



**YEMEN CIVIL AVIATION REGULATIONS (YCARs)
YCAR PART II**

CHAPTER – 5 -MEDICAL PROVISIONS FOR LICENSING

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ISSUE HISTORY AND DATE OF APPLICABILITY

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CHAPTER 5

5.0 MEDICAL PROVISIONS FOR LICENSING

5.1 MEDICAL FITNESS

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

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

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

Note 4.— Attention is called to the administrative clause in YCARs Part (II) Chapter (I) Paragraph No. (1.5.12) dealing with accredited medical conclusion.

Note 5.— Guidance material to assist medical examiners is published separately in the Manual of Civil Aviation Medicine (Doc 8984). This guidance material also contains a discussion of the terms “likely” and “significant” as used in the context of the medical provisions in Chapter 6.

Note 6.— Basic safety management principles, when applied to the medical assessment process, can help ensure that aeromedical resources are utilized effectively.

5.1.1 An applicant for a licence shall, when applicable, hold a Medical Assessment issued in accordance with the provisions of this Chapter.

5.1.2 From 18 November 2010 States should apply, as part of their State safety programme, basic safety management principles to the medical assessment process of licence holders, that as a minimum include:

a) routine analysis of in-flight incapacitation events and medical findings during medical assessments to identify areas of increased medical risk; and

b) continuous re-evaluation of the medical assessment process to concentrate on identified areas of increased medical risk.

Note.— A framework for the implementation and maintenance of a State safety programme is contained in Attachment A to Annex 19 & YCARs Part (10). Guidance on State safety programmes and safety management principles is contained in the Safety Management Manual (SMM) (Doc 9859) and the Manual of Civil Aviation Medicine (Doc 8984).

5.1.3 The period of validity of a Medical Assessment shall begin on the day the medical examination is performed. The duration of the period of validity shall be in accordance with the provisions of YCARs Part (II) Chapter (I) paragraph No. (1.6.1).

5.1.4 The period of validity of a Medical Assessment may be extended, at the discretion of the CAMA, up to 45 days.

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

5.1.5 Except as provided in YCARs Part (II) Chapter (I) paragraph No. (1.6.1), flight crew members or air traffic controllers shall not exercise the privileges of their licence unless they hold a current Medical Assessment appropriate to the licence.

5.1.6 CAMA shall designate medical examiners, qualified and licensed in the practice of medicine, to conduct medical examinations of fitness of applicants for the issue or renewal of the licences or ratings specified in YCARs Part (II) Chapters (2), (3) and (4), and of the licences specified in YCARs Part Chapter (8).

5.1.7 Medical examiners shall have received training in aviation medicine and shall receive refresher training at regular intervals. Before designation, medical examiners shall demonstrate adequate competency in aviation medicine.

5.1.8 Medical examiners shall have practical knowledge and experience of the conditions in which the holders of Licenses and ratings carry out their duties.

Note.— Examples of practical knowledge and experience are flight experience, simulator experience, on-site observation or any other hands-on experience deemed by the CAMA to meet this requirement.

5.1.7 The competence of a medical examiner should be evaluated periodically by the medical assessor.

5.1.8 Applicants for licences or ratings for which medical fitness is prescribed shall sign and furnish to the medical examiner a declaration stating whether they have previously undergone such an examination and, if so, the date, place and result of the last examination. They shall indicate to the examiner whether a Medical Assessment has previously been refused, revoked or suspended and, if so, the reason for such refusal, revocation or suspension.

5.1.9 Any false declaration to a Medical Examiner made by an applicant shall be reported to the CAMA for such action as may be considered appropriate.

- 5.1.10 Having completed the medical examination of the applicant in accordance with YCARs Part Chapter (5), the medical examiner shall coordinate the results of the examination and submit a signed report, or equivalent, to the CAMA, in accordance with its requirements, detailing the results of the examination and evaluating the findings with regard to medical fitness.
- 5.1.10.1 If the medical report is submitted to the CAMA in electronic format, adequate identification of the examiner shall be established.
- 5.1.10.2 If the medical examination is carried out by two or more medical examiners, CAMA shall appoint one of these to be responsible for coordinating the results of the examination, evaluating the findings with regard to medical fitness, and signing the report.
- 5.1.11 CAMA shall use the services of medical assessors to evaluate reports submitted to the CAMA by medical examiners.
- 15.1.11.1 The medical examiner shall be required to submit sufficient information to the CAMA to enable CAMA to undertake Medical Assessment audits.

Note.— The purpose of such auditing is to ensure that medical examiners meet applicable standards for good medical practice and aeromedical risk assessment. Guidance on aeromedical risk assessment is contained in the Manual of Civil Aviation Medicine (Doc 8984).

- 5.1.12 If the medical Standards prescribed in YCARs Part (II) Chapter (5) for a particular licence are not met, the appropriate Medical Assessment shall not be issued or renewed unless the following conditions are fulfilled:
- a) accredited medical conclusion indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence applied for is not likely to jeopardize flight safety;
 - b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration;and
 - c) the licence is endorsed with any special limitation or limitations when the safe performance of the licence holder's duