Treatments used, ○ How long the condition has been stable, ○ If any upcoming treatment change is planned or expected and prognosis; ☐ Medication list. Dates started and stopped. Description of side effects, if any;	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow up Issuance** Will be per the airman's authorization letter.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	☐ Operative notes and discharge summary (if applicable); ☐ Copies of lab including pathology reports, tumor markers (if already performed by treating physician); Copies of imaging such as mammogram, MRI/CT or PET scan reports that have already been performed. (In some cases, the actual CDs will be required in DICOM format for FAA review).	

CACI – Breast Cancer Worksheet

(Updated 04/27/2022)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second-class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
The pathology showed: Carcinoma in Situ (Tis), Stage 0; Ductal Carcinoma in Situ (DCIS); Lobular Carcinoma in Situ (LCIS); Paget disease of the breast (Tis)	[ ] Yes
The treating physician's current, detailed Clinical Progress Note verifies: • Condition is stable with no spread or reoccurrence and no evidence of disease (NED). • Radiation therapy (if any) is completed • If surgery has been performed, the airman is off all pain medication(s), has made a full recovery, and has been released by the surgeon. • The airman is back to full, unrestricted activities and no new treatment is recommended at this time.	[ ] Yes
Any evidence of: • Stage IA or higher • Invasive or metastatic disease • Use of chemotherapy for this condition at any time	[ ] No
Current medication(s): Approved medications include: tamoxifen (Nolvadex); Aromatase inhibitors: anastrozole (Arimidex), letrozole (Femara), or exemestane (Aromasin)	[ ] None; or [ ] An approved medication that is being well tolerated with no side effects

Notes: If it has been 5 or more years since the airman has had any treatment (surgery or radiation) for this condition,
has no history of metastatic disease, and no reoccurrence, CACI is not required. Note this in Block 60.

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified breast cancer (Documents do not need to be submitted to the FAA.)

[ ] Has current OR previous SI/AASI but now CACI qualified breast cancer.

[ ] NOT CACI qualified breast cancer. I have deferred. (Submit supporting documents.)

POLYCYSTIC OVARIAN SYNDROME (PCOS)

All Classes

(Updated 09/27/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Not requiring medication; treated with lifestyle intervention only	If the AME can determine: • Condition is under control; • No medications used; and • No symptoms that would interfere with flight or safety related duties	**ISSUE** **Annotate** this information in Block 60.
B. Treated with acceptable medication(s).	See the CACI - Polycystic Ovarian Syndrome (PCOS) Worksheet. This will require a current, detailed Clinical Progress Note. If the pilot meets all CACI worksheet criteria and is otherwise qualified:	**ISSUE** with no time limitation Annotate the correct CACI statement in Block 60 and keep the required supporting information on file.
C. All others	Submit the following for FAA review: 1. A **current, detailed Clinical Progress Note** generated from a clinic visit with the treating endocrinologist, OB/GYN, or treating physician **no more than 90 days before** the AME exam. It must include: • A detailed summary of the history of the condition; • Current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan; prognosis; and follow-up. 2. The Clinical Progress Note must specifically include if there is any: • History of obstructive sleep apnea; • Evidence of depression or anxiety as indicated; by current PHQ-9/GAD-7 score); and/or • Evidence of diabetes. 3. Any other testing already completed or deemed necessary by the treating physician.	**DEFER** Submit the information to the FAA for a possible Special Issuance

CACI – Polycystic Ovarian Syndrome (PCOS) Worksheet

(09/27/2023)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the Examiner can issue. Applicants for first or second- class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	**ACCEPTABLE CERTIFICATION CRITERIA**
Treating physician finds the condition: □ Stable on current regimen; □ No side effects from medication; □ Cardiovascular risk factors are controlled; and □ No changes recommended.	[ ] Yes
History of obstructive sleep apnea	[ ] No OR [ ] OSA adequately treated (Applicant has Special Issuance.)
Any Evidence of depression or anxiety (as indicated by current PHQ-9/GAD-7 score)?	[ ] No
Any evidence of diabetes?	[ ] No
Treated with the acceptable medication(s) listed: (May be used in combination)	[ ] YES Indicate which medication(s) used: □ anti-androgen (e.g., finasteride, dutasteride) □ letrozole □ metformin □ oral contraceptive □ spironolactone (7-day wait)

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified Polycystic Ovary Syndrome [PCOS].

[ ] Has current OR previous SI/AASI but now CACI qualified Polycystic Ovary Syndrome [PCOS].

[ ] NOT CACI qualified Polycystic Ovary Syndrome [PCOS]. I have deferred. (Submit supporting documents.)

PREGNANCY

Pregnancy under normal circumstances is not disqualifying. It is recommended that the applicant's obstetrician be made aware of all aviation activities so that the obstetrician can properly advise the applicant. The AME may wish to counsel applicants concerning piloting aircraft during the third trimester. The proper use of lap belt and shoulder harness warrants discussion.

PRIMARY HEMOCHROMATOSIS

All Classes

(Updated 10/27/2021)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Tested and found not to have the disease. Carrier status in the Absence of disease is **not** disqualifying.	No evaluations or follow up needed.	**ISSUE** Summarize this history in Block 60.
B. Asymptomatic	See CACI worksheet	Follow the CACI-Primary Hemochromatosis Worksheet. Annotate Block 60.
C. Symptomatic **OR** Evidence of End Organ Damage **OR** Co-morbid conditions* • Unacceptable medications are used; • Side effects are present; • Phlebotomy performed more than monthly; and/or • Iron overload caused by other mechanisms or diseases (e.g. secondary hemochromatosis	Submit the following to the FAA for review: ☐ **Current evaluation** from a board-certified gastroenterologist, hepatologist, or hematologist which documents course of disease from diagnosis to present; severity of the condition; presence or absence of joint, liver, CNS, endocrine, renal or hematologic disease; pertinent historical lab summary; and evidence of any cognitive changes. Evaluation should document stability, treatment plan, and prognosis. ☐ List of medications and side effects, if any ☐ Current Lab (within the past 90 days) ☐ CBC, serum iron, ferritin level, and transferrin saturation ☐ Comprehensive metabolic panel ☐ Hemoglobin A1c	**DEFER** Submit the information to the FAA for a possible Special Issuance. **Follow up Issuance** will be per the airman's authorization letter.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	☐ TSH ☐ Resting EKG ☐ Echocardiogram ☐ Liver/cardiac imaging and biopsies (only if clinically indicated) ☐ Any other testing clinically indicated	

*__Note__:
Co-morbid conditions for FAA purposes include:

- Arthropathy;
- Cardiomyopathy or other cardiac disease;
- Cirrhosis or other documented hepatic disease;
- CNS disease (including cognitive deficits);
- Endocrine disease including diabetes, hypopituitarism, hypogonadism, or hypothyroidism;
- Kidney disease;
- Polycythemia;
- Myeloproliferative disorders; and/or
- Other condition requiring multiple transfusions

CACI – Primary Hemochromatosis Worksheet

(Updated 04/13/2022)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second-class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
Treating physician finds the condition is: • Stable and asymptomatic; • NOT due to a secondary hemochromatosis; and • No treatment changes recommended	[ ] Yes
Treating physician documents NO evidence of: • Arthropathy; • Cardiomyopathy or other cardiac disease; • Cirrhosis or other hepatic disease; • CNS disease (including cognitive deficits); • Endocrine disease including diabetes; hypopituitarism, hypogonadism, or hypothyroidism; • Kidney disease; • Polycythemia; • Myeloproliferative disorders; and/or • Other condition requiring multiple transfusions	[ ] Yes
Labs (within past 90 days): • Hemoglobin 11 mg/dL or higher • Ferritin level less than or equal to 150	[ ] Yes
Current treatment: Note: Maintain hydration following phlebotomy and no fly for 24 hours. If more than one unit of blood is removed (greater than 500mL), no fly time is 72 hours.	[ ] None or dietary changes OR [ ] Phlebotomy no more frequently than monthly

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified Primary Hemochromatosis

[ ] Has current OR previous SI/AASI but now CACI qualified Primary Hemochromatosis.

[ ] NOT CACI qualified Primary Hemochromatosis. I have deferred. (Submit supporting documents.)

WEIGHT LOSS MANAGEMENT

(Use of Medication for Obesity or Overweight)

All Classes

(09/27/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Treated with lifestyle intervention or acceptable over-the-counter (OTC) medications See Weight Loss Medications	If the AME can determine the condition is: • Under control; • Current medications are acceptable; and • The individual has no symptoms that would interfere with flight duties:	**ISSUE** Annotate this information in Block 60.
B. Treated with ONE diabetic medication **(non-insulin)** component	See the CACI – Weight Loss Management Worksheet. This requires a current, detailed Clinical Progress Note from the treating physician and Hemoglobin A1c lab performed **no more than 90 days before** the AME exam. If the pilot meets all CACI worksheet criteria and is otherwise qualified:	**ISSUE** Annotate the correct CACI statement in Block 60 and keep the required supporting information on file.
C. Treated with TWO (2) or more diabetic medication **(non-insulin)** components **Note:** If the medication is taken for weight loss, and the individual has a diagnosis of diabetes, see www.faa.gov/go/diabetic	Submit either: 1. Weight Loss Management Status Report (The treating physician must clearly **indicate the reason for the medication and if there is any history of diabetes.)** **OR** 2. A **current, detailed Clinical Progress Note** from the treating physician which contains all the required information listed in the above status report. • It must include the **indication for the medication and if there is any history of diabetes or not**; • Hemoglobin A1c lab performed **no more than 90 days before** the AME exam.	**DEFER** Submit the information to the FAA for a possible Special Issuance Annotate (elements or findings) in Block 60.

Note: For Polycystic Ovarian Syndrome (PCOS), see that page.

CACI – Weight Loss Management Worksheet

(Use of Medication for Obesity or Overweight) (Updated 10/25/2023)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the Examiner can issue. Applicants for first or second- class must provide this information annually; applicants for third-class must provide the information with each required exam.

If the applicant has EVER had an A1C OF 6.5% or greater, DO NOT use this CACI.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION
Medication is used for: **Note:** Diabetes in remission (diet-controlled), diabetes treated with medication (including insulin), or diabetes insipidus **DO NOT** qualify for this CACI.	[ ] Weight Loss Management
Treating physician finds the condition is stable and **NONE** of the following are present: • Symptoms or complications associated with diabetes, • Side effects from the medication, • Hypoglycemic events (symptoms or glucose 70 mg/dl or less) which required intervention in the past 12 months	[ ] Yes
ONLY ONE of the medications listed is used: • AME should verify **two-week** observation time after starting for **weight loss**. (See Pharmaceuticals, Weight Loss Medication.) • If using liraglutide or semaglutide, verify no history of substance use disorder, psychosis/psychotic symptoms, suicidal ideation, or self-destructive ideations **at any time.**	[ ] Yes Indicate which **one** medication is used: ☐ metformin **OR** ☐ liraglutide **OR** ☐ semaglutide
Current A1C **Note:** A1C 6.5% or greater is diagnostic for diabetes (ADA).	[ ] Yes to all of the following: ☐ Within last 90 days; ☐ 6.4 mg/dL or LESS; and ☐ **No history ever** of A1C 6.5% or greater

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified weight loss management.

[ ] Has current OR previous SI/AASI but now CACI qualified weight loss management.

[ ] NOT CACI qualified weight loss management. I have deferred. (Submit supporting documents.)

WEIGHT LOSS MANAGEMENT or PREDIABETES STATUS REPORT

(Updated 09/27/2023)

Name _____ Birthdate _____

Applicant ID# _____ PI#_____

Please have the provider who prescribes your medication for weight loss or prediabetes enter the information in the space below. Return the completed status report to your AME to upload into your FAA file.

Reason for taking this medication:

[ ] Prediabetes/hyperglycemia [ ] Weight loss management

Date of last clinical encounter_____

Date of most recent MEDICATION change _____

	A1C	Date
1. Hemoglobin A1C lab value and date?…….. (A1C lab value must be within 90 days of AME exam.)		
2. Any side effects from medications?…….. (If taking GLP-1, verify no psychiatric side effects.)	**NO**	**YES***
3. ANY episode of hypoglycemia in the past year?…….	**NO**	**YES***
4. Does this patient take ANY form of insulin?..……	**NO**	**YES***
5. Any clinical concerns?.....	**NO**	**YES***

6. List ALL current medications (for any condition).

_____

_____

_____

***If any YES answers, please attach narrative, tests, etc**.

_____ _____

Treating Provider Signature Date

_____ _____

Name or Office Stamp Phone Number

Note: If diagnosed with diabetes, see www.faa.gov/go/diabetic.
f taking insulin, see www.faa.gov/go/ITDM

AME OFFICE-REQUIRED ANCILLARY TESTING

Items 49-580 of FAA Form 8500-8

ITEM 49. Hearing

49. Hearing	Record Audiometric Speech Discrimination Score Below
Conversational Voice Test at 6 Feet ☐ Pass ☐ Fail	

I. Code of Federal Regulations

All Classes: 14 CFR 67.105(a)(b)(c), 67.205(a)(b)(c), and 67.305(a)(b)(c)

(a) The person shall demonstrate acceptable hearing by at least one of the following tests:

(1) Demonstrate an ability to hear an average conversational voice in a quiet room, using both ears, at a distance of 6 feet from the AME, with the back turned to the AME.

(2) Demonstrate an acceptable understanding of speech as determined by audiometric speech discrimination testing to a score of at least 70 percent obtained in one ear or in a sound field environment.

(3) Provide acceptable results of pure tone audiometric testing of unaided hearing acuity according to the following table of worst acceptable thresholds, using the calibration standards of the American National Standards Institute, 1969 (11 West 42nd Street, New York, NY 10036):

Frequency (Hz)	500 Hz	1000 Hz	2000 Hz	3000 Hz
Better ear (Db)	35	30	30	40
Poorer ear (Db)	35	50	50	60

(b) No disease or condition of the middle or internal ear, nose, oral cavity, pharynx, or larynx that:

(1) Interferes with, or is aggravated by, flying or may reasonably be expected to do so; or

(2) Interferes with, or may reasonably be expected to interfere with, clear and effective speech communication.

(c) No disease or condition manifested by, or that may reasonably be expected to be manifested by vertigo or a disturbance of equilibrium.

II. Examination Equipment and Techniques

A. Order of Examinations

1. The applicant must demonstrate an ability to hear an average conversational voice in a quiet room, using both ears, at a distance of 6 feet from the AME, with the back turned to the AME.

2. If an applicant fails the conversational voice test, the AME may administer pure tone audiometric testing of unaided hearing acuity according to the following table of worst acceptable thresholds, using the calibration standards of the American National Standards Institute, 1969:

Worse Acceptable Thresholds:

Frequency (Hz)	500 Hz	1000 Hz	2000 Hz	3000 Hz
Better ear (Db)	35	30	30	40
Poorer ear (Db)	35	50	50	60

If the applicant fails an audiometric test and the conversational voice test had not been administered, the conversational voice test should be performed to determine if the standard applicable to that test can be met.

3. If an applicant is unable to pass either the conversational voice test or the pure tone audiometric test, then an audiometric speech discrimination test should be administered. A passing score is at least 70 percent obtained in one ear at an intensity of no greater than 65 Db.

B. Discussion

1. Conversational voice test. For all classes of certification, the applicant must demonstrate hearing of an average conversational voice in a quiet room, using both ears, at 6 feet, with the back turned to the AME. The AME should not use only sibilants (S-sounding test materials). If the applicant is able to correctly repeat the test numbers or words, "pass" should be noted and recorded on FAA Form 8500-8, Item 49. If the applicant is unable to hear a normal conversational voice then "fail" should be marked and one of the following tests may be administered.

2. Standard. For all classes of certification, the applicant may be examined by pure tone audiometry as an alternative to conversational voice testing or upon failing the conversational voice test. If the applicant fails the pure tone audiometric test and has not been tested by conversational voice, that test may be administered. The requirements expressed as audiometric standards according to a table of acceptable thresholds (American National Standards Institute [ANSI], 1969, calibration) are as follows:

EAR (All classes of medical certification)

Frequency (Hz)	500 Hz	1000 Hz	2000 Hz	3000 Hz
Better ear (Db)	35	30	30	40
Poorer ear (Db)	35	50	50	60

3. Audiometric Speech Discrimination. Upon failing both conversational voice and pure tone audiometric test, an audiometric speech discrimination test should be administered (usually by an otologist or audiologist). The applicant must score at least 70 percent at intensity no greater than 65 Db in either ear.

C. Equipment

1. Approval. The FAA does not approve or designate specific audiometric equipment for use in medical certification. Equipment used for FAA testing must accurately and reliably cover the required frequencies and have adequate threshold step features. Because every audiometer manufactured in the United States for screening and diagnostic purposes is built to meet appropriate standards, most audiometers should be acceptable *if they are maintained in proper calibration* and are used in an adequately quiet place.

2. Calibration. It is critical that any audiometer be periodically calibrated to ensure its continued accuracy. Annual calibration is recommended. Also recommended is the further safeguard of obtaining an occasional audiogram on a "known" subject or staff member between calibrations, especially at any time that a test result unexpectedly varies significantly from the hearing levels clinically expected. This testing provides an approximate "at threshold" calibration. The AME should ensure that the audiometer is calibrated to ANSI standards or if calibrated to the older ASA/USASI standards, the appropriate correction is applied (see paragraph 3 below).

3. ASA/ANSI. Older audiometers were often calibrated to meet the standards specified by the USA Standards Institute (USASI), formerly the American Standards Association (ASA). These standards were based upon a U.S. Public Health Service survey. Newer audiometers are calibrated so that the zero-hearing threshold level is now based on laboratory measurements rather than on the survey. In 1969, the American National Standards Institute (ANSI) incorporated these new measurements. Audiometers built to this standard have instruments or dials that read in ANSI values. For these reasons, *it is very important that every audiogram submitted (for values reported in Item 49 on FAA Form 8500-8) include a note indicating whether it is ASA or ANSI.* Only then can the FAA standards be appropriately applied. ASA or USASI values can be converted to ANSI by adding corrections as follows:

Conversion ASA or USASI to ANSI

Frequency (Hz)	500 Hz	1000 Hz	2000 Hz	3000 Hz
Decibels Added*	14	10	8.5	8.5

* The decibels added figure is the amount added to ASA or USASI at each specific frequency to convert to ANSI or older equivalent ISO values.

III. Aerospace Medical Disposition

1. Special Issuance of Medical Certificates. Applicants who do not meet the auditory standards may be found eligible for a SODA. An applicant seeking a SODA must make the request in writing to the Aerospace Medicine Certification Division, AAM-300. A determination of qualifications will be made on the basis of a special medical examination by an ENT consultant, a MFT, or operational experience.

2. Bilateral Deafness. See Items 25-30. If otherwise qualified, when the student pilot's instructor confirms the student's eligibility for a private pilot checkride, the applicant should submit a written request to the AMCD for an authorization for a MFT. This test will be given by an FAA inspector in conjunction with the checkride. If the applicant successfully completes the test, the FAA will issue a third-class medical certificate and SODA. Pilot activities will be restricted to areas in which radio communication is not required.

3. Hearing Aids. If the applicant requires the use of hearing aids to meet the standard, issue the certificate with the following restriction:

   VALID ONLY WITH USE OF HEARING AMPLIFICATION

   Some pilots who normally wear hearing aids to assist in communicating while on the ground report that they elect not to wear them while flying. They prefer to use the volume amplification of the radio headphone. Some use the headphone on one ear for radio communication and the hearing aid in the other for cockpit communications.

ITEMS 50-54. Vision Testing

(Updated 12/28/2022)

Visual Acuity Standards:

- As listed below or better;
- Each eye separately;
- Snellen equivalent; and
- With or without correction. If correction is used, it should be noted, and the correct limitation applied.

	First or Second Class	Third Class
Distant Vision	**20/20**	20/40
Near Vision Measured at 16 inches	20/40	20/40
Intermediate Vision Measured at 32 inches; Age 50 and over only	20/40	No requirement

ITEM 50. Distant Vision

(Updated 12/28/2022)

I. Code of Federal Regulations

First- and Second-Class: 14 CFR 67.103(a) and 67.203(a)

(a) Distant visual acuity of 20/20 or better in each eye separately, with or without corrective lenses. If corrective lenses (spectacles or contact lenses) are necessary for 20/20 vision, the person may be eligible only on the condition that corrective lenses are worn while exercising the privileges of an airman certificate

Third-Class: 14 CFR 67.303(a)

(a.) Distant visual acuity of 20/40 or better in each eye separately, with or without corrective lenses. If corrective lenses (spectacles or contact lenses) are necessary for 20/40 vision, the person may be eligible only on the condition that corrective lenses are worn while exercising the privileges of an airman certificate.

II. Examination Equipment and Techniques

Note: If correction is required to meet standards, only corrected visual acuity needs to be tested and recorded. Remember to apply the vision limitation to the medical certificate.

Equipment:

1. Snellen 20-foot eye chart may be used as follows:

    a. The Snellen chart should be placed 4 feet in front of and slightly above the chart and illuminated by a 100-watt incandescent lamp equivalent (approximately 1600 lumens).

    b. The chart or screen should be placed 20 feet from the applicant's eyes and the 20/20 line should be placed 5 feet 4 inches above the floor.

    c. A metal, opaque plastic, or cardboard occluder should be used to cover the eye not being examined.

    d. The examining room should be darkened except for the illuminated chart or screen.

    e. If the applicant wears corrective lenses, only the corrected acuity needs to be checked and recorded. If the applicant wears contact lenses, see Items 31–34. Eye - Contact Lenses.

    f. Common errors:

        1. Failure to shield the applicant's eyes from extraneous light.

        2. Permitting the applicant to view the chart with both eyes.

        3. Failure to observe the applicant's face to detect squinting.

        4. Incorrect sizing of projected chart letters for a 20-foot distance.

        5. Failure to focus the projector sharply.

        6. Failure to obtain the corrected acuity when the applicant wears glasses.

2. Acceptable Substitutes for Distant Vision Testing: Any commercially available visual acuities and heterphoria testing devices.

3. Directions furnished by the manufacturer or distributor should be followed when using the acceptable substitute devices for the above testing.

Examination Techniques:

1. Each eye will be tested separately, and both eyes together.

III. Aerospace Medical Disposition

A. For all classes of medical certificate, when corrective lenses are required to meet any of the visual acuity standards, the AME must add the following limitation to the medical certificate:

Must Use Corrective Lens(es) to meet vision standards at all required distances*

Note: As of 12/28/2022 the single, simplified visual acuity limitation replaces previous visual acuity limitations.

B. An applicant who does not meet the vision standards or has an ocular muscle balance problem will require either a SODA or Special Issuance (SI) to cover the extent of the visual acuity defect.

C. To be considered for a SODA or SI, a current, detailed Clinical Progress Note from an eye specialist (optometrist or ophthalmologist) is required. It should specifically include the diagnosis; best corrected visual acuity in each eye separately, and both eyes together; must detail any pathology noted; if the condition(s) require(s) treatment; or expected to progress.

D. Any applicant eligible for a medical certificate through special issuance under these guidelines must pass a MFT, which may be arranged through the appropriate agency medical authority.

E. Amblyopia. In amblyopia ex anopsia, the visual acuity of one eye is decreased without presence of organic eye disease, usually because of strabismus or anisometropia in childhood. In amblyopia ex anopsia, the visual acuity loss is recorded in Item 50 of FAA form 8500-8, and visual standards are applied as usual. If the standards are not met, a current, detailed Clinical progress note (described above) or report of eye evaluation, FAA Form 8500-7, is required for consideration.

ITEM 51.a. Near Vision

ITEM 51.b. Intermediate Vision

Visual Acuity Standards:

- As listed below or better;
- Each eye separately;
- Snellen equivalent; and
- With or without correction. If correction is used, it should be noted, and the correct limitation applied.

	First or Second Class	Third Class
Near Vision Measured at 16 inches	20/40	20/40
Intermediate Vision Measured at 32 inches; Age 50 and over only	20/40	No requirement

I. Code of Federal Regulations

First- and Second Classes: 14 CFR 67.103(b) and 67.203(b)

(b) Near vision of 20/40 or better, Snellen equivalent, at 16 inches in each eye separately, with or without corrective lenses. If age 50 or older: Near vision of 20/40 or better, Snellen equivalent, at both 16 inches **and** 32 inches in each eye separately, with or without corrective lenses.

Third-Class: 14 CFR 67.303(b)

(b) Near vision of 20/40 or better, Snellen equivalent, at 16 inches in each eye separately, with or without corrective lenses.

II. Equipment and Examination Techniques

Note: If correction is required to meet standards, only corrected visual acuity needs to be tested and recorded and the vision limitation must be applied.

Equipment:

1. FAA Form 8500-1, Near Vision Acuity Test Chart, dated April 1993.
2. For testing near at 16 inches and intermediate at 32 inches, acceptable substitutes: Any commercially available visual acuities and heterophoria testing devices. For testing of intermediate vision, some equipment may require additional apparatus.

Examination Techniques:

1. Near visual acuity and intermediate visual acuity, if the latter is required, are determined for each eye separately and for both eyes together. If the applicant needs glasses to meet visual acuity standards, the findings are recorded, and the certificate appropriately limited. If an applicant has no lenses that bring intermediate and/or near visual acuity to the required standards, or better, in each eye, no certificate may be issued. Refer the applicant to an eye specialist for appropriate visual evaluation and correction.

2. FAA Form 8500-1, Near Vision Acuity Test Chart, dated April 1993, should be used as follows:

    a. The examination is conducted in a well-lighted room with the source of light behind the applicant.
    b. The applicant holds the chart 16 inches (near) and 32 inches (intermediate) from the eyes in a position that will provide uniform illumination. To ensure that the chart is held at exactly 16 inches or 32 inches from the eyes, a string of that length may be attached to the chart.
    c. Each eye is tested separately, with the other eye covered. Both eyes are then tested together.
    d. The smallest type correctly read with each eye separately and both eyes together is recorded in linear value. In performing the test using FAA Form 8500-1, the level of visual acuity will be recorded as the line of smallest type the applicant reads accurately. The applicant should be allowed no more than two misread letters on any line.
    e. Common errors:
        1. Inadequate illumination of the test chart.
        2. Failure to hold the chart the specified distance from the eye.
        3. Failure to ensure that the untested eye is covered.
    f. Practical Test. The bottom of FAA Form 8500-1 has a section for Aeronautical Chart Reading. Letter types and charts are reproduced from aeronautical charts in their actual size.
    This may be used when a borderline condition exists at the certifiable limits of an applicant's vision. If successfully completed, a favorable certification action may be taken.

3. Acceptable substitute equipment may be used. Directions furnished by the manufacturer or distributor should be followed when using the acceptable substitute devices for the above testing.

III. Aerospace Medical Disposition (Updated 12/28/2022)

For any class of medical certificate, when corrective lenses are required to meet any part or combination of visual acuity standards, the AME must add the following limitation to the medical certificate:

Must Use Corrective Lens(es) to meet vision standards at all required distances

Note: As of 12/28/2022 the single, simplified visual acuity limitation replaces previous visual acuity limitations.

Contact lenses that correct **only** for near or intermediate visual acuity are not acceptable for aviation duties.

ITEM 52. Color Vision

(Updated 05/31/2023)

52. Color Vision
☐ Pass
☐ Fail

I. Code of Federal Regulations

First- and Second-Classes: 14 CFR 67.103(c) and 67.203(c)

(c) Color vision: Ability to perceive those colors necessary for the safe performance of airman duties.

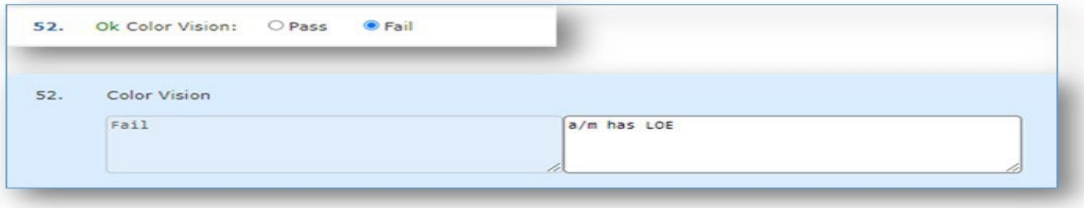
Third-Class: 14 CFR 67.303(c)

(c) Color vision: Ability to perceive those colors necessary for the safe performance of airman duties.

II. Examination Equipment and Techniques

TESTS APPROVED FOR AIRMEN <u>ARE NOT</u> ALL ACCEPTABLE FOR AIR TRAFFIC CONTROLLERS (ATCS - FAA employee 2152 series and contract tower air traffic controllers). **For ATCS color vision criteria**, see Acceptable Test Instruments for Color Vision Screening of ATCS chart at the end of this section or contact a Regional Flight Surgeon.

Note: If the airman fails acceptable color vision tests, then obtains an LOE or SODA - check fail and add airman has LOE. If they pass any acceptable color vision test - mark pass.



ACCEPTABLE TEST INSTRUMENTS FOR COLOR VISION SCREENING – PILOTS

(Updated 01/31/2024)

COMPUTERIZED COLOR VISION TESTS:

The following are approved computerized color vision tests for FAA medical certification purposes.

- Follow the manufacturer's guidelines to administer.
- Record **test name and all required scores** in Item 59.
- If applicable, upload computer-generated printout into AMCS as: **Eyes-Color Vision Test**.

TEST	MINIMUM NUMBER CORRECT TO PASS
City Occupational Colour Assessment & Diagnosis (CAD; AVOT-PRO-US) Colour Assessment & Diagnosis (city-occupational.co.uk) ▪ Version - Certification: "Environment and Aviation (Commercial)." ▪ If passes FAST version, no further testing is needed for color. ▪ If fails FAST version, the full definitive CAD must be completed.	Score must be: **RED GREEN (RG):** Less than 12 **AND** **YELLOW BLUE (YB)** - less than 2.4 **NOTE:** An RG score of less than 1.7 indicates Normal. Less than 6 indicates Deutan; and less than 12 indicates Protan.
Rabin Cone Test (RCCT) **Air Force/Army/Navy/Coast Guard Version** ▪ Test each eye separately. ▪ Staircase version allowed.	Score must be **75 or higher** for **EACH** color: **RED** **GREEN** **BLUE**
Waggoner Computerized Color Vison Test* ▪ Windows: Waggoner CCVT (WCCVT) – Waggoner Diagnostics ▪ iOS: Waggoner CCVT on the App Store (apple.com) ▪ Android: Waggoner CCVT ***What is tested in each section:** Section 1: General screening for Protan (red) and Deutan (green) deficiency. Section 2: Genetic and acquired deficiencies. Section 3: Quantifies Protan (red) deficiency. Section 4: Quantifies Deutan (green) deficiency. Section 5: D-15 N/A for FAA purposes. **NOTE:** If applicant does not pass Section 1, Section 3, and 4 will be automatically given.	Score must be: General - 21 or higher (of 25); **AND** Tritan - 10 or higher (of 12) **OR** Protan - 20 or higher (of 32); **AND** Deutan - 20 or higher (of 32); **AND** Tritan - 10 or higher (of 12)

PSEUDOISOCHROMATIC PLATES:

The following are approved pseudoisochromatic plates color vision tests for FAA medical certification purposes.

- Test book should be held 30'' from applicant.
- Plates should be illuminated by at least 20' candles, preferably by a Macbeth Easel Lamp or a Verilux True Color Light (F15T8VLX).
- Only three seconds are allowed for the applicant to interpret and respond to a given plate.
- See Color Vision Dispositions for scoring information.

EQUIPMENT	EDITION	PLATES
American Optical Company [AOC]	1965	1-15
AOC-HRR	2nd	1-11
Richmond-HRR	4th	5-24
Dvorine	2nd	1-15
Ishihara	14 Plate	1-11
	24 Plate	1-15
	38 Plate	1-21
Richmond, 15 plates	1983	1-15

ADDITIONAL ACCEPTABLE TESTS:

May be used following the directions accompanying the instruments.

Farnsworth Lantern;
OPTEC 900 Color Vision Test;
Keystone Orthoscope;
Keystone Telebinocular;
OPTEC 2000 Vision Tester (Model Nos. 2000 PM, 2000 PAME, and 2000 PI) - Tester MUST contain 2000-010 FAR color perception PIP plate to be approved;
OPTEC 2500;
Titmus Vision Tester;
Titmus i400.

III. Aerospace Medical Disposition

TESTS APPROVED FOR AIRMEN ARE NOT ALL ACCEPTABLE FOR AIR TRAFFIC CONTROLLERS (ATCS - FAA employee 2152 series and contract tower air traffic controllers). For **ATCS color vision criteria**, see Acceptable Test Instruments for Color Vision Screening of ATCS chart at the end of this section or contact a Regional Flight Surgeon.

The following criteria apply **TO PILOTS ONLY:**

An applicant meets the color vision standard if he/she passes any of the color vision tests listed in Examination Techniques, Item 52. Color Vision. If an applicant fails any of these tests, inform the applicant of the option of taking any of the other acceptable color vision tests listed in Item 52. Color Vision

Examination Equipment and Techniques before requesting the Specialized Operational Medical Tests in Section D below.

Inform the applicant that if he/she takes and fails any component of the Specialized Operational Medical Tests in Section D, then he/she will not be permitted to take any of the remaining listed office-based color vision tests in Examination Techniques, Item 52. Color Vision as an attempt to remove any color vision limits or restrictions on their airman medical certificate. That pathway is no longer an option to the airman, and no new result will be considered.

An applicant does not meet the color vision standard if testing reveals:

A. All Classes (Updated 05/31/3023)

1. AOC (1965 edition) pseudoisochromatic plates: seven or more errors on plates 1-15.
2. AOC-HRR (second edition): Any error in test plates 7-11. Because the first 4 plates in the test book are for demonstration only, test plate 7 is actually the eleventh plate in the book. (See instruction booklet.)
3. Dvorine pseudoisochromatic plates (second edition, 15 plates): seven or more errors on plates 1-15.
4. Ishihara pseudoisochromatic plates: Concise 14-plate edition: six or more errors on plates 1-11; the 24-plate edition: seven or more errors on plates 1-15; the 38-plate edition: nine or more errors on plates 1-21.
5. Richmond (1983 edition) pseudoisochromatic plates: seven or more errors on plates 1-15.
6. OPTEC 900 Vision Tester and Farnsworth Lantern test: an average of more than one error per series of nine color pairs in series 2 and 3. (See instruction booklet.)
7. Titmus Vision Tester, Titmus i400, OPTEC 2000 Vision Tester, Keystone Orthoscope, or Keystone View Telebinocular: any errors in the six plates.
8. Richmond-HRR, 4th edition: two or more errors on plates 5-24. Plates 1-4 are for demonstration only; plates 5-10 are screening plates; and plates 11-24 are diagnostic plates.
9. Approved computerized tests - for score criteria, see information table.

B. Certificate Limitation. If an applicant fails to meet the color vision standard as interpreted above, but is otherwise qualified, the AME must issue a medical certificate bearing the limitation:

NOT VALID FOR NIGHT FLYING OR BY COLOR SIGNAL CONTROL

C. The color vision screening tests above (Section A) are not to be used for the purpose of removing color vision limits/restrictions from medical certificates of airmen who have failed the Specialized Operational Medical Tests below (Section D). See bold paragraph in the introduction of this section (above).

D. Specialized Operational Medical Tests for Applicants Who Do Not Meet the Standard. Applicants who fail the color vision screening test as listed but desire an airman medical certificate without the color vision limitation, may be given, upon request, an opportunity to take and pass additional operational color perception tests. If the airman passes the operational color vision perception test(s), then he/she will be issued a Letter of Evidence (LOE).

- The operational tests are determined by the class of medical certificate requested. The request should be in writing and directed to AMCD or RFS. See NOTE for description of the operational color perception tests.

- Applicants for a third-class medical certificate need only take the Operational Color Vision Test (OCVT).

- The applicant is permitted to take the OCVT only once during the day. If the applicant fails, he/she may request to take the OCVT at night. If the applicant elects to take the OCVT at night, he/she may take it only once.

- For an upgrade to first- or second-class medical certificate, the applicant must first pass the OCVT during daylight and then pass the color vision Medical Flight Test

  (MFT). If the applicant fails the OCVT during the day, he/she will not be allowed to apply for an upgrade to First- or Second-Class certificate. If the applicant fails the color vision MFT, he/she is not permitted to upgrade to a first- or second-class certificate.

E. An LOE may restrict an applicant to a third-class medical certificate. Airmen shall not be issued a medical certificate of higher class than indicated on the LOE. Exercise care in reviewing an LOE before issuing a medical certificate to an airman.
F. Color Vision Correcting Lens (e.g., X-Chrom). Such lenses are unacceptable to the FAA as a means for correcting a pilot's color vision deficiencies.

G. Any tests not specifically listed above are unacceptable methods of testing for FAA medical certificate. Examples of unacceptable tests include, but are not limited to:

UNACCEPTABLE TESTING FOR COLOR VISION (Updated 05/31/2023)**:**

- The OPTEC 5000 Vision Tester (color vision portion)
- Farnsworth Lantern Flashlight aka Farnsworth Flashlight
- Farnsworth D-15
- “Yarn tests”
- AME-administered aviation Signal Light Gun Test (AME office use is prohibited.)

- Except for the acceptable computerized tests listed in Examination and Techniques**,** Web-based color vision applications, downloads, or printed versions of color vision tests are also prohibited. Examiners must use **actual and specific color vision plates and testing machinery** for applicant evaluations.

NOTE: An applicant for a third-class airman medical certificate who has defective color vision and desires an airman medical certificate without the color vision limitation must demonstrate the ability to pass an Operational Color Vision Test (OCVT) during the day. The OCVT consists of the following:

1. A Signal Light Test (SLT): Identify in a timely manner aviation red, green, and white
2. Aeronautical chart reading: Read and correctly interpret in a timely manner aeronautical charts including print in various sizes, colors, and typefaces; conventional markings in several colors; and terrain colors.

An applicant for a first- or second- class airman medical certificate who has defective color vision and desires an airman medical certificate without the color vision limitation must first demonstrate the ability to pass the OCVT during the day (as above) and then must pass a color vision Medical Flight Test (MFT). The color vision MFT is performed in the aircraft, including in-flight testing. It consists of the following:

1. Read and correctly interpret in a timely manner aviation instruments or displays
2. Recognize terrain and obstructions in a timely manner
3. Visually identify in a timely manner the location, color, and significance of aeronautical lights such as, but not limited to, lights of other aircraft in the vicinity, runway lighting systems, etc.

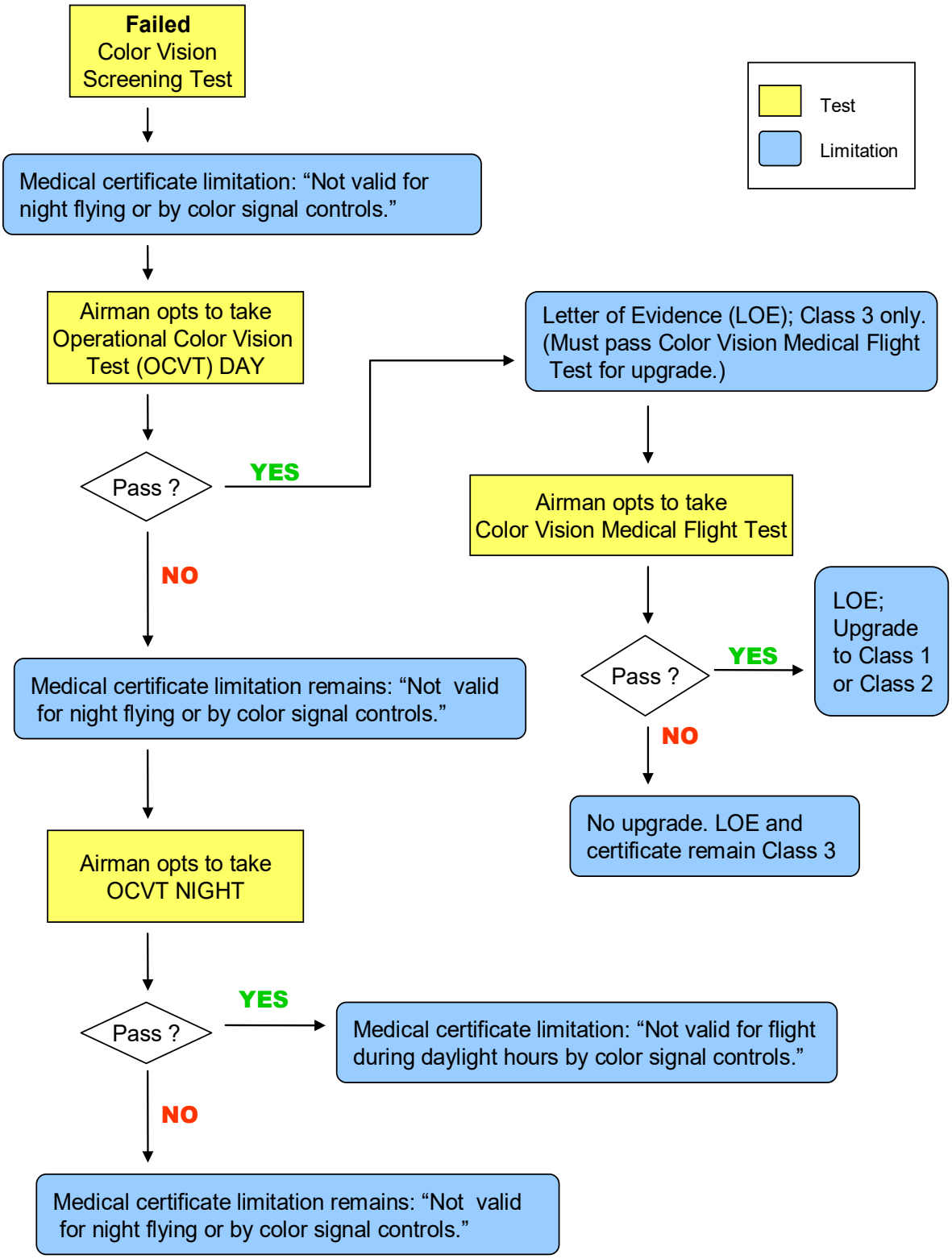
Applicants who take and pass both the OCVT during the day and the color vision MFT will be given a letter of evidence (LOE) valid for all classes of medical certificates and will have no limitation or comment made on the certificate regarding color vision as they meet the standard for all classes. Applicants who take and pass only the OCVT during the day will be given an LOE valid only for third-class medical certificate.

An applicant who fails the SLT portion of the OCVT during daylight hours may repeat the test at night. Should the airman pass the SLT at night, the restriction:

NOT VALID FOR FLIGHT DURING DAYLIGHT HOURS BY COLOR SIGNAL CONTROL

will be placed on the replacement medical certificate. The airman must have taken the daylight hours test first and failed prior to taking the night test.

Color Vision Testing Flowchart



ACCEPTABLE TEST INSTRUMENTS FOR COLOR VISION SCREENING OF ATCS

(FAA EMPLOYEE 2152 SERIES and CONTRACT TOWER ATCS)

(Updated 01/31/2024)

COMPUTER-BASED TESTS:

The following are approved computerized color vision tests for FAA medical certification purposes.

- Follow the manufacturer's guidelines to administer.
- Record **test name and all required scores** in Item 59.
- If applicable, upload computer-generated printout into AMCS as: **Eyes-Color Vision Test**.

TEST	MINIMUM NUMBER CORRECT TO PASS
City Occupational Colour Assessment & Diagnosis (CAD; AVOT-PRO-US) Colour Assessment & Diagnosis (city-occupational.co.uk) ▪ Version - Certification: "Environment and Aviation (Commercial)." ▪ If passes FAST version, no further testing is needed for color. ▪ If fails FAST version, the full definitive CAD must be completed.	Score must be: **RED GREEN (RG):** Less than 12* **AND** **YELLOW BLUE (YB)** - less than 2.4 *Normal - less than 1.7; **OR** Deutan - less than 6; **OR** Protan - less than 12. **NOTE:** An RG score of less than 1.7 indicates Normal. Less than 6 indicates Deutan; and less than 12 indicates Protan.
Rabin Cone Test (RCCT) **Air Force/Army/Navy/Coast Guard Version** ▪ Test each eye separately. ▪ Staircase version allowed.	Score must be **75 or higher** for **EACH** color: **RED** **GREEN** **BLUE**
Waggoner Computerized Color Vison Test* ▪ Windows: Waggoner CCVT (WCCVT) – Waggoner Diagnostics ▪ iOS: Waggoner CCVT on the App Store (apple.com) ▪ Android: Waggoner CCVT ***What is tested in each section:** Section 1: General screening for Protan (red) and Deutan (green) deficiency. Section 2: Genetic and acquired deficiencies. Section 3: Quantifies Protan (red) deficiency. Section 4: Quantifies Deutan (green) deficiency. Section 5: D-15 N/A for FAA purposes. **NOTE:** If applicant does not pass Section 1, Section 3, and 4 will be automatically given.	Score must be: General - 21 or higher (of 25); **AND** Tritan - 10 or higher (of 12) **OR** Protan - 20 or higher (of 32); **AND** Deutan - 20 or higher (of 32); **AND** Tritan - 10 or higher (of 12)

ADDITIONAL ACCEPTABLE TESTS:

TESTS	DOES NOT MEET THE STANDARD (FAILS) IF:	SUPPLIER
Richmond-HRR, 4th edition	Any error on plates 5-10	Richmond Products
All Ishihara test plates approved for airmen:		Ishihara
14-Plate (plates 1-11)	More than 6 errors on plates 1-11	
24-Plate (plates 1-15)	More than 2 errors on plates 1-15	
38-Plate (plates 1-21)	More than 4 errors on plates 1-21	
Keystone View Telebinocular	No errors on the 6 total trials on plates 4 and 5	Keystone View
Titmus testers approved for airmen: Titmus	Any errors on any of the 6 plates	Titmus
OPTEC 2000	Any errors on any of the 6 Stereo Optical Co., Inc., plates	Stereo Optical Co., Inc.
AOC-HRR, 2nd, 1-11	Any errors on plates 5-10	Richmond Products
Dvorine 2nd Edition	More than 2 errors on plates 1-15	Richmond Products

SPECIAL INSTRUCTIONS	
Test Administration	The AME must document the color vision test instrument used, version, answer sheet with the actual subject responses and the score. If MEDExpress is used the AME should fax or mail the results to the Flight Surgeon or may document the findings in Block 60.
AME Office Inspection	AME office inspections: The inspector must visually inspect the condition of the color vision test instrument, for fading, fingerprints, pen, or pencil smudges; and lights used. Only a Macbeth Easel or a Verilux True Daylight Illuminator (F15T8VLX) are acceptable. Room lights must be off.
False Negatives	Any test device with a restricted test set, like the Titmus testers, generally have a high false alarm test. If a disproportionally high number of subjects are failing, it may be necessary to review the acceptability of that test instrument. Regional Medical Offices are expected to monitor this situation.

UNACCEPTABLE TEST INSTRUMENTS FOR COLOR VISION SCREENING OF ATCS
(FAA EMPLOYEE 2152 SERIES and CONTRACT TOWER ATCSs

AOC-PIP	Mast	Stereo-Optic
Bausch & Lomb Vision Tester	OPTEC 900, 2500*, 5000*	Titmus i400*
D-15	Prism	Vision Chart - color letters
FALANT	Richmond-HRR Versions 2 and 3	
H-O Chart	Schilling	

Except for the computerized tests listed, any computer applications, downloaded, or printed versions of color vision tests are prohibited.

ITEM 53. Field of Vision

53. Field of Vision
☐ Normal
☐ Abnormal

I. Code of Federal Regulations

First- and Second-Classes: 14 CFR 67.103(d) and 67.203(d)

(d) Field of Vision: Normal

Third-Class: 14 CFR 67.303(d)

(d) Field of Vision: No acute or chronic pathological condition of either eye or adnexa
that interferes with the proper function of an eye, that may reasonably be expected to progress to that degree, or that may reasonably be expected to be aggravated by flying.

II. Examination Equipment and Techniques

1. Fifty-inch square black matte surface wall target with center white fixation point;
   2-millimeter white test object on black-handled holder:

    1. The applicant should be seated 40 inches from the target.

    2. An occluder should be placed over the applicant's right eye.

    3. The applicant should be instructed to keep the left eye focused on the fixation point.

    4. The white test object should be moved from the outside border of the wall target toward the point of fixation on each of the eight 4-degree radials.

    5. The result should be recorded on a worksheet as the number of inches from the fixation point at which the applicant first identifies the white target on each radial.

    6. The test should be repeated with the applicant's left eye occluded and the right eye focusing on the fixation point.

2. Alternative Techniques:

    a. A standard perimeter may be used in place of the above procedure. With this method, any significant deviation from normal field

configuration will require evaluation by an eye specialist.

b. Direct confrontation. This is the least acceptable alternative since this tests for peripheral vision and only grossly for field size and visual defects. The AME, standing in front of the applicant, has the applicant look at the AME's nose while advancing two moving fingers from slightly behind and to the side of the applicant in each of the four quadrants. Any significant deviation from normal requires ophthalmological evaluation.

III. Aerospace Medical Disposition

1. Ophthalmological Consultations.

If an applicant fails to identify the target in any presentation at a distance of less than 23 inches from the fixation point, an eye specialist's evaluation must be requested. This is a requirement for all classes of certification. The AME should provide FAA Form 8500-14, Ophthalmological Evaluation for Glaucoma, for use by the ophthalmologist if glaucoma is suspected.

2. Glaucoma.

The FAA may grant an Authorization under the special issuance section of part 67 (14 CFR 67.401) on an individual basis. The AME can facilitate FAA review by obtaining a report of Ophthalmological Evaluation for Glaucoma (FAA Form 8500-14) from a treating or evaluating ophthalmologist.

NOTE: See AASI for History of Glaucoma

If considerable disturbance in night vision is documented, the FAA may limit the medical certificate: NOT VALID FOR NIGHT FLYING

3. Other Pathological Conditions.

See **Items 31-34.**

ITEM 54. Heterophoria

54. Heterophoria 20' (in prism diopters)	Esophoria	Exophoria	Right Hyperphoria	Left Hyperphoria

I. Code of Federal Regulations

First- and Second Classes: 14 CFR 67.103(f) and 67.203(f)

(f) Bifoveal fixation and vergence-phoria relationship sufficient to prevent a break in

fusion under conditions that may reasonably be expected to occur in performing airman duties. Tests for the factors named in this paragraph are not required except for persons found to have more than 1 prism diopter of hyperphoria, 6 prism diopters of esophoria, or 6 prism diopters of exophoria. If any of these values are exceeded, the Federal Air Surgeon may require the person to be examined by a qualified eye specialist to determine if there is bifoveal fixation and an adequate vergence-phoria relationship. However, if otherwise eligible, the person is issued a medical certificate pending the results of the examination.

Third-Class: No Standards

II. Examination Equipment and Techniques

Equipment:

1. Red Maddox rod with handle.
2. Horizontal prism bar with graduated prisms beginning with one prism diopter and increasing in power to at least eight prism diopters.
3. Acceptable substitutes: Any commercially available visual acuities and heterophoria testing devices.

There are specific approved substitute testers for color vision, which may not include some commercially available vision testing machines. For an approved list, See Item, 52. Color Vision.

Examination Techniques:

Test procedures to be used accompany the instruments. If the AME needs specific instructions for use of the horizontal prism bar and red Maddox rod, these may be obtained from a RFS.

III. Aerospace Medical Disposition

1. First- and second-class: If an applicant exceeds the heterophoria standards (1 prism diopter of hyperphoria, 6 prism diopters of esophoria, or 6 prism diopters of exophoria), but shows no evidence of diplopia or serious eye pathology and all other aspects of the examination are favorable, the AME should not withhold or deny the medical certificate. The applicant should be advised that the FAA may require further examination by a qualified eye specialist.

2. Third-class: Applicants for a third-class certificate are not required to undergo heterophoria testing. However, if an applicant has strabismus or a history of diplopia, the AME should defer issuance of a certificate and forward the application to the AMCD. If the applicant wishes further consideration, the AME can help expedite FAA review by providing the applicant with a copy of FAA Form 8500-7, Report of Eye Evaluation.

ITEM 55. Blood Pressure

(Updated 10/28/2015)

55. Blood Pressure	Systolic	Diastolic
(Sitting mm of Mercury)		

I. Code of Federal Regulations

All Classes: 14 CFR 67.113(b)(c), 67.213(b)(c), and 67.313(b)(c)

(b). No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds -

(1). Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2). May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

(c). No medication or other treatment that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the medication or other treatment involved finds -

(1). Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2). May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

Measurement of blood pressure is an essential part of the FAA medical certification examination. The average blood pressure while sitting should not exceed 155 mm mercury systolic and 95 mm mercury diastolic maximum pressure for all classes. A medical assessment is specified for all applicants who need or use antihypertensive medication to control blood pressure. (See Section III. B. below.)

II. Examination Techniques

In accordance with accepted clinical procedures, routine blood pressure should be taken with the applicant in the seated position. An applicant should not be denied or deferred first-, second-, or third-class certification unless subsequent recumbent blood pressure readings exceed those contained in this Guide. Any conditions that may adversely affect the validity of the blood pressure reading should be noted.

III. Aerospace Medical Disposition

A. Examining Options

1. An applicant whose pressure does not exceed 155 mm mercury systolic and 95 mm mercury diastolic maximum pressure, who has not used antihypertensive medication for 30 days, and who is otherwise qualified should be issued a medical certificate by the AME.

2. If the airman's blood pressure is elevated in clinic, you have any of the following options:

    - Recheck the blood pressure. If the airman meets FAA specified limits on the second attempt, note this in Block 60 along with both readings.

    - Have the airman return to clinic 3 separate days over a 7-day period. If the airman meets FAA specified limits during these re-checks, note this and the readings in Block 60. Also note if there was a reason for the blood pressure elevation.

    - Send the airman back to his/her treating physician for re-evaluation. If medication adjustment is needed, a 7-day no-fly period applies to verify no problems with the medication. If this can be done within the 14 day exam transmission period, you could then follow the Hypertension Disposition Table.

    The AME must defer issuance of a medical certificate to any applicant whose hypertension has not been evaluated, who uses unacceptable medications, whose medical status is unclear, whose hypertension is uncontrolled, who manifests

    significant adverse effects of medication, or whose certification has previously been specifically reserved to the FAA. See Hypertension FAQs, Hypertension Disposition Table, and CACI – Hypertension Worksheet.

B. Initial and Follow-up Evaluation for Hypertensives Under Treatment -
See CACI - Hypertension Worksheet (in the dispositions table, Item 36. Heart)

ITEM 56. Pulse

56. Pulse (Resting)

The medical standards do not specify pulse rates that, *per se*, are disqualifying for medical certification. These tests are used, however, to determine the status and responsiveness of the cardiovascular system. Abnormal pulse rates may be reason to conduct additional cardiovascular system evaluations.

II. Examination Techniques

The pulse rate is determined with the individual relaxed in a sitting position.

III. Aerospace Medical Disposition

If there is bradycardia, tachycardia, or arrhythmia, further evaluation is warranted and deferral may be indicated (see Item 36., Heart). A cardiac evaluation may be needed to determine the applicant's qualifications. Temporary stresses or fever may, at times, result in abnormal pulse readings. If the AME believes this to be the case, the applicant should be given a few days to recover and then be retested. If this is not possible, the AME should defer issuance, pending further evaluation.

ITEM 57. Urine Test/Urinalysis

57. Urine Test (If abnormal, give results)	Albumin	Sugar
☐ Normal ☐ Abnormal		

I. Code of Federal Regulations

All Classes: 14 CFR 67.113(a)(b), 67.213(a)(b), and 67.313(a)(b)

(a) No established medical history or clinical diagnosis of diabetes mellitus that requires insulin or any other hypoglycemic drug for control.

(b) No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds:

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

II. Examination Techniques

Any standard laboratory procedures are acceptable for these tests.

III. Aerospace Medical Disposition

Glycosuria or proteinuria is cause for deferral of medical certificate issuance until additional studies determine the status of the endocrine and/or urinary systems. If the glycosuria has been determined not to be due to carbohydrate intolerance, the AME may issue the certificate. Trace or 1+ proteinuria in the absence of a history of renal disease is not cause for denial.

The AME may request additional urinary tests when they are indicated by history or examination. These should be reported on FAA Form 8500-8 or attached to the form as an addendum.

See **Item 48., General Systemic.**

ITEM 58. ECG

(Updated 11/30/2016)

58. ECG (Date)		
MM	DD	YYYY

I. Code of Federal Regulations

First-Class: 14 CFR 67.111(b)(c)

(a) A person applying for first-class medical certification must demonstrate an absence of myocardial infarction and other clinically significant abnormality on electrocardiographic examination:

(1) At the first application after reaching the 35th birthday; and

(2) On an annual basis after reaching the 40th birthday.

(b) An electrocardiogram will satisfy a requirement of paragraph (b) of this section if it is dated no earlier than 60 days before the date of the application it is to accompany and was performed and transmitted according to acceptable standards and techniques.

Note: Any applicant for certification may be required to provide ECGs when indicated by history or physical examination.

II. Examination Techniques

A. When an ECG/EKG is required:

Class	Applicant age on day of exam	EGG is required at the following intervals
1st	34 or younger	Not required
1st	35 to 39	A single baseline ECG is required at the first exam performed **after reaching the 35th birthday.**
1st	40 or older	Annually
2nd or 3rd	Any age	Not required* *If the AME performed an EKG, it should be submitted along with notes in Block 60 describing why it was performed.

Other times an ECG/EKG can be requested by an AME (for All classes):

Any time the airman has a history or physical examination finding that suggests a clinically significant abnormality.

Substitution for an ECG/EKG:

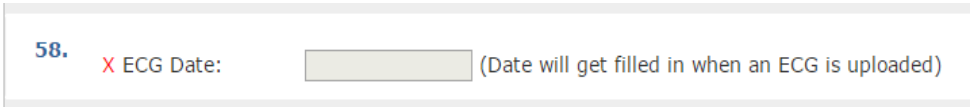
If a first-class airman does not have a current resting ECG on file, but the FAA has the tracings of any type of stress test (pharmaceutical stress, Bruce stress, nuclear stress, or stress echocardiogram) which was done within the last 60 days, the information **may** be accepted on a case-by-case basis. The image must be of good quality. Stress test or ECG images that have been faxed do not have enough clarity/definition for adequate review. In most cases, they will not be acceptable. A cardiac catheterization and/or a Holter monitor test are NOT acceptable in place of a resting 12-lead ECG.

Additional Work-Up/Evaluation (All classes):

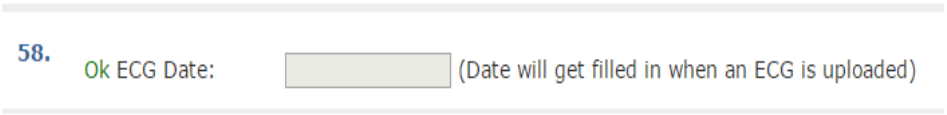
If additional work up was performed based on history or ECG findings, copies of the work up (cardiovascular evaluation, clinic notes, stress testing, etc.) should also be submitted to the FAA with notes in Block 60 describing the findings. If any pathology was identified, refer to the appropriate, individual section.

AMCS notification regarding ECG will appear as:

1. **ECG is Required:**
   A Red X will precede the words ECG Date. No date will be in the box.



2. **ECG is Not Required:**
   The AMCS screen will show the word "Ok" along with a date in the box.



(Figure 1)

Can I submit an ECG performed on a day other than the date of exam?

Yes, but it must be considered current.

B. Currency of ECG/What is considered a current ECG:

- Only an ECG performed up to 60 days prior to the exam is considered current.
- There is no provision for issuance of a first-class medical certificate based upon a promise that an ECG will be obtained at a future date.
- As of the August 2014 changes in AMCS, an AME cannot transmit the exam until the required ECG is attached.

C. ECG equipment/technical requirements:

The FAA does not require a specific type of machine, however the ECG machine used must give a clear picture AND meet the following technical requirements:

- Must generate an image that can be converted to a PDF;
- Must be recorded at 25mm/sec. (This is standard in the US).
- Recordings at 50mm/sec will NOT be accepted. Many international programs are set at 50mm/sec as a baseline; the AME must change this to 25mm/sec for the FAA to accept the tracing; and
- 300 dpi color resolution (or better)

D. AME Review and Interpretation of the ECG:

The AME must review the ECG for the following **PRIOR** to transmitting:

- **Quality** - It is not uncommon for the FAA to receive an ECG that has leads missing or even an asystole picture. If the quality is poor and the ECG cannot be interpreted, the airman will receive a letter requiring a new ECG.

- **Correct airman/Correct exam** - Verify you attach the correct ECG to the correct airman file. Also verify NO OTHER documents are attached.

- **Abnormalities/pathology** - Review the ECG for any abnormalities which may cause you to defer or inform the airmen that a work up is required. See Item 36. Heart – Arrhythmias.

- **Normal Variants** – (Updated 10/26/2022)
  The following common ECG findings are considered normal variants and are not cause for deferment unless the airman is symptomatic or there are other concerns. Airmen who have these findings may be certified, if otherwise qualified:
  - Early repolarization
  - Ectopic atrial rhythm
  - First-degree AV (atrioventricular) block with PR interval less than 300 ms (0.30 sec)
  - Incomplete Right Bundle Branch Block (IRBBB)
  - Indeterminate axis
  - Intraventricular conduction delay (IVCD)
  - Left atrial abnormality
  - Left axis deviation, less than or equal to -30 degrees
  - Left ventricular hypertrophy by voltage criteria only
  - Low atrial rhythm
  - Low voltage in limb leads (May be a sign of obesity or hypothyroidism.)
  - Premature Atrial Contraction (PAC) – multiple, asymptomatic
  - Premature Ventricular Contraction (PVC) - single only; 2 or more on ECG require evaluation.
  - Short QT – if no history of arrhythmia
  - Sinus arrhythmia
  - Sinus bradycardia. Up to age 49 if heart rate is >44; Age 50 and older if heart rate is >48
  - Sinus tachycardia – heart rate < 110
  - Wandering atrial pacemaker

E. Transmitting/uploading the ECG:

Complete instructions can be found on the AMCS User Guide. As of October 2014, all Senior AMEs in the United States and International AMEs are required to upload a PDF version of an ECG into the correct section on the 8500-8. Clicking on the icon will launch an ECG Import window, where the applicant's current ECG can be uploaded as a PDF attachment and eventually transmitted to the FAA with the exam.

- **Date** - The AME no longer fills in the date. The date entered in the ECG import window will populate this field (Item 58).
- **One ECG** - You may attach **only one** ECG to the exam:
    - Only the last ECG attached will be saved and transmitted with the exam. Ex: If you attach ECG #1 and then attach ECG #2, ECG #1 will be replaced and not sent to the FAA.
    - If an incorrect ECG is uploaded, a new one may be attached. You will receive a warning at the top of the window if an ECG has already been attached.
- **AME Comments** - The AME can comment on findings when uploading the ECG.
- **Non-AME transmissions:**
    - ECGs must be electronically attached to an 8500-8 by the AME.
    - It is not possible for a medical department or any other physician to transmit a current ECG directly to the FAA 8500-8 exam.
    - If an ECG was done outside the AME's office, the AME must verify that the ECG belongs to the airman, it is less than 60 days old, and is of suitable quality before it is attached to the 8500-8.
    - The image must be of good quality. Stress test or ECG images that have been faxed do not have enough clarity/definition for adequate review. In most cases, they will not be acceptable.
- **Applicant refuses ECG** - If an ECG is due and the airman refuses, the AME will be unable to transmit the exam. The AME should call the AMCS Support Desk at (405) 954-3238 AND note in Block 60 that the airman refused the required ECG.
- **No ECG submitted** - When an ECG is due but is not submitted, the FAA will not affirm the applicant's eligibility for medical certification until the requested ECG has been received and interpreted as being within

normal limits. Failure to respond to FAA requests for a required current ECG will result in **denial of certification**.

F. After the ECG is transmitted to the FAA:

All first-class ECGs are reviewed by AMCD's ECG department, staff physicians, or consultant cardiologists. If abnormalities are identified, additional work up or information may be requested. For additional help transmitting the exam or attaching the ECG contact:

AMCS SUPPORT DESK

(405) 954-3238

APPLICATION REVIEW

Items 59-64 of FAA Form 8500-8

ITEMS 59-64 of FAA Form 8500-8

This section provides guidance for the completion of Items 59-64 of the FAA Form 8500-8. The AME is responsible for conducting the examination. However, he or she may delegate to a qualified physician's assistant, nurse, aide, or laboratory assistant the testing required for Items 49-58. Regardless of who performs the tests, the AME is responsible for the accuracy of the findings, and this responsibility **may not** be delegated.

The medical history page of FAA Form 8500-8 must be completed and certified by the applicant or it will not appear in AMCS. After all routine evaluations and tests are completed, the AME should review FAA Form 8500-8. If the form is complete and accurate, the AME should add final comments, make qualification decision statements, and certify the examination.

ITEM 59. Other Tests Given

59. Other Tests Given

I. Code of Federal Regulations

All Classes: 14 CFR 67.413(a)(b)

(a) Whenever the Administrator 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 Administrator requests that person to furnish that information or to authorize any clinic, hospital, physician, or other person to release to the Administrator 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 Administrator 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 FAA and until the Federal Air Surgeon determines whether the person meets the medical standards under this part.

II. Examination Techniques

Additional medical information may be furnished through additional history taking, further clinical examination procedures, and supplemental laboratory procedures.

On rare occasions, even surgical procedures such as biopsies may be indicated. As a designee of the FAA Administrator, the AME has limited authority to apply 14 CFR 67.413 in processing applications for medical certification. When an AME determines that there is

a need for additional medical information, based upon history and findings, the AME is authorized to request prior hospital and outpatient records and to request supplementary examinations including laboratory testing and examinations by appropriate medical specialists. The AME should discuss the need with the applicant. The applicant should be advised of the types of additional examinations required and the type of medical specialist to be consulted. Responsibility for ensuring that these examinations are forwarded and that any charges or fees are paid will rest with the applicant. All reports should be forwarded to the AMCD, unless otherwise directed (such as by a RFS).

Whenever, in the AME's opinion, medical records are necessary to evaluate an applicant's medical fitness, the AME should request that the applicant sign an authorization for the Release of Medical Information. The AME should forward this authorization to the custodian of the applicant's records so that the information contained in the record may be obtained for attachment to the report of medical examination.

ITEM 60. Comments on History and Findings

Comments on all positive history or medical examination findings must be reported by **Item Number**. Item 60 provides the AME an opportunity to report observations and/or findings that are not asked for on the application form. Concern about the applicant's behavior, abnormal situations arising during the examination, unusual findings, unreported history, and other information thought germane to aviation safety should be reported in Item 60. The AME should record name, dosage, frequency, and purpose for all currently used medications.

If possible, all ancillary reports such as consultations, ECGs, x-ray release forms, and hospital or other treatment records should be attached. If the delay for those items would exceed 14 days, the AME should forward all available data to the AMCD, with a note specifying what additional information is being prepared for submission at a later date.

If there are no significant medical history items or abnormal physical findings, the AME should indicate this by checking the appropriate block.

ITEM 61. Applicant's Name

Item 61. Applicant’s Name

The legal name applicant's name should be entered.

ITEM 62. Has Been Issued

(Updated 04/27/2022)

The AME must check the proper box to indicate the status of the application for Medical Certificate. **Note:** The “**x**” will appear until the AME selects an option:

62. **X** Has been Issued:
- ○ Medical Certificate
- ○ Medical and Student Pilot Certificate
- ○ No Certificate Issued – Deferred for Further Evaluation
- ○ Has Been Denied – Letter of Denial Issued (copy attached)

A. **Applicant's Refusal or Exam Not Complete:** If applicant leaves before the exam is completed or elects not to continue if more information or evaluation is required: Note in Block 60, **do not issue any certificate**, and contact AMCS Support for instructions.

B. **AME Issuance:** When the AME receives all required information AND the applicant meets all FAA medical standards for the class sought, the AME may issue a medical certificate. If the applicant has an Authorization for Special Issuance, refer to the Authorization Letter to determine if you must also add a time limitation. **If the AME or the applicant will send in supporting records or reports WITHIN 14 DAYS, note what items are coming in Block 60.**

C. AME Deferral: AME should defer if:
- The disposition table or Authorization Letter instructs the AME to defer;
- More information or further evaluation is needed;
- There is uncertainty about the significance of the findings; or
- The applicant did not provide the required documents within 14 days of the AME exam. **All exams must be transmitted WITHIN 14 DAYS**. **Do not delay** transmitting an exam (beyond 14 days) while waiting for the applicant to provide requested records or reports.

Note in Block 60 any concerns, findings, or if more information was requested; **do not issue any certificate**, and transmit as **deferred.**

D. AME Denial: If the AME determines the applicant is clearly ineligible for certification (see Medical Certificate Decision Making), give the applicant a **signed and dated** AME Letter of Denial. The letter provides the applicant with reasons for the denial and how to request reconsideration. **The AME must send a copy of the AME Letter of Denial to the FAA.**

ITEM 63. Disqualifying Defects

The AME must check the “Disq” box on the Comments Page beside any disqualifying defect. Comments or discussion of specific observations or findings may be reported in **Item 60**. If all comments cannot fit in Item 60, the AME may submit additional information on a plain sheet of paper and include the applicant’s full name, date of birth, signature, any appropriate identifying numbers (PI, MID or SSN), and the date of the exam.

If the AME denies the applicant, the AME must issue a Letter of Denial, to the applicant, and report the issuance of the denial in Item 60.

ITEM 64. Medical Examiner's Declaration

- The FAA designates specific individuals as AMEs and this status may not be delegated to staff or to a physician who may be covering the designee's practice.

- Before transmitting to AMCD, the AME must certify the exam and enter all appropriate information including his or her AME serial number.

CACI CONDITIONS

(Updated 01/25/2023)

Conditions AMEs Can Issue (CACI) is a series of conditions which allow AMEs to regular issue if the applicant meets the parameters of the CACI Condition Worksheet. The worksheets provide detailed instructions to the AME and outline condition-specific requirements for the applicant.

1. Review the disposition table BEFORE the CACI worksheet to verify a CACI is required.
2. **If ALL the CACI criteria are met and the applicant is otherwise qualified,** the AME may issue on the first exam or the first time the condition is reported to the AME without contacting AMCD/RFS. Keep the supporting documents in your files; they do not need to be submitted to the FAA at this time.
3. If the requirements are not met, the AME must defer the exam and send the supporting documents to the FAA.
4. **Annotate Block 60 with one of the three allowable options found on the bottom of the CACI worksheets.**

CACIs with Certification Worksheets:

ARTHRITIS

ASTHMA

BLADDER CANCER

BREAST CANCER

CHRONIC IMMUNE THROMBOCYTOPENIA (c-ITP)

CHRONIC KIDNEY DISEASE

CHRONIC LYMPHOCYTIC LEUKEMIA (CLL)/ SMALL LYMPHOCYTIC LYMPHOMA (SLL)

COLITIS

COLON CANCER/ COLORECTAL CANCER

ESSENTIAL TREMOR

GLAUCOMA

HEPATITIS C – CHRONIC

HYPERTENSION

HYPOTHYROIDISM

MIGRAINE AND CHRONIC HEADACHE

MITRAL VALVE REPAIR

POLYCYSTIC OVARIAN SYNDROME (PCOS)

PREDIABETES

PRIMARY HEMOCHROMATOSIS

PROSTATE CANCER

RENAL CANCER

RETAINED KIDNEY STONE(S)

TESTICULAR CANCER

WEIGHT LOSS MANAGEMENT

DISEASE PROTOCOLS

DISEASE PROTOCOLS (Updated 08/25/2021)

The following lists the Guide for Aviation Medical Examiners Disease Protocols, and course of action that should be taken by the AME as defined by aeromedical decision considerations. (Also see condition specific CACI Certification Worksheets, which can be found in the Dispositions Section.)

* OSA Reference Materials are located at the end of the Protocols below

Protocol for Allergies, Severe

In the case of severe allergies, the AME should deny or defer certification and provide a report to the Aerospace Medical Certification Division, AAM-300, that details the period and duration of symptoms and the nature and dosage of drugs used for treatment and/or prevention.

Specifications for Neuropsychological Evaluations for Attention-Deficit/Hyperactivity Disorder (ADHD)

(Updated 08/30/2023)

Attention-Deficit/Hyperactivity Disorder (ADHD), formerly called Attention Deficit Disorder (ADD), and medications used for treatment may result in cognitive deficits that pose a risk to aviation safety.

For individuals who have a history of ADHD or use of ADHD medications*, there are two possible evaluation paths: Fast Track and Standard Track. For information on the different tracks, any required testing, and specific documentation needed, see the following pages. The information is also linked below.

*Note: The requirements also apply if diagnosed with or took medication to treat Attention Deficit Disorder (ADD)

Disposition Table - Attention-Deficit/Hyperactivity Disorder (ADHD) and/or use of ADHD Medications (Found in ITEM 47. Psychiatric, Psychiatric Conditions)
ADHD Pathway Chart
ADHD Document Checklist
ADHD Personal Statement Guidelines

FAST TRACK

Fast Track - Information for the Psychologist or Neuropsychologist
Fast Track - FAA ADHD Summary
Fast Track – FAA ADHD General Information
Fast Track – FAA ADHD Report Requirements

STANDARD TRACK

Standard Track – FAA ADHD General Information
Standard Track – FAA ADHD Report Requirements

RESOURCES

FAA Psychologist and Neuropsychologist List
Reference information for Neuropsychologists and Psychologists

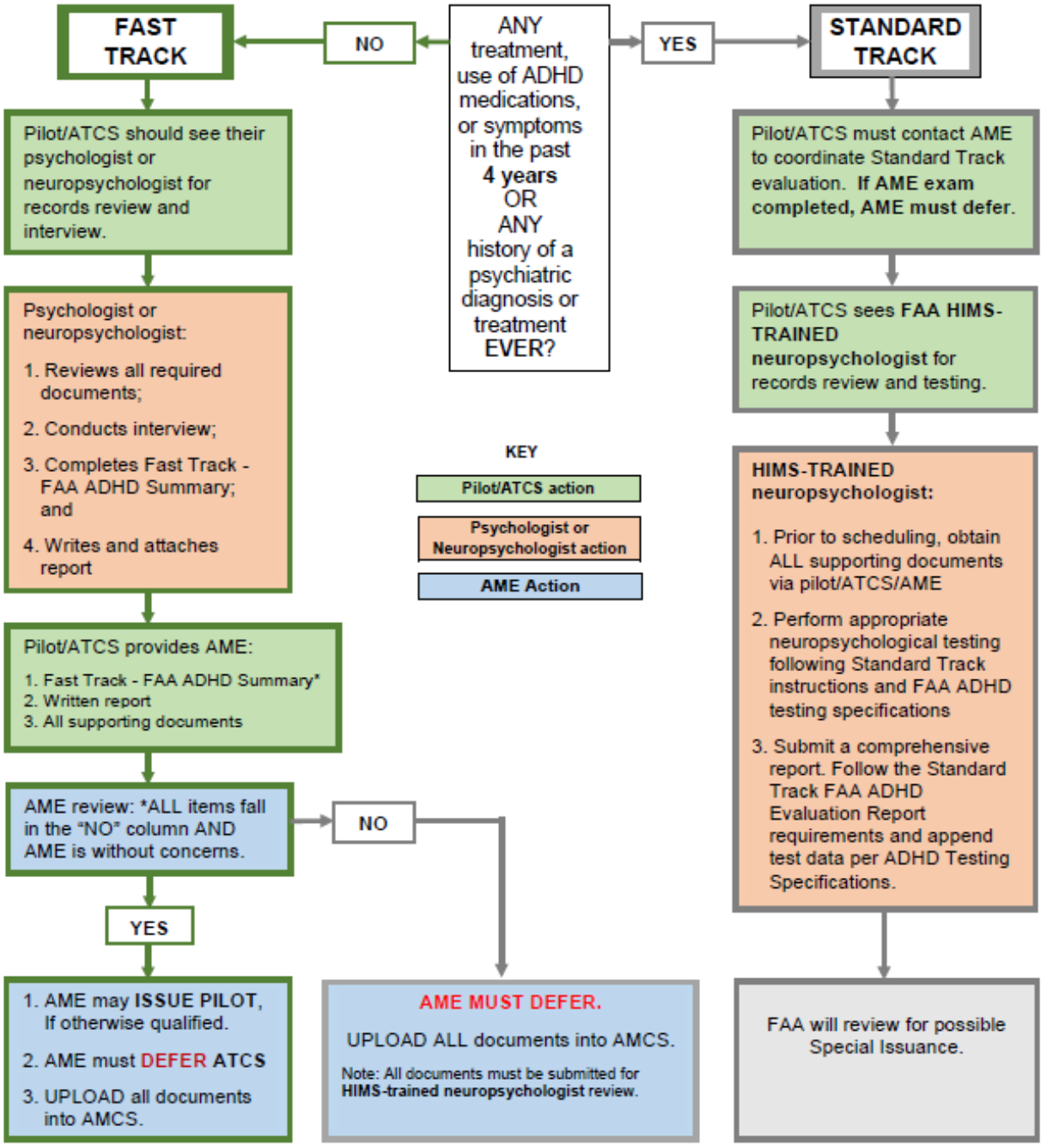
Attention-Deficit/Hyperactivity Disorder (ADHD)
HISTORY OF ADHD OR HISTORY OF TAKING ADHD MEDICATIONS

(Updated 10/25/2023)

IMPORTANT - PRIOR TO SCHEDULING!

The pilot/ATCS must provide **ALL** documents listed on the **FAA ADHD DOCUMENT CHECKLIST** to the psychologist or neuropsychologist **BEFORE the appointment** to allow time for review.

Note: Requirements also apply if diagnosed or took medication to treat **Attention Deficit Disorder (ADD)**



Attention-Deficit/Hyperactivity Disorder (ADHD)
FAA ADHD DOCUMENT CHECKLIST

(Updated 09/27/2023)

Pilot/ATCS: Please provide the following to the doctoral level (PhD or PsyD) psychologist or neuropsychologist so they can review the materials and complete their evaluation and report. This applies to both **FAST TRACK** and **STANDARD TRACK. Standard Track evaluation must be completed by a FAA HIMS Neuropsychologist.**

The evaluation and report must be performed within 90 days of the AME exam:

1. Collect the following information and send to the psychologist or neuropsychologist for review BEFORE your appointment:

    a. Pharmacy records within the last four (4) years
    b. Medical records related to the diagnosis and treatment for ADHD
    c. Any other evaluations or treatment records related to ADHD or learning issues from any of the following, if applicable:
        - Psychiatrist;
        - Psychologist;
        - Therapist;
        - School counselor;
        - Education specialist/teacher;
        - Speech Therapist; and/or
        - Occupational Therapist

    d. Medical records related to **any other condition** (for a non-ADHD diagnosis) which was treated with ADHD medication(s).
    e. Driver's license records from all states where a license has been issued within the past four (4) years, as applicable.
    f. Academic records: All transcripts through highest grade or degree, Section 504 Plans, and any Individualized Education Programs (IEP).
    g. Personal Statement which describes all items on the FAA ADHD Personal Statement Guidelines.

2. Remember to **make a copy of all the records** above as you will also need to bring a copy to your AME to upload into your FAA record.

3. In some cases, the psychologist or neuropsychologist may request the entire FAA medical file (e.g., if it contains relevant information you are unable to produce).

    To request that a copy of your agency records be sent **directly** to the psychologist or neuropsychologist, submit Form FAA 8065-2 - REQUEST FOR AIRMAN MEDICAL RECORDS.

Note: The above requirements also apply if diagnosed with or took medication to treat Attention Deficit Disorder (ADD)

Attention-Deficit/Hyperactivity Disorder (ADHD)
ADHD - FAA PERSONAL STATEMENT GUIDELINES

(Updated 08/30/2023)

This applies to both **FAST TRACK** and **STANDARD TRACK**. An applicant's personal/self-statement **must be typed, signed, and dated**. It should include your name and either a PI# or Date of Birth for identification. Be sure to describe in detail each response (with more than just "yes" or "no" answer).

Write a statement which describes your diagnosis and stimulant medication history to include the following information:

1. Why did you seek treatment or an evaluation for ADHD?

2. What symptoms and behaviors did you have?

3. Why were you prescribed an ADHD medication and or other treatment?

4. What medications were prescribed? List all medications prescribed or otherwise used and reason for changes in medications, if any. List approximate dates.

5. If you were prescribed or otherwise took ADHD medication, did it help?
   If so, under what circumstance and for how long were they effective?

6. Did the treatment improve your academic, occupational, or social life? Explain your answer.

7. Did you experience any adverse effects/side effects from the medication?
   a. If yes, describe the effects; and
   b. What did you do to reduce these side effects?

8. Who was involved in diagnosing and treating your ADHD?
   List all professionals involved (e.g., teacher, school counselor, therapist, psychologist, primary care physician, psychiatrist, or education specialist, if applicable).

9. Were you diagnosed with any other condition such as Depression/Anxiety/Obsessive Compulsive Disorder (OCD)/Autism Spectrum Disorder (ASD)/Oppositional Defiant Disorder (ODD)?

10. Were diagnosed with a learning disorder (dyslexia/reading difficulties/math difficulties)?

11. Which of the following were performed by the person who diagnosed you with ADHD?
    Include all that apply:
    a. Interview with a psychologist/psychiatrist/neuropsychologist/Primary Care Physician (PCP) or provider/pediatrician
    b. Interviews with others such as parents, teachers, friends, etc.
    c. Completion of forms/questionnaires (specify completed by self and/or others)
    d. Computer testing
    e. Psychological testing conducted by psychologist or neuropsychologist
    f. Other (specify)
    g. If no testing was performed, that should be stated

12. How did the symptoms of ADHD change over time? Are the symptoms gone and if so, as of when?

13. Describe coping strategies you learned to deal with ADHD or any other diagnosis.
    Are they still used?

14. Describe your current ADHD symptoms and behaviors. If you have no symptoms, that should be stated (and the date resolved).

Attention-Deficit/Hyperactivity Disorder (ADHD)

FAST TRACK INFORMATION

See the following pages for:

- FAST TRACK – FAA ADHD Summary
- FAST TRACK – FAA ADHD - Information for the Psychologists or Neuropsychologist
- FAST TRACK - FAA ADHD - Evaluation General Information
- FAST TRACK – FAA ADHD - Evaluation Report Requirements

Attention-Deficit/Hyperactivity Disorder (ADHD)
FAST TRACK - FAA ADHD SUMMARY

(Updated 09/27/2023)

Name _____ Birthdate _____

Applicant ID#_____ PI# _____

PILOT/ATCS: Please take this summary to a doctoral level (PhD or PsyD) psychologist or neuropsychologist with training and experience in the evaluation of ADHD, preferably someone with additional subspecialty training in aviation-specific topics. The psychologist or neuropsychologist should enter the requested information in the space provided below.

When completed, submit the following to your AME for review and upload into DIWS:

- ☐ This completed summary;*
- ☐ The actual clinical report (not patient portal notes) from the doctoral level (PhD or PsyD) psychologist or neuropsychologist; AND
- ☐ All supporting documentation addressing each item (listed on the ADHD DOCUMENT CHECKLIST).

IF YOU ARE THE PSYCHOLOGIST OR NEUROPSYCHOLOGIST COMPLETING THIS SUMMARY:

1. Does the applicant currently display **any symptoms** of ADHD per DSM?.....	**NO**	**YES***
2. Has there been **instability** in academic/occupational or social functioning within the last FOUR years?	**NO**	**YES***
3. Has the individual taken **ADHD medication** any time (for any reason) within the last FOUR years?.....	**NO**	**YES***
4. Does the individual have a **history of ANY other psychiatric diagnosis or treatment**?..	**NO**	**YES***

5. **Attach a current, detailed clinical report** discussing the history, medication(s), diagnosis, and prognosis. Explain any "Yes" answers or concerns.
   Remember to review the requirements on the FAA ADHD Evaluation Report Requirements.

I attest:

I am a psychologist or neuropsychologist with training and experience in conducting ADHD evaluations.	Yes	No
I have reviewed all the required items on the ADHD Document Checklist.	Yes	No
I have additional subspecialty training in aviation-specific topics (aviation medicine [preferred, not required]).	Yes	No
I have conducted a face-to-face clinical interview in person or by on-screen video (not audio only).	Yes	No

Evaluator Name: _____ Credentials: PhD, PsyD, other _____

_____ _____

Evaluator Signature Date of Evaluation

***NOTE:** This Attention-Deficit/Hyperactivity Disorder (ADHD) Summary is NOT required, however, it will help to streamline and significantly DECREASE FAA review time.

AME Actions:

- If all items fall into the **NO** category, the AME may issue a medical certificate, if otherwise qualified. Submit this Summary, the actual clinical visit report, and all supporting documentation reviewed to the FAA.
- If any items fall into the **YES*** category, the evaluator should explain. The AME must defer. Psychological or neuropsychological evaluation with testing will be required.
- **If uploading this document into AMCS use category Beh Hlth - ADHD FAST Track Summary.**

Attention-Deficit/Hyperactivity Disorder (ADHD)
FAST TRACK - FAA ADHD EVALUATION
INFORMATION FOR THE PSYCHOLOGIST OR NEUROPSYCHOLOGIST
(Updated 08/30/2023)

FOR PILOTS OR ATCS: Provide this information sheet (prior to your appointment) to the psychologist or neuropsychologist who will be evaluating your history of ADHD and/or use of ADHD medication. The psychologist or neuropsychologist must be a doctoral level (PhD or PsyD) licensed psychologist or neuropsychologist with training and experience in the evaluation of ADHD.

Note: These requirements also apply if you were diagnosed with or took medication to treat Attention Deficit Disorder (ADD)

FOR THE PSYCHOLOGIST OR NEUROPSYCHOLOGIST:

The individual you are evaluating is a pilot or air traffic control specialist (ATCS) with a reported history of ADHD and/or use of ADHD medications*. Your findings will assist in determining this individual's eligibility for an FAA medical certificate or clearance. **Acceptance of this case for evaluation assumes you have the necessary training and experience to conduct an ADHD evaluation**.

PLEASE NOTE:

- National Transportation and Safety Board (NTSB) investigations (2000-2015) have concluded that **fatal aircraft accidents have been associated with pilots diagnosed with ADHD**.

- Pilots and ATCS must adhere to specific aviation medical standards. Your assessment will assist the FAA in identifying and mitigating risks. As you conduct the evaluation, **consider the safety of the flying public as well as those on the ground.**

- Individuals with a history of ADHD may have a persistent pattern of inattention and/or hyperactivity-impulsivity symptoms which may interfere with aviation safety.
  This may present as:
    - Compromised focused attention/concentration and/or executive skills;
    - Problems with verbal and nonverbal working memory; and
    - Issues with planning, mental flexibility, and resistance to distractions.

- Prior to accepting this case, please review the following documents which contain detailed instructions for conducting an ADHD evaluation for FAA medical certification and clearance purposes:
    - ADHD Document Checklist (To be provided by the individual prior to appointment.)
    - Fast Track – FAA ADHD Evaluation Report Requirements
    - Fast Track – FAA ADHD Summary

- Follow-up questions or concerns may be sent to 9-AMC-AAM-NPTesting@faa.gov.

Attention-Deficit/Hyperactivity Disorder (ADHD)
FAST TRACK - FAA ADHD EVALUATION - GENERAL INFORMATION

(Updated 08/30/2023)

If you are a PILOT or ATCS with a history of ADHD or taking ADHD Medications*:

1. See your treating physician and get healthy.

2. Do not fly, in accordance with 14 CFR 61.53, until you have an Authorization from the FAA. (If you are an FAA ATCS, you should report this information immediately to your RFS office).

3. Find an Aviation Medical Examiner (AME) to work with you through the FAA process.

> **NOTE:** If you have taken medication in the past 4 years, had symptoms in the past 4 years, or have a history of any other psychiatric conditions – **STOP**. Go to the **Standard Track Evaluation – FAA ADHD Evaluation General Information**.

4. To expedite your review time, OBTAIN ALL OF THE FOLLOWING and send to your PROVIDER (psychologist or neuropsychologist) WITH ENOUGH TIME FOR THE PROVIDER TO REVIEW before your appointment:

- **Complete a personal statement.** It **must be typed, signed, and dated**. The statement should describe your diagnosis and stimulant medication history. It must include all information on FAA ADHD Personal Statement Guidelines sheet.
- **Collect and verify you have all the documents** on the ADHD Document Checklist for review.
- **Find and make an appointment with a doctoral level** (PhD or PsyD) **licensed psychologist or neuropsychologist with training and experience in the evaluation of ADHD.**
- Provide all materials in the **ADHD Document checklist** to the psychologist or neuropsychologist **prior to** your scheduled appointment. Given the extent of documents required to review, check with the evaluating psychologist or neuropsychologist to determine how much lead time they may need to review them prior to your appointment.
- **Confirm the psychologist or neuropsychologist has a blank copy of the** Fast Track – FAA ADHD Summary. The psychologist or neuropsychologist should complete both the ADHD Summary AND provide a detailed report, as outlined in the Fast Track – FAA ADHD Evaluation Report Requirements, for use by your AME.

5. What to expect during your evaluation:

The psychologist or neuropsychologist will meet with you for an interview. The personal/self-statement you wrote, along with the records you provided, will also be reviewed and discussed. With your permission, people who know you (e.g., parents, teachers, flight instructor, etc.) may be contacted for additional information.

The psychologist or neuropsychologist should complete the **Fast Track – FAA ADHD Summary** AND provide a written detailed report which covers all items in the **Fast Track – FAA ADHD Evaluation Report Requirements.**

Based on the interviews and record review, the psychologist or neuropsychologist may be able to determine if there is sufficient information to make a recommendation to the AME regarding whether medical certification can be issued.

6. When you have accomplished all of the above:
- Complete a new 8500-8 exam (online using MedXPress);
- See your AME for the exam portion;
- Bring all the following to your AME visit:
  - Completed FAA ADHD Summary;
  - Actual clinical summary report from the psychologist or neuropsychologist; and
  - Any records reviewed by the psychologist or neuropsychologist.
- Bring information on **any other condition** that may require a Special Issuance/AASI/CACI (pilots) or Special Consideration (ATCS).
- **Keep a copy of any reports** or testing generated for your files.

7. When submitting information:
- The FAA ADHD Summary may allow the AME to issue a medical certificate for pilots,
  - If the AME is not able to issue, they must submit your exam as **DEFERRED.**
  - If you are an ATCS, the AME must DEFER your exam.
- Coordinate with your AME to make sure that all documents are uploaded to the FAA **WITHIN 14 DAYS.**
- Partial or incomplete packages **will NOT be reviewed** and will cause a **DELAY**.

***Note: The above requirements also apply if diagnosed with or took medication to treat Attention Deficit Disorder (ADD)**

Attention-Deficit/Hyperactivity Disorder (ADHD)
FAST TRACK - FAA ADHD EVALUATION REPORT REQUIREMENTS

(Updated 09/27/2023)

The evaluation and report must be performed within 90 days of the AME exam and must include the following (at a minimum):

1. Document if the interview was completed virtually or in person. Records review and evaluation can be done virtually; however, the **evaluation component** must be face-to-face on screen, not audio only.

2. List and summarize all documents reviewed. At a minimum this must include all items on the:
   a. FAA ADHD Document Checklist
   b. In the rare case in which a document cannot be obtained, explain in the report the reason it was not available and if this is a concern or not.

3. Results of a thorough clinical interview (including collateral interview(s) as needed) that includes detailed history regarding psychosocial and developmental history.

4. A mental status examination/behavioral observations.

5. An integrated summary of findings.

6. An explicit diagnostic statement:
   a. Your final clinical diagnosis or findings:
      i. Does the applicant currently display any symptoms of ADHD per DSM?
      ii. Does the applicant meet DSM criteria for diagnosis of ADHD?
      Do not simply list if ADHD is present or not. List all diagnoses present or past; specify in remission or residual, as appropriate.
      iii. If there is no DSM diagnosis, are there any concerns regarding neurocognitive impairment or deficiencies? If so, describe their nature and severity;
   b. Has there been instability in academic/occupational or social functioning within the last FOUR years? If yes, describe.
   c. Has the individual taken medication for ADHD any time within the last FOUR years? If yes, describe.
   d. Does the individual have any evidence of a comorbid disorder that could pose a hazard to aviation safety? Or a history of ANY other psychiatric diagnosis or treatment? If none, that should be noted.
   e. Does your diagnosis or findings agree with the diagnosis noted on other supporting or historical documents you reviewed? If it does not, explain your rationale as to your diagnosis or findings.

When you have completed your assessment, the individual will need the following to submit to the FAA:

- ☐ A copy of your full report (not the patient after visit summary);
- ☐ A completed FAA Attention-Deficit/Hyperactivity Disorder (ADHD) Summary; and
- ☐ Copies of all records you reviewed to make your assessment.

Attention-Deficit/Hyperactivity Disorder (ADHD)

STANDARD TRACK

See the following pages for:

- STANDARD TRACK - FAA ADHD - Evaluation General Information
- STANDARD TRACK – FAA ADHD - Evaluation Report Requirements

Attention-Deficit/Hyperactivity Disorder (ADHD)
STANDARD TRACK - FAA ADHD EVALUATION GENERAL INFORMATION

(Updated 09/27/2023)

Attention-Deficit/Hyperactivity Disorder (ADHD) is a condition that may be aeromedically disqualifying. **The evaluation and testing must be performed in-person by a HIMS Neuropsychologist.** The responsibility of the **HIMS Neuropsychologist** is to identify any neurocognitive deficit/impairment that has aeromedical significance.

A. An initial battery of ADHD tests will be required along with potential supplemental tests if:

- ADHD symptoms, treatment, or instability was present in past four (4) years;
- ADHD medication taken in the past four (4) years;
  (Note: If ADHD testing is conducted, the individual **must have discontinued ADHD medication at least 90 days** prior to testing);
- History of any other psychiatric condition(s) or diagnosis (current or historic);
- The AME, psychologist, or neuropsychologist has concerns;
- After initial document review, clear determination cannot be reached by the Fast Track - ADHD FAA Evaluation; and/or
- Requested by the FAA for review.

B. What are the FAA's testing specifications? Testing specifications required by the FAA are listed on an FAA secure site used by professionals with training regarding the specifications. Authorized professionals should use the secure portal. For access, the HIMS Neuropsychologist should email a request to 9-amc-aam-NPTesting@faa.gov.

C. What are the urinalysis requirements? If ADHD testing is required, the applicant will need to complete a urinalysis for **amphetamines and methylphenidate within 24 hours after completing testing**. Arrange for a urinalysis order to be sent to a laboratory and be sure it is conducted within 24 hours after testing. Actual laboratory results are required (not clinical summary of results). Testing data cannot be used without the supporting urinalysis and may result in deferral and/or request for re-evaluation.

D. Who can order a urinalysis? This varies by state law and regulations. Pilots or ATCS should verify if the evaluating HIMS Neuropsychologist has the ability to order the urinalysis. If not, coordinate with your AME or your primary care physician to order the laboratory test. You may also contact a drug testing laboratory near the evaluating HIMS Neuropsychologist's office to inquire what type of order is required to conduct the drug testing for occupational/licensing purposes. Specify that the test must test for **both amphetamines and methylphenidate**, which are two different test panels. Prior to the appointment for urinalysis the following checklist is suggested:

- ☐ Identify a drug testing laboratory;
- ☐ Review FAA requirements to conduct **two separate tests** for amphetamines AND methylphenidate;
- ☐ Check hours of operation;
- ☐ Check if walk-ins are taken for drug testing or if an appointment is required; and
- ☐ Ask if they require lab orders for occupational/licensing drug testing to meet the FAA requirement (physician, psychologist, or none)

E. The HIMS Neuropsychologist must:

1. Review any report(s) from the doctoral level licensed psychologist or neuropsychologist created as part of the ADHD Fast Track, if applicable.
2. Review all documents listed on the ADHD Document Checklist.
3. Perform testing as indicated per the Standard Track testing specifications (on secure site).
4. Create a detailed report addressing all the items on the Standard Track - FAA ADHD Evaluation Report Requirements.

Attention-Deficit/Hyperactivity Disorder (ADHD)
STANDARD TRACK - FAA ADHD EVALUATION REPORT REQUIREMENTS

(Updated 09/27/2023)

This evaluation and testing must be performed IN-PERSON by a HIMS Neuropsychologist within 90 days of the AME exam and must include the following (at a minimum):

1. List and summarize all documents reviewed. At a minimum this must include all items on:
   a. ADHD Document Checklist
   b. In the rare case in which a document cannot be obtained, explain in the report the reason it was not available and if this is a concern or not.

2. **IF** the individual was evaluated as part of the **FAST TRACK,** verify that you were provided with and reviewed a **complete copy of:**
   a. The **FAST TRACK** information
      i. Review of the FAST TRACK - FAA ADHD Summary
      ii. **Psychologist or neuropsychologist written report used to generate the ADHD summary.**
3. Documents from:
   a. **FAA ADHD Document Checklist**
   b. Any additional documents received and reviewed.

4. Results of a thorough clinical interview (including collateral(s) interview(s) as needed) that includes detailed history regarding psychosocial and developmental history.

5. A mental status examination/behavioral observations;

6. Interpretation of the battery of neuropsychological and psychological tests administered;

7. Documentation of urine drug screen results. Document what testing was performed and the results AND attach a copy of the final results. **Do not submit the report without integrating drug screen results**.

8. An integrated summary of findings;

9. An explicit diagnostic statement (consistent with the FAA Regulations 14 CFR Part 67):
   a. Your final clinical diagnosis or findings:
      i. Does the applicant currently display any symptoms of ADHD per DSM?
      ii. Does the applicant meet DSM criteria for diagnosis of ADHD?
      Do not simply list if ADHD is present or not. List all diagnoses present or past; specify in remission or residual, as appropriate.
      iii. If there is no DSM diagnosis, are there any concerns regarding neurocognitive impairment or deficiencies? If so, describe the nature and severity;
   b. Has there been instability in academic/occupational or social functioning within the last FOUR years? If yes, describe.
   c. Has the individual taken medication for ADHD anytime within the last FOUR years? If yes, describe.
   d. Does the individual have any evidence of a comorbid disorder that could pose a hazard to aviation safety? Or a history of ANY other psychiatric diagnosis or treatment? If none, then that should be noted;

e. Does your diagnosis or findings agree with the diagnosis noted on other supporting or historical documents you reviewed? If it does not, then you should explain your rationale as to your diagnosis or findings.

10. Final recommendation/determination. Results of the comprehensive evaluation and testing (INITIAL BATTERY PLUS SUPPLEMENTAL BATTER when required [found on secure portal]) must conclude if you identified:

a. NO CONCERNS OR ABNORMALITIES:
The individual is exhibiting functioning that is completely within normal limits and lacking any suspicion of neurocognitive deficit. The final report should also document abnormalities found in the INITIAL BATTERY and what additional testing dismissed the abnormalities as a diagnostic concern.

b. CONCERNS OR ABNORMALITIES FOUND:
If the individual's results raise concerns or show neuropsychological impairment, then include the following in the report:

- Describe the nature and severity of any noted neurocognitive deficit(s);
- Describe the potential impact to flight performance/flight safety of the noted deficit(s); and
- Describe any applicable diagnosis, as well as any applicable comorbid condition(s)

WHEN YOU HAVE COMPLETED YOUR ASSESSMENT: Submit to the AME of record (for direct upload into AMCS) or as specified in the FAA letter:

- ☐ Copy of your **full report** (not the patient portal notes) containing a MINIMUM of all the above elements;
- ☐ Copies of all records you reviewed to make your assessment. (Exclude copies of any **Fast Track** document **if already submitted to FAA** and any records previously received by you from the FAA.);
- ☐ Copies of all computer score reports; and
- ☐ An appended score summary sheet that includes raw scores, percentile scores, and/or standard scores **for all tests** administered.
  When available, **pilot norms must be used**. If pilot norms are not available for a particular test or inappropriate for a specific applicant, then the normative data/comparison group relied upon for interpretation (e.g., general population, age/education-corrected) must be specified.

Attention-Deficit/Hyperactivity Disorder (ADHD)
REFERENCE INFORMATION FOR THE PSYCHOLOGIST OR NEUROPSYCHOLOGIST

(Updated 08/30/2023)

The responsibility of the psychologist or neuropsychologist is to identify any neurocognitive deficit/impairment that has aeromedical significance. Attention-Deficit/Hyperactivity Disorder (ADHD), formerly called Attention Deficit Disorder (ADD), is a condition that may be aeromedically disqualifying. For reference information and comments on specific tests, authorized professionals should use the portal at FAA Neuropsychology Testing Specifications. For access to the portal, psychologists and neuropsychologists should email a request to 9-amc-aam-NPTesting@faa.gov.

Protocol for Binocular Multifocal and Accommodating Devices

(Updated 05/29/2019)

This Protocol establishes the authority for the AME to issue an airman medical certificate to binocular applicants using multifocal or accommodating ophthalmic devices.

Devices acceptable for aviation-related duties must be FDA approved and include:

Intraocular Lenses (multifocal or accommodating intraocular lens implants)
Bifocal/Multifocal contact lenses

AMEs may issue as outlined below:

- Adaptation period before certification:
  - Surgical lens implantation – minimum 3 months post-operative
  - Contact lenses (bifocal or multifocal) – minimum one month of use

- Must provide a report to include the FAA Form 8500-7, Report of Eye Evaluation, from the operating surgeon or the treating eye specialist. This report must attest to stable visual acuity and refractive error, absence of significant side effects/complications, need of medications, and freedom from any glare, flares or other visual phenomena that could affect visual performance and impact aviation safety

- Visual Acuity Standards:

  - As listed below or better;
  - Each eye separately;
  - Snellen equivalent; and
  - With or without correction. If correction is used, it should be noted and the correct limitation applied.

	First or Second Class	Third Class
Distant Vision	**20/20**	20/40
Near Vision Measured at 16 inches	20/40	20/40
Intermediate Vision Measured at 32 inches; Age 50 and over only	20/40	No requirement

Note: The above does not change the current certification policy on the use of monofocal non-accommodating intraocular lenses.

Protocol for Bundle Branch Block (BBB)

(Updated 04/28/2021)

A. PREVIOUSLY DOCUMENTED AND EVALUATED: No further evaluation required unless there is a change in condition.

B. RIGHT (RBBB): If a complete RBBB is identified at:

- **Age 35* or younger -** If otherwise healthy, will usually not require a CVE (unless there is some other indication). Annotate Block 60.

- **Age 36 or older** (or other indication) - Will require a cardiac evaluation to include:
  - Cardiovascular Evaluation (CVE) = Narrative + lab (FBS + Lipid Panel)
  - Stress echo

C. LEFT (LBBB): A LBBB in a person of any age will require a cardiac evaluation to include:
  - CVE
  - Pharmaceutical radionuclide perfusion study

Note: The exercise radionuclide stress test can often show a false-positive reversible septal defect due to the wall motion abnormality associated with the LBBB. Specifically, according to the current literature, approximately 40% of individuals with LBBB will demonstrate a false positive radionuclide reperfusion defect in the septal area.

AME ACTIONS:

- Individuals with a negative work-up may be issued the appropriate class of medical certificate with **notes in Item 60 and submission of evaluation documents for retention in the file**. No follow-up is required. If any future changes occur, a new current CVE may be required.

- If areas of ischemia are noted, a coronary angiogram will usually be indicated for definitive diagnosis. If significant CAD is diagnosed, refer to Special Issuance guidelines.

*Age updated to 35 (4/2021)

Protocol for Cardiac Transplant

(Updated 08/30/2017)

The AME must defer issuance. Issuance is considered for Third-class applicants only. FAA Cardiology Panel will review. Applicants found qualified will be required to provide annual follow-up evaluations. All studies must be performed within 30 days of application.

Requirements for consideration:

- A current report from the treating transplant cardiologist regarding the status of the cardiac transplant, including all pre- and post-operative reports. A statement regarding functional capacity, modifiable cardiovascular risk factors, and prognosis for incapacitation
- Current blood chemistries (fasting blood sugar, hemoglobin A1C concentration, and blood lipid profile to include total cholesterol, HDL, LDL, and triglycerides), within 30 days
- Any tests performed or deemed necessary by all treating physicians (e.g., myocardial biopsy)
- Coronary Angiogram
- Graded Exercise Stress Test (see disease protocol) and stress echocardiogram
- A current 24-hour Holter monitor evaluation to include selective representative tracings
- Complete documentation of all rejection history, whether treated or not; include hospital records and reports of any tests done
- A complete history regarding any infectious process
- All complete history regarding any malignancy
- List of all present medications and dosages, including side effects.

It is the responsibility of each applicant to provide the medical information required to determine his/her eligibility for airman medical certification. A medical release form may help in obtaining the necessary information. Please ensure full name appears on any reports or correspondence.

All information shall be forwarded in one mailing to either:

Using regular mail (US postal service)	**Using special mail (FedEx, UPS, etc.)**
Federal Aviation Administration Civil Aerospace Medical Institute, Bldg. 13 Aerospace Medical Certification Division AAM-313 PO Box 25082 Oklahoma City, OK 73125-9914	Federal Aviation Administration Medical Appeals Section, AAM-313 Aerospace Medical Certification Division 6700 S MacArthur Blvd., Room B-13 Oklahoma City, OK 73169

Protocol for Cardiac Valve Replacement

(Updated 07/27/2022)

For applicants with tissue or mechanical valve **replacement**(s):

INITIAL CONSIDERATION:

- **First- or Second-Class Applicants**: Applicants may be reviewed by the Federal Air Surgeon's (FAS) Cardiology Panel or FAS Cardiology Consultant and must have a **6-month recovery period** after procedure to ensure stabilization.
- **Multiple heart valve replacement(s):** Applicants who have received multiple heart valve replacements may be considered.
- **Ross Procedure:** The FAA may consider certification of all classes of applicants who have undergone a **Ross Procedure** (pulmonic valve transplanted to the aortic position and pulmonic valve replaced by a bioprosthesis).
- **Transcatheter Aortic Valve Replacement (TAVR) Procedure: TAVR** may also be considered for any class. In addition to the requirements listed below, a note from the cardiologist specifically explaining why the TAVR procedure was chosen (risk factors, conditions making open procedure not acceptable, etc.) must be provided.
- The following information must be submitted for **all classes**:
    1. **Copies of all hospital/medical records** pertaining to the valve replacement:
        - Admission History & Physical (H&P);
        - Discharge summary;
        - Operative report with valve information (make, model, serial number and size); and
        - Pathology report
    2. **A current report from the treating cardiologist** regarding the status of the cardiac valve replacement. It should address your general cardiovascular condition, any symptoms of valve or heart failure, any related abnormal physical findings, and must substantiate satisfactory recovery and cardiac function without evidence of embolic phenomena, significant arrhythmia, structural abnormality, or ischemic disease.
    3. **If on warfarin (Coumadin)**, the attending physician must confirm stability without complications. Report must include warfarin (Coumadin) dose history, schedule, and International Normalized Ratio (INR) values (monthly for the past 6-month period of observation; must be within acceptable range).
    4. **Current 24-hour Holter monitor** evaluation to include select representative tracings.
    5. **Current** M-mode, 2-dimensional, and M-Mode Doppler **echocardiogram**, specifically including chamber dimensions and valvular gradients. Submit the video resulting from this study on CD-ROM in DICOM compatible format.
    6. **Current maximal GXT** (stress test) – See GXT Protocol.

7. If cardiac catheterization and coronary angiography have been performed, all reports AND films must be submitted, including a copy of the cineangiogram on CD-ROM in DICOM compatible format.

FOLLOW-UP CERTIFICATION:

After initial certification, all classes are usually followed at 12-month intervals with the following requirements:

- Current clinical status report from your treating cardiologist;
- Standard resting ECG; (actual LEGIBLE tracing);
- Doppler echocardiogram report; and
- If used, a warfarin (Coumadin) status report: Include dose; monthly INRs; any complications from treatment and subsequent actions taken.

Note:

- Holter and GXT may be required periodically, if clinically indicated.
- All classes may be eligible for an AASI Cardiac Valve Replacement.
  - This includes TAVR or other SINGLE valve replacement.
- If any new valve replacement since their Special Issuance, the AME must **defer**.

SUBMITTING INFORMATION TO THE FAA:

- The applicant is responsible for providing all medical information required by the FAA to determine eligibility for medical certification. A medical release form may help in obtaining the necessary information. Authorization cannot be considered until all the required data has been received.
- Use full name and applicant ID on any reports or correspondence. This will assist in locating the file.
- Keep a copy of all documents and media submitted as a safeguard against loss.
- Send all information in one mailing to either:

Using regular mail (US postal service)	Using special mail (FedEx, UPS, etc.)
Federal Aviation Administration Civil Aerospace Medical Institute, Bldg. 13 Aerospace Medical Certification Division, AAM-313 PO Box 25082 Oklahoma City, OK 73125-9914	Federal Aviation Administration Medical Appeals Section, AAM-313 Aerospace Medical Certification Division 6700 S MacArthur Blvd., Room B-13 Oklahoma City, OK 73169

Protocol for Cardiovascular Evaluation (CVE)

A current cardiovascular evaluation (CVE) must include:

- A personal and family medical history assessment
- Clinical cardiac and general physical examination
- An assessment and statement regarding the applicant's medications, functional capacity, and modifiable cardiovascular risk factors
- Prognosis for incapacitation
- Blood chemistries (fasting blood sugar, current blood lipid profile to include total cholesterol, HDL, LDL, and triglycerides) performed within the last 90 days

Protocol for Conductive Keratoplasty

Conductive Keratoplasty (CK) is a refractive surgery procedure. It is acceptable for aeromedical certification, with Special Issuance, after review by the FAA.

The following criteria are necessary for initial certification:

- The airman is not qualified for six months post procedure
- The airman must provide all medical records related to the procedure
- A current status report by the surgical eye specialist with special note regarding complications of the procedure or the acquired monocularity, or vision complaints by the airman
- A current FAA Form 8500-7, Report of Eye Evaluation
- A medical flight test may be necessary (consult with the FAA)
- Annual follow-ups by the surgical eye specialist

Protocol for Evaluation of Coronary Heart Disease (CHD Protocol)

(Updated 12/30/2020)

For the purpose of airman certification coronary heart disease (CHD) is divided into 4 broad categories, with or without myocardial infarction (MI):

- **Open revascularization of any coronary artery(s) and left main coronary artery stenting** (with or without MI). Open revascularization includes coronary artery bypass grafting (CABG; on- or off-pump), minimally invasive procedures by incision, and robot operations. Left main coronary artery stenting carries the same risk of future cardiac events as CABG, thus it is treated the same for certification or qualification purposes
- **Percutaneous intervention** (with or without MI). This includes angioplasty (PTCA) and bare metal or drug-eluting stents
- **MI without any open or percutaneous intervention**
- **MI from non-coronary artery disease causes**. Examples include epinephrine injection, cardiac trauma, complications of catheterization, blood clotting disorders (e.g. PT/PTT, Protein S and C, Factor V Leiden), etc.

Recovery time before consideration and required tests will vary by the airman medical certificate applied for and the categories above.

A. Required recovery times for first and second-class:
    a. 6 months: Open revascularization of any coronary artery(s) or left main coronary artery stenting
    b. 3 months:
        - Percutaneous intervention **excluding** left main coronary artery interventions
        - Myocardial infarction (MI), uncomplicated, without any open or percutaneous intervention procedures
        - MI from non-coronary artery disease
B. Required documentation for all pilots with MI due to non-coronary artery disease:
    a. Current status report from the treating physician
    b. Copies of all medical records (inpatient and outpatient) pertaining to the event, including all labs, tests, or study results and reports.
C. Required documentation for all pilots with any of the remaining conditions above:
    a. The required documentation, including GXT and cardiac catheterization, must be accomplished no sooner than either 6 months or 3 months post-event, depending on the underlying condition as listed in Paragraph A. above
    b. Copies of all medical records (inpatient and outpatient) pertaining to the event, including all labs, tests, or study results and reports.
    c. Current, detailed Clinical Progress Note from the treating cardiologist (cardiovascular evaluation (CVE)) including:
        - Personal and family medical history assessment; clinical cardiac and general physical examination; assessment and statement

regarding the applicant's functional capacity and prognosis for incapacitation
- Documentation of counselling on modifiable cardiovascular risk factors
- All medications and side-effects, if any
- Labs (lipids, blood glucose)

d. Current Bruce Protocol Stress Test (GXT):
- Third-class airmen - maximal plain GXT
- First and unlimited second-class airmen require maximal radionuclide GXT.
- For specific GXT requirements see Guidelines for GXT

D. Additional required documentation for first and unlimited* second-class airmen
a. For conditions requiring 6-month recovery:
- 6-month post event cardiac catheterization
- 6-month post event maximal radionuclide GXT (see above)

b. For conditions requiring 3-month recovery:
- 3-month post event cardiac catheterization
- 3-month post event maximal radionuclide GXT (see above)

c. The applicant should indicate if a lower class medical certificate is acceptable (if they are found ineligible for the class sought)

E. Additional required documentation for percutaneous coronary intervention: The applicant must provide the operative or post procedure report. If a STENT was placed, the report must include make of STENT, implant location(s), and the length and diameter of each STENT.

A **SPECT** myocardial perfusion exercise stress test using technetium agents and/or thallium may be required for consideration for any class if clinically indicated or if the exercise stress test is abnormal by any of the usual parameters. The interpretive report and all **SPECT** images, preferably in black and white, must be submitted.

Note: If cardiac catheterization and/or coronary angiography have been performed, all reports and actual films (if films are requested) must be submitted for review. Copies should be made of all films to safeguard against loss. Films should be labeled with the applicant's name and return address.

* Limited second-class medical certificate refers to a second-class certificate with a functional limitation such as **"Not Valid for Carrying Passengers for Compensation or Hire," "Not Valid for Pilot in Command**, **Valid Only When Serving as a Pilot Member of a Fully Qualified Two-Pilot Crew,"** etc.

Specifications for Neuropsychological Evaluations for Treatment with SSRI Medications

(Updated 01/29/2020)

Depressive disorders and medications used to treat depression are medically disqualifying for pilots and FAA Air Traffic Control Specialists. However, the Federal Air Surgeon has established a policy for Authorizations for Special Issuance (SI) of medical certificates for pilots and Special Consideration (SC) clearance for FAA ATCS treated with selective serotonin reuptake inhibitor (SSRI) medications who meet specific criteria.

- **Where can I find the policy?** The policy is published in the Guide for Aviation Medical Examiners at Item 47. Psychiatric Conditions - Use of Antidepressant Medications.

- **What will be required if special issuance/ special Consideration is authorized?** Airmen found eligible for SI and FAA ATCS found eligible for SC will be required to undergo periodic re-evaluations. Requirements for re-evaluation testing will be specified in the letter authorizing SI/SC, and may be limited to the CogScreen-AE or expanded to include additional tests.

Why is a neuropsychological evaluation required? Depression and other conditions treated with selective serotonin reuptake inhibitor (SSRI) medications, as well as the SSRIs themselves, may produce cognitive deficits that would make an airman unsafe to perform pilot duties. This guideline outlines the requirements for a neuropsychological evaluation.

Who may perform a neuropsychological evaluation? Neuropsychological evaluations must be conducted by a licensed clinical psychologist who is either board certified or "board eligible" in clinical neuropsychology. "Board eligible" means that the clinical neuropsychologist has the education, training, and clinical practice experience that would qualify him or her to sit for board certification with the American Board of Clinical Neuropsychology, the American Board of Professional Neuropsychology, and/or the American Board of Pediatric Neuropsychology.

Will I need to provide any of my medical records? You should make records available to the neuropsychologist prior to the evaluation, to include:

- Copies of all records regarding prior psychiatric/substance-related hospitalizations, observations or treatment not previously submitted to the FAA.
- Have a copy of your complete FAA file sent to the HIMS AME AND to a board certified psychiatrist if your treating physician is not a board certified psychiatrist.
    - For airmen, see Release of Information on how to request a copy of your file by submitting a Request for Airman Medical Records (Form 8065-2).
    - For FAA ATCS information on this process, contact your Regional Flight Surgeon's office.

What must the neuropsychological evaluation report include? *At a minimum*:

- A review of all available records, including academic records, records of prior psychiatric hospitalizations, and records of periods of observation or treatment (e.g., psychiatrist, psychologist, or pediatric neuropsychiatrist treatment notes). Records

must be in sufficient detail to permit a clear evaluation of the nature and extent of any previous mental disorders.
- A thorough clinical interview to include a detailed history regarding: psychosocial or developmental problems; academic and employment performance; legal issues; substance use/abuse (including treatment and quality of recovery); aviation background and experience; medical conditions, and **all** medication use; and behavioral observations during the interview and testing.
- A mental status examination.
- Interpretation of testing **including, but not limited to,** the tests as specified below.
- An integrated summary of findings with an explicit diagnostic statement, and the neuropsychologist's opinion(s) and recommendation(s) regarding clinically or aeromedically significant findings and the potential impact on aviation safety consistent with the Federal Aviation Regulations.

What is required for testing?
To promote test security, itemized lists of tests comprising psychological/neuropsychological test batteries have been moved to a secure site. Authorized professionals should use the portal at FAA Neuropsychology Testing Specifications. For access, email a request to 9-amc-aam-NPTesting@faa.gov.

What must be submitted? The neuropsychologist's report as specified in the portal, **plus**:
- Copies of all computer score reports; and
- An appended score summary sheet that includes all scores for all tests administered. When available, **pilot norms must be used**. If pilot norms are not available for a particular test, then the normative comparison group (e.g., general population, age/education-corrected) must be specified. Also, when available, percentile scores must be included.

Recommendations should be strictly limited to the psychologist's area of expertise. **For questions about testing or requirements, email 9-amc-aam-NPTesting@faa.gov** .

What else does the neuropsychologist need to know?
- The FAA will not proceed with a review of the test findings without the above data.
- The data and clinical findings will be carefully safeguarded in accordance with the APA Ethical Principles of Psychologists and Code of Conduct (2002) as well as applicable federal law.
- Raw psychological testing data may be required at a future date for expert review by one of the FAA's consulting clinical psychologists. In that event, **the airman/FAA ATCS** will need to provide an authorization for release of the data to the expert reviewer. Contact your RFS office for more information.

Useful references for the neuropsychologist:
- MOST COMPREHENSIVE SINGLE REFERENCE: *Aeromedical Psychology* (2013). C.H. Kennedy & G.G. Kay (Editors). Ashgate.
- Pilot norms on neurocognitive tests: Kay, G.G. (2002). Guidelines for the Psychological Evaluation of Aircrew Personnel. *Occupational Medicine, 17 (2)*, 227-245.
- Aviation-related psychological evaluations: Jones, D. R. (2008). Aerospace Psychiatry. In J. R. Davis, R. Johnson, J. Stepanek & J. A. Fogarty (Eds.), *Fundamentals of Aerospace Medicine (4th Ed.)*, (pp. 406-424). Philadelphia: Lippencott Williams & Wilkins.

Protocol for Diabetes Mellitus - Diet Controlled

A medical history or clinical diagnosis of diabetes mellitus may be considered previously established when the diagnosis has been or clearly could be made because of supporting laboratory findings and/or clinical signs and symptoms. When an applicant with a history of diabetes is examined for the first time, the AME should explain the procedures involved and assist in obtaining prior records and current special testing.

Applicants with a diagnosis of diabetes mellitus controlled by diet alone are considered eligible for all classes of medical certificates under the medical standards, provided they have no evidence of associated disqualifying cardiovascular, neurological, renal, or ophthalmological disease. Specialized examinations need not be performed unless indicated by history or clinical findings. The AME must document these determinations on FAA Form 8500-8.

Protocol for Diabetes Mellitus Treated with Any Medication Other Than Insulin

All Classes

(Updated 06/29/2022)

If taking **any form of insulin** do NOT use this protocol. Go to www.faa.gov/go/itdm.

Applicants with a diagnosis of diabetes mellitus controlled by medication must submit the following information for consideration of an Authorization for Special Issuance Medical Certificate (Authorization) for any class. See Acceptable Combinations of Diabetes Medications for allowable medications, combinations, and required recovery periods after starting or changing medication(s).

INITIAL AUTHORIZATION:

1. Requires FAA review and determination.
2. The **AME must defer**.
3. Applicant must submit either:
    - The Diabetes or Hyperglycemia on Oral Medications Status Report OR
    - A current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or endocrinologist **no more than 90 days prior** to the AME exam. It must include:
        - A detailed summary of the history of the condition;
        - Treatments and outcomes;
        - Current medications, dosage, and side effects (if any);
        - Physical exam findings;
        - Results of any testing performed;
        - Diagnosis;
        - Assessment;
        - Plan (prognosis); and
        - Follow-up.
4. The Clinical Progress Note must also specifically include:
    - If there is any evidence of progressive diabetes-induced end organ disease (cardiac, neurological, ophthalmological, peripheral neuropathy, or renal disease); and
    - If there are any hypoglycemia episodes in the past one year.
5. Current Hemoglobin A1C lab test performed **no more than 90 days*** prior to the AME exam (and 30 days after medication change). *Note: This was previously 30 days.

SUBSEQUENT EXAMS:

1. See the individual's Authorization for Special issuance. An AME may issue a subsequent medical certificate if allowed under the provisions of the Authorization.
2. Follow-up evaluation by the treating physician is required **annually.**
3. The applicant must submit either:
    - Diabetes or Hyperglycemia on Oral Medications Status Report; OR
    - A current Detailed Clinical Progress Note from the treating physician, which contains the above information.
4. See AASI for Diabetes Mellitus – Type II Medication Controlled (Not Insulin)

GENERAL CONSIDERATIONS:

1. Initial consideration targets include:

- Hemoglobin A1C less than 9.0; and
- Use of acceptable combination of medication(s).

2. Evidence of cardiovascular, neurological, renal, and/or ophthalmological disease are not necessarily disqualifying, however, the disease(s) must be carefully evaluated to determine any added risk to aviation safety.
3. The AME should counsel the applicant regarding:
    - The significance of the disease and possible complications;
    - The potential for hypoglycemic reactions and caution to remain under close medical surveillance by the treating physician; and
    - Any changes to types or dosage of medications.
      The individual **should not perform pilot or safety-related duties** until required recovery periods have elapsed and the treating physician has consulted with the AME who issued the certificate, AMCD, or RFS and has determined that the condition is:
        - Under control;
        - Stable; and
        - Presents no risk to aviation safety.

DIABETES or HYPERGLYCEMIA ON ORAL MEDICATIONS STATUS REPORT

(Updated 06/29/2022)

Name _____ Birthdate _____

Applicant ID# _____ PI#_____

Please have the provider who treats your diabetes enter the information in the space below. Return the completed status report to your AME or to the FAA at:

Using regular mail (US postal service)	**Using special mail (FedEx, UPS, etc.)**
Federal Aviation Administration Civil Aerospace Medical Institute, Bldg. 13 Aerospace Medical Certification Division, AAM-313 PO Box 25082 Oklahoma City, OK 73125-9914	Federal Aviation Administration Medical Appeals Section, AAM-313 Aerospace Medical Certification Division 6700 S MacArthur Blvd., Building 13, Room 308 Oklahoma City, OK 73169

1. Provider printed name _____ and phone # _____
2. Date of last clinical encounter for diabetes _____
3. Date of most recent DIABETES MEDICATION change _____
4. Hemoglobin A1C lab value _____ and date _____
   (A1C lab value must be taken more than 30 days after medication change and within 90 days of re/certification)
5. List ALL current medications (for any condition) *

_____
_____
_____
_____
_____

If YES is circled on any of the questions below, please attach narrative, tests, etc.

6. Any side effects from medications	Yes	No
7. ANY episode of hypoglycemia in the past year	Yes	No
8. Any evidence of progressive diabetes induced end organ disease		
Cardiac……	Yes	No
Neurological……..	Yes	No
Ophthalmological……	Yes	No
Peripheral neuropathy……	Yes	No
Renal disease……..	Yes	No
9. Does this patient take ANY form of insulin	Yes	No
10. Any clinical concerns?	Yes	No

_____ _____

Treating Provider Signature Date

Note: Acceptable Combinations of Diabetes Medications and copies of this status report for future follow-ups can be found at www.faa.gov/go/diabetic.

Protocol for Diabetes Mellitus Type I or Type II Insulin Treated - CGM Option

(Updated 08/30/2023)

Consideration will be given to those individuals who have been clinically stable on their current treatment regimen for a period of 6-months or more. The FAA has an established policy that permits the special issuance medical certification to some insulin treated applicants. Individuals certificated under this policy will be required to provide medical documentation regarding their history of treatment, accidents, and current medical status. If certificated, they will be required to adhere to monitoring requirements. There are no restrictions regarding flight outside of the United States air space. Airmen with a current 3rd class certificate will have the limitation removed with their next certificate. If they need the limitation removed sooner, they should contact AMCD for an updated certificate without the limitation.

CONTINUOUS GLUCOSE MONITORING (CGM PROTOCOL) - ALL CLASSES:

For consideration for first- or second-class airman certification, **the airman must submit Continuous Glucose Monitoring (CGM) data and ALL the certification requirements as outlined below:**

For details of what **specific information** must be included for each requirement/report, see the links below (or the following pages in this document) for:

NON-CGM PROTOCOL - THIRD CLASS OPTION:

Third class airmen may elect to use either the CGM protocol or the non-CGM protocol. See the links below (or the following pages in this document) for details of what **specific information** must be included for each requirement/report for third-class certification.

DIABETES MELLITUS TYPE I OR TYPE II INSULIN TREATED CGM OPTION

A. PILOT INFORMATION - INITIAL CERTIFICATION

(Updated 08/30/2023)

If you are a PILOT:

1. See your treating physician and get healthy.
2. Do not fly, in accordance with 14 CFR 61.53, until you have an Authorization from the FAA. Find an Aviation Medical Examiner (AME) to work with you through the FAA process:
   - ☐ Establish care and obtain an evaluation with a **board-certified endocrinologist**. (See Item #1 – ITDM Initial Certificate Consideration Requirements)
   - ☐ Select, in conjunction with your board-certified endocrinologist, an appropriate Continuous Glucose Monitor (CGM) device that meets all FAA monitoring criteria. (See "Item # 3 - Continuous Glucose Monitor Data" of the ITDM Initial Certificate Consideration Requirements).
   - ☐ Collect **a minimum of 6 months** of CGM data.
     - ☐ Separate the data by month (e.g., Jan. 1-31, Feb. 1-28, March 1-31, etc.).
     - ☐ Review the CGM Data - Report Examples. Verify you provide the correct report views based on the type of CGM device used.
   - ☐ Verify your CGM report identifies the percentage of time spent with glucose:
     - ☐ Less than 54 mg/dL;
     - ☐ Less than 70 mg/dL;
     - ☐ Between 70 and 180 mg/dL;
     - ☐ Above 180 mg/dL; and
     - ☐ Above 250 mg/dL
   - ☐ Obtain initial lab battery and submit copies of A1C from at least **past 12 months**.
   - ☐ Obtain an eye evaluation from a **board-certified ophthalmologist** (M.D. or D.O.). Exam by an optometrist (OD) is **NOT** acceptable.
   - ☐ Obtain a cardiac evaluation from a **board-certified cardiologist**. Must be a physician, (M.D. or D.O), not a mid-level practitioner.
     - ☐ Obtain an ECG.
     - ☐ Undergo a Stress Test Bruce Protocol (if age 40 or older).
3. When you have accomplished ALL of the above:
   - ☐ Take to your AME all of the above items and **any other information on any other condition(s)** that may require a Special Issuance
   - ☐ See your AME and complete a new 8500-8 exam
   - ☐ The AME is not authorized to issue an initial medical certificate and must transmit the application and physical examination as DEFERRED
   - ☐ The AME may assist with uploading the documents (See uploading guidance.)

IMPORTANT NOTE:

While your exam is under review: **Continue to submit your endocrinologist report and monthly CGM printouts EVERY 3 MONTHS.** This will ensure the FAA has the most current information. If current information is not submitted, the FAA will then have to requested it, which will delay the certification review.

DIABETES MELLITUS TYPE I OR TYPE II INSULIN TREATED - CGM OPTION

B. INITIAL CERTIFICATE CONSIDERATION REQUIREMENTS

(Updated 08/30/2023)

For consideration for first- or second-class medical certification, the applicant must submit Continuous Glucose Monitoring (CGM) data. Requirements are below. For information on the specific information needed for each requirement/report (items #1-5), see the CGM – Certification Aid.

The individual must demonstrate stability and adequate control, verified by CGM data, for a **minimum of 6 months**. If a new diagnosis of Insulin-treated Diabetes Mellitus (ITDM) or any concerns regarding adequacy of control may require a longer stability period.

Additional information may be required on a case-by-case basis. For information on how to send documents to the FAA, see How to Submit Documents for Initial or Recertification/Renewal. Submit the following **performed within the past 90 days:**

ITEM # 1 Initial Comprehensive clinical consultation from your treating board-certified **endocrinologist (M.D. or D.O.), not a mid-level practitioner**. This may be labeled progress note, consultation note, or history and physical.
Note: for initial evaluations, the former "Diabetes on Insulin Re-Certification Status Report" (now called "Diabetes on Insulin Re-Certification Status Report NON CGM – Third Class Option") will **NOT** be accepted. The Initial Comprehensive report contains significant additional information.

ITEM # 2 Lab - Initial/Annual comprehensive panel. (See Certification Aid for required list.)

ITEM # 3 **Monthly** CGM data with a device that meets FAA requirements for the preceding 6 months (up to 12 months when available).

CGM data should demonstrate consistent, effective ongoing use; time-in-range (70–180 mg/dL); and for excursions below 54, below 70 and above 180, and above 250 mg/dL. (See chart on next page.)

When providing CGM Data reports, for each month of data, include the following reports based on your device. Submit the original digital reports **in color** (when possible):

DEXCOM

- ☐ Overview Report
- ☐ Ambulatory Glucose Profile (AGP) Report
- ☐ Alert Settings
- ☐ Weekly Overlays/Graphs (for each week of the month)

MEDTRONIC

- ☐ Assessment & Progress Report
- ☐ Weekly Overlays/Graphs (for each week of the month)

INITIAL CERTIFICATE CONSIDERATION REQUIREMENTS (Page 2 of 2)
(Updated 08/30/2023)

(Continued)

ITEM # 3 OTHER DEVICES

- The data report should include estimated A1c (and/or GMI - glucose management indicator), average glucose, coefficient of variation, standard deviation, time in range, sensor usage, and weekly overlays/graphs.
- A list of acceptable CGM devices can be found the CGM Option – Certification Aid.

SETTINGS: Alarm Settings and Repeat Alarm Settings **should be turned ON**

CGM GOALS: See table below for parameters and target range.
While it is important that the CGM data meets the FAA CGM goals noted below, it is also essential that the weekly graphs/overlays demonstrate **consistent glycemic control with minimal excursions below 70mg/dl and/or above 250mg/dl.**

if the CGM data meets the CGM goals but glycemic control is inconsistent on the weekly graphs/overlays, this will be considered unacceptable and may jeopardize medical certification eligibility.

Parameter	Target Range for Certification Consideration
Auto Mode	Greater than 90%
Coefficient of Variance	Less than or equal to 33% (May consider up to 36%)
Glucose Management Indicator (GMI)	Less than 6.5%
Glucose readings - less than 54 mg/dl	less than 1%
Glucose readings - less than 70 mg/dl	less than 4%
Glucose readings - greater than 250 mg/dl	less than 5%
Overall glucose readings - 70-250 mg/dl	90% or greater
Sensor wear	90% of the time or greater
Time in Range (TIR) of 70*-180 mg/dl	70% or greater

*Note: TIR 70 per ADA guidance.

ITEM # 4 Eye evaluation from a board-certified ophthalmologist (M.D. or D.O). An exam by an optometrist (O.D.) is **NOT** acceptable; AND

ITEM # 5 Cardiac Risk Evaluation from a **board-certified cardiologist** (M.D. or D.O.), not a mid-level practitioner.

- Evaluation must include lab and ECG;
- **Age 40 and above must also include an initial exercise stress test (EST)**

IMPORTANT NOTE:

While your exam is under review: **Continue to submit your endocrinologist report and monthly CGM printouts EVERY 3 MONTHS.** This will ensure the FAA has the most current information. If current information is not submitted, the FAA will then have to requested it, which will delay the certification review.

DIABETES MELLITUS TYPE I OR TYPE II - INSULIN TREATED CGM OPTION

C. CERTIFICATION AID

(Updated 08/30/2023)

The following are the specifics of the ITEM numbers listed in the Initial and Renewal requirements:

ITEM #1: INITIAL COMPREHENSIVE REPORT (Updated 03/30/2022)

INITIAL COMPREHENSIVE in-person evaluation performed within the **past 90 days** from the treating **board-certified endocrinologist.** The individual must submit a copy of the **actual comprehensive current, detailed Clinical Progress Note. (We will NOT accept the patient encounter summary or a letter from the endocrinologist.)** It must detail and comment on **ALL** of the following[*1]:

A. DIABETES HISTORY:

1. Characteristics at onset (age, symptoms, etc.):
    a) Review previous treatment and response
    b) Frequency/cause/severity of past hospitalizations
    c) Complications and common comorbidities:
        - Any end organ damage (macrovascular or microvascular);
        - Presence of hemoglobinopathies or anemias;
        - High blood pressure or abnormal lipids and treatment; and
        - Visits to specialist (what type and why)
    d) Lifestyle and behavior patterns:
        - Eating patterns and weight history;
        - Sleep behavior and physical activity;
        - Familiarity with carbohydrate counting, if applicable;
        - Tobacco, alcohol, and substance use; and
        - Any motor vehicle accidents or incidents pertinent to their history of diabetes
2. Medication and Reporting:
    a) Medication compliance;
    b) Medication intolerance or side effects;
    c) Complementary or alternative medicine use;
    d) Glucose monitoring (meter/CGM) results and data use; and
    e) Review insulin pump settings
3. Screening for Psychosocial conditions:
    a) Screen for depression, anxiety, disordered eating (ex: Patient Health Questionnaire 9 or 2 [PHQ-9 or PHQ-2] or similar);
    b) Cognitive impairment assessment (and formal testing, if clinically indicated); and
    c) Diabetes self-management education and support:
        - History of dietician/diabetes educator visits; and
        - Screen for barriers to diabetes self-management
4. Glucose control:
    a) **HYPO**glycemia:
        - Any symptomatic episodes in the **past 12 months** requiring treatment or assistance by another individual, with comment on timing, awareness, frequency, causes, and treatment.
        - Sustained episodes, e.g., CGM/FSBG values below 70 mg/dL for over 30 minutes or below 54 mg/dL for over 15 minutes, with comment on symptoms and treatment.
    b) **HYPER**glycemia:
        - Any symptomatic episodes in the **past 12 months** with comment on timing, awareness, frequency, causes, and treatment.

CERTIFICATION AID (Page 2 of 5)
(Updated 08/30/2023)

- Sustained episodes (e.g., CGM/FSBG values above 250 mg/dL for over 60 minutes or above 300 mg/dL for over 30 minutes) with comment on symptoms and treatment.

B. PHYSICAL EXAM (Must narrate what is examined and any findings):

1. Height, Weight, Body Mass Index (BMI);
2. Pulse and blood pressure including orthostatic blood pressure, when indicated;
3. Thyroid palpation and skin exam (acanthosis nigricans, insulin injection or insertion sites, lipodystrophy); and
4. Comprehensive foot exam:
   a) Visual inspection; screen for PAD (check pedal pulses; refer for ABI if diminished); and
   b) Determination of temperature, vibration or pinprick sensation, and 10-g monofilament exam

C. ASSESSMENT AND PLAN:

1. Current status of diabetes including an assessment of **compliance**, **glucose control,** and **stability** as well as their ability to monitor and respond accordingly to HYPO and HYPER glycemic events and administer insulin doses;
2. Prognosis for progression over the next 12 months; and
3. Recommendations for treatment changes

D. DATE OF NEXT CLINICAL FOLLOW-UP (Required every 3 months for FAA.)

*1 Modified from American Diabetes Association (ADA) Standards of Medical Care 2020

ITEM #2: LAB

LAB - Initial/Annual comprehensive panel **performed within the past 90 days:**

A. A1C	Within last 90 days AND all prior values from the preceding 12 months
B. CBC	Complete Blood Count
C. Lipids	Total, LDL [low density lipoprotein], HDL [high density lipoprotein], cholesterol, and triglycerides
D. LFT's	Liver function tests
E. Microalbumin	or spot urinary albumin-to-creatinine ratio
F. Renal function	Serum creatinine, BUN (blood urea nitrogen), eGFR (estimated glomerular filtration
G. TSH	Thyroid-stimulating hormone
H. Vitamin B12	When clinically indicated
I. Potassium	Serum level when clinically indicated or when taking ACE-I (angiotensin converting enzyme inhibitors), ARBs (angiotensin II receptor blockers), or diuretics

ITEM #3: CONTINUOUS GLUCOSE MONITOR (CGM) DATA (Updated 08/30/2023)

When submitting CGM data:

- **DO** Submit the required weekly or monthly graphs. (See examples on the following pages)
- **DO NOT** submit daily or hourly statistics from insulin pumps.
- When providing CGM Data reports, for each month of data, include the following reports based on your device. **Submit the original digital reports IN COLOR** (when possible):

CERTIFICATION AID (Page 3 of 5)
(Updated 08/30/2023)

DEXCOM

- ☐ Overview Report
- ☐ Ambulatory Glucose Profile (AGP) Report
- ☐ Alert Settings
- ☐ Weekly Overlays/Graphs (for each week of the month)

MEDTRONIC

- ☐ Assessment & Progress Report
- ☐ Weekly Overlays/Graphs (for each week of the month)

OTHER DEVICES

- ☐ The data report should include estimated A1c (and/or glucose management indicator [GMI]), average glucose, coefficient of variation, standard deviation, time in range, sensor usage, and weekly overlays/graphs.

A. CONTINUOUS GLUCOSE MONITOR (CGM) DATA on a device that meets the FAA's minimum CGM device feature requirements.

1. Readings from (at a minimum) the preceding **6 months for initial certification** and thereafter 3 months.
2. Analyze to identify **percentage time** in the following ranges:
   a) Less than 54 mg/dL
   b) Less than 70mg/dL
   c) Between 70 and 180 mg/dL
   d) Above 180 mg/dL
   e) Above 250 mg/dL

B. CGM DEVICE FEATURES: The FAA does not endorse any particular manufacturer, however, the CGM device **must** have the following features:

1. Must be **FDA-approved** and **appropriate for age**;
2. Must be a real-time CGM (automatically transmits glucose data to the user) without need to manually scan the sensor (e.g., intermittently scanned CGM);
3. Have **"predictive arrow trends"** that provide warnings of potentially dangerous glucose levels (high or low) before they occur;
4. Able to **customize** low and high glucose levels;
5. Have a high-accuracy rating with an overall Mean Absolute Relative Difference (MARD) of 10% or less. (e.g., If the MARD is 10% and the glucose reading is 70mg/dL, the actual blood glucose could be as low as 63 mg/dL or as high as 77mg/dL);
6. Printout reports must include monthly summary showing: **Time-In-Range (TIR) Values for 70-180 mg/dL; Average Glucose Levels; Standard Deviation (SD);** and (when provided by the reporting software) **Coefficient of Variability [CoV]** values. **Reports must include weekly glucose value data graphics**. **All data must be legible.** Failure to provide these values could result in a **delay** in processing your application;
7. Calibrated to at least at the minimum frequency required by the manufacturer or endocrinologist; and
8. Must be individual's own, **unblinded CGM** t**hat cannot be shared** with anyone else. The individual cannot use anyone else's CGM (e.g., blinded CGM device, which is professional use only).
   a) **Time-In-Range (TIR) Values** for 70-180 mg/dL;
   b) **Average Glucose Levels**;
   c) **Standard Deviation (SD**); and (when provided by the reporting software)

CERTIFICATION AID (Page 4 of 5)
(Updated 08/30/2023)

d) **Coefficient of Variability [CoV]** values;
e) Alarm Settings, indicating both high and low alarms are active;
NOTE: CGM Alarm Settings and Repeat Alarm Settings should be turned ON.
f) **Device manufacturer and current mode**l; and
g) **Reports must include weekly glucose value data graphics. All data must be legible**. Failure to provide these values could result in a **delay** in processing of the application.

CGM devices that currently meet the required features (as of 08/30/2023) include:

Dexcom G7
Dexcom G6
Dexcom G5
Dexcom G4 PLATINUM
Freestyle Libre 3
Medtronic MiniMed 670G system CGM with insulin pump
Medtronic MiniMed 630G system CGM with insulin pump
Medtronic MiniMed 780G system CGM with insulin pump
Medtronic Guardian Connect CGM system
Senseonics' Eversense CGM (90-day monitor)
Senseonics' Eversense E3 CGM (180-day monitor)

This list may not be all-inclusive. Refer to the CGM Device Features in Item B.

C. INSULIN PUMP REQUIREMENTS:

1. If using an insulin pump, it must have the ability to suspend insulin for a predictive low glucose or predicted pressure changes;
2. Insulin used in the pumps must be FDA approved for that use; and
3. Insulin pumps must also be FDA approved as compatible with the CGM device. (Not all CGM devices are compatible with all insulin pumps.)

ITEM #4: EYE EVALUATION

EYE EVALUATION performed within the past 90 days from a **board-certified ophthalmologist** (M.D. or D.O.). Exam by optometrist (O.D.) is **NOT** acceptable. Evaluation must include:

A. VISUAL ACUITY (with and without correction) each eye separately and together for:
1. Near;
2. Intermediate; and
3. Distance vision

B. EVALUATION FOR OTHER RETINAL OR CLINICALLY SIGNIFICANT EYE DISEASE:
1. Cataracts, any evidence;
2. Color vision deficiency: test used; method used;
3. Contrast sensitivity: test used; method used;
4. Depth perception abnormality;
5. Intra Ocular P Pressure (IOP) reading (and treatment if required): test used, method used; and
6. Visual field defects: type of test, method used (confrontation fields are acceptable).

CERTIFICATION AID (Page 5 of 5)
(Updated 08/30/2023)

C. DILATED FUNDUS EXAM with documentation of absence of retinopathy or degree of retinopathy, if present, and any treatment indicated or recommended.

D. DIAGNOSIS, PROGNOSIS, AND RECOMMENDATIONS FOR TREATMENT OR FOLLOW-UP.

ITEM #5: CARDIAC RISK EVALUATION (Updated 08/30/2023)

CARDIAC RISK EVALUATION performed within the past 90 days from a **board-certified cardiologist (M.D. or D.O.), not a mid-level practitioner.** The document submitted MUST be from the actual in-person office evaluation and resultant current, detailed Clinical Progress Note**:**

A. INITIAL CARDIAC RISK EVALUATION:
1. Evaluation from a board-certified cardiologist assessing cardiac risk factors;
2. Baseline ECG (regardless of age);
3. The **evaluation must be COMPREHENSIVE, in-person, and performed** within the **past 90 days** from the treating **board-certified cardiologist.** The individual must submit a copy of the **actual comprehensive current detailed Clinical Progress Note. (We will NOT accept the patient encounter summary** [after visit summary] **or a letter.)**

B. STRESS TEST (Maximal exercise treadmill stress testing (Bruce)**:**
1. Beginning at age 40,
2. every 5 years thereafter, and
3. at any age when clinically indicated**:**
   See Graded Exercise Stress Test Protocol.

C. IF THERE ARE ANY ABNORMALITIES on the ECG, stress test, or identification of any cardiac conditions, the cardiologist must provide a report that details:
1. Any confirmed or suspected diagnosis
2. Clinical status including any symptoms
3. Control of cardiac risk factors (HTN, smoking, hyperlipidemia, exercise, weight)
4. Treatment or monitoring required or recommended and any side effects
5. Were other investigations conducted or recommended (attach reports)
6. Risk of any acutely disabling cardiovascular event (annualized percentage risk)

For information on how to send documents to the FAA, see How to Submit Documents for Initial or Recertification/Renewal.

DIABETES MELLITUS TYPE I OR TYPE II - INSULIN TREATED CGM OPTION

D. INFORMATION SUBMISSION REQUIREMENTS

(Updated 08/30/2023)

AIRMAN'S NAME_____ **PI# or MID#**_____

This document is for pilot or AME use. DO NOT SUBMIT TO THE FAA

Frequency		Initial	Submit all INITIAL Info to the FAA for consideration.	At 3 Months	At 6 months	SUBMIT ALL NEW ITEMS (left of this line) to the FAA every 6 months as one package.	At 9 months	Every 12 months	SUBMIT ALL NEW ITEMS (left of this line) to the FAA every 6 months as one package.	Every 5 years
Month/Year Due										
Endocrinologist Evaluation (in person visit) At 3 and 9 months, this can be from a midlevel (PA/NP) virtual or in person										
Monthly CGM printouts										
LABORATORY	A1C									
	CBC									
	Lipids									
	Liver Function Tests (LFTs)									
	Microalbumin									
	Renal (creatinine/BUN/eGFR)									
	TSH									
	B12 (if indicated)									
	Potassium (if indicated)									
Eye evaluation Must be done by board-certified ophthalmologist (M.D. or D.O.). Exam by optometrist (O.D.) is **NOT** acceptable.										
Cardiac Risk Evaluation (initial eval with cardiologist and requires ECG for all ages										
Cardiac Risk Evaluation AGE 40 AND OLDER with cardiologist										
Cardiac Risk Evaluation UNDER AGE 40 with endocrinologist or cardiologist								Every 24 months		
Stress Test Age 40 and every 5 years										

DIABETES MELLITUS TYPE I OR TYPE II - INSULIN TREATED CGM OPTION

E. CGM RENEWAL CERTIFICATE REQUIREMENTS

(Updated 08/30/2023)

Once the individual has obtained an Authorization for Special Issuance, they should submit the requirements specified in their Authorization Letter. The item numbers below correspond to the numbers on Initial Certificate Consideration Requirements sheet.
Note: The AME may **NOT re-issue a medical certificate** UNLESS the Authorization letter specifically indicates the AME may re-issue a time-limited certificate.
In general, the renewal information required is as follows:

EVERY 6 MONTHS

ITEM #1 Every 3 months, a comprehensive endocrinology clinical examination.

- Every 6-month visit must be in-person and performed by your endocrinologist.
- The 3-month interval visits may be in person or virtually at the discretion of the endocrinologist. These interval visits may be from your endocrinologist or a mid-level practitioner [physician assistant (PA) or nurse practitioner (NP)] associated with your endocrinologist:
- It should include all parts of the clinical examination: summary of the history of the condition; current medications (dosages and side effects, if any); clinical exam findings; comprehensive foot exam (e.g., visual inspection, sensation, 10-g monofilament exam, etc.); results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up.
- **After the examination, obtain the current, detailed Clinical Progress Note from your provider;**
  NOTE: A letter from your endocrinologist is **NOT** sufficient and cannot substitute for a **current detailed Clinical Progress Note**.
- If additional visits occur, submit those actual clinic record(s) to the FAA also.

ITEM #3 Monthly CGM data reports for the previous 6 months:

- Collect data for each month. Separate the data by month (e.g., Jan. 1-31, Feb. 1-28, March 1-31, etc.)**;**
- Continue ongoing use with a CGM device that meets FAA requirements.

EVERY 12 MONTHS

- All items listed in the "**EVERY 6 MONTHS"** section above, **PLUS**:
- **ITEM #2 - Lab** - Annual comprehensive panel;
- **ITEM #4 - Eye evaluation** from a board-certified ophthalmologist (M.D. or D.O). Exam by an optometrist is **NOT** acceptable; AND
- **ITEM #5 - Cardiac Risk Evaluation for Age 40 and above** from a **board-certified cardiologist including lab;**
- **ECG, stress test or other cardiac testing, if clinically indicated;** (Note: stress test required every five (5) years, sooner if concerns or clinically indicated.

ADDITIONAL INFORMATION MAY BE REQUIRED ON A CASE-BY-CASE BASIS.

CGM RENEWAL CERTIFICATE REQUIREMENTS (Page 2 of 2)

(Updated 08/30/2023)

EVERY 24 MONTHS: (updated 8/30//2023)

ITEM #5 **Cardiac Risk Evaluation for UNDER Age 40**

- From either your **board-certified-endocrinologist OR a board-certified cardiologist, including lab;**
- **ECG, stress test or other cardiac testing, if clinically indicated;** (Note: stress test required every five [5] years, sooner if concerns or clinically indicated.)

Submit all above items to your AME for upload into your FAA file. See How to Submit Documents for Initial or Recertification/Renewal.

DIABETES MELLITUS TYPE I OR TYPE II - INSULIN TREATED CGM OPTION

F. HOW TO SUBMIT DOCUMENTS FOR INITIAL OR RECERTIFICATION/RENEWAL

(Updated 08/30/2023)

Coordinate with your AME to make sure that **A COMPLETE** package is sent to the FAA **WITHIN 14 DAYS**. Partial or incomplete packages will NOT be reviewed and will cause a DELAY in certification. Your AME may submit the documents to the FAA using the AMCS document upload feature.

UPLOAD EACH DOCUMENT **SEPARATELY:**

- ☐ Endocrinologist current, detailed Clinical Progress Notes (each visit separately).
- ☐ Cardiologist current, detailed Clinical Progress Note (each visit separately).
- ☐ Ophthalmologist current, detailed Clinical Progress Note (each visit separately).
- ☐ Lab Results (separated by date of collection).
- ☐ CGM Data (separated by month). We strongly recommend uploading the original **color** digital report in PDF format.
- ☐ Other pertinent documentation deemed necessary by you or your AME.

The fastest and most efficient way to submit reports to the FAA is through your AME as a direct upload. See instructions on How to Upload Documents.

As an alternative to your AME uploading digital reports, you may mail the diabetes information in paper format (color printouts preferred) using **one** of the following addresses:

Regular mail (US postal service)
Federal Aviation Administration
Civil Aerospace Medical Institute, Building 13
Aerospace Medical Certification Division, AAM-313
PO Box 25082
Oklahoma City, OK 73125-9914

OR

Special mail (FedEx, UPS, etc.)
Federal Aviation Administration
Medical Appeals Section, AAM-313
Aerospace Medical Certification Division
6700 S. MacArthur Boulevard, Building 13, Room 308
Oklahoma City, OK 73169

If your documents have been uploaded by your AME using the AMCS document upload feature, **DO NOT also mail the documents.** Duplication of documents will delay the review of your medical certification file.

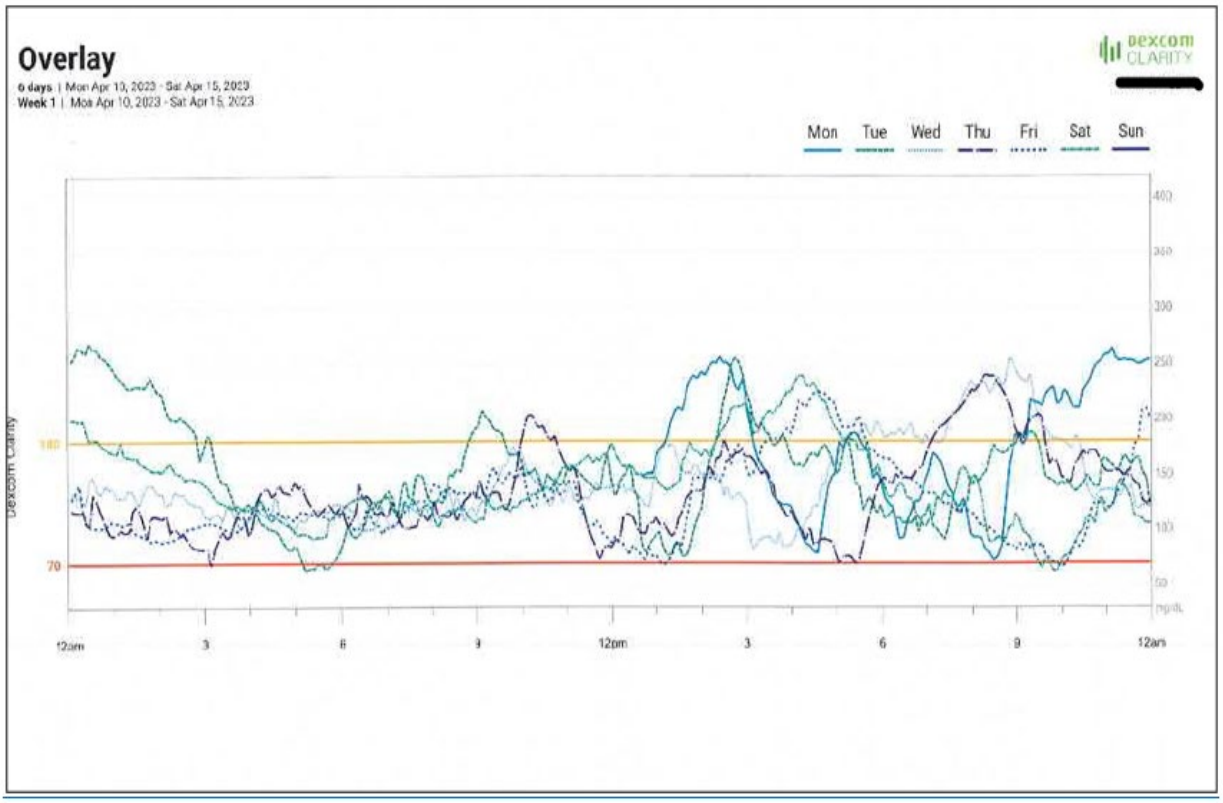
DIABETES MELLITUS TYPE I OR TYPE II INSULIN TREATED - CGM OPTION

G. CGM DATA REPORT EXAMPLES

(Updated 08/30/2023)

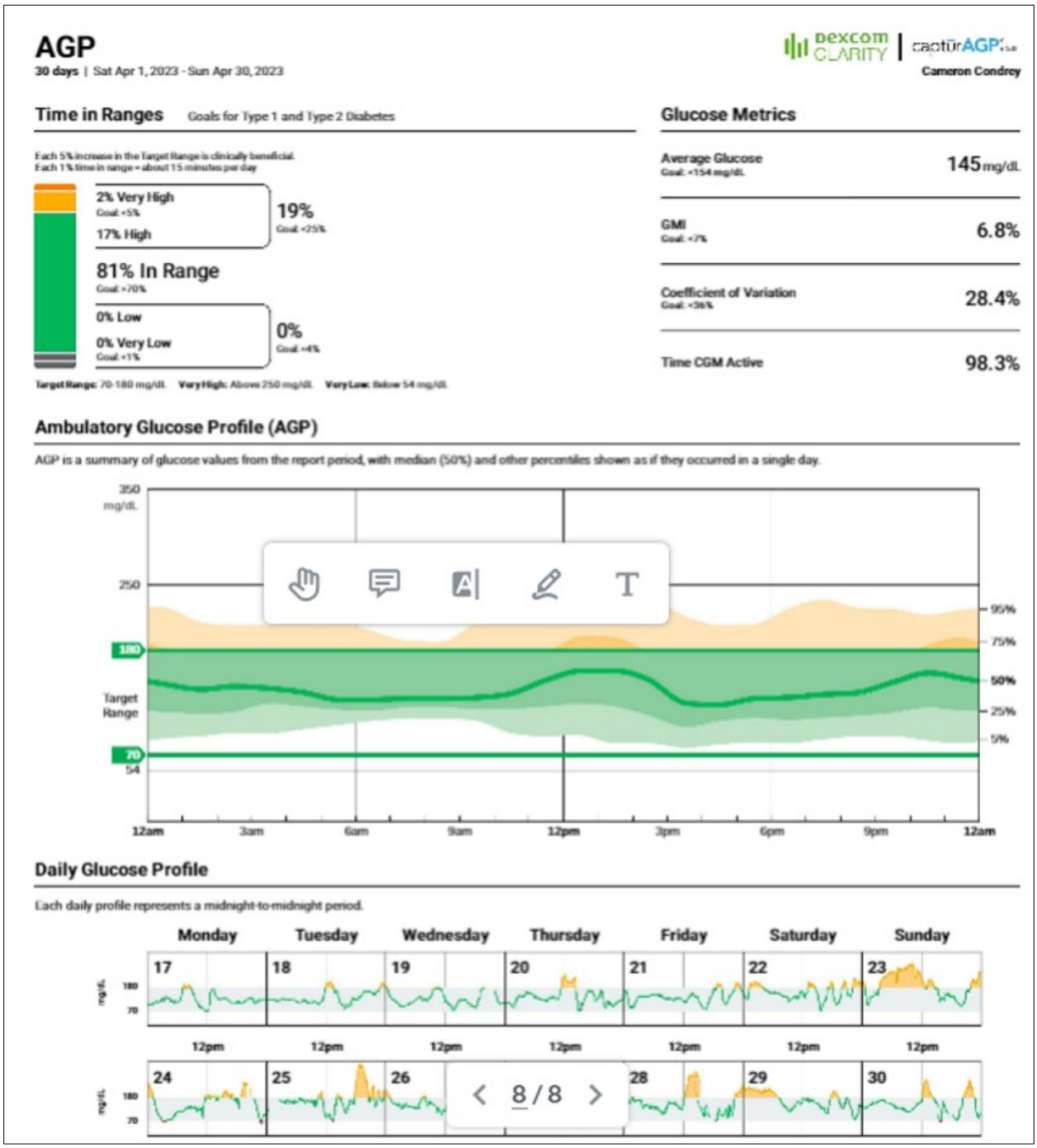
The following pages show **CGM Data report example**s for various devices.
Please submit any CGM graphs IN COLOR.

EXAMPLE – Weekly OVERLAY



CGM DATA REPORT EXAMPLES (Page 2 of 7)
(Updated 08/30/2023)

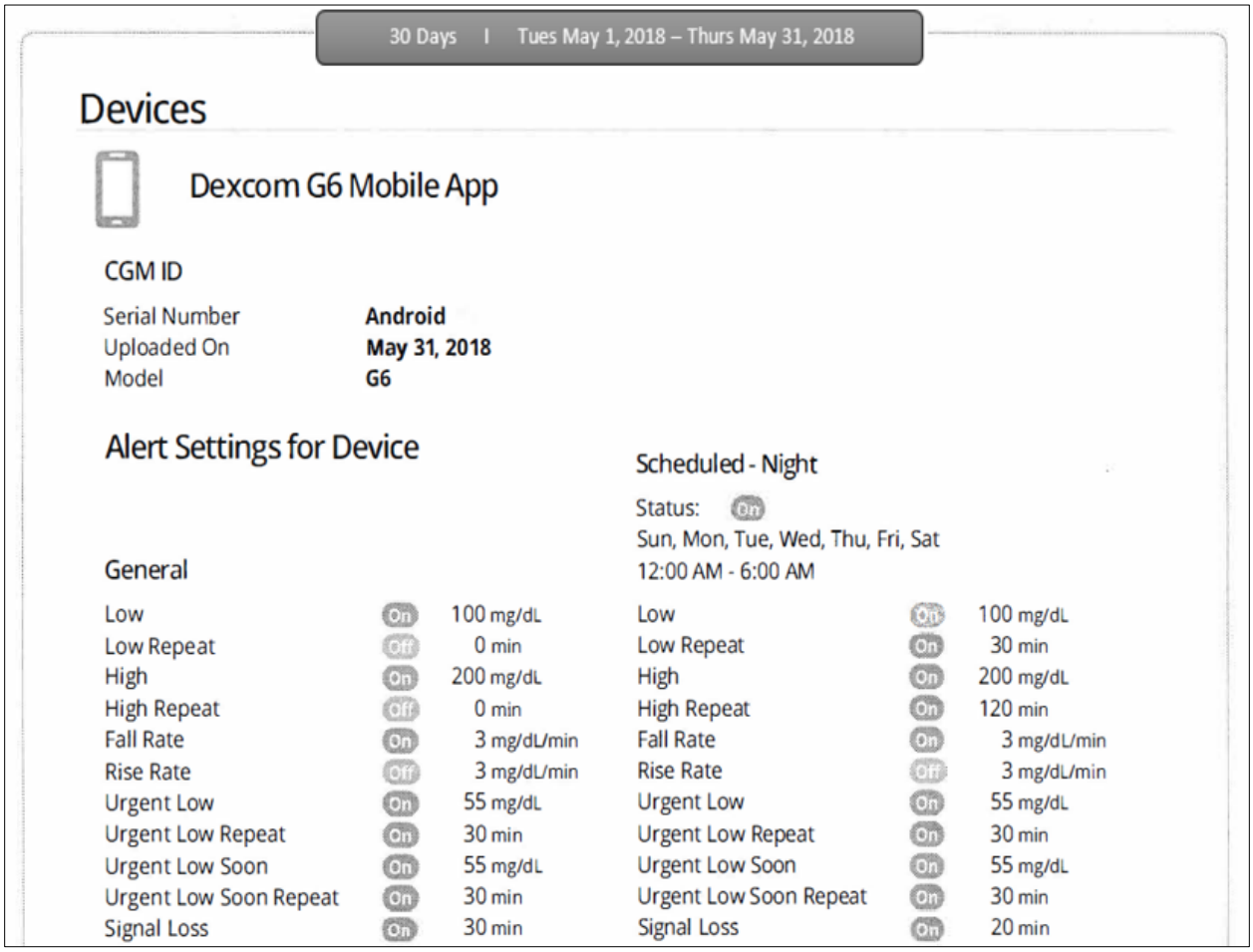
DEXCOM
EXAMPLE – AGP



Note: Submit graphs in color.

CGM DATA REPORT EXAMPLES (Page 3 of 7)
(Updated 08/30/2023)

DEXCOM G6
EXAMPLE – ALERT SETTINGS
(Alarm settings and repeat alarms must be turned ON.)



30 Days | Tues May 1, 2018 – Thurs May 31, 2018

Devices

Dexcom G6 Mobile App

CGM ID

Serial Number	**Android**
Uploaded On	**May 31, 2018**
Model	**G6**

Alert Settings for Device

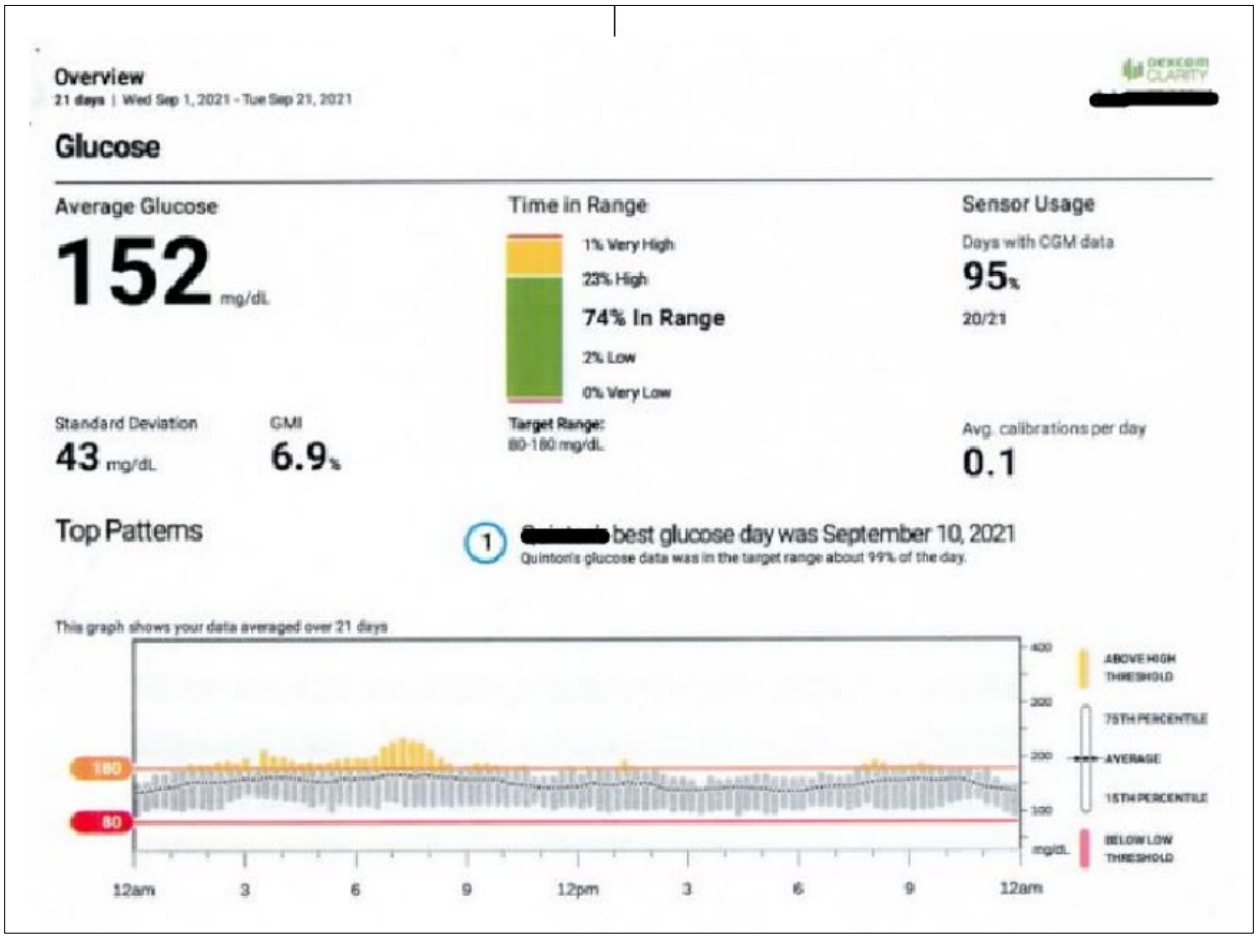
General

			Scheduled - Night		
			Status: On		
			Sun, Mon, Tue, Wed, Thu, Fri, Sat		
			12:00 AM - 6:00 AM		
Low	On	100 mg/dL	Low	On	100 mg/dL
Low Repeat	Off	0 min	Low Repeat	On	30 min
High	On	200 mg/dL	High	On	200 mg/dL
High Repeat	Off	0 min	High Repeat	On	120 min
Fall Rate	On	3 mg/dL/min	Fall Rate	On	3 mg/dL/min
Rise Rate	Off	3 mg/dL/min	Rise Rate	Off	3 mg/dL/min
Urgent Low	On	55 mg/dL	Urgent Low	On	55 mg/dL
Urgent Low Repeat	On	30 min	Urgent Low Repeat	On	30 min
Urgent Low Soon	On	55 mg/dL	Urgent Low Soon	On	55 mg/dL
Urgent Low Soon Repeat	On	30 min	Urgent Low Soon Repeat	On	30 min
Signal Loss	On	30 min	Signal Loss	On	20 min

Note: Submit graphs in color.

CGM DATA REPORT EXAMPLES (Page 4 of 7)
(Updated 08/30/2023)

DEXCOM G6
EXAMPLE – OVERVIEW



Note: Submit graphs in color.

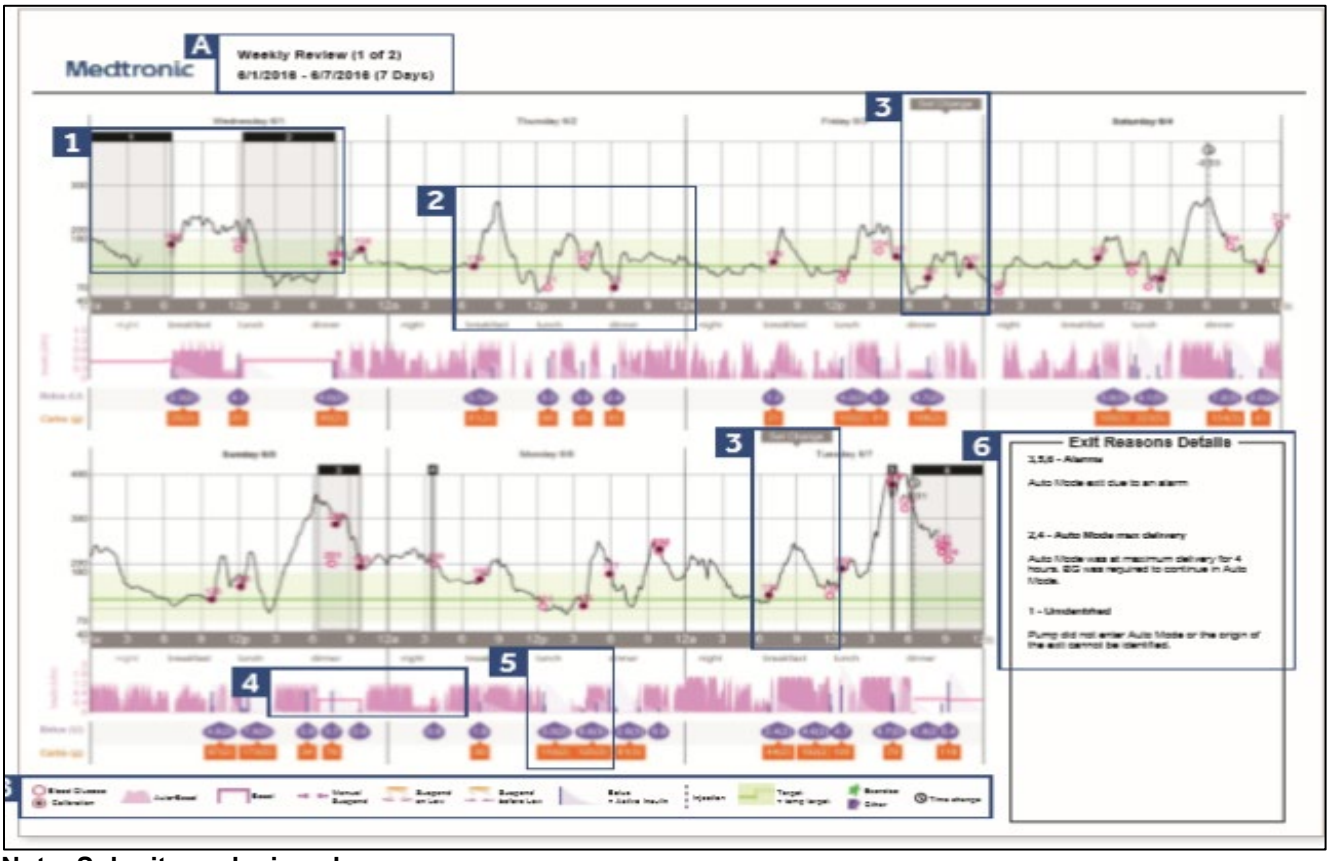
CGM DATA REPORT EXAMPLES (Page 5 of 7)
(Updated 08/30/2023)

MEDTRONIC 670G
EXAMPLE - ASSESSMENT AND PROGRESS

Note: Submit graphs in color.

CGM DATA REPORT EXAMPLES (Page 6 of 7)
(Updated 08/30/2023)

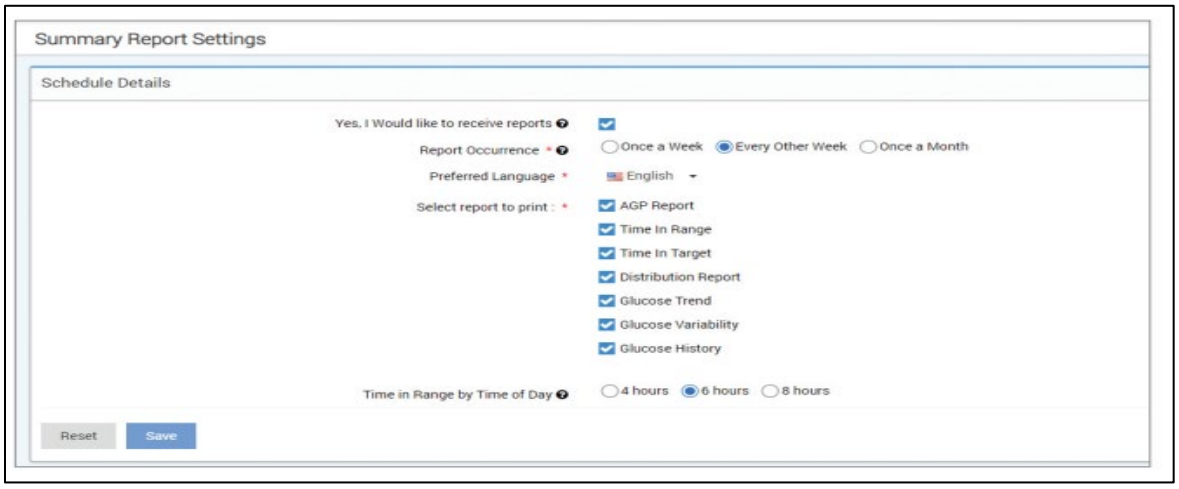
MEDTRONIC 670G
EXAMPLE - WEEKLY REVIEW REPORT



Note: Submit graphs in color.

CGM DATA REPORT EXAMPLES (Page 7 of 7)
(Updated 08/30/2023)

EVERSENSE REPORT EXAMPLE



Note: Submit graphs in color.

DIABETES MELLITUS TYPE I OR TYPE II INSULIN TREATED - CGM OPTION PROTOCOL

H. FREQUENTLY ASKED QUESTIONS (FAQs) (Page 1 of 4)

(Updated 08/30/2023)

POLICY FAQs

1. **What did it take to develop an insulin-use policy for Class I and II medical certificate for the FAA?**

   Advances in diabetes management utilizing CGM technology provides pilots and the FAA better information about blood glucose levels and advanced warning of potentially dangerous glucose levels before they occur. CGM technology also allows the FAA to evaluate consistency of blood glucose control both in flight and on the ground.

2. **Why did the FAA take so long to develop an insulin-use policy for Class I/II airmen especially when other countries have allowed it for years?**

   Various flight safety considerations for this serious health condition could not be safely mitigated for commercial operations until recently. Advances in technology and diabetes management now provide the FAA better parameters to consider Class I and II medical certification for some insulin-dependent airmen.

   At the time of initial publication, only Canada and the United Kingdom allow the use of insulin in their pilots with an equivalent Class I or II medical. Unlike the FAA, those aviation authorities can impose specific operational limitations on the medical certificate (e.g., “valid only for two pilot operations” or requiring the other pilot to be both aware of the diabetic condition and able to provide emergency treatment.)

3. **Why is the FAA so restrictive and why is there so much testing?**

   The FAA policy follows current medical standards of care for diabetes to ensure pilots are safe to fly in the complex aviation environment and reduce the risks of end-organ damage. If the latter is present, the potential risk of cognitive impairment is increased, which could be magnified in a hypoxic or high-stress environment, affecting safety.

4. **My doctor says my diabetes is well controlled and that I have no limitations. Why doesn’t FAA accept that?**

   While your physicians understand how to keep your blood sugar stable while on the ground, they may not be familiar with the additional challenges of the demanding aviation environment and may not consider them when determining clinical limitations. FAA guidance addresses these aviation-specific concerns.

5. **Are there additional risks when flying with diabetes?**

   Yes. Hypoglycemia can lead to cognitive impairment, loss of consciousness, and seizure. Hyperglycemia can potentially cause sudden incapacitation, but it can also cause damage to eyes, heart, kidneys, and nervous system.

FREQUENTLY ASKED QUESTIONS (FAQs) (Page 2 of 4)

(Updated 08/30/2023)

BLOOD SUGAR FAQs

6. Why is the blood sugar range so narrow?

The recommended blood glucose range is not intended to be "narrow," but reflects generally accepted treatment guidelines and the needs of safety. Safety concerns arise when blood sugar falls outside of the 70mg/dl - 250 mg/dL range.

7. Why do I need to use a CGM device even when I'm not flying? I am well controlled with finger sticks and injections. Why do I need to follow these new rules?

CGM technology allows the FAA to ensure ongoing safety through consistent blood glucose control both in flight and on the ground regardless of the pilot's flight schedule.

8. I am currently on a Special Issuance (SI) for another condition. How will ITDM affect that?

Your existing SI will be invalid due to the additional diagnosis. You will need a new authorization letter.

9. What do I do if I develop symptoms or become incapacitated/impaired due to my blood glucose levels while I am on a trip?

- You must disqualify yourself from flight activities as required by both the SI and 14 CFR 61.53;
- Contact your treating endocrinologist to determine if there is a need to change your insulin treatment; and
- Contact your AME with details surrounding the event.
    - Your AME should contact the FAA to discuss your case.

CONTINUOUS GLUCOSE MONITOR (CGM) AND INSULIN PUMP FAQs

10. Which CGMs does the FAA allow?

The FAA lists the **required** functions of CGMs in the Guide for Aviation Medical Examiners (AME Guide). While we do not endorse specific brands, we have added a list of devices we know meet these requirements. See "Item # 4 - Continuous Glucose Monitor Data" of the ITDM Initial Certificate Consideration Requirements.

11. Why is a CGM required instead of finger stick blood sugar?

The CGM is more accurate, measuring within 10% of the actual blood sugar. It is also independent of the pilot's action. Turbulence can make it impossible for pilots to perform finger sticks, even with an autopilot and/or second pilot. The CGMs can enable notifications and alerts for specific blood glucose values and show predictive trends, both of which are required. The CGM can also communicate with an insulin pump.

FREQUENTLY ASKED QUESTIONS (FAQs) (Page 3 of 4)
(Updated 08/30/2023)

12. How do I know if my CGM and/or insulin pump is legal for flight as an "authorized personal electronic device?"

Most current medical devices should be approved; however, the pilot needs to verify this with the aircraft operator for the aircraft that they fly. It is not feasible for the FAA to maintain a list of approved devices due to the rapidly changing technology and to the large number of airframe and avionics combinations seen in the Part 91, 91k, 121, and 135 fleets.
See AC 20-164A for guidance.

13. I know I have to submit CGM data to the FAA. How do I get this information?

Most devices have the ability to print out customized data reports to your computer. Check your device's user guide for instructions as well as computer and software requirements as these may differ between manufacturers. (Note: Some devices will not allow the export of data onto your phone or tablet.)

14. What do I do if my CGM device fails?

You should have all the following available during flight:

- Glucometer (glucose meter) and test strips.
- Backup sensor for the CGM device.
- Backup insulin pen available if using an insulin pump.

If the CGM stops working, go to a back-up plan for the remainder of the flight and measure your finger stick blood sugar every 30 minutes. If you are unable to correct your blood sugar, treat this as any in flight emergency and land as soon as practicable.

15. Do I have to get an insulin pump?

No. However, if you choose to get an insulin pump, **both the pump and CGM need to be FDA approved, both separately and in combination.** Self-built systems are **NOT** acceptable for flying.

16. Are there any concerns with the insulin pumps?

Yes, the pump could potentially fail or malfunction delivering too little or too much insulin.

- In the event of failure or malfunction, a backup insulin delivery must be available.
- In the event of sudden cabin depressurization, consider turning off or disconnecting the pump.
- If necessary, clear any bubbles in tubing seen with changes in cabin pressure.

17. Are there any features that make some insulin pumps better for flying?

The ability to suspend insulin delivery for a low reading is a good safety feature. In addition, a pump in which the insulin reservoir is not in direct line for delivery is preferred.

FREQUENTLY ASKED QUESTIONS (FAQs) (Page 4 of 4)

(Updated 08/30/2023)

18. I do not use an insulin pump. Do I need to make any changes from my normal routine on the days that I fly?

The goal is to avoid hypoglycemia while flying. Talk with your board-certified endocrinologist about whether or not adjustments should be made on days when you are flying.

19. What do I do if my device breaks while traveling or I run out of supplies?

- Replace the machine as soon as possible.
- If you cannot do this, finish the scheduled trip with your back-up system (finger sticks and injections) and remain compliant with the SI.
- Once the trip concludes, do not start a new trip until the system authorized in the SI is back in place and functional.
- While you may complete at trip once on the road, you are NOT authorized to add additional legs to the trip.
- If neither the primary nor the backup system is functional, you must terminate flight activity. **This is an absolute flight safety requirement.**

20. Is there a required ground time if I change pumps or CGM devices?

- **If you are already using** a pump or CGM device and you change devices, no there is no ground time.
- I**f you have NEVER** used a pump previously, and you start using a pump for the first time, there is a **seven (7) day** ground trial period.
- There is no required ground time if changing from an “open loop” to a “closed loop” system.

Protocol for Insulin Treated Diabetes Mellitus NON-CGM Protocol - Third Class Option

See following pages for:

A. INITIAL CERTIFICATION

B. MONITORING AND ACTIONS REQUIRED DURING FLIGHT OPERATIONS

C. RECERTIFICATION

D. DIABETES ON INSULIN RE-CERTIFICATION STATUS REPORT NON-CGM – THIRD CLASS OPTION

Protocol for Insulin-Treated Diabetes Mellitus
Non-CGM - Third-Class Option

(Updated 07/27/2022)

Consideration will be given only to those individuals who have been clinically stable on their current treatment regimen for a period of 6 months or more. The FAA has an established policy that permits the special issuance medical certification to some insulin treated applicants. Individuals certificated under this policy will be required to provide medical documentation regarding their history of treatment, accidents, and current medical status. If certificated, they will be required to adhere to monitoring requirements. There are no restrictions regarding flight outside of the United States air space.

The following is a summary of the evaluation protocol and an outline of the conditions that the FAA will apply for **third class** applicants not using a CGM device.

A. INITIAL CERTIFICATION

1. The applicant must have had no recurrent (two or more) episodes of hypoglycemia in the past 5 years and none in the preceding 1 year which resulted in loss of consciousness, seizure, impaired cognitive function or requiring intervention by another party, or occurring without warning (hypoglycemia unawareness).

2. The applicant should provide copies of medical records as well as accident and incident records pertinent to their history of diabetes.

3. A report of a complete medical examination, preferably by a physician who specializes in the treatment of diabetes, will be required. The exam must be **performed within the past 90 days.** THE INITIAL COMPREHENSIVE REPORT, which outlines our requirements, is preferred, however, ANY report submitted MUST include, as a minimum:

    a. Two measurements of glycosylated hemoglobin (total A_1 or A_{1C} concentration and the laboratory reference range), separated by at least 90 days. The most recent measurement must be no more than 90 days old.

    b. Specific reference to the applicant's insulin dosages and diet.

    c. Specific reference to the presence or absence of cerebrovascular, cardiovascular, or peripheral vascular disease or neuropathy.

    d. Confirmation by an eye specialist of the absence of clinically significant eye disease.

    e. Verification that the applicant has been educated in diabetes and its control and understands the actions that should be taken if complications, especially hypoglycemia, should arise. The examining physician must also verify that the applicant has the ability and willingness to properly monitor and manage his or her diabetes.

    f. If the applicant is age 40 or older, a report, with ECG tracings, of a maximal graded exercise stress test.

g. The applicant shall submit a statement from his/her treating physician, AME, or other knowledgeable person attesting to the applicant's dexterity and ability to determine blood glucose levels using a recording glucometer.

NOTE: Student pilots may wish to ensure they are eligible for medical certification prior to beginning or resuming flight instruction or training. In order to serve as a pilot in command, you must have a valid medical certificate for the type of operation performed.

B. MONITORING AND ACTIONS REQUIRED DURING FLIGHT OPERATIONS

To ensure safe flight, the insulin using diabetic airman must carry during flight a recording glucometer; adequate supplies to obtain blood samples; and an amount of rapidly absorbable glucose, in 10 gm portions, appropriate to the planned duration of the flight. The following actions shall be taken in connection with flight operations:

1. One-half hour prior to flight, the airman must measure the blood glucose concentration. If it is less than 100 mg/dl the individual must ingest an appropriate (not less than 10 gm) glucose snack and measure the glucose concentration one-half hour later. If the concentration is within 100 -- 300 mg/dl, flight operations may be undertaken. If less than 100, the process must be repeated; if over 300, the flight must be canceled.

2. One hour into the flight, at each successive hour of flight, and within one half hour prior to landing, the airman must measure their blood glucose concentration. If the concentration is less than 100 mg/dl, a 20-gm glucose snack shall be ingested. If the concentration is 100 -- 300 mg/dl, no action is required. If the concentration is greater than 300 mg/dl, the airman must land at the nearest suitable airport and may not resume flight until the glucose concentration can be maintained in the 100 -- 300 mg/dl range. In respect to determining blood glucose concentrations during flight, the airman must use judgment in deciding whether measuring concentrations or operational demands of the environment (e.g., adverse weather, etc.) should take priority. In cases where it is decided that operational demands take priority, the airman must ingest a10 gm glucose snack and measure his or her blood glucose level 1 hour later. If measurement is not practical at that time, the airman must ingest a 20 gm glucose snack and land at the nearest suitable airport so that a determination of the blood glucose concentration may be made.

   (Note: Insulin pumps are acceptable)

C. RECERTIFICATION

1. For documentation of diabetes management, the applicant will be required to carry and use a whole blood glucose measuring device with memory and must report to the FAA immediately any hypoglycemic incidents, any involvement in accidents that result in serious injury (whether or not related to hypoglycemia); and any evidence of loss of control of diabetes, change in treatment regimen, or significant diabetic complications. With any of these occurrences, the individual must cease flying until cleared by the FAA.

2. At 3-month intervals, the airman must be evaluated by the treating physician. This evaluation must include a general physical examination, review of the interval medical history, and the results of a test for glycosylated hemoglobin concentration. The physician must review the record of the airman's daily blood glucose measurements and comment on the results. The results of these quarterly evaluations must be accumulated and submitted annually unless there has been a change. (See No. 1 above - If there has been a change the individual must report the change(s) to the FAA and wait for an eligibility

letter before resuming flight duties).

3. On an annual basis, the reports from the examining physician must include confirmation by an eye specialist of the absence of significant eye disease.

4. At the first examination after age 40 and at 5-year intervals, the report, with ECG tracings, of a maximal graded exercise stress test must be included in consideration of continued medical certification.

D. RE-CERTIFICATION STATUS REPORT NON-CGM – THIRD CLASS OPTION

See following pages.

DIABETES ON INSULIN Re-Certification STATUS REPORT
NON-CGM – THIRD CLASS OPTION

(Updated 06/29/2022)

Name _____ Birthdate _____

Applicant ID# _____ PI# _____

Class applied _____ Circle one: INITIAL / Re-Certification

Please have the provider who treats your diabetes enter the information in the space below.
Return the completed status report to your AME or to the FAA at:

Using regular mail (US postal service)	**Using special mail (FedEx, UPS, etc.)**
Federal Aviation Administration Civil Aerospace Medical Institute, Bldg. 13 Aerospace Medical Certification Division, AAM-313 PO Box 25082 Oklahoma City, OK 73125-9914	Federal Aviation Administration Medical Appeals Section, AAM-313 Aerospace Medical Certification Division 6700 S MacArthur Blvd., Building 13, Room 308 Oklahoma City, OK 73169

□ 1. Provider printed name_____ phone _____

□ 2. Date of last clinical encounter for Diabetes _____

□ 3. Date of most recent DIABETES MEDICATION **CHANGE** _____
And describe what was changed:

□ 4. Quarterly hemoglobin A1c
(A1c's must be done ≥ 30 days after meds change and ≤ 90 days of recertification.)

Quarterly A1Cs	Value	Date
#1		
#2		
#3		
#4		

□ 5. Review the blood glucose self-monitoring log book, recording device download, or continuous glucose monitoring (CGM) data, if used. Comment on stability, variance (highs and lows), and any other concerns you have. If control is good and there are no concerns, state that also.

_____
_____
_____
_____

DIABETES ON INSULIN Re-Certification STATUS REPORT
NON-CGM – THIRD CLASS OPTION

(Updated 11/07/2019)

Name _____ Birthdate _____

Applicant ID# _____ PI# _____

In lieu of #6 and #7, the physician's office may attach a current medication list. The list should note for what condition the medications are used.

☐ 6. List Insulin treatment schedule:

_____

_____

_____

_____

☐ 7. List **ALL** other current medications* (for any condition) and why they are used/diagnosis treated. Dosage is not required.

_____

_____

_____

_____

IF YES on any of the questions below, please attach narrative, tests, etc.

☐ 8. Any side effects from medications.....Yes No

☐ 9. ANY episode of hypoglycemia in the past year
REQUIRING ASSISTANCE from another person.....Yes No

☐ 10. Any evidence of progressive diabetes induced end organ disease:

Cardiac.....Yes No
Neurological.....Yes No
Ophthalmological .....Yes No
Neuropathy .....Yes No
Renal disease .....Yes No

☐ 11. Any clinical concerns or other comments? .....Yes No

_____ _____
Treating Provider Signature Date

For more information, see:

- Acceptable Combinations of Diabetes Medications
- Pharmaceuticals (Therapeutic Medications) - Diabetes Mellitus - Insulin Treated

Protocol for Maximal Graded Exercise Stress Test Requirements

(Updated 08/25/2021)

- If a plain GXT is required and is uninterpretable for any reason, a radionuclide GXT will then be required before further consideration.
  - In patients with bundle branch blocks (BBB), LVH, or diffuse ST/T wave changes at rest, a stress echo or nuclear stress test will be required.
- GXT requirements:
  - 100% of predicted maximal heart rate (PMHR), unless medically contraindicated or prevented either by symptoms or medications;
  - Complete Stage 3 (equivalent to at least 9 minutes);
  - Studies of less than 85% of maximum predicted heart rate and less than 9 minutes of exercise (6 minutes for age 70 or greater) may serve a basis for denial; and
  - Beta blockers and calcium channel blockers (specifically diltiazem and verapamil) or digitalis preparations should be discontinued for 24-48 hours prior to testing (if not contraindicated and only with the consent of the treating physician) in order to obtain maximum heart rate.
    - If the GXT is done on beta blockers, calcium blockers, or digitalis medications, the applicant must provide explanation from the treating cardiologist as to why the medication(s) cannot be held.
- The worksheet with blood pressure/pulse recordings at various stages, interpretive report, and actual ECG tracings***** must be submitted.
  - Tracings must include a rhythm strip;
  - A full 12-lead ECG recorded at rest (supine and standing); and
  - One or more times during each stage of exercise, at the end of each stage, at peak exercise, and every minute during recovery for at least 5 minutes or until the tracings return to baseline level. ***Computer generated, sample-cycle ECG tracings are unacceptable** in lieu of the standard tracings. If submitted alone, this may result in deferment until this requirement is met.

Remember, a phone call to either AMCD or RFS may avoid unnecessary deferral.

Reasons for not renewing an AASI [based on GXT]: The applicant reports any other disqualifying medical condition or undergoes therapy not previously reported OR:

TEST	IF ANY OF THE FOLLOWING ARE NOTED, THE AME MAY NOT ISSUE.
Exercise stress test (EST)	**PMHR less than 85**%; (predicted maximal heart rate) Time **less than 9** minutes--under age 70; Time less than 6 minutes --age 70 or greater **1 mm ST depression** or greater at any time during stress testing - UNLESS the applicant has additional medical evidence such as a nuclear imaging study or a stress echocardiogram showing the absence of reversible ischemia or wall motion abnormalities reviewed and reported by a qualified cardiologist.
Nuclear stress test	Evidence of reversible ischemia OR Negative change from the prior study of the same type OR Ejection Fraction (EF) reported as 40% or less OR EF decrease by 10% or more from a prior study
Stress echo	Exercised induced wall motion abnormalities (WMA) OR Negative change from the prior study of the same type OR EF 40% or less OR EF decreased by 10% or more from a prior study

NOTE: AASI CHD or Single Valve Replacement or Repair for all classes: If **ANY** of the items from the regular Bruce EST are not acceptable, the AME MUST DEFER. An AME is NOT authorized to recertify a CHD or Single Valve Replacement or Repair for any class AASI if a nuclear stress test or stress echo is required.

Protocol for History of Human Immunodeficiency Virus (HIV) Related Conditions

Persons on antiretroviral medication will be considered only if the medication is approved by the U.S. Food and Drug Administration and is used in accordance with an acceptable drug therapy protocol. Acceptable protocols are cited in *Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents* developed by the Department of Health and Human Services Panel on Clinical Practices for Treatment of HIV Infection.

For persons taking HIV medication for long-term prevention or Pre-Exposure Prophylaxis (PrEP), see Item 48. General Systemic - Human Immunodeficiency Virus (HIV)**.**

Application for special issuance must include reports of examination by a physician knowledgeable in the treatment of HIV-infected persons and a medical history emphasizing symptoms and treatment referable to the immune and neurologic system. In addition, these reports must include a "viral load" determination by polymerase chain reaction (PCR), CD4+ lymphocyte count, a complete blood count, and the results of liver function tests. An assessment of cognitive function (preferably by CogScreen or other test battery acceptable to the Federal Air Surgeon) must be submitted. Additional cognitive function tests may be required as indicated by results of the cognitive tests. At the time of initial application, viral load must not exceed 1,000 copies per milliliter of plasma, and cognitive testing must show no significant deficit(s) that would preclude the safe performance of airman duties.

Application for special issuance must include reports of examination by a physician knowledgeable in the treatment of HIV-infected persons and a medical history emphasizing symptoms and treatment referable to the immune and neurologic system. For initial consideration, see the following **Human Immunodeficiency Virus (HIV) Specification Sheet** for the required clinical reports and documentation (including cognitive testing).

If granted Authorization for Special Issuance, follow-up requirements will be specified in the Authorization letter. However, the usual requirements will be:

- First 2 years of surveillance: see the **Under 2 Year Surveillance HIV Specification Sheet**

- After the first 2 years of surveillance: see the **After 2 Years Surveillance HIV Specification Sheet**

HUMAN IMMUNODEFICIENCY VIRUS (HIV) SPECIFICATION

(Updated 06/30/2021)

Persons who are infected with the HIV and who do not have a diagnosis of Acquired Immunodeficiency Syndrome (AIDS) may be considered for any class medical certificate, if otherwise qualified. Persons on an antiretroviral medication will be considered only if the medication is approved by the U.S. Food and Drug Administration and is used in accordance with an acceptable drug therapy protocol. Current studies should be submitted no later than 30-days from test date. In order to be considered for a medical certificate the following data must be provided:

1. A current report from a physician knowledgeable in the treatment of HIV-infected persons and a medical history emphasizing symptoms and treatment referable to the immune system;*

2. Current viral load determination by polymerase chain reaction (PCR) – (for persons who have had an AIDS defining illness 2 determinations, 1 month apart);

3. Current CD4 (for persons who have had an AIDS defining illness, 2 determinations, 1 month apart) and lymphocyte count;

4. Current complete blood count (CBC) with differential;

5. Results of current liver function tests;

6. BUN and creatine;

7. A current assessment of cognitive function must be provided with the Initial application. Follow-up neuropsychological evaluations are required annually for first and second-class pilots and every other year for third-class pilots. Follow the testing specifications as described in the FAA Neuropsychology Testing Specifications site. To promote test security, itemized lists of tests comprising psychological/neuropsychological test batteries have been moved to this secure site. Authorized professionals should use the secure portal. For access, email a request to 9-amc-aam-NPTesting@faa.gov.

All of the above should be submitted together in one mailing to:

Using US Postal Service:
Federal Aviation Administration
Aeromedical Certification Branch-AAM-300
Mike Monroney Aeronautical Center
PO Box 25082
Oklahoma City, OK 73125

or

Using special mail (UPS, FedEx, etc.)
Federal Aviation Administration
Aeromedical Certification Branch-AAM-300
Mike Monroney Aeronautical Center
6700 S. MacArthur Blvd, Room B-59
Oklahoma City, OK 73169

*For applicants with a history of cytomegalovirus (CMV) retinitis, a current ophthalmological evaluation with visual fields must be provided with the initial application and at 6 month-intervals thereafter.

UNDER 2 YEAR SURVEILLANCE HIV SPECIFICATION

(Updated 06/30/2021)

Please provide our office with a current status report from a treating physician knowledgeable and experienced in the treatment of HIV-infected persons. This report should include the information outlined below, along with any separate additional testing.

The results should be sent to the Aerospace Medical Certification Division (AMCD) After review, if the airman is determined qualified, AMCD/Regional Flight Surgeon (RFS) will send a letter to the airman authorizing the Aviation Medical Examiner (AME) to issue a new time-limited medical certificate, as applicable.
Both the initial and subsequent medical determinations may only be made by the RFS or AMCD.

The current status report should include:

- Every 3 months: determinations of viral load, CD4 cell count, a clinical assessment of cognitive function, and any other laboratory and clinical tests deemed necessary by the treating physician. These results may be aggregated and included in the written current status report every 6 months unless there is an adverse change;

- Every 6 months a written current status report from the treating physician knowledgeable and experienced in the treatment of HIV-infected persons. To include the following: a medical history emphasizing symptoms and treatment referable to the immune system, any signs or symptoms of atherosclerotic cardiovascular disease, and diabetes mellitus or insulin resistance and a clinical assessment of cognitive function;

- A current assessment of cognitive function must be provided with the Initial application. Follow-up neuropsychological evaluations are required annually for first and second-class pilots and every other year for third-class pilots. Follow the testing specifications as described in the FAA Neuropsychology Testing Specifications site. To promote test security, itemized lists of tests comprising psychological/neuropsychological test batteries have been moved to this secure site. Authorized professionals should use the secure portal. For access, email a request to 9-amc-aam-NPTesting@faa.gov; and

- Any other tests advised by the treating physician.

AFTER 2 YEARS SURVEILLANCE HIV SPECIFICATION

(Updated 06/30/2021)

Please provide our office with a current status report from a treating physician knowledgeable and experienced in the treatment of HIV-infected persons. This report should include the information outlined below, along with any separate additional testing.

The results should be sent to the Aerospace Medical Certification Division (AMCD) After review, if the airman is determined qualified, AMCD/Regional Flight Surgeon (RFS) will send a letter to the airman authorizing the Aviation Medical Examiner (AME) to issue a new time-limited medical certificate, as applicable.
Both the initial and subsequent medical determinations may only be made by the RFS or AMCD.

The current status report should include:

- Every 6 months: determinations of viral load, CD4 cell count, a clinical assessment of cognitive function and any other laboratory and clinical tests deemed necessary by the treating physician. These results may be aggregated and included in a written current status report every 12 months unless there is an adverse change;

- Every 12 months a written current status report from the treating physician knowledgeable and experienced in the treatment of HIV-infected persons. To include the following: a medical history emphasizing symptoms and treatment referable to the immune system, any signs or symptoms of atherosclerotic cardiovascular disease, and diabetes mellitus or insulin resistance and a clinical assessment of cognitive function;

- A current assessment of cognitive function must be provided with the Initial application. Follow-up neuropsychological evaluations are required annually for first and second-class pilots and every other year for third-class pilots. Follow the testing specifications as described in the FAA Neuropsychology Testing Specifications site. To promote test security, itemized lists of tests comprising psychological/neuropsychological test batteries have been moved to this secure site. Authorized professionals should use the secure portal. For access, email a request to 9-amc-aam-NPTesting@faa.gov; and

- Any other tests advised by the treating physician.

Protocol for Initial Evaluation of Implanted Pacemaker

(Updated 08/25/2021)

A **2-month recovery period** is required after pacemaker implantation to allow for recovery and stabilization. After the 2-month recovery period, submit the following:

1. □ **Hospital records**. Copies of hospital admission summary medical records pertaining to pacemaker. This includes history and physical, operative report, discharge summary, coronary catheterization or ischemia work up (if performed), and all ECG tracings. Pacemaker information must include the make of the generator and leads, model, and serial number.

2. □ **Cardiology narrative**. A typed narrative or clinical note from your cardiologist detailing your interim and current cardiac condition, functional capacity, medical history, and medications. It must also include:

    a. □ **Evaluation of pacemaker function**, programmed pacemaker parameters, exclusion of myopotential inhibition and pacemaker induced hypotension (pacemaker syndrome), elective replacement indicator/end of life (ERI/EOL), and battery voltage.

    b. □ **Pacemaker Status Summary***

3. □ **Lab**. Current fasting blood sugar and a current blood lipid profile to include total cholesterol, HDL, LDL, and triglycerides.

4. □ **Cardiac monitor**. A current Holter monitor or similar evaluation for at least 24-consecutive hours to include select representative tracings. It must list:
a. Atrial and ventricular ectopic counts/burden;
b. Hourly tabular data to include the longest pause duration and counts of all pauses >2.0 or 2.5 seconds;
c. Heart rate (max and min), other day-by-day histograms, and frequency graphs; and
d. Percentage of time in atrial fibrillation/flutter

5. □ **Echo**. A current M-mode, 2-dimensional echocardiogram with Doppler.

6. □ **Stress test.** A current Maximal Graded Exercise Stress Test Requirements (GXT). If a radionuclide stress (RS) or cardiac angiogram (cardiac catheterization) were performed, submit those images and reports. Due to poor image quality, Xeroxed or faxed images will not be accepted.

Note: ***Evaluation of Pacemaker Dependency*** *is no longer required for any class as of 08/25/2021.*

It is the responsibility of each applicant to provide the medical information required to determine his/her eligibility for airman medical certification.

To aid in the review process, it is critical that the airman's **full name and date of birth** appear all correspondence and reports. Send all information in **one mailing** to:

Using regular mail (US postal service)	Using special mail (FedEx, UPS, etc.)
Federal Aviation Administration Civil Aerospace Medical Institute, Building 13 Aerospace Medical Certification Division, AAM-313 PO Box 25082 Oklahoma City, OK 73125-9914	Federal Aviation Administration Medical Appeals Section, AAM-313 Aerospace Medical Certification Division 6700 S MacArthur Boulevard, Room B-13 Oklahoma City, OK 73169

No consideration will be given for special issuance until ALL the required data has been received.

*Note: The Pacemaker Status Summary is not required, however, it will help to significantly **DECREASE** FAA review time.

PACEMAKER STATUS SUMMARY

(Updated 06/29/2022)

Name _____ Birthdate _____

Applicant ID#_____ PI# _____

Please take this summary sheet to your cardiologist and have them enter the requested information in the space provided. Submit either this summary* or all supporting documentation addressing each item to your AME or to the FAA at:

Federal Aviation Administration
Civil Aerospace Medical Institute, Building 13
Aerospace Medical Certification Division, AAM-300, PO Box 25082,
Oklahoma City, OK 73125-9867

17. Date pacer data below was obtained……..	/ /
18. Pacer Manufacturer and Model…….	Manufacturer Model
19. Date pacer (or generator) implanted ……	/ /
20. Does the pacer have a defibrillator circuit that is **enabled**? (Circle one)..	Yes No
21. Estimated battery longevity…….	Years Months
22. Pacer Mode (DDDR, VVIR, etc.)……	
23. Current atrial output – volts (NOT thresholds)…….	volts
24. Current ventricular output – volts (NOT thresholds)…….	RV LV
25. Current atrial impedance (in ohms)…….	ohms
26. Previous atrial impedance (in ohms)..……..	ohms
27. Current ventricular impedance (in ohms)……..	RV LV
28. Previous ventricular impedance (in ohms)……	RV LV
29. In the past 6 months has the pacemaker functioned normally with no significant abnormality in cardiac response? **If lead(s) or generator replaced, circle No**……	Yes No
30. To your knowledge, any lead(s) or generator recalled? (Circle one)……	Yes No

_____ _____
Cardiologist signature Date

Note: ***Evaluation of Pacemaker Dependency is no longer required for any class as of 08/25/2021.***

*This Pacemaker Status Summary is NOT required; however, it will help to streamline and significantly DECREASE FAA review time.

Protocol for Liver Transplant (Recipient)

(Updated 07/29/2015)

The AME must defer initial issuance. An applicant with a history of liver transplant must submit the following for consideration of a medical certificate. Applicants found qualified will be required to provide annual follow up evaluations per their authorization letter.

Requirements for **initial consideration**:

1. A six (6) month post-transplant recovery period with documented stability for the last three (3) months;

2. Pre-transplant treatment notes that identify the diagnosis, indication for transplant, and any sequelae prior to transplant. If alcohol was a contributing factor (abuse or dependence), submit evidence of treatment and recovery;

3. Hospital reports to include admission note, operative note, and hospital discharge summary;

4. A current status report from the treating physician that describes:
    - The status of the transplant, functional capacity, modifiable risk factors, and prognosis for incapacitation; and
    - Any recent or expected change in treatment plan

5. Complication history such as:
    - Rejection or graft versus host disease/GVHD;
    - Infection Hepatitis C (HCV) or CMV; and/or
    - Malignancy due to hepatocellular carcinoma (HCC) or following transplant and initiation of immune suppressants

6. Current medication list to include names and dosage of immunosuppressive medications, the presence or absence of any side effects, and how long the airman has been on these medications.

7. Lab and images to include copies of most recent lab performed by the treating physician (CBC, CMP with LFTs) and any other tests deemed necessary by the treating physician such as imaging or liver biopsy

Recertification: Applicants found qualified will be required to provide follow up evaluations. This includes updated items 4-7 above, plus any additional information specifically requested in the airman's Authorization letter.

Protocol for Medication Controlled Metabolic Syndrome

(Glucose Intolerance, Impaired Glucose tolerance, Impaired Fasting Glucose, Insulin Resistance, and Pre-Diabetes)

(Updated 07/26/2023)

An applicant with a diagnosis of diabetes mellitus treated with a medication not including insulin may be considered by the FAA for an Authorization of a Special Issuance of a Medical Certificate (Authorization). For medications currently allowed and required observation times, see chart of Acceptable Combinations of Diabetes Medications.

The initial Authorization decision is made by the AMCD and may not be made by the AME. An AME may re-issue a subsequent airman medical certificate under the provisions of the Authorization.

The initial Authorization determination will be made on the basis of a report from the treating physician. There must be sufficient information to rule out diabetes mellitus. For favorable consideration, the report must contain a statement regarding the medication used, dosage, the absence or presence of side effects and clinically significant hypoglycemic episodes, and an indication of satisfactory control of the metabolic syndrome. The results of an A1C hemoglobin determination within the past 30 days must be included. Note must also be made of the presence of cardiovascular, neurological, renal, and/or ophthalmological disease. The presence of one or more of these associated diseases will not be, per se, disqualifying but the disease(s) must be carefully evaluated to determine any added risk to aviation safety.

Re-issuance of a medical certificate under the provisions of an Authorization will also be made on the basis of reports from the treating physician. The contents of the report must contain the same information required for initial issuance and specifically reference the presence or absence of satisfactory control, any change in the dosage or type of medication, and the presence or absence of complications or side effects from the medication. In the event of an adverse change in the applicant's status (development of diabetes mellitus, poor control or complications or side effects from the medication), or the appearance of an associated systemic disease, an AME must defer the case with all documentation to the AMCD for consideration.

If, upon further review of the deferred case, AMCD decides that re-issuance is appropriate, the AME may again be given the authority to re-issue the medical certificate under the provisions of the Authorization based on data provided by the treating physician, including such information as may be required to assess the status of associated medical condition(s).

At a minimum, follow-up evaluation by the treating physician of the applicant's metabolic syndrome status is required annually for all classes of medical certificates.

An applicant with metabolic syndrome should be counseled by his or her AME regarding the significance of the disease and its possible complications, including the possibility of developing diabetes mellitus.

The applicant should be informed of the potential for hypoglycemic reactions and cautioned to remain under close medical surveillance by his or her treating physician.

The applicant should also be advised that should their medication be changed or the dosage modified, the applicant should not perform airman duties until the applicant and treating physician has concluded that the condition is:

- Under control;
- Stable;
- Presents no risk to aviation safety; and
- Consults with the AME who issued the certificate, AMCD, or RFS.

Protocol for Musculoskeletal Evaluation

The AME should defer issuance.

An applicant with a history of musculoskeletal conditions must submit the following if consideration for medical certification is desired:

- Current status report
- Functional status report
- Degree of impairment as measured by strength, range of motion, pain

NOTE: If the applicant is otherwise qualified, the FAA may issue a limited certificate. This certificate will permit the applicant to proceed with flight training until ready for a medical flight test. At that time, and at the applicant's request, the FAA (usually the AMCD) will authorize the student pilot to take a medical flight test in conjunction with the regular flight test. The medical flight test and regular private pilot flight test are conducted by an FAA inspector. This affords the student an opportunity to demonstrate the ability to control the aircraft despite the handicap. The FAA inspector prepares a written report and indicates whether there is a safety problem. A medical certificate and statement of demonstrated ability (SODA) may be provided to the airman from AMCD/RFS office if the MFT is successful and the airman is otherwise qualified.

When prostheses are used or additional control devices are installed in an aircraft to assist the amputee, those found qualified by special certification procedures will have their certificates limited to require that the device(s) (and, if necessary, even the specific aircraft) must always be used when exercising the privileges of the airman certificate.

Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment

(Updated 04/27/2020)

Why is a neuropsychological evaluation required? Head trauma, stroke, encephalitis, multiple sclerosis, other suspected acquired or developmental conditions, and medications used for treatment, may produce cognitive deficits that would make an airman unsafe to perform pilot duties. This guideline outlines the requirements for a neuropsychological evaluation.

Who may perform a neuropsychological evaluation? Neuropsychological evaluations should be conducted by a qualified neuropsychologist with additional training in aviation-specific topics. The following link contains a list of neuropsychologists who meet all FAA quality criteria: FAA Neuropsychologist List.

Will I need to provide any of my medical records? You should make records available to the neuropsychologist prior to the evaluation, to include:

- Copies of all records regarding prior psychiatric/substance-related hospitalizations, observations or treatment not previously submitted to the FAA.
- A complete copy of your agency medical records. You should request a copy of your agency records be sent **directly** to the psychiatrist and psychologist by submitting a Request for Airman Medical Records (FAA Form 8065-2).

What must the neuropsychological evaluation report include? *At a minimum*:

- A review of all available records, including academic records, records of prior psychiatric hospitalizations, and records of periods of observation or treatment (e.g., psychiatrist, psychologist, or pediatric neuropsychiatrist treatment notes). Records must be in sufficient detail to permit a clear evaluation of the nature and extent of any previous mental disorders.
- A thorough clinical interview to include a detailed history regarding: psychosocial or developmental problems; academic and employment performance; legal issues; substance use/abuse (including treatment and quality of recovery); aviation background and experience; medical conditions, and **all** medication use; and behavioral observations during the interview and testing.
- A mental status examination.
- Interpretation of a full battery of neuropsychological and psychological tests **including, but not limited to,** the "core test battery" (specified below).
- An integrated summary of findings with an explicit diagnostic statement, and the neuropsychologist's opinion(s) and recommendation(s) regarding clinically or aeromedically significant findings and the potential impact on aviation safety consistent with the Federal Aviation Regulations.

What is required in the "core test battery?"

To promote test security, itemized lists of tests comprising psychological/neuropsychological test batteries have been moved to a secure site. Authorized professionals should use the portal at FAA Neuropsychology Testing Specifications. For access, email a request to 9-amc-aam-NPTesting@faa.gov.

What must be submitted? The neuropsychologist's report as specified in the portal, **plus**:

- Copies of all computer score reports; and
- An appended score summary sheet that includes all scores for all tests administered. When available, **pilot norms must be used**. If pilot norms are not available for a particular test, then the normative comparison group (e.g., general population, age/education-corrected) must be specified. Also, when available, percentile scores must be included.

Recommendations should be strictly limited to the psychologist's area of expertise. **For questions about testing or requirements, email** 9-amc-aam-NPTesting@faa.gov.

What else does the neuropsychologist need to know?

- The FAA will not proceed with a review of the test findings without the above data.
- The data and clinical findings will be carefully safeguarded in accordance with the APA Ethical Principles of Psychologists and Code of Conduct (2002) as well as applicable federal law.
- The raw neurocognitive testing data may be required at a future date for expert review by one of the FAA's consulting clinical neuropsychologists. In that event, authorization for release of the data **by the airman** to the expert reviewer will need to be provided.

Additional Helpful Information

1. Will additional testing be required in the future? If eligible for unrestricted medical certification, no additional testing would be required. However, pilots found eligible for Special Issuance will be required to undergo periodic re-evaluations. The letter authorizing special issuance will outline required testing, which may be limited to specific tests or expanded to include a comprehensive test battery.
2. Useful references for the neuropsychologist:
   - MOST COMPREHENSIVE SINGLE REFERENCE:
     Aeromedical Psychology (2013). C.H. Kennedy & G.G. Kay (Editors). Ashgate.
   - Pilot norms on neurocognitive tests: Kay, G.G. (2002). Guidelines for the Psychological Evaluation of Aircrew Personnel. *Occupational Medicine, 17 (2)*, 227-245.
   - Aviation-related psychological evaluations: Jones, D. R. (2008). Aerospace Psychiatry. In J. R. Davis, R. Johnson, J. Stepanek & J. A. Fogarty (Eds.), *Fundamentals of Aerospace Medicine (4th Ed.)*, (pp. 406-424). Philadelphia: Lippencott Williams & Wilkins.
3. URLS for links listed in this document:
   - FAA Neuropsychologist List
   - Request for Airman Medical Records (FAA Form 8065-2)
   - FAA Neuropsychology Testing Specifications (for authorized professionals only)

FAA Specifications for Neurologic Evaluation

(Updated 01/31/2024)

INFORMATION FOR THE AIRMAN: To ensure the neurological evaluation meets FAA requirements, **we strongly recommend that you share all pages of this specification sheet with your neurologist.** Your Aviation Medical Examiner (AME) or personal physician may help you locate a board-certified neurologist. The FAA requires a neurological evaluation to determine your ability to hold a medical certificate. The evaluation must meet the following criteria to be considered:

- Current (must be performed within the last **90 days)**;
- Performed by a **board-certified physician** (M.D., D.O., or physician degree equivalent (e.g., MBBS), who also holds a **current board certification** by the American Board of Psychiatry and Neurology or equivalent accrediting authority. (if you are uncertain, consult your AME); and
- Evaluation must meet the **Comprehensive Neurological Evaluation** criteria listed in Item A below.

The following will cause a delay in the processing of your medical application:

- Evaluations which do not meet the above criteria;
- Neurologist evaluation which does not address all the requested information in Item A;
- Missing or incomplete information requested in Items B - D.

IMPORTANT:

- !! Please verify that all CDs submitted will open in an **UNENCRYPTED** DICOM READABLE FORMAT!!
- ***EEG recordings must have** proprietary opening software that is compatible with Windows 10.
- The airman's name and FAA reference identification (MID, PI, and/or APP ID#) should be on **all** correspondence and reports.
- Mail all requested records and tests, including the neurological evaluation, in **ONE complete package** to:

Regular First Class Mail	**OR**	**Special Delivery/Overnight Mail**
Federal Aviation Administration Aerospace Medical Certification Division CAMI Building 13, Room 308 AAM-300 P.O. Box 25082 Oklahoma City, OK 73125		Federal Aviation Administration Aerospace Medical Certification Division 6500 S. Macarthur Boulevard CAMI Building 13, Room 308 AAM-300 Oklahoma City, OK 73169

INFORMATION FOR THE NEUROLOGIST: Your patient is an airman who must meet regulatory requirements in order to be issued a medical certificate. Your comprehensive report should provide a complete neurological picture for the FAA to review in making a determination for issuance. The information you provide will be reviewed by a physician with expertise in aerospace medicine, therefore, it is not our expectation that you address the aerospace implications in this evaluation, but to provide the clinical facts, historical and exam findings, and specialist opinion pertaining to this airman's neurologic concerns and/or conditions.

A. COMPREHENSIVE NEUROLOGICAL EVALUATION

The neurological evaluation and examination must be done in accordance with the 1997 documentation guidelines published by the Centers for Medicare and Medicaid Services and must be detailed enough for a clear understanding of the nature and extent of the neurological disorder and any limitations. The report submitted to the FAA must include, at a minimum, the following:

1. **Name, address, and phone number of the neurologist** conducting the evaluation.
2. **Date of the evaluation.**
3. A **detailed history** of the neurological condition in **chronological order** from the time of symptom onset, diagnosis, or presentation to present. It must include a detailed description of any symptoms as well as relevent positive and negative findings. Keep in mind that for aviation safety, a history of cognitive and functional limitations is as important as physical symptoms. Please identify information sources when appropriate, such as history obtained directly from the patient, history from other persons/witnesses, and/or history obtained from record review noting the source record(s).
4. Detailed description of **past treatments and outcome(s).**
5. **Past medical, surgical, and psychiatric history.**
6. **Medications:**
    a. Include all herbal, over-the-counter, and/or prescription medications;
    b. Document the name, dosage, frequency, reason for use, and side effects;
    c. If medications were recently started, stopped, or changed, note the date and reason; and
    d. Note any drug allergies
7. **Social and family history**:
    a. Current occupational or educational functioning;
    b. Use of caffeine, alcohol, tobacco, and other substances; and
    c. Any pertinent neurologic family history (e.g., seizures, stroke, migraine, neurodegenerative and/or neuromuscular disease, etc.)
8. **Physical exam**:
    a. A **comprehensive neurological exam**: Vital signs; ophthalmoscopic exam; focused cardiovascular exam (e.g., carotid, cardiac auscultation, peripheral pulses/perfusion); mental status exam (with a standardized screening instrument [see below]); cranial nerves II-XII, motor examination to include mention of bulk, tone, strength, and range of motion; sensory examination; deep tendon reflexes; coordination; praxis; gait and station; and other specific examination as deemed necessary;
    b. **Assessment of mental status, using one of the following screening instruments*:** The Montreal Cognitive Assessment (MoCA), Kokmen Short Test of Mental Status, or St. Louis University Mental Status (SLUMS) performed in accordance with the published instructions for the specific test. Submit a copy of the testing score sheets; and

*Notes:

- The screening is not required if a current comprehensive neuropsychological assessment has been performed. The neuropsychological report and testing scores must be submitted.
- The Folstein Mini Mental Status Examination (MMSE) is **NOT** acceptable.

   c. Describe all pertinent positive and negative examination findings and all functional limitations identified.
9. **Results of diagnostic imaging, testing, or procedures** conducted and their significance.
10. **Primary diagnosis, any secondary diagnosis, and etiology** of the condition. As applicable, include a discussion of any differential diagnosis that were considered and why they were excluded.
11. **Treatment plan** to include:
    a. Investigations/testing to be performed;
    b. New medications, medication changes, or other therapies;
    c. Future treatment plan; and
    d. Interval for next scheduled follow up
12. **Prognosis and risk assessment:** While the final aeromedical risk assessment will be determined by the FAA, we value your opinion on the potential for sudden incapacitation (stroke, seizure, etc.); subtle incapacitation (slow reaction times, impaired memory, impaired multi-tasking); or other impairment that may negatively impact aviation safety.
13. **Copies of any pertinent medical records reviewed**, including tests performed as part of the the evaluation. Note: When submitting treatment records from other physicians make sure they include the **actual clinical physician notes**, NOT just the patient after care visit summary or patient summary.

PRIOR TESTING, TREATMENT, OR OTHER RECORDS:

In addition to the Comprehensive Neurological Evaluation, the airman should provide the following (Items B-D below). See the following page for specifications of document submission.

B. PRIOR TREATMENT RECORDS

Prior treatment records from the current or previous treating physician(s) are an important aspect of the evaluation. When submitting the following treatment records to the FAA, include all of the following in the format* noted:

1. Doctor's office visit and/or progress notes to date with the **actual clinical physician notes**, NOT the patient after care visit summary, or patient summary; and
2. Copies of any EEG, CT, MRI, lab, or other tests performed*

C. IMAGES/TESTING*

This may include CT, MRI, Ultrasound, X-Rays, CT Angiogram, MR Angiogram, EEG, or other testing ordered by the neurologist or other physician. Test records submitted must include:

1. **Interpretive reports** (the final radiology report, ALL pages)**;**
2. **Actual images** on a compact disc (CD); and
3. **EEG recordings*:** Sleep-deprived EEG: awake, asleep, and with provocation (hyperventilation, photic/strobe light)

D. HOSPITAL, EMERGENCY ROOM (ER), AND TREATMENT RECORDS

For **each** hospitalization or ER visit for a neurological condition or concern, you must submit:

1. Emergency Transport reports (e.g., ambulance, first responder, EMS). If transported by personal conveyance (not emergency transport), please attach a memorandum attesting to this;
2. ER record, testing, lab results, and drug screens;
3. Admission History and Physical;
4. Discharge summary from hospital (NOT the patient discharge instructions);
5. Consultant reports (e.g., neurology consult, cardiology consult, etc.);
6. Operative and Procedure reports (e.g., surgery report, angiograms, etc.);
7. Laboratory and pathology testing;
8. Blood tests, surgical pathology specimens;
9. Images/testing*; and
10. EEG reports and CDs of actual EEG recordings*

The airman's name and FAA reference identification (MID, PI, and/or APP ID#) should be on all correspondence and reports.

Protocol for Obstructive Sleep Apnea

Quick Start for AMES

Sleep apnea has significant safety implications due to cognitive impairment secondary to the lack of restorative sleep and is disqualifying for airman medical certification. The condition is part of a group of sleep disorders with varied etiologies. Specifically, sleep apneas are characterized by abnormal respiration during sleep. The etiology may be obstructive, central or complex in nature. However, no matter the cause, the manifestations of this disordered breathing present safety risks that include, but are not limited to, excessive daytime sleepiness (daytime hypersomnolence), cardiac dysrhythmia, sudden cardiac death, personality disturbances, refractory hypertension and, as mentioned above, cognitive impairment. Certification may be considered once effective treatment is shown.

This protocol is designed to evaluate airmen who may be presently at risk for Obstructive Sleep Apnea (OSA) and to outline the certification requirements for airmen diagnosed with OSA. While this protocol focuses on OSA, the AME must also be mindful of other sleep-related disorders such as insomnia, parasomnias, sleep-related movement disorders (e.g., restless leg syndrome and periodic leg movement), central sleep apnea and other hypersomnias, circadian rhythm sleep disorders, etc., that may also interfere with restorative sleep. All sleep disorders are also potentially medically disqualifying if left untreated. If one of these other sleep-related disorders is initially identified during the examination, the AME must contact their RFS or AMCD for guidance.

Risk Information

The American Academy of Sleep Medicine has established the risk criteria (utilizing Tables 2 and 3) for OSA. When applying Table 2 and 3, the AME is expected to employ their clinical judgment.

Educational information for airmen can be found in the FAA Pilot Safety Brochure on Obstructive Sleep Apnea. Supplemental information for AMEs can be found in OSA Reference Materials, which can be found at end of the Protocols section.

Persons with physical findings such as a retrograde mandible, large tongue or tonsils, neuromuscular disorders, or connective tissue anomalies are at risk of OSA requiring treatment despite a normal or low BMI. OSA is also associated with conditions such as refractory hypertension requiring more than two medications for control, diabetes mellitus, and atrial fibrillation. Over 90% of individuals with a BMI of 40 or greater have OSA requiring treatment. Up to 30% of individuals with OSA have a BMI less than 30.

- **AME Actions** - On every exam, the AME must triage the applicant into one of 6 groups:

  - If the applicant is on a Special Issuance Authorization for OSA (**Group/Box 1 of OSA flow chart**), select Group 1 on the AME Action Tab:
    - Follow AASI/SI for OSA
    - Notate in Block 60; and
    - Issue, if otherwise qualified

- If the applicant has had a prior sleep assessment (**Group/Box 2 of OSA flow chart**), select Group 2 on the AME Action Tab:

    - If the airman is under treatment, provide the requirements of the AASI and advise the airman they must get the Authorization of Special Issuance;
    - Give the applicant Specification Sheet A and advise that a letter will be sent from the Federal Air Surgeon requesting more information. The letter will state that the applicant has 90 days to provide the information to the FAA/AME;
    - Notate in Box 60;
    - Issue, if otherwise qualified

- If the applicant does not have an AASI/SI or has not had a previous assessment, the AME must:

    - Calculate BMI; and
    - Consider AASM risk criteria Table 2 & 3
    - If the AME determines the applicant is not currently at risk for OSA (**Group/Box 3 of OSA flow chart**), select Group 3 on the AME Action Tab:
        - Notate in Block 60; and
        - Issue, if otherwise qualified

    - If the applicant is at risk for OSA but in the opinion of the AME the applicant is at low risk for OSA , the AME must (**Group/Box 4 of OSA flow chart**), select Group 4 on the AME Action Tab:

        - Discuss OSA risks with applicant;
        - Provide resource and educational information, as appropriate;
        - Issue, if otherwise qualified; and
        - Notate in Block 60

- If the applicant is at high risk for OSA, the AME must (**Group/Box 5 of OSA flow chart**), select Group 5 on the AME Action Tab:

    - Give the applicant Specification Sheet B and advise that a letter will be sent from the Federal Air Surgeon requesting more information. The letter will state that the applicant has 90 days to provide the information to the FAA/AME
    - Notate in Block 60; and
    - Issue, if otherwise qualified

- If the AME observes or the applicant reports symptoms which are severe enough to represent an immediate risk to aviation safety of the national airspace (**Group/Box 6 of OSA flow chart**), select Group 6 on the AME Action Tab.

    - Notate in Block 60. **THE AME MUST DEFER**

American Academy of Sleep Medicine
Guidance on Obstructive Sleep Apnea
http://www.aasmnet.org/Resources/clinicalguidelines/OSA_Adults.pdf

AASM Table 2

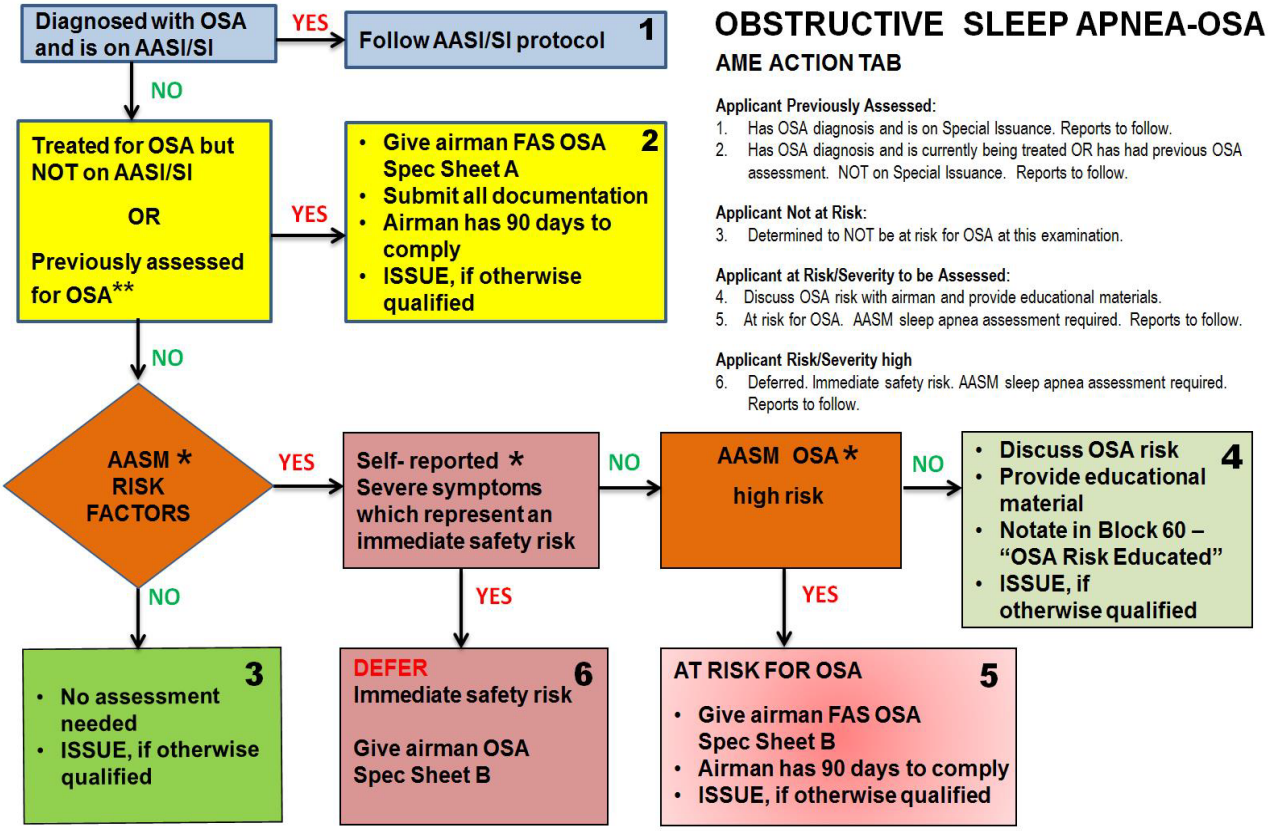
Patients at High Risk for OSA Who Should Be Evaluated for OSA Symptoms:

- Obesity (BMI > 35)
- Congestive heart failure
- Atrial fibrillation
- Treatment refractory hypertension
- Type 2 diabetes
- Nocturnal dysrhythmias
- Stroke
- Pulmonary hypertension
- High-risk driving populations
- Preoperative for bariatric surgery

AASM Table 3

Questions about OSA that Should Be Included in Routine Health Maintenance Evaluations:

- Is the patient obese?
- Is the patient retrognathic?
- Does the patient complain of daytime sleepiness?
- Does the patient snore?
- Does the patient have hypertension?



OBSTRUCTIVE SLEEP APNEA-OSA

AME ACTION TAB

Applicant Previously Assessed:

1. Has OSA diagnosis and is on Special Issuance. Reports to follow.
2. Has OSA diagnosis and is currently being treated OR has had previous OSA assessment. NOT on Special Issuance. Reports to follow.

Applicant Not at Risk:

3. Determined to NOT be at risk for OSA at this examination.

Applicant at Risk/Severity to be Assessed:

4. Discuss OSA risk with airman and provide educational materials.
5. At risk for OSA. AASM sleep apnea assessment required. Reports to follow.

Applicant Risk/Severity high

6. Deferred. Immediate safety risk. AASM sleep apnea assessment required. Reports to follow.

* See AASM Tables 2 and 3. AME must use clinical judgment in applying AASM criteria. The risk of OSA is determined by an integrated assessment of history, symptoms, and physical/clinical findings. No disqualification of airmen should be based on BMI alone.

** If the applicant has been previously assessed, has previously provided the information, was negative for evidence of OSA, AND has no changes in risk factors since the last exam, proceed with the flow chart as with any other applicant.

Obstructive Sleep Apnea Specification Sheet A
Information Request

(Updated 06/29/2022)

Your application for airman medical certification submitted this date indicates that you have been treated or previously assessed for Obstructive Sleep Apnea (OSA).

You must provide the following information to the Aerospace Medical Certification Division (AMCD) or your Regional Flight Surgeon within 90 days:

- All reports and records regarding your assessment for OSA by your primary care physician and/or a sleep specialist.
- If you are currently being treated, also include:
    - A signed FAA Compliance with Treatment sheet or equivalent;
    - The results and interpretive report of your most recent sleep study; and
    - A current status report from your treating physician indicating that OSA treatment is still effective.
        - **For CPAP/ BIPAP/ APAP:**
          A copy of the cumulative annual PAP device report. Target goal should show use for at least 75% of sleep periods and an average minimum of 6 hours use per sleep period.
        - **For Dental Devices or for Positional Devices:**
          Once Dental Devices with recording / monitoring capability are available, reports must be submitted.
- To expedite the processing of your application, please submit the aforementioned information **in one mailing** using your reference number (PI, MID, or APP ID).

Using Regular Mail (US Postal Service)
Federal Aviation Administration
Aerospace Medical Certification Division
AAM-300
Civil Aerospace Medical Institute
PO Box 25082
Oklahoma City, OK 73125-9867

or

Using Special Mail (FedEx, UPS, etc.)
Federal Aviation Administration
Aerospace Medical Certification Division
AAM-300
Civil Aerospace Medical Institute, Bldg. 13
6700 S. MacArthur Blvd., Room 308
Oklahoma City, OK 73169

OBSTRUCTIVE SLEEP APNEA SPECIFICATION SHEET B ASSESSMENT REQUEST (Updated 06/29/2022)

Due to your risk for Obstructive Sleep Apnea (OSA), and to review your eligibility to have a medical certificate, you must provide the following information to the Aerospace Medical Certification Division (AMCD) or your Regional Flight Surgeon's Office for review within 90 days:

- A current OSA assessment in accordance with the American Academy of Sleep Medicine (AASM) by your AME, personal physician, or a sleep medicine specialist.

- If it is determined that a sleep study is necessary, it must be either a Type I laboratory polysomnography or a Type II (7 channel) unattended home sleep test (HST) that provides comparable data and standards to laboratory diagnostic testing. **It must be interpreted by a sleep medicine specialist and must include diagnosis and recommendation(s) for treatment, if any.**

- In communities where a Level II HST is unavailable, the FAA will accept a level III HST. If the HST is positive for OSA, no further testing is necessary and treatment in accordance with the AASI must be followed. However, if the HST is equivocal, a higher-level test such as an in-lab sleep study will be needed unless a sleep medicine specialist determines no further study is necessary and documents the rationale.

If your sleep study is **positive for a sleep-related disorder, you may not exercise the privileges of your medical certificate until you provide:**

- A signed FAA Compliance with Treatment sheet or equivalent;

- The results and interpretive report of your most recent sleep study; and

- A current status report from your treating physician addressing compliance, tolerance of treatment, and resolution of OSA symptoms.

If you are **not diagnosed with a sleep-related disorder or the study was negative for a sleep-related disorder**, you may continue to exercise the privileges of your medical certificate, but the evaluation report along with the results of any study, if conducted, must be sent to the FAA at the address below. All information provided will be reviewed and is subject to further FAA action.

In order to expedite the processing of your application, please submit the aforementioned information **in one mailing** using your reference number (PI, MID, or APP ID).

Using Regular Mail (US Postal Service)	**Using Special Mail (FedEx, UPS, etc.)**
Federal Aviation Administration Civil Aerospace Medical Institute, Bldg. 13 Aerospace Medical Certification Division, AAM 300 PO Box 25082 Oklahoma City, OK 73125-9867	Federal Aviation Administration Civil Aerospace Medical Institute, Bldg. 13 Aerospace Medical Certification Division, AAM-300 6700 S MacArthur Blvd., Room 308 Oklahoma City, OK 73169

OSA STATUS REPORT- INITIAL (Page 1 of 2)

(Updated 02/23/2022)

Name _____ Birthdate _____

Applicant ID#_____ PI# _____

Please have your treating physician complete this report with the requested information. Submit either this status report or a clinic note from your physician detailing **ALL** of the information below. **Include initial sleep study** report and, **if treated with PAP device(s), include a copy of the most recent PAP download(s).** Submit all items to your AME or to the FAA:

Federal Aviation Administration
Civil Aerospace Medical Institute, Building 13
Aerospace Medical Certification Division, AAM-300, PO Box 25082
Oklahoma City, OK 73125-9867

1. Date of **Initial or most recent** diagnostic sleep study…….	/ /
2. Type of study (in-lab type I or home type II, III, or IV)……	
3. **Is the PRIMARY diagnosis Obstructive Sleep Apnea (OSA)?**.....	Yes No*
If NO, list diagnosis (e.g., central sleep apnea, restless leg syndrome (RLS), narcolepsy, insomnia, etc.)_____	Yes No*
4. Any evidence of sleep-disruptive RLS……..	
5. Periodic limb movements per hour (number)……	
6. Central apneas or central hypopneas per hour (number)……..……	
7. Percentage of total apnea and hypopnea episodes that are central……	%
8. **Initial Apnea Hypopnea Index (AHI)**.....	
9. Does the airman have other conditions that may be associated w/increased risk for OSA?.....	Yes No*
If YES, circle any applicable conditions below:	

a. Atrial Fibrillation or arrhythmia
b. Congestive heart failure
c. Coronary Artery Disease (CAD)
d. Diabetes
e. Hypertension
(Treatment refractory; incomplete blood pressure control on 3 or more medication components.)
f. Obesity
g. Stroke
f. Other _____

10. What is the recommended treatment? (Circle all that apply)

a. PAP (CPAP/BiPAP/APAP). (For FAA purposes, PAP device is required for **AHI 16 or higher**.)
b. Dental device
c. Nerve stimulator device
d. Surgical intervention
e. Weight loss, positional therapy (conservative management)
f. Other
g. No treatment indicated

OSA STATUS REPORT- INITIAL (Page 2 of 2)

(Updated 09/29/2021)

Name _____ Birthdate_____

Applicant ID#_____ PI# _____

11. Does the airman use any sleep or sedating medications? ……..
(e.g., zolpidem, eszopiclone, trazodone, ropinirole, gabapentin, pramipexole, diphenhydramine.)
If YES, list medication name, dosage, frequency, and reason for use. _____

_____

12. If treatment **other** than PAP used, list type ⇨ then go to Question 18.....

CURRENT PAP/CPAP/BIPAP/APAP COMPLIANCE REPORT DATA:

13. Date range of use…..

14. Device usage report: Based on the PAP device's current report, enter number of days the PAP device was actually used and the total number of days the PAP device report covers.*……..
*FAA medical certification is based on treatment for 365 days or 30 days for newly diagnosed/ treated. If less time represented, describe. _____

_____

15. Usage days - total percentage of days used……..……..
Note: **75% or more** is acceptable. If less than 75%, comment required.*

16. Usage hours - average usage (days used).....
Note: **6 hours or more** is acceptable. If less than 6, comment required.*

17. Therapy - AHI.....……..……..……
Note: **5 or less** is acceptable. If 6 or higher, comment required.*

⇨ **18.** Is current treatment effective* with good control of symptoms, good compliance with therapy, and should be continued?…….
*Subjective screen (Epworth or similar), objective data (residual AHI and device leak, if applicable), and clinical exam reveal NO concern for residual daytime sleepiness.

No	Yes*
Type of treatment used	
From	To
# of days actually used	# of days covered in report
	Percentage days used
Hours	Minutes
	AHI
Yes	No*

19. *Explain any required responses and/or add any additional comments here:

_____ _____
Treating physician signature Date

Note: This OSA INITIAL Status Report is NOT required; however, it will help to significantly DECREASE FAA review time.

Pilots, when completed, send all items below as one package:

- ☐ A copy of this OSA Status Report - Initial or a clinical note (with ALL required information) from your physician;
- ☐ A copy of your most recent sleep study (used for diagnosis); and
- ☐ Compliance data from PAP device representing 30 days if new diagnosis (may consider minimum of 2 weeks if data verifies excellent compliance, effective treatment, and resolved symptoms) OR 365 days if previously diagnosed and treated.

OSA STATUS REPORT - RECERTIFICATION

(Updated 09/29/2021)

Name _____ Birthdate _____

Applicant ID#_____ PI# _____

Please have your treating physician complete this report with the requested information. Submit either this summary or a clinic note from your physician detailing **ALL** the information below. **If treated with PAP device, include a copy of the most recent PAP download.** Submit all items to your AME or to the FAA:

Federal Aviation Administration
Civil Aerospace Medical Institute, Building 13
Aerospace Medical Certification Division, AAM-300, PO Box 25082
Oklahoma City, OK 73125-9867

1. Date of INITIAL or MOST RECENT sleep study..... | / /

2. **Is the PRIMARY diagnosis Obstructive Sleep Apnea (OSA)?**..... | Yes / No*
If NO, list diagnosis (central sleep apnea, restless legs syndrome, narcolepsy, insomnia, etc.)
_____

3. **Initial Apnea Hypopnea Index (AHI)**..... | Initial AHI

4. Does the airman use any sleep or sedating medications?..... | Yes / No*
(e.g., zolpidem, eszopiclone, trazodone, ropinirole, gabapentin, pramipexole, diphenhydramine.)
If YES, list medication name, dosage, frequency, and reason for use.*

5. If treatment **other** than PAP used, list type ⇨ then go to Question 11..... | Type of treatment used

CURRENT PAP/CPAP/BIPAP/APAP COMPLIANCE REPORT DATA:

6. Date range of use..... | From / To
Note: If TWO or more machines are used, download data should be supplied for EACH device. Annotate this information below. Questions 7-9 should reflect combined times. Certification decision is based on the cumulative use.

7. Device usage report: Based on the PAP device's current report, enter number of days the PAP device was actually used and the total number of days the PAP device report covers..... | # of days actually used / # of days covered in report
Note: FAA medical certification is based on treatment for 365 days or 30 days for newly diagnosed/treated. If less time represented, describe.*_____

8. Usage days - total percentage of days used..... | Percentage days used
Note: **75% or more** is acceptable. If less than 75%, comment required.*

9. Usage hours - average usage (days used)..... | Hours / Minutes
Note: **6 hours or more** is acceptable. If less than 6, comment required.*

10. Therapy - AHI..... | AHI
Note: **5 or less** is acceptable. If 6 or higher, comment required.*

⇨ **11.** Is current treatment effective* with good control of symptoms, good compliance with therapy, and should be continued?..... | Yes / No*
*Subjective screen (Epworth or similar), objective data (residual AHI and device leak, if applicable), and clinical exam reveal NO concern for residual daytime sleepiness.

12. *Explain any required responses and/or add any additional comments here:

_____ _____
Treating physician signature Date

Note: This OSA RECERTIFICATION Status Report is NOT required; however, it will help to significantly DECREASE FAA review time.
Pilots: When completed, send all items below as one package:

- ☐ A copy of this OSA Status Report - Recertification or a clinical note (with ALL required information) from your physician;
- ☐ A copy of the most recent sleep study, if not previously submitted; and
- ☐ Compliance data from PAP device representing 30 days if new diagnosis (may consider minimum of 2 weeks if data verifies excellent compliance, effective treatment, and resolved symptoms) OR 365 days if previously diagnosed and treated.

OSA Treated with PAP and Use of Two Machines (or more)

(Updated 09/29/2021)

Airmen with obstructive sleep apnea (OSA) treated with PAP (CPAP, BiPAP, or APAP) may use one machine at home and a separate, portable machine while traveling. Continuation of the Special Issuance is based on the CUMULATIVE time used.

To submit download data from two (or more) machines:

A. If all machines are used during a normal month (a continuous 30-day period):

1. Use the same one-year date range for each machine (if possible).
2. Submit device downloads from all machines used.
3. Clearly annotate on your 8500-8, a letter from you or on the status report from your treating physician, the number of machines used.

B. If a single machine is used for more than a month (a continuous 30-day period) and then additional machines are used:

1. Verify the compliance reports identify the date range used.
2. Submit all device downloads for the past year.
3. Clearly annotate on your 8500-8, a letter from you or on the status report from your treating physician, the number of machines used.

Successful continuation of Special Issuance will rely on combined usage time and the percentage of time used.

Target goals:

Minimum percent days with device usage	75%
Average usage (days used)	6 hours
Residual Apnea-Hypopnea Index (AHI)	5 or less

Protocol for Peptic Ulcer

An applicant with a history of an active ulcer within the past 3-months or a bleeding ulcer within the past 6-months must provide evidence that the ulcer is healed if consideration for medical certification is desired.

Evidence of healing must be verified by a report from the attending physician that includes the following information:

- Confirmation that the applicant is free of symptoms
- Radiographic or endoscopic evidence that the ulcer has healed
- The name and dosage medication(s) used for treatment and/or prevention, along with a statement describing side effects or removal

This information should be submitted to the AMCD. Under favorable circumstances, the FAA may issue a certificate with special requirements. For example, an applicant with a history of bleeding ulcer may be required to have the physician submit follow-up reports every 6-months for 1 year following initial certification.

The prophylactic use of medications including simple antacids, H-2 inhibitors or blockers, proton pump inhibitors, and/or sucralfates may not be disqualifying, if free from side effects.

An applicant with a history of gastric resection for ulcer may be favorably considered if free of sequela.

Specifications for Psychiatric Evaluations

(Updated 11/28/2018)

Why is a psychiatric evaluation required? Mental disorders, as well as the medications used for treatment, may produce symptoms or behavior that would make an airman unsafe to perform pilot duties. This guideline outlines the requirements for these evaluations.

Will I need to provide any of my medical records? You should make records available to the psychiatrist prior to their evaluations, to include:

- Copies of all records regarding prior psychiatric/substance-related hospitalizations, observations or treatment not previously submitted to the FAA.
- A complete copy of your agency medical records. You should request a copy of your agency records be sent **directly** to the psychiatrist by submitting a Request for Airman Medical Records (FAA Form 8065-2).

THE PSYCHIATRIC EVALUATION

Who may perform a psychiatric evaluation? Psychiatric evaluations must be conducted by a qualified psychiatrist who is board-certified by the American Board of Psychiatry and Neurology or the American Board of Osteopathic Neurology and Psychiatry.

- We strongly advise using a psychiatrist with experience in aerospace psychiatry and/or familiarity with aviation standards. Using a psychiatrist without this background *may* limit the usefulness of the report.
- If we have specified that additional qualifications in **addiction psychiatry** or **forensic psychiatry** are required, *please* ensure that the psychiatrist is aware of these requirements and has the qualifications and experience to conduct the evaluation.

What must the psychiatric evaluation report include? *At a minimum*:

- A review of all available records, including academic records, records of prior psychiatric hospitalizations, and records of periods of observation or treatment (e.g., psychiatrist, psychologist, social worker, counselor, or neuropsychologist treatment notes). Records must be in sufficient detail to permit a clear evaluation of the nature and extent of any previous mental disorders.
- A thorough clinical interview to include a detailed history regarding: psychosocial or developmental problems; academic and employment performance; legal issues; substance use/abuse (including treatment and quality of recovery); aviation background and experience; medical conditions, and **all** medication use; and behavioral observations during the interview.
- A mental status examination.
- An integrated summary of findings with an explicit diagnostic statement, and the psychiatrist's opinion(s) and recommendation(s) for treatment, medication, therapy, counseling, rehabilitation, or monitoring should be explicitly stated. Opinions regarding clinically or aeromedically significant findings and the

potential impact on aviation safety must be consistent with the Federal Aviation Regulations.

What must be submitted by the psychiatrist? The psychiatrist's comprehensive and detailed report, as noted above, **plus** copies of supporting documentation. Recommendations should be strictly limited to the psychiatrist's area of expertise. Psychiatrists with questions are encouraged to call Charles Chesanow, D.O., FAA Chief Psychiatrist, at (202) 267-3767.

Specifications for Psychiatric and Psychological Evaluations

(Updated 01/27/2021)

Why are both a psychiatric and a psychological evaluation required? Mental disorders, as well as the medications used for treatment, may produce symptoms or behavior that would make an airman unsafe to perform pilot duties. Due to the differences in training and areas of expertise, separate evaluations and reports are required from **both** a qualified psychiatrist and a qualified clinical psychologist for determining an airman's medical qualifications. This guideline outlines the requirements for these evaluations.

Will I need to provide any of my medical records? You should make records available to both the psychiatrist and clinical psychologist prior to their evaluations, to include:

- Copies of all records regarding prior psychiatric/substance-related hospitalizations, observations or treatment not previously submitted to the FAA.
- A complete copy of your agency medical records. You should request a copy of your agency records be sent **directly t**o the psychiatrist and psychologist by submitting a Request for Airman Medical Records (FAA Form 8065-2).

THE PSYCHIATRIC EVALUATION

Who may perform a psychiatric evaluation? Psychiatric evaluations must be conducted by a qualified psychiatrist who is board-certified by the American Board of Psychiatry and Neurology or the American Board of Osteopathic Neurology and Psychiatry.

- We strongly advise using a psychiatrist with experience in aerospace psychiatry. Using a psychiatrist without this background *may* limit the usefulness of the report.
- If we have specified that additional qualifications in addiction psychiatry or forensic psychiatry are required, *please* ensure that the psychiatrist is aware of these requirements and has the qualifications and experience to conduct the evaluation.

What must the psychiatric evaluation report include? *At a minimum*:

- A review of all available records, including academic records, records of prior psychiatric hospitalizations, and records of periods of observation or treatment (e.g., psychiatrist, psychologist, social worker, counselor, or neuropsychologist treatment notes). Records must be in sufficient detail to permit a clear evaluation of the nature and extent of any previous mental disorders.

- A thorough clinical interview to include a detailed history regarding: psychosocial or developmental problems; academic and employment performance; legal issues; substance use/abuse (including treatment and quality of recovery); aviation background and experience; medical conditions, and **all** medication use; and behavioral observations during the interview.

- A mental status examination.

- An integrated summary of findings with an explicit diagnostic statement, and the psychiatrist's opinion(s) and recommendation(s) for treatment, medication, therapy, counseling, rehabilitation, or monitoring should be explicitly stated. Opinions regarding clinically or aeromedically significant findings and the potential impact on aviation safety must be consistent with the Federal Aviation Regulations.

What must be submitted by the psychiatrist? The psychiatrist's comprehensive and detailed report, as noted above, **plus** copies of supporting documentation. Recommendations should be strictly limited to the psychiatrist's area of expertise. Psychiatrists with questions are encouraged to call Charles Chesanow, D.O., FAA Chief Psychiatrist, at (202) 267-3767.

THE PSYCHOLOGICAL EVALUATION

Who may perform a psychological evaluation? Clinical psychological evaluations must be conducted by a clinical psychologist who possesses a doctoral degree (Ph.D., Psy.D., or Ed.D.), has been licensed by the state to practice independently, and has expertise in psychological assessment. We strongly advise using a psychologist with experience in aerospace psychology. Using a psychologist without this background may limit the usefulness of the report.

What must the psychological evaluation include? *At a minimum*:

- A review of all available records, including academic records, records of prior psychiatric hospitalizations, and records of periods of observation or treatment (e.g., psychiatrist, psychologist, social worker, counselor, or neuropsychologist treatment notes). Records must be in sufficient detail to permit a clear evaluation of the nature and extent of any previous mental disorders.
- A thorough clinical interview to include a detailed history regarding psychosocial or developmental problems; academic and employment performance; legal issues; substance use/abuse (including treatment and quality of recovery); aviation background and experience; medical conditions, and **all** medication use; and behavioral observations during the interview.
- A mental status examination.
- Interpretation of a full battery of psychological tests **including, but not limited to,** the "core test battery" (specified below).
- An integrated summary of findings with an explicit diagnostic statement, and the psychologist's opinion(s) and recommendation(s) for treatment, medication, therapy, counseling, rehabilitation, or monitoring should be explicitly stated. Opinions regarding clinically or aeromedically significant findings and the potential impact on aviation safety must be consistent with the Federal Aviation Regulations.

What is required in the "core test battery?"
To promote test security, itemized lists of tests comprising psychological/neuropsychological test batteries have been moved to a secure site. Authorized professionals should use the portal at FAA Neuropsychology Testing Specifications. For access, email a request to 9-amc-aam-NPTesting@faa.gov.

What must be submitted?
The neuropsychologist's report as specified in the portal, **plus**:

- Copies of all computer score reports; and
- An appended score summary sheet that includes all scores for all tests administered. When available, **pilot norms must be used**. If pilot norms are not available for a particular test, then the normative comparison group (e.g., general population, age/education-corrected) must be specified. Also, when available, percentile scores must be included.

Recommendations should be strictly limited to the psychologist's area of expertise. **For questions about testing or requirements, email** 9-amc-aam-NPTesting@faa.gov.

What else does the psychologist need to know?

- The FAA will not proceed with a review of the test findings without the above data.
- The data and clinical findings will be carefully safeguarded in accordance with the APA Ethical Principles of Psychologists and Code of Conduct (2002) as well as applicable federal law.
- Raw psychological testing data may be required at a future date for expert review by one of the FAA's consulting clinical psychologists. In that event, authorization for release of the data **by the airman** to the expert reviewer will need to be provided.

Additional Helpful Information:

1. Will additional evaluations or testing be required in the future? If eligible for unrestricted medical certification, no additional evaluations would be required. However, pilots found eligible for Special Issuance will be required to undergo periodic re-evaluations. The letter authorizing special issuance will outline the specific evaluations or testing required.

2. Useful references for the psychologist:

- MOST COMPREHENSIVE SINGLE REFERENCE:
  Aeromedical Psychology (2013). C.H. Kennedy & G.G. Kay (Editors). Ashgate.
- Pilot norms on neurocognitive tests: Kay, G.G. (2002). Guidelines for the Psychological Evaluation of Aircrew Personnel. *Occupational Medicine, 17 (2)*, 227-245.
- Aviation-related psychological evaluations: Jones, D. R. (2008). Aerospace Psychiatry. In J. R. Davis, R. Johnson, J. Stepanek & J. A. Fogarty (Eds.),
- *Fundamentals of Aerospace Medicine (4th Ed.)*, (pp. 406-424). Philadelphia: Lippencott Williams & Wilkins.

4. Miscellaneous

- Selecting the MMPI-2 vs MMPI-3

ADDENDUM – IF NEUROPSYCHOLOGICAL TESTING IS INDICATED

Who may perform a neuropsychological evaluation? Neuropsychological evaluations should be conducted by a qualified neuropsychologist with additional training in aviation-specific topics. The following link contains a list of neuropsychologists who meet all FAA quality criteria: FAA Neuropsychologist List.

Requirements for the evaluation. Requirements for providing records to the neuropsychologist, conducting the evaluation, and submitting reports are the same as noted above for the clinical psychologist.

What is required in the "core test battery?"
To promote test security, itemized lists of tests comprising psychological/neuropsychological test batteries have been moved to a secure site. Authorized professionals should use the portal at FAA Neuropsychology Testing Specifications. For access, email a request to 9-amc-aam-NPTesting@faa.gov.

What must be submitted?
The neuropsychologist's report as specified in the portal, **plus**:

- Copies of all computer score reports; and
- An appended score summary sheet that includes all scores for all tests administered. When available, **pilot norms must be used**. If pilot norms are not available for a particular test, then the normative comparison group (e.g., general population, age/education-corrected) must be specified. Also, when available, percentile scores must be included.

Recommendations should be strictly limited to the psychologist's area of expertise. **For questions about testing or requirements, email** 9-amc-aam-NPTesting@faa.gov.

Protocol for Renal Transplant

An applicant with a history of renal transplant must submit the following if consideration for medical certification is desired:

1. Hospital admission, operative report and discharge summary

2. Current, detailed Clinical Progress Note report including:

    - The etiology of the primary renal disease
    - History of hypertension or cardiac dysfunction
    - Sequela prior to transplant
    - A comment regarding rejection or graft versus host disease (GVHD)
    - Immunosuppressive therapy and side effects, if any
    - The results of the following laboratory results: CBC, BUN, creatinine, and electrolytes

Six-Minute Walk Test (6MWT) - FAA Result Sheet

(Updated 08/25/2021)

NAME_____ DOB_____

APPLICANT ID#_____ PI#_____

Please have the provider who treats your cardiac or pulmonary condition complete this sheet. The test must be done in accordance with the American Thoracic Society (ATS) Guidelines for the Six-Minute Walk Test. *(Note: Link must be opened in Google Chrome.)*

Submit this sheet and any other supporting documentation to your AME or to the FAA:

Federal Aviation Administration
Civil Aerospace Medical Institute, Building 13
Aerospace Medical Certification Division, AAM-300
PO Box 25082
Oklahoma City, OK 73125-9867

1. Treating provider's printed name: _____ Phone number: _____

2. List ALL current cardiopulmonary medications:_____
_____
_____

TEST RESULTS (For YES or NO questions, please circle answer.)

3. Did the airman complete Six-Minute Walk Test? YES or NO. If YES, total distance walked _____ meters.

4. Did the airman **stop or pause** before 6 minutes? YES or NO. If YES, reason(s):_____
_____

5. If **stopped or paused**, total time walked: _____ (min/sec); total distance walked: _____ meters.

	Baseline	End of 1 minute	End of 2 minutes	End of 3 minutes	End of 4 minutes	End of 5 minutes	End of 6 minutes
HEART RATE							
SpO_2 (%)							
DYSPNEA Scale of 0 to 5 (none to severe)							
FATIGUE Scale of 0 to 5 (none to severe)							

6. Supplemental oxygen used during the test: YES or NO. If YES, flow _____ (L/min)

7. Rescue inhaler used shortly before or during test: YES or NO.

8. Other symptoms at end of test (e.g., angina; leg/hip/calf pain; dizziness, etc.)
_____
_____

9. Treating provider's interpretation and comments:
_____
_____
_____

Treating provider's signature _____ Date of evaluation _____

Protocol for Substances of Dependence/abuse (Drugs - Alcohol)

- **THE AME MUST DEFER ISSUANCE.**

- Follow the guidance in the Substances of Dependence/Abuse (Drugs and Alcohol) section in this document.

Protocol for Thromboembolic Disease

(Updated 10/28/2020)

An applicant with a history of thromboembolic disease must submit the following if consideration for medical certification is desired:

1. Hospital admission and discharge summary

2. Current status report including:
   - Detailed family history of thromboembolic disease;
   - Neoplastic workup, if clinically indicated;
   - Blood clotting disorders (e.g., PT/PTT, Protein S & C, Factor V Leiden); AND
   - If still anticoagulated with warfarin (Coumadin), submit all (no less than monthly) INRs from time of hospital discharge to present

Warfarin (Coumadin): For applicants who are **just beginning warfarin (Coumadin)** treatment the following is required:
- Minimum observation time of 6 weeks after initiation of warfarin therapy;
- Must also meet any required observation time for the underlying condition; AND
- 6 INRs, no more frequently than 1 per week

NOAC/DOACs: For applicants who are just beginning treatment the following is required:
- Minimum observation time of 2 weeks after initiation of therapy; AND
- Must also meet any required observation time for the underlying condition.

REFERENCE MATERIALS FOR OBSTRUCTIVE SLEEP APNEA (OSA)

Table of Contents

Decision Considerations
Disease Protocols – Obstructive Sleep Apnea

Quick Start for AMES

Sleep apnea has significant safety implications due to cognitive impairment secondary to the lack of restorative sleep and is disqualifying for airman medical certification. The condition is part of a group of sleep disorders with varied etiologies. Specifically, sleep apneas are characterized by abnormal respiration during sleep. The etiology may be obstructive, central or complex in nature. However, no matter the cause, the manifestations of this disordered breathing present safety risks that include, but are not limited to, excessive daytime sleepiness (daytime hypersomnolence), cardiac dysrhythmia, sudden cardiac death, personality disturbances, refractory hypertension and, as mentioned above, cognitive impairment. Certification may be considered once effective treatment is shown.

This protocol is designed to evaluate airmen who may be presently at risk for Obstructive Sleep Apnea (OSA) and to outline the certification requirements for airmen diagnosed with OSA. While this protocol focuses on OSA, the AME must also be mindful of other sleep-related disorders such as insomnia, parasomnias, sleep-related movement disorders (e.g. restless leg syndrome and periodic leg movement), central sleep apnea and other hypersomnias, circadian rhythm sleep disorders, etc., that may also interfere with restorative sleep. All sleep disorders are also potentially medically disqualifying if left untreated. If one of these other sleep-related disorders is initially identified during the examination, the AME must contact their RFS or AMCD for guidance.

Risk Information

The American Academy of Sleep Medicine has established the risk criteria (utilizing Tables 2 and 3) for OSA. When applying Table 2 and 3, the AME is expected to employ their clinical judgment.

Educational information for airmen can be found in the FAA Pilot Safety Brochure on Obstructive Sleep Apnea.

Persons with physical findings such as a retrograde mandible, large tongue or tonsils, neuromuscular disorders, or connective tissue anomalies are at risk of OSA requiring treatment despite a normal or low BMI. OSA is also associated with conditions such as refractory hypertension requiring more than two medications for control, diabetes mellitus, and atrial fibrillation. Over 90% of individuals with a BMI of 40 or greater have OSA requiring treatment. Up to 30% of individuals with OSA have a BMI less than 30.

SLEEP APNEA

All Classes

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
Obstructive Sleep Apnea	Requires risk evaluation, per OSA Protocol. Document history and Findings.	If meets OSA Criteria – Issue, if otherwise qualified **Initial Special Issuance** - Requires FAA Decision **Follow-up Special Issuance** See AASI
Periodic Limb Movement, etc.	Submit all pertinent medical information and current status report. Include sleep study with a polysomnogram, use of medications and titration study results, along with a statement regarding Restless Leg Syndrome.	Requires FAA Decision

OSA QUICK-START for AMEs

The AME while performing the triage function must conclude one of six possible determinations. The AME is **not** required to perform the assessment or to comment on the presence or absence of OSA. For more information, view this instructional video on the screening process.

Step 1 - Determine into which group (1-6) the airman falls.

Applicant Previously Assessed:
Group 1: Has OSA diagnosis and is on Special Issuance. Reports to follow.
Group 2: Has OSA diagnosis OR has had previous OSA assessment. NOT on Special Issuance. Reports to follow.

Applicant Not at Risk:
Group 3: Determined to NOT be at risk for OSA at this examination.

Applicant at Risk/Severity to be assessed:
Group 4: Discuss OSA risk with airman and provide educational materials.
Group 5: At risk for OSA. AASM sleep apnea assessment required.

Applicant Risk/Severity Extremely High:
Group 6: Deferred. Immediate safety risk. AASM sleep apnea assessment required. Reports to follow.

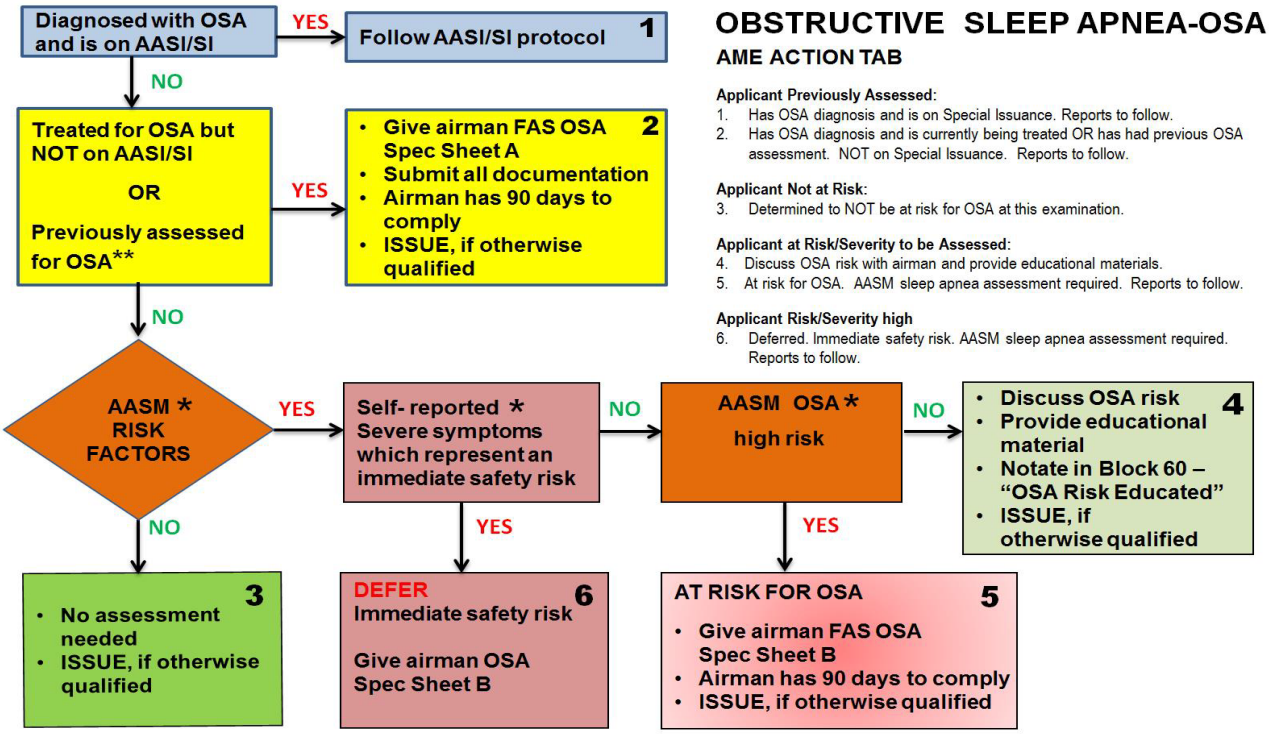
Step 2 – Document findings in Block 60.

Step 3 – Check appropriate triage box in the AME Action Tab.

Step 4 – Issue, if otherwise qualified.

In assessing airmen for groups 4 and 5, the AME is expected to use their own clinical judgment, using AASM information, when making the triage decision.
Some AMEs have voiced the desire to perform the OSA assessment. **While we do not recommend it**, the AME may perform the OSA assessment provided that it is in accordance with the clinical practice guidelines established by the American Academy of Sleep Medicine.*

*If a sleep study is conducted, it must be interpreted by a sleep medicine specialist.



OBSTRUCTIVE SLEEP APNEA-OSA

AME ACTION TAB

Applicant Previously Assessed:

1. Has OSA diagnosis and is on Special Issuance. Reports to follow.
2. Has OSA diagnosis and is currently being treated OR has had previous OSA assessment. NOT on Special Issuance. Reports to follow.

Applicant Not at Risk:

3. Determined to NOT be at risk for OSA at this examination.

Applicant at Risk/Severity to be Assessed:

4. Discuss OSA risk with airman and provide educational materials.
5. At risk for OSA. AASM sleep apnea assessment required. Reports to follow.

Applicant Risk/Severity high

6. Deferred. Immediate safety risk. AASM sleep apnea assessment required. Reports to follow.

* See AASM Tables 2 and 3. AME must use clinical judgment in applying AASM criteria. The risk of OSA is determined by an integrated assessment of history, symptoms, and physical/clinical findings. No disqualification of airmen should be based on BMI alone.

** If the applicant has been previously assessed, has previously provided the information, was negative for evidence of OSA, AND has no changes in risk factors since the last exam, proceed with the flow chart as with any other applicant.

American Academy of Sleep Medicine
Guidance on Obstructive Sleep Apnea
http://www.aasmnet.org/Resources/clinicalguidelines/OSA_Adults.pdf

AASM Table 2

Patients at High Risk for OSA Who Should Be Evaluated for OSA Symptoms:

- Obesity (BMI > 35)
- Congestive heart failure
- Atrial fibrillation
- Treatment refractory hypertension
- Type 2 diabetes
- Nocturnal dysrhythmias
- Stroke
- Pulmonary hypertension
- High-risk driving populations
- Preoperative for bariatric surgery

AASM Table 3

Questions about OSA that Should Be Included in Routine Health Maintenance Evaluations:

- Is the patient obese?
- Is the patient retrognathic?
- Does the patient complain of daytime sleepiness?
- Does the patient snore?
- Does the patient have hypertension?

AME Actions - On every exam, the AME must triage the applicant into one of 6 groups:

- If the applicant is on a Special Issuance Authorization for OSA (**Group/Box 1 of OSA flow chart)**, select Group 1 on the AME Action Tab:
  - Follow AASI/SI for OSA
  - Notate in Block 60; and
  - Issue, if otherwise qualified

- If the applicant has had a prior OSA assessment (**Group/Box 2 of OSA flow chart**), select Group 2 on the AME Action Tab:
  - If the airman is under treatment, provide the requirements of the AASI and advise the airman they must get the Authorization of Special Issuance;
  - Give the applicant Specification Sheet A and advise that a letter will be sent from the Federal Air Surgeon requesting more information. The letter will state that the applicant has 90 days to provide the information to the FAA/AME;
  - Notate in Box 60;
  - Issue, if otherwise qualified

- If the applicant does not have an AASI/SI or has not had a previous assessment, the AME must:
  - Calculate BMI; and
  - Consider AASM risk criteria Table 2 & 3
  - If the AME determines the applicant is not currently at risk for OSA (**Group/Box 3 of OSA flow chart**), select Group 3 on the AME Action Tab:
    - Notate in Block 60; and
    - Issue, if otherwise qualified
  - If the applicant is at risk for OSA but in the opinion of the AME the applicant is at low risk for OSA , the AME must (**Group/Box 4 of OSA flow chart**), select Group 4 on the AME Action Tab:

    - Discuss OSA risks with applicant;
    - Provide resource and educational information, as appropriate;
    - Notate in Block 60; and
    - Issue, if otherwise qualified

- If the applicant is at high risk for OSA, the AME must (**Group/Box 5 of OSA flow chart**), select Group 5 on the AME Action Tab:

  - Give the applicant Specification Sheet B and advise that a letter will be sent from the Federal Air Surgeon requesting more information. The letter will state that the applicant has 90 days to provide the information to the FAA/AME
  - Notate in Block 60; and
  - Issue, if otherwise qualified

- If the AME observes or the applicant reports symptoms which are severe enough to represent an immediate risk to aviation safety of the national airspace (**Group/Box 6 of OSA flow chart),** select Group 6 on the AME Action Tab.

  - Notate in Block 60
  - **THE AME MUST DEFER**

Obstructive Sleep Apnea Specification Sheet A Information Request (Updated 10/25/2023)

Your application for airman medical certification submitted this date indicates that you have been treated or previously assessed for Obstructive Sleep Apnea (OSA).

You must provide the following information to the Aerospace Medical Certification Division (AMCD) or your Regional Flight Surgeon within 90 days:

- All reports and records regarding your assessment for OSA by your primary care physician and/or a sleep specialist.
- If you are currently being treated, also include:
    - A signed FAA Compliance with Treatment sheet or equivalent;
    - The results and interpretive report of your most recent sleep study; and
    - A current status report from your treating physician indicating that OSA treatment is still effective.
        - **For CPAP/ BIPAP/ APAP:**
          A copy of the cumulative annual PAP device report. Target goal should show use for at least 75% of sleep periods and an average minimum of 6 hours use per sleep period.
        - **For Dental Devices or for Positional Devices:**
          Once Dental Devices with recording / monitoring capability are available, reports must be submitted.
- To expedite the processing of your application, please submit the aforementioned information **in one mailing** using your reference number (PI, MID, or APP ID).

Using Regular Mail (US Postal Service) **or**

Federal Aviation Administration
Aerospace Medical Certification Division AAM-300
Civil Aerospace Medical Institute
PO Box 25082
Oklahoma City, OK 73125-9867

Using Special Mail (FedEx, UPS, etc.)

Federal Aviation Administration
Aerospace Medical Certification Division AAM-300
Civil Aerospace Medical Institute, Bldg. 13
6700 S. MacArthur Blvd., Room 308
Oklahoma City, OK 73169

OBSTRUCTIVE SLEEP APNEA SPECIFICATION SHEET B ASSESSMENT REQUEST

(Updated 10/25/2023)

Due to your risk for Obstructive Sleep Apnea (OSA), and to review your eligibility to have a medical certificate, you must provide the following information to the Aerospace Medical Certification Division (AMCD) or your Regional Flight Surgeon's Office for review within 90 days:

- A current OSA assessment in accordance with the American Academy of Sleep Medicine (AASM) by your AME, personal physician, or a sleep medicine specialist.

- If it is determined that a sleep study is necessary, it must be either a Type I laboratory polysomnography or a Type II (7 channel) unattended home sleep test (HST) that provides comparable data and standards to laboratory diagnostic testing. **It must be interpreted by a sleep medicine specialist and must include diagnosis and recommendation(s) for treatment, if any.**

If your sleep study is **positive for a sleep-related disorder, you may not exercise the privileges of your medical certificate until you provide:**

- A signed FAA Compliance with Treatment sheet or equivalent;

- The results and interpretive report of your most recent sleep study; and

- A current, detailed Clinical Progress Note from your treating physician addressing compliance, tolerance of treatment, and resolution of OSA symptoms.

If you are **not diagnosed with a sleep-related disorder or the study was negative for a sleep-related disorder**, you may continue to exercise the privileges of your medical certificate, but the evaluation report along with the results of any study, if conducted, must be sent to the FAA at the address below. All information provided will be reviewed and is subject to further FAA action.

In order to expedite the processing of your application, please submit the aforementioned information **in one mailing** using your reference number (PI, MID, or APP ID).

Using Regular Mail (US Postal Service) or
Federal Aviation Administration
Aerospace Medical Certification Division AAM-300
Civil Aerospace Medical Institute
PO Box 25082
Oklahoma City, OK 73125-9867

Using Special Mail (FedEx, UPS, etc.)
Federal Aviation Administration
Aerospace Medical Certification Division AAM-300
Civil Aerospace Medical Institute, Bldg. 13
6700 S. MacArthur Blvd., Room 308
Oklahoma City, OK 73169

AME Assisted - All Classes – Obstructive Sleep Apnea (OSA) (Updated 10/25/2023)

AMEs may re-issue an airman medical certificate to airmen currently on an AASI for OSA **if the airman provides the following:**

- An Authorization granted by the FAA;
- Signed FAA Compliance with Treatment sheet or equivalent from the airman attesting to absence of OSA symptoms and continued daily use of prescribed therapy; and
- A current status report from the treating physician indicating that OSA treatment is still effective.
    - **For CPAP/ BIPAP/ APAP:**
        - A copy of the cumulative annual PAP device report which shows **actual time used** (rather than a report typically generated for insurance providers which only shows if use is greater or less than 4 hours). Target goal should show use for at least 75% of sleep periods and an average minimum of 6 hours use per sleep period.
        - For persons with an established diagnosis of OSA who do not have a recording CPAP, a one-year exception will be allowed to provide a personal statement that they regularly use CPAP and before each shift when performing flight or safety duties.
    - **For Dental Devices and/or for Positional Devices:**
      No conditions known to be co-morbid with OSA (e.g., diabetes mellitus, hypertension treated with more than two medications, atrial fibrillation, etc.). Once Dental Devices with recording / monitoring capability are available, reports must be submitted.
    - **For Surgery:**
      For successfully treated surgical patients, a statement attesting to the continued absence of OSA symptoms is required.

Defer to the AMCD or the Region for further review if:

- Concerns about adequacy of therapy or non-compliance;
- Significant weight gain or development of conditions known to be co-morbid with OSA (e.g., diabetes mellitus, hypertension treated with more than two medications, atrial fibrillation, etc.).

Note: The AME may request AMCD review to discontinue the AASI if there are indications that the airman no longer has OSA (e.g., significant weight loss and a negative study or surgical intervention followed by 3 years of symptom abatement and absence of significant weight gain or co-morbid conditions). **In most cases, a follow-up sleep study will be required to remove the AASI.**

FAA COMPLIANCE WITH TREATMENT
OBSTRUCTIVE SLEEP APNEA (OSA)
(Updated 10/25/2023)

I _____ (print name) certify that (check one):

___ I have been using _____ (CPAP/ Dental / or Positional Device) for OSA as prescribed. I am tolerating the therapy well and have no symptoms of OSA (e.g., daytime sleepiness or lack of mental attention or concentration).

___ I have been surgically treated for OSA and I have no symptoms of OSA (e.g., daytime sleepiness or lack of mental attention or concentration).

I understand and acknowledge that I will receive the new requirements for continuation of my special issuance or special consideration (ATCS) of Obstructive Sleep Apnea and I will comply with the requirements at my next FAA medical certificate renewal or reapplication.

Applicant Name: _____

Date of Birth: _____

Reference Number: (PI, MID, or APP ID): _____

Applicant Signature _____ Date _____

OSA – FREQUENTLY ASKED QUESTIONS (FAQS)

(Updated: 02/24/2021)

GENERAL:

1. **Where can I view the video explaining the process?**
   The instructional video for AMEs is available here.

2. **Where can I find the specification sheets and educational material?**
   See OSA reference materials.

3. **Does this process involve other sleep disorder conditions? (e.g., Period Limb Movement Disorder, narcolepsy, central sleep apnea, etc.)**
   No. This process is for obstructive sleep apnea only. If it is clear that the airman suffers from a different sleep disorder, DEFER and submit any supporting documentation for FAA decision.

TRIAGE:

4. **I am not a sleep specialist. How am I supposed to determine if an airman is high risk enough to send for a sleep evaluation? How many risk factors must be present before additional testing is required?**
   The AME should triage the airman based on the FAA OSA Flow Chart, supporting clinical guidelines, and good clinical judgment to determine the appropriate category for the airman.

5. **The airman was assessed 5 years ago for OSA but did not have a polysomnogram. The evaluation was negative. Is he required to have an updated sleep evaluation or a sleep study?**
   No. If there has been NO CHANGE in his/her risk factors, follow Group/Box 2 of the flow chart and submit a copy of the previous assessment. However, if there has been a change in risk factors (e.g., elevated BMI, new atrial fibrillation, refractory hypertension, etc.), triage using the flow chart to determine if the airman needs a repeat assessment.

6. **If I mark the radio button (1-6) and have no concerns, do I still need to put notes in Block 60 regarding the OSA triage?**
   Yes. It is only required for Group/Box 4 to document that education was given. However, it may be useful to document the rationale for triage decisions, especially for Group/Box 2, 5, and 6.

SLEEP EVALUATION AND SLEEP STUDY:

7. **Is a sleep evaluation the same as a sleep study?**
   No. Please reference the AASM guidelines. A sleep evaluation is needed when the triage process indicates that the airman is at high risk for OSA. The sleep evaluation is used to determine if a sleep study is warranted.

8. **Do I have to turn in the "AME Assessment Statement" for every airman?**
   No. This statement page is only used by an AME who PERFORMS the sleep evaluation (in accordance with AASM guidelines) and finds that the airman does not have evidence of OSA. This is NOT to be used for the routine triage function.

9. **What are the different types of sleep studies?**
   They are:

- Type I: Attended studies (full polysomnogram [PSG] in a sleep lab.
- Type II: Unattended (home) studies using the same monitoring sensors as full PSGs (Type I).
- Type III*: Unattended (home) studies using devices that measure limited cardiopulmonary parameters (two respiratory variables [e.g., effort to breathe, airflow], oxygen saturation, and a cardiac variable [e.g., heart rate or electrocardiogram].
- Type IV*: Unattended (home) studies using devices that measure only 1 or 2 parameters (typically oxygen saturation and heart rate, or in some cases, just air flow).

*Please note**,** Type III and Type IV are **NOT acceptable** for FAA purposes.

10. **Does the FAA require a specific type of sleep study if one is warranted?**
Yes. The FAA requires that the test be either a Type I laboratory polysomnography or a Type II (7 channel) unattended home sleep test (HST) that provides comparable data and standards to laboratory diagnostic testing. It does not have to be a chain of custody study.

11. **What if the doctor or insurance provider is only willing to do a level III Home Sleep Test (HST)?**
In communities where a Level II HST is unavailable, the FAA will accept a level III HST. If the HST is positive for OSA, no further testing is necessary and treatment in accordance with the AASI must be followed. However, if the HST is equivocal, a higher-level test such as an in-lab sleep study will be needed unless a sleep medicine specialist determines no further study is necessary and documents the rationale.

12. **If I do the sleep evaluation and determine the airman needs a sleep study, as the AME, can I interpret the sleep study?**
The AME may only interpret the sleep study if he/she is a sleep medicine specialist.

CERTIFICATE, EXTENSION, AND DENIAL PROCESS:

13. **If an airman is in Group/Box 5 (at risk for OSA) they have 90 days to comply with getting an evaluation. Does the AME issue a time-limited, 90-day certificate?**
No. Issue a regular (not time limited) certificate, if the airman is otherwise qualified. The AME MAY NOT issue a time-limited certificate without an authorization from the FAA.

14. **I evaluated the airman and triaged him into Group/ Box 5. He had a sleep study and is doing well on CPAP treatment. Does he have to wait for a time-limited certificate before he can return to flight duties?**
No. Once the airman is compliant with and doing well on treatment, he has met the requirements for 14 CFR 61.53. The airman may return to flight status with the current certificate issued by the AME, PROVIDED that ALL the required information regarding OSA evaluation and treatment has been submitted to the FAA for review.

15. **Once the AME issues a regular certificate, who is responsible for keeping track of the 90 days?**
The FAA will keep track of the 90 days.

16. **The airman has a prior SI/AASI for OSA that only asks for a current status report. Can I issue this year if he does not bring in any other information on the OSA?**

Yes. The AME may issue this year based on the previous SI/AASI if those requirements were met.

17. **Can the airman continue to submit only a current status report until his current AASI expires?**
No. An airman currently on an SI/AASI for OSA will receive a new SI/AASI letter this year. At that point, he/she will have to comply with the new documentation requirements.

18. **What if the airman cannot get a sleep evaluation in 90 days?**
The airman may request a one-time, 30-day extension by phone by calling AMCD at (405) 954-4821 and selecting Option 1 when prompted. They may also mail a request to AMCD (see Specification Sheet B for address) or by contacting their RFS office.

19. **If I give the airman Specification Sheet A or B and he does not submit the required evaluation within 90 days and after the 30-day extension (if requested), what will happen?**
The airman will receive a failure to provide (FTP) denial.

TREATMENT AND FOLLOW UP:

20. **How long does an airman have to be on CPAP with a new diagnosis of OSA before they can return to flying?**
The airman may submit the completed compliance statement and required documents to the FAA for review as soon as they are tolerating the therapy without difficulty and have no symptoms of OSA.

21. **The airman has mild or moderate sleep apnea. Is he required to use CPAP?**
In most cases an AHI of 16 or more will require CPAP.

22. **If the airman has a sleep study and is diagnosed with OSA does he/she get a new certificate?**
Yes. Once a diagnosis of OSA is established, a Special Issuance is required. When the airman submits the required supporting documents to the FAA, he/she will be evaluated for a Special Issuance.

23. **If an airman has a previously unreported history of OSA being treated with CPAP, can the AME issue?**
Yes. Issue a regular certificate (Group/Box 2), if the airman is otherwise qualified, and submit the required information for FAA decision.

24. **What if the airman is high risk and has had a previous sleep study that was positive, but not one of the approved tests? He is currently on CPAP and doing well. Does he have to get a new sleep study?**
Follow Group/Box 2 and submit the required information for FAA decision.

25. **The airman had a sleep study in the past and did not have sleep apnea. It was not an approved test type. Will he have to get another sleep study?**
The AME should follow the triage flow chart. If the airman is determined to be Group/Box 5 or 6, he/she will need a sleep evaluation. If a sleep study is warranted, it will need to be an approved test type (see FAQ #9). Submit the required information for FAA decision.

26. The airman has OSA and was on CPAP in the past. He has now lost weight and is only on a dental device. What do I do now?
Follow Group/Box 2 and submit the required information for FAA decision.

Measurement Units	BMI Formula and Calculation
Pounds and inches	Formula: weight (lb) / [height (in)]^2 x 703 Calculate BMI by dividing weight in pounds (lbs) by height in inches (in) squared and multiplying by a conversion factor of 703. Example: Weight = 150 lbs, Height = 5'5" (65") Calculation: [150 ÷ (65)^2] x 703 = 24.96
Kilograms and meters (or centimeters)	Formula: weight (kg) / [height (m)]2 With the metric system, the formula for BMI is weight in kilograms divided by height in meters squared. Since height is commonly measured in centimeters, divide height in centimeters by 100 to obtain height in meters. Example: Weight = 68 kg, Height = 165 cm (1.65 m) Calculation: 68 ÷ (1.65)2 = 24.98

Body Mass Index Table

	Normal						Overweight					Obese										Extreme Obesity												
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
Height (inches)	Body Weight (pounds)																																			
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443

Source: Adapted from *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report.*

Berlin Questionnaire©

Height (m) _____ Weight (kg) _____ Age_____ Male / Female _____

Please choose the correct response to each question.

Category 1	**Category 2**
1. Do you snore? □ a. Yes □ b. No □ c. Don't know *If you answered 'yes':*	**6.** How often do you feel tired or fatigued after your sleep? □ a. Almost every day □ b. 3-4 times per week □ c. 1-2 times per week □ d. 1-2 times per month □ e. Rarely or never
2. Your snoring is: □ a. Slightly louder than breathing □ b. As loud as talking □ c. Louder than talking	**7.** During your waking time, do you feel tired, fatigued or not up to par? □ a. Almost every day □ b. 3-4 times per week □ c. 1-2 times per week □ d. 1-2 times per month □ e. Rarely or never
3. How often do you snore? □ a. Almost every day □ b. 3-4 times per week □ c. 1-2 times per week □ d. 1-2 times per month □ e. Rarely or never	**8.** Have you ever nodded off or fallen asleep while driving a vehicle? □ a. Yes □ b. No *If you answered 'yes':*
4. Has your snoring ever bothered other people? □ a. Yes □ b. No □ c. Don't know	**9. How often does this occur?** □ a. Almost every day □ b. 3-4 times per week □ c. 1-2 times per week □ d. 1-2 times per month □ e. Rarely or never
5. Has anyone noticed that you stop breathing during your sleep? □ a. Almost every day □ b. 3-4 times per week □ c. 1-2 times per week □ d. 1-2 times per month □ □ e. Rarely or never	**Category 3** **10.** Do you have high blood pressure? □ Yes □ No □ Don't know

Scoring Berlin Questionnaire

The questionnaire consists of 3 categories related to the risk of having sleep apnea. Patients can be classified into High Risk or Low Risk based on their responses to the individual items and their overall scores in the symptom categories.

Categories and Scoring:
Category 1: Items 1, 2, 3, 4, and 5;
Item 1: if '**Yes**', assign **1 point**
Item 2: if '**c**' or '**d**' is the response, assign **1 point**
Item 3: if '**a**' or '**b**' is the response, assign **1 point**
Item 4: if '**a**' is the response, assign **1 point**
Item 5: if '**a**' or '**b**' is the response, assign **2 points**
Add points. *Category 1 is positive if the total score is 2 or more points*.

Category 2: items 6, 7, 8 (item 9 should be noted separately).
Item 6: if '**a**' or '**b**' is the response, assign **1 point**
Item 7: if '**a**' or '**b**' is the response, assign **1 point**
Item 8: if '**a**' is the response, assign **1 point**
Add points. *Category 2 is positive if the total score is 2 or more points.*

Category 3 is positive if the answer to item 10 is '**Yes**' or if the BMI of the patient is greater than 30kg/m_2.
(BMI is defined as weight (kg) divided by height (m) squared, i.e.., kg/m_2).

High Risk: if there are 2 or more categories where the score is positive.

Low Risk: if there is only 1 or no categories where the score is positive.

Epworth Sleepiness Scale

The original version of the ESS was first published in 1991. However, it soon became clear that some people did not answer all the questions, for whatever reason. They may not have had much experience in some of the situations described in ESS items, and they may not have been able to provide an accurate assessment of their dozing behavior in those situations. However, if one question is not answered, the whole questionnaire is invalid. It is not possible to interpolate answers, and hence item-scores, for individual items. This meant that up to about 5 % of ESS scores were invalid in some series.

In 1997, an extra sentence of instructions was added to the ESS, as follows:
‘‘It is important that you answer each question as best you can’.

With this exhortation, nearly everyone was able to give an estimate of their dozing behavior in all ESS situations. As a result, the frequency of invalid ESS scores because of missed item- responses was reduced to much less than 1%.

The 1997 version of the ESS is now the standard one for use in English or any other language. It is available in pdf here.

Epworth Sleepiness Scale

Name: _____ Today's date: _____

Your age (Yrs): _____ Your sex (Male = M, Female = F): _____

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the **most appropriate number** for each situation:

0 = would **never** doze
1 = **slight chance** of dozing
2 = **moderate chance** of dozing
3 = **high chance** of dozing

It is important that you answer each question as best you can.

Situation	Chance of Dozing (0-3)
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (e.g. a theatre or a meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in the traffic	

THANK YOU FOR YOUR COOPERATION

STOP BANG Questionnaire

Height inches/cm:
Age:
Male/Female
BMI:
Weight lb/kg:
Collar size of shirt: S, M, L, XL, or inches/cm neck circumference:

1. *S*noring
Do you *s*nore loudly (louder than talking or loud enough to be heard through closed doors)?
Yes No

2. *T*ired
Do you often feel *t*ired, fatigued, or sleepy during daytime? Yes
No

3. *O*bserved - Has anyone *o*bserved you stop breathing during your sleep?
Yes No

4. Blood *p*ressure
Do you have or are you being treated for high blood *p*ressure? Yes
No

5. BMI -BMI more than 35 kg/m2?
Yes No

6. *A*ge - *A*ge over 50 years old?
Yes No

7. Neck circumference - Neck circumference greater than 40 cm?
Yes No

8. *G*ender – male?
Yes No

* Neck circumference is measured by staff

High risk of OSA: Answering yes to three or more items
Low risk of OSA: Answering yes to less than three items

Adapted from:
STOP Questionnaire
A Tool to Screen Patients for Obstructive Sleep Apnea
Frances Chung, F.R.C.P.C., Balaji Yegneswaran, M.B.B.S.,† Pu Liao, M.D.,‡ Sharon A. Chung, Ph.D.,§*
Santhira Vairavanathan, M.B.B.S.,_ Sazzadul Islam, M.Sc.,_ Ali Khajehdehi, M.D.,† Colin M. Shapiro, F.R.C.P.C.#

Asleep at the controls

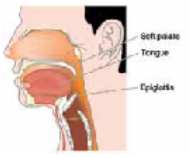
On a daytime flight one February day in 2008, a commercial aircraft with three crewmembers and 40 passengers flew past its destination airport after both the captain and first officer fell asleep. The pilot awoke and turned back to the destination airport, where all deplaned safely - but behind schedule. The National Transportation Safety Board determined that contributing factors to the incident were the captain's undiagnosed obstructive sleep apnea (OSA) and the flight crew's recent work schedules, which included several days of early-morning start times.

An obscure condition tackles a pro lineman

With the shocking death of NFL lineman Reggie White, the problem of OSA was thrust into the limelight. Up to that time, OSA was relatively unknown outside the medical community. Today, OSA is recognized as a major contributor to many possible health-related ailments. In some estimates, it has been suggested that OSA affects-

- 4 - 7% of middle-aged people.
- 70% of clinically obese patients.
- 34% of all NFL lineman.
- 30% - 50% of patients with heart disease.
- 60% of patients suffering strokes.

The pathophysiology of OSA



Apnea is a medical term that means "being without respiration." Obstructive sleep apnea is characterized as a repetitive upper airway obstruction during sleep, as a result of narrowing of the respiratory passages. Most people with this disorder are overweight and have higher deposits of adipose (fatty) tissue in their respiratory passages, and the size of their soft palates and tongues are larger than average. These conditions decrease the size of the upper airway and decrease airway muscle tone, especially when sleeping in the supine (back down and horizontal) position. Gravity can pull tissue down and over the airway, further decreasing its size, impeding air flow to the lungs during inhalation.

The major impact of OSA

Snoring can result when the airway becomes partially obstructed. With further tissue obstruction of the airway, there may be complete occlusion. Whether the obstruction is partial (hypopnea) or total (apnea), the subject struggles to breathe and is aroused from sleep. Often, these sleep interruptions are unrecognized, even if they occur hundreds of times a night. The real danger is that the OSA sufferers may not realize the condition and are only aware that they typically awaken feeling sleepy and tired. Losing sleep is more than a simple inconvenience. Good, sound sleep is essential for good health and clear mental and emotional functioning. Additionally, OSA is associated with a reduction in blood oxygen levels feeding the brain, which, of course, is a major health concern. Repetitive decreases in blood oxygen levels associated with OSA may eventually increase:

- Blood pressure.
- Strain on the cardiovascular system.
- Risk of heart attack.
- Risk of stroke.

A costly problem on the ground

The National Sleep Foundation (NSF) estimates that sleep deprivation and sleep disorders cost Americans more than $100 billion annually in lost productivity, medical expenses, sick leave, and property and environmental damage. In addition, the NSF estimates that -

- About 70 million people in the U.S. have some sort of sleep problem.
- 40 million suffer from chronic sleep disorders.
- As many as 30 million are affected by intermittent, sleep-related problems.

The National Highway Traffic Safety Administration conservatively estimates that -

- 100,000 accidents are caused by drowsy drivers each year, resulting in more than 1,500 fatalities, 71,000 injuries, and $12.5 billion in diminished productivity and property loss.
- People with OSA have a *six times* greater risk factor for automobile accidents.

A potential problem in flight?

The implications for pilots and crewmembers are significant. It has been suggested that people with mild-to-moderate OSA can show performance degradation equivalent to 0.06 to 0.08% blood alcohol levels, which is the measure of *legal intoxication* in most states. Most pilots will not fly intoxicated, but OSA sleep deprivation may be causing the equivalent effects! Further exacerbating the problem are time zone changes and post-flight alcohol consumption, which can inhibit wakefulness. Normally, when you stop breathing while asleep, the brain automatically sends a wake-up call after about 10 seconds, and you wake up, gasping for air. Multiple time zone changes and alcohol consumption both inhibit arousal mechanisms and may result in oxygen deprivation of 30 seconds or longer before you heed the wake-up call. When you add up the oxygen starvation resulting from many occurrences per night, along with the subsequent arousals, the effect is significant fatigue.

Recognizing OSA

Typically, a person suffering from OSA is not aware of the condition. The only way it can be detected is through a *sleep study*. A complaint of loud and excessive snoring may be an important clue, since that is characteristically the first sign of OSA. Other symptoms suggesting OSA include:

- Difficulty in concentrating, thinking, or remembering.
- Daytime sleepiness, fatigue, and the need to take frequent naps.
- Headaches.
- Irritability.
- Short attention span.

Treating OSA

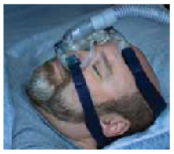
Once recognized and identified, OSA is highly treatable, either with surgery or non-surgical approaches. Obviously, non-surgical methods should be tried first -

- Behavioral changes

- Change sleeping position (sleep on side or stomach).
- Change sleeping environment (mattress, light level, temperature, etc.).
- Lower body fat (10% weight loss will decrease the OSA index by 25%).

- Dental appliances

- Dental appliances that thrust the lower jaw forward or otherwise open the airway are an excellent treatment for mild-to-moderate OSA and are about 75% effective.



- *Continuous positive airway pressure (CPAP) machine*

- Probably the best, non-surgical treatment for any level of OSA.
- Uses air pressure to hold the tissues open during sleep.
- Decreases sleepiness, as measured by surveys and objective tests.
- Improves cognitive functioning on tests.

- *Medications*

- Any medication taken for OSA must be approved by the FAA.
- Nasal steroid sprays are effective.
- Medications that have been studied include medroxyprogesterone, acetazolamide, and theophylline.

- *Surgical Methods*

These can be very significant (painful) surgeries that don't always succeed. They should be used only after non-surgical methods have failed.

- *Nasal airway surgery:* Corrects for swelling of the turbinates, septal deviation, and nasal polyps.
- *Palate implants:* Stiffen the palate to prevent it from collapsing
- *Uvulopalatopharyngoplasty:* Prevents collapse of the palate, tonsils, and pharynx.
- *Tongue reduction surgery:* Decreases the size of the base of the tongue.
- *Genioglossus advancement:* Pulls the tongue forward to enlarge the airway.

The Bottom Line

If you experience one or more symptoms of obstructive sleep apnea, it is recommended that you consult a physician, since OSA treatment scores a very high success rate. What about your medical certificate? If your OSA is treatable, you can maintain your airman medical certificate and continue to enjoy your aviation career. However, flying with untreated OSA constitutes an unnecessary risk and can become a safety-of-flight issue.

It's up to you! So...*sleep on it!*

Medical Facts for Pilots
Publication No. AM-400-10/1
Written by
J.R. Brown
Federal Aviation Administration
Civil Aerospace Medical Institute

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Shipping Clerk, AAM-400
P.O. Box 25082
Oklahoma City, OK 73125
(405)-954-4831

Physiological Training Classes for Pilots

If you are interested in taking a one-day aviation physiological training course with altitude chamber and vertigo demonstrations or a one-day survival course, learn about how to sign up for these courses that are offered at 13 locations across the U.S. by visiting this FAA Web site:

www.faa.gov/pilots/training/airman_education/aerospace_physiology/index.cfm

OK-10-2545

For AMEs Who Elect to Perform the OSA Assessment

Evaluating the risk of Obstructive Sleep Apnea (OSA) requires clinical judgment based on an **integrated assessment of history, symptoms, AND physical/clinical findings.** If an AME elects to perform the assessment for OSA, he/she must follow the American Academy of Sleep Medicine guidelines.

After completing the assessment, if the diagnosis of OSA is not made, the AME must sign and submit the AME Assessment Statement - OSA. If the AME confirms the presence of OSA, then full clinical note with test results, if performed, must be submitted.

History of findings that suggest increased risk of OSA include:
• Hypertension requiring more than 2 medications for control or refractory hypertension
• Type 2 Diabetes
• Atrial fibrillation or nocturnal dysrhythmias
• Congestive heart failure
• Stroke
• Pulmonary hypertension
• Motor vehicle accidents, especially those associated with sleepiness/drowsiness
• Under consideration for bariatric surgery

Symptoms that suggest an increased risk of OSA include:
• Snoring
• Daytime sleepiness
• Witnessed apneas
• Complaints of awakening with sensation of gasping or choking
• Non-refreshing sleep
• Frequent awakening (sleep fragmentation) or difficulty staying asleep (maintenance insomnia)
• Morning headaches
• Decreased concentration
• Problems or difficulty with memory or memory loss
• Irritability

Physical/clinical findings that suggest increased risk of OSA include:
• High score on an OSA screening questionnaire (e.g., Berlin, Epworth)
• Increased neck circumference (>17 inches in men, >16 inches in women)
• A Modified Mallampati score of 3 or 4 (assessment of the oral cavity)
• Retrognathia
• Lateral peritonsilar narrowing
• Macroglossia
• Tonsillar hypertrophy
• Elongated/enlarged uvula
• High arched/narrow hard palate
• Nasal abnormalities such as polyps, deviation and turbinate hypertrophy
• Obesity (AASM guidelines)

AME ASSESSMENT STATEMENT – OSA (Updated 06/29/2022)

AMEs who elect to perform an OSA assessment and find that the applicant does not meet the American Academy of Sleep Medicine (AASM) diagnostic criteria for OSA, must submit this statement to the FAA.

Airman/ Patient Name _____ DOB: _____

Reference Number (PI, MID, or App ID): _____

_____ (initial) I have performed an OSA assessment in accordance with AASM guidelines and have determined that there is no evidence of OSA requiring treatment at this time. (If a sleep study was performed it must be attached).

_____

_____

PHYSICIAN NAME _____

Address: _____

Office Telephone Number: _____

PHYSICIAN
SIGNATURE_____DATE_____

Mail this statement to:

Using Regular Mail (US Postal Service) or
Federal Aviation Administration
Aerospace Medical Certification Division AAM-300
Civil Aerospace Medical Institute
PO Box 25082
Oklahoma City, OK 73125-9867

Using Special Mail (FedEx, UPS, etc.)
Federal Aviation Administration
Aerospace Medical Certification Division AAM-300
Civil Aerospace Medical Institute, Bldg. 13
6700 S. MacArthur Blvd., Room 308
Oklahoma City, OK 73169

PHARMACEUTICALS

PHARMACEUTICAL MEDICATIONS

(Updated 03/30/2022)

As an AME you are required to be aware of the regulations and Agency policy and have a responsibility to inform airmen of the potential adverse effects of medications and to counsel airmen regarding their use. There are numerous conditions that require the chronic use of medications that do not compromise aviation safety and, therefore, are permissible. Airmen who develop short-term, self-limited illnesses are best advised to avoid performing aviation duties while medications are used.

Aeromedical decision-making includes an analysis of the underlying disease or condition and treatment. The underlying disease has an equal and often greater influence upon the determination of aeromedical certification. It is unlikely that a source document could be developed and understood by airmen when considering the underlying medical condition(s), drug interactions, medication dosages, and the sheer volume of medications that need to be considered.

A list may encourage or facilitate an airmen's self-determination of the risks posed by various medical conditions especially when combination therapy is used. A list is subject to misuse if used as the sole factor to determine certification eligibility or compliance with 14 CFR part 61.53, Prohibition of Operations During Medical Deficiencies. Maintaining a published a list of "acceptable" medications is labor intensive and, in the final analysis, only partially answers the certification question and does not contribute to aviation safety.

DO NOT ISSUE - DO NOT FLY

(Updated 06/28/2023)

The information in this section addresses two medication categories that are generally unacceptable for flight or safety-related duties:

1. **DO NOT ISSUE (DNI) MEDICATIONS:** AMEs cannot issue. Clearance from the FAA required.

   AND

2. **DO NOT FLY (DNF) MEDICATIONS:** AMEs must provide additional safety information to applicants and caution them not to fly until a specific period of time has elapsed.

The AME should first consider the safety impact of the underlying condition being treated and then determine the frequency, duration, and side effects (if any) of the medication being used. Contact your Regional Flight Surgeon's (RFS) office or the Aerospace Medicine Certification Division (AMCD) regarding any questions or concerns.

The FAA does not typically review medications with the following characteristics:

- **Investigational/experimental study drugs**:
  These medications may currently be in clinical trials and have not been review by the Food and Drug Administration (FDA). They have not been evaluated for a complete safety review.

- **FDA approved less than 12 months ago**:
  The FAA generally requires at least one year of post-marketing experience with a new drug class before consideration. This observation period allows time for uncommon, but aeromedically significant adverse effects to manifest.

Contact your RFS office or AMCD for guidance on specific applicants or to request consideration for a particular medication.

IMPORTANT

The lists in the following sections are not intended as all-inclusive or comprehensive, but rather address the most common concerns and provide aeromedical guidance about specific medications or classes of pharmaceutical preparations.

No independent interpretation of the FAA's position with respect to a medication included or excluded should be assumed.

DO NOT ISSUE (DNI) MEDICATIONS

(Updated 06/28/2023)

If the applicant is taking any of the following medications, AMEs should **DEFER** the exam.
DO NOT issue a medical certificate to applicants who are using any of the following **drug classes or medications for any condition:**

DO NOT ISSUE

ANGINA MEDICATIONS	• nitrates (nitroglycerin, isosorbide dinitrate [Imdur]) • ranolazine (Ranexa)

ANTICHOLINERGICS (ORAL)	• atropine
	• Over-active bladder (OAB) medications with tertiary structure that carry strong warnings about potential for sedation and impaired cognition:
	  ○ tolterodine (Detrol)
	  ○ oxybutynin (Ditropan)
	  ○ solifenacin (Vesicare)
	• Parkinsonism
	  ○ benztropine (Cogentin)

CANCER TREATMENTS	Including many chemotherapy, radiation therapy, and immunotherapy medications, whether used for induction, maintenance, or suppressive therapy.
CONTROLLED SUBSTANCES (SCHEDULES I – V)	• Including medical marijuana, **even if legally allowed or prescribed under state law.** • Any open prescription for chronic use of any drug or substance with no resolution. (If short-term use, see “pain medication” and “anti-anxiety” in DNF section.)
DIABETIC MEDICATION	• pramlintide (Symlin) Most diabetes medications are allowed. See Acceptable Combinations of Diabetes Medications.

DOPAMINE AGONISTS	• Used for Parkinson’s disease or other medical conditions:
	  ○ bromocriptine (Cycloset, Parlodel)
	  ○ pramipexole (Mirapex), ropinirole (Requip)
	  ○ rotigotine (NeuPro)

HYPERTENSIVE (CENTRALLY ACTING)	• Including but not limited to:
	  ○ clonidine
	  ○ guanabenz, methyldopa, reserpine

MALARIA MEDICATION	• mefloquine (Lariam) Most other malaria medications are allowed.

PSYCHIATRIC OR PSYCHOTROPIC MEDICATIONS	• Even when used for conditions other than mental health. Including but not limited to:
	  ○ Antidepressants (some are allowed - see SSRI guidance)
	  ○ Anti-anxiety (some are DNF - see that section)
	  ○ Antipsychotics
	  ○ Attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD) medications
	  ○ Mood stabilizers
	  ○ Stimulants
	  ○ Tranquilizers

SEIZURE MEDICATIONS	Even if used for non-seizure conditions (e.g., migraines)
STEROIDS, HIGH DOSE	Greater than 20 mg prednisone or prednisone equivalent per day.
WEIGHT LOSS	• Sympathomimetic (such as phentermine [Adipex]) • bupropion + naltrexone (Contrave)

Note: Smoking cessation aid varenicline (Chantix) is **allowed**.

DO NOT FLY (DNF) MEDICATIONS

(Updated 06/28/2023)

The following medications have aeromedically concerning safety profiles. All medications listed below may cause sedation or drowsiness, impairing cognitive function and seriously degrading pilot performance. Impairment can occur even when the individual feels alert and is apparently functioning normally. The pilot can be "**unaware of impair**."

AMEs should caution pilots on use and provide additional No Fly wait times where applicable. If applicant is using the following medications routinely, AMEs should **DEFER.**

DO NOT FLY

ALLERGY MEDICATIONS (1st GENERATION)	Sedating Antihistamines:
	• Found in many over-the counter (OTC) allergy and other types of medications, as single agent or in any combination product.
	• Applies to nasal, ophthalmic, AND oral formulations.
	  ○ diphenhydramine (Benadryl)
	  ○ chlorpheniramine (Coricidin; ChlorTrimeton)
	
	See pharmaceutical, Allergy – Antihistamine & Immunotherapy Medication

ANTI-ANXIETY	• Including but not limited to:
	  ○ alprazolam (Xanax)
	  ○ lorazepam (Ativan)
	  ○ temazepam (Restoril)
	  ○ triazolam (Halcion)

MUSCLE RELAXANTS	• Including but not limited to:
	  ○ carisoprodol (Soma)
	  ○ cyclobenzaprine (Flexeril)

OTC ACTIVE DIETARY SUPPLEMENTS	• Including but not limited to:
	  ○ Kava-Kava
	  ○ Kratom
	  ○ Valerian

PAIN MEDICATION	• May be used occasionally for time-limited conditions that are either single episode or recurrent episodes with resolution. • Annotate Block 60 if use is temporary for a medical procedure or for a medical condition and the medication has been discontinued. • Annotate the start and stop dates and reason for use. • Narcotic pain relievers including but not limited to morphine, codeine, oxycodone (Percodan, Oxycontin), and hydrocodone (Lortab, Vicodin, etc.). • Non-narcotic pain relievers (e.g., tramadol [Ultram]).
PRE-MEDICATION OR PRE-PROCEDURE DRUGS	All medications used as an aid to outpatient surgical or dental procedures.
SEDATIVES/SLEEP AIDS	• All currently available sleep aids, both prescription and OTC, can cause impairment of mental processes and reaction times, even when the individual feels fully awake. See Sleep Aid and wait times for currently available prescription sleep aids. • Diphenhydramine (Benadryl) - Many OTC sleep aids contain diphenhydramine as the active ingredient (see sedating antihistamines above). ○ The wait time after diphenhydramine is 60 hours (based on maximum pharmacologic half-life)

GENERAL NO FLY WAIT TIMES

(Updated 06/28/2023)

For Aviation safety, pilots should **not fly following the last dose of any medications** until a period of time has elapsed equal to:

A. 5-times the maximum pharmacologic half-life of the medication (preferred); or

B. 5-times the maximum hour dose interval if pharmacologic half-life information is not available. For example, there is a 30-hour wait time for a medication that is taken every 4 to 6 hours. If there is a range, calculate by using the higher number (e.g., 6 hours x 5 = 30 hours No Fly wait time).

LABEL WARNINGS:

Do not fly or perform safety-related duties while using any medication (prescription or OTC) that carries a label precaution or warning that it **may cause drowsiness or advises the user to "be careful when driving a motor vehicle or operating machinery."** This applies even if label states, "until you know how the medication affects you" and even if the medication has been used before with no apparent adverse effect. Such medications can cause impairment even when the individual feels alert and unimpaired (see "unaware of impair" above).

For more information, see Pharmaceuticals, Over-the-Counter Medications.

ACNE MEDICATIONS

I. CODE OF FEDERAL REGULATIONS

First-Class Airman Medical Certificate: 67.113(c)
Second-Class Airman Medical Certificate: 67.213(c)
Third-Class Airman Medical Certificate: 67.313(c)

II. MEDICAL HISTORY:

Topical acne medications, such as Retin A, and oral antibiotics, such as tetracycline, used for acne are acceptable if the applicant is otherwise qualified.

For applicants using oral isotretinoin (Accutane), there is a mandatory 2-week waiting period after starting isotretinoin prior to consideration. **This medication can be associated with vision and psychiatric side effects of aeromedical concern - specifically decreased night vision/ night blindness and depression.** These side-effects can occur even after cessation of isotretinoin. A report must be provided with detailed, specific comment on presence or absence of psychiatric and vision side-effects. The AME must document these findings in Block 60, Comments on History and Findings. Some applicants will have to be deferred. For applicants issued, there must be a **"NOT VALID FOR NIGHT FLYING"** restriction on the medical certificate. A waiting period and detailed information is required to remove this restriction. The restriction cannot be removed until **all** the requirements are met. See Pharmaceutical Considerations below.

III. AEROMEDICAL DECISION CONSIDERATIONS: See **Item 40, Skin**.

IV. PROTOCOL: N/A

V. PHARMACEUTICAL CONSIDERATIONS:

- Use of oral isotretinoin must be permanently discontinued for at least 2 weeks prior to consideration date (confirmed by the prescribing physician) and;
- Eye evaluation must be done in accordance with specifications in 8500-7 and;
- The airman must provide a signed statement of discontinuation that:
    - Confirms the absence of any visual disturbances and psychiatric symptoms, and
    - Acknowledges requirement to notify the FAA and obtain clearance prior to performing any aviation safety-related duties if use of isotretinoin is resumed

ALLERGY – ANTIHISTAMINE & IMMUNOTHERAPY MEDICATION

(Updated 10/26/2022)

I. CODE OF FEDERAL REGULATIONS
First-Class Airman Medical Certificate: 67.105(b) & (c); 67.113(c)
Second-Class Airman Medical Certificate: 67.205(b) & (c); 67.213(c)
Third-Class Airman Medical Certificate: 67.305(b) & (c); 67.313(c)

II. MEDICAL HISTORY: **Item 18.e. Hay fever or allergy**
The applicant must report frequency and duration of symptoms, any incapacitation by the condition, treatment, and side effects. The AME must inquire whether the applicant has ever experienced any barotitis ('ear block'), barosinusitis ('sinus block'), alternobaric vertigo ('dizziness'), difficulty breathing, rashes, or any other localized or systemic symptoms that could interfere with aviation safety.

III. AEROMEDICAL DECISION CONSIDERATIONS:
See Item 26. Nose
See Item 35. Lungs and Chest

IV. PROTOCOL: See Disease Protocols – Allergies, Severe

V. PHARMACEUTICAL CONSIDERATIONS: Airmen who are exhibiting symptoms, regardless of the treatment used, must not fly. AME must warn that flight/safety-related duties are prohibited until **after** any applicable post-dose observation time. In all situations, the AME must notate the evaluation data in Block 60.

- **New medications:**
  - Symptoms must be controlled without adverse side effects.
  - **Post-dose observation time:** Mandatory **48-hour ground trial** required after initial use.
- **Acceptable medications:**
  - Do **not** instill antihistamine eye drops immediately before or during flight/safety related duties, as it is common to develop temporary blurred vision each time the drops are applied.
  - **Post-dose observation time:** Not required for acceptable medications (see chart below).
- **Conditionally acceptable medications:**
  - May be used occasionally (1-2 times a week) with the stipulation that the airman not exercise the privileges of airman certificate while taking the medication.
  - Daily use is **NOT** acceptable.
  - **Post-dose observation time:** Required to mitigate central nervous system risk, either as noted in the table below or **5x the half-life or maximal dosing interval** after the last dose.
    AMEs are encouraged to look up the dosing intervals and half-life.
- For more information, see: "What Over-the-Counter (OTC) Medications Can I Take and Still Be Safe to Fly?"

Immunotherapy: Airman must confirm with their treating physician that no other medication is being taken which would impair the effectiveness of epinephrine (should it be needed) or increases the risk of heart rhythm disturbances.

- **Allergy injections:** Acceptable for conditions controlled by desensitization.
- **Sublingual immunotherapy (SLIT):** Acceptable for allergic rhinitis, however, prohibited for airmen 65 or older who have an asthma diagnosis that does not meet CACI criteria (See Lungs and Chest).
- **Post-dose observation time: 48-hour** no-fly after the first dose AND **4-hour** no-fly after each subsequent dose.

ACCEPTABLE* (Non-Sedating) Antihistamine and Allergy Medications

May be used as a single agent or in any combination product, if other certification criteria are met.

Oral: Most Second-Generation Histamine-H1 receptor antagonist • desloratadine (Clarinex) • loratadine (Claritin) • fexofenadine (Allegra)	□ **Oral/Nasal:** Decongestants • pseudoephedrine (Sudafed) • oxymetazoline (Afrin) nasal spray
□ **Nasal spray:** Histamine-H1 receptor antagonist • azelastine (Astepro; Astelin) nasal spray • olopatadine nasal spray (requires longer initial ground trial of 7 days)	□ **Nasal spray:** Corticosteroid
□ **Eye drops:** All Second-Generation Histamine-H1 receptor antagonist • alcaftadine (Lastacaft) ophthalmic • azelastine (Optivar) ophthalmic • bepotastine (Bepreve) ophthalmic • cetirizine (Zerviate) ophthalmic • ketotifen (Alaway ; Zaditor) ophthalmic • olopatadine (Pataday; Patanol; Pazeo) ophthalmic	□ **Oral**: montelukast (Singulair)
□ **Immunotherapy** (require 4 hours wait after each dose) • Allergy injections • Sublingual immunotherapy (SLIT)	

* Airman are prohibited from flight/safety-related duties after initial use of a new medication until after a 48-hour ground trial and no side effects are noted. See Medications & Flying.

CONDITIONALLY ACCEPTABLE (Sedating) Antihistamine Medications

May be used occasionally (1-2 x per week) as a single agent or in any combination product if other certification criteria are met. **NOT FOR DAILY USE.**

Medication Drug Class	Post-dose observation
□ **Oral**: All First-Generation Histamine- H1 receptor antagonist	
• **diphenhydramine (Benadryl)****	**60 hours**
• doxylamine (Unisom)	60 hours
• chlorpheniramine (Coricidin; ChlorTrimeton)	5 days
clemastine (No brand)	5 days
□ **Oral**: Some Second-Generation Histamine- H1 receptor antagonist	
• cetirizine (Zyrtec)	48 hours
• levocetirizine (Xyzal)	48 hours

** Diphenhydramine is the most common medication seen on autopsy in aircraft accidents. It is found in many over-the-counter products and in some combination prescription medications.

UNACCEPTABLE (Sedating) Antihistamine Medications

Use prohibited as a single agent or in any combination product.

⦸ Some Second-Generation Histamine- H1 receptor antagonist
- astemizole (Hismanal)

ANTACIDS

I. CODE OF FEDERAL REGULATIONS

First-Class Airman Medical Certificate: 67.113(b)(c)
Second-Class Airman Medical Certificate: 67.213(b)(c)
Third-Class Airman Medical Certificate: 67.313(b)(c)

II. MEDICAL HISTORY: Item 18.i.,Stomach, liver, or intestinal trouble.
The applicant should provide history and treatment, pertinent medical records, current status report, and medication. If a surgical procedure was done, the applicant must provide operative and pathology reports.

III. AEROMEDICAL DECISION CONSIDERATIONS: See **Item 38**, Abdomen and Viscera, Aerospace Medical Disposition Table.

IV. PROTOCOL: See Peptic Ulcer

V. PHARMACEUTICAL CONSIDERATIONS

The prophylactic use of medications including simple antacids, H-2 inhibitors or blockers, proton pump inhibitors, and/or sucralfates may not be disqualifying, if free from side effects.

ANTICOAGULANTS (Updated 08/26/2020)

I. CODE OF FEDERAL REGULATIONS

First-Class Airman Medical Certificate: 67.113(b)(c)
Second-Class Airman Medical Certificate: 67.213(b)(c)
Third-Class Airman Medical Certificate: 67.313(b)(c)

II. MEDICAL HISTORY: **Item 18.g.** Heart or vascular trouble.
The applicant should describe the condition to include, dates, symptoms, treatment, and provide medical reports to assist in the certification decision-making process. These reports should include, as indicated by the applicable underlying condition(s) and class applied for: 24-hour Holter monitor, operative reports of any coronary intervention (including the original cardiac catheterization report), stress tests (including worksheets and original tracings or a legible copy). For myocardial perfusion imaging, we require the interpretive report and copies of the actual images in **both** grey-scale and color (in digital format or hard copy.) Per Part 67, for all classes of medical certificates, there is cause for denial if there is an established medical history or clinical diagnosis of myocardial infarction, angina pectoris, cardiac valve replacement, permanent cardiac pacemaker implantation, heart replacement, or coronary heart disease (CHD) that has required treatment (or if untreated, that has been symptomatic or clinically significant).

III. AEROMEDICAL DECISION CONSIDERATIONS: See **Item 36**, Heart, Aerospace Medical Disposition table

IV. PROTOCOL: As per the specific underlying condition(s), see Disease Protocols

V. PHARMACEUTICAL CONSIDERATIONS

Warfarin (Coumadin):
For applicants who are **just beginning warfarin (Coumadin)** treatment the following is required:
- Minimum observation time of 6 weeks after initiation of warfarin therapy;
- Must also meet any required observation time for the underlying condition; AND
- 6 INRs, no more frequently than 1 per week

For applicants who are on an **established use of warfarin (Coumadin),** status report from the treating physician should address and include**:**
- Drug dose history and schedule;
- Comment regarding side effects; AND
- A minimum of monthly International Normalized Ratio (INRs) results for the immediate prior 6 months.

NOAC/DOACs: For applicants who are just beginning treatment with NOAC/DOACs, the following is required:
- Minimum observation time of 2 weeks after initiation of therapy; AND
- Must also meet any required observation time for the underlying condition

For Non-Valvular Atrial Fibrillation (AFib) – see Emboli Mitigation on the following page.

EMBOLI MITIGATION IN NON-VALVULAR ATRIAL FIBRILLATION (AFIB)

(Updated 8/26/2020)

The **CHA2DS2-VASc** score is used to estimate thromboembolic risk in atrial fibrillation and inform emboli mitigation requirements. Annual stroke risk increases with increasing score. The following emboli mitigation strategies are acceptable for FAA medical certificate purposes:

CHA2DS2-VASc Score	Required Emboli Mitigation
2 or higher	Coumadin/warfarin; or NOAC/DOAC or LAA closure
0-1	Emboli mitigation usually not required for FAA purposes.

CHA2DS2-VASc	Score
Congestive heart failure	1
Hypertension	1
Age > 75	2
Diabetes mellitus	1
Previous stroke/TIA/TE	2
Vascular disease (prior MI, PAD, or aortic plaque/atheroma)	1
Age 65-74	1
Female (Male = 0)	1
Total	

Warfarin (Coumadin): For applicants who are **just beginning warfarin (Coumadin)** treatment the following is required:

- Minimum observation time of 6 weeks after initiation of warfarin therapy;
- Must also meet any required observation time for the underlying condition; AND
- 6 INRs, no more frequently than 1 per week
  - 80% or more of INR values should be between 2.0 and 3.0.
  - When used for heart valves, INR goal should be in accordance with standard of care for that type of valve: and
  - If INR is outside this target range, the physician should explain.

NOAC/DOACs: For applicants who are just beginning treatment the following is required:

- Minimum observation time of 2 weeks after initiation of therapy; AND
- Must also meet any required observation time for the underlying condition.

ANTIDEPRESSANTS

(Updated 05/31/2023)

I. CODE OF FEDERAL REGULATIONS

First-Class Airman Medical Certificate: 67.107
Second-Class Airman Medical Certificate: 67.207
Third-Class Airman Medical Certificate: 67.307

II. MEDICAL HISTORY: **Item 18.m.,** Mental disorders of any sort; depression, anxiety, etc.

An affirmative answer to Item 18.m. requires investigation through supplemental history taking. Dispositions will vary according to the details obtained. An applicant with an established history of a personality disorder that is severe enough to have repeatedly manifested itself by overt acts, a psychosis disorder, or a bipolar disorder must be denied or deferred by the AME.

III. AEROMEDICAL DECISION CONSIDERATIONS: See **Item 47.,** Psychiatric, Aerospace Medical Disposition table.

IV. PROTOCOL: See Aerospace Medical Dispositions, **Item 47**., Psychiatric Conditions

V. PHARMACEUTICAL CONSIDERATIONS

The use of a psychotropic drug is disqualifying for aeromedical certification purposes – this includes all antidepressant drugs, including selective serotonin reuptake inhibitors (SSRIs). However, the FAA has determined that applicants requesting first, second, or third-class medical certificates while being treated with one of several specific antidepressants may be considered (See Item 47. Psychiatric Conditions – Use of Antidepressant Medications.) The Authorization decision is made on a case-by-case basis. **The AME may not issue.**

ANTIHYPERTENSIVE

(Updated 10/28/2015)

I. CODE OF FEDERAL REGULATIONS

First-Class Airman Medical Certificate: 67.113(b)(c)
Second-Class Airman Medical Certificate: 67.213(b)(c)
Third-Class Airman Medical Certificate: 67.313(b)(c)

II. MEDICAL HISTORY: **Item 18.h.,** High or low blood pressure.

III. AEROMEDICAL DECISION CONSIDERATIONS:

See Item 36. Heart, Hypertension
Also see Item 55. Blood Pressure

IV. PROTOCOL: N/A. See Hypertension Disposition table

V. PHARMACEUTICAL CONSIDERATIONS

- Seven-day (7) no-fly/ground trial is required when starting a new hypertension (HTN) medication to verify no side effects.
- AME should issue (if otherwise qualified) if the airmen is on 3 or fewer medications
- Uses of beta-adrenergic blockers ARE allowed with insulin, meglitinides, or sulfonylureas.

ACCEPTABLE HTN Medications (When certification criteria are met.)	
✓ Alpha adrenergic blockers	✓ Calcium channel blockers
✓ Angiotensin converting enzyme (ACE) inhibitors	✓ Direct renin inhibitors
✓ Angiotensin II receptor antagonists (ARBs)	✓ Direct vasodilators
✓ Beta-adrenergic blockers	✓ Diuretics

UNACCEPTABLE HTN Medications
(as a single agent or in any combination product)
DO NOT ISSUE

- Clonidine (ex. Catapres/Clorpres)
- guanabenz
- guanfacine/Tenex
- methyldopa
- Nitrates (ex. nitroglycerin/isosorbide dinitrate/isosorbide mononitrate)
- reserpine

CHOLESTEROL MEDICATION

(Updated 03/30/2022)

I. CODE OF FEDERAL REGULATIONS - 67.113(c); 67.213(c); and 67.313(c)

II. MEDICAL HISTORY: Item 37: Vascular System
The applicant should provide history as to why the medication is used. If taken for a cardiac condition, see that section. The AME should inquire if the applicant has ever experienced any side effects that could interfere with aviation safety.

III. AEROMEDICAL DECISION CONSIDERATIONS:
See Item 37: Vascular system

IV. PROTOCOL: N/A

V. PHARMACEUTICAL CONSIDERATIONS

- Cholesterol Medication
  - All drug classes require the minimum standard 48-hour initial ground trial.

ACCEPTABLE Cholesterol Medications
(As a single agent or in any combination product.)

HMG-CoA reductase inhibitor • atorvastatin (Lipitor; Sortis [INTL]) • fluvastatin (Lescol) • lovastatin (Altoprev) • pravastatin (Pravachol) • rosuvastatin (Crestor) • simvastatin (Zocor)	Fibric Acid • fenofibrate (Antara, Tricor, Triglide, Trilipix) • gemfibrozil (Lopid)
Omega-3-acid ethyl esters • omega-3-acid ethyl esters (Lovaza) • icosapent ethyl (Vascepa)	Bile Acid Sequestrant • cholestyramine (Prevalite; Questran) • colesevelam (Welchol) • colestipol (Colestid)
Nicotinic acid • niacin (Niaspan)	Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitor • bempedoic acid (Nexletol)
2-Azetidinone • ezetimibe (Zetia)	

CONDITIONALLY ACCEPTABLE Cholesterol Medications

Medication	Post-dose observation (no-fly time after each dose)
Monoclonal Antibody - PCSK9 Inhibitor • alirocumab (Praluent) • evolocumab (Repatha)	4 hours

UNACCEPTABLE Cholesterol Medications

Apolipoprotein B Antisense Oligonucleotide • mipomersen (Kynamro)

CONTRACEPTIVES AND HORMONE REPLACEMENT THERAPY

I. CODE OF FEDERAL REGULATIONS

First-Class Airman Medical Certificate: 67.113(b)(c)
Second-Class Airman Medical Certificate: 67.213(b)(c)
Third-Class Airman Medical Certificate: 67.313(b)(c)

II. MEDICAL HISTORY: Use of Oral or Repository Contraceptives or Hormonal Replacement Therapy are not disqualifying for medical certification. If the applicant is experiencing no adverse symptoms or reactions to hormones and is otherwise qualified, the AME may issue the desired certificate.

III. AEROMEDICAL DECISION CONSIDERATIONS: See Medical History above and **Item 48., General Systemic, Gender Dysphoria**

IV. PROTOCOL: N/A

V. PHARMACEUTICAL CONSIDERATIONS: See Medical History above.

CONTROLLED SUBSTANCES AND CBD PRODUCTS

(Updated 05/25/2022)

I. CODE OF FEDERAL REGULATIONS: 14 CFR 67.107 and 67.113(b)(c); 67.207 and 67.213(b)(c); 67.307 and 67.313(b)(c)

II. MEDICAL HISTORY: **Item 48 or 18. n.**

III. AEROMEDICAL DECISION CONSIDERATIONS: See Item 48. General Systemic

IV. PROTOCOL: N/A

V. PHARMACEUTICAL CONSIDERATIONS

- DEA Schedule Controlled Substances have aeromedically concerning safety profiles.

Additional Information Required (Used as a single agent or in any combination product.)	
CBD (cannabidiol) or products containing CBD	Marijuana contains CBD and THC. With the exception of Epidiolex, CBD oil and other CBD-containing products are neither FDA approved nor regulated. The safety, efficacy, purity, and potency have not been adequately demonstrated. 1. Use of CBD or CBD-containing products is not specifically disqualifying. 2. The condition for which the product is being used may be disqualifying. Review a current detailed Clinical Progress Note to verify the underlying condition. 3. **A marijuana-positive DOT drug test resulting from CBD use (intentional or inadvertent) is treated as a positive test.**
UNACCEPTABLE Medications (Used as a single agent or in any combination product.)	
DEA **SCHEDULE I** Controlled Substances	**ALL Medications in this class but not limited to:** MDMA (“Ecstasy,” “Molly”) GHB (gamma-hydroxybutyric acid) Heroin (diacetylmorphine) Khat (Cathinone, Cathine) Mescaline (Peyote) Methaqualone (Quaalude) Psilocybin ("Magic Mushrooms") LSD (lysergic acid diethylamide) • Synthetic Cathinones (“bath salts”) • **Marijuana (cannabis, THC)** • **Medical Marijuana** • **Synthetic marijuana (“Spice,” “K2”)**
DEA **SCHEDULE II** Controlled Substances	**Not limited to:** • Barbiturates • Cocaine • Stimulants • Narcotics*

*The AME must review ANY use of narcotics. No fly or no Safety Related Duties during use. A minimum no fly time must be observed after last use. Frequent flares/ episodes require review of the underlying condition.

COVID-19 MEDICATION

(Updated 09/27/2023)

I. CODE OF FEDERAL REGULATIONS - 67.113(b)(c); 67.213(b)(c); 67.313(b)(c)

II. MEDICAL HISTORY: **Item 48. General Systemic**
The use of medications below may be acceptable if there are no side effects (localized or systemic) which could interfere with aviation safety and the applicant is otherwise qualified.

III. AEROMEDICAL DECISION CONSIDERATIONS:
See **Item 48. General Systemic,** COVID-19 Infections

IV. PROTOCOL: None

V. PHARMACEUTICAL CONSIDERATIONS:

- FDA or Emergency Use Authorization (EUA) approved COVID-19 medications are acceptable.
- COVID-19 medications require a post-dose observation time due to side effects which may affect aeromedical safety.
- NO flying or safety-related duties permitted DURING COVID-19 infection.
- Follow the current CDC and FAA guidelines for recovery from COVID-19 before return to duty or flying.
  See COVID-19 vaccines.

Q: Which COVID-19 medication can I use and still fly?

A: None. You cannot take a COVID-19 medication and fly or perform safety-related duties. See the chart below for more information.

Conditionally ACCEPTABLE	Post-dose Observation* and Additional Requirements
COVID TREATMENT or POST- EXPOSURE PROPHYLAXIS Any FDA-approved treatments below are acceptable; however, the following restrictions apply: • **DO NOT fly if taking ANY medications** listed until ALL items (#1-4) in the next column are met; and • **DO NOT fly if symptomatic or infected**. Currently FDA approved treatment(s)* ✓ molnupiravir (no brand name) ✓ nirmatrelvir + ritonavir (Paxlovid) ✓ remdesivir (Veklury)	**ALL of the following criteria must be met BEFORE returning to flight status or safety-related duties:** **1.** Wait **24 hours** after the last dose of COVID-19 medication; **AND** **2.** Be free of significant side effects after COVID-19 medication; **AND** **3.** Meet the current CDC/FAA guidelines for recovery from COVID disease or exposure; **AND** **4.** Meet the requirements on the COVID-19 Disposition Table. 14 CFR 61.53 applies after any medication use or illness.

DIABETES MELLITUS - INSULIN TREATED

I. CODE OF FEDERAL REGULATIONS

First-Class Airman Medical Certificate: 67.113(a)(b)(c)
Second-Class Airman Medical Certificate: 67.213(a)(b)(c)
Third-Class Airman Medical Certificate: 67.313(a)(b)(c)

II. MEDICAL HISTORY: Item 18.k., Diabetes.

III. AEROMEDICAL DECISION CONSIDERATIONS: See Item 48, General Systemic Aerospace Medical Disposition table.

IV. PROTOCOL: See Diabetes Mellitus Type I or Type II - Insulin-Treated Protocol

V. PHARMACEUTICAL CONSIDERATIONS

- Insulin pumps are an acceptable form of treatment.
- Combinations of anti-diabetes medication (s): The chart of Acceptable Combinations of Diabetes Medications (pdf) summarizes the acceptable medications for both monotherapy and combination therapy. The chart organizes medications into groups based on similarity of mechanisms of actions and/or therapeutic effects.

DIABETES MELLITUS TYPE II - MEDICATION CONTROLLED (NOT INSULIN)

I. CODE OF FEDERAL REGULATIONS

First-Class Airman Medical Certificate: 67.113 (a)(b)(c)
Second-Class Airman Medical Certificate: 67.213(a)(b)(c)
Third-Class Airman Medical Certificate: 67.313(a)(b)(c)

II. MEDICAL HISTORY: **Item 18.k.** Diabetes.
The applicant should describe the condition to include symptoms and treatment. Comment on the presence or absence of hyperglycemic and/or hypoglycemic episodes. A medical history or clinical diagnosis of diabetes mellitus requiring insulin or other hypoglycemic drugs for control is disqualifying. The AME can help expedite the FAA review by assisting the applicant in gathering medical records and submitting a current specialty report such as the Diabetes or Hyperglycemia on Oral Medications Status Report. See Item 48, Diabetes

III. AEROMEDICAL DECISION CONSIDERATIONS: See Item 48, Diabetes

IV. DISEASE PROTOCOL: See Diabetes Mellitus Type II - Medication Controlled

V. PHARMACEUTICAL CONSIDERATIONS: Combinations of anti-diabetes medication (s): The chart of Acceptable Combinations of Diabetes Medications summarizes the acceptable medications for both monotherapy and combination therapy. The chart organizes medications into groups based on similarity of mechanisms of actions and/or therapeutic effects.

ACCEPTABLE COMBINATIONS OF DIABETES MEDICATIONS

(Updated 07/26/2023)

The chart on the following page outlines acceptable combinations of medications for treatment of diabetes.

Please note:

- Initial certification of all applicants with diabetes mellitus (DM) requires FAA decision;
- **Use no more than one medication from each group (A-F**);
- Fixed-dose combination medications - **count each component** as an individual medication. (e.g., Avandamet [rosiglitazone + metformin] is considered 2-drug components);
- **Up to 3 medications total** are considered acceptable for routine treatment according to generally accepted standards of care for diabetes (American Diabetes Association, American Association of Clinical Endocrinologists);
- For applicants receiving complex care (e.g., 4-drug therapy), refer the case to AMCD;
- For applicants on AASI for diabetes mellitus, follow the AASI;
- Consult with FAA for any medications not on listed on the chart; and
- Observation times:

When initiating NEW diabetes therapy using monotherapy or combination medications:

Adding Medication	**Observation Time**
Group A ONLY	14 days
Group B - D	30 days
Group E1	60 days

When ADDING a new medication to an ESTABLISHED TREATMENT regimen:

Current Medication	**Adding Medication**	**Observation Time**
on Group A-D	+ new Group A-D	14 days
on Group E1 or F	+ new Group A-D	30 days
on Group A-D	+ new Group E1	60 days

When initiating NEW or ADDING therapy for any regimen (new or established therapy):

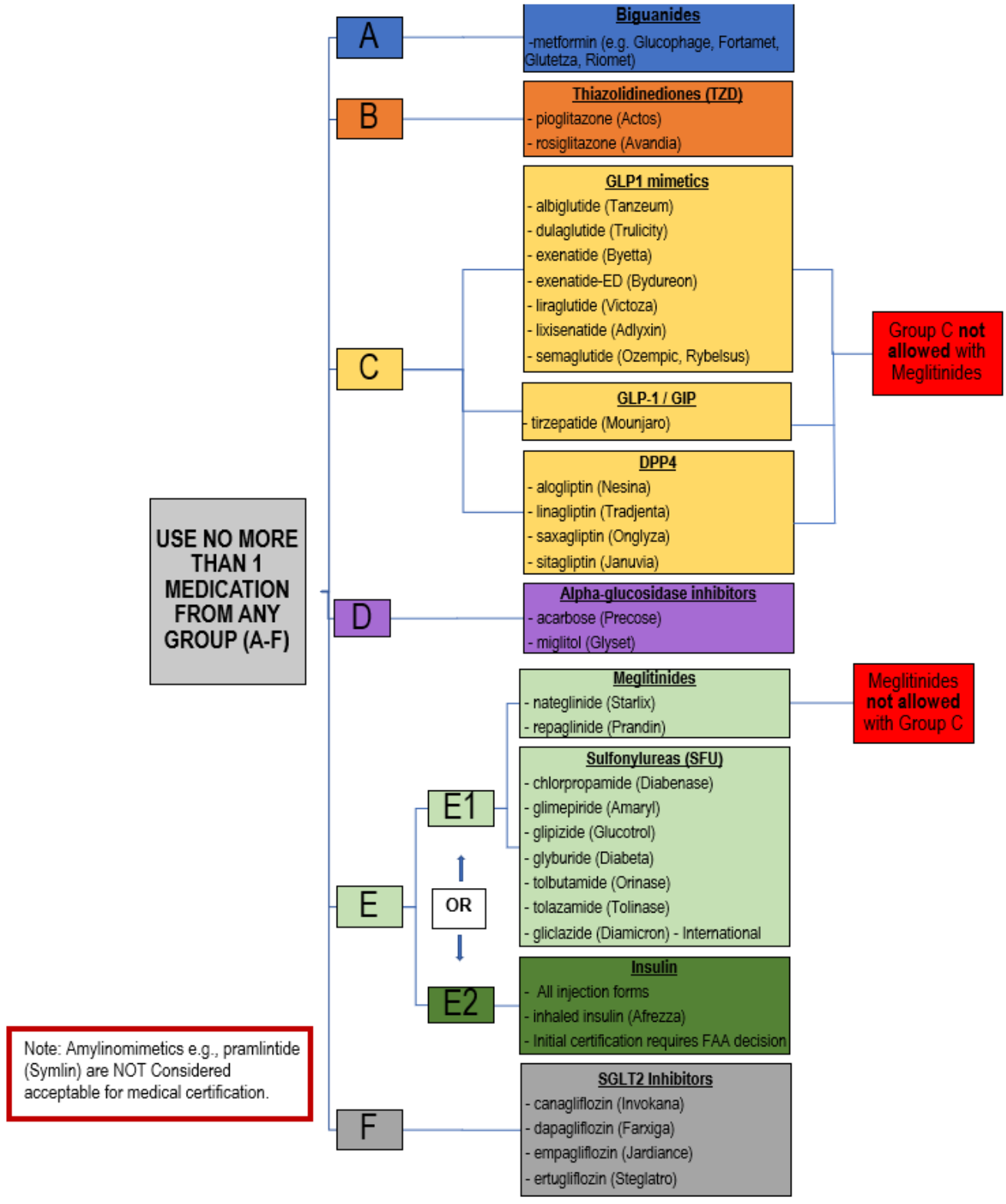
Adding Medication	**Observation Time**
Group F (SGLT2 inhibitors)	30 days
Group E2 (insulin): • For agency ATCSs (non-CGM or CGM protocol): • For Pilots/Part 67 applicants, class 3 non-CGM protocol only: • For Pilots/ art 67 applicants, any class CGM protocol:	 90 days 90 days 180 days

When SWITCHING dosing or formulations within the same drug class/device manufacturer:

Switching Medication	**Observation Time**
In Group A-D (including between injectable and oral GLP-1 RA)	3 days
In Group E-F	7 days
If transitioning between insulin injection to/from pump; or new insulin/CGM devices	7 days

ACCEPTABLE COMBINATIONS OF DIABETES MEDICATIONS

(Updated 07/26/2023)



ERECTILE DYSFUNCTION AND BENIGN PROSTATIC HYPERPLASIA MEDICATIONS

(Updated 08/30/2017)

I. **CODE OF FEDERAL REGULATIONS**

First-Class Airman Medical Certificate: 67.113(c)
Second-Class Airman Medical Certificate: 67.213(c)
Third-Class Airman Medical Certificate: 67.313(c)

II. MEDICAL HISTORY: Use of medication for erectile dysfunction (ED) and/or benign prostatic hyperplasia (BPH) may not be disqualifying for medical certification if there are no side effects, the underlying condition is not aeromedically significant, and the applicant is otherwise qualified. If the medication is used for any other condition, do not issue – FAA approval is required.

III. AEROMEDICAL DECISION CONSIDERATIONS: See **Item 41. G-U System.**

IV. PROTOCOL: N/A

V. PHARMACEUTICAL CONSIDERATIONS: The use of medications below for G-U conditions including ED and BPH may not be disqualifying, if free from side effects. For the required minimum wait time after use, see the table below.

If the medications below are used for any other non-G-U condition (e.g., pulmonary arterial hypertension [PAH]) the AME must defer issuance of a medical certificate.

- Alpha blockers are allowed for daily use if there no side effects. No minimum wait time is required after use once the airman has successfully passed the 7-day ground trial period required for all hypertension medication.
- If alpha blockers are used in combination with PDE5 inhibitors (common examples are listed below), the airman should not fly until verification that no hypotensive episodes or other side effects are noted.
- Nitrates are **not** allowed.

ERECTILE DYSFUNCTION AND BENIGN PROSTATIC HYPERPLASIA PDE-5 INHIBITOR MEDICATION WAIT TIMES

Trade Name	Generic Name	Required minimum wait time after last dose before resuming pilot duties
Cialis (daily use)	Tadalafil	2.5 or 5 mg daily is allowed if no side effects after 7 days
Cialis (prn use)	Tadalafil	24 hours
Levitra	Vardenafil	8 hours
Staxyn	Vardenafil	8 hours
Stendra	Avanafil	8 hours
Viagra	Sildenafil	8 hours

EYE MEDICATION

(Updated 04/27/2022)

I. CODE OF FEDERAL REGULATIONS - 14 CFR 67.103(e) and 67.113(b)(c); 67.203(e) and 67.213 (b)(c); 67.303(e) and 67.313(b)(c)

II. MEDICAL HISTORY: **Item 18.d.** Medical History, eye or vision trouble except glasses.

III. AEROMEDICAL DECISION CONSIDERATIONS: See **Item 32**, Ophthalmoscopic

IV. PROTOCOL: N/A

V. PHARMACEUTICAL CONSIDERATIONS

For applicants using eye drops in the ACCEPTABLE category (below), determination will depend on whether the **underlying condition** for use is acceptable or disqualifying.

- In general, do not instill **antihistamine eye drops** immediately before or during flight/safety related duties. It is common to develop temporary blurred vision each time the drops are applied.
- **Pilocarpine (Vuity)** is a prescription eye drop used for presbyopia (age-related, blurry near vision). It creates a temporary chemical correction of visual acuity by decreasing pupil size. This can increase depth of focus and give **transient** improvement to near vision in individuals with presbyopia. There are overt FDA-required warnings from the manufacturer regarding night vision and operating machinery. Since medication and the availability of ambient lighting impact visual acuity, pilocarpine is **unacceptable.**

Eye Conditions found in a separate section:

a. Allergy – See Allergy – Antihistamine and Immunotherapy Medication
b. Glaucoma – See Glaucoma and Ocular Hypertension Medication

ACEPTABLE Medications if the underlying condition is acceptable (as a single agent or combination product)	
✓ Calcineurin Inhibitor cyclosporine (Restasis)	✓ Pain management; Postoperative surgery NSAID (Nonsteroidal Anti-inflammatory Drug)
✓ Carbonic anhydrase inhibitors	✓ Antibiotics
✓ Most Mydriatic cyclopentolate (Cyclogyl) – 24 hour no-fly phenylephrine (Altafrin) – 8 hour no-fly tropicamide (Mydriacyl) – 8 hour no-fly	

UNACCEPTABLE Medications due to the underlying condition	
Some Mydriatic atropine (Isopto Atropine)	Cholinergic Agonist e.g., pilocarpine (Isopto Carpine; Vuity)
Recombinant Human Nerve Growth Factor cenegermin (Oxervate)	Steroid intravitreal implant fluocinolone (Iluvien; Retisert; Yutiq)

GLAUCOMA AND OCULAR HYPERTENSION MEDICATIONS

(Updated 04/27/2022)

I. CODE OF FEDERAL REGULATIONS - 67.113(b)(c); 67.213 (b)(c); and 67.313(b)(c)

II. MEDICAL HISTORY: **Item 18.d.** Medical History, Eye or vision trouble except glasses. The applicant should provide a current, detailed Clinical Progress Note from the treating physician generated from a clinic visit no more than 90 days prior to the AME exam. It must include a summary of the history of the condition; current medications, dosages, and side effects (if any); clinical exam findings; results of any testing performed; diagnosis; assessment; plan (prognosis); and follow-up.

III. AEROMEDICAL DECISION CONSIDERATIONS: See **Item 32**, Ophthalmoscopic

IV. PROTOCOL: N/A

V. PHARMACEUTICAL CONSIDERATIONS

- Rho kinase inhibitors or oral medications for glaucoma **do not** qualify for the CACI program. They may be considered for Special Issuance certification following demonstration of adequate control.

- Cholinergic agonists cause pupillary constriction, which can interfere with visual acuity and night vision. They are no longer first-line Glaucoma agents

CACI Glaucoma Medications (as a single agent or in a combination product)	
□ Beta-Blocker e.g., timolol (Timoptic)	□ Carbonic Anhydrase Inhibitor e.g., dorzolamide (Trusopt)
□ Alpha2 Agonist e.g., brimonidine (Alphagan P)	□ Prostaglandin e.g., Latanoprost (Xalatan)
CONDITIONALLY ACCEPTABLE Glaucoma Medications (Requires SI) (As a single agent or in a combination product.)	
Rho Kinase Inhibitor e.g., netarsudil (Rhopressa)	Oral medications e.g., acetazolamide (Diamox)
UNACCEPTABLE Glaucoma Medications	
Cycloplegics e.g., atropine	Cholinergic Agonist e.g., pilocarpine (Isopto Carpine, Vuity)

PLAQUENIL STATUS REPORT

Use for hydroxychloroquine/Aralen/Chloroquine (Updated 05/25/2022)

Name _____ Date of Birth _____
MID#_____ Applicant ID# _____ PI#_____

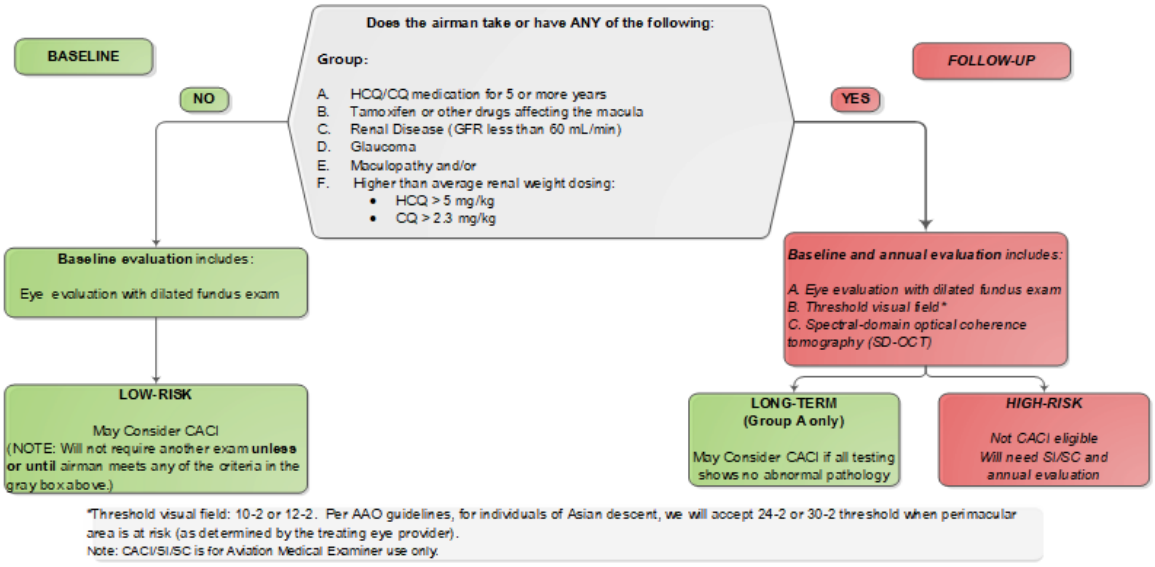
The treating ophthalmologist or optometrist must complete this status report. The Airman must provide this document and copies of all required tests (see below) to AME or directly to the FAA:

Using US Postal Service:
Federal Aviation Administration
Aerospace Medical Certification Division AAM-300
Mike Monroney Aeronautical Center
PO BOX 25082
Oklahoma City, OK 73125

OR

Using special mail (UPS, FedEx, etc.):
Federal Aviation Administration
AMCD-AAM-300
Civil Aerospace Medical Institute, Building 13
6700 S. MacArthur Boulevard, Room 308
Oklahoma City, OK 73169

1. Provider printed name/title: _____ Phone number _____
2. Date hydroxychloroquine (HCQ) or chloroquine (CQ) treatment initiated_____
3. Date of most recent HCQ/CQ screening _____
4. Type of screening: ☐ Baseline or ☐ Follow-up



5. Evidence of bull's-eye lesion or other macular/extra-macular retinopathy: ☐ Yes ☐ No
   If yes, explain: _____
6. Abnormality on automated threshold visual field testing: ☐ Yes ☐ No
   If yes, explain: _____
7. Abnormality on Spectral-domain optical coherence tomography (SD-OCT): ☐ Yes ☐ No
   If yes, explain: _____
8. Any other eye pathology, symptoms, color vision loss, or clinical concerns? ☐ Yes ☐ No
   If yes, explain: _____

Treating Provider Signature _____ Date _____

Modified from 2016 American Academy of Ophthalmology (AAO) guideline recommendations

MALARIA MEDICATIONS

(Updated 04/27/2016)

I. CODE OF FEDERAL REGULATIONS

First-Class Airman Medical Certificate: 67.113(c)
Second-Class Airman Medical Certificate: 67.213(c)
Third-Class Airman Medical Certificate: 67.313(c)

II. MEDICAL HISTORY: This medication is absolutely disqualifying for pilots. Mefloquine (Lariam) is associated with adverse neuropsychiatric side-effects, even weeks after the drug is discontinued. Because of the association with adverse neuropsychiatric side-effects, even weeks after discontinuation, a pilot who elects to use mefloquine for malaria prophylaxis or who contracts malaria and is treated with mefloquine will be disqualified for pilot duties for the duration of use of mefloquine and for 4 weeks after the last dose. In this instance, the pilot **must contact the FAA** or his/her Aviation Medical Examiner prior to returning to flight duties after use.

III. AEROMEDICAL DECISION CONSIDERATIONS: For return to pilot duties there must be no history of neurologic or psychiatric symptoms during and or after mefloquine use. Examples of symptoms related to mefloquine use include dizziness or vertigo, tinnitus, and loss of balance; anxiety, paranoia, depression, restlessness or confusion, hallucinations and psychotic behavior.

IV. PROTOCOL: N/A

V. PHARMACEUTICAL CONSIDERATIONS:

- Use of mefloquine must be discontinued for at least 4 weeks prior to consideration and:
- The airman must contact the FAA agency flight surgeon or their AME before resuming pilot duties
- For return to pilot duties there must be no history of neurologic or psychiatric symptoms during and or after mefloquine use

OVER-THE-COUNTER MEDICATIONS

(Updated 06/28/2023)

I. CODE OF FEDERAL REGULATIONS
67.113(c); 67.213(c); and 67.313(c)
II. MEDICAL HISTORY: **Item 48. General Systemic**
The use of OTC medication may be acceptable if there are no side effects (localized or systemic) which could interfere with aviation safety and the applicant is otherwise qualified.

III. AEROMEDICAL DECISION CONSIDERATIONS:
See **Item 48. General Systemic**

IV. PROTOCOL: None

V. PHARMACEUTICAL CONSIDERATIONS
The use of over-the-counter medications (e.g., antihistamines, cold medications, etc.), some food and/or nutritional supplements, and concentrated herbal medications may cause drowsiness or other adverse side effects which could be hazardous to aviation safety.

- The following serves as a general guidance for OTC medications.
- Prescription medications may have longer observation times. Follow the underlying condition's medication guidance.
- For specific medication questions for **Pilots:** Contact AMCD or RFS; **ATCS:** Report to RFS, according to 3930.3C.

A. SIDE EFFECTS*: Below are examples of common side effects and how they may be presented on a medication label. Also review the label for active ingredients, warnings, and dosing directions.

CONCERNING SIDE EFFECTS	LABEL WARNING MAY SAY	FOUND IN
Fatigue, drowsiness	*"Drowsiness may occur"* *"Be careful when driving a motor vehicle or operating machinery"*	• Anti-diarrheal • Antiemetic (N/V) • Cough and cold • Motion sickness • Sleep-aid
Increase heart rate	*"Nervousness, dizziness, or sleeplessness occurs"*	• Nasal decongestant
Vision disturbance	*"Changes in vision may occur"*	• Eye drops**
Heart symptoms	*"May cause nervousness, irritability, sleeplessness, rapid heartbeat"* *"May cause serious heart problems"*	• Anti-diarrheal • Caffeine • Nasal decongestant

* Examples given are not all-inclusive.

** Eye drops may cause blurry vision immediately after use. **DO NOT USE IMMEDIATELY PRIOR TO FLIGHT.** For more information see the Eye Medication page.

B. OBSERVATION TIMES: There are two types used for medication safety:

- **INITIAL observation time** (also known as **"ground trial"**):
  - 48 hours after taking a **new** medication for the **first time**
  - If the ground trial time has passed but symptoms or side effects are noted or persist, **DO NOT FLY OR PERFORM SAFETY-RELATED DUTIES.**

- **POST-DOSE observation time** (also known as **"no fly time"**):
  - **Not needed for all medications**.
  - **"NO GO" medications** will likely have a post-dose observation time which allows the medication effects to dissipate, reducing the potential risk to aviation safety.
  - In general, post-dose observation time is:
    - 5-times the maximal pharmacologic half-life of the medication **OR**
    - 5-times the maximal hour-dose interval if the pharmacologic half-life information is not available.
    - Sample calculations can be found at: www.faa.gov/go/pilotmeds
  - **Exceptions with longer initial observation times (where half-life is longer than the dosing interval):**
    - Sedating antihistamine (e.g., diphenhydramine [Benadryl] or chlorpheniramine [Coricidin; ChlorTrimeton]). See Allergy – Antihistamine & Immunotherapy Medication.
    - Loperamide for acute conditions: See What Over-The-Counter Medications Can I Take and Still Be Safe to Fly.

C. TIPS FOR READING MEDICATION LABELS FOR AVIATION SAFETY:

1. Identify the active ingredient(s). Verify the medication has been previously taken with no side effects. (Single-ingredient products are preferred over combination products because it is easier to spot disqualifying ingredients.)
2. Review the "Warnings" section to identify potentially aeromedically concerning side effects.
3. Read carefully "Directions" of product to calculate any post-observation time to mitigate aeromedically concerning risks, if needed.

Pilot Information: The information presented should not be considered all-inclusive; these are general guidelines.

- **IMPORTANT** - it is not just the medication, but the condition for which you are taking them that could be of aeromedical concern.
- For specific medication questions, consult your AME.
- For more information, see Medications and Flying Brochure and What Over The Counter Medications Can I Take and Still Be Safe to Fly?

SEDATIVES

(Updated 06/24/2020)

I. CODE OF FEDERAL REGULATIONS

First-Class Airman Medical Certificate: 67.107
Second-Class Airman Medical Certificate: 67.207
Third-Class Airman Medical Certificate: 67.307

II. MEDICAL HISTORY and CONVICTIONS OR ADMINISTRATIVE ACTIONS.

Medical History: Item **18.n**., Substance Dependence; or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.

"Substance" includes alcohol and other drugs (e.g., PCP, sedatives and hypnotics, anxiolytics, marijuana, cocaine, opioids, amphetamines, hallucinogens, and other psychoactive drugs or chemicals). For a "yes" answer to Item 18.n., the AME should obtain a detailed description of the history. A history of substance dependence or abuse is disqualifying. The AME must defer issuance of a certificate if there is doubt concerning an applicant's substance use.

Convictions or Administrative Actions: Item **18.v. Medical History v. History of Arrest(s), Conviction(s) and/or Administrative Action(s)**

Arrest(s), conviction(s), and/or administrative action(s) affecting driving privileges may raise questions about the applicant's qualifications for airman medical certification. All incidents must be reported (even if reported on a previous application), to include even a single driving while intoxicated (DWI) arrest, conviction and/or administrative action. Incidents reported under 18.v. are just part of many factors considered in the overall process of medical certification. See Substances of Dependence/Abuse

NOTE: Checking yes does not relieve the airman of responsibility to report each motor vehicle action to Security. Also, remind the airman that once he/she has checked yes to any item in #18, especially items 18 n., 18 o. or 18 v., they must **ALWAYS** mark yes to these numbers, even if the condition has been reviewed and granted an eligibility letter from the FAA

III. AEROMEDICAL DECISION CONSIDERATIONS: See Item 47., Psychiatric, Aerospace Medical Disposition table.

IV. PROTOCOL: See Substances of Dependence/Abuse

V. PHARMACEUTICAL CONSIDERATIONS

A. Aerospace Medical Dispositions, Item 47. Psychiatric Conditions

SLEEP AIDS

(Updated 07/29/2020)

I. CODE OF FEDERAL REGULATIONS

First-Class Airman Medical Certificate: 67.113(c)
Second-Class Airman Medical Certificate: 67.213(c)
Third-Class Airman Medical Certificate: 67.313(c)

II. MEDICAL HISTORY: Use of sleep aids is a potential risk to aviation safety due to effects of the sleep aid itself or the underlying reason/condition for using the sleep aid.

All the currently available sleep aids, both prescription and over the counter, can cause impairment of mental processes and reaction times, even when the individual feels fully awake. (As examples, see the Food and Drug Administration drug safety communications on zolpidem and eszopiclone)

Medical conditions that chronically interfere with sleep are disqualifying regardless of whether a sleep aid is used or not. Examples may include primary sleep disorders (e.g., insomnia, sleep apnea) or psychological disorders (e.g., anxiety, depression). While sleep aids may be appropriate and effective for short term symptomatic relief, the primary concern should be the diagnosis, treatment, and resolution of the underlying condition before clearance for aviation duties.

Occasional or limited use of sleep aids, such as for circadian rhythm disruption in commercial air operations, is allowable for pilots. Daily/nightly use of sleep aids is not allowed regardless of the underlying cause or reason. **See Pharmaceutical Considerations below.**

III. AEROMEDICAL DECISION CONSIDERATIONS: N/A

IV. PROTOCOL: N/A

V. PHARMACEUTICAL CONSIDERATIONS:

Because of the potential for impairment, we require a minimum wait time between the last dose of a sleep aid and performing pilot duties. This wait time is based on the pharmacologic elimination half-life of the drug (half-life is the time it takes to clear half of the absorbed dose from the body). The minimum required wait time after the last dose of a sleep aid is 5-times the maximum elimination half-life.

The table on the following page lists several commonly prescribed sleep aids along with the required minimum wait times for each.

SLEEP AID WAIT TIMES

Trade Name	Generic Name	Required minimum waiting time after last dose before resuming pilot duties
Ambien	zolpidem*	24 hours
Ambien CR	zolpidem (extended release)	24 hours
Edluar	zolpidem (dissolves under the tongue)	36 hours
Intermezzo	zolpidem (for middle of the night awakening)	36 hours
Lunesta	eszopiclone	30 hours
Restoril	temazepam	72 hours
Rozerem	ramelteon	24 hours
Sonata	zaleplon	12 hours
Zolpimist	zolpidem (as oral spray)	48 hours

* NOTE: The different formulations of zolpidem have different half-lives, thus different wait times.

VACCINES

(Updated 06/28/2023)

I. CODE OF FEDERAL REGULATIONS

First-Class Airman Medical Certificate: 67.113(b)(c)
Second-Class Airman Medical Certificate: 67.213(b)(c)
Third-Class Airman Medical Certificate: 67.313(b)(c)

II. MEDICAL HISTORY: **Item 48. General Systemic**

The use of vaccines below may be acceptable if there are no side effects (localized or systemic), which could interfere with aviation safety and the applicant is otherwise qualified.

III. AEROMEDICAL DECISION CONSIDERATIONS:

See **Item 48. General Systemic**

IV. PROTOCOL: None

V. PHARMACEUTICAL CONSIDERATIONS

- Some vaccines will require a post-dose observation time due to either immediate or delayed side effects that will affect aeromedical safety. See table below.
- FDA approved vaccines are acceptable.
    - If vaccine is FDA approved and not listed on the table below, contact AMCD/RFS for further guidance.

Vaccine	Post-dose observation[1]
✓ Bacillus calmette-guerin (intradermal) ✓ Diphtheria, tetanus, and pertussis (Boostrix) ✓ Hepatitis A ✓ Hepatitis B ✓ Influenza ✓ Meningococcal (Menactra, MenQuadfi, Menveo) ✓ Pneumonia ✓ Typhoid, oral (Vivotif) or injection (Typhim Vi) ✓ Shingles ✓ Yellow Fever • YF-VAX • Stamaril (when YF-VAX is depleted in US)	Not required
✓ COVID-19 Vaccines • Comirnaty - Pfizer/BioNTech • Moderna • Novavax	48 hours
✓ Rabies	72 hours

1. After any vaccine, follow 14 CFR 61.53. Airmen should not fly if experiencing significant side effects.

WEIGHT LOSS MEDICATION

(01/31/2024)

I. CODE OF FEDERAL REGULATIONS - 67.113(c); 67.213(c); & 67.313(c)

II. MEDICAL HISTORY: I**TEM 48. General Systemic**
The applicant must report frequency and duration of symptoms, any incapacitation by the condition, treatment, and side effects. If the applicant has diabetes, see that page.

III. AEROMEDICAL DECISION CONSIDERATIONS: See Item 48. General Systemic

IV. PROTOCOL: See either the Prediabetes or Weight Loss Management disposition tables.

V. PHARMACEUTICAL CONSIDERATIONS: Pilots exhibiting symptoms which may interfere with flight duties, regardless of the treatment used, must not fly in accordance with 61.53. The AME must notate the evaluation data in Block 60.

DIABETIC MEDICATIONS USED FOR WEIGHT LOSS*:

- A1C must be **6.4 or less** with no diagnosis of diabetes AND
- No history of hypoglycemia requiring intervention.

If used for DIABETES, see www.faa.gov/go/diabetic

ACCEPTABLE Weight Loss Medications When certification criteria are met.	
Medication Drug Class	**Initial observation**
Lipase inhibitors – e.g., orlistat [Alli; Xenical]) - OTC	48 hours
Treated with a single diabetic medication component: metformin GLP-1 agonist • liraglutide • semaglutide Combination of the following: • orlistat + metformin • orlistat + GLP-1 agonist	Two (2) weeks after starting for weight loss. 72-hour observation with each dosage change. **GLP-1 Agonist medications:** No history or evidence of substance use disorder, psychosis/psychotic symptoms, suicidal ideation, or self-destructive ideations **at any time**. See either the Prediabetes or Weight Loss Management disposition tables

CONDITIONALLY ACCEPTABLE Weight Loss Medications *(Requires SI when 2 more components are used.)	
Medication Drug Class	**Initial observation**
Combination of two diabetic medications (2 components) e.g., metformin + GLP-1 agonist	See Acceptable Combinations of Diabetes Medications
tirzepatide (Mounjaro, Zepbound) (GIP + GLP-1 Agonist)	See Acceptable Combinations of Diabetes Medications

UNACCEPTABLE Weight Loss Medications **Use prohibited as a single agent or in any combination product.**	
Sympathomimetic (such as phentermine) • benzphetamine (Regimex) • diethylpropion (Tenuate, Tempanil) • phendimetrazine (Bontril) • phentermine (Adipex, Fastin) • phentermine + topiramate (Qsymia)	bupropion + naltrexone (Contrave) citric acid + cellulose (Plenity) Serotonin 5HT-2 Receptor Agonist • lorcaserin (Belviq) • fenfluramine hydrochloride (Pondimin)

AME ASSISTED SPECIAL ISSUANCES (AASI)

AASIs for ALL CLASSES

AASI COVERSHEET

(Updated 05/31/2023)

Authorization for Special Issuance of a Medical Certificate and AME Assisted Special Issuance (AASI)

A. Special Issuance.

At the discretion of the Federal Air Surgeon, an Authorization for Special Issuance of a Medical Certificate (Authorization), with a specified validity period, may be granted to an applicant who does not meet the established medical standards. The applicant must demonstrate to the satisfaction of the Federal Air Surgeon that the duties authorized by the class of medical certificate applied for can be performed without endangering public safety for the validity period of the Authorization. The Federal Air Surgeon may authorize a special medical flight test, practical test, or medical evaluation for this purpose. An airman medical certificate issued under the provisions of an Authorization expires no later than the Authorization expiration date or upon its withdrawal. An airman must again show to the satisfaction of the Federal Air Surgeon that the duties authorized by the class of medical certificate applied for can be performed without endangering public safety in order to obtain a new airman medical certificate/Authorization under Title 14 of the Code of Federal Regulations (14 CFR) §67.401.

See Title 14 of the Code of Federal Regulations (14 CFR) §67.401.

B. AME Assisted Special Issuance (AASI).

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an
Authorization to an applicant who has a medical condition that is disqualifying under 14 CFR Part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the requisite medical information required for determination. AMEs may not issue initial Authorizations. An AME's decision or determination is subject to review by the FAA.

Continue Authorization Letter

As of May 2023:

- If the AME issued an AASI correctly, AAM will no longer send a “continue authorization” letter, in accordance with the last paragraph of the authorization letter:

  “Please be advised that as long as reports are submitted as outlined in your Authorization letter, certificates are issued correctly, and there have been no changes in your medical condition(s), no further correspondence will be sent from our office.”

- AAM will continue to review AASI documents after an AME issues.

An individual may receive a Continue Authorization Letter when:

- A third-class interim medical certificate is being issued; OR

- If the AME made an error on the medical certificate and AAM needs to send a corrected certificate (e.g., forgot to put time limitation); OR

- There was an interim condition where review was required, but no changes to the AASI are needed.

AME Assisted Special Issuance (AASI)

(Updated 09/27/2023)

The following pages of the Guide for Aviation Medical Examiners introduce the AME Assisted Special Issuance (AASI) process.

The Guide refers to a number of selected medical conditions that are initially disqualifying (if the applicant does not meet the issue criteria in the Aerospace Medicine Dispositions Tables or the Certification Worksheets) and must be deferred to the AMCD or RFS. If this is a first-time application for an AASI for a disqualifying disease/condition, and the applicant has all of the requisite medical information necessary for a determination, the AME must defer, and submit all of the documentation to the AMCD or your RFS.

Following the granting of an Authorization for Special Issuance of a Medical Certificate (Authorization) by the AMCD or RFS, an AME may reissue a medical certificate to an applicant with a medical history of an initially disqualifying condition once the AASI's specialized criteria is met and the applicant is otherwise qualified.

ARTHRITIS and/ or PSORIASIS

ASTHMA

ATRIAL FIBRILLATION

BLADDER CANCER

BREAST CANCER

CARDIAC – SINGLE VALVE REPLACEMENT OR REPAIR

CEREBROVASCULAR DISEASE (CVA/STROKE/TIA)

CHRONIC KIDNEY DISEASE (CKD)

CHRONIC LYMPHOCYTIC LEUKEMIA (CLL)/ SMALL LYMPHOCYTIC LYMPHOMA (SLL)

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

COLITIS
Ulcerative or Crohn's Disease or Irritable Bowel Syndrome (IBS)

COLON CANCER/COLORECTAL CANCER

CORONARY HEART DISEASE (CHD)

VENOUS THROMBOEMBOLISM (VTE) - DEEP VENOUS THROMBOSIS (DVT), PULMONARY EMBOLISM (PE), and/ or HYPERCOAGULOPATHIES

DIABETES MELLITUS – TYPE II Medication Controlled (Not Insulin)

GLAUCOMA

HEPATITIS C

HYPERTENSION (HTN)

HYPERTHYROIDISM

HYPOTHYROIDISM

LYMPHOMA and HODGKIN'S DISEASE

MELANOMA

MIGRAINE HEADACHES

MITRAL and AORTIC INSUFFICIENCY

NEUROFIBROMATOSIS TYPE 1

PREDIABETES OR OVERWEIGHT/OBESITY TREATED WITH MEDICATION

PAROXYSMAL ATRIAL TACHYCARDIA (PAT)

PROSTATE CANCER

RENAL CALCULI

RENAL CANCER

SLEEP APNEA/ OBSTRUCTIVE SLEEP APNEA (OSA)

TESTICULAR CANCER

THROMBOCYTOPENIA

AASI for Arthritis and/or Psoriasis

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments which specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA;
- The type of arthritis or psoriasis;
- A general assessment of the condition and its effect on daily activities;
- The name and dosage of medication(s) used for treatment and/or prevention with comment regarding side effects; and
- For arthritis - comments regarding range of motion of neck, upper and lower extremities, hands, etc.

The AME must defer to the AMCD or Region if:

- The applicant has developed any associated systemic manifestations;
- For arthritis - new joints have become involved;
- The applicant required change in medication used for control of the disease; or
- The applicant is taking steroid doses equivalent to more than 20 mg of prednisone per day (steroid conversion calculator)

AASI for Asthma

Note: If the applicant has mild symptoms that are infrequent, have not required hospitalization, or use of steroid medication, and no symptoms in flight, the AME may issue an airman medical certificate. See Item 35., Lungs and Chest Aerospace Medical Disposition.

If the applicant does not meet the above criteria, the AME must follow the AASI process.

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA;
- The applicant's current medical status that addresses frequency of attacks and whether the attacks have resulted in emergency room visits or hospitalizations;
- The AME should caution the applicant to cease flying with any exacerbation as warned in § 61.53;
- The name and dosage of medication(s) used for treatment and/or prevention with comment regarding side effects; and
- Results of pulmonary function testing, if deemed necessary, performed within the last 90 days

The AME must defer to the AMCD or Region if:

- The symptoms worsen;
- There has been an increase in frequency of emergency room, hospital, or outpatient visits;
- The FEV1 is less than 70% predicted value;
- The applicant requires 3 or more medications for stabilization; or
- The applicant is taking steroid doses equivalent to more than 20 mg of prednisone per day (steroid conversion calculator)

AASI for Atrial Fibrillation

(Updated 08/26/2020)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA;
- A report of a minimum 24-hour cardiac monitor performed within last 90 days. (Cardiac monitor report must be submitted, even if findings are normal, and should include 1-page computerized summary and the representative full-scale multi-lead ECG tracings);
- A completed FAA Atrial Fibrillation (AFib)/A-Flutter Recertification Status Report OR a cardiologist evaluation that addresses all items on the recertification status report; and
- The above data verifies:
    - No interval evidence or suspicion of stroke, TIA, or other thromboembolic event.

o Heart rate is well controlled on cardiac monitor by cardiologist interpretation.

- If symptom, rate, or rhythm control is indicated and, if so, a description of how it this is managed.
- When CHA2DS2-VASc score ≥ 2, verify emboli mitigation is in place without side effects. See Pharmaceuticals – Anticoagulants - Emboli Mitigation.

The AME must defer to the AMCD or Region if:

- Applicant had left atrial appendage (LAA) occlusion (Watchman)/excision or developed a new cardiac condition;
- There has been an interval definitive or suspicious thromboembolic event;
- Cardiology interpretation indicates questionable or poor rate control. Average heart rate is > 100, maximum (non-exercise) is >120, or a single pause is > 3 seconds;
- Evidence that symptoms, rate, or rhythms are not well controlled;
- CHA2DS2-VASc is ≥ 2 and emboli not mitigated; (Acceptable emboli mitigation under AASI authorization is anti-coagulation with either NOAC/DOAC/warfarin. When using warfarin/Coumadin, if more than 20% of INR values are less than 2.0 or greater than 3.); and/or
- Interval bleeding that required medical intervention.

AASI for Bladder Cancer

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA; and
- A current status report performed within 90 days that must include all the required follow-up items and studies as listed in the Authorization letter and that confirms absence of recurrent disease

The AME must defer to the AMCD or Region if:

- There has been any recurrence of the cancer; or
- Any new treatment is initiated

AASI for Breast Cancer

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA; and
- A current status report performed within the last 90 days that must include all the required follow-up items and studies as listed in the Authorization letter and that confirms absence of recurrent disease.

The AME must defer to the AMCD or Region if:

- There has been any recurrence of the cancer; or
- Any new treatment is initiated.

AASI for Cardiac - Single Valve Replacement or Repair

All Classes

(Updated 01/27/2021)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- **Authorization** granted by the FAA
- **ECG** - Required annually.
- **Echo** - Current 2D **echo**cardiogram performed within 90 days
- **INRs for Mechanical Heart Values** - A minimum of monthly International Normalized Ratio (INR) results for the immediate prior six months
- **Status report** - performed within the past 90 days in accordance with the CHD Protocol

The AME **must defer** medical certification if the applicant has:

- **Additional valve procedure** performed;
- **Any other disqualifying medical conditions** or therapy not previously reported;
- **Any other reason for not renewing an AASI;**
- **Arrhythmia**, **new onset**, such as of atrial fibrillation/flutter, ventricular bigeminy, ventricular tachycardia, Mobitz Type II or greater AV block, complete heart block, RBBB, LBBB, or LVH
- **Bleeding** that required medical intervention or other;
- **Echo** reveals:

IF ANY OF THE FOLLOWING ARE NOTED ON ECHO, THE AME MAY NOT ISSUE.

Any valve	Perivalvular **leaking**
Aortic Valve	Area post procedure is **less than 1.0 cm2**
Aortic Valve	**Peak** gradient level is **60 mmHg or more**
Aortic Valve	**Mean** gradient is **40 mmHg or more**
Mitral Valve	Any evidence of worsening of mitral valve regurgitation or stenosis in narrative

- **Emboli or thrombosis** develop
- **INR** - More than 20% of INR values are less than 2.5 or greater than 3.5.
    - In select cases of a Bileaflet (St. Jude) valve in the aortic position, INR values between 2.0 and 3.0 may be accepted (check with FAA)
- **New Event** - Has another event, develops a new condition or identification of an additional cardiac condition not previously reported.

AASI for Cerebrovascular Disease (CVA/Stroke/TIA)

All classes

(01/25/2023)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA; and
- **Annual, current, detailed Clinical Progress Note** generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. It must include a detailed interim summary; current medications, dosage, and side effects (if any); physical exam findings; results of all testing performed; diagnosis; assessment and plan (prognosis); and follow-up.
  - It must **specifically describe** if there has been **any change** in symptoms, exam findings, or control of risk factors.
- **Brain MRI** (report with comparison to prior studies) **every 24-months**.

AME must defer and describe in Block 60 what item(s) caused the deferral if the neurologist evaluation or AME exam identifies any of the following:

- An interval change or worsening of the condition;
- New neurologic symptom(s), diagnosis, or episode - focal or non-focal including a new CVA/Stroke/TIA based on symptoms or imaging;
- Atrial fibrillation or atrial flutter - new onset or not previously reported;
- Bleeding which required medical intervention;
- New or not previously reported neurologic diagnosis or disqualifying medical condition or therapy;
- Physical exam changes identified by either the neurologist or AME; and/or
- Inadequate risk factor control - new risk factor identified OR inadequate control of known risk factors such as hypertension, hyperlipidemia, diabetes, smoking, hypercoagulable conditions, and/or obstructive sleep apnea.

AASI for Chronic Kidney Disease (CKD)

(Updated 11/25/2015)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA;
- A current, detailed status report from the treating physician detailing:
    - How long the condition has been stable and asymptomatic;
    - If there has been any significant change in eGFR or renal function;
    - Any interval development of other complications or abnormal physical exam findings (such as diabetes, uncontrolled HTN, or clinically significant proteinuria);
    - Most recent lab results including eGFR, creatinine, hemoglobin, hematocrit and urine albumin or ACR;
    - The name and dosage of medication(s) and presence or absence of any side effects; and
    - Statement from the treating physician if there is any evidence of cardiovascular disease

The AME must defer to the AMCD or Region if:

- The condition is no longer stable (per the treating physician note);
- Dialysis has been started or transplant has occurred;
- The airman is taking a medication that is not acceptable (See Pharmaceuticals – Antihypertensive) or has aeromedically significant side effects from the medication;
- Anemia with hemoglobin less than 10 gm/dL or hematocrit less than 30% is present; or
- The eGFR is 29 or less; (if this occurs, the airman will need to submit additional testing to show stability [such as inulin clearance testing, creatinine clearance testing, or a 24-hour urine creatinine result] and the nephrologist's clinical interpretation of results, prognosis, and plan for follow up).

AASI for Chronic Lymphocytic Leukemia (CLL) Small Lymphocytic Lymphoma (SLL)

(Updated 05/31/2023)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA;
- A CLL/SLL Status Summary and a current, detailed Clinical Progress Note from the treating physician that includes all of the required information; and
- The results of a complete blood count (CBC) performed no more than 90 days before the AME exam.

The AME must defer to the AMCD or Region if:

- The condition worsens, individual becomes symptomatic, or new treatment is initiated;
- The condition currently requires treatment with a chemotherapeutic agent;
- Rai stage is 3 or higher or Binet stage is C;
- Evidence of active disease;
- The hemoglobin is less than 10, the platelet count is less than 100,000/microL, or the total or absolute lymphocytic count doubling time is less than 6 months.

AASI for Chronic Obstructive Pulmonary Disease (COPD)

(Updated 05/31/2023)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following (all performed no more than 90 days before the AME exam:

- An Authorization granted by the FAA;
- A completed COPD Status Summary verifying all items are “YES” or a current, detailed Clinical Progress Note which addresses each item;
- A pulmonary Function Test (PFT); and
- A 6-Minute Walk Test (6MWT).

The AME must defer to the AMCD or Region if:

- Resting oxygen saturation is 95% or lower;
- Pulmonary Function Tests show FEV1 is LESS than 60%;
- 6-Minute Walk Test (6MWT) shows 4% drop in SpO2 from baseline OR walked less than 400 meters; and
- The individual is taking 4 or more medications for COPD OR is on daily oral steroid use.

Submit the COPD Status Summary or a current, detailed Clinical Progress Note; PFTs; and 6MWT results to the FAA for retention in the file.

AASI for Colitis (Ulcerative or Crohn's Disease) or Irritable Bowel Syndrome (IBS)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA;
- A statement regarding the extent of disease;
- A statement regarding the frequency of exacerbation (the applicant should cease flying with any exacerbation as warned in § 61.53); and
- The name and dosage of medication(s) used for treatment and/or prevention with comment regarding side effects.

The AME must defer to the AMCD or Region if:

- There is a current exacerbation of the illness;
- The applicant is taking medications such as Lomotil, steroid doses equivalent to more than 20 mg of prednisone per day (steroid conversion calculator), antispasmodics, and anticholinergics; or
- The pattern of exacerbations is increasing in frequency or severity; or applicant underwent surgical intervention.

AASI for Colon Cancer/Colorectal Cancer

(Updated 10/27/2021)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA; and
- An update of the status of the malignancy since the last FAA medical examination, to include the results of a current (performed within the last 90 days) carcinoembryonic antigen (CEA), if a baseline value is available

The AME must defer to the AMCD or Region if:

- There has been any progression of the disease or an increase in CEA or
- Any new treatment is initiated

AASI for Coronary Heart Disease (CHD)

All Classes

(Updated 01/27/2021)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to reissue an airman medical certificate to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations, (14 CFR) part 67. This AASI is for an applicant with a history of Angina Pectoris; Atherectomy; Brachytherapy; Coronary Bypass Grafting; Myocardial Infarction; Percutaneous Transluminal Angioplasty (PTCA); Rotoblation; or Stent Insertion for any class.

The FAA physicians provide the initial certification decision and grant the Authorization for Special Issuance of a Medical Certificate (Authorization) in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the issuance determination. If this is first-time application for an AASI for the above disease/condition, and the airman has all the requisite medical information necessary for a determination, you must defer and submit all of the documentation to the AMCD or your RFS for the initial determination.

AMEs may reissue an airman medical certificate if the applicant provides the following:

- **Authorization** granted by the FAA;
- **Status report** - Performed within the past 90 days in accordance with the CHD Protocol; and
- **Current maximal stress test GXT** – See GXT Protocol

The AME **must defer** medical certification if the applicant has:

- **Any other disqualifying medical conditions** or therapy not previously reported;
- **Any other reason** for not renewing an AASI
- **Bleeding** that required medical intervention or other;
- **Chest pain** - Complains of chest pain at any time (exclude chest pain with a firm diagnosis of non-cardiac causes of chest pain);
- **New Event** - Has another event, develops a new condition or identification of an additional cardiac condition not previously reported (such as myocardial infarction, or restenosis requiring CABG, atherectomy, brachytherapy, PTCA, stent or other procedure);
- **Nitrate** - Is placed on a long acting nitrate for any reason
- **Risk factors** - Inadequately controlled; or
- **Unacceptable exercise stress test (GXT) results** include:

	TEST	IF ANY OF THE FOLLOWING ARE NOTED, THE AME MAY NOT ISSUE.
All classes	Exercise stress test (EST)	PMHR (predicted maximal heart rate) less than **85**%; Time **less than 9** minutes--under age 70; Time less than 6 minutes --age 70 or greater **1 mm ST depression** or greater at any time during stress testing - UNLESS the applicant has additional medical evidence such as a nuclear imaging study or a stress echocardiogram showing the absence of reversible ischemia or wall motion abnormalities reviewed and reported by a qualified cardiologist.

NOTE: If **ANY** of the items from the regular Bruce EST are not acceptable, the AME MUST DEFER. An AME is NOT authorized to recertify a CHD AASI for any class if a nuclear stress test or stress echo is required.

AASI for Venous Thromboembolism (VTE) - Deep Venous Thrombosis (DVT), Pulmonary Embolism (PE), and/or Hypercoagulopathies

(Updated 09/29/2021)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time issuance of an Authorization for the above disease/condition, and the applicant has requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance, if the applicant provides the following:

- A valid Authorization for Special Issuance granted by the FAA;
- A summary of the applicant's medical condition since the last FAA medical examination, including a statement regarding any further episodes of VTE (DVT, PE) or other complication of hypercoagulopathy (see below*), future treatment plan, and prognosis;
- The name and dosage of all medication(s) used for treatment and/or prevention with comment regarding side effects, if any; and
- If using Coumadin (Warfarin), obtain a minimum of monthly International Normalized Ratio (INR) results for the immediate prior 6 months (see below*); and
- If using other types of anticoagulants such as NOAC/DOAC (i.e. Xarelto, Eliquis, Pradaxa, Savaysa, etc.), the airman should obtain a statement from their treating/prescribing physician with details of the underlying condition, tolerance of the medication to include the presence or absence of side effects, any bleeding episodes requiring medical attention, and any occurrence/recurrence of deep vein thrombosis or pulmonary embolism.

*The AME must defer to the AMCD or Region if:

- If using Coumadin (Warfarin) and more than 20% of INR values are <2.0 or >3.0; or
- If applicant experienced any side effects or bleeding episodes requiring medical attention; or
- The applicant develops emboli, thrombosis, bleeding, or any other cardiac or neurologic condition previously not diagnosed or reported.

AASI for Diabetes Mellitus - Type II Medication Controlled (Not Insulin)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a **first-time application** for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination. The information can be submitted using the Diabetes or Hyperglycemia on Oral Medications Status Report.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, provided that the applicant does not require insulin, remains on an acceptable oral medication therapy according to the chart Acceptable Combinations of Diabetes Medications, and if the applicant provides the following:

- An Authorization granted by the FAA AND either
- A Diabetes or Hyperglycemia on Oral Medications Status Report **OR**
- A current status report from the physician treating the airman's diabetes, including:
    - A statement attesting that the airman is maintaining his or her diabetic diet;
    - A statement regarding any diabetic symptomatology; including any history of hypoglycemic events and any cardiovascular, renal, neurologic, or ophthalmologic complications; and
    - The results of a current HgA1c level performed within last 30 days.

The AME must defer to the AMCD or Region if, since the applicant's last exam:

- The applicant has been placed on insulin;
- The HgA1c level is greater than 9.0 mg%
- The applicant has experienced:
    - Severe Hypoglycemia event(s) - requiring assistance of another person to actively administer carbohydrates, glucagon, or take other corrective actions (plasma glucose concentrations may not be available) *
    - Documented Symptomatic Hypoglycemia event(s) - typical symptoms of hypoglycemia accompanied by a measured plasma glucose concentration ≤70 mg/dL (≤3.9 mmol/L)*;
    - Asymptomatic Hypoglycemia – no reported symptoms but a measured plasma glucose concentration ≤54 mg/dL (≤3.0 mmol/L)
- The applicant has developed evidence of any of the following:
    - Cardiovascular disease;

  - Neurologic disease, including any change in degree of peripheral neuropathy;
  - Ophthalmologic disease; and/or
  - Renal disease (including a Creatinine over 2.0)
- The airman has been placed on any amlynomimetics, such as pramlintide (Symlin)
- The applicant is using any medication (single or in combination) that falls outside the framework of Acceptable Combinations of Diabetes Medications
- The applicant has required treatment other than routine outpatient follow-up (e.g., emergency department, inpatient admission) for diabetes (e.g., hypoglycemia, ketoacidosis, non-ketotic hyperglycemia) or diabetes-related conditions.
- The applicant has experienced any event suggesting hypoglycemia unawareness or hypoglycemia-associated autonomic failure.

* Reference: Hypoglycemia Workgroup of the ADA & The Endocrine Society.

AASI for Glaucoma

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA;
- Certification only granted for open-angle-glaucoma and ocular hypertension;
- The FAA Form 8500-14, Glaucoma Eye Evaluation Form is filled out by the treating eye specialist; and
- A set of visual fields measurements is provided.

The AME must defer to the AMCD or Region if:

- The FAA Form 8500-14 Glaucoma Eye Evaluation Form demonstrates visual acuity incompatible with the medical standards; or
- There is a change in visual fields or adverse change in ocular pressure.

AASI for Hepatitis C

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA;
- Any symptoms the applicant has developed;
- The name and dosage of medication(s) used for treatment and/or prevention with comment regarding side effects; and
- A current liver function profile performed within the last 90 days.

The AME must defer to the AMCD or Region if:

- The applicant has developed symptoms;
- There has been a change in treatment regimen or the applicant has been placed on alpha-interferon;
- Any side effects from required medication; or
- An adverse change in liver function studies.

AASI for Hypertension (HTN)

(Updated 10/28/2015)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA;
- A current status report from the treating physician detailing:
    - If the is condition stable and, if so, for how long;
    - Any secondary cause for the HTN;
    - Any co-morbid condition (such as diabetes, obstructive sleep apnea); and
    - Any history of end organ damage (such as heart failure, myocardial infarction, cerebrovascular accident, kidney disease, eye disease); and
    - The name and dosage of medication(s) and presence or absence of any side effects.

The AME must defer to the AMCD or Region if:

- The condition is not stable or has become uncontrolled (per the treating physician note);
- The airman is taking a medication that is not acceptable (See Pharmaceuticals – Antihypertensive);
- The airman has aeromedically significant side effects from the medication;
- There is a new co-morbid condition, complication, or end organ damage; or
- The end organ damage condition(s) do not meet FAA requirements. (See the applicable section for the specific condition(s) in the AME guide)

AASI for Hyperthyroidism

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA current statement of the condition since last FAA medical examination;
- The name and dosage of medication(s) used for treatment and/or prevention with comment regarding side effects; and
- Current thyroid function studies performed within last 90 days.

The AME must defer to the AMCD or Region if:

- The applicant has developed hypothyroidism; or
- The thyroid function studies are elevated, suggesting inadequate treatment; or
- The applicant developed an associated illness, such as dysrhythmia.

AASI for Hypothyroidism

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA;
- The name and dosage of medication(s) used for treatment and/or prevention with comment regarding side effects;
- A statement regarding any other associated problems, such as cardiac or visual; and
- A statement regarding the current thyroid stimulating hormone (TSH) level performed within the last 90 days.

The AME should defer to the AMCD or Region if:

- The applicant develops a related problem in another system, such as cardiac; or
- The TSH level is elevated.

AASI for Lymphoma and Hodgkin's Disease

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA; and
- An update of the status of the disease from the last FAA medical examination and any testing deemed necessary by the treating physician.

The AME must defer to the AMCD or Region if:

- There has been any recurrence or disease progression
- Any new treatment is initiated

AASI for Melanoma

(Updated 08/26/2015)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA, and
- A current status report performed within the last 90 days that must include all the required follow-up items and studies as listed in the Authorization letter and that confirms absence of recurrent disease

The AME must defer to the AMCD or Region if:

- There has been any recurrence of the cancer, or
- Any new treatment is initiated

Note:

- A Special Issuance or AASI is required for any metastatic melanoma regardless of Breslow level.

- A Special Issuance or AASI is required for any melanoma which exhibits Breslow Level equal to or deeper than 0.75 mm with or without metastasis.

- A melanoma that exhibits a Breslow Level of less than 0.75 mm and no evidence of metastasis may be regular issued.

AASI for Migraines

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA;
- A statement regarding the frequency of headaches and/or other associated symptoms since last follow-up report;
- A statement regarding if the characteristics of the headaches changed; and
- The name and dosage of medication(s) used for treatment and/or prevention with comment regarding side effects.

The AME must defer to the AMCD or Region if:

- The frequency of headaches and/or other symptoms increase since the last follow-up report; or
- The applicant is placed on medication(s), such as isometheptene mucate, narcotic analgesic, tramadol, tricyclic-antidepressant medication, etc.

AASI for Mitral or Aortic Insufficiency

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA;
- A summary of the applicant's medical condition since the last FAA medical examination, including a statement regarding any further episodes of atrial fibrillation; and
- A current 2-D echocardiogram with Doppler performed within the last 90 days.

The AME must defer to the AMCD or Region if:

- The mean gradient across the valve reaches 40 mm Hg;
- New symptoms occur;
- An arrhythmia develops; or
- The treating physician or AME reports the murmur is now moderate to severe (Grade III or IV).

AASI for Neurofibromatosis Type 1 (NF1)

(Updated 01/25/2023)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

1. An Authorization granted by the FAA; and

2. **Annual current, detailed Clinical Progress Note** generated from a clinic visit with the treating **neurologist no more than 90 days before** the AME exam. It must include a detailed interim summary; current medications, dosage, and side effects (if any); physical exam findings; results of all testing performed; diagnosis; assessment and plan (prognosis); and follow-up.

3. **Eye evaluation from a board-certified ophthalmologist (NOT optometrist).** A current, detailed Clinical Progress Note generated from a clinic visit with the **treating ophthalmologist no more than 90 days** before the AME exam. It must include a detailed interim summary of any eye condition(s); current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up.
    - **It must also include an interpretation of the visual field testing (HVF 24-2 SITA standard) performed within the previous 90 days of the AME exam.**

AME must defer and describe in Block 60 what item(s) caused the deferral if the neurologist evaluation or AME exam identifies any of the following:

- **New** (or not previously reported) **neurologic symptoms, signs, or diagnosis**;
- Any progression of the disease; and/or
- Any new treatment is initiated

The pilot or AME must submit a copy of the above evaluations to the FAA (for both issued or deferred).

AASI for Paroxysmal Atrial Tachycardia (PAT)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA;
- A statement regarding any recurrences since the last FAA medical examination; and
- The name and dosage of medication(s) used for treatment and/or prevention with comment regarding side effects.

The AME must defer to the AMCD or Region if:

- There have been one or more recurrences; or
- The applicant has received some treatment that was not reported in the past, such as radiofrequency ablation

AASI for Prediabetes or Overweight/Obesity Treated with Medication

Updated 09/27/2023)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA; and
- A current, detailed clinical progress note performed no more than 90 days before the AME exam verifying:
    - No interim development of diabetes; and/or
    - No hypoglycemia requiring intervention or significant side effects
- Hemoglobin A1C is 6.4 or less (no more than 90 days before recertification).

The AME must defer to the AMCD or Region if:

- Additional diabetes medications are added;
- Development of diabetes; and/or
- Any other reason for not renewing an AASI

If diagnosed with diabetes and taking medication other than insulin see: www.faa.gov/go/diabetic

If diagnosed with diabetes and taking insulin see: www.faa.gov/go/itdm

AASI for Prostate Cancer

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA;
- A current status of the medical condition to include any testing deemed necessary; and
- A current PSA level performed within the last 90 days.

The AME must defer to the AMCD or Region if:

- The PSA rises at a rate above 0.75 ng/ml per year;
- A new treatment is initiated; or
- Any metastasis has occurred.

AASI for Renal Calculi

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA;
- A statement from your treating physician regarding the location of the retained stone(s), estimation as to size of stone, and likelihood of becoming symptomatic; and
- A current report of appropriate imaging study (IVP, KUB, Ultrasound, or Spiral CT Scan) and provide a metabolic work-up, both performed within the last 90 days.

The AME must defer to the AMCD or Region if:

- If the treating physician comments that the current stone has a likelihood of becoming symptomatic;
- If the retained stone(s) has moved when compared to previous evaluations; or
- If the stone(s) has become larger when compared to previous evaluations.

AASI for Renal Cancer

(Updated 04/25/2018)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA; and
- A current status report performed within the last 90 days that must include all the required follow-up items and studies as listed in the Authorization letter and that confirms absence of recurrent disease.

The AME must defer to the AMCD or Region if:

- There has been any recurrence of the cancer; or
- Any new treatment is initiated.

AASI for Sleep Apnea/Obstructive Sleep Apnea (OSA)

(Updated 10/25/2023)

AME Assisted - All Classes – Sleep Apnea/Obstructive Sleep Apnea (OSA)

AMEs may re-issue an airman medical certificate to airmen currently on an AASI for OSA **if the airman provides the following:**

- An Authorization granted by the FAA;
- A current status report from the treating physician indicating that OSA treatment is still effective.
    - **For CPAP/ BIPAP/ APAP:**
        - A copy of the cumulative annual PAP device report which shows **actual time used** (rather than a report typically generated for insurance providers which only shows if use is greater or less than 4 hours). Target goal should show use for at least 75% of sleep periods and an average minimum of 6 hours use per sleep period.
        - For persons with an established diagnosis of OSA who do not have a recording CPAP, a one-year exception will be allowed to provide a personal statement that they regularly use CPAP and before each shift when performing flight or safety duties.
    - **For Dental Devices and/or for Positional Devices:**
      No conditions known to be co-morbid with OSA (e.g., diabetes mellitus, hypertension treated with more than two medications, atrial fibrillation, etc). Once Dental Devices with recording / monitoring capability are available, reports must be submitted.
    - **For Surgery:**
      For successfully treated surgical patients, a statement attesting to the continued absence of OSA symptoms is required.

Defer to the AMCD or the Region for further review if:

- Concerns about adequacy of therapy or non-compliance;
- Significant weight gain or development of conditions known to be co-morbid with OSA (e.g., diabetes mellitus, hypertension treated with more than two medications, atrial fibrillation, etc).

Note: The AME may request AMCD review to discontinue the AASI if there are indications that the airman no longer has OSA (e.g., significant weight loss and a negative study or surgical intervention followed by 3 years of symptom abatement and absence of significant weight gain or co-morbid conditions). **In most cases, a follow-up sleep study will be required to remove the AASI.**

AASI for Testicular Cancer

(Updated 04/25/2018)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA; and
- A current status report performed within the last 90 days that must include all the required follow-up items and studies as listed in the Authorization letter and that confirms absence of recurrent disease.

The AME must defer to the AMCD or Region if:

- There has been any recurrence of the cancer; or
- Any new treatment is initiated.

AASI for Thrombocytopenia

(Updated 10/27/2021)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA;
- An update of the status of the disease from the last FAA medical examination and any testing deemed necessary by the treating physician; and
- CBC within the past 90 days.

The AME must defer to the AMCD or Region if:

- There has been any recurrence or disease progression; or
- There has been any bleeding that required treatment; or
- Any new treatment is initiated such as IVIG, high dose steroids, platelet transfusion, splenectomy (as treatment, not traumatic), or others; and/or
- Platelet count falls below 50,000/microL.

Certificate Issuance (Updated 09/27/2023)

I have reviewed the enclosed medical report(s) and have determined that the report(s) is in accordance with this applicant's Authorization for Special Issuance of a Medical Certificate and the AASI Protocol established for certificate issuance.

I have issued a _____ -class medical certificate to the airman named below with all other limitations listed on the original certificate. The certificate issued is timed limited by the restriction "NOT VALID FOR ANY CLASS AFTER _____"

Date

Check all that apply:

☐ Interim certificate issued for disease(s)/condition(s) below – No examination performed.

	AASI CONDITION		AASI CONDITION		AASI CONDITION
	Arthritis		Colitis (Ulcerative or Crohn's) or Irritable Bowel Syndrome (IBS)		Mitral and Aortic Insufficiency
	Asthma		Colon Cancer/ Colorectal Cancer		Neurofibromatosis Type 1 (NF1)
	Atrial Fibrillation		Diabetes Mellitus – Type II Medication Controlled		Paroxysmal Atrial Tachycardia (PAT)
	Bladder Cancer		Glaucoma		Prediabetes or Overweight/Obesity Treated with Medication
	Breast Cancer		Hepatitis C		Prostate Cancer
	Cardiac – Single Valve Replacement or Repair		Hypertension (HTN)		Renal Calculi
	Cerebrovascular Disease (CVA/Stroke/TIA)		Hyperthyroidism		Renal Cancer
	Coronary Heart Disease (CHD)		Hypothyroidism		Sleep Apnea/Obstructive Sleep Apnea (OSA)
	Chronic Kidney Disease (CKD)		Lymphoma and Hodgkins		Testicular Cancer
	Chronic Lymphocytic Leukemia (CLL)		Melanoma		Thrombocytopenia
	Chronic Obstructive Pulmonary (COPD)		Migraine Headaches		Warfarin (Coumadin) Therapy for Venous Thromboembolism - Deep Venous Thrombosis, Pulmonary Embolism, and/ or Hypercoagulopathies

AASI CONDITION

☐ Certificate issued - New application and examination performed.

AIRMAN INFORMATION:

Name: _____ PI: _____ DOB: _____

AVIATION MEDICAL EXAMINER (AME) INFORMATION:

AME Name (Print): _____ AME Number:_____

AME Signature: _____ Date: _____

SUBSTANCES OF DEPENDENCE/ABUSE

SUBSTANCES OF DEPENDENCE/ABUSE

(Updated 09/27/2017)

General Information for All AMEs

- DUI/DWI/Alcohol Incidents - Disposition Table
- Alcohol Event Status Report for the AME
- Drug Use - Past or Present - Disposition Table
- Drug and Alcohol Event - FAA Certification Aid - Required Information
- Security Notification/ Reporting Events
- Substances of Dependence/Abuse FAQs

FAA Drug and/or Alcohol Monitoring Program and the HIMS Program:

Airmen who have a regulatory diagnosis of alcohol dependence or abuse may require evaluation and monitoring before they can obtain a medical certificate. If an airman requires monitoring they should establish with a HIMS (Human Intervention Motivation Study) trained AME (HIMS AME) to help them work through the FAA process.

- **Drug and/or Alcohol monitoring - Initial Certification**
  - HIMS AME – Huddle Electronic Case Submission and FAQs
  - HIMS-Trained AME Checklist – Drug and Alcohol INITIAL
  - HIMS-Trained AME Data Sheet
  - FAA Certification Aid – HIMS Drug and Alcohol – INITIAL
  - Specifications for Psychiatric and Neuropsychological Evaluations for Substance Abuse/Dependence

- **Drug and/or Alcohol monitoring – Recertification**
  - HIMS AME Information – HIMS Step Down Plan
  - Pilot Information – HIMS Step Down Plan
  - HIMS-Trained AME Checklist Drug and Alcohol Monitoring Recertification
  - FAA Certification Aid - Drug and Alcohol Monitoring Recertification
  -
- **Drug and/or Alcohol monitoring – Step Down Transition**
  If the pilot is on a Special Issuance for substance dependence, with or without any other condition, in some instances the HIMS AME may have the option to transition the pilot to another Phase. For guidance on applicable Phases and when this is allowed, see:
  - HIMS AME – Step Down Transition Information
  - HIMS AME – Step Down Transition Supplement

- **Monitoring/HIMS FAQs**

For information on the Industry Drug and Alcohol Testing Program see:
Aviation Industry Antidrug and Alcohol Misuse Prevention Programs

General Information for ALL AMES

DUI/DWI/Alcohol or Drug Use/Abuse (Updated 09/27/2017)

Drug and alcohol use, abuse or dependence can be of significant concern to the flying public. Arrest(s), conviction(s) and/or administrative action(s) affecting driving privileges may raise questions about the applicant's fitness for certification and may be cause for disqualification. When an airman checks yes to items 18.n. 18.o., or 18.v., or AME notes Item 47 concerns, additional history should be obtained by the AME regarding these events. The AME should then follow the instructions in the corresponding disposition table(s).

Some of the most common Substances of Dependence/Abuse are listed below. This list is not totally inclusive or comprehensive. No independent interpretation of the FAA's position with respect to a medication included or excluded from the list should be assumed.

Substance or Medication

Alcohol	Marijuana
Amphetamines	Narcotics
Anxiolytics	Phencyclidine (PCP)
Cocaine	Psychotropics
Hallucinogens	Stimulants
Hypnotics	Tranquilizers

I. All Classes: 14 CFR 67.107(a)(b), 67.207(a)(b), and 67.307(a)(b)

First-Class Airman Medical Certificate: 67.107
Second-Class Airman Medical Certificate: 67.207
Third-Class Airman Medical Certificate: 67.307

(a) No established medical history or clinical diagnosis of any of the following:

(4) Substance dependence, except where there is established clinical evidence, satisfactory to the Federal Air Surgeon, of recovery, including sustained total abstinence from the substance(s) for not less than the preceding 2 years. As used in this section -

(i) "Substance" includes alcohol; other sedatives and hypnotics; anxiolytics; opioids; central nervous system stimulants such as cocaine, amphetamines, and similarly acting sympathomimetics; hallucinogens; phencyclidine or similarly acting arylcyclohexylamines; cannabis; inhalants; and other psychoactive drugs and chemicals; and

(ii) "Substance dependence" means a condition in which a person is dependent on a substance, other than tobacco or ordinary xanthine-containing (e.g., caffeine) beverages, as evidenced by-

(A) Increased tolerance
(B) Manifestation of withdrawal symptoms;
(C) Impaired control of use; or
(D) Continued use despite damage to physical health or impairment of social, personal, or occupational functioning.

(b) No substance abuse within the preceding 2 years defined as:

1. Use of a substance in a situation in which that use was physically hazardous, if there has been at any other time an instance of the use of a substance also in a situation in which that use was physically hazardous;

2. A verified positive drug test result, an alcohol test result of 0.04 or greater alcohol concentration, or a refusal to submit to a drug or alcohol test required by the U.S. Department of Transportation or an agency of the U.S. Department of Transportation; or

3. Misuse of a substance that the Federal Air Surgeon, based on case history and appropriate, qualified medical judgment relating to the substance involved, finds-

   (i) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

   (ii) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

II. Exam Techniques

The FAA has concluded that certain conditions are such that their presence or a past history of their presence is sufficient to suggest a significant potential threat to aviation safety. It is, therefore, incumbent upon the AME to be aware of any indications of these conditions currently or in the past, and to deny or defer issuance of the medical certificate to an applicant who has a history of these conditions. An applicant who has a current diagnosis or history of these conditions may request the FAA to grant an Authorization under the special issuance section of part 67 (14 CFR 67.401) and, based upon individual considerations, the FAA may grant such an issuance.

III. Aerospace Medical Disposition

The following items list the most common conditions of aeromedical significance, and course of action that should be taken by the AME as defined by the protocol and disposition in the table. Medical certificates must not be issued to an applicant with medical conditions that require deferral, or for any condition not listed in the table that may result in sudden or subtle incapacitation without consulting the AMCD or the RFS. Medical documentation must be submitted for any condition in order to support an issuance of an airman medical certificate.

DUI/DWI/Alcohol Incidents

All Classes

(Updated 09/27/2017)

CONDITION	EVALUATION DATA	DISPOSITION
A. History of alcohol related event(s) OR alcohol dependence Previously **reported to FAA** and **written proof** from the FAA that monitoring is not required.	The airman should bring his/her letter(s) from the FAA (for this condition) for the AME to review. • The AME should review the letter and **obtain any additional history necessary from the airman to verify no subsequent events have occurred.** • If the airman is required to remain abstinent, the AME, based on their clinical assessment, should note in Block 60 if the airman is adhering to this requirement.	**ISSUE** Annotate Block 60 with the mm/yyyy of the most recent event and that there have been no further events or changes in condition. If changes, consult with AMCD/RFS or Defer
B. **Single** event **5 or more years ago** **with Blood Alcohol Content (BAC) less than 0.15**	The AME should gather information regarding the incident including date, events surrounding the incident, history of other events, or any prior treatment programs (it is highly recommended that the AME obtain all items on the Airman Drugs and Alcohol Personal Statement. If AME determines, through exam and interview, there is no current or historical evidence of a substance abuse or dependence problem.	**ISSUE** Summarize this history, annotate Block 60 including date (mm/yyyy) of the offense. Submit Airman Drugs and Alcohol Personal Statement and copy of BAC (if available) to the FAA for retention in the file.
C. **Single** event **less than 5 years ago** OR Single event **at any time** with **Unknown BAC, Refused BAC/breathalyzer or BAC .15 or above**	The AME must complete the Alcohol Event Status Report for the AME OR write a summary report that includes all of the items on the Alcohol Event Status Report. If the single event was 10 or more years ago, the BAC or court records are unavailable, and the	Follow the instructions on the Alcohol Event Status Report for the AME. Submit the information to the FAA for review. Follow up Issuance will be per the airman's authorization letter.

CONDITION	EVALUATION DATA	DISPOSITION
	AME has no concerns, call AMCD at 405-954-4821 or the RFS to discuss.	
D. **Two or more** events in the airman's lifetime Or **History of dependence or substance use disorder**	Submit the following for FAA review: ☐ Airman's personal statement ☐ The Alcohol Event Status Report for the AME along with the supporting information used to review. Additional information may be required after review of this documentation.	**DEFER** Submit the information to the FAA for review. Follow up Issuance will be per the airman's authorization letter.

- Note: If FAA letter(s) are not available or if the AME has questions, call AMCD at 405-954-4821 or their RFS and request a copy or to discuss with AMCD or their RFS.

- If unable to obtain and review the required reports within 14 days of the exam; the AME must defer and should inform the airman what reports will be needed.

If the airman does not qualify based on the results from the DUI/DWI/Alcohol Event History, all of that supporting information MUST be submitted for consideration of Medical Certification. See FAA Certification Aid -Drug and Alcohol INITIAL for details. Upon review, additional information may be required.

Alcohol Event Status Report for the AME

(Updated 09/27/2017)

Name _____ Birthdate _____

Applicant ID# _____ PI# _____

Airmen - See the FAA Certification Aid - Drug and Alcohol INITIAL to identify what information you should give the AME.

AME Instructions:

- Address the following items based on your in-office exam and documentation review;
- **Submit this Checklist** (it must be signed and dated by the AME); and
- Submit the **supporting documentation reviewed** to complete this checklist **within 14 days to:**

Federal Aviation Administration
Civil Aerospace Medical Institute, Bldg. 13
Aerospace Medical Certification Division, AAM-313
PO Box 25082, Oklahoma City, OK 73125-9867

9. List DATE(s) of any arrest, conviction or administrative action here: _____

2. Number of alcohol related events in the airman's lifetime?	One	Two or more
3. **AIRMAN's STATEMENT** Do you find any evidence of current or previous alcohol abuse, dependence or other concerning behaviors?.....	No	Yes
4. **BLOOD/BREATH ALCOHOL CONTENT (BAC)** from all offenses: Did the airman ever **REFUSE TO TEST**.....	No	Yes
Missing records of test performed (per the airman)?	No	Yes
Any BAC in the records of **0.15 g/dl or HIGHER**	No	Yes (.15 or higher)
List the highest BAC found on report(s) here: _____		
5. **COURT RECORD**(s) AND ARREST RECORD(s): (including military records) Did the airman **fail to provide** a copy of the narrative police/investigative report from all offenses and complete copies of all court records associated with the offense(s) including court-ordered education?.....	No	Yes

6. **DRIVING RECORD**: AME must review a complete Department of Motor Vehicles (DMV) record. List all states the airman held a driver's license for the past 10 years.
   1. 3.
   2. 4.

Any additional driving offenses involving alcohol or other concerns not listed in #1?.....	No	Yes
7. **EVIDENCE OF TREATMENT**: Did the airman attend any inpatient or outpatient rehabilitation or treatment? (Do not include court-ordered education programs.)	No	Yes
8. Is there any history or evidence of any DRUG (illicit, Rx, etc.) offense at any time?.....	No	Yes
9. Do you have ANY concerns regarding this airman? If yes, notate in Block 60.....	No	Yes

_____ _____

AME Signature Date of evaluation

If ALL items fall into the clear column, the AME may issue with notes in Block 60 but must submit all documents to the FAA.

If ANY SINGLE ITEM falls into the SHADED COLUMN, or the actual records are not available to review, the AME MUST DEFER. The AME report should note what aspect caused the deferral and explain any answers in the shaded column. Remind the airman to report any new event to Security.

DRUG USE

DRUG USE - PAST OR PRESENT

All Classes
(Updated 09/27/2017)

CONDITION	EVALUATION DATA	DISPOSITION
A. History of drug use, drug-related event(s), or drug dependence (illicit or prescription). Previously **reported to FAA** and **written proof from the FAA** that monitoring is not required	The airman should bring his/her letter(s) from the FAA (for this condition) for the AME to review. 1. The AME should review the letter and **obtain any additional history necessary from the airman to verify no subsequent events have occurred.** 2. If the airman is required to remain abstinent, the AME, based on their clinical assessment, should note in Block 60 if the airman is adhering to this requirement.	**ISSUE** Annotate Block 60 with the date (mm/yyyy) of the most recent event and if there have been no further events or changes in condition.
B. **Any event in the airman's lifetime** that has not yet been cleared by the FAA and given an eligibility letter.	**Submit the following for FAA review:** Airman statement that describes all the following: 1. Primary drug used. 2. Any additional drugs/substances used in the airman's lifetime (This includes marijuana even if allowed in some states, illicit drugs, prescription medications, or others). 3. Describe for each: a) Frequency of use; b) Amount used; c) Setting in which used; and d) Dates use started and stopped. 4. Did you attend any treatment program(s)? If yes, provide beginning and end dates. If no, this should be stated.	**DEFER** Submit the information to the FAA for review. Follow-up Issuance will be per the airman's authorization letter.

	5. Any economic, legal problems, or other adverse consequences from use?	

Note: If FAA letter(s) are not available or if the AME has questions, call AMCD at 405-954-4821 or their RFS to request a copy or to discuss with AMCD or their RFS.

- If unable to obtain and review the required reports within 14 days of the exam; the AME must defer and should inform the airman what reports will be needed.
- Upon receipt and review of the above information, additional information may be required.
- If the airman sees a substance abuse professional for alcohol use, they should also describe and comment on the drug use history in their report.

DRUG AND ALCOHOL EVENT - FAA CERTIFICATION AID - REQUIRED INFORMATION (Page 1 of 2)

(Updated 01/27/2021)

AMEs should use this tool to help collect information needed for the Alcohol Event Status Report for the AME.

The following information is to assist you and your treating physician/provider who may be unfamiliar with FAA medical certification requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on an airman medical certificate. You should strongly consider taking **a copy to each evaluator so they understand what specific information is needed in their report to the FAA.** If the corresponding provider does not address each item, there may be a **delay** in the processing of your medical certification until that information is submitted. Additional information, such as clinic notes or explanations, should also be submitted as needed.

REPORT FROM	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (Drug and Alcohol)
A. AIRMAN DRUG AND ALCOHOL (D&A) PERSONAL STATEMENT	**3.** Detailed typed personal statement from you that describes the offense(s): a. What type of offense occurred; b. What substance(s) were involved; c. State or locality or jurisdiction where the incident occurred; d. Date of the arrest, conviction, and/or administrative action; e. Description of circumstances surrounding the offense; and **f. Describe the above for each alcohol incident. If no other incidents, this should be stated.** **4.** Your past, present, and future plans for alcohol or drug use. a. When did you start drinking? How much? How often? b. How much, how often were you drinking at the time of the incident(s); c. How much, how often do you drink now? If abstinent, state date abstinence started; d. Any negative consequences (legal complications or medical complications such as blackouts, pancreatitis, or ER visits); and e. Include any other alcohol or drug offenses (arrests, convictions, or administrative actions), even if they were later reduced to a lower sentence. **5.** Treatment programs you attended ever in your life. **If none attended, this should be stated** a. Dates of treatment; b. Inpatient, outpatient, other; and c. Name of treatment facility **6.** Current recovery program (if any). If AA or another program, list name of program and frequency attended. **If not in a recovery program, this should be stated.**
B. BLOOD ALCOHOL CONTENT (BAC)	1. Blood Alcohol Concentration (BAC) from any alcohol offense. BAC may be listed in a hospital report, a police report, or investigative report. **a.** This will be either a breathalyzer test or a blood test. **b.** Attach copies of any additional drug testing performed.
C. COURT RECORDS	1. Police/investigative report from dates of incident(s). It should describe the circumstances surrounding the offense and any field sobriety tests performed. 2. Court records, if applicable. 3. Military records if events occurred while the applicant was a member of the U.S. armed forces. It should include military court records, records of non-judicial punishment, and military substance abuse records.

DRUG AND ALCOHOL EVENT - FAA CERTIFICATION AID - REQUIRED INFORMATION (Page 2 of 2)

D. DRIVING RECORD, DEPARTMENT OF MOTOR VEHICLES (DMV) RECORDS	**1. List every state/principality/location and dates you have held a driver's license in the past 10 years.** **2. Submit a complete copy of your driving records from each of these for the past 10 years.**
E. EVIDENCE OF TREATMENT	1. Treatment records and copy of certificate, if any. 2. If no program was recommended or if treatment was started but not completed, that should be stated.
F. SUBSTANCE ABUSE EVALUATION* *May not be required for all airmen. If required, the type of provider to perform the evaluation will be in the letter sent to the airman from the FAA. This will be either a Substance Abuse Professional (SAP), HIMS AME, Psychiatrist, Addictionologist or a HIMS psychiatrist If all of the items are not covered or contain insufficient detail to make a decision, additional testing or review may be required. If the evaluation submitted is not adequate or does not meet the specified parameters, a higher-level evaluation may be required.	The report must include at a minimum: **7.** List of the items/documents reviewed. **a.** Verify if you were provided with and reviewed a complete copy of the airman's FAA medical file sent to you by the FAA; and **b.** Include list of collateral contact(s) used to verify history, if any. **8.** Summary of the above records. Were the records clear and in sufficient detail to permit a satisfactory evaluation of the nature and extent of any previous mental disorders? Clinical interview that covers the following: **9.** Family history of drug and alcohol or mental health issues. **10.** Developmental history. **11.** Past medical history and medical problems such as blackouts; memory problems; stomach, liver, cardiovascular problems; or sexual dysfunction. **12.** Psychiatric history, if any. Include diagnosis, treatment, and hospitalizations. **a.** Personal history of anxiety, depression, insomnia; and/or **b.** Suicidal thoughts or attempts. **13.** Alcohol and/or drug use history: **a.** Include any treatment or hospitalizations; and **b.** The current status of drug or alcohol use (what used, how often, start/stop dates). **14.** Other concerns such as: **a.** Personality changes (argumentative, combative) or loss of self-esteem or isolation; **b.** Social family problems such as marital separation or divorce; **c.** Irresponsibility or child/spousal abuse; **d.** Legal problems such as alcohol-related traffic offenses or public intoxication, assault and battery, etc.; **e.** Occupational problems such as absenteeism or tardiness at work, reduced productivity, demotions, frequent job changes, or loss of job; **f.** Economic problems such as frequent financial crises, bankruptcy, loss of home, or lack of credit; and **g.** Interpersonal adverse effects such as separation from family, friends, associates, etc. **15.** Any other concerns per the evaluator. **16.** Results of any testing that was performed (SASSI, etc.). **17.** Mental status examination results. **18.** Summary of your findings. Include if you agree or disagree with previous diagnosis or findings from the records you reviewed and why. **19.** DSM diagnosis for Axis I-V (if none, that should be stated). **20.** Any evidence of drug or alcohol abuse or dependence (if not mentioned above). **21.** Any additional concerns or comments. **Note:** If the above evaluation is not adequate, an additional evaluation from a psychiatrist or other provider may be required.

Security Notification/ Reporting Events

(Updated 06/27/2018)

Security Notification for a Conviction or Administrative Action

Note: Under 14 CFR 61.15, all pilots must send a **Notification Letter** (MS Word) to FAA's Security and Investigations Division, **within 60 calendar days** of the effective date of an alcohol and/or drug related **conviction or administrative action**.

Federal Aviation Administration
Security and Investigations Division AXE-700;
P.O. Box 25810
Oklahoma City, OK 73125-0810

For additional information including a copy of the required Notification Letter, see:
Security

Substances of Dependence/Abuse FAQs

(Updated 09/27/2017)

1. **Is there a difference in a regulatory requirement vs a clinical diagnosis? Which one must an airman meet?**

   Yes. Airmen must meet the regulatory requirements of 14 CFR Part 67, which are not the same criteria used for a clinical (DSM) diagnosis.

2. **What is the FAA regulatory definition of Substance Dependence?**

   "Substance dependence" means a condition in which a person is dependent on a substance other than tobacco or ordinary xanthine containing (e.g., caffeine) beverages, as evidence by:

   A. Increased tolerance;
   B. Manifestation of withdrawal symptoms;
   C. Impaired control of use; or
   D. Continued use despite damage to physical health or impairment of social, personal, or occupational functioning.

3. **What is the FAA regulatory definition of Substance abuse?**

   1) Use of a substance in a situation in which that use was physically hazardous, if there has been at any other time an instance of the use of a substance also in a situation in which that use was physically hazardous;

   2) A verified positive drug test result, an alcohol test result of 0.04 or greater alcohol concentration, or a refusal to submit to a drug or alcohol test required by the U.S. Department of Transportation or an agency of the U.S. Department of Transportation; or

   3) Misuse of a substance that the Federal Air Surgeon, based on case history and appropriate, qualified medical judgment relating to the substance involved, finds:

      (i) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

      (ii) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

4. **What type of drug or alcohol related events are asked for on the 8500-8?**

   A. Arrests;
   B. Convictions; or

   C. Administrative actions - such as if the airman attended an e**ducational or rehabilitation program** in lieu of conviction or was given a lesser charge after being

arrested (ex: an arrest for DUI that was reduced to reckless driving after court proceedings).

5. Does an airman need to report a DUI from years ago?

Yes. The 8500-8 specifically asks the airman to report if they "*ever in their life* have been diagnosed with, had, or presently have..."

The AME should inquire about *each event, no matter how long ago*, and follow the appropriate disposition table instructions.

6. What should the AME do when an airman has a positive answer to 18.n. 18.o., or 18.v.?

The AME should obtain additional history and follow the correct disposition table. In some cases, additional information will be required before a medical certificate may be issued.

7. Must the airman continue to mark "yes" on all subsequent exams?

Yes. If the airman has reported the event to the FAA, they must continue to report it on *ALL subsequent 8500-8 applications*. This applies even when the FAA has reviewed documentation and sent the airman a letter saying no further monitoring or information is needed for that event.

If the applicant/airman documented the information on previous exams AND there are no new arrest(s), conviction(s), and/or administrative action(s) since the last application, the **Applicant** may enter **PREVIOUSLY REPORTED, NO CHANGE**.

The AME should verify there have been no additional drug or alcohol events/offense(s). If none have occurred, that should be noted in Block 60 per the disposition table. If any additional events have occurred, the AME should refer to the instructions on the correct disposition table.

8. How does an airman report a Drug and/or Alcohol event to the FAA? (Updated 06/27/2018)

Airmen must report alcohol and drug events under both Part 67 and Part 61.
This requires **two separate actions by the airman**:

1. Notify the FAA Medical Division (Part 67).
2. Notify the FAA Security Division (Part 61).

1. The airman should notify the FAA Medical department regarding any new arrest, convictions or administrative actions as soon as possible after the event.

   a. If a new exam is performed, the AME should follow the disposition table.

b. If the airman is on a Special Issuance for drug or alcohol condition(s) and they have a new event, they should not fly under 61.53 until their case is reviewed.

2. Under 14 CFR 61.15, all pilots must send a Notification Letter to FAA's Security and Investigations Division, within **60 calendar days** of the effective date of an alcohol- and/or drug-related **conviction or administrative action.**

Federal Aviation Administration
Security and Investigations Division, AXE-700
P.O. Box 25810
Oklahoma City, OK 73125-0810

For additional information see Security.

9. If the airman reports his/her DUI or any alcohol or drug offense (i.e., motor vehicle violation) to the AME or on an 8500-8/MedXPress, will that take the place of reporting it to legal/security?

No. The airman must take a separate action to report a conviction or administrative action to security.

Drug/Alcohol Monitoring Programs and HIMS

(09/28/2022)

FORMAL HIMS CASES

1) This refers **ONLY** to Pilots who fly for an airline with a HIMS Chairman.

2) Case submissions must be sent electronically to **WASHINGTON, DC** via **Huddle**.

3) Must have an accompanying HIMS DATA SHEET**.**

4) Paper format submissions will **NOT BE ACCEPTED** after **January 1, 2023.**

5) Airline HIMS Chairs will be advised of HIMS AMEs not in compliance at that time.

6) All HIMS AMEs must successfully complete Huddle training to be placed on the FAA HIMS AME List. Send training requests to 9-AAM-HIMS@faa.gov.
DO NOT SEND CASE FILES TO THE ABOVE EMAIL.

Send ALL OTHER Drug and Alcohol cases to **AMCD** at the address indicated on the HIMS-Trained AME Checklist. (No Data Sheet needed.)

HIMS AME - HUDDLE ELECTRONIC CASE SUBMISSION

(Updated 01/27/2021)

At this time, **only** HIMS AMES may submit cases electronically via Huddle.
To do so, HIMS AMES must first complete initial Huddle training. If you do not have a Huddle account or have not completed training, send requests to 9-AAM-HIMS@faa.gov.

- Submit only first- and second-class HIMS cases.
- Do **NOT** send **third-class** cases via huddle.

Steps for Electronic Submission

A. Log into your Huddle account
B. Create a folder for the airman. Use PI# if available, type of case (HIMS, HIMS+SSRI). Each airman case must have a separate folder.
C. Upload all relevant files in the designated order with correct naming conventions as indicated on the HIMS AME Checklist.
D. Share completed folder with HIMS Analyst Team.
E. Follow any instructions you receive from your assigned HIMS Analyst.*

*When the HIMS Analyst determines the file is complete, they will move the folder from the Huddle workspace for FAA review.

For detailed instructions, log into your Huddle account and go to the "Huddle Training and Updates" page.

FREQENTLY ASKED QUESTIONS (FAQs)

1. **What is the preferred format for uploaded documents**?

   Use PDF or Microsoft Word format.

2. **Is there a limit to the number of folders or limit on size of the files?**

   There is no limit on the number of folders. File size is limited to 20 GB.

3. **How do I identify different reports from the same consultant? I might have a Neuropsychologist initial report, followed by a second report or a follow up report, etc.**

   Place the naming conventions at the beginning of the document. If you have additional documents as described above, place a dash after the naming convention then add the description. (EX: Neuropsychologist Report – follow up.)

4. **Should I wait until the airman's folder has all the required files before sharing them or should I share them as they come in?**

Do not share the folder with the HIMS Analyst Team until ALL the required documents are present.

5. **How do I provide missing or additionally requested information after I have already shared the folder?**

   If you need to submit a document after you have already shared a folder, simply create another folder with the airman's identifying information, label it "additional documents," add the additional files, and then share the new folder with the HIMS Analyst Team.

6. **Once I share the files in Huddle, do I also have to mail them to the FAA?**

   No, once you share the file electronically, do NOT mail the same file. Duplicate copies will slow down the review process.

7. **What happens to the folders once they are shared with the HIMS Analyst Team?**

   Once an entire folder is shared, the analyst checks for any missing information. If the folder is complete, it moves into the process for FAA review.

8. **Will the Aerospace Medical Certification Division (AMCD) staff have access to the Huddle space as well?**

   Yes, they will have as-needed access to the files in your Huddle workspace.

9. **What about third-class Drug and Alcohol cases?**

   Third class cases are processed at the Aerospace Medical Certification Division in Oklahoma City and should be **mailed** to the address indicated on the HIMS Checklist.

HIMS trained AME Checklist – Drug and Alcohol MONITORING INITIAL Certification

(Updated 03/31/2021)

Airman Name _____ MID or PI#_____

Submit this **MANDATORY checklist** and **ALL** supporting information outlined below within 14 days of deferred exam. Use only ONE method to submit. Sending by multiple modes (or duplicates) will delay the review process.

Check one of the boxes below to indicate the method of the submission.

☐ **Electronic submission:** First and second class HIMS cases **ONLY** - **USE HUDDLE**

☐ **All others, mail to:**

Using regular mail US Postal Service:
Federal Aviation Administration
Civil Aerospace Medical Institute, Building 13
Aerospace Medical Certification Division AAM-313
PO Box 25082
Oklahoma City, OK 73125-9914

Using FedEx, UPS, etc.:
Federal Aviation Administration
Medical Appeals Section, AAM-313
Aerospace Medical Certification Division
6700 S. MacArthur Boulevard, Room B-13
Oklahoma City, OK 73169

The specific information required for each report type is detailed in the corresponding numbered (#) items on the FAA Certification Aid – HIMS Drug and Alcohol – INITIAL.

0.* HIMS-Trained AME Checklist - Drug and Alcohol MONITORING INITIAL Certification. *Use this checklist as a coversheet and submit the rest of the information, numbered and ordered as shown below:

	NA	Yes	No
1. HIMS AME Report FACE-TO-FACE, IN-OFFICE EVALUATION (narrative): • Signed and dated……			

	N/A	Yes	No
2. **HIMS AME Data Sheet** (N/A for third class airmen)……			

	N/A	Yes	No
3. Drug and /or alcohol **TREATMENT RECORDS**: • Include any applicable psychotherapy notes and pre-treatment psychiatrist reports……..			
4. PSYCHIATRIST EVALUATION: • HIMS-trained psychiatrist for most first and second class airmen.....……. • Most third class will require a board-certified psychiatrist.			
5. NEUROPSYCHOLOGIST EVALUATION and RAW TESTING DATA…… • CogScreen results			

	N/A	Yes	No
6. ADDITIONAL RECORDS:			
• Aftercare Report (Group)……..			
• Airline Reports: Chief Pilot Report and Peer Pilot Letter (for commercial pilots 1st or 2nd-class; 3rd class N/A			
• Airman's Personal Statement…….....			
• Drug or Alcohol Testing……...			
• DUI Records (BAC, court records, driving/DMV records).....			
Medical Records (List any other conditions relevant to this case)…….....			
• SI Additional Reports (**Only when specified by the Authorization Letter)**……....			

_____ _____
HIMS-trained AME Signature Date

MISSING OR INCOMPLETE ITEMS WILL CAUSE CERTIFICATION REVIEW DELAYS.

- Send all of the above information **AND this Checklist** in **ONE PACKAGE,** via electronic submission or mailed to the appropriate address listed above.
- Upon receipt and review of all of the above information, **additional information or action may be requested.**

FAA CERTIFICATION AID - HIMS Drug and Alcohol - INITIAL (Page 1 of 5)

(Updated 01/27/2021)

The following information is to assist your treating physician/provider who may be unfamiliar with FAA medical certification requirements. It lists the **ABSOLUTE MINIMUM** information required by the FAA to make a determination on an airman medical certificate. You should strongly consider taking a copy to each evaluator so they understand what specific information is needed in their report to the FAA. If each item is not addressed by the corresponding provider there may be a delay in the processing of your medical certification until that information is submitted. Additional information such as clinic notes or explanations should also be submitted, as needed.

ALL REPORTS MUST BE **CURRENT (WITHIN THE LAST 90 DAYS)** FOR FAA PURPOSES.

REPORT FROM	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING
HIMS AME CHECKLIST	**1.** Using the HIMS-Trained AME Checklist – Drug and Alcohol Monitoring INITIAL Certification, comment on any items that fall into the shaded category on the Checklist.
#1 HIMS AME REPORT (narrative) **The airman must establish with a HIMS-trained AME if monitoring is required.**	1. Must be a face-to-face, in-person evaluation performed by the HIMS-trained AME. 2. List of the items/documents reviewed: **a.** Prior SI authorizations, if issued by the FAA; **b.** Verify if you were provided with and reviewed a **complete copy** of the airman's FAA Medical file sent to you by the FAA; and **c.** Include list of collateral contact(s) used to verify history, if any. 3. **Describe** **a.** How the case was initially identified. Circumstances regarding the pilot's entry into the HIMS program; **b.** Description of the history of the addiction problem; **c.** Participation in aftercare groups, if any; **d.** Participation in support groups (AA, BOAF, other); **e.** History of ER visits; **f.** Previous psychiatric hospitalizations, treatments, or suicide attempts; and **g.** Hospital/treatment discharge summary. 4. **Compliance History** a. Any evidence (such as a positive test) or concern the airman has not remained abstinent; b. Any evidence or concern the airman has not been compliant with the recovery program; c. If you do not agree with the supporting documents or if you have additional concerns not noted in the documentation, please discuss your observations or concerns; and d. Describe how the airman is doing in the program and if he/she is engaged in recovery. 5. **Summarize** your aeromedical impression and evaluation as a HIMS AME based on the face-to-face evaluation AND review of the supporting documents**.** **a.** Do you recommend a Special Issuance for this airman; **b.** Do you agree to serve as the airman's HIMS AME and follow this airman per FAA policy; and **c.** Do you agree to immediately notify the FAA (at 405-954-4821) of any change in condition, deterioration, or stability and/or if there is any positive drug or alcohol testing? 6. Any NEW condition(s) that would require Special Issuance? (Do not include any new CACI qualified conditions.) If using Huddle, submit the following as **INDIVIDUAL** PDFs: ☐ HIMS AME Checklist; ☐ HIMS trained AME written report (narrative) ☐ HIMS AME Data Sheet ☐ Drug and/or Alcohol Treatment Records ☐ Psychiatrist Evaluation ☐ Neuropsychologist Evaluation and Raw Test Data ☐ Additional Records - all other supporting documentation that you reviewed Submit all the information as **ONE PACKAGE** (via Huddle or mailed to the appropriate address on the HIMS-Trained AME Checklist.) Review for certification **WILL BE DELAYED** if package is **incomplete.**

FAA CERTIFICATION AID - HIMS Drug and Alcohol - INITIAL (Page 2 of 5)

#2 HIMS AME DATASHEET*	**1. A copy of the sheet printed after entering information via https://www.himsdatasheet.com/. (*only for first and second class airmen.)**
#3 DRUG AND/OR ALCOHOL TREATMENT RECORDS	1. Include any applicable psychotherapy notes, therapist follow-up reports, social worker reports, AA sponsor contact, etc. 2. Include all the original records summarized in the HIMS AME Report above.
#4 PSYCHIATRIST EVALUATION **1st and 2nd class commercial airmen will require a HIMS trained psychiatrist* to perform this evaluation in most cases.** **Most others will require a board certified psychiatrist** *** To find a HIMS psychiatrist, the airman should FIRST establish with a HIMS-trained AME and should refer to their letter to determine what level of evaluation is required.** .	The report must include at a minimum: **1.** List of the items/documents reviewed. **a.** Verify if you were provided with and reviewed a complete copy of the airman's FAA medical file sent to you by the FAA; and **b.** Include list of collateral contact(s) used to verify history, if any. **2.** Summary of the above records. Were the records clear and in sufficient detail to permit a satisfactory evaluation of the nature and extent of any previous mental disorders? Clinical interview that covers the following: **3.** Family history of drug and alcohol or mental health issues. **4.** Developmental history. **5.** Past medical history and medical problems such as blackouts, memory problems; stomach, liver, cardiovascular problems, or sexual dysfunction. **6.** Psychiatric history, if any. Include diagnosis, treatment, and hospitalizations. **a.** Personal history of anxiety, depression, insomnia; and/or **b.** Suicidal thoughts or attempts. **7.** Alcohol and/or Drug use history: **a.** Include any treatment or hospitalizations; and **b.** The current status of drug or alcohol use (what used, how often, start/stop dates). **8.** Other concerns such as: **a.** Personality changes (argumentative, combative) or Loss of self-esteem or Isolation; **b.** Social family problems such as marital separation or divorce; **c.** Irresponsibility or child/spousal abuse; **d.** Legal problems such as alcohol-related traffic offenses or public intoxication, assault and battery, etc.; **e.** Occupational problems such as absenteeism or tardiness at work; reduced productivity, demotions, frequent job changes, or loss of job; **f.** Economic problems such as frequent financial crises, bankruptcy, loss of home, or lack of credit; and **g.** Interpersonal adverse effects such as separation from family, friends, associates, etc. **9.** Any other items per the evaluator. **10.** Results of any testing that was performed (SASSI, etc.). **11.** Mental status examination results. **12.** Summary of your findings. Include if you agree or disagree with previous diagnosis or findings from the records you reviewed and why. **13.** Any evidence of drug or alcohol abuse or dependence (if not mentioned above). **14.** Summarize clinical findings and status of the airman. When appropriate, provide specific information about the quality of recovery, including the period of total abstinence. **15.** List the DSM diagnosis, if any. (if none, that should be stated). **16.** Specifically mention if any of the following regulatory components are present or not: **a.** Increased tolerance; **b.** Manifestation of withdrawal symptoms; **c.** Impaired control of use; **d.** Continued use despite damage to physical health or impairment of social, personal, or occupational functioning; **e.** Any evidence of any other personality disorder, neurosis, or mental health condition; and/or **f.** Use of a substance in a situation in which that use was physically hazardous. **17.** Give recommendations for any additional treatment or monitoring, if applicable. **18.** Any additional concerns or comments.

FAA CERTIFICATION AID - HIMS Drug and Alcohol - INITIAL (Page 3 of 5)

#5 NEUROPSYCHOLOGIST EVALUATION AND RAW TEST DATA* *CogScreen-AE results and neurocognitive evaluation	For complete details, see the Neuropsychological Evaluation section of the Specifications for Psychiatric and Neuropsychological Evaluations for Substance Dependence/Abuse. The neuropsychologist report MUST address: 1. Qualifications: State your certifications and pertinent qualifications. 2. Records review: What documents were reviewed, if any? a. Specify clinic notes and/or notes from other providers or hospitals; and b. Verify if you were provided with and reviewed a complete copy of the airman's FAA medical file. 3. Results of clinical interview: Detailed history regarding psychosocial or developmental problems; academic and employment performance; family or legal issues; substance use/abuse (including treatment and quality of recovery); aviation background and experience; medical conditions and all medication use; and behavioral observations during the interview and testing. Include any other history pertinent to the context of the neuropsychological testing and interpretation. 4. Mental status examination 5. Testing results: a. CogScreen-Aeromedical Edition (CogScreen-AE); and b. Remainder of the core test battery. 6. Interpretation: a. The overall neurocognitive status of the airman; b. Clinical diagnosis(es) suggested or established based on testing, if any; c. Discuss any weaknesses or concerning deficiencies that may potentially affect safe performance of pilot or aviation-related duties, if any; d. Discuss rationale and interpretation of any additional testing that was performed; and include e. Any other concerns. 7. Recommendations: Additional testing, follow-up testing, referral for medical evaluation (e.g., neurology evaluation and/or imaging), rehabilitation, etc. Submit report along with the CogScreen-AE computerized summary report (approximately 13 pages) and summary score sheet for ALL additional testing performed.

FAA CERTIFICATION AID - HIMS Drug and Alcohol - INITIAL (Page 4 of 5)

#6 ADDITIONAL RECORDS

AFTERCARE REPORT (Group)	**Progress report should include:** 5. If the airman is continuing to participate in abstinence-based sobriety; 6. How often the airman attends (weekly or per Authorization Letter); and 7. Agreement to immediately notify the HIMS AME if there are any changes or deterioration in the airman's condition.
AIRLINE REPORTS Peer Pilot (from employer, ALPA, etc.) Chief Pilot, Flight Operation Supervisor, or Airline Management Designee* * If the airman is 1st or 2nd class and employed by an air carrier.	Must attest, to the best of their knowledge, the airman's continued total abstinence from drugs or alcohol. **Monthly reports must address:** **1.** The airman's performance and competence; **2.** Crew interaction; **3.** Mood (if available); and **4.** Presence or absence of any other concerns. **Combine all monthly reports into ONE PDF if submitting via Huddle.**
AIRMAN PERSONAL STATEMENT DRUG AND ALCOHOL (D&A)	**1.** Detailed typed personal statement from you that describes the offense(s): **a.** What type of offense occurred; **b.** What substance(s) were involved; **c.** State or locality or jurisdiction where the incident occurred; **d.** Date of the arrest, conviction and/or administrative action; **e.** Description of circumstances surrounding the offense; and **f.** **Describe the above for each alcohol incident. If no other incidents, this should be stated.** **2.** Your past, present, and future plans for alcohol or drug use: **a.** When did you start drinking? How much? How often?; **b.** How much, how often were you drinking at the time of the incident(s); **c.** How much, how often do you drink now? If abstinent, state date abstinence started; **d.** Any negative consequences (legal complications or medical complications such as blackouts, pancreatitis, or ER visits); and **e.** Include any other alcohol or drug offenses (arrests, convictions, or administrative actions), even if they were later reduced to a lower sentence. **3.** Treatment programs you attended ever in your life **(if none, this should be stated).** **a.** Dates of treatment; **b.** Inpatient, outpatient, other; and **c.** Name of treatment facility **7.** Current recovery program (if any). If AA or another program, list name of program and frequency attended. **If not in a recovery program, this should be stated.**

FAA CERTIFICATION AID - HIMS Drug and Alcohol - INITIAL (Page 5 of 5)

DRUG OR ALCOHOL TESTING	**1.** Must be random, unannounced drug/alcohol testing. (Urine EtG/EtS, PEth testing or a mobile alcohol monitoring system are preferred.) **2.** Must state if the testing is performed by: □ HIMS AME; □ Air Carrier testing program/office. Air Carrier must immediately notify the HIMS AME of any positive test HIMS AME may require additional testing to supplement the testing conducted by the Air Carrier; or □ Other, such as return to duty testing from a substance abuse professional or a DOT/FAA Drug Abatement Program. **3.** Drug and/or alcohol testing results summarized, how often tested, how many tests performed to date. a. Positive test results – submit the actual report. b. Negative test results should be reported in the HIMS AME Report.
DUI RECORDS	**Court Records** **1.** Police/investigative report from dates of incident(s). It should describe the circumstances surrounding the offense and any field sobriety tests that were performed; **2.** Court records, if applicable; and **3.** Military records if event(s) occurred while the applicant was a member of the U.S. armed forces. It should include military court records, records of non-judicial punishment, and military substance abuse records. **Driving record/Department of Motor Vehicles (DMV) Records** **4.** List every state/principality/location and dates you have held a driver's license in the past 10 years; **5.** Submit a complete copy of your driving records from each of these for the past 10 years; and **6.** Blood Alcohol Concentration (BAC) from any alcohol offense. It may be listed in a hospital report, a police report or investigative report. **a.** This will be either a breathalyzer test or a blood test. **b.** Attach copies of any additional drug testing that performed.
MEDICAL RECORDS	List any other medical records relevant to this case.
SI ADDITIONAL REPORTS	**1.** Submit any reports required by a current Authorization for Special Issuance (SI); and/or **2.** Any reports for a new condition that may require SI (or AME is instructed to defer).

SPECIFICATIONS FOR PSYCHIATRIC AND NEUROPSYCHOLOGICAL EVALUATIONS FOR SUBSTANCE ABUSE/DEPENDENCE

(Updated 01/29/2020)

Why are both a psychiatric and a neuropsychological evaluation required? Substance use disorders, including abuse and dependence, not in satisfactory recovery make an airman unsafe to perform pilot duties. These evaluations are required to assess the disorder, quality of recovery, and potential other psychiatric conditions or neurocognitive deficits. Due to the differences in training and areas of expertise, separate evaluations and reports are required from **both** a qualified psychiatrist and a qualified clinical psychologist for determining an airman's medical qualifications. This guideline outlines the requirements for these evaluations.

Will I need to provide any of my medical records? You should make records available to both the psychiatrist and clinical neuropsychologist prior to their evaluations, to include:

- Copies of **all** records regarding prior psychiatric/substance-related hospitalizations, observations or treatment not previously submitted to the FAA.
- A complete copy of your agency medical records. You should request a copy of your agency records be sent **directly** to the psychiatrist and psychologist submitting a Request for Airman Medical Records (FAA Form 8065-2).

THE PSYCHIATRIC EVALUATION

Who may perform a psychiatric evaluation? Psychiatric evaluations must be conducted by a qualified psychiatrist who is board-certified by the American Board of Psychiatry and Neurology or the American Board of Osteopathic Neurology and Psychiatry, **and** must either be board certified in Addiction Psychiatry **or** have received training in the Human Intervention Motivation Study (HIMS) program. Preference is given for those who have completed HIMS training. Using a psychiatrist without this background **may** limit the usefulness of the report.

What must the psychiatric evaluation report include? *At a minimum*:

- A review of all available records, including academic records, records of prior psychiatric hospitalizations, and records of periods of observation or treatment (e.g., psychiatrist, psychologist, social worker, counselor, or neuropsychologist treatment notes). Records must be in sufficient detail to permit a clear evaluation of the nature and extent of any previous mental disorders.
- A thorough clinical interview to include a detailed history regarding: psychosocial or developmental problems; academic and employment performance; legal issues; substance use/abuse (including treatment and quality of recovery); aviation background and experience; medical conditions, and **all** medication use; and behavioral observations during the interview.
- A mental status examination.
- An integrated summary of findings with an explicit diagnostic statement, and the psychiatrist's opinion(s) and recommendation(s) for treatment, medication, therapy, counseling, rehabilitation, or monitoring should be explicitly stated. Opinions regarding

  clinically or aeromedically significant findings and the potential impact on aviation safety must be consistent with the Federal Aviation Regulations.

What must be submitted by the psychiatrist? The psychiatrist's comprehensive and detailed report, as noted above, **plus** copies of supporting documentation. Recommendations should be strictly limited to the psychiatrist's area of expertise. Psychiatrists with questions are encouraged to call Charles Chesanow, D.O., FAA Chief Psychiatrist, at (202) 267-3767.

THE NEUROPSYCHOLOGICAL EVALUATION

Who may perform a neuropsychological evaluation? Neuropsychological evaluations **must** be conducted by a neuropsychologist who is included on the provider list, accessed through the following link: FAA Neuropsychologist List.

What must the neuropsychological evaluation report include? *At a minimum*:

- A review of all available records, including academic records, records of prior psychiatric hospitalizations, and records of periods of observation or treatment (e.g., psychiatrist, psychologist, or pediatric neuropsychiatrist treatment notes). Records must be in sufficient detail to permit a clear evaluation of the nature and extent of any previous mental disorders.
- A thorough clinical interview to include a detailed history regarding psychosocial or developmental problems; academic and employment performance; legal issues; substance use/abuse (including treatment and quality of recovery); aviation background and experience; medical conditions, and all medication use; and behavioral observations during the interview and testing.
- A mental status examination.
- Interpretation of a full battery of neuropsychological and psychological tests **including but not limited to** the "core test battery" (specified below).
- An integrated summary of findings with an explicit diagnostic statement, and the neuropsychologist's opinion(s) and recommendation(s) regarding clinically or aeromedically significant findings and the potential impact on aviation safety consistent with the Federal Aviation Regulations.

What is required in the "core test battery?"
To promote test security, itemized lists of tests comprising psychological/neuropsychological test batteries have been moved to a secure site. Authorized professionals should use the portal at FAA Neuropsychology Testing Specifications. For access, email a request to: 9-amc-aam-NPTesting@faa.gov.

What must be submitted?
The neuropsychologist's report as specified in the portal, **plus**:

- Copies of all computer score reports; and
- An appended score summary sheet that includes all scores for all tests administered. When available, **pilot norms must be used**. If pilot norms are not available for a particular test, then the normative comparison group (e.g., general population, age/education-corrected) must be specified. Also, when available, percentile scores must be included.

Recommendations should be strictly limited to the psychologist's area of expertise. **For questions about testing or requirements, email** 9-amc-aam-NPTesting@faa.gov.

What else does the psychologist need to know?

- The FAA will not proceed with a review of the test findings without the above data.
- The data and clinical findings will be carefully safeguarded in accordance with the APA Ethical Principles of Psychologists and Code of Conduct (2002) as well as applicable federal law.
- Raw psychological testing data may be required at a future date for expert review by one of the FAA's consulting clinical psychologists. In that event, authorization for release of the data **by the airman** to the expert reviewer will need to be provided.

Additional Helpful Information

1. Will additional evaluations or testing be required in the future? If eligible for unrestricted medical certification, no additional evaluations would be required. However, pilots found eligible for Special Issuance will be required to undergo periodic re-evaluations. The letter authorizing special issuance will outline the specific evaluations or testing required.
2. Useful references for the psychologist:
   - MOST COMPREHENSIVE SINGLE REFERENCE:
     Aeromedical Psychology (2013). C.H. Kennedy & G.G. Kay (Editors). Ashgate.
   - Pilot norms on neurocognitive tests: Kay, G.G. (2002). Guidelines for the Psychological Evaluation of Aircrew Personnel. *Occupational Medicine, 17 (2)*, 227-245.
   - Aviation-related psychological evaluations: Jones, D. R. (2008). Aerospace Psychiatry. In J. R. Davis, R. Johnson, J. Stepanek & J. A. Fogarty (Eds.), *Fundamentals of Aerospace Medicine (4th Ed.)*, (pp. 406-424). Philadelphia: Lippencott Williams & Wilkins.

DRUG AND ALCOHOL MONITORING AND HIMS RECERTIFICATION REQUIREMENTS

HIMS AMES should use the following section once the airman has a valid Special Issuance Authorization for a Drug or Alcohol condition.

In response to NTSB Safety Recommendation A-07-43, the FAA has extended follow up for airmen with a diagnosis of substance dependence on a HIMS Step Down Plan.

HIMS AMES should use the following pages to guide them in recommending testing frequency and general milestones.

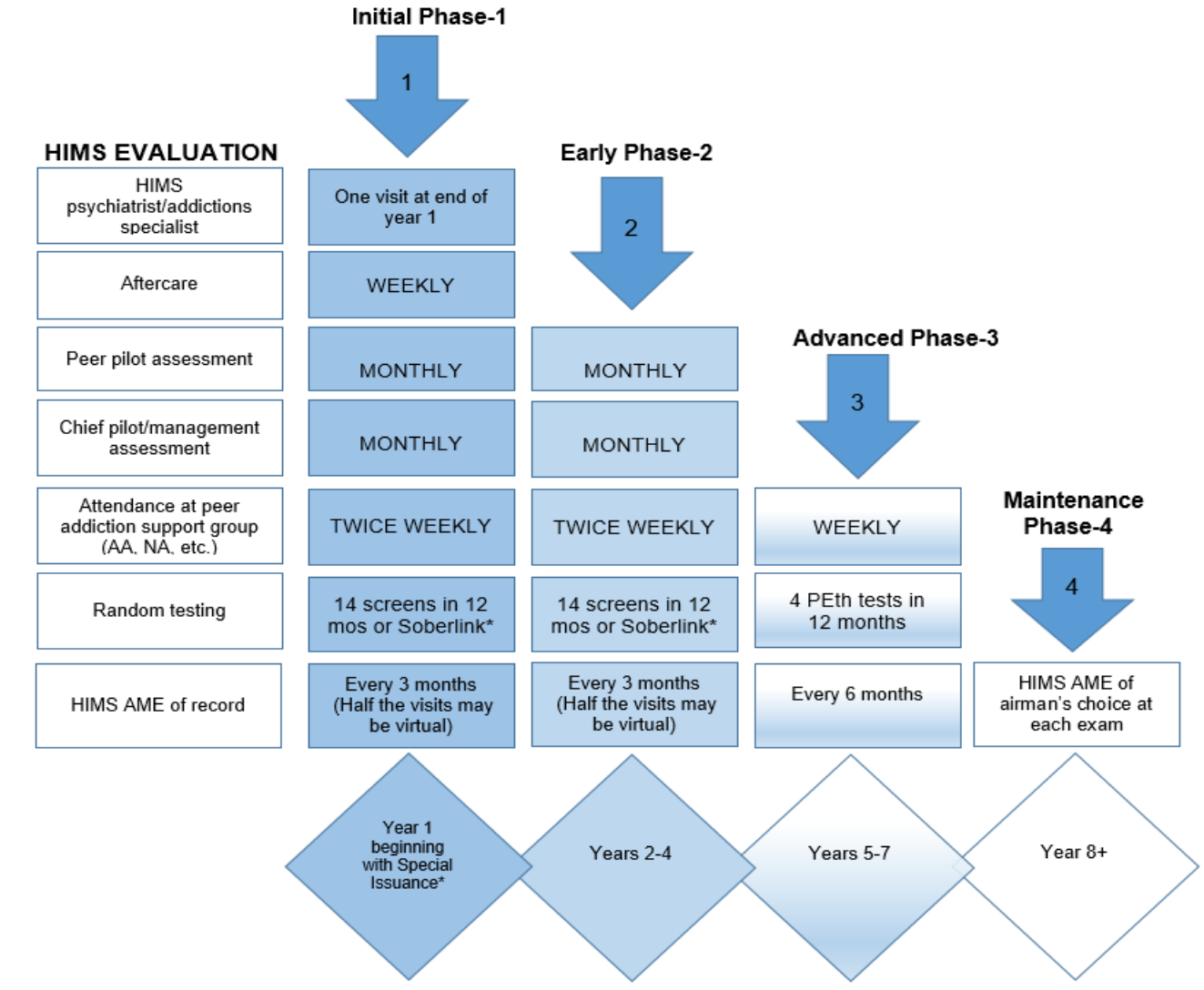
HIMS AME INFORMATION – HIMS STEP DOWN PLAN (Updated 09/29/2021)

Note that the time course listed is nominal and indicates usual, uncomplicated progression of recovery but may be modified on a case-by-case basis.

- Not all airmen will progress at the same rate.
- Progression is NOT guaranteed.
- An airman's progression is based on compliance, his or her individual evaluation by HIMS professionals, and FAA review.

Permanent abstinence from mind and mood altering substances is required for the duration of the flying career.

The testing frequencies listed are minimums and may be increased at the discretion of the HIMS AME. AMEs should recommend a change in testing/evaluations when clinically appropriate and after the minimum time has passed in each stage.



*Soberlink or similar portable, alcohol breath-monitoring system that has facial recognition and cellular transmission technology.

PILOT INFORMATION – HIMS STEP DOWN

(Updated 10/25/2023)

IF YOU ARE A PILOT:

(b) Continue to work with your sponsor/physician/therapist/support group and get/stay healthy.

(c) Do not fly in accordance with 14 CFR 61.53 if you relapse.

(d) Permanent abstinence from mind and mood altering substances is required for the duration of the flying career.

(e) Work with your HIMS AME to obtain any necessary evaluations and documentation.

(f) When submitting information: Coordinate with your AME to ensure ALL ITEMS are COMPLETE. Incomplete packages will cause a DELAY IN CERTIFICATION.

When you have passed the required minimum time AND your HIMS AME recommends you are ready to have a decrease in monitoring requirements, your HIMS AME will submit a report verifying this information. The FAA makes the determination if you meet requirements to reduce monitoring requirements.

- Examples of MINIMUM required items and testing are listed in the HIMS Step Down Plan illustration.
- You may require additional monitoring or testing based on your recovery.
- You may need to repeat a phase based on your recovery.
- In some cases, your HIMS AME may be able to transition you from Early Phase-2 to Advanced Phase-3 and Advanced Phase-3 to Maintenance Phase-4.

If and when appropriate, you will receive an updated Special Issuance letter with updated Special Issuance requirements.

HIMS AME Checklist - Drug and Alcohol Monitoring Recertification

(Updated 01/31/2024)

Pilot Name _____ **PI#**_____

Instructions to the HIMS AME:

- Address the following items based on your in-office exam and documentation review;
- **Submit this Checklist** (it must be signed and dated by the HIMS AME); **AND**
- **Include supporting documentation reviewed to complete this checklist** (including your HIMS AME report) **within 14 days to:**

Federal Aviation Administration
Civil Aerospace Medical Institute, Building 13
Aerospace Medical Certification Division, AAM-313
PO Box 25082
Oklahoma City, OK 73125-9867

Date of the INITIAL SI Authorization for Substance Dependence*: _____
*If there is a relapse or withdrawal of authorization at any time, the Time-in-Phase date is re-set **to the date of the most recent Authorization Letter.**

1. **HIMS AME FACE-TO-FACE, IN OFFICE EVALUATION: Required <u>EVERY 6 months for ALL CLASSES</u>**
   Any concerns that the airman is not successfully engaged in a continued abstinence-based recovery program or is not working a good program based on your clinical interview/evaluation and review of reports?

No	Yes

   - Interval evaluations (every 3 months or as required by Authorization Letter) were unfavorable?....
   - Any evidence or concern the airman has not remained abstinent? ……..
   - Any positive drug or alcohol tests since last HIMS evaluation? ……
   - Any evidence of noncompliance or concern the airman is not working a good recovery program..
   - Any NEW condition(s) that would require Special Issuance? (Do not include any new CACI qualified condition.)……...

2. **TREATING PSYCHIATRIST REPORT** or **HIMS PSYCHIATRIST REPORT: Required <u>EVERY 12 months for ALL CLASSES</u>** unless a different time interval is specifically stated in the Authorization Letter.

Not Due	Yes	No

   - Report(s) is/are favorable (no anticipated or interim treatment changes) ...……...
   - The psychiatrist recommends no additional treatment or monitoring.…….....

Items 3 - 5: The AME should review. Do not submit these items (3-5) to the FAA <u>unless concerns are noted.</u>

3. **AFTERCARE COUNSELOR REPORTS**: For 1st and 2nd class: Required every 3 months; 3rd class: Per Authorization Letter
   Show continued participation and abstinence-based sobriety? …….....

N/A	Yes	No

4. **CHIEF PILOT REPORT(S):** Required monthly for commercial pilots holding first- or second-class certificates (N/A for third-class):
   - Report(s) is/are favorable? ……...

N/A	Yes	No

5. **PEER PILOT REPORTS:** Required monthly for commercial pilots holding first- or second-class certificates (N/A for third-class):
   - Report(s) is/are favorable with continued total abstinence? ……

N/A	Yes	No

6. **ADDITIONAL REPORTS:** Required **<u>ONLY</u> when specified by the Authorization letter**
   - HIMS related (AA attendance, therapy reports, etc.) are favorable and meet authorization requirements…….
   - Reports required for other **non-HIMS** conditions all meet Authorization requirements……...

N/A	Yes	No

7. I have no concerns about this airman and recommend re-certification for Special Issuance. .....

Yes	No

I have transitioned this pilot to the next Step Down Phase: 2 to 3 _____ 3 to 4 _____ N/A_____

_____ HIMS AME Signature

_____ Date of Evaluation

If ALL items fall into the clear column, the AME may issue with the time limitation specified in the Authorization letter. **If ANY SINGLE ITEM falls into the SHADED COLUMN, the AME MUST DEFER or contact the FAA for guidance AND EXPLAIN in the HIMS evaluation report.**

FAA CERTIFICATION AID – Drug and Alcohol Monitoring Recertification (Page 1 of 2)

(Updated 05/25/2016)

The following information is to assist your treating physician/provider who may be unfamiliar with FAA medical certification requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on an airman medical certificate. You should strongly consider taking **a copy to each evaluator, so they understand what specific information is needed in their report to the FAA.** If each item is not addressed by the corresponding provider there may be a **delay** in the processing of your medical certification until that information is submitted. Additional information such as clinic notes or explanations should also be submitted as needed. All reports must be CURRENT (within the last 90 days) for FAA purposes.

REPORT FROM	REQUIRED INTERVAL	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (Drug and Alcohol Monitoring Recertification)
HIMS AME	Every 6 months or per Authorization Letter for all classes	1. Must be a face-to-face, in-person evaluation. 2. Must be performed by the HIMS AME listed on the Authorization Letter. 3. Summarize findings from additional interim evaluations that were performed by any other venue (phone/video/email), either at the AME's discretion or as required by the Authorization Letter (every 1-3 months). 4. Summarize your aeromedical impression and evaluation as a HIMS AME based on the face-to-face evaluation AND review of the supporting documents. a. Any evidence (such as a positive test) or concern the airman has not remained abstinent? b. Any evidence or concern the airman has not been compliant with the recovery program? c. If you do not agree with the supporting documents or if you have additional concerns not noted in the documentation, please discuss your observations or concerns. 5. State if the airman meets all the requirements of the Authorization Letter or describe why they do not. 6. Do you recommend continued Special Issuance in this airman? 7. Agreement to continue to serve as the airman's HIMS AME and follow this airman per FAA policy. 8. Agreement to immediately notify the FAA (at 405-954-4821) of any change in condition, deterioration or stability, or if there is any positive drug or alcohol testing. 9. Using the HIMS AME Checklist - Drug and Alcohol Monitoring Recertification, comment on any items that fall into the shaded category on the Checklist. 10. Submit the HIMS AME Checklist, your HIMS AME written report, and all required supporting documentation that you reviewed with your package.
DRUG OR ALCOHOL TESTING	Every 6 months or per Authorization Letter	1. Must be random, unannounced drug/alcohol testing. (Urine EtG/EtS, PEth testing or a mobile alcohol monitoring system are preferred.) 2. At a minimum, frequency must be 14 tests over a 12-month period (can be more frequent at AME discretion). 3. Must state if the testing is performed by: ☐ HIMS AME ☐ Air Carrier testing program/office. Air Carrier must immediately notify the HIMS AME of any positive test HIMS AME may require additional testing to supplement the testing conducted by the Air Carrier. ☐ Other, such as return to duty testing from a substance abuse professional or a DOT/FAA drug abatement program. 4. HIMS AME must immediately report any positive test to the FAA.
PSYCHIATRIST HISTORY REPORT	Every 12 months or per Authorization Letter	1. Summarize clinical findings and status of how the airman is doing. 2. Note any clinical concerns or changes in treatment plan. 3. Recommendations for any additional treatment or monitoring, if applicable. 4. Agreement to immediately **notify the FAA or AME** (at 405-954-4821) if there are any changes in the airman's condition. 5. Interval treatment records if any, such as clinic or hospital notes, should also be submitted.

FAA CERTIFICATION AID – Drug and Alcohol Monitoring Recertification (Page 2 of 2)

(Updated 05/25/2016)

The following information is to assist your treating physician/provider who may be unfamiliar with FAA medical certification requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on an airman medical certificate. You should strongly consider taking **a copy to each evaluator, so they understand what specific information is needed in their report to the FAA.** If each item is not addressed by the corresponding provider there may be a **delay** in the processing of your medical certification until that information is submitted. Additional information such as clinic notes or explanations should also be submitted as needed. All reports must be CURRENT (within the last 90 days) for FAA purposes.

REPORT FROM	REQUIRED INTERVAL	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (Drug and Alcohol Monitoring Recertification)
GROUP AFTERCARE COUNSELOR	1st and 2nd class: Every 3 months or per Authorization Letter 3rd class: As required per Authorization Letter	**Progress report should include:** 1. If the airman is continuing to participate in abstinence-based sobriety. 2. How often the airman attends (weekly or per Authorization Letter). 3. Agreement to immediately notify the HIMS AME if there are any changes or deterioration in the airman's condition.
CHIEF PILOT, FLIGHT OPERATION SUPERVISOR, OR AIRLINE MANAGEMENT DESIGNEE **If the airman is 1st or 2nd class and employed by an air carrier**	1st and 2nd class: Every month (bring cumulative reports to HIMS AME evaluation every 6 months.) 3rd class: Not applicable	**Monthly reports must address:** d. The airman's performance and competence. e. Crew interaction. f. Mood (if available). g. Presence or absence of any other concerns.
PEER PILOT **(Ex: from employer, ALPA, etc.)**	1st and 2nd class: Every month (bring cumulative reports to HIMS AME evaluation every 6 months.) 3rd class: Not applicable	Must attest to the best of their knowledge, the airman's continued total abstinence from drugs or alcohol.
ADDITIONAL PROVIDERS **Additional reports for HIMS or any other condition noted in Authorization Letter**	Every 6 months or per Authorization Letter	Varies. See the airman's Authorization Letter. Include any applicable psychotherapy notes, therapist follow up reports, social worker reports, AA sponsor contact, etc. If the airman has other non-SSRI conditions that require a special issuance, those reports should also be submitted according to the Authorization Letter.

HIMS AME - STEP DOWN TRANSITION INFORMATION

(10/25/2023)

If the pilot is on a Special Issuance for substance dependence, with or without any other condition, the HIMS AME has the option to transition pilots from:

- Early Phase to the Advanced Phase (Phase - 2 to Phase - 3) and
- Advanced Phase to the Maintenance Phase (Phase - 3 to Phase - 4)

For the steps to determine if a pilot is eligible for this option, see the guidance below.

HOW-TO GUIDANCE:

1. HIMS AME reviews all documentation and interviews the pilot to verify:

- Time-in-phase requirement has been met:
  - The required "time-in-phase" start date is calculated from the date the initial Special Issuance is authorized.
  - If the pilot relapses or there is a withdrawal of authorization at **ANY TIME**, the "time-in-phase" start date is re-set to the date any **NEW** Special Issuance authorization is granted. (See Drug and Alcohol Monitoring/HIMS FAQs)
- The pilot has demonstrated complete compliance with the current monitoring requirements;
- The interview unequivocally demonstrates the pilot is sober from all substances of concern and is in good recovery; and
- The HIMS AME has no concerns.

If any concerns or if the authorization letter explicitly advises that the HIMS AME cannot initiate step down, the pilot should NOT be transitioned to the next phase by the HIMS AME.

2. If criteria in #1 is met, the HIMS AME may:

- Transition the pilot to the appropriate new Phase.
- Advise the pilot of the new follow-up requirements that are effective as of the HIMS AME decision.

3. HIMS AME may then issue the medical certificate AND must:

- Annotate the changes to the Step Down Phase in Block 60.
- State in the AME's 6-month HIMS letter that they have transitioned the pilot.

4. Submit all required documents.

5. The FAA will review the HIMS AME decision.*

- If the FAA agrees, the pilot will receive a new Special Issuance Authorization with the new requirements.
- If the FAA does NOT agree with the HIMS AMEs decision, a letter will be sent to both the pilot and the HIMS AME.

***NOTE: The FAA retains the option to modify the requirements put into effect by the HIMS AME and/or require the pilot to remain in the prior phase.**

HIMS AME - STEP DOWN TRANSITION SUPPLEMENT

(11/29/2023)

THIS SUPPLEMENT IS FOR HIMS AME USE ONLY. DO NOT SUBMIT TO THE FAA.

Use for pilots on a Special Issuance (SI) for substance dependence with or without any other condition.

While the current SI is in effect, the HIMS AME may be able to reduce some of the requirements at a specific point in time if it can be determined that:

- The pilot is in good recovery;
- There are no concerns on the required documentation; and
- The minimum time-in-phase has been fulfilled. (**Verify the DATE of the SI used and required Time-in-Phase.**)

PHASE TRANSITION	HIMS AME can initiate phase transition?
Initial Phase-1 to Early Phase-2	NO
Early Phase-2 to Advanced Phase-3	YES
Advanced Phase-3 to Maintenance Phase-4	YES

Date of the SI Authorization which began the monitoring*: _____

*If there is a relapse or withdrawal of authorization, the Time-in-Phase date is re-set **to date of the most recent Authorization Letter.**

EARLY PHASE-2 TO ADVANCED PHASE-3

A. COMPLETED at least **four (4) full consecutive years** of successful SI Authorization monitoring. (e.g., no relapses, SI Authorization withdrawals, etc.) **AND**	YES NO
B. COMPLETED At least **one (1) full year** of successful SI Authorization monitoring in the Early Phase-2.	YES NO

Note: For pilots with substance dependence for anything other than alcohol, or with a polysubstance dependence diagnosis/issue/concern, the testing required in the Advanced Phase should be at a minimum frequency of 4 tests every 12-month period for BOTH below:

1. PEth tests, AND
2. Urine Drug Screens

ADVANCED PHASE-3 TO MAINTENANCE PHASE-4

A. COMPLETED at least **seven (7) full consecutive years** of successful SI Authorization monitoring. (e.g., no relapses, SI Authorization withdrawals, etc.) **AND**	YES NO
B. COMPLETED at least **one (1) full year** of successful SI Authorization monitoring in the Advanced Phase-3.	YES NO

NOTES:
If any NO answers above, any HIMS AME concerns, or if the authorization letter explicitly advises that the HIMS AME cannot initiate step down do NOT transition the pilot to the next phase.

The FAA retains the option to modify the requirements put into effect by the HIMS AME and/or require the pilot to remain in the prior phase.

Drug/Alcohol Monitoring Programs and HIMS FAQS

(Updated 10/25/2023)

1. **What is a HIMS AME or HIMS-Trained AME?**

   - An AME who has successfully completed and passed additional training in evaluating airmen for substance- or alcohol-related conditions or other conditions (such as the SSRI program).

   - HIMS AMEs can provide sponsorship and monitoring when required by the FAA for medical certification purposes. A HIMS AME can sponsor:
     - Airmen in an industry HIMS program; and
     - Airmen who do not work for an HIMS industry airline but are in an FAA-monitoring program.

2. **Where do I find a HIMS AME?**

   You can find an HIMS AME using the FAA AME Locator.

3. **What is a HIMS psychiatrist?**

   A psychiatrist who has successfully completed additional training in evaluating airmen for substance- or alcohol-related conditions or other conditions (such as the SSRI program).

4. **How do I find a HIMS psychiatrist?**

   Consult with a HIMS AME.

5. **Is the HIMS program the same as a HIMS AME?**

   No. The HIMS program in an industry program. The airmen in this program are followed for FAA purposes by a HIMS AME. For more information, see the HIMS program Website.

6. **Do all commercial pilots use the HIMS Program?**

   No. The HIMS program is not used by all airlines. The list of current carriers with a HIMS program can be found on the HIMS program Website.

7. **What if the airman flies recreationally or for an airline that does not have a HIMS program but they require monitoring for their FAA medical certificate?**

   Airmen who do not work for a carrier with a HIMS program can still be monitored by a HIMS-trained AME to fulfill the requirements of their medical certificate as outlined by the FAA.

8. **Can the HIMS AME make the determination to move a pilot in the Step Down Program from Initial Phase-1 to Early Phase-2?**

No. That determination must be made by the FAA Office of Aerospace Medicine.

9. Can the HIMS AME make the determination to move a pilot in the Step Down Program from Early Phase-2 to Advanced Phase-3 or Advanced Phase-3 to Maintenance Phase-4?

Yes, unless the Authorization Letter explicitly advises that the HIMS AME cannot initiate the step down.

10. How does the HIMS AME make the determination to move a pilot in the Step Down Program from Early Phase-2 to Advanced Phase-3 or Advanced Phase-3 to Maintenance Phase-4?

The HIMS AME reviews all documentation and interviews the pilot to determine if the pilot has demonstrated complete compliance with the current monitoring requirements, the interview unequivocally demonstrates the pilot is sober from all substances of concern, is in good recovery, and the HIMS AME has no concerns.

11. What is Time-in-Phase, how is it calculated, and what causes it to re-set?

Time-in-Phase is the **minimum** amount of time required for each specific Phase in which the pilot has an uncomplicated progression of recovery. The start date is calculated from the date the initial Special Issuance is authorized. However, if the pilot relapses or there is a withdrawal of authorization at **ANY TIME**, the Time-in-Phase start date is re-set to the date any **NEW** Special Issuance authorization is granted.

SYNOPSIS OF MEDICAL STANDARDS

SYNOPSIS OF MEDICAL STANDARDS

(Updated 12/28/2022)

Applies to **SPECIFIC** Class of Medical Certificate

	First-Class Airline Transport Pilot	**Second-Class Commercial Pilot**	**Third-Class Private Pilot**
DISTANT VISION	20/20 or better in each eye separately, with or without correction.	Same as First Class	20/40 or better in each eye separately, with or without correction.
INTERMEDIATE VISION	20/40 or better in each eye separately (Snellen equivalent), with or without correction at age 50 and over, as measured at 32 inches.	Same as First Class	No requirement.
ELECTRO-CARDIOGRAM (ECG)	At age 35 and annually after age 40	Not routinely required.	Not routinely required.

Applies to **ALL CLASSES** of Medical Certificate

NEAR VISION	20/40 or better in each eye separately (Snellen equivalent), with or without correction, as measured at 16 inches.
COLOR VISION	Ability to perceive those colors necessary for safe performance of airman duties.
HEARING	Demonstrate hearing of an average conversational voice in a quiet room, using both ears at 6 feet, with the back turned to the AME OR pass one of the audiometric tests below.
AUDIOLOGY	Audiometric speech discrimination test: Score at least 70% reception in one ear at an intensity of no greater than 65 dB. Pure tone audiometric test. Unaided, with thresholds no worse than listed below:

Ear Condition	**500 Hz**	**1,000 Hz**	**2,000 Hz**	**3,000 Hz**
Better Ear	35 dB	30 dB	30 dB	40 dB
Worst Ear	35 dB	50 dB	50 dB	60 dB

ENT	No ear disease or condition manifested by, or that may reasonably be expected to be maintained by, vertigo or a disturbance of speech or equilibrium.
PULSE	Not disqualifying per se. Used to determine cardiac system status and responsiveness.
BLOOD PRESSURE	No specified values stated in the standards. The current guideline maximum value is 155/95.
MENTAL	No diagnosis of psychosis, or bipolar disorder, or severe personality disorders.
SUBSTANCE DEPENDENCE AND SUBSTANCE ABUSE	A diagnosis or medical history of "substance dependence" is disqualifying unless there is established clinical evidence, satisfactory to the Federal Air Surgeon, of recovery, including sustained total abstinence from the substance(s) for not less than the preceding 2 years. A history of "substance abuse" within the preceding 2 years is disqualifying. "Substance" includes alcohol and other drugs (i.e., PCP, sedatives and hypnotics, anxiolytics, marijuana, cocaine, opioids, amphetamines, hallucinogens, and other psychoactive drugs or chemicals).
DISQUALIFYING CONDITIONS	Unless otherwise directed by the FAA, the AME must deny or defer if the applicant has a history of: (1) Diabetes mellitus requiring hypoglycemic medication; (2) Angina pectoris; (3) Coronary heart disease (CHD) that has been treated or, if untreated, that has been symptomatic or clinically significant; (4) Myocardial infarction; (5) Cardiac valve replacement; (6) Permanent cardiac pacemaker; (7) Heart replacement; (8) Psychosis; (9) Bipolar disorder; (10) Personality disorder that is severe enough to have repeatedly manifested itself by overt acts; (11) Substance dependence; (12) Substance abuse; (13) Epilepsy; (14) Disturbance of consciousness and without satisfactory explanation of cause, and (15) Transient loss of control of nervous system function(s) without satisfactory explanation of cause.

NOTE: For further information on Medical Standards, contact your Regional Flight Surgeon.

STUDENT PILOT RULE CHANGE

Student Pilot Rule Change

(Updated 09/28/2016)

As of **April 1, 2016**, AMEs are no longer able to issue the ***combined*** FAA Medical Certificate and Student Pilot Certificate. Student Pilots must have a **separate** Student Pilot Certificate and a **separate** FAA Medical Certificate.

This change is due to a new Final Rule published on 01/12/16 [81 FR 1292]. It is in response to section 4012 of the Intelligence Reform and Terrorism Prevention Act and facilitates security vetting by the Transportation Security Administration (TSA) of student pilot applicants prior to certificate issuance.

The airman, student pilot airman, and non-FAA Air Traffic Control Specialist will continue to require a medical exam issued by an AME.

The student pilot will need a valid medical certificate prior to solo flight.

What has changed for the AME regarding the MEDICAL CERTIFICATE?

- **Medical Flight Test:**
  If the AME determines a MFT is needed (such as for a vision defect, amputation or orthopedic condition), the AME must DEFER the exam.
- **Age Requirement:**
  There is no age requirement for a medical certificate. The exam should be timed so that the medical certificate is valid at the time of solo flight.
- **Restrictions are no longer used by the AME:**
  "Valid for flight test only"; "Valid for student pilot purposes only"; "Not valid until (date of 16th birthday)."
- **English Proficiency:**
  There is no language requirement for medical certification.
- **Transmittal time:**
  The AME has **14 days** to transmit exams. The previous requirement to transmit student exams within 7 days no longer applies.

Helpful Resources regarding the Student Pilot Certificate:

The student pilot certificate will now be issued by a Flight Standards District Office (FSDO), an FAA-designated pilot examiner, an airman certification representative associated with a part 141 flight school, or a certificated flight instructor (CFI).

The minimum age for the student pilot certificate is 16.

- See FAQs for AMEs. A description of the changes can be found in the Advisory Circular/AC 61-65.
- Resident and US citizen student pilots follow Student Pilot's Certificate Requirements.
- Foreign student pilots (non-resident) follow the Flight Training Security Program (FTSP).

GLOSSARY

GLOSSARY/ACRONYMS

(Updated 02/24/2021)

AAM - Office of Aerospace Medicine

AASI - AME Assisted Special Issuance - Criteria under which an AME may reissue a medical certificate for a third-class applicant with a medical history of a disqualifying condition, who has already received a Special Issuance Authorization from the FAA, and criteria to defer issuance to AMCD or RFS for these situations.

AMCD - Aerospace Medical Certification Division - located at the Civil Aerospace Medical Institute in Oklahoma City, Oklahoma

AMCS - Airman Medical Certification System - allows the AME to electronically submit FAA Form 8500-8, Application for Airman Medical Certificate to AMCD.

AME - Aviation Medical Examiner - a physician designated by the FAA and given the authority to perform airman physical examinations for issuance of second- and third-class medical certificates. (NOTE: Senior AMEs perform first-class airman examinations).

ATCS - Air Traffic Control Specialist

AV - Atrioventricular

BUN - Blood Urea Nitrogen Test

CACI - Condition AME Can Issue

CAD - Coronary Artery Disease

CAMI - Civil Aerospace Medical Institute

CAT - Computerized Axial Tomography Scan

CBC - Complete Blood Count

CEA - Carcinoembryonic Antigen

CFR - Code of Federal Regulations

CHD - Coronary Heart Disease

CT - Computed Tomography Scan

CVE - Cardiovascular Evaluation

DOT - Department of Transportation

DUI/DWI - Driving Under the Influence/Driving While Intoxicated

ECG - Electrocardiogram

ECHO - Echocardiographic images

ENT - Ear, Nose, and Throat

FAA - Federal Aviation Administration

FAR - Federal Aviation Regulations

FAS – Federal Air Surgeon

FSDO - Flight Standards District Office

GXT - Graded Exercise Test

HgbA1C - Hemoglobin A1C

INR- International Normalized Ratio

IVP - Intravenous Pyelography Test

KUB - Kidneys, Ureters and Bladder

MFO - Medical Field Office

MFT - Medical Flight Test

MRI - Magnetic Resonance Imaging

MVP - Mitral Valve Prolapse

NTSB - National Transportation Safety Board

OSA - Obstructive Sleep Apnea

PAC - Premature Atrial Contraction

PET - Positron Emission Tomography

PFT - Pulmonary Function Test

PSA - Prostate Specific Antigen

PT - Prothrombin Time

PTT - Partial Thromboplastin Time

PVC - Premature Ventricular Contraction

RF - Radio Frequency Ablation

RFS - Regional Flight Surgeon

SI - Special Issuance

SODA - Statement of Demonstrated Ability

TFT -Thyroid Function Test

US -Ultrasound

ARCHIVES AND UPDATES

GUIDE FOR AVIATION EXAMINERS ARCHIVES AND UPDATES

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
2024	01/31/2024	1.	Medical Policy	In Pharmaceuticals, Weight Loss Medications, revised to add tirzepatide (Mounjaro, Zepbound) (GIP + GLP-1 Agonist) to the Conditionally Acceptable category (requires SI).
2024	01/31/2024	2.	Medical Policy	In Item 29. Ear, expanded disposition table for Middle Ear. Renamed Middle Ear Abnormalities. It includes Otitis Media, Serous Otitis Media, Eardrum Abnormalities, Tympanic Membrane Perforation, Myringotomy, Ear Tubes, PE Tubes, Eustachian Tube Dysfunction (ETD).
2024	01/31/2024	3.	Medical Policy	In Item 29. Ear, expanded disposition table for Outer Ear. Renamed Outer Ear Abnormalities. It includes Cerumen Impaction, Otitis Externa, and Microtia.
2024	01/31/2024	4.	Medical Policy	Revised FAA Specifications for Neurologic Evaluation to clarify language and to add caffeine use criterial in social history.
2024	01/31/2024	5.	Medical Policy	In Item 52. Color Vision, Exam Techniques, testing for pilots and in Item 52. Color Vision, Acceptable Test Instruments for Color Vision Screening of ATCS, clarified passing scores for City Occupational Colour Assessment & Diagnosis (CAD; AVOT-PRO-US).
2024	01/31/2024	6.	Medical Policy	In Substances of Dependence/abuse, HIMS AME Checklist - Drug and

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				Alcohol Monitoring Recertification Sheet, revised to remove blacked-out boxes in Item #2. Gives HIMS AME ability to check "Not Due" option, if appropriate.
2024	01/31/2024	7.	Administrative	In Items 25-30. Ear, Nose, and Throat (ENT) Examination Techniques revised to add standardized language and added hyperlinks to Middle Ear Abnormalities and Outer Ear Abnormalities.
2024	01/01/2024	1.	Administrative	Updated version date to match calendar year.
2023	11/29/2023	1.	Medical Policy	In Item 29. Ears, General – added new sub-category for Hearing Devices. Added disposition table for Cochlear Implant.
2023	11/29/2023	2.	Medical Policy	In Item 29. Ears, General – added disposition table for Benign Paroxysmal Positional Vertigo (BPPV).
2023	11/29/2023	3.	Medical Policy	In Item 29. Ears, General – added disposition table for Labyrinthitis (Vestibular Neuritis, Viral Labyrinthitis, Epidemic Vertigo, Acute Vestibulopathy).
2023	11/29/2023	4.	Medical Policy	In Item 29. Ears, General – added disposition table for Meniere's Disease.
2023	11/29/2023	5.	Medical Policy	In Item 29. Ears, General – added disposition table for Perilymph Fistula (PLF).
2023	11/29/2023	6.	Medical Policy	In Item 29. Ears, General – added disposition table for Persistent Postural Perceptual Dizziness (PPPD or 3PD).
2023	11/29/2023	7.	Medical Policy	In Item 29. Ears, General – added disposition table for Superior Semicircular Canal

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				Dehiscence Syndrome (SSCDS).
2023	11/29/2023	8.	Medical Policy	In Substances of Dependence/Abuse, Drug and/or Alcohol Monitoring, revised HIMS AME – Step Down Transition Supplement to indicate that BOTH items A **AND** B are required in each section.
2023	11/29/2023	9.	Medical Policy	In Pharmaceuticals, Weight Loss Medication, changed status of tirzepatide-Mounjaro to "Under FAA review."
2023	1/29/2023	10.	Administrative	In Item 46. Neurologic, Vertigo and Disequilibrium Disposition Table revised to remove conditions that are now covered in Item 29. Ears, General.
2023	10/25/2023	1.	Medical Policy	In Substances of Dependence/Abuse, Drug and/or Alcohol Monitoring, added new HIMS AME – Step Down Transition Information. (If the pilot is on a Special Issuance for substance dependence, with or without any other condition, in some instances the HIMS AME may have the option to transition the pilot to another Phase.)
2023	10/25/2023	2.	Medical Policy	In Substances of Dependence/Abuse, Drug and/or Alcohol Monitoring, added new HIMS AME – Step Down Transition Supplement as a worksheet for HIMS AMEs to determine pilot eligibility for Phase transition.

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
2023	10/25/2023	3.	Medical Policy	In Substances of Dependence/Abuse, Drug and/or Alcohol Monitoring – Recertification, revised Airman Information – HIMS Step Down Plan. Added information on HIMS Step Down Transition option and renamed document Pilot Information – HIMS Step Down Plan.
2023	10/25/2023	4.	Medical Policy	In Substances of Dependence/Abuse, Drug and/or Alcohol Monitoring – Recertification, revised HIMS AME Checklist to include information on Step Down Transition option.
2023	10/25/2023	5.	Medical Policy	In Substances of Dependence/Abuse, Drug and/or Alcohol Monitoring, revised Drug and Alcohol Monitoring/HIMS FAQs to answer questions about Step Down Transition option.
2023	10/25/2023	6.	Medical Policy	In Item 38. Abdomen and Viscera and Anus Conditions, revised CACI - Colitis Worksheet. Added to Humira: “4-hour no fly after each dose.”
2023	10/25/2023	7.	Medical Policy	In Pharmaceuticals, clarified Weight Loss Medication guidance. If starting acceptable medication for weight loss, observation time is two (2) weeks. For each dosage change, the observation time is 72 hours.
2023	10/25/2023	8.	Medical Policy	In Item 48. General Systemic, revised CACI – Weight Loss Management Worksheet to specify two-

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				week observation if taking medication for weight loss.
2023	10/25/2023	9.	Medical Policy	In Item 48. General Systemic, revised CACI - Prediabetes Worksheet to specify two-week observation for medication.
2023	10/25/2023	10.	Medical Policy	In AASI for Sleep Apnea/ Obstructive Sleep Apnea (OSA), removed requirement for signed "Airman Compliance with Treatment Sheet or equivalent.
2023	10/25/2023	11.	Medical Policy	In Protocols, Obstructive Sleep Apnea (OSA) Reference Materials, changed the title of the "Airman Compliance with Treatment – Obstructive Sleep Apnea" sheet" to "FAA Compliance with Treatment – Obstructive Sleep Apnea" sheet. Sheet can be used by pilots or ATCS.
2023	10/25/2023	12.	Medical Policy	In Protocols, ADHD, revised ADHD Pathway Chart. Added "Any history diagnosis or any psychiatric treatment ever" as a **disqualifier** for using the Fast Track.
2023	09/27/2023	1.	Medical Policy	In Item 48., General Systemic, added Polycystic Ovarian Syndrome (PCOS) Disposition Table.
2023	09/27/2023	2.	Medical Policy	In Item 48. General Systemic, added CACI - Polycystic Ovarian Syndrome (PCOS) Worksheet.
2023	09/27/2023	3.	Medical Policy	In Item 48. General Systemic, Added Weight Loss Management (Use of Medication for Obesity or

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				Overweight) Disposition Table.
2023	09/27/2023	4.	Medical Policy	In Item 48. General Systemic, added CACI – Weight Loss Management Worksheet.
		5.	Medical Policy	In Pharmaceuticals, added Weight Loss Medication guidance.
2023	09/27/2023	6.	Medical Policy	In Item 48. General Systemic, added Weight Loss Management or Prediabetes Status Report.
2023	09/27/2023	7.	Medical Policy	In Special Issuances, added AASI for Prediabetes or Overweight/Obesity Treated with Medication.
2023	09/27/2023	8.	Medical Policy	In Item 48. General Systemic, added Prediabetes Disposition Table.
2023	09/27/2023	9.	Medical Policy	In Item 48. General Systemic, revised CACI - Prediabetes Worksheet. Simplified CACI requirements and expanded acceptable medications for consideration.
2023	09/27/2023	10.	Medical Policy	In Item 48. General Systemic, added Diabetes Mellitus Disposition Table.
2023	09/27/2023	11.	Medical Policy	In Item 48. General Systemic, added Diabetes Insipidus Disposition Table.
2023	09/27/2023	12.	Medical Policy	In Pharmaceuticals, COVID-19 MEDICATION, removed medications for which FDA Emergency Use Authorization (EUA) was withdrawn to low efficacy of the medication.
2023	09/27/2023	13.	Medical Policy	In Item 36. Heart, revised and shortened Non-Valvular Atrial Fibrillation

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				(AFib)/Aflutter Recertification Status Summary.
2023	09/27/2023	14.	Medical Policy	Item 47. Psychiatric Conditions updated disposition table for Attention-Deficit/Hyperactivity Disorder (ADHD) and/or use of ADHD Medications. Row A: Fast Track virtual evaluation must be face-to-face on screen, not audio only. Row B: Standard Track evaluations must be completed by a HIMS Neuropsychologist.
2023	09/27/2023	15.	Medical Policy	Specifications for Attention-Deficit/Hyperactivity Disorder (ADHD), Fast Track – FAA ADHD Summary revised to add attestation that evaluation was done in person or, if virtually, was conducted face-to-face on screen, not audio only.
2023	09/27/2023	16.	Medical Policy	Specifications for Attention-Deficit/Hyperactivity Disorder (ADHD), Fast Track – FAA ADHD - Evaluation Report Requirements revised to add that virtual evaluation must be face-to-face on screen, not audio only.
2023	09/27/2023	17.	Medical Policy	Specifications for Attention-Deficit/Hyperactivity Disorder (ADHD), ADHD Pathway Chart revised to reflect that Standard Track evaluations must be completed by a HIMS Neuropsychologist.
2023	09/27/2023	18.	Medical Policy	Specifications for Attention-Deficit/Hyperactivity Disorder (ADHD), ADHD Document

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				Checklist revised to add virtual evaluation must be face-to-face on screen, not audio only. Also revised to state that Standard Track evaluation must be completed by a HIMS Neuropsychologist.
2023	09/27/2023	19.	Medical Policy	Specifications for Attention-Deficit/Hyperactivity Disorder (ADHD), Standard Track – FAA ADHD Evaluation General Information revised to state that Standard Track evaluation must be completed by a HIMS Neuropsychologist.
2023	09/27/2023	20.	Medical Policy	Specifications for Attention-Deficit/Hyperactivity Disorder (ADHD), Standard Track – FAA ADHD Evaluation Report Requirements revised to state that Standard Track evaluation must be completed by a HIMS Neuropsychologist.
2023	09/27/2023	21.	Medical Policy	In Item 52. Color Vision, Exam Techniques, testing for pilots, revised Waggoner Computerized Vision Test section by adding information about what is specifically addressed in each section of the test.
2023	09/27/2023	22.	Medical Policy	In Item 52. Color Vision, Acceptable Test Instruments for Color Vision Screening of ATCS, revised Waggoner Computerized Vision Test section by adding information about what is specifically addressed in each section of the test.

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
2023	09/27/2023	23.	Administrative	In Pharmaceuticals, main index page, added listing for Weight Loss Medications.
2023	09/27/2023	24.	Administrative	In AASI main index page, added listing for Prediabetes or Overweight/Obesity Treated with Medication.
2023	09/27/2023	25.	Administrative	On AASI Coversheet, added listing for Prediabetes or Overweight/Obesity Treated with Medication.
2023	09/27/2023	26.	Administrative	On Main CACI index, added links for Polycystic Ovarian Syndrome (PCOS) Worksheet and Weight Loss Management Worksheet.
2023	09/27/2023	27.	Administrative	In Resources, Frequently Used Pages, added link to Weight Loss Management Disposition Table.
2023	08/30/2023	1.	Medical Policy	Item 47. Psychiatric Conditions - Psychiatric Conditions added new disposition table for Attention-Deficit/Hyperactivity Disorder (ADHD) and/or use of ADHD Medications.
2023	08/30/2023	2.	Medical Policy	In Disease Protocols, revised Specifications for ADHD/ADD Home Page. Now called Attention-Deficit/Hyperactivity Disorder (ADHD). Includes links to supporting documents for 2 certification/clearance pathways (Fast Track and Standard Track).
2023	08/30/2023	3.	Medical Policy	In Specifications for Attention-Deficit/Hyperactivity Disorder (ADHD), added ADHD Pathway Chart.

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
2023	08/30/2023	4.	Medical Policy	In Specifications for Attention-Deficit/Hyperactivity Disorder (ADHD), added ADHD Document Checklist.
2023	08/30/2023	5.	Medical Policy	In Specifications for Attention-Deficit/Hyperactivity Disorder (ADHD), added ADHD Personal Statement Guidelines.
2023	08/30/2023	6.	Medical Policy	In Specifications for Attention-Deficit/Hyperactivity Disorder (ADHD), added Fast Track – FAA ADHD Summary.
2023	08/30/2023	7.	Medical Policy	In Specifications for Attention-Deficit/Hyperactivity Disorder (ADHD), added Fast Track - FAA ADHD Information for the Psychologist or Neuropsychologist.
2023	08/30/2023	8.	Medical Policy	In Specifications for Attention-Deficit/Hyperactivity Disorder (ADHD), added Fast Track – FAA ADHD Evaluation General Information.
2023	08/30/2023	9.	Medical Policy	In Specifications for Attention-Deficit/Hyperactivity Disorder (ADHD), added Fast Track – FAA ADHD - Evaluation Report Requirements.
2023	08/30/2023	10.	Medical Policy	In Specifications for Attention-Deficit/Hyperactivity Disorder (ADHD), added Standard Track – FAA ADHD Evaluation General Information.
2023	08/30/2023	11.	Medical Policy	In Specifications for Attention-

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				Deficit/Hyperactivity Disorder (ADHD), added Standard Track – FAA ADHD Evaluation Report Requirements.
2023	08/30/2023	12.	Medical Policy	In Specifications for Attention-Deficit/Hyperactivity Disorder (ADHD), revised Reference Information for Psychologists and Neuropsychologists.
2023	08/30/2023	13.	Medical Policy	In Disease Protocols, Diabetes Mellitus Type I or Type II - Insulin Treated CGM Option, revised index on main page to rename links and add two new documents to index. Re-labeled documents to match the corresponding letter from the Index. (e.g., A, B, C, etc.).
2023	08/30/2023	14.	Medical Policy	In Disease Protocols, Diabetes Mellitus Type I or Type II - Insulin Treated CGM Option, added new Certification Aid.
2023	08/30/2023	15.	Medical Policy	In Disease Protocols, Diabetes Mellitus Type I or Type II - Insulin Treated CGM Option, added new How to Submit Documents for Initial or Recertification/Renewal.
2023	08/30/2023	16.	Medical Policy	In Disease Protocols, Diabetes Mellitus Type I or Type II - Insulin Treated CGM Option, renamed and revised to clarify information in Pilot Information – Initial Certification.
2023	08/30/2023	17.	Medical Policy	In Disease Protocols, Diabetes Mellitus Type I or Type II - Insulin Treated

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				CGM Option, revised Initial Certificate Consideration Requirements.
2023	08/30/2023	18.	Medical Policy	In Disease Protocols, Diabetes Mellitus Type I or Type II - Insulin Treated CGM Option, revised Information Submission Requirements.
2023	08/30/2023	19.	Medical Policy	In Disease Protocols, Diabetes Mellitus Type I or Type II - Insulin Treated CGM Option, Revised CGM Renewal Requirements page.
2023	08/30/2023	20.	Medical Policy	In Disease Protocols, Diabetes Mellitus Type I or Type II - Insulin Treated CGM Option, added new color view and samples to CGM Data Report Examples.
2023	08/30/2023	21.	Medical Policy	In Disease Protocols, Diabetes Mellitus Type I or Type II - Insulin Treated CGM Option, revised and added information to Frequently Asked Questions (FAQs).
2023	08/30/2023	22.	Administrative	In Protocol for Insulin-Treated Diabetes Mellitus Non-CGM - Third-Class Option, added cover page and index.
2023	07/26/2023	1.	Medical Policy	In Pharmaceuticals, Diabetes Mellitus – Type II Medication Controlled (Not Insulin), revised the Acceptable Combination of Diabetes Medications. Changed SGLT2 inhibitors (Group F) initial observation time to 30 days; added information for when switching dosing or

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				formulations within the same drug class or device manufacturer; added new GIP/GLP drug class under Group C; and removed restriction of Group F used with Group E.
2023	07/26/2023	2.	Medical Policy	In Item 36. Heart, revised Atrial Fibrillation Disposition Table to specify that ≥ 24-hour cardiac monitor **must be current.**
2023	07/26/2023	3.	Medical Policy	In Disease Protocols, Medication Controlled Metabolic Syndrome (Glucose Intolerance, Impaired Glucose Tolerance, Impaired Fasting Glucose, Insulin Resistance, and Pre-Diabetes revised to condense information, specify medications considered do not include insulin, and direct AMEs to the Acceptable Combinations of Diabetes Medications chart for currently allowed medications and required observation times.
2023	07/26/2023	4.	Medical Policy	In Item 46. Neurologic, Essential Tremor CACI, revised to add additional question regarding if the applicant relies on medication to be functional: "Does the applicant have a disabling tremor when they do not take the medication or if the medication wears off?"
2023	07/18/2023	1.	Administrative	Redirected appropriate hyperlinks to the reformatted Item. 38 Abdomen and

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				Viscera, Malignancies (Colon Cancer/ Colorectal Cancer.)
2023	06/28/2023	1.	Medical Policy	In Pharmaceuticals, expanded Over the Counter Medications section.
2023	06/28/2023	2.	Medical Policy	In Pharmaceuticals, expanded Do Not Issue (DNI) – Do Not Fly (DNF) section to include DNI-DNF medications tables and general No Fly wait times.
2023	06/28/2023	3.	Medical Policy	In Pharmaceuticals, Vaccines, removed Johnson & Johnson's Janssen COVID-19 vaccine as it is no longer available. See June 1, 2023, Review Memorandum - Janssen COVID-19 Vaccine (fda.gov)
2023	06/28/2023	4.	Medical Policy	In Item 48. General Systemic, Endocrine Disorders, CACI – Hypothyroidism Worksheet revised to clarify that TSH must be **less than 10** (uIU/mL or mIU/L) within the last one year to be CACI eligible. TSH of 10 or higher must be deferred.
2023	06/28/2023	5.	Medical Policy	In General Information, Classes of Medical Certificate, revised to clarify that Balloon Pilots exercising Commercial Pilot Privileges, other than instructional flight, must hold **at least a Class II** FAA Medical Certificate.
2023	06/28/2023	6.	Administrative	Added Frequently Used Pages document. Resource identifies and provides quick access to information most often requested.
2023	06/28/2023	7.	Errata	In Item 35. Lungs and Chest, COPD Status Summary,

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				corrected “primary function” to “pulmonary function” test.
2023	06/28/2023	8.	Errata	In Item 47. Psychiatric, Use of Antidepressant Medications, SSRI-Decision Path-I and SSRI-Decision Path-II. Clarified Wellbutrin – Extended Release is [XL] not [EX].
2023	05/31/2023	1.	Medical Policy	In Item 47. Psychiatric, Use of Antidepressant Medications, revised medications list to include bupropion (Wellbutrin – Extended Release [EX] and Sustained Release [SR]). Also removed language referring to “four” specific SSRIs that may be considered.
2023	05/31/2023	2.	Medical Policy	In Item 47. Psychiatric, Use of Antidepressant Medications, Updated SSRI-Decision Path-I and SSRI-Decision Path-II to add bupropion (Wellbutrin – Extended Release [EX] and Sustained Release [SR]).
2023	05/31/2023	3.	Medical Policy	With the approval of bupropion (Wellbutrin – Extended Release [EX] and Sustained Release [SR]), revised language to remove reference to “four” specific SSRIs that may be considered in Pharmaceuticals, Antidepressants
2023	05/31/2023	4.	Medical Policy	In Item 52. Color Vision, Examination Techniques, added table of acceptable computerized color vision tests with scoring criteria. Approved for pilots, FAA

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				employee 2152 Series ATCS, and contract tower ATCS.
2023	05/31/2023	5.	Administrative	In Item 52. Color Vision, Dispositions, under "An applicant does not meet the color vision standard if testing reveals" section, added hyperlink to score criteria for approved computerized tests.
2023	05/31/2023	6.	Medical Policy	In General Information, Equipment Requirements, revised to list three approved computerized color vision tests.
2023	05/31/2023	7.	Medical Policy	In Item 45. Lymphatics, Leukemia, added new CACI – Chronic Lymphocytic Leukemia (CLL) Small Lymphocytic Lymphoma (SLL) Worksheet.
2023	05/31/2023	8.	Medical Policy	In Item 45. Lymphatics, Leukemia, added new Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL) Status Summary.
2023	05/31/2023	9.	Medical Policy	In Item 45. Lymphatics, Leukemia, added new Chronic Lymphocytic Leukemia (CLL) Small Lymphocytic Lymphoma (SLL) disposition table.
2023	05/31/2023	10.	Medical Policy	In AME Assisted Special Issuance, revised AASI for Chronic Lymphocytic Leukemia (CLL) to include additional condition. Renamed AASI for Chronic Lymphocytic Leukemia (CLL) Small Lymphocytic Lymphoma (SLL). Added requirement for CLL/SLL

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				Status Summary and current, detailed Clinical Progress Note; revised deferral criteria.
2023	05/31/2023	11.	Medical Policy	In Item 35. Lungs and Chest, added new Chronic Obstructive Pulmonary Disease (COPD) Status Summary.
2023	05/31/2023	12.	Medical Policy	In Item 35. Lungs and Chest, revised, expanded, and renamed Chronic Obstructive Pulmonary Disease (COPD) disposition table. Now called Chronic Obstructive Pulmonary Disease (COPD), Emphysema, Chronic Bronchitis.
2023	05/31/2023	13.	Medical Policy	In AME Assisted Special Issuance, revised AASI for Chronic Obstructive Pulmonary Disease (COPD) to update deferral criteria.
2023	05/31/2023	14.	Medical Policy	In Item 48. General Systemic, Endocrine Disorders, revised and expanded disposition table Hypoparathyroidism.
2023	05/31/2023	15.	Medical Policy	In Item 37. Vascular, revised and expanded disposition table for Raynaud's Syndrome (Primary Raynaud's/ Raynaud's Disease or Secondary Raynaud's/ Raynaud's Phenomenon).
2023	05/31/2023	16.	Medical Policy	In Item 40. Skin, Cutaneous, added hyperlink to Item 37. Vascular for Raynaud's Syndrome (Primary Raynaud's/ Raynaud's Disease

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				or Secondary Raynaud's/Raynaud's Phenomenon).
2023	05/31/2023	17.	Medical Policy	In General Information, Classes of Medical Certificate, revised to add new requirement: Effective May 22, 2023, Balloon Pilots exercising Commercial Pilot Privileges, other than instructional flight, must hold a Class II FAA Medical Certificate.
2023	05/31/2023	18.	Medical Policy	In General Information, Who May Be Certified, revised to clarify: "The AME may issue any class of medical certificate without regard to age to any applicant who meets the appropriate medical standards." Added hyperlink to pilot certificate minimum age requirements, defined in 14 CFR part 6.
2023	05/31/2023	19.	Administrative	In General Information, Operations Not Requiring a Medical Certificate, reorganized content for clarity.
2023	05/31/2023	20.	Medical Policy	In Applicant History, Item 6., Date of Birth, revised to clarify that it is not mandatory that applicants provide a Social Security Number. Added hyperlink for instructions regarding applicants who do not wish to use their SSN.
2023	05/31/2023	21.	Medical Policy	In Item 48. General Systemic, Neoplasms, G-U Systems Cancer, revised Row B. Prostate Cancer to add "active

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				surveillance/watchful waiting."
2023	05/31/2023	22.	Medical Policy	In Item 46. Neurologic – Neurologic Conditions, Epilepsy, revised to clarify that EEG recordings on CD should have proprietary opening software that is compatible with Windows 10.
2023	05/31/2023	23.	Administrative	In Special Issuances, AASI Coversheet, added information regarding Continue Authorization Letter: If the AME issued an AASI correctly, AAM will no longer send a "continue authorization" letter, in accordance with the last paragraph of the authorization letter.
2023	04/26/2023	1.	Medical Policy	In Item 48. General Systemic, Blood and Blood-forming Tissue Disease, added disposition table for Acute Lymphocytic Leukemia (ALL).
2023	04/26/2023	2.	Medical Policy	CACI – Hypothyroidism Worksheet revised to remove "on current regimen and no changes recommended" from treating physician review requirement, **if condition is stable.**
2023	04/26/2023	3.	Medical Policy	In Item 46. Neurologic – Stroke/CVA/TIA, clarified note regarding if the cause of stroke is known and corrected.
2023	04/26/2023	4.	Medical Policy	In Item 46. Neurologic – Demyelinating Disease, changed "Allergic Encephalomyelitis" to "Immune-related

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				Demyelinating Disease" to match current clinical terminology.
2023	04/26/2023	5.	Administrative	In Item 46. Neurologic Conditions, Epilepsy (Seizure Disorder), added Rolandic seizures (and others) to disposition table with current clinical terminology of SeLECTS. No policy change. Footnote containing Rolandic seizure information omitted with disposition table update.
2023	03/29/2023	1.	Medical Policy	In Item 43. Spine and Other Musculoskeletal, revised disposition table entry for "Active Diseases of Bones and Joints." If due to a specific condition or due to arthritis, AMEs should review those corresponding pages.
2023	03/29/2023	2.	Administrative	In Item 43. Spine and other Musculoskeletal, Collagen Disease, updated terminology from periarteritis nodosa to current clinical term of polyarteritis nodosa.
2023	03/29/2023	3.	Administrative	Revised Non-Valvular Atrial Fibrillation (AFib) A-Flutter Status Report, both initial and recertification, to include lines for pilot's name, birthdate, etc., on second page.
2023	03/29/2023	4.	Administrative	In Student Pilot Rule Change information page, changed information link for foreign student pilots (non-resident) to Flight Training Security Program (FTSP).
2023	02/22/2023	1.	Administrative	Added additional hyperlinks for related material to four neurologic pages:

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				Alzheimer's Disease or Mild Cognitive Impairment (MCI) or Dementia; Parkinson's Disease and Parkinsonism (Secondary); Tourette Syndrome or Tic Disorder; and Deep Brain Simulator.
2023	01/25/2023	1.	Medical Policy	In Item 48. General Systemic, Endocrine Disorders, revised CACI - Hypothyroidism Worksheet. TSH of 9.9 (uIU/mL or mIU/L) or less in the past one year can be considered for CACI, if other criteria are met.
2023	01/25/2023	2.	Medical Policy	In Item 48. General Systemic, Endocrine Disorders, added new disposition table for Hypothyroid or Hypothyroidism
2023	01/25/2023	3.	Medical Policy	In AME Assisted Special Issuances, added AASI for Cerebrovascular Disease (CVA/Stroke/TIA).
2023	01/25/2023	4.	Medical Policy	In AME Assisted Special Issuances, added AASI for Neurofibromatosis – Type 1.
2023	01/25/2023	5.	Medical Policy	In AME Assisted Special Issuances, updated Certificate Issuance sheet to include Cerebrovascular Disease (CVA/Stroke/TIA) and Neurofibromatosis – Type 1.
2023	01/25/2023	6.	Medical Policy	In Item 46. Neurologic, Cerebrovascular Disease, added expanded disposition table guidance for Stroke/CVA/TIA.
2023	01/25/2023	7.	Medical Policy	In Item 46. Neurologic, Cerebrovascular Disease, expanded disposition table

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				guidance for Brain Bleed - (Intracranial Hemorrhage, Cerebral Hemorrhage, Ruptured Aneurysm, Subarachnoid Hemorrhage, Subdural/Epidural Hemorrhage).
2023	01/25/2023	8.	Medical Policy	In Item 46. Neurologic, Cerebrovascular Disease, added expanded disposition table guidance for Brain Aneurysm - (Intracranial Aneurysm/Cerebral Aneurysm) Not Ruptured.
2023	01/25/2023	9.	Medical Policy	In Item 46. Neurologic, Cerebrovascular Disease, added expanded disposition table guidance for Arteriovenous Malformation (AVM).
2023	01/25/2023	10.	Medical Policy	In Item 46. Neurologic, Cerebrovascular Disease, added expanded disposition table guidance for Brain Tumor (Intracranial Tumor).
2023	01/25/2023	11.	Medical Policy	In Item 46. Neurologic, Cerebrovascular Disease, added expanded disposition table guidance for Pseudotumor Cerebri.
2023	01/25/2023	12.	Medical Policy	In Item 46. Neurologic, Demyelinating Disease, revised existing disposition table to remove reference to Guillain Barre Syndrome, Multiple Sclerosis, and Myasthenia Gravis.
2023	01/25/2023	13.	Medical Policy	In Item 46. Neurologic, Demyelinating Disease, expanded guidance and added new disposition table for Guillain Barre Syndrome.

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2023	01/25/2023	14.	Medical Policy	In Item 46. Neurologic, Demyelinating Disease, expanded guidance and added new disposition table for Multiple Sclerosis.
2023	01/25/2023	15.	Medical Policy	In Item 46. Neurologic, Demyelinating Disease, expanded guidance and added new disposition table for Myasthenia Gravis.
2023	01/25/2023	16.	Medical Policy	In Item 46. Neurologic, Extrapyramidal, Hereditary, and Degenerative Diseases of the Nervous System, revised existing disposition table to remove references to Alzheimer's Disease, Dystonia, Huntington's Disease, Parkinson's Disease, and Tourette Syndrome.
2023	01/25/2023	17.	Medical Policy	In Item 46. Neurologic, Extrapyramidal, Hereditary, and Degenerative Diseases of the Nervous System, added new disposition table for Alzheimer's Disease or Mild Cognitive Impairment (MCI) or Dementia.
2023	01/25/2023	18.	Medical Policy	In Item 46. Neurologic, Extrapyramidal, Hereditary, and Degenerative Diseases of the Nervous System, added new disposition table for Amyotrophic Lateral Sclerosis (ALS) aka Lou Gehrig's Disease and other Motor Neuron Diseases.
2023	01/25/2023	19.	Medical Policy	In Item 46. Neurologic, Extrapyramidal, Hereditary,

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				and Degenerative Diseases of the Nervous System, added new disposition table for Deep Brain Stimulator (DBS).
2023	01/25/2023	20.	Medical Policy	In Item 46. Neurologic, Extrapyramidal, Hereditary, and Degenerative Diseases of the Nervous System, added new Deep Brain Stimulator (DBS) Status Summary
2023	01/25/2023	21.	Medical Policy	In Item 46. Neurologic, Extrapyramidal, Hereditary, and Degenerative Diseases of the Nervous System, added new disposition table for Dystonia (Including Torticollis).
2023	01/25/2023	22.	Medical Policy	In Item 46. Neurologic, Extrapyramidal, Hereditary, and Degenerative Diseases of the Nervous System, added new disposition table for Huntington's Disease.
2023	01/25/2023	23.	Medical Policy	In Item 46. Neurologic, Extrapyramidal, Hereditary, and Degenerative Diseases of the Nervous System, added new disposition table for Parkinson's Disease and Parkinsonism (Secondary).
2023	01/25/2023	24.	Medical Policy	In Item 46. Neurologic, Extrapyramidal, Hereditary, and Degenerative Diseases of the Nervous System, added new disposition table for Tremor.

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2023	01/25/2023	25.	Medical Policy	In Item 46. Neurologic, Extrapyramidal, Hereditary, and Degenerative Diseases of the Nervous System, added new CACI – Essential Tremor Worksheet.
2023	01/25/2023	26.	Medical Policy	In Item 46. Neurologic, Extrapyramidal, Hereditary, and Degenerative Diseases of the Nervous System, added new disposition table for Tourette Syndrome or Tic Disorder.
2023	01/25/2023	27.	Medical Policy	In Item 46. Neurologic, Headaches, revised existing disposition table to remove references to Migraine Headaches and Post-Traumatic Headaches.
2023	01/25/2023	28.	Medical Policy	In Item 46. Neurologic, Headaches, added new disposition table for Headache or Migraine (Cluster, Tension, Ocular, Acephalgic, Ophthalmic, or Retinal). Table also includes guidance on post-traumatic headaches.
2023	01/25/2023	29.	Medical Policy	In Item 46. Neurologic, Hydrocephalus and Shunts, expanded disposition table guidance; renamed Hydrocephalus (With or Without Shunt).
2023	01/25/2023	30.	Medical Policy	In Item 46. Neurologic, Infections of the Nervous System, revised existing disposition table to remove references to Brain Abscess, Encephalitis, and Meningitis.
2023	01/25/2023	31.	Medical Policy	In Item 46. Neurologic, Infections of the Nervous

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				System, added new disposition table for Brain Abscess.
2023	01/25/2023	32.	Medical Policy	In Item 46. Neurologic, Infections of the Nervous System, added new disposition table for Encephalitis.
2023	01/25/2023	33.	Medical Policy	In Item 46. Neurologic, Infections of the Nervous System, added new disposition table for Meningitis.
2023	01/25/2023	34.	Medical Policy	In Item 46. Neurologic, Neurologic Conditions, removed existing disposition table. Conditions expanded to individual disposition tables.
2023	01/25/2023	35.	Medical Policy	In Item 46. Neurologic, Neurologic Conditions, added new disposition table for Central Sleep Apnea.
2023	01/25/2023	36.	Medical Policy	In Item 46. Neurologic, Neurologic Conditions, added new disposition table for Epilepsy (Seizure Disorder).
2023	01/25/2023	37.	Medical Policy	In Item 46. Neurologic, Neurologic Conditions, added new disposition table for Cognitive or Mental Impairment or Dysfunction, Cognitive Disorder.
2023	01/25/2023	38.	Medical Policy	In Item 46. Neurologic, Neurologic Conditions, added new disposition table for Seizure.
2023	01/25/2023	39.	Medical Policy	In Item 46. Neurologic, Neurologic Conditions, added new disposition table for Transient Global Amnesia (TGA).

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2023	01/25/2023	40	Medical Policy	In Item 46. Neurologic, Neurologic Conditions, added new disposition table for Unexplained Loss of Consciousness (ULOC) (Unexplained Disturbance of Consciousness or Transient LOC Without Satisfactory Medical Explanation).
2023	01/25/2023	41.	Medical Policy	In Item 46. Neurologic, Other Conditions, removed existing disposition table. Conditions expanded to individual disposition tables.
2023	01/25/2023	42.	Medical Policy	In Item 46. Neurologic, Other Conditions, added new disposition table for Bell's Palsy (Facial Nerve Palsy, Cranial Nerve Palsy).
2023	01/25/2023	43.	Medical Policy	In Item 46. Neurologic, Other Conditions, added new disposition table for Narcolepsy and Idiopathic Hypersomnia.
2023	01/25/2023	44.	Medical Policy	In Item 46. Neurologic, Other Conditions, added new disposition table for Neuralgia (Trigeminal Neuralgia, Post Herpetic Neuralgia).
2023	01/25/2023	45.	Medical Policy	In Item 46. Neurologic, Presence of Any NeurologicaL Condition or Disease That Potentially May Incapacitate an Individual, expanded disposition table guidance; renamed Head Injury - Concussion, Closed Head Injury (CHI), Open Head Injury, Traumatic Brain Injury (TBI).
2023	01/25/2023	46.	Medical Policy	In Item 46. Neurologic, Spasticity, Weakness, or

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				Paralysis of the Extremities, removed existing disposition table to expand guidance on specific conditions.
2023	01/25/2023	47.	Medical Policy	In Item 46. Neurologic, Spasticity, Weakness, or Paralysis of the Extremities, added new disposition table for Paraplegia.
2023	01/25/2023	48.	Medical Policy	In Item 46. Neurologic, Spasticity, Weakness, or Paralysis of the Extremities, added new disposition table for Polio (Poliomyelitis).
2023	01/25/2023	49.	Medical Policy	In Item 35. Lungs and Chest, Sleep Apnea, revised existing disposition table to remove reference to periodic limb movement. Added new disposition table for Restless Leg Syndrome.
2023	01/25/2023	50.	Medical Policy	In Item 42. Upper and Lower Extremities, revised existing disposition table to remove reference to neuropathy; revised entries for neuralgia and for tremors.
2023	01/25/2023	51.	Medical Policy	In Item 42. Upper and Lower Extremities and in Item 46. Neurologic, Other Conditions, added new disposition table for Neuropathy.
2023	01/25/2023	52.	Medical Policy	In Item 43. Spine, Other Musculoskeletal, revised existing disposition table to remove Cerebral Palsy. Condition expanded to individual disposition table.
2023	01/25/2023	53.	Medical Policy	In Item 43. Spine, Musculoskeletal and in Item 46. Neurologic, Other Conditions, added new

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				disposition table for Cerebral Palsy.
2023	01/01/2023	1.	Administrative	Updated version date to match calendar year.
2022	12/28/2022	1.	Medical Policy	In Protocols, added SSRI Recertification – Neuropsychological Report Changes and FAQs announcing policy change for airman and ATCS SSRI **Recertification/Follow-up**. Neuropsychological evaluation and follow-up CogScreen-AE are no longer needed, except when clinically indicated or specified on the Authorization/Special Consideration Letter. This policy does NOT affect INITIAL evaluations.
2022	12/28/2022	2.	Medical Policy	Revised Airman SSRI Follow-up Path for the HIMS AME to reflect policy change for SSRI renewals. Neuropsychological evaluation and routine CogScreen AE are no longer needed for **SSRI renewals**, except when clinically indicated or specified on the Authorization/Special Consideration Letter. This policy does NOT affect INITIAL evaluations.
2022	12/28/2022	3.	Medical Policy	Revised FAA ATCS SSRI Follow-up Path for the HIMS AME to reflect policy change for SSRI renewals. Neuropsychological evaluation and routine CogScreen AE are no longer needed for **SSRI renewals**, except when clinically

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				indicated or specified on the Authorization/Special Consideration Letter. This policy does NOT affect INITIAL evaluations.
2022	12/28/2022	4.	Medical Policy	Revised HIMS AME Checklist SSRI Recertification/Follow-up Clearance to reflect policy change for SSRI renewals. Neuropsychological evaluation and routine CogScreen AE are no longer needed for **SSRI renewals**, except when clinically indicated or specified on the Authorization/Special Consideration Letter. This policy does NOT affect INITIAL evaluations.
2022	12/28/2022	5.	Medical Policy Revised	Revised FAA Certification Aid – SSRI Recertification/Follow-up Clearance to reflect policy change for SSRI renewals. Neuropsychological evaluation and routine CogScreen AE are no longer needed for **SSRI renewals**, except when clinically indicated or specified on the Authorization/Special Consideration Letter. This policy does NOT affect INITIAL evaluations.
2022	12/28/2022	6.	Medical Policy	Revised Item 50. Distance Vision and Item 51. Near and Intermediate Vision to add single, simplified visual acuity limitation, replacing previous visual acuity limitations. For any class of medical certificate, when corrective lenses are

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				required to meet any part or combination of visual acuity standards, the AME must add the following limitation to the medical certificate: "**Must Use Corrective Lens(es) to meet vision standards at all required distances."** NOTE: This change does NOT impact Item 52. Color Vision.
2022	12/28/2022	7.	Administrative	In the AME Guide PDF version, reorganized and reformatted Synopsis of Medical Standards page.
2022	11/30/2022	1.	Errata	Corrected typographical error in the Acceptable Combinations of Diabetes Medication Chart (DDP4 changed to DPP4).
2022	10/26/2022	1.	Medical Policy	In Item 48., General Systemic, Covid-19 Infections, revised disposition table to add long Covid and further clarify consideration criteria.
2022	10/26/2022	2.	Medical Policy	In Pharmaceuticals, Vaccines, revised to add Novavax Covid-19 vaccine as allowed (with 48-hour post-dose observation).
2022	10/26/2022	3.	Medical Policy	In Pharmaceuticals, Covid-19 Medication, added link to Covid-19 Vaccines.
2022	10/26/2022	4.	Medical Policy	In Pharmaceuticals, Allergy Medications, revised tables to identify mode of use.
2022	10/26/2022	5.	Medical Policy	In Item 31-34, Eye, Ophthalmoscopic examination, removed requirement that contact lenses must be removed several hours before cornea exam.

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2022	10/26/2022	6.	Medical Policy	In Item 36. Heart, Arrhythmias, revised 1st Degree AV Block into two categories: PR interval of less than 300 ms and PR interval of 300 ms or more.
2022	10/26/2022	7.	Medical Policy	In Item 58. ECG Normal Variants List, revise 1st Degree AV Block criteria to "less than 300 ms (0.30 sec)."
2022	10/26/2022	8.	Medical Policy	In Item 48. General Systemic, Diabetes, Pre-diabetes, Metabolic Syndrome, and/or Insulin Resistance, restored link to Diabetes Mellitus Insulin-treated non CGM, Third Class.
2022	09/28/2022	1.	Medical Policy	In Substances of Dependence/ Abuse, Drug and Alcohol Monitoring and HIMS, added new policy on the processing of formal HIMS cases. Effective immediately.
2022	09/28/2022	2.	Medical Policy	Revised CACI – Colitis Worksheet to include additional medications to determination criteria.
2022	08/31/2022	1.	Medical Policy	In Item 46. Neurologic, Cerebrovascular Disease Entries for Transient Ischemic Attack (TIA) and Completed Stroke (ischemic or hemorrhagic) updated to specify that a two-year recovery period must elapse before evaluations should be submitted to the FAA for review.
2022	08/31/2022	2.	Medical Policy	In Pharmaceuticals, Acceptable Combination of Diabetes Medication Chart

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				updated to add Group F to the table titled “When adding a new medication to an established treatment regimen.”
2022	07/27/2022	1.	Medical Policy	In Item 47. Psychiatric Conditions, revised Situational Depression (Adjustment Disorder with Depressed Mood or Minor Depression) Disposition Table.
2022	07/27/2022	2.	Medical Policy	In Item 47. Psychiatric Conditions, added new Situational Depression (Adjustment Disorder with Depressed Mood or Minor Depression) Decision Tool for the AME.
2022	07/27/2022	3.	Medical Policy	In Disease Protocols, Protocol for Insulin-Treated Diabetes Mellitus Non CGM - Third-Class Option, renamed and clarified that option is for third class ONLY not using a CGM device.
2022	07/27/2022	4.	Medical Policy	Revised CACI – Pre Diabetes Worksheet to clarify Condition is PRE-DIABETES, stable on current regimen, and no changes recommended. Also, diet-controlled diabetes, diabetes treated with medication (including insulin), or diabetes insipidus DO NOT qualify.
2022	07/27/2022	5.	Medical Policy	In Disease Protocols, Cardiac Valve Replacement, revised to clarify that first and second-class applicant “may be” reviewed by the Federal Air Surgeon Cardiology Panel,

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				etc.(dependent on the number of valves replaced).
2022	07/27/2022	6.	Medical Policy	In Item 36. Heart, Other Cardiac Conditions, added as must be deferred: Hypertrophic Cardiomyopathy (HCM) [formerly called hypertrophic obstructive cardiomyopathy (HOCM); idiopathic hypertrophic sub-aortic stenosis (IHSS)] and Non-compaction cardiomyopathy.
2022	07/27/2022	7.	Medical Policy	In Disease Protocols, reorganized Specifications for Neurologic Evaluation sheet to reinforce that pilots should take the sheet to their neurologist.
2022	07/27/2022	8.	Medical Policy	In Applicant History, Items 4. Social Security, clarified what to do if pilot does not wish to give Social Security number for exam.
2022	06/29/2022	1.	Medical Policy	In Disease Protocols, revised Diabetes Mellitus Type II - Medication Controlled. Renamed Protocol for Diabetes Mellitus Treated with Any Medication Other Than Insulin, the revision outlines criteria for initial authorization, subsequent exams, and general considerations.
2022	06/29/2022	2.	Medical Policy	In Item 26. Nose, Anosmia Disposition Table, Item B revised to include that etiology must be included, if found.
2022	06/29/2022	3.	Administrative	Throughout the entire Guide, removed and replaced the word “form” if the document

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				referenced is not an official, numbered OMB Form.
2022	05/25/2022	1.	Medical Policy	In Pharmaceuticals, added guidance for Controlled Substances and CBD Products.
2022	05/25/2022	2.	Medical Policy	In Item 47. Psychiatric, added new Situational Depression - Adjustment Disorder with Depressed Mood or Minor Depression Disposition Table.
2022	05/25/2022	3.	Medical Policy	In Item 47, Psychiatric Conditions Disposition Table, removed entries for "Adjustment Disorder" and "Minor Depression." The categories are addressed in the new Situational Depression - Adjustment Disorder with Depressed Mood or Minor Depression Disposition Table.
2022	05/25/2022	4.	Medical Policy	In Item 47. Psychiatric Conditions, Use of Antidepressant Medications, added note to Airman Information – SSRI Initial Certification and HIMS AME Checklist – SSRI Initial Certification/Clearance. ("While exam is under review, pilots should continue to Continue to submit the Chief Pilot or Air Traffic Manager reports EVERY 3 months AND the HIMS AME evaluations and treating psychiatrist reports EVERY 6 months.")
2022	05/25/2022	5.	Medical Policy	In Pharmaceuticals, renamed Hydroxychloroquine (HCQ)/ Chloroquine (CQ) Status

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				Report [Plaquenil/Aralen] to Plaquenil Status Report **to match common usage name for medication.**
2022	05/25/2022	6.	Medical Policy	In General Systemic, Human Immunodeficiency Virus (HIV) Disposition Table, added Apretude (cabotegravir) as an FDA-approved medication used for PrEP.
2022	04/27/2022	1.	Medical Policy	In Pharmaceuticals, added COVID-19 Medication page.
2022	04/27/2022	2.	Medical Policy	In Item 48. General Systemic, updated COVID-19 Infections Disposition Table to include links to COVID-19 Medications guidance.
2022	04/27/2022	3.	Medical Policy	In Pharmaceuticals, renamed Glaucoma Medications to Glaucoma and Ocular Hypertension Medications. Revised to include chart of CACI acceptable, conditionally acceptable, and unacceptable glaucoma medications.
2022	04/27/2022	4.	Medical Policy	In Pharmaceuticals, added new Eye Medication page.
2022	04/27/2022	5.	Medical Policy	In Item 38. Abdomen, Viscera, and Anus Conditions, added disposition table for Barrett's Esophagus.
2022	04/27/2022	6.	Medical Policy	In Item 36. Heart, added disposition table for Premature Atrial Contraction.
2022	04/27/2022	7.	Medical Policy	Item 62. Has Been Issued, deferral instructions clarified and visual reference updated.

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2022	04/27/2022	8.	Medical Policy	Pharmaceuticals section revised to include links to guidance on Do No Issue/Do Not Fly and Over-the-counter (OTC) Medications.
2022	04/27/2022	9.	Medical Policy	Revised all CACI condition worksheets to remove usage of “current status report” term.
2022	04/27/2022	10.	Administrative	New shortcut URLS for HIMS: https://www.faa.gov/go/hims and for Medications: https://www.faa.gov/go/meds .
2022	04/27/2022	11.	Administrative	Letter of Denial Issued by AME revised to add “AME Name” and “Date Signed” lines.
2022	04/27/2022	12.	Administrative	In PDF version of the Guide, title of Items 25-48 revised to include disposition tables: “AME Physical Examination Information and Disposition Tables.”
2022	04/27/2022	13.	Administrative	In Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment (in PDF version of the AME Guide only), added actual URL addresses for Web links contained in the document.
2022	04/13/2022	1.	Administrative	Revised all CACI condition worksheets to add “current, detailed Clinical Progress Note” language and link to introductory paragraph.
2022	03/30/2022	1.	Medical Policy	In Item 25-30. Nose, and Throat, revised to remove anosmia note. Added link to the Anosmia Disposition Table.

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2022	03/30/2022	1.	Medical Policy	In Item 25-30. Nose, and Throat, **revised to remove anosmia note. Added link to the** Anosmia Disposition Table**.**
2022	03/30/2022	2.	Medical Policy	In Item 52. Color Vision, revised to add Farnsworth D-15 as UNACCEPTABLE.
2022	03/30/2022	3.	Medical Policy	In Pharmaceuticals, Cholesterol Medication, expanded chart to add additional acceptable medications: iovastatin (Altoprev), rosuvastatin (Crestor), gemfibrozil (Lopid), cholestyramine (Prevalite; Questran), colesevelam (Welchol), and niacin (Niaspan).
2022	03/30/2022	4.	Medical Policy	In General Information, added Item #23. Pilot Information – Detailed Current Clinical Progress Note. Item explains what must be included in the current detailed Clinical Progress Note. The information was also added under the Resources section in the Web version of the AME Guide.
2022	03/30/2022	5.	Medical Policy	In Disease Protocols, Diabetes Mellitus Type I or Type II – Insulin Treated - CGM Option, removed requirement to send finger stick blood glucose data. Deleted “Blood Glucose Monitoring Sheet” and “Finger Stick Blood Glucose Information” worksheets.
2022	03/30/2022	6.	Medical Policy	In Disease Protocols, Diabetes Mellitus Type I or Type II – Insulin Treated -

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				CGM Option, Initial Certification – Airman Information, added requirement that CGM data be sent in 30-day increment. Changed and expanded ranges to report.
2022	03/30/2022	7.	Medical Policy	In Disease Protocols, Diabetes Mellitus Type I or Type II – Insulin Treated - CGM Option, Initial Certification Consideration Requirements, revised to remove requirement for FSBS data; remove optional information for flight hours; add monthly reporting requirement; expand CGM levels to report; and add chart of target range values.
2022	03/30/2022	8.	Medical Policy	In Disease Protocols, Diabetes Mellitus Type I or Type II – Insulin Treated - CGM Option, Renewal Certificate Requirements, revised to clarify what information is required within each timeframe.
2022	03/30/2022	9.	Medical Policy	In Disease Protocols, Diabetes Mellitus Type I or Type II – Insulin Treated - CGM Option, Insulin Treated Diabetes Information Submission Requirements, revised to clarify what is due when; removed FSBS readings and flight time; and changed A1C to annual reporting.
2022	03/30/2022	10.	Medical Policy	In Disease Protocols, Diabetes Mellitus Type I or Type II – Insulin Treated - CGM Option, Overlay Report and Alert Sample, revised to

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				add samples from CGM devices that currently meet FAA requirements.
2022	03/30/2022	11.	Medical Policy	In Disease Protocols, Diabetes Mellitus Type I or Type II – Insulin Treated - CGM Option, Frequently Asked Questions (FAQs), revised #9 to indicate that while the FAA does not recommend specific brands of CGM devices, a section was added to include devices that currently meet FAA requirements.
2022	03/30/2022	12.	Administrative	Added shortcut link for Bundle Branch Block (BBB) at www.faa.gov/go/bbb.
2022	02/23/2022	1.	Medical Policy	In Item 26. Nose, added new Anosmia Disposition Table.
2022	02/23/2022	2.	Medical Policy	In Item 48. General Systemic, Covid-19 Infections Disposition Table
2022	02/23/2022	3.	Medical Policy	In Pharmaceuticals, added new section for Cholesterol Medications.
2022	02/23/2022	4.	Medical Policy	Revised all CACI Worksheets to add language that a detailed Clinical Progress Note (within 90 days of the exam) is required from the treating physician.
2022	02/23/2022	5.	Medical Policy	In Item 36. Heart, Mitral Valve Repair Disposition Table, added note for pilots: “Take the CACI worksheet to your cardiologist so they can fully address the FAA requirements.”
2022	02/23/2022	6.	Medical Policy	Revised CACI – Mitral Valve Repair Worksheet to clarify and add: “Aortic regurgitation/insufficiency

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				(any severity)" as disqualifying criteria.
2022	02/23/2022	7.	Medical Policy	In Item 35. Lungs and Chest, Chronic Obstructive Pulmonary Disease, revised evaluation data to state detailed Clinical Progress Note and FEV1, FVC, and FEV1/FVC are required.
2022	02/23/2022	8.	Medical Policy	In Item 46. Neurologic, Cerebrovascular Disease, revised note at end of page which previously referenced benign supratentorial tumors.
2022	02/23/2022	9.	Administrative	In Disease Protocols, Protocol for Attention Deficit Disorder/ Hyperactivity Disorder, updated FAA HIMS Neuropsychologist List.
2022	02/23/2022	1.	Administrative	Changed coversheet to 2022 and added monthly update schedule for the calendar year.
2021	11/24/2021	1.	Medical Policy	Revised all CACI Worksheets to add an option to indicate if the airman "Has current OR previous SI/AASI but now CACI qualified."
2021	11/24/2021	2.	Administrative	On the home page of both the PDF and HTML versions of the AME Guide, added an "AME Alert" box for important notifications.
2021	10/27/2021	1.	Medical Policy	In CACI – Arthritis Worksheet, revised to change no-fly time for adalimumab (Humira) from 24 hours to 4 hours.
2021	10/27/2021	2.	Medical Policy	In Item 48. General Systemic, Primary Hemochromatosis Disposition Table, revised to add myeloproliferative

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				disorders as a co-morbid condition.
2021	10/27/2021	3.	Medical Policy	In Item 48. General Systemic, CACI – Primary Hemochromatosis Worksheet, revised to add myeloproliferative disorders as a co-morbid condition.
2021	10/27/2021	4.	Medical Policy	In Item 48. General Systemic, COVID-19 Disposition Table, revised to add cognitive symptoms to "ongoing residual signs and symptoms." Also added neuropsychology to the examples of "specialty consultations performed."
2021	10/27/2021	5.	Medical Policy	In Item 52. Color Vision, added instructive note: "If the airman fails acceptable color vision tests, then obtains an LOE or SODA - check fail and add airman has LOE. If they pass any acceptable color vision test- mark pass."
2021	10/27/2021	6.	Administrative	To improve ability to search in PDF Guide document, changed title of AASI for Colon Cancer to AASI for Colon Cancer/ Colorectal Cancer. Title change also made on Malignancies - Colon Cancer Disposition Table and CACI worksheet.
2021	10/27/2021	7.	Administrative	In AASI for Thrombocytopenia, revised to add "or" to list of defer criteria.
2021	10/14/2021	1.	Medical Policy	In Item 47. Psychiatric, added new Post-Traumatic Stress Disorder (PTSD) Disposition Table.
2021	10/14/2021	2.	Medical Policy	In Item 47. Psychiatric, added new Post-Traumatic

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				Stress Disorder (PTSD) Decision Tool for the AME.
2021	09/29/2021	1.	Medical Policy	In Protocols, Obstructive Sleep Apnea, added OSA Status Summary – Initial.
2021	09/29/2021	2.	Medical Policy	In Protocols, Obstructive Sleep Apnea, added OSA Status Summary – Recertification.
2021	09/29/2021	3.	Medical Policy	In Protocols, Obstructive Sleep Apnea, added guidance for OSA Treated with PAP and Use of Two Machines (or more).
2021	09/29/2021	4.	Medical Policy	In Pharmaceuticals, revised Hydroxychloroquine (HCQ)/ Chloroquine (CQ) Status Report **to clarify groups and to add "color vision loss" to question #8 on the report.**
2021	09/29/2021	5.	Medical Policy	In AASI, revised title of Deep Venous Thrombosis, Pulmonary Embolism, and/or Hypercoagulopathies to "Venous Thromboembolism (VTE) – Deep Venous Thrombosis (DVT), Pulmonary Embolism (PE), and/or Hypercoagulopathies." Change was also made on AASI main listings and on AASI Coversheet.
2021	09/29/2021	6.	Medical Policy	In HIMS AME Information – HIMS Step Down Plan, revised chart to show parameters of Maintenance Phase-4 is 8+ years.
2021	09/29/2021	7.	Medical Policy	In Pharmaceuticals, Vaccines, added tradename Comirnaty to FDA-approved Pfizer-BioNTech COVID-19 vaccine.

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2021	09/29/2021	8.	Administrative	In General Information, added AMCS Technical Support information for help with transmitting exams, resetting passwords, etc.
2021	09/29/2021	9.	Administrative	In Item 36. Heart, Arrhythmias, added link for Implanted Pacemaker Disposition Table.
2021	09/29/2021	10.	Medical Policy	In Item 47. Psychiatric Conditions Disposition Table, added a placeholder for Post-Traumatic Stress Disorder. Policy due to be finalized and posted mid-October 2021.
2021	08/25/2021	1.	Medical Policy	In Item 48. General Systemic, added Primary Hemochromatosis Disposition Table.
2021	08/25/2021	2.	Medical Policy	In Item 48. General Systemic, added CACI – Primary Hemochromatosis Worksheet.
2021	08/25/2021	3.	Medical Policy	In Protocols, added 6-Minute Walk Test (6MWT) – FAA Results Sheet.
2021	08/25/2021	4.	Medical Policy	In Item 48. General Systemic, added link to 6MWT in COVID-19 Disposition Table.
2021	08/25/2021	5.	Medical Policy	In Item 35. Lungs and Chest, added link to 6MWT in Chronic Obstructive Pulmonary Disease (COPD) Disposition Table.
2021	08/25/2021	6.	Medical Policy	In Disease Protocols, added Specifications for Neurologic Evaluation.
2021	08/25/2021	7.	Medical Policy	In Disease Protocols, revised Protocol for Implanted Pacemaker. (Evaluation of Pacemaker Dependency is

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				no longer required for any class.)
2021	08/25/2021	8.	Medical Policy	In Disease Protocols, revised Pacemaker Status Summary sheet.
2021	08/25/2021	9.	Medical Policy	In Item 36. Heart, added Pacemaker Disposition Table.
2021	08/25/2021	10.	Medical Policy	In Pharmaceuticals, Therapeutic Medications, added Hydroxychloroquine (HCQ)/ Chloroquine (CQ) Status Report [Plaquenil/Aralen].
2021	08/25/2021	11.	Medical Policy	Revised Arthritis – CACI Worksheet to include links to Hydroxychloroquine (HCQ)/ **Chloroquine (CQ) Status Report (**Plaquenil/Aralen).
2021	08/25/2021	12.	Medical Policy	In Special Issuances, AASI for All Classes, changed Cardiac – Single Valve Replacement to "Cardiac – Single Valve Replacement or Repair."
2021	08/25/2021	13.	Medical Policy	On Special Issuance Coversheet, changed Cardiac – Single Valve Replacement to "Cardiac – Single Valve Replacement or Repair."
2021	08/25/2021	14.	Medical Policy	In Protocols Graded Exercise Stress Test Requirements, revised note to state "Single Valve Replacement or Repair."
2021	08/25/2021	15.	Administrative	Revised shading in blocks for HIMS AME Checklist – SSRI Initial Certification-Clearance.
2021	08/25/2021	16.	Administrative	Changed mailing address (from Washington DC to Oklahoma City) on Airman Information – SSRI Initial

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				Certification sheet and HIMS AME Checklist – SSRI Initial Certification-Clearance.
2021	07/28/2021	1.	Medical Policy	In Pharmaceuticals, Allergy – Antihistamines & Immunotherapy Medications, revised to include prohibition of antihistamine eye drops immediately before or during flight or safety-related duties. Also added list of acceptable Second Generation Histamine-H1 receptor antagonist eye drops.
2021	07/28/2021	2.	Medical Policy	In Pharmaceuticals, Therapeutic Medications, revised Vaccines page. No post-dose observation time is required for Bacillus Calmette-Guérin [intradermal] (BCG) vaccine.
2021	07/28/2021	3.	Medical Policy	In Item 38. Abdomen and Viscera and Anus Conditions, revised CACI - Colitis Worksheet to add additional acceptable medications and applicable no-fly times.
2021	07/28/2021	4.	Medical Policy	In Item 35. Lungs and Chest, revised CACI – Asthma Worksheet to add that Monoclonal antibodies are NOT acceptable for CACI.
2021	07/28/2021	5.	Medical Policy	In Item 43. Spine and Other Musculoskeletal, revised CACI - Arthritis Worksheet to identify additional acceptable medications (biologics) and applicable no- fly times. No labs needed for NSAIDS or steroids only.
2021	07/28/2021	6.	Medical Policy	In Item 43. Spine and Other Musculoskeletal, revised Arthritis Disposition Table.

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2021	06/30/2021	1.	Medical Policy	In Item 36. Heart, Atrial Fibrillation, revised disposition table to include recovery periods for atrial fibrillation treated with ablation (3 months) or cardioversion (1 month).
2021	06/30/2021	2.	Medical Policy	In Disease Protocols, Human Immunodeficiency Virus (HIV), revised HIV Specification Sheet to clarify instructions and include directions for authorized professionals to use secure FAA Neuropsychology Testing Specification Site.
2021	06/30/2021	3.	Medical Policy	In Disease Protocols, Human Immunodeficiency Virus (HIV), revised Under 2 Year Surveillance HIV Specification Sheet to clarify instructions and include directions for authorized professionals to use secure FAA Neuropsychology Testing Specification Site.
2021	06/30/2021	4.	Medical Policy	In Disease Protocols, Human Immunodeficiency Virus (HIV), revised After 2 Years Surveillance HIV Specification Sheet to clarify instructions and include directions for authorized professionals to use secure FAA Neuropsychology Testing Specification Site.
2021	05/26/2021	1.	Medical Policy	In Pharmaceuticals, Therapeutic Medications, added new Vaccines page.
2021	05/26/2021	2.	Medical Policy	In Examination Techniques, Item 36. Heart, revised and expanded Atrial Fibrillation disposition table.

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2021	04/28/2021	1.	Medical Policy	Revised Protocol for Insulin-Treated Diabetes Mellitus - Type I & Type II Non CGM - Third-Class Option to include link to and preference for Initial Comprehensive Report.
2021	04/28/2021	2.	Medical Policy	In Disease Protocols, changed name of Graded Exercise Stress Test Requirements (Bundle Branch Block) to Protocol for Bundle Branch Block (BBB). Page content revised and reorganized.
2021	04/28/2021	3.	Medical Policy	In Item 36. Heart, Arrhythmias, revised disposition table entry for Bundle Branch Block.
2021	03/31/2021	1.	Medical Policy	In Item 48. General Systemic, added disposition table for guidance on COVID-19 Infections.
2021	03/31/2021	2.	Medical Policy	In General Information, Equipment Requirements, added equipment checklist and signature document: AME Equipment and Confidentiality.
2021	03/31/2021	3.	Medical Policy	In Substances of Dependence/Abuse, revised HIMS-Trained AME Checklist - Drug and Alcohol Monitoring - Initial Certification to clarify that checklist must be submitted. Also clarified First and second class HIMS cases should be sent via Huddle electronic submission. All others should be mailed to AMCD.
2021	03/31/2021	4.	Medical Policy	In Synopsis of Medical Standards, revised

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				Audiology entry to clarify intensity parameters for audiometric speech discrimination test.
2021	02/24/2021	1.	Medical Policy	In Protocols, Implanted Pacemaker, revised guidance and changed title to Initial Evaluation for Implanted Pacemaker.
2021	02/24/2021	2.	Medical Policy	In Protocols, Initial Evaluation for Implanted Pacemaker, added Pacemaker Status Summary Sheet.
2021	02/24/2021	3.	Medical Policy	In Pharmaceuticals, merged Allergy pages to create Allergy- Antihistamine & Immunotherapy Medication page with tables for acceptable, conditionally acceptable, and unacceptable medications.
2021	02/24/2021	4.	Medical Policy	In Item 36. Heart, Atrial Fibrillation (Afib)/A-Flutter), updated disposition table to include specific sleep study criteria.
2021	02/24/2021	5.	Medical Policy	In Disease Protocols, revised Cardiac Valve Replacement, Follow up Certification section: TAVR or other SINGLE valve replacement may be eligible for AASI Cardiac – Single Valve Replacement.
2021	02/24/2021	6.	Medical Policy	In Pharmaceuticals, Do Not Issue/Do Not Fly, revised information on FDA approval.
2021	02/24/2021	7.	Medical Policy	In Reference Materials for Obstructive Apnea, Frequently Asked Questions, added information on the four types of sleep studies.

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2021	02/24/2021	8.	Administrative	Added Conditions AMEs Can Issue (CACI) and Special Issuance (SI) to the Glossary/Acronyms.
2021	01/27/2021	1.	Medical Policy	In Specifications for Psychiatric and Psychological Evaluations, added link for information on Selecting MMPI-2 vs MMPI-3.
2021	01/27/2021	2.	Medical Policy	In Pharmaceuticals, Do Not Issue/ Do Not Fly, Diabetic Medications, removed prohibitions on SGLT2 inhibitors. Added **pramlintide (Symlin) as not allowed.**
2021	01/27/2021	3.	Medical Policy	In Disease Protocols, Diabetes Mellitus Type II - Medication Controlled, revised and reformatted Acceptable Combinations of Diabetes Medication guidance and chart to include SGLT2 inhibitors.
2021	01/27/2021	4.	Medical Policy	In Substances of Dependence/Abuse (Drugs and Alcohol), General Information for All AMEs, reorganized guidance with new Drug and Alcohol Event – FAA Certification Aid – Required Information.
2021	01/27/2021	5.	Medical Policy	In Substances of Dependence/Abuse (Drugs and Alcohol), Drug/Alcohol Monitoring Programs and HIMS section, added guidance for HIMS AME – Huddle Electronic Case Submission and FAQs.
2021	01/27/2021	6.	Medical Policy	In Substances of Dependence/Abuse (Drugs and Alcohol), Drug/Alcohol

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				Monitoring Programs and HIMS section, revised HIMS-Trained AME Checklist – Drug and Alcohol Monitoring – Initial Certification to align with Huddle naming conventions and submissions order.
2021	01/27/2021	7.	Medical Policy	In Substances of Dependence/Abuse (Drugs and Alcohol), Drug/Alcohol Monitoring Programs and HIMS section, revised and renamed FAA Certification Aid - HIMS Drug and Alcohol – INITIAL.
2021	01/27/2021	8.	Medical Policy	In Substances of Dependence/Abuse (Drugs and Alcohol), Recertification, added Introductory page in PDF Version and blurb in HTML version.
2021	01/27/2021	9.	Medical Policy	In Substances of Dependence/Abuse (Drugs and Alcohol), Recertification - added HIMS AME Information – HIMS Step Down Plan.
2021	01/27/2021	10.	Medical Policy	In Substances of Dependence/Abuse (Drugs and Alcohol), Recertification - added Airman Information – HIMS Step Down Plan.
2021	01/27/2021	11.	Medical Policy	In Item 36. Heart, revised Coronary Heart Disease Disposition Table to include all classes considered.
2021	01/27/2021	12.	Medical Policy	In Item 36 Heart, Valvular Disease Disposition Table, revised row for Single Valve Replacement to indicate all classes may be considered for initial special issuance.

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2021	01/27/2021	13.	Medical Policy	In Protocol for Cardiac Valve Replacement, revised note in Follow-up Certification Section to indicate all classes may be eligible for an AASI Cardiac Valve Replacement.
2021	01/27/2021	14.	Medical Policy	In Special Issuance, removed page for third class AASI. All previously listed cardiac condition categories are now considered for all classes. Revised AASI All Classes listings to include Coronary Heart Disease and Cardiac-Single Valve Replacement.
2021	01/27/2021	15.	Medical Policy	Revised AASI Certificate Issuance Sheet to mirror changes made in Special Issuance section for cardiac conditions.
2021	01/27/2021	16.	Medical Policy	In Special Issuances, revised AASI for Single Valve Replacement. All classes eligible for consideration.
2021	01/27/2021	17.	Medical Policy	In Special Issuances, revised AASI for Coronary Heart Disease. All classes eligible for consideration.
2021	01/27/2021	18.	Medical Policy	In Disease Protocols, revised Graded Exercise Stress Test Requirements (Maximal).
2021	01/27/2021	19.	Administrative	In Special Issuances, expanded title of Sleep Apnea to Sleep Apnea/Obstructive Sleep Apnea (OSA) on cover page and on the individual AASI page.
2021	01/01/2021	1.	Administrative	Changed coversheet to 2021 and added monthly update schedule for the calendar year.

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2020	12/30/2020	1.	Administrative	In Disease Protocols, added word “Protocol” to Coronary Heart Disease (CHD) listing to improve search function.
2020	12/30/2020	2.	Administrative	In Pharmaceuticals, Do Not Issue/ Do Not Fly, added note and hyperlinks: “For airmen seeking more information, see Medications and Flying and What Over The Counter Medications Can I Take and Still Be Safe to Fly?”
2020	11/25/2020	1.	Medical Policy	In Diabetes Mellitus - Type II, Medication Controlled (Not Insulin), in Acceptable combination of Diabetes Medication Chart, revised observation times when initiating new diabetes therapy using monotherapy or new combination medications.
2020	11/25/2020	2.	Administrative	In General Information, added link to Aerospace Medical Disposition Tables.
2020	10/28/2020	1.	Medical Policy	In Disease Protocols, Coronary Heart Disease and Thromboembolic Disease were revised to group blood clotting disorders.
2020	09/30/2020	1.	Medical Policy	In Diabetes Mellitus Type I or Type II Insulin Treated - CGM Option, revised required glucose parameters time–in-range to 80-180 mg/dL.
2020	09/30/2020	2.	Medical Policy	In Diabetes Mellitus Type I or Type II Insulin Treated - CGM Option, revised Airman Information sheet.
2020	09/30/2020	3.	Medical Policy	In Diabetes Mellitus Type I or Type II Insulin Treated - CGM Option, revised Initial

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				Certificate Consideration Requirements, (Changes made to Item #1 Initial Comprehensive Report, Item #3 FSBS Glucose Monitoring Diary, Item #4 Continuous Glucose Monitoring CGM Data, and Item #7 Cardiac Evaluation.)
2020	09/30/2020	4.	Medical Policy	In Diabetes Mellitus Type I or Type II Insulin Treated - CGM Option, revised Blood Glucose Worksheet for CGM Use.
2020	09/30/2020	5.	Medical Policy	In Diabetes Mellitus Type I or Type II Insulin Treated - CGM Option, revised Frequently Asked Questions to address change in glucose parameters.
2020	08/26/2020	1.	Medical Policy	In Exam Techniques, Item 36. Heart, added new Non-Valvular Atrial Fibrillation (AFib)/A-Flutter Disposition Table. This replaces the old “Atrial Fibrillation” table.
2020	08/26/2020	2.	Medical Policy	In Exam Techniques, Item 36. Heart, added new Non-Valvular Atrial Fibrillation (AFib)/A-Flutter INITIAL Status Report.
2020	08/26/2020	3.	Medical Policy	In Exam Techniques, Item 36. Heart, added new Non-Valvular Atrial Fibrillation (AFib)/A-Flutter RECERTIFICATION Status Report.
2020	08/26/2020	4.	Medical Policy	In Special Issuances, AASI for Atrial Fibrillation revised to match updated guidance.
2020	08/26/2020	5.	Medical Policy	In Pharmaceuticals, Anticoagulants, added guidance for Non-Valvular

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				Atrial Fibrillation (AFib)/A-Flutter Emboli Mitigation.
2020	08/26/2020	6.	Medical Policy	In Item 36. Heart, Arrhythmias Disposition Table, updated Radio Frequency Ablation section to include note: *If performed for atrial fibrillation AFib/A-Flutter, see that section first.
2020	08/26/2020	7.	Medical Policy	In CACI Conditions, updated CACI - Mitral Valve Worksheet to remove notation regarding atrial fibrillation treated with ablation.
2020	07/29/2020	1.	Medical Policy	In Examination Techniques, Item 41. G-U Systems, added a Polycystic Kidney Disease (PKD) disposition table. Nephritis disposition table was revised to remove reference to PKD.
2020	07/29/2020	2.	Medical Policy	In General Information, added guidance on Medical Certificates Requested for any Situation or Job Other than a Pilot or Air Traffic Controller.
2020	07/29/2020	3.	Medical Policy	In Pharmaceuticals, Sleep Aids, revised wait time for Sonata (zaleplon) from 6 to 12 hours.
2020	07/29/2020	4.	Medical Policy	In protocol for Diabetes Mellitus Type I or type II Insulin Treated - CGM Option, revised multiple pages to state that eye evaluation must be done by a board-certified ophthalmologist (M.D. or D.O.) and eye evaluation by an optometrist (O.D.) is NOT acceptable.

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2020	07/29/2020	5.	Medical Policy	In Pharmaceuticals, Acceptable Combinations of Diabetes Medications, revised to add observation wait times and additional notes to combinations chart.
2020	07/29/2020	6.	Administrative	Updated FAA Neuropsychologist List.
2020	06/24/2020	1.	Medical Policy	In Item 38. Abdomen and Viscera, added Pancreatitis Disposition table.
2020	06/24/2020	2.	Medical Policy	In 18.v. Medical History v. History of Arrest(s), Conviction(s) and/or Administrative Action(s), **revised to clarify language.**
2020	06/24/2020	3.	Medical Policy	In Item 48, General Systemic, Gender Dysphoria, Revised Gender Dysphoria Mental Health Status Report to clarify issue/defer criteria.
2020	02/26/2020	1.	Medical Policy	In Disease Protocols, Diabetes Mellitus Type I and Type II – Insulin Treated – Continuous Glucose Monitoring (CGM) Option (ITDM CGM Option Protocol) for all classe, revised multiple sections to clarify that only airmen with flight hours are required to "Note on an Excel spreadsheet any flights, glucose levels during flight, and any actions needed to correct glucose." Sections changed: Airman Information;
2020	02/26/2020	2.	Medical Policy	In Disease Protocols, Diabetes Mellitus Type I and Type II – Insulin Treated – Continuous Glucose Monitoring (CGM) Option

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				(ITDM CGM Option Protocol) for all classes, revised Blood Glucose Worksheet. Added language to include any recalls to the "CGM device/insulin pump or parts."
2020	01/29/2020	1.	Medical Policy	In Disease Protocols - Attention Deficit/Hyperactivity Disorder, sections for Testing Requirements, Report Requirements, and Reference Information for the Neuropsychologists, revised to remove description of specific neuropsychological testing and to provide a link directing authorized users to the FAA Neuropsychological Testing Specifications site.
2020	01/29/2020	2.	Medical Policy	In Disease Protocols - Human Immunodeficiency Virus (HIV), Human Immunodeficiency Virus (HIV) Specification Sheet, revised to remove description of specific neuropsychological testing and to provide a link directing authorized users to the FAA Neuropsychological Testing Specifications site.
2020	01/29/2020	3.	Medical Policy	In Item 47. Psychiatric Conditions - Use of Antidepressant Medications, Specifications for Neuropsychological Evaluations for Treatment with SSRI Medications, revised to remove description of specific neuropsychological testing

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				and to provide a link directing authorized users to the FAA Neuropsychological Testing Specifications site.
2020	01/29/2020	4.	Medical Policy	In Disease Protocols - Specifications for Psychiatric and Neuropsychological Evaluations for Substance Abuse/Dependence, revised to remove description of specific neuropsychological testing and to provide a link directing authorized users to the FAA Neuropsychological Testing Specifications site.
2020	01/29/2020	5.	Medical Policy	In Disease Protocols - Neurocognitive Impairment, Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment, revised to remove description of specific neuropsychological testing and to provide a link directing authorized users to the FAA Neuropsychological Testing Specifications site.
2020	01/29/2020	6.	Medical Policy	In Disease Protocols - Psychiatric and Psychological Evaluations, Specification for Psychiatric and Psychological Evaluations, revised to remove description of specific neuropsychological testing and to provide a link directing authorized users to the FAA Neuropsychological Testing Specifications site.
2020	01/02/2020	1.	Administrative	Changed coversheet to 2020 and added monthly update schedule for the calendar year.

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2019	11/07/2019	1.	Medical Policy	In Disease Protocols, added new protocol for Diabetes Mellitus Type I and Type II – Insulin Treated – Continuous Glucose Monitoring (CGM) Option (ITDM CGM Option Protocol) for all classes. Includes Initial Certificate Consideration Requirements and Renewal Certificate Requirements.
2019	11/07/2019	2.	Medical Policy	In Disease Protocols, added Airman Information Sheet to the ITDM CGM Protocol.
2019	11/07/2019	3.	Medical Policy	In Disease Protocols, added Insulin Treated Diabetes Information Submission Requirements Worksheet to the ITDM CGM Option Protocol.
2019	11/07/2019	4.	Medical Policy	In Disease Protocols, added Blood Glucose Worksheet for Continuous Glucose Monitoring (CGM) Use to the ITDM CGM Option Protocol.
2019	11/07/2019	5.	Medical Policy	In Disease Protocols, added Overlay Report and Alert Sample sheets to the ITDM CGM Protocol.
2019	11/07/2019	6.	Medical Policy	In Disease Protocols, added ITDM Frequently Asked Questions (FAQs) section to the ITDM CGM Option Protocol.
2019	11/07/2019	7.	Medical Policy	In Disease Protocols, changed the name for the former Diabetes Mellitus Type I and Type II – Insulin Treated Protocol to include “NON CGM Option – Third Class” in the title.
2019	11/07/2019	8.	Medical Policy	Revised Pharmaceuticals (Therapeutic Medications) Diabetes Mellitus - Insulin

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				Treated to include link to ITDM CGM Option Protocol.
2019	11/07/2019	9.	Medical Policy	In Exam Techniques, Item 48. General Systemic - Diabetes, Pre-Diabetes, Metabolic Syndrome, and/or Insulin Resistance revised Disposition Table to include link to ITDM CGM Option Protocol.
2019	10/30/2019	1.	Medical Policy	In Item 48. General Systemic, the Human Immunodeficiency Virus (HIV) disposition table was updated to include Descovy (emtricitabine and tenofovir alafenamide).
2019	10/30/2019	2.	Administrative	Updated AASI Certificate Issuance Coversheet to match guidance. Removed block for "Metabolic Syndrome, Glucose Intolerance, Impaired Glucose Tolerance, Impaired Fasting Glucose, Insulin Resistance, and Pre-Diabetes."
2019	10/21/2019	1.	Administrative	Change links for the HIMS-Trained AME Data Sheet to a online portal at https://www.himsdatasheet.com
2019	10/21/2019	2.	Medical Policy	Revised HIMS-Trained AME Checklist – Drug and Alcohol Monitoring Initial Certification to clarify when HIMS Data Sheet is required.
2019	09/25/2019	1.	Medical Policy	In Item 48. General Systemic, added Disposition Table for Thrombocytopenia.
2019	09/25/2019	2.	Medical Policy	In Item 48. General Systemic, added CACI Worksheet for Chronic

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				Immune Thrombocytopenia (C-ITP).
2019	09/25/2019	3.	Medical Policy	In AME Assisted Special Issuances, All Classes, added AASI for Thrombocytopenia.
2019	09/25/2019	4.	Medical Policy	Updated the AASI Certificate Issuance Sheet to include Thrombocytopenia.
2019	09/25/2019	5.	Administrative	In Item 48. General Systemic, Gender Dysphoria, updated the FAA Gender Dysphoria Mental Health Status Report to remove use of the word "form."
2019	08/28/2019	1.	Medical Policy	In Disease Protocols, updated and reorganized Protocol for Cardiac Valve Replacement.
2019	08/28/2019	2.	Administrative	Updated address (Room 8W-100) for Medical Certification Appeals – AAM-240 on pages for Airman Information – SSRI Initial Certification, HIMS AME Checklist – SSRI Initial Certification, and HIMS-Trained AME Checklist – Drug and Alcohol Monitoring – Initial Certification.
2019	07/31/2019	1.	Medical Policy	In Disease Protocols, Cardiac Valve Replacement, updated to show TAVR procedure may be considered.
2019	07/09/2019	1.	Administrative	In Item Exam Techniques, Item 48. General Systemic, Gender Dysphoria, updated link to World Professional Association for Transgender Health. *(Note: Link must be opened in Google Chrome.)*

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2019	06/26/2019	1.	Medical Policy	In Pharmaceuticals, updated chart of Acceptable Combinations of Diabetes Medications. Added lixisenatide (Adlyxin) to GLP-1 mimetics.
2019	06/26/2019	2.	Administrative	Standardized references to Visual Acuity Standards.
2019	05/29/2019	1.	Medical Policy	In Examination Techniques, Items 50 - 54., added Visual Acuity Standards table.
2019	05/29/2019	2.	Medical Policy	In Examination Techniques, Item 51.a Near Vision and Item 51.b. Intermediate Vision, updated Visual Acuity Standards table.
2019	05/29/2019	3.	Medical Policy	In Protocol for Binocular Multifocal and Accommodating Devices, added a new Visual Acuity Standard table.
2019	04/24/2019	1.	Medical Policy	In Substances of Dependence/Abuse, added a hyperlink to a revised HIMS-Trained AME DATA Sheet.
2019	04/24/2019	2.	Medical Policy	In Substances of Dependence/Abuse, added a hyperlink to an Instruction Page on how to complete the new HIMS-Trained AME DATA Sheet.
2019	03/27/2019	1.	Medical Policy	Revised Chronic Kidney Disease (CKD) Disposition Table to clarify guidance regarding airmen with single kidney (with eGFR 34-44; eGFR 44 or less).
2019	03/27/2019	2.	Medical Policy	Revised CACI Chronic Kidney Disease (CKD) Worksheet to clarify that two functioning kidneys, among other criteria, are required for CACI consideration.

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
2019	03/27/2019	3.	Medical Policy	AASI Atrial Fibrillation and AASI Deep Venous Thrombosis (DVT), Pulmonary Embolism (PE), and/ or Hypercoagulopathies revised to add Savaysa to the list of "other types" of anticoagulants (NOAC/DOAC).
2019	02/27/2019	1.	Medical Policy	In Pharmaceutical Medications, Do Not Issue/ Do Not Fly, added Xigduo, Invokamet, and Qtern as NOT allowed.
2019	02/27/2019	2.	Medical Policy	In Acceptable Combinations of Diabetes Medications, In Group C, added semaglutide (Ozempic) under GLP-1 mimetics. Also, in Group E, added gliclazide (Diamicron) - International under Sulfonylureas (SFU).
2019	01/30/2019	1.	Administrative	Changed coversheet to 2019 and added monthly schedule of when updates will take place.
2018	12/13/2018	1.	Medical Policy	Revised language on "Who may perform a neuropsychological examination" and added link to FAA Neuropsychologist List to the following specification sheets: Specifications for Neuropsychological Evaluations for ADHD Airman Information – ADHD Specifications for Neuropsychological Evaluations for Treatment with SSRI Medications

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment Specifications for Psychiatric and Psychological Evaluations Specifications for Psychiatric and Neuropsychological evaluations for Substance Abuse/Dependence.
2018	11/28/2018	1.	Medical Policy	In Item 48. General Systemic, Blood and Blood-Forming Tissue Disease, revised the disposition table to provide guidance for Chronic Lymphocytic Leukemia.
2018	11/28/2018	2.	Administrative	In Disease Protocols, Attention Deficit/Hyperactivity Disorder, Airman Information – ADHD/ADD Evaluation, changed title of the "Aeromedical Neuropsychologist List" to "HIMS Neuropsychologist List."
2018	11/28/2018	3.	Errata	In Item 47. Psychiatric Conditions - Use of Antidepressant Medications, HIMS AME Checklist - SSRI Recertification/Follow Up Clearance, corrected PO Box in the mailing address.
2018	10/31/2018	1.	Medical Policy	In AASI for Deep Venous Thrombosis (DVT), Pulmonary Embolism (PE), and/ or Hypercoagulopathies,

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				guidance added for use of NOAC/DOACs.
2018	10/31/2018	2.	Medical Policy	In ASSI for Atrial Fibrillation, guidance added for use of NOAC/DOACs.
2018	10/31/2018	3.	Medical Policy	In Pharmaceuticals – Anticoagulants, guidance added for use of NOAC/DOACs.
2018	10/31/2018	4.	Medical Policy	In Protocol for Thromboembolic Disease, guidance added for use of NOAC/DOACs.
2018	09/26/2018	1.	Medical Policy	In Disease Protocols, Specifications for Neuropsychological Evaluations for ADHD/ADD – add language to Airman Information and Testing Requirements to clarify that if the airman has stopped taking ADHD/ADD medication(s), they must be off the medication(s) for 90 days before testing and evaluation.
2018	08/29/2018	1.	Administrative	Throughout the AME Guide - revised instructions to airmen on how to request copies of their medical records. Requests should now be made by submitting FAA Form 8065-2.
2018	07/25/2018	1.	Medical Policy	In Item 47. Psychiatric Conditions - Use of Antidepressant Medications, Recertification/Follow-up Clearance, added a new page, HIMS AME Change Request.
2018	07/25/2018	2.	Administrative	In Specifications for Neuropsychological Evaluations for ADHD/ADD,

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				updated the Aeromedical Neuropsychologist List.
2018	06/27/2018	1.	Medical Policy	In Specifications for Psychiatric and Psychological Evaluations, updated testing information. For cases in which the clinical history or presentation indicates a possible personality disorder, the Millon Clinical Multiaxial Inventory, 4th Edition (MCMI-IV) should be used (updated from MCMI-III).
2018	06/27/2018	2.	Administrative	In General Information, added link to new FAA Form 8065-2 06/18 – Request for Airman Information.
2018	06/27/2018	3.	Administrative	References to the Security and Investigations Division AMC-700 were updated to show organization's new name, AXE-700.
2018	05/30/2018	1.	Medical Policy	In Item 29. Ears, added new Acoustic Neuroma Disposition Table.
2018	04/25/2018	1.	Medical Policy	In AASI, changed the title of Renal Carcinoma to Renal Cancer. Also Changed title of Testicular Carcinoma to Testicular Cancer. Titles were also changed on the main AASI listing page.
2018	04/25/2018	2.	Medical Policy	In the PDF version of the Guide, revised Specifications for Neuropsychological Evaluation for ADHD/ADD, Reference Information for Neuropsychologists to match the Web version. (Item f.)
2018	04/25/2018	3.	Medical Policy	In Specifications for Neuropsychological Evaluation for ADHD/ADD – Testing Requirements,

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				clarified that Tower of London (TOL), Drexler Edition (TOL-DX) is the version to be used.
2018	04/25/2018	4.	Medical Policy	In Specifications for Neuropsychological Evaluation for ADHD/ADD – Airman Information, revised guidance to state that urine drug screening for ADHD must include testing for amphetamine and methylphenidate.
2018	03/28/2018	1.	Medical Policy	In Substance of Dependence/Abuse, FAA Certification Aid – Drug and Alcohol Initial, removed requirement for a "blue ribbon" copy of the airman's FAA medical file.
2018	03/28/2018	2.	Medical Policy	In Disease Protocols – Attention Deficit/Hyperactivity Disorder, Report Requirements, removed requirement for a "blue ribbon" copy of the airman's FAA medical file.
2018	02/28/2018	1.	Medical Policy	In Disease Protocols - Attention Deficit/Hyperactivity Disorder, revised section to include links to new information pages.
2018	02/28/2018	2.	Medical Policy	In Disease Protocols - Attention Deficit/Hyperactivity Disorder, added Airman Information for ADHD/ADD page.
2018	02/28/2018	3.	Medical Policy	In Disease Protocols - Attention Deficit/Hyperactivity Disorder, Airman Information

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				for ADHD/ADD page, added link to Aeromedical Neuropsychologist List
2018	02/28/2018	4.	Medical Policy	In Disease Protocols - Attention Deficit/Hyperactivity Disorder, added Neuropsychologist ADHD/ADD Information - Testing Requirements.
2018	02/28/2018	5.	Medical Policy	In Disease Protocols - Attention Deficit/Hyperactivity Disorder, added Neuropsychologist ADHD/ADD Information – Report Requirements.
2018	02/28/2018	6.	Medical Policy	In Disease Protocols - Attention Deficit/Hyperactivity Disorder, added Neuropsychologist ADHD/ADD Information – Reference Information for the Neuropsychologist.
2018	02/28/2018	7.	Medical Policy	In Applicant History – II Prior to Exam, removed guidance that applicant needs to bring summary sheet to the exam
2018	02/28/2018	8.	Administrative	In Item 47. Psychiatric Conditions – Use of Antidepressant Medications, added a link at the top of the page directing ATCS on SSRI to see the FAA ATCS How to Guide.
2018	01/31/2018	1.	Administrative	On the AME Guide Cover Page, added monthly schedule of when updates will take place in 2018.
2017	12/27/2017	1.	Administrative	In Security Notification/ Reporting Events, reworded link information.

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2017	12/27/2017	2.	Administrative	In Pharmaceuticals, Sedatives - Convictions or Administrative Actions: revised wording in the PDF version to match Web version of the AME Guide.
2017	11/29/2017	1.	Medical Policy	Revised CACI – Renal Cancer Worksheet to address chemotherapy and surgery.
2017	10/25/2017	1.	Medical Policy	Item 36. Heart - Revised guidance for Other Cardiac Conditions, including that anticoagulants may be allowed, if the condition is allowed.
2017	10/25/2017	2.	Medical Policy	In Item 47. Psychiatric – Use of Antidepressant Medications: added box at the top of the page to direct airmen to information for SSRI initial certification.
2017	10/25/2017	3.	Medical Policy	HIMS AME Checklist – SSRI Initial Certification/Clearance: clarified that the checklist and ALL supporting information must be submitted.
2017	09/27/2017	1.	Medical Policy	In Item 48., General Systemic, added new Breast Cancer Disposition Table and CACI - Breast Cancer Worksheet. Breast Cancer added to the main CACI Conditions index.
2017	09/27/2017	2.	Medical Policy	Substances of Dependence/Abuse (Drugs and Alcohol) main page was revised to add index of new documents.
2017	09/27/2017	3.	Medical Policy	In Substances of Dependence/Abuse (Drugs and Alcohol), added new

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				General Information for All AMEs section.
2017	09/27/2017	4.	Medical Policy	In Substances of Dependence/Abuse (Drugs and Alcohol), added new DUI/DWI/ Alcohol Incidents Disposition Table.
2017	09/27/2017	5.	Medical Policy	In Substances of Dependence/Abuse (Drugs and Alcohol), added new Alcohol Status Report for the AME.
2017	09/27/2017	6.	Medical Policy	In Substances of Dependence/Abuse (Drugs and Alcohol), added new Drug Use – Past or Present Disposition Table.
2017	09/27/2017	7.	Medical Policy	In Substances of Dependence/Abuse (Drugs and Alcohol), added new FAA Certification Aid – Drug and Alcohol INITIAL.
2017	09/27/2017	8.	Medical Policy	In Substances of Dependence/Abuse (Drugs and Alcohol), added Security Notification/Reporting Events information.
2017	09/27/2017	9	Medical Policy	In Substances of Dependence/Abuse (Drugs and Alcohol), added new Substances of Dependence/Abuse FAQs.
2017	09/27/2017	10.	Medical Policy	In Substance of Dependences of Abuse (Drugs and Alcohol), added new section FAA Drug and/or Alcohol Monitoring Programs and the HIMS Program with information for initial certification criteria.
2017	09/27/2017	11.	Medical Policy	In FAA Drug and/or Alcohol Monitoring Programs and the HIMS Program, added new HIMS-Trained AME

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				Checklist – Drug and Alcohol INITIAL.
2017	09/27/2017	12.	Medical Policy	In FAA Drug and/or Alcohol Monitoring Programs and the HIMS Program, added new HIMS-Trained AME Data Sheet.
2017	09/27/2017	13.	Medical Policy	In FAA Drug and/or Alcohol Monitoring Programs and the HIMS Program, added links to FAA Certification Aid – Drug and Alcohol INITIAL and to Specifications for Neuropsychological Evaluations for Substance Abuse/Dependence.
2017	09/27/2017	14.	Medical Policy	Moved HIMS-Trained AME Checklist Drug and Alcohol Monitoring Recertification and FAA Certification Aid – Drug and Alcohol Monitoring Recertification sheets into the section for FAA Drug and/or Alcohol Monitoring Programs and the HIMS Program.
2017	09/27/2017	15.	Medical Policy	In FAA Drug and/or Alcohol Monitoring Programs and the HIMS Program section, added new Monitoring Programs and HIMS FAQs.
2017	09/27/2017	16.	Medical Policy	In Item 47. Psychiatric, revised language in disposition table notes which referenced substances of abuse.
2017	09/27/2017	17.	Medical Policy	Moved language from Substances of Dependence/Abuse into Pharmaceuticals to clarify reasons why there is no list of “acceptable” medications.
2017	09/27/2017	18.	Medical Policy	In Applicant History, revised Items 18. n., 18. o, and 18. v

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				to reflect changes in Substances of Dependence/Abuse section.
2017	08/30/2017	1.	Medical Policy	In Pharmaceuticals, Erectile Dysfunction and Benign Prostatic Hyperplasia Medications, added daily Cialis (tadalafil) use as allowed with limitations. Decreased required wait time after last dose of PRN Cialis from 36 to 24 hours.
2017	08/30/2017	2.	Administrative	Throughout the AME Guide, updated mailing address for the Aerospace Medical Certification Division to PO Box 25082. (Previous address with PO Box 26080 or PO Box 26200 are no longer to be used.)
2017	08/30/2017	3.	Administrative	In Substances of Dependence/Abuse (Drugs and Alcohol), HIMS AME Checklist – Drug and Alcohol Monitoring Recertification Worksheet, updated checkboxes for item #2 on the worksheet.
2017	07/26/2017	1.	Medical Policy	In Disease Protocols, Disease Protocols - Diabetes Mellitus Type I and Type II - Insulin Treated, added Diabetes on Insulin Re-Certification Status Report.
2017	07/26/2017	2.	Medical Policy	In Student Pilot Rule Change FAQs, clarified Item E. Paper 8500-8 forms are no longer valid; any remaining paper 8500-8 forms must be destroyed by the AME.
2017	07/26/2017	3.	Medical Policy	In General Information, 12. Medical Certificates – AME Completion Requirements,

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				clarified instructions to the AME regarding the completion, signing, distribution, etc., of an airman medical certificate.
2017	07/26/2017	4.	Administrative	In General information, 13. Validity of Medical Certificates, removed redundant note regarding typing or hand-writing medical certificates.
2017	06/28/2017	1.	Administrative	In Item 55. Blood Pressure, added a link to Hypertension FAQs.
2017	06/28/2017	2.	Medical Policy	In the chart of Acceptable Combinations of Diabetes Medications, added albiglutide (Tanzeum) to GLP1 – mimetics, Group C (not allowed with Meglitinides).
2017	06/28/2017	3.	Medical Policy	In Item 50. Distant Vision and Item 51. Near and Immediate Vision, revised to remove requirement to test both corrected and uncorrected visual acuity. Added “Note: If correction is required to meet standards, only the corrected visual acuity needs to be tested and recorded.”
2017	06/28/2017	4.	Administrative	Reformatted Table of Contents to include all vision testing items and sections titled “AME Physical Exam Information” and “AME Office-Required Ancillary Testing.”
2017	05/31/2017	1.	Medical Policy	In Pharmaceuticals, updated the Do Not Issue – Do Not Fly list to provide examples within classes of medications.

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2017	04/26/2017	1.	Medical Policy	In Disease Protocols - Coronary Heart Disease (CHD), Disease Protocols - Valve Replacement, and Disease Protocols – Cardiac Transplant, revised language to remove reference to mandatory wait time for third class, per Public Law 114-190, Sec. 2307. Note: 49 USC 44703 note. Medical Certification of Certain Small Aircraft Pilots.
2017	04/26/2017	2.	Medical Policy	Revised language In Pharmaceuticals – Glaucoma Medications, Item 31. Eye, and CACI – Glaucoma Worksheet. Applicants using miotic or mydriatic eye drops or taking an oral medication for glaucoma may be considered for Special Issuance certification following their demonstration of adequate control. These medications do not qualify for the CACI program.
2017	04/07/2017	1.	Administrative	In Item 47. Psychiatric Conditions, Use of Antidepressant Medications, revised Airman Information – SSRI INITIAL Certification sheet to clarify information regarding submitting package to the FAA.
2017	04/07/2017	2.	Administrative	In Item 47. Psychiatric Conditions, Use of Antidepressant Medications, revised HIMS AME Checklist – SSRI Recertification/Follow Up Clearance to correct the address.

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2017	03/29/2017	1.	Administrative	In the Protocol for History of Diabetes Mellitus Type II Medication-Controlled (Non-Insulin), added a note to the Diabetes or Hyperglycemia on Oral Medications Status Report: "Note: Acceptable Combinations of Diabetes Medications and copies of this form for future follow-ups can be found at **www.faa.gov/go/diabetic**."
2017	03/29/2017	2.	Medical Policy	Item 47. Psychiatric Conditions, Use of Antidepressant Medications revised to include information regarding FAA ATCS and added hyperlinks to new documents.
2017	03/29/2017	3.	Medical Policy	In Item 47. Psychiatric Conditions, Use of Antidepressant Medications, revised SSRI Decision Path-I flow chart to include FAA ATCS.
2017	03/29/2017	4.	Medical Policy	In Item 47. Psychiatric Conditions, Use of Antidepressant Medications, revised SSRI Decision Path-II flow chart to include FAA ATCS. Renamed it SSRI Decision Path-II – INITIAL Certification/ Clearance.
2017	03/29/2017	5.	Medical Policy	In Item 47. Psychiatric Conditions, Use of Antidepressant Medications, deleted Airman Information and HIMS AME Checklist - SSRI Initial Certification sheet. Replaced it with Airman Information – SSRI INITIAL Certification sheet.

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2017	03/29/2017	6.	Medical Policy	In Item 47. Psychiatric Conditions, Use of Antidepressant Medications, added FAA ATCS How To Guide - SSRI.
2017	03/29/2017	7.	Medical Policy	In Item 47. Psychiatric Conditions, Use of Antidepressant Medications, Revised HIMS AME Checklist – SRRI Initial Certification sheet to include FAA ATCS. Sheet renamed HIMS AME Checklist – SSRI INITIAL Certification/Clearance.
2017	03/29/2017	8.	Medical Policy	In Item 47. Psychiatric Conditions, Use of Antidepressant Medications, revised FAA Certification Aid – SSRI Initial Certification to include information regarding FAA ATCS. Sheet renamed FAA Certification Aid – SSRI INITIAL Certification/Clearance.
2017	03/29/2017	9.	Medical Policy	In Item 47. Psychiatric Conditions, Use of Antidepressant Medications, added flow chart FAA ATCS SSRI Follow Up Path for the HIMS AME.
2017	03/29/2017	10.	Medical Policy	In Item 47. Psychiatric Conditions, Use of Antidepressant Medications, revised HIMS AME Checklist – SSRI Recertification to include information regarding FAA ATCS. Renamed HIMS AME Checklist – SSRI Recertification/Follow Up Clearance.
2017	03/29/2017	11.	Medical Policy	In Item 47. Psychiatric Conditions, Use of Antidepressant Medications,

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				revised FAA Certification Aid – SSRI Recertification. Renamed FAA Certification Aid – SSRI Recertification/Follow Up Clearance.
2017	03/29/2017	12.	Medical Policy	In Disease Protocols, revised Specifications for Neuropsychological Evaluations for Treatment with SSRI Medications to include information regarding FAA ATCS.
2017	02/22/2017	1.	Medical Policy	In Item 38. Abdomen and Viscera, added new CACI – Colon Cancer Worksheet.
2017	02/22/2017	2.	Medical Policy	In Item 38. Abdomen and Viscera, updated Malignancies Disposition Table with information on colon cancer.
2017	02/22/2017	3.	Medical Policy	On main CACI page, added listing for colon cancer.
2017	02/22/2017	4.	Medical Policy	In Pharmaceuticals, Allergies – Immunotherapy, updated information for sublingual immunotherapy (SLIT).
2017	02/22/2017	5.	Medical Policy	In Item 26. Nose, added note on desensitization treatment (injection or SLIT).
2017	02/22/2017	6.	Medical Policy	In Item 35. Lungs and Chest - Allergies, expanded information on hay fever requiring antihistamines and added note on desensitization treatment (injection or SLIT).
2017	01/25/2017	1.	Medical Policy	In Item 48. General Systemic, added guidance on blood donation.
2016	12/28/2016	1.	Medical Policy	Revised General Information, Authority of Aviation Medical Examiners to further clarify that an AME

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				may not perform self-examinations for issuance of a medical certificate or issue to themselves or an immediate family member. Status reports must be done by the treating provider. Reports done by the airman will NOT be accepted, even if that airman is a physician.
2016	11/30/2016	1.	Medical Policy	Reworded and restructured Item 58. ECG to further clarify when an ECG is required, what is a current ECG, equipment requirements, AME review and interpretation, transmitting, and FAA support information.
2016	11/30/2016	2.	Medical Policy	In Substances of Dependence/Abuse, in the FAA CERTIFICATION AID – Drug and Alcohol Monitoring Recertification sheet, revise page 2 to remove “AA Meeting” as a valid example in the “Group, Aftercare or Counselor” category.
2016	11/30/2016	3.	Medical Policy	Revised Item 47. Psychiatric Conditions – Use of Antidepressant Medications - “4.) The applicant DOES NOT have symptoms or history of.” Also reorganized listing of informational hyperlinks associated with the “Initial Certification” and “Recertification” categories.
2016	11/30/2016	4.	Administrative	On the main Disease Protocol page, update the link for Depression Treated with SSRI Medications so it directs the user to Item 47.

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				Psychiatric Conditions - Use of Antidepressant Medications.
2016	10/26/2016	1.	Medical Policy	Revised Item 47. Psychiatric to add Airman Information and HIMS AME Checklist – SSRI INITIAL Certification guidance.
2016	10/26/2016	2.	Medical Policy	Revised Item 47. Psychiatric to add FAA Certification Aid – SSRI Initial Certification guidance.
2016	10/26/2016	3.	Medical Policy	In Item 47. Psychiatric, revised SSRI Decision Path II – (HIMS AME) flow chart. Renamed and added verbiage to reflect update in SSRI INITIAL Certification policy.
2016	10/26/2016	4.	Medical Policy	In Disease Protocols – Depression Treated with SSRI Medications, reorganized Specifications for Neuropsychological Evaluations for Treatment with SSRI Medications. Moved notes from the bottom to the top of the page.
2016	09/28/2016	1.	Medical Policy	In General Information, Who May Be Certified, and in Student Pilot Rule Change, revise information on language requirements. Remove references to ICAO language proficiency requirements and any related AME actions.
2016	08/31/2016	1.	Medical Policy	Revised HIMS AME Checklist - Drug and Alcohol Monitoring Recertification to add “N/A” column to item 2.

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2016	08/31/2016	2.	Errata	In **Item 62. Has Been Issued**, added hyperlink for Letter of Denial.
2016	07/27/2016	1.	Medical Policy	Revised CACI – Renal Cancer Worksheet to specify that if it has been 5 or more years since the airman had any treatment for renal cancer, with no history of metastatic disease and no reoccurrence, CACI is not required and examiner must notate in Box 60.
2016	06/29/2016	1.	Medical Policy	In Item 46. Neurologic, added new FAA Airman Seizure Questionnaire.
2016	06/29/2016	2.	Medical Policy	In Item 47. Psychiatric, changed the title of the SSRI Specification Sheet to SSRI Specification Sheet – for Initial Consideration. Appropriate hyperlinks were also renamed in the Web version of the AME Guide.
2016	06/29/2016	3.	Medical Policy	In Item 47. Psychiatric, changed title of Depression Treated with SSRI Medications to Specifications for Neuropsychological Evaluations for Treatment with SSRI Medications. Appropriate hyperlinks were also renamed in the Web version of the AME Guide.
2016	05/25/2016	1.	Medical Policy	In Item 47. Psychiatric, added new SSRI Follow Up Path for the HIMS AME. Chart has new title and content. This replaces the previously titled “SSRI Follow Up Path.”

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2016	05/25/2016	2.	Medical Policy	In Item 47. Psychiatric, added HIMS AME Checklist – SSRI Recertification.
2016	05/25/2016	3.	Medical Policy	In Item 47. Psychiatric, added FAA Certification AID – SSRI Recertification.
2016	05/25/2016	4.	Medical Policy	In Substances of Dependence/Abuse, added HIMS AME Checklist – Drug and Alcohol Monitoring Recertification.
2016	05/25/2016	5.	Medical Policy	In Substances of Dependence/Abuse, added FAA Certification AID – Drug and Alcohol Monitoring Recertification.
2016	05/25/2016	6.	Errata	Removed duplicated punctuation on CACI - Pre Diabetes Mellitus Worksheet.
2016	04/27/2016	1.	Medical Policy	References to ATCS removed from the AME Guide with the exception of use in General Information – Classes of Medical Certificate and in Item 52. Color Vision – ATCS testing criteria.
2016	04/27/2016	2.	Medical Policy	In 41. GU- Kidney Stone(s) - (Nephrolithiasis, Renal Calculi) or Renal Colic - All Classes, revised disposition table to clarify criteria.
2016	04/27/2016	3.	Medical Policy	In the Acceptable Combinations of Diabetes Medications Chart, added dulaglutide (Trulicity) to the GLP-1 section.
2016	04/27/2016	4.	Medical Policy	Revised title of CACI – Kidney Stones Worksheet to CACI – Retained Kidney Stone(s) Worksheet.
2016	04/27/2016	5.	Errata	In the Glossary, clarified entries for PAC, PET, and PVC.

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2016	03/30/2016	1.	Medical Policy	As of April 1, 2016 (per Final Rule [81 FR 1292]), AMEs will no longer be able to issue the combined FAA Medical Certificate and Student Pilot Certificate. Student Pilots will have a separate Student Pilot Certificate and a separate FAA Medical Certificate. As such, all AME instructions regarding the issuance of a combined certificate have been removed from the AME Guide. In addition, a section explaining the policy change has been added. See Student Pilot Rule Change.
2016	03/30/2016	2.	Administrative	In Application Process for Medical Certification, Applicant History, II. Prior to the Examination, revise to change any “MedX” references to MedXpress.
2016	03/30/2016	3.	Administrative	In Item 31. Eyes, General – revise language in disposition table for Amblyopia.
2016	03/30/2016	4.	Administrative	In Item 42. Upper and Lower Extremities, Item 49. Hearing, and Disease Protocol for Musculoskeletal, revise language to clarify process.
2016	03/30/2016	5.	Administrative	In Glossary, revise entries for AMCS and AME to clarify definition.
2016	02/24/2016	1.	Medical Policy	In Item 36. Heart, Valvular Disease Disposition Table, reorganize and add entry for Mitral Valve Repair.

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2016	02/24/2016	2.	Medical Policy	In Item 36. Heart, add Mitral Valve Repair Disposition Table.
2016	02/24/2016	3.	Medical Policy	In Item 36. Heart, add CACI – Mitral Valve Repair Worksheet.
2016	02/24/2016	4.	Medical Policy	Add entry for CACI – Mitral Valve Repair Worksheet to main CACI section page
2016	02/24/2016	5.	Medical Policy	In the PDF version of The Guide, Item 26. Nose, revise information on severe allergic rhinitis and hay fever requiring antihistamines so information is consistent with the Web version.
2016	02/24/2016	6.	Errata	In Special Issuances, AASI for Mitral or Aortic Insufficiency, correct typographical error.
2016	01/27/2016	1.	Medical Policy	In Item, 41., G-U System, Gender Identity Disorder, rename to Gender Dysphoria, update information, and relocate entry to Item 48, General Systemic, Gender Dysphoria.
2016	01/27/2016	2.	Medical Policy	In Item 48., General Systemic, Gender Dysphoria, add Gender Dysphoria Mental Health Status Report form.
2016	01/27/2016	3.	Medical Policy	In Item 41, G-U System, Pregnancy, remove and relocate entry to Item 48., General Systemic, Pregnancy.
2016	01/27/2016	4.	Medical Policy	In Pharmaceuticals, Contraceptive and Hormone Replacement Therapy, III Aeromedical Considerations, change reference from Item 41., Gender Identity Disorder

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				to Item 48., General Systemic, Gender Dysphoria.
2016	01/27/2016	5.	Errata	In Synopsis of Medical Standards, correct typographical error.
2016	01/01/2016	1.	Administrative	Changed cover page to reflect current calendar year.
2015	11/25/2015	1.	Medical Policy	In Item 41. G-U Systems, General Disorders, add Chronic Kidney Disease Dispostion Table.
2015	11/25/2015	2.	Medical Policy	In Item 41. G-U Systems, General Disorders, add CACI – Chronic Kidney Disease Worksheet.
2015	11/25/2015	3.	Administrative	On main CACI Certification Worksheets page, add entry for Chronic Kidney Disease.
2015	11/25/2015	4.	Medical Policy	In Special Issuances, add AASI for Chronic Kidney Disease.
2015	11/25/2015	5.	Administrative	On main AASI page, add entry for Chronic Kidney Disease.
2015	11/25/2015	6.	Medical Policy	In AME Assisted Special Issuances (AASI), revise AASI Coversheet to include box for Chronic Kidney Disease.
2015	11/06/2015	1.	Errata	In Item 48. General Systemic – CACI – Pre Diabetes Worksheet, corrected typographical errror in Accebtable Certification Criteria: Oral glucose test, if performed, should be less than 200 mg/dl at 2 hours.
2015	10/28/2015	1.	Medical Policy	In Item 36. Heart, revise Hypertension Dispositions Table to clarify certification requirements.
2015	10/28/2015	2.	Medical Policy	In Item 36. Heart, revise CACI – Hypertension

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				Worksheet to provide example of clonidine as a centrally acting antihypertensive(s), which is not acceptable.
2015	10/28/2015	3.	Medical Policy	In Item 36. Heart, add Hypertension – Frequently Asked Questions (FAQs).
2015	10/28/2015	4.	Medical Policy	In Pharmaceuticals (Therapeutic Medications) - Antihypertensives, revise to include table with examples of medications that are acceptable and not acceptable for treatment of hypertension.
2015	10/28/2015	5.	Medical Policy	In AME Assisted Special Issuances (AASI), add AASI for Hypertension.
2015	10/28/2015	6.	Medical Policy	In AME Assisted Special Issuances (AASI), revised AASI Coversheet to include box for Hypertension.
2015	10/28/2015	7.	Medical Policy	In Item 55. Blood Pressure, Decision Considerations, revise to include more information on AME options if airman's blood pressure is higher than 155/95 during the exam.
2015	09/30/2015	1.	Medical Policy	In Item 41. G-U Systems, add Kidney Stone(s) Dispositions Table.
2015	09/30/2015	2.	Medical Policy	In Item 41. G-U Systems, add CACI – Kidney Stone(s) Worksheet.
2015	09/30/2015	3.	Medical Policy	In Item 41. G-U Systems, Neoplastic Disorders, Dispositions Table, revise information for Renal Cancer.
2015	09/30/2015	4.	Medical Policy	In Item 41. G-U Systems, Neoplastic Disorder, revise the CACI – Renal Cancer

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				Worksheet to include "disease recurrence and stage 4 disease" as part of criteria AME must review.
2015	09/30/2015	5.	Medical Policy	In Item 41. G-U Systems, Urinary System, revise Disposition Table to include information on Hematuria, Proteinuria, and Glycosuria. Removed information on renal calculi, which is now captured in Kidney Stone (s) Disposition Table.
2015	09/30/2015	6.	Administrative	In Item 41. G-U Systems, revised the list of conditions to appear in the following order: -General Disorders -Gender Identity Disorders -Inflammatory Conditions -Kidney Stone(s) -Neoplastic Disorders Bladder Cancer Prostate Cancer Renal Cancer Testicular Cancer Other G-U Cancers/Neoplastic Disorders -Nephritis -Pregnancy -Urinary System
2015	08/26/2015	1.	Medical Policy	In Item 41. G-U Systems, Neoplastic Disorders, Dispositions Table, revise information for Prostate Cancer.
2015	08/26/2015	2.	Medical Policy	In Item 41. G-U System, Neoplastic Disorders, add CACI – Prostate Cancer Worksheet.
2015	08/26/2015	3.	Medical Policy	In Item 42. G-U System, Neoplastic Disorders, add Prostate Conditions

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				Dispositions Table to include information on BPH and elevated PSA.
2015	08/26/2015	4.	Medical Policy	On CACI Conditions main page, revise guidance to clarify that if all the CACI criteria are met and the applicant is otherwise qualified, the AME may issue on the first exam or the first time the condition is reported to the AME without contacting AMCD/RFS. AMEs should document the appropriate notes in Block 60 and keep the supporting documents in their files; they do not need to be submitted to the FAA at this time.
2015	08/26/2015	5.	Administrative	In Special Issuance, AASI for Melanoma and in Item 40. Skin, Disposition Table for Skin Cancer – All Classes, revised to clarify expression of Breslow level. (Removed < > signs.) EX: “Melanoma less than 0.75 mm in depth or Melanoma in Situ” and "Melanoma equal to 0.75 mm or greater in depth.”
2015	08/26/2015	6.	Administrative	Item 41. G-U System – Neoplastic Disorders, Disposition Table – Testicular Cancer – All Classes and in Disposition Table – Bladder Cancer – All Classes, revise to clarify - “Non metastatic and treatment completed 5 or more years ago.”
2015	08/26/2015	7	Administrative	In CACI – Bladder Cancer Worksheet and CACI – Testicular Cancer Worksheet, revise

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				information in notes to clarify: “If it has been 5 or more years since…”
2015	07/29/2015	1.	Medical Policy	In Item 41. G-U System, Neoplastic Disorders, Dispositions Table, revise information for Bladder Cancer.
2015	07/29/2015	2.	Medical Policy	In Item 41. G-U System, Neoplastic Disorders, add CACI – Bladder Cancer Worksheet.
2015	07/29/2015	3.	Medical Policy	In Item 48. General Systemic - Endocrine Disorders, revised CACI – Hypothyroidism Worksheet. Changed normal TSH requirement from 90 days to one year.
2015	07/29/2015	4.	Medical Policy	In Item 38. Abdomen and Viscera, Dispositions Table, revise to include criteria for liver transplant recipient, donor, and liver transplant in combination with kidney, heart, or other organ.
2015	07/29/2015	5.	Medical Policy	In Protocols, add protocol for Liver Transplant – (Recipient).
2015	06/24/2015	1.	Medical Policy	In Item 41. G-U System, Neoplastic Disorders, Dispositions Table, revise information for Testicular Cancer.
2015	06/24/2015	2.	Medical Policy	In Item 41. G-U System, Neoplastic Disorders, add CACI – Testicular Cancer Worksheet.
2015	06/24/2015	3.	Medical Policy	In Pharmaceuticals (Therapeutic Medications), add guidance for use of Erectile Dysfunction and/or Benign Prostatic Hyperplasia

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				Medications, including table of wait times.
2015	06/24/2015	4.	Medical Policy	In CACI – Hypertension Worksheet, revise to change medication wait time from 2 weeks to 7 days.
2015	06/24/2015	5.	Medical Policy	In PDF version of the Guide, create a page listing all CACI worksheets. In both PDF and Web versions of the Guide, include instructions for the Examiner to review the disposition table first to verify that a CACI is required.
2015	06/17/2015	1.	Administrative	In Protocols, Diabetes Mellitus Type I and Type II – Insulin Treated, clarify diabetes requirements by class.
2015	06/17/2015	2.	Administrative	In Pharmaceuticals, Diabetes Mellitus Type I and Type II – Insulin Treated, remove redundant language. Retain links to applicable Diabetes information elsewhere in the AME Guide.
2015	05/27/2015	1.	Medical Policy	In Item 48. General Systemic, Dispositions Table for Humman Immunodeficiency Virus (HIV), add issuance criteria for HIV negative airmen taking long-term prevention or Pre-Exposure Prophylaxis (PrEP). Also added link to the information in Protocol for Human Immunodeficiency Virus (HIV).
2015	05/27/2015	2.	Medical Policy	Protocols, Diabetes Mellitus Type II – Medication Controlled, added PDF form Diabetes or Hyperglycemic

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				on Oral Medications Status Report. Links to the form also added in Pharmaceuticals, Diabetes Mellitus Type II – Medication Controlled (Not Insulin) and in Special Issuances AME Assisted - All Classes - Diabetes Mellitus - Type II, Medication Controlled (Not Insulin).
2015	04/29/2015	1.	Medical Policy	In Item 40. Skin, replace dispositions table for Malignant Melanoma with an expanded table named “Skin Cancers – All classes.”
2015	04/29/2015	2.	Administrative	In all CACI worksheets, revise note in Block 60 language to read: CACI qualified (condition). Not CACI qualified (condition). Issued per valid SI/AASI. (Submit supporting documents.) NOT CACI qualified (condition). I have deferred.
2015	04/29/2015	3.	Medical Policy	In Disease Protocols, Obstructive Sleep Apnea, Reference Materials, revise Specification Sheet B to include bullet: “In communities where a Level II HST is unavailable, the FAA will accept a level III HST. If the HST is positive for OSA, no further testing is necessary and treatment in accordance with the AASI must be followed. However, if the HST is equivocal, a higher level test such as an in-lab sleep study will be needed unless a sleep

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				medicine specialist determines no further study is necessary and documents the rationale."
2015	04/29/2015	4.	Medical Policy	In Disease Protocols, Protocol for History of Diabetes Mellitus Type II Medication – Controlled (Non Insulin), Protocol for Metabolic Syndrome, and CACI – Pre Diabetes, revise to add 14 day wait period for use of Metformin only. (Any other single diabetes medication requires a 60-day wait period.)
2015	04/29/2015	5.	Medical Policy	In Item 43. Spine and other Musculoskeletal, add a disposition table for Gout and Pseudogout.
2015	04/21/2015	1.	Medical Policy	In Disease Protocols, Protocol for Diabetes Mellitus, Type I and Type II – Insulin Treated, revise to remove reference to class of certification.
2015	04/21/2015	2.	Medical Policy	In Pharmaceuticals (Therapeutic Medications) Diabetes Mellitus – Insulin Treated, revise language under III. Aeromedical Decision Considerations. Remove reference to class of certification.
2015	04/16/2015	1.	Medical Policy	In Disease Protocols, Protocol for History Diabetes Mellitus Type II Medication-Controlled (Non-Insulin) and in Protocol for Medication Controlled Metabolic Syndrome, remove: "An applicant who uses insulin for the treatment of his or her metabolic syndrome may

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				only be considered for an Authorization for a third-class airman medical certificate."
2015	04/16/2015	2.	Administrative	To bring the PDF version of the Guide up-to-date with the online version: In Item 36. Heart, C. Medication, NOT ACCEPTABLE - Remove "A combination of beta-adrenergic blocking agents used with insulin, meglitinides, or sulfonylureas."
2015	04/03/2015	1.	Medical Policy	In Disease Protocols, Obstructive Sleep Apnea, Reference Materials, Frequently Asked Questions (FAQs), add new FAQ: "What if the doctor or insurance provider is only willing to do a level III Home Sleep Test (HST)."
2015	03/19/2015	1.	Medical Policy	In Disease Protocols, Obstructive Sleep Apnea, add new section within the Reference Materials for Frequently Asked Questions (FAQs).
2015	03/19/2015	2.	Administrative	In Disease Protocols, Obstructive Sleep Apnea, add a link for the FAA OSA screening video.
2015	03/10/2015	1.	Administrative	In Disease Protocols, Obstructive Sleep Apnea, create additional hyperlinks within the material.
2015	03/02/2015	1.	Medical Policy	In Disease Protocols, revise guidance to introduce "Protocol for Obstructive Sleep Apnea (OSA)."
2015	03/02/2015	2.	Medical Policy	In Disease Protocols, add new section, "Reference Materials for Obstructive

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				Sleep Apnea (OSA)," to the end of the Protocols.
2015	03/02/2015	3.	Medical Policy	In AME Assisted – All Classes - Sleep Apnea, revise guidance on certification criteria. Change title to "AME Assisted – All Classes – Obstructive Sleep Apnea (OSA)."
2015	03/02/2015	4.	Medical Policy	In Item. 35, Lungs and Chest, Revise guidance in Decisions Considerations Table regarding Obstructive Sleep Apnea.
2015	03/02/2015	5.	Medical Policy	In Item. 25-30, Ear, Nose and Throat, add link to Protocol for Obstructive Sleep Apnea.
2015	03/02/2015	6.	Medical Policy	In Item. 28, Mouth and Throat Decision Considerations Table, add link to Protocol for Obstructive Sleep Apnea.
2015	03/02/2015	7.	Administrative	In Protocols, revise table of contents page to show entry for Obstructive Sleep Apnea (OSA). In the PDF version of the AME Guide, add note to indicate location of the "Obstructive Sleep Apnea (OSA) – Reference Materials."
2015	02/11/2015	1.	Administrative	In Item. 52, Color vision, revise format to emphasize existing policy – "Color vision tests approved for airmen ARE NOT all acceptable for air traffic controllers."
2015	02/11/2015	2.	Medical Policy	In Protocol for History of Human Immunodeficiency Virus (HIV) Related Conditions, revise language and insert links to specification sheets to clarify

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				criteria for Special Issuance and follow-up.
2015	01/05/2015	1.	Administrative	Revise cover page to reflect the current calendar year.
2014	12/09/2014	1.	Medical Policy	In Pharmaceuticals, Anti-hypertensives, revise to state that the combination use of beta-blockers and insulin, meglitinides, or sulfonylurea is now allowed.
2014	12/09/2014	1.	Medical Policy	In Pharmaceuticals, Do Not Issue – Do Not Fly, remove "Concurrent use of a beta-blocker plus a sulfonylurea or insulin or a meglitinide" from the Do Not Issue listing.
2014	12/02/2014	1.	Administrative	Review Guide and remove any erroneous references to Titmus II Vision Testers (TII, TIIs). Tester was previously removed (09/27/13) as acceptable for airmen.
2014	11/24/2014	1.	Administrative	In Disease Protocols, review and adjust table of contents order.
2014	10/22/2014	1.	Medical Policy	In Pharmaceuticals, Diabetes Mellitus Type II – Medication Controlled (Not Insulin), revise chart of Acceptable Combinations of Diabetes Medications to include alogliptin (Nesina) and trade names for metformin (Glucophage, Fortament, Glutetza, Riomet.)
2014	10/20/2014	1.	Medical Policy	In Pharmaceuticals, Diabetes Mellitus – Insulin Treated and in Diabetes Mellitus – Diabetes Mellitus Type II – Medication Controlled (Not Insulin), revise Pharmaceutical Considerations regarding

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				chart of Acceptable Combinations of Diabetes Medications.
2014	10/20/2014	2.	Medical Policy	In Pharmaceuticals, revise chart of Acceptable Combinations of Diabetes Medications.
2014	10/20/2014	3.	Medical Policy	In AASI, Diabetes Mellitus – Type II Medication Controlled (Not Insulin), revise guidance regarding deferral criteria.
2014	09/10/2014	1.	Medical Policy	In General Information, Equipment Requirements and in Item. 52, Color Vision, revise to indicate that the OPTEC 2000 vision tester (Models 2000 PM, 2000 PAME, 2000 PI) MUST contain the 2000-010 FAR color perception PIP plate to be approved.
2014	08/06/2014	1.	Medical Policy	In General Information, Classes of Medical Certificates and also in Validity of Medical Certificates, revise to include language regarding digital signatures of authorized FAA physicians on certificates.
2014	07/25/2014	1.	Medical Policy	In General Information, Classes of Medical Certificates and also in Validity of Medical Certificates, revise to include language regarding necessity for original AME or FAA physician signature on certificates.
2014	07/23/2014	1.	Medical Policy	In AASI, Diabetes Mellitus, Medication Controlled (Not Insulin), revise to include that applicant must be deferred if taking more than 3 Diabetes

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				medications or is using a combination prohibited in the Acceptable Combinations of Diabetes Medical Chart.
2014	05/16/2014	1.	Administrative	In Pharmaceuticals (Therapeutic Medications), Malaria, reorder category content.
2014	05/16/2014	2.	Medical Policy	In Pharmaceuticals, (Therapeutic Medicatins), Sleep Aids, revise to include warning on eszopiclone.
2014	05/16/2014	3.	Medical Policy	In Item 46. Neurologic, In the dispositions table, change “Dystonia musculorum deformans" to "Dystonia - primary or secondary.”
2014	05/12/14	1.	Medical Policy	In Acceptable Combinations of Diabetes Medications Chart, revise to add alogliptin (Nesina).
2014	05/06/2014	1.	Medical Policy	In Decision Considerations, Disease Protocols - Graded Exercise Stress Test Requirements, revise to remove hyperventilation requirement from testing.
2014	04/22/2014	1.	Administrative	In Pharmaceuticals (Therapeutic Medications) revise chart of Acceptable Combinations of Diabetes Medications to include link to Pre-Diabetes CACI worksheet.
2014	04/17/2014	1.	Medical Policy	In Pharmaceuticals (Therapeutic Medications) revise to include chart of Acceptable Combinations of Diabetes Medications.
2014	04/17/2014	2.	Administrative	In Applicant History, Item 3., (Last Name; First Name; Middle Name.), revise to clarify instructions if

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				applicant has no middle name.
2014	03/28/2014	1.	Administrative	In Disease Protocols, add acronyms to Protocol for Cardiovascular Evaluation (CVE) and Protocol for Evaluation of Coronary Heart Disease (CHD).
2014	03/20/2014	1.	Medical Policy	In CACI Certification Worksheets, add worksheet for Colitis. Revise Colitis Dispositions Table and Colitis Special Issuance criteria to reflect the change.
2014	03/18/2014	1.	Medical Policy	In Disease Protocols, Cardiovascular Evaluation, revise to clarify criteria.
2014	03/18/2014	2.	Medical Policy	In Disease Protocols, Coronary Heart Disease, revise to clarify criteria.
2014	03/18/2014	3.	Medical Policy	In Disease Protocols, Graded Exercise Stress Test Requirements, revise to clarify criteria.
2014	03/14/2014	1.	Medical Policy	In Exam Techniques, III. Aerospace Medical Disposition, revise to clarify the definition of Conditions AMEs Can Issue (CACI).
2014	03/10/2014	1.	Medical Policy	In Item 47. Psychiatric, Use of Antidepressant Medications, revise policy to change the required time applicant must be on a stable dose of the SSRI from 12 months to 6 months.
2014	02/05/2014	1.	Medical Policy	In Pharmaceuticals (Therapeutic Medications) – Anticoagulants and in Disease Protocols – Thromboembolic Disease, revise to policy include required wait time after initial

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				start of warfarin (Coumadin) treatment.
2014	01/16/2014	1.	Medical Policy	In Equipment Requirements and Item 52. Color Vision, remove APT-5 Color Vision Tester.
2014	01/16/2014	2.	Medical Policy	In Pharmaceuticals (Therapeutic Medications), add new “Do Not Issue-Do Not Fly” section.
2014	01/01/2014	1.	Administrative	Revise cover page to reflect the current calendar year.
2013	12/23/2013	1.	Administrative	In Pharmaceutical (Therapeutic Medications), Sleep Aids, add link to FDA study.
2013	12/12/2013	1.	Medical Policy	In Pharmaceutical (Therapeutic Medications), Acne Medications, revise policy to include language on use of topical acne medications, such as Retin A, and oral antibiotics, such as tretracycline.
2013	12/06/2013	1.	Administrative	In AASI, change title of Deep Venous Thrombosis/Pulmonary Embolism - Warfarin (Coumadin) Therapy to “Deep Venous Thrombosis (DVT), Pulmonary Embolism (PE), and/ or Hypercoagulopathies”. Title of block on the Certificate Issuance sheet also changed.
2013	11/06/2013	1.	Medical Policy	In Item 46. Neurologic, revise the Cerebrovascular Disease dispositions table to expand on criteria for Transient Ischemic Attack, Completed Stroke (ischemic or hemorrhagic), and

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				Subdural, Epidural, or Subarachnoid Hemorrhage.
2013	09/27/2013	1.	Medical Policy	In General Information, Equipment Requirements – Color Vision Test Apparatus, remove Titmus II Vision Tester (Model Nos. TII and TIIS) from the list of approved testers.
2013	09/27/2013	2.	Medical Policy	In Disease Protocols, revise Hypertension Worksheet to clarify criteria whereby AME can assess current status.
2013	09/17/2013	1.	Medical Policy	In Disease Protocols, add new test (Gordon Diagnostic System [GDS]) to evaluation sheets for Attention Deficit/Hyperactivity Disorder; Depression Treated with SSRI Medications; Neurocognitive Impairment; and Psychiatric and Neuropsychological Evaluations for Substance Abuse/Dependence.
2013	09/17/2013	2.	Medical Policy	In Disease Protocols listing, rename “Substances of Dependence/Abuse (Drugs and Alcohol)” to “Psychiatric – Substances of Dependence/Abuse (Drugs and Alcohol.”
2013	09/17/2013	3.	Administrative	Add updated link for the International Standards on Personnel Licensing.
2013	08/16/2013	1.	Medical Policy	In Pharmaceuticals, Malaria Medications, update policy information regarding the use of mefloquine.
2013	08/16/2013	2.	Medical Policy	In Special Issuances, update policy for prednisone usage for treatment of Asthma, Arthritis, Colitis, and/ or

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				Chronic Obstructive Pulmonary Disease.
2013	08/16/2013	3.	Medical Policy	In Special Issuances, revise introductory language to clarify requirements for deferral. (Specifically, “if the applicant does not meet the issue criteria in the Aerospace Medicine Dispositions Tables or the Certification Worksheets.”)
2013	08/14/2013	1,	Medical Policy	In Item 41. G-U System – Neoplastic Disorders, revise dispositions table language from “Any other G-U Neoplastic Disorder” to “All G-U cancers when treatment was completed less than 5 years ago or for which there is a history of metastatic disease.” Also, direct Examiners to reference the specific cancers in this category for requirements and dispositions.
2013	07/30/2013	1.	Medical Policy	In Pharmaceuticals, add information page on Sleep Aids, including wait times.
2013	07/30/2013	2.	Errata	In Examination Techniques, Item 36. Heart – Syncope, correct typographical error: bilatcarotid Ultrasound to bilateral carotid Ultrasound.
2013	06/19/2013	1.	Medical Policy	In Item 41. G-U System – Neoplastic Disorders, revise dispositions table to include criteria for “All G-U Cancers when treatment was completed more than 5 years ago and there is no history of metastatic disease.”
2013	06/13/2013	1.	Medical Policy	Revise language in all Certification Worksheets:

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				(Arthritis, Asthma, Renal Cancer, Glaucoma, Hepatitis C, Hypertension, Hypothyroidism, Migraine – Chronic Headaches, and Pre Diabetes) to add “Applicants for first- or second- class must provide this information annually; applicants for third-class must provide the information with each required exam.”
2013	06/13/2013	2.	Medical Policy	In Item 35. Lungs and Chest, revise Asthma Worksheet to include “FEV1, FVC, and FEV1/FVC are all equal to or greater than 80% predicted before bronchodilators” and Pulmonary Function Test “is not required if the only treatment is PRN use on one or two days a week of a short-acting beta agonist (e.g. albuterol).”
2013	06/13/2013	3.	Administrative	In Item 43. Spine and Other Musculoskeletal, revise Arthritis Worksheet to include link to steroid conversion calculator.
2013	06/13/2013	4.	Medical Policy and Administrative	In Item 41. G-U System – Neoplastic Disorders, revise Renal Cancer Worksheet to state “ECOG performance status or equivalent is 0.” Also, include link to ECOG Performance Status definitions.
2013	06/13/2013	5.	Medical Policy	In Item 48. General Systemic –Pre-Diabetes, Diabetes, Metabolic Syndrome, and/or Insulin Resistance, revise dispositions table to include Polycystic Ovary Syndrome.

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2013	06/13/2013	6.	Medical Policy	In Item 48. General Systemic - Pre-Diabetes, Diabetes, Metabolic Syndrome, and/or Insulin Resistance, revise Pre-Diabetes Worksheet to include Polycystic Ovary Syndrome.
2013	06/11/2013	1.	Medical Policy	In Dispositions Table, Item 46. Neurologic, revise language to reflect that “Any loss of consciousness, alteration of consciousness, or amnesia, regardless of duration” requires FAA Decision.
2013	06/04/2013	1.	Medical Policy	In Dispositions Table, Item 38. Abdomen and Viscera, Hepatitis C, revise to show that if disease is resolved without sequela and need for medications, the AME can issue.
2013	05/15/2013	1.	Medical Policy	In Dispositions Table, Item 43. Arthritis – add row for certification criteria for Osteoarthritis and variants on PRN NSAIDS only.
2013	05/15/2013	2.	Medical Policy	In Dispositions Table, Item 55. Blood Pressure, Hypertension Worksheet, revise to state “treating physician or AME finds…etc.”
2013	05/08/2013	1.	Administrative	In Archives and Modifications, change title to “Archives and Updates.”
2013	05/08/2013	2.	Administrative	In AME Assisted Special Issuances (AASI), revise language on the introductory page and all 25 AASI pages from "If this is a first time issuance of an Authorization for the above disease/condition…” to “If

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				this is a first-time application for an AASI for the above disease/condition …"
2013	04/09/2013	1.	Medical Policy	In Examination Techniques, Item 35. Lungs and Chest, revise dispositions table for Asthma. Introduce Asthma Worksheet with certification criteria under which the AME can regular issue.
2013	04/09/2013	2.	Medical Policy	In Examination Techniques, Item 43. Spine and Other Musculoskeletal, revise dispositions table for Arthritis. Introduce Arthritis Worksheet with certification criteria under which the AME can regular issue.
2013	04/09/2013	3.	Medical Policy	In Examination Techniques, Item 41. G-U System – Neoplastic Disorders, revise dispositions table for Prostatic, Renal, and Testicular Carcinomas. Introduce Renal Cancer Worksheet with certification criteria under which the AME can regular issue.
2013	04/09/2013	4.	Medical Policy	In Examination Techniques, Items 31 - 34. Eye, revise Examination techniques and dispositions table for Glaucoma. Introduce Glaucoma Worksheet with certification criteria under which the AME can regular issue.
2013	04/09/2013	5.	Medical Policy	In Examination Techniques, Items 38. Abdomen and Viscera, revise dispositions table for Hepatitis C - Chronic. Introduce Hepatitis C – Chronic Worksheet with certification criteria under

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				which the AME can regular issue.
2013	04/09/2013	6.	Medical Policy	In Examination Techniques, Items 55. Blood Pressure, revise dispositions table for Hypertension. Introduce Hypertension Worksheet with certification criteria under which the AME can regular issue.
2013	04/09/2013	7.	Medical Policy	In Disease Protocols, delete Hypertension Protocol.
2013	04/09/2013	8.	Medical Policy	In Examination Techniques, Items 48. General Systemic – Endocrine Disorders, revise dispositions table for Hypothyroidism. Introduce Hypothyroidism Worksheet with certification criteria under which the AME can regular issue.
2013	04/09/2013	9.	Medical Policy	In Examination Techniques, Items 46. Neurologic – Headaches, revise dispositions table for Migraine and Chronic Headache. Introduce Migraine and Chronic Headache Worksheet with certification criteria under which the AME can regular issue.
2013	04/09/2013	10.	Medical Policy	In Examination Techniques, Items 48. General Systemic – Diabetes, Metabolic Syndrome, and/or Insulin Resistance, revise dispositions table to add Pre-Diabetes. Introduce Pre-Diabetes Worksheet with certification criteria under which the AME can regular issue.

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2013	04/09/2013	11.	Medical Policy	In Disease Protocols, delete protocol for Medication Controlled Metabolic Syndrome (Glucose Intolerance, Impaired Glucose Tolerance, Impaired Fasting Glucose, Insulin Resistance, and Pre-Diabetes)
2013	04/09/2013	12.	Medical Policy	In Disease Protocols, revise Diet Controlled Diabetes Mellitus and Metabolic Syndrome. Change title to Diabetes Mellitus – Diet Controlled.
2013	04/09/2013	13.	Medical Policy	In Disease Protocols, revise title of Medication Controlled Diabetes Mellitus - Type II. Change name to Diabetes Mellitus Type II – Medication Controlled (Non Insulin). Also, in Pharmaceuticals section, revise name of protocol link to reflect title change.
2013	04/09/2013	14.	Medical Policy	In Disease Protocols, revise title of Insulin Treated Diabetes Mellitus - Type I or Type II. Change title to Diabetes Mellitus Type I or Type II – Insulin Treated. Also, in Pharmaceuticals section, revise name of protocol link to reflect title change.
2013	04/09/2013	15.	Medical Policy	In Pharmaceuticals, Antihypertensives, change name of protocol link from Hypertension Protocol to Hypertension Worksheet.
2013	04/09/2013	16.	Medical Policy	In AME Assisted Special Issuance (AASI), delete AASI for Metabolic Syndrome, Glucose

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				Intolerance, Impaired Glucose Tolerance, Impaired Fasting Glucose, Insulin Resistance, and Pre-Diabetes.
2013	03/05/13	1.	Medical Policy	In Disease Protocols, add Specifications for Neuropsychological Evaluations for ADHD/ADD.
2013	03/05/13	2.	Medical Policy	In Disease Protocols, add Specifications for Neuropsychological Evaluations for Treatment with SSRI Medications.
2013	03/05/13	3.	Medical Policy	In Disease Protocols, add Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment.
2013	03/05/13	4.	Medical Policy	In Disease Protocols, add Specifications for Psychiatric Evaluations.
2013	03/05/13	5.	Medical Policy	In Disease Protocols, add Specifications for Psychiatric and Psychological Evaluations.
2013	03/05/13	6.	Medical Policy	In Disease Protocols, add Specifications for Psychiatric and Neuropsychiatric Evaluations for Substance Abuse/Dependence.
2013	03/05/13	7.	Medical Policy	In Item 47. Psychiatric Conditions, revise table to include reference to new Psychiatric Specification Sheets.
2013	03/05/13	8.	Medical Policy	In Item 47. Psychiatric Conditions, revise SSRI Specifications Sheet to remove Federal Register link and include link to Specifications for Neuropsychological

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				Evaluations for Treatment with SSRI Medications.
2013	02/15/13	1.	Medical Policy	In Item 47. Psychiatric Conditions, revise Table of Medical Dispositions to include additional evaluation guidance.
2013	02/15/13	2.	Medical Policy	In Item 52. Color Vision, revise to state that use of computer applications, downloaded versions, or printed versions of color vision tests are prohibited for evaluation.
2013	02/15/13	3.	Medical Policy	In Disease Protocols, Disease Protocols - Human Immunodeficiency Virus (HIV), revise to include statement on status report requirements after the first two years of SI/SC.
2013	01/03/12	1.	Administrative	Revise cover page to reflect the current calendar year.
2012	12/14/12	1.	Medical Policy	In Item 47. Psychiatric Conditions, revise SSRI Specifications Sheet to change “neurocognitive testing” to “CogScreen-AE testing.”
2012	12/06/12	1.	Medical Policy	In Item 47. Psychiatric Conditions, revise SSRI Decision Path I chart to change application wait time from 90 days to 60 days. Also, revise SSRI Follow Up Path chart to change “neurocognitive testing” to “CogScreen-AE testing.”
2012	10/24/12	1.	Medical Policy	In Disease Protocols – Coronary Heart Disease, remove reference to FAA Form 8500-20 Medical Exemption Petition. Form 8500-20 is cancelled.

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
2012	10/01/12	1.	Administrative	Revise language throughout the AME Guide to reflect procedural changes as dictated by MedXPress, the mandatory electronic application system for airmen. (Effective October 1, 2012)
2012	10/01/12	2.	Medical Policy	In Special Issuances, Atrial Fibrillation, revise to specify INR requirement for airmen being treated with warfarin (Coumadin).
2012	08/09/12	1.	Errata	In Examination Techniques, Item 52. Color Vision; revise title of chart for Acceptable Test Instruments for Color Vision Screening of ATCS (FAA Employee 2151 Series and Contract) to “Acceptable Test Instruments for Color Vision Screening of ATCS (FAA Employee 2151 Series and Contract Tower ATCSs.)”
2012	07/20/12	1.	Medical Policy	In accordance with the direct final rule (14 CFR Part 67 [Docket No. FAA-2012-0056; Amdt. No 67-21]),“Removal of the Requirement for Individuals Granted the Special Issuance of a Medical Certificate To Carry Their Letter of Authorization While Exercising Pilot Privileges,” references to the requirement to carry an LOA were removed from the General Information and Special Issuances sections of the Guide.
2012	07/03/12	1.	Medical Policy	In Item 41. G-U System, remove information on “Contraceptives and

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				Hormone Replacement Therapy." Move this information to a new page (of the same title) within the Pharmaceuticals section.
2012	06/07/12	1.	Medical Policy	In Item 41. G-U System, revise guidance on Gender Identity Disorder to specify requirements for current status report, psychiatric and/or psychological evaluations, and surgery follow-up reports.
2012	05/25/12	1.	Medical Policy	In Item 52. Color Vision, add chart for criteria and acceptable tests for Air Traffic Controllers (FAA employee 2152 series and Contract Tower ATCS).
2012	04/19/12	1.	Medical Policy	In Pharmaceuticals, Antihypertensive, specify clonidine is not acceptable by FAA.
2012	01/31/12	1.	Medical Policy	In Decision Considerations. Aerospace Medical Dispositions, Item 45. Lymphatics, revise title from 'Hodgkin's Disease – Lymphoma" to "Lymphoma and Hodgkin's Disease."
2012	01/26/12	1.	Medical Policy	In Examination Techniques. Item 48. Hypothyroidism, add note that AMES may call FAA for verbal clearance if airman presents current lab reports.
2012	01/26/12	2.	Medical Policy	In Pharmaceuticals, Allergy – Desensitization Injections, Change the title and references to Allergy – Immunotherapy. Add note stating that sublingual immunotherapy (SLIT) is not acceptable.

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
2012	01/26/12	3.	Medical Policy	In Examination Techniques, Item 36. Heart, remove requirement for reporting serum potassium values if the airman is taking diuretics.
2012	01/26/12	4.	Medical Policy	In Protocol for Evaluation of Hypertension, remove requirement for reporting serum potassium if the airman is taking diuretics.
2012	01/26/12	5.	Medical Policy	In Item 36. Heart – Dispositions Table, Coronary Artery Disease, revise table to clarify evaluation data required for third class.
2012	01/03/12	1.	Administrative	Revise cover page to reflect the current calendar year.
2012	01/03/12	2.	Medical Policy	In General Information, Medical Certificates – AME Completion, revise language to clarify signature requirements.
2011	12/13/11	1.	Medical Policy	In Examination Techniques, Item 52. Color Vision, revise to include Color Vision Testing Flowchart.
2011	12/01/11	1.	Medical Policy	In Pharmaceuticals (Therapeutic Medications) section, change title of Antihistaminic and Desensitization Injections to include the word “Allergy.” Also, change title of Diabetes Mellitus – Type II Medication Controlled to include “(Non Insulin).” This title was also changed in the AASI.
2011	12/01/11	2.	Medical Policy	In Pharmaceuticals (Therapeutic Medications) Acne Medications, revise page format to clarify policy.
2011	11/16/11	1.	Medical Policy	In General Information, Disposition of Applications and Medical Examinations,

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				Clarify to indicate that Student Pilot Applications and Examinations must be transmitted to AMCD within 7 days.
2011	11/01/11	1.	Medical Policy	In Pharmaceuticals – Insulin, revise to clarify guidance on medication combinations.
2011	10/24/11	1.	Administrative	In Aerospace Medical Dispositions, Item 49. Hearing, clarify guidance on hearing aids.
2011	09/15/11	1.	Medical Policy	In Examination Techniques, Item 31 – 34. Eye - Orthokeratology, revise to clarify policy.
2011	09/15/11	2.	Medical Policy	In Aerospace Medical Dispositions, Item 31. Eyes – General, revise to include information on Keratoconus.
2011	09/15/11	3.	Medical Policy	In General Information, Equipment Requirements, revise to include equipment to measure height and weight.
2011	09/12/11	1.	Medical Policy	In Aerospace Medical Dispositions, Item 47., Psychiatric Conditions – Use of Antidepressants, include SSRI Specification Sheet for guidance.
2011	09/12/11	2.	Medical Policy	In Pharmaceuticals, Antidepressants, revise to clarify medical history, protocol, and pharmaceutical considerations.
2011	09/12/11	3.	Administrative	In Table of Contents, renumber entries listed on pages iii and iv.
2011	08/12/11	1.	Medical Policy	In Special Issuances, Third-Class AME Assisted – Valve Replacement, revise to include additional criteria for deferral (“the applicant

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				develops emboli, thrombosis, etc.”).
2011	08/12/11	2.	Medical Policy	In Special Issuances, AME Assisted – All Classes – Atrial Fibrillation, revise to include additional criteria for deferral (“bleeding that required medical intervention”).
2011	08/12/11	3.	Medical Policy	In Special Issuances, AME Assisted – All Classes – Warfarin (Coumadin) Therapy for Deep Venous Thrombosis (DVT), Pulmonary Embolism (PE), and/ or Hypercouagulopathies, revise to include additional criteria for deferral (“bleeding that required medical intervention”).
2011	08/12/11	4.	Medical Policy	In Special Issuances, Third-Class AME Assisted – Coronary Heart Disease, revise to include additional criteria for deferral (“bleeding that required medical intervention”).
2011	08/09/11	1.	Medical Policy	In Disease Protocols, Coronary Heart Disease, correct in item A.1.b., “replacement” to “repair.”
2011	08/09/11	2.	Administrative	In Pharmaceuticals – Antihypertensive, revise to clarify unacceptable medications.
2011	08/09/11	3.	Administrative	In Examination Techniques, Item 36., Heart, revise to clarify unacceptable medications.
2011	08/09/11	4.	Administrative	In Aerospace Medical Dispositions, Item 55., revise to clarify blood pressure limits.

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
2011	08/09/11	5.	Administrative	In Aerospace Medical Dispositions, Item 47., Psychiatric Conditions, revise table to include information on depression requiring the use of antidepressant medications.
2011	08/09/11	6.	Administrative	In Disease Protocols, Hypertension, revise to clarify unacceptable medications.
2011	05/25/11	1.	Administrative	In Examination Techniques, Item 47., Psychiatric, revise SSRI Follow Up Chart to clarify procedure.
2011	05/08/11	1.	Administrative	In Pharmaceuticals, reorganize and clarify the page content for Acne Medications, Antacids, Anticoagulants, Antihistaminic, Antihypertensive, Desensitization Injections, Diabetes – Type II Medication Controlled, Glaucoma Medications, and Insulin.
2011	03/11/11	1.	Medical Policy	In Aerospace Medical Dispositions, Item 47., Psychiatric Conditions, clarify policy verbiage on Bipolar Disorder and Psychosis.
2011	03/02/11	1.	Medical Policy	In Aerospace Medical Dispositions, Item 47., Psychiatric Conditions, add section titled “Use of Antidepressant Medication,” to state revised policy on use of SSRIs.
2011	02/23/11	1.	Medical Policy	In Aerospace Medical Dispositions, Item 52., Color Vision, clarify pass criterion

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				for OPTEC 900 Vision Tester.
2011	02/03/11	1.	Medical Policy	In Medical History, Item 18. v., History of Arrest(s), Conviction(s), and/ or Administrative Action(s), reorder, revise, and clarify deferral and issuance criteria.
2011	01/31/11	1.	Errata	Revise to correct transposed words in title: Decision Considerations, Disease Protocols – "Graded Exercise Stress Test – Bundle Branch Block Requirements."
2011	01/07/11	1.	Administrative	Revise cover page to reflect current calendar year.
2010	11/23/10	1.	Medical Policy	In Exam Techniques, Item 26. Nose and Item 35. Lungs and Chest, revise and clarify criteria for hay fever medications.
2010	11/23/10	2.	Medical Policy	In Pharmaceuticals (Therapeutic Medications) - Desensitization Injections, revise and clarify criteria for hay fever medications.
2010	10/29/10	1.	Medical Policy	In Aerospace Medical Dispositions, Item 52. Color Vision, remove Titmus II Vision Tester (Model Nos. TII and TIIS) as an acceptable substitute for color vision testing.
2010	09/20/10	1.	Medical Policy	In AASI Protocol for Arthritis, change title to "Arthritis and/ or Psoriasis." Clarify authorization and deferral criteria.
2010	09/03/10	1.	Medical Policy	In Exam Techniques, Item 21-22 Height and Weight, add Body Mass Index Chart and Formula Table.

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
2010	06/15/10	1.	Medical Policy	In Aerospace Medical Dispositions, Item 48, General Systemic, clarify disposition for Hyperthroydism and Hypothyrodism. First Special Issuance requires FAA decision. Guidance for Followup Special Issuance is found in AASI Protocol.
2010	06/15/10	2.	Administrative	In AASI Protocol for Hyperthyroidism and Protocol for Hypothyroidism, clarify criteria for deferring and issuing.
2010	05/20/10	1.	Administrative	In Aerospace Medical Dispositions, Item 47, Psychiatric Conditions Table of Medical Dispositions, clarify “see below” information in Evaluation Data column.
2010	03/17/10	1.	Medical Policy	In Disease Protocols, Binocular Multifocal and Accommodating Devices, clarify criteria for adaptation period before certification.
2010	03/17/10	2.	Medical Policy	In Applicant History, Item 17b, revise and clarify criteria regarding use of types of contact lenses.
2010	03/17/10	3.	Medical Policy	In Exam Techniques, Items 31-34 Eye – Contact Lenses, revise and clarify criteria.
2010	01/20/10	1.	Administrative	Revise cover page to reflect current calendar year.
2010	01/20/10	2.	Medical Policy	In Applicant History, Item 18 Medical History, v. History of Arrest(s), Conviction(s), and/or Administrative Action(s), revise and clarify deferral and issuance criteria.

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
2009	12/08/09	1.	Medical Policy	In Examination Techniques, Item 52. Color Vision, remove APT-5 as an acceptable color vision tester.
2009	10/22/09	1.	Medical Policy	In Examination Techniques, Item 52. Color Vision, add note to Agency-Designated AMEs: “Not all tests approved for pilots are acceptable for FAA ATCSs. Contact RFS for current list.”
2009	10/16/09	1.	Medical Policy	In Special Issuance, Diabetes Mellitus – Type II, Medication Controlled, revise to reflect further criteria required for AME re-issuance: current status report from physician treating diabetes to include any history of hypoglycemic events and any cardiovascular, renal, neurologic or opththalmologic complications; and HgA1c level performed within the last 30 days.
2009	09/30/2009	1.	Medical Policy	In Disease Protocols, Diabetes Mellitus – Type I or Type II, Insulin Treated, add note to indicate that insulin pumps are acceptable.
2009	09/30/2009	2.	Medical Policy	In Disease Protocols, revise main listing to reflect addition of “Diabetes Mellitus and Metabolic Syndrome – Diet Controlled” and “Metabolic Syndrome (Glucose Intolerance, Impaired Glucose tolerance, Impaired Fasting Glucose, Insulin Resistance, and Pre-

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				Diabetes) - Medication Controlled."
2009	09/30/2009	3.	Medical Policy	In Aerospace Medical Dispositions, Item 48. General Systemic – Diabetes, Metabolic Syndrome, and/or Insulin Resistance, revise table to reflect addition of "Diabetes Mellitus and Metabolic Syndrome – Diet Controlled" and "Metabolic Syndrome (Glucose Intolerance, Impaired Glucose tolerance, Impaired Fasting Glucose, Insulin Resistance, and Pre-Diabetes) - Medication Controlled."
2009	09/30/2009	4.	Medical Policy	In Disease Protocols, add new protocol outlining Metabolic Syndrome, Medication Controlled.
2009	09/30/2009	5.	Medical Policy	In Disease Protocols, Diabetes Mellitus – Diet Controlled, revise to reflect Diabetes Mellitus and Metabolic Syndrome (Glucose Intolerance, Impaired Glucose tolerance, Impaired Fasting Glucose, Insulin Resistance, and Pre-Diabetes) - Diet Controlled
2009	09/21/2009	1.	Errata	In Disease Protocols, Substances of Dependence/Abuse (Drugs and Alcohol), change "personnel statement" to "personal statement."
2009	09/21/2009	2.	Medical Policy	In Special Issuance, Colon Cancer; Chronic Lymphocytic Leukemia; Diabetes Mellitus – Type II, Medication Controlled; and

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				Lymphoma and Hodgkin's Disease, add if "Any new treatment is initiated" – to criteria for deferment to AMCD or Region.
2009	09/21/2009	3.	Medical Policy	In Aerospace Medical Dispositions, Item 48. General Systemic, Diabetes – change title to "Diabetes, Metabolic Syndrome, and/or Insulin Resistance." Also add new table entry to reflect criteria for "Metabolic Syndrome or Insulin Resistance."
2009	09/21/2009	4.	Medical Policy	In AME Assisted Special Issuance, All Classes – added entry and criteria for Metabolic Syndrome (Glucose Intolerance, Impaired Glucose Tolerance, Impaired Fasting Glucose, Insulin Resistance, and Pre-Diabetes). Also added entry on AASI Certificate Issuance sheet.
2009	09/21/2009	5.	Administrative	In General Information, Who May Be Certified, b. Language Requirements – added information to clarify guidance on certification and reporting process.
2009	07/30/2009	1.	Medical Policy	In Pharmaceuticals, Acne Medications, add language to further clarify instructions for deferral and restrictions.
2009	07/09/2009	1.	Medical Policy	In Pharmaceuticals, Diabetes Mellitus – Type II, Medication Controlled, revise to remove amlynomimetics from allowable combinations.
2009	07/09/2009	2.	Medical Policy	In AASI, Diabetes Mellitus – Type II, Medication

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				Controlled, revise criteria for deferring to AMCD or region.
2009	05/13/2009	1.	Medical Policy	In General Information, Equipment Requirements and Examination Equipment and Techniques, Item 52. Color Vision, add OPTEC 2500 as acceptable vision testing substitute.
2009	04/30/2009	1.	Errata	In Examination Techniques, Item 31-34. Eye, correct typographical error in form number. Revised to reflect "8500-7."
2009	04/24/2009	1.	Medical Policy	In AASI, Diabetes Mellitus – Type II, Medication Controlled; and Pharmaceuticals, Diabetes Mellitus - Type II, Medication Controlled - revise to clarify criteria for deferring to AMCD or region also to clarify allowable medication combinations.
2009	02/04/2009	1.	Administrative	Revise cover page to reflect current calendar year.
2008	12/11/2008	1.	Medical Policy	In Examination Techniques, Item 52. Color Vision, revise language to specify that AME-administered aviation Signal Light Gun test is prohibited.
2008	10/30/2008	1.	Errata	In Examination Techniques and Aerospace Medical Dispositions, Item 52. Color vision, revise to list correct testing plates for Richmond HRR, 4th Edition.
2008	10/10/2008	1.	Administrative	In General Information, create new section 12. "Medical Certificates – AME Completion."

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
2008	10/10/2008	2.	Administrative	In Table Of Contents, General Information, adjust and renumber listings to reflect inclusion of Medical Certificates – AME Completion.
2008	10/10/2008	3.	Medical Policy	In Examination Techniques, Item 52., Color Vision, add new vision tester.
2008	10/10/2008	4.	Medical Policy	In Aerospace Medical Disposition, Item 52. Color Vision, revise section A., All Classes, to include standard for new vision tester.
2008	09/17/2008	1.	Medical Policy	Change Applicant History, 18. v. Conviction and/or Administrative Action History to “History of Arrest(s), Conviction(s), and/or Administrative Action(s). Revise language within 18. v. to include reference to arrests.
2008	09/17/2008	2.	Medical Policy	Revise Applicant History to create a new section, 18.y. Medical Disability Benefits.
2008	09/17/2008	3.	Medical Policy	Revise Entire Guide to replace any usage of term “Urinalysis” with “Urine Test(s).”
2008	09/05/2008	1.	Administrative	Change cover page to remove “Version V” title. Change title to reflect current calendar year.
2008	09/05/2008	2.	Medical Policy	In General Information, Equipment Requirements, and in Examination Techniques Items 50, 51, and 54, revise acceptable

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				vision testing equipment requirements.
2008	09/05/2008	3.	Medical Policy	In Aerospace Medical Dispositions, Item 52., Color Vision, revise to provide guidance on Specialized Operational Medical Tests: the Operational Color Vision Test and the Medical Flight Test. Also, update list of acceptable and unacceptable color vision testing equipment.
V.	07/31/2008	1.	Medical Policy	In General Information, Equipment Requirements, and in Examination Techniques (Items 50-52 and 54), revise acceptable vision testing equipment.
V.	07/16/2008	1.	Medical Policy	In General Information, Validity of Medical Certificates, revise third-class duration standards for airmen under age 40.
V.	07/16/2008	2.	Medical Policy	In General Information, Requests for Assistance, revise to remove references to international and military examiners.
V.	07/16/2008	3.	Administrative	In General Information, Classes of Medical Certificates, revise to clarify “flying activities” to “privileges.”
V.	07/16/2008	4.	Medical Policy	In Special Issuances, revise to include language requiring airman to carry Authorization when exercising pilot privileges.
V.	07/16/2008	5	Medical Policy	In Applicant History, Guidance for Positive

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				Identification of Airmen, revise to include link to 14 CFR §67.4. Applicants must show proof of age and identity.
V.	04/1/2008	1.	Administrative	In General Information, Who May Be Certified, add guidance on ICAO standard for English Proficiency, Operational Level 4.
V.	04/01/2008	2.	Medical Policy	In General information, Equipment Requirements, revise list of acceptable equipment, particularly acceptable substitute equipment for vision testing.
V.	04/01/2008	3.	Medical Policy	In Exam Techniques, Item 50, Distant Vision, revise equipment list of acceptable substitutes.
V.	04/01/2008	4.	Medical Policy	In Exam Techniques, Item 51. Near and Intermediate Vision, revise equipment table of acceptable substitutes.
V.	04/01/2008	5.	Medical Policy	In Exam Techniques, Item 54. Heterophoria, revise equipment table of acceptable substitutes.
V.	02/01/2008	1.	Medical Policy	In Exam Techniques, Item. 52. Color Vision, revise Section E., which clarifies unacceptable tests.
V.	01/11/2008	1.	Medical Policy	In AME Assisted Special Issuance (AASI), add section on Warfarin (Coumadin) Therapy for Deep Venous Thrombosis, Pulmonary Embolism, and/ or Hypercoagulopathies.
V.	01/11/2008	2.	Medical Policy	Revise AASI coversheet to include box for Warfarin (Coumadin) Therapy for Deep Venous Thrombosis,

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				Pulmonary Embolism, and/ or Hypercoagulopathies.
V.	11/26/2007	1.	Administrative	In General Information, Validity of Medical Certificates, delete note for "Flight outside the airspace of the United States of America."
V.	11/26/2007	2.	Administrative	In Disease Protocols, Conductive Keratoplasty (CK), revise description of CK procedure.
V.	11/26/2007	3.	Errata	In Aerospace Medical Dispositions, Item 31. Eye, correct typographical error.
V.	11/26/2007	4.	Medical Policy	In Pharmaceuticals, add "Malaria Medications."
V.	11/26/2007	5.	Medical Policy	In Exam Techniques, Item 51. Near and Intermediate vision, add Keystone Orthoscope and Keystone Telebinocular.
V.	11/26/2007	6.	Administrative	In Airman Certification Forms, add note regarding International Standards on Personnel Licensing.
V.	11/26/2007	7.	Administrative	In General Information, Equipment Requirements, add note regarding the possession and maintenance of equipment.
V.	11/26/2007	8.	Administrative	In General Information, Privacy of Medical Information, add note on the protection of privacy information.
V.	11/26/2007	9.	Administrative	In General Information, Disposition of Applications, add note to include electronic submission by international AME's.
V.	11/26/2007	10.	Medical Policy	In Exam Techniques and Criteria, 31-34 Eye, Refractive Procedures,

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				revise to include Wavefront-guided LASIK.
V.	09/01/2007	1.	Administrative	Revise title of Disease Protocols, “Antihistamines” to “Allergies, Severe.”
V.	09/01/2007	2.	Administrative	In Pharmaceuticals, add “Acne Medications” and “Glaucoma Medications.”
V.	09/01/2007	3.	Medical Policy	Add policy regarding use of isotretinoin (Accutane) in Pharmaceuticals; Aerospace Medical Dispositions, Item 40. Skin; and Examination Techniques and Criteria for Qualification, Item. 40 Skin
V.	09/01/2007	4.	Errata	Revise Protocol for Maximal Graded Exercise Stress Test Requirements to change “8 minutes” to “9 minutes.”
V.	09/01/2007	5.	Errata	In Aerospace Medical Dispositions, Item. 36. Heart – Atrial Fibrillation - change “CHD Protocol with ECHO and 24-hour Holter” to read “See CVE Protocol with EST, Echo, and 24-hour Holter.”
V.	09/01/2007	6.	Medical Policy	Revise Aerospace Medical Dispositions, Item 36. Heart - Syncope.
V.	09/01/2007	7.	Medical Policy	Revise Examination Techniques and Criteria for Qualification, Item. 36 Heart – Auscultation.
V.	09/01/2007	8.	Administrative	In Pharmaceuticals, Antihypertensive, V. Pharmaceutical Considerations – remove “D. AME Assisted – All Classes, Atrial Fibrillation.”
V.	09/01/2007	9.	Administrative	In Pharmaceuticals, Antihistaminic, V.

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				Pharmaceutical Considerations – add "C. Aerospace Medical Dispositions, Item 35. Lungs and Chest."
V.	09/01/2007	10.	Medical Policy	Revise Disease Protocols, Coronary Heart Disease to clarify requirements for consideration for any class of airman medical certification.
V.	09/01/2007	11.	Errata	Revise Disease Protocols, Coronary Heart Disease to remove "Limited to Flight Engineer Duties."
V.	04/25/2007	1.	Administrative	Move Leukemia, Acute and Chronic from Aerospace Medical Dispositions Item 48. General Systemic to Item 48. General Systemic, Blood and Blood-Forming Tissue Disease.
V.	04/25/2007	2.	Administrative	Revise Aerospace Medical Dispositions Item 48. General Systemic to include disposition table titled "Neoplasms."
V.	04/25/2007	3.	Administrative	Move Breast Cancer from Aerospace Medical Dispositions Item 38. Abdomen and Viscera - Malignancies to Item 48. General Systemic, Neoplasms. Also, move Colitis (Ulcerative, Regional Enteritis or Crohn's disease) and Peptic Ulcer from Aerospace Medical Dispositions Item 38. Abdomen and Viscera – Malignancies to Item 38. Abdomen and Viscera and Anus Conditions.

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V.	04/25/2007	4.	Administrative	Update individual Pharmaceutical pages to include “Pharmaceutical Considerations.”
V.	11/20/2006	1.	Medical Policy	Insert into Disease Protocols a new section on Cardiac Transplant for Class III certificates only.
V.	11/20/2006	2.	Errata	Corrected AASI on Mitral or Aortic Insufficiency to read “mean gradient.”
V.	08/23/2006	1.	Errata	INR values for mechanical valves should have read between 2.5 and 3.5, except for certain types of bileaflet valves in the aortic position.
V.	08/23/2006	2.	Administrative	Clarified the Hypertension Protocol regarding initiation and change of medication and the suspension of pilot duties.
V.	08/23/2006	3.	Errata	Maximal graded exercise stress test requirement for under age 60 corrected to 9 minutes.
V.	08/23/2006	4.	Medical Policy	Remove prohibition on bifocal contact lenses or lenses that correct for near and/or intermediate vision in Items 31-34, Eyes; Section 5, Contact Lenses.
V.	08/23/2006	5.	Medical Policy	Update Neurological Conditions Disposition Table and Footnote #21 with guidance on Rolandic Seizure.
V.	08/23/2006	6.	Administrative	Clarified language in General Information, Item 9. Who May Be Certified; a. Age Requirements.
V.	04/03/2006	1.	Administrative	Redesign the appearance and navigable format of the *Guide for Aviation Medical Examiners*

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
V.	04/03/2006	2.	Administrative	Install a Search Engine located in the Navigation Bar
V.	04/03/2006	3.	Administrative	Revise Heading Titles for Chapters 2, 3, and 4
V.	04/03/2006	4.	Administrative	Insert a Special Issuances section located in the Navigation Bar and into the General Information section
V.	04/03/2006	5.	Administrative	Insert a Policy Updates section to post new and revised Administrative and Medical Policies
V.	04/03/2006	6.	Medical Policy	Insert into the AME Assisted Special Issuance (AASI) section a Testicular Carcinoma AASI
V.	04/03/2006	7.	Medical Policy	Revise Atrial Fibrillation AASI
V.	04/03/2006	8.	Medical Policy	Revise Asthma AASI
V.	04/03/2006	9.	Medical Policy	Revise Hyperthyroidism and Hypothyroidism AASIs
V.	04/03/2006	10.	Medical Policy	Insert a new AASI subsection containing Coronary Heart Disease and Single Valve Replacement applicable for Third-Class only
V.	04/03/2006	11.	Medical Policy	Insert into the Disease Protocols section a new Coronary Heart Disease and Graded Exercise Stress Test Protocol, and revise the Valve Replacement Protocol
V.	04/03/2006	12.	Administrative	Insert Items 49 – 58 into the Examination Techniques section
V.	04/03/2006	13.	Medical Policy	Revise Item 35. Lungs and Chest, Asthma, Aerospace Medical Disposition Table
V.	04/03/2006	14.	Medical Policy	Revise Item 36. Heart, Atrial Fibrillation, Aerospace Medical Disposition Table

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V.	04/03/2006	15.	Medical Policy	Revise Item 36. Heart, Coronary Heart Disease, Aerospace Medical Disposition Table
V.	04/03/2006	16.	Medical Policy	Revise Item 36. Heart, Valvular Disease, Aerospace Medical Disposition Table
V.	04/03/2006	17.	Medical Policy	Revise Item 48. General Systemic, Hyperthyroidism and Hypothyroidism, Aerospace Medical Disposition Table
V.	04/03/2006	18.	Medical Policy	Revise all Oral Medications - Diabetes Mellitus, Type II references
V.	04/03/2006	19.	Medical Policy	Revise FAA Form 8500-7, Report of Eye Evaluation
IV.	07/31/2005	1.	Administrative	Redesign the appearance and navigable format of the *Guide for Aviation Medical Examiners*
IV.	07/31/2005	2.	Administrative	Revise Section 9., Refractive Surgery heading in Items 31-34. Eyes, to Refractive Procedures
IV.	07/31/2005	3.	Medical Policy	Insert Conductive Keratoplasty into Section 9, Items 31-34, Eyes, and into Item 31's Aerospace Medical Disposition Table
IV.	07/31/2005	4.	Administrative	Replace optometrist or ophthmologist reference(s) to "eye specialist"
IV.	07/31/2005	5.	Medical Policy	Insert Pulmonary Embolism into Item 35, Lungs and Chest, Aerospace Medical Disposition Table
IV.	07/31/2005	6.	Medical Policy	Insert Deep Vein Thrombosis and Pulmonary Embolism into Item 37, Vascular System, Aerospace Medical Disposition Table
IV.	07/31/2005	7.	Medical Policy	Insert Deep Vein Thrombosis and Pulmonary Embolism

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
				into the Thromboembolic Protocol.
IV.	01/16/2006	1..	Medical Policy	In Disease Protocols, added Conductive Keratoplasty Protocol.
IV.	01/16/2006	1.	Medical Policy	Delete a paragraph located in Item 31-34. Eye, Section 4. Monocular vision
IV.	01/16/2006	1.	Medical Policy	In Disease Protocols, added Binocular Multifocal and Accommodating Devices Protocol.
IV.	01/16/2006	1.	Medical Policy	In AME Assisted Special Issuance (AASI) section, added Bladder, Breast, Melanoma, and Renal Carcinoma AASI's
III.	11/01/2004	1.	Medical Policy	Revise AASI Process to include First- and Second-class Airman Medical Certification
III.	11/01/2004	2.	Administrative	Insert into General Information, a new Section 10 that provides Sport Pilot Provisions
III.	11/01/2004	3.	Administrative	Update revised Title 14, Code of Federal Regulations, §61.53
III.	11/01/2004	4.	Administrative	Insert a link to download a revised AME Letter of Denial
III.	11/01/2004	5.	Administrative	Insert a link to download a printable AASI Certificate Coversheet
II.	02/13/2004	1.	Administrative	Install Search Engine located in the Navigation Bar
II.	02/13/2004	2.	Administrative	Insert a WHAT'S NEW link located in the Navigation Bar
II.	02/13/2004	3.	Administrative	The "Instructions" site of the 2003 Guide is deleted and incorporated into the "Introduction" and "Available Downloads" located in the Navigation Bar

Guide Version	Official Date	Revision Number	Description Of Change	Reason for Update
II.	02/13/2004	4.	Administrative	Insert an “Available Downloads” site located in the Navigation Bar
II.	02/13/2004	5.	Administrative	Insert a Table of Contents and an Index into the pdf version of the 2004 Guide
II.	02/13/2004	6.	Administrative	Insert a one-page synopsis of the Medical Standards located in the Navigation Bar
II.	02/13/2004	7.	Medical Policy	Insert Section 6. Orthokeratology into Items 31-34. Eye
II.	02/13/2004	8.	Administrative	Relocate Item 46. Footnote # 21 from Head Trauma to Footnote #19, Headaches
II.	02/13/2004	9.	Administrative	Insert Attention Deficit Disorder into Item 47’s, Aerospace Medical Disposition Table
II.	02/13/2004	10.	Medical Policy	Revise Item 60; Comments on History and Findings
II.	02/13/2004	11.	Medical Policy	Revise Item 63; Disqualifying Defects
II.	02/13/2004	12.	Medical Policy	Delete from AASI’s a History of Monocularity
II.	02/13/2004	13.	Administrative	Insert an Archives located in the Navigation Bar
II.	09/16/2004	14.	Administrative	Insert CAD Ultrasound into Item 37. Aerospace Medical Disposition Table
I.	09/24/2003	1.		Introduction of the 2003 Guide for Aviation Medical Examiners Website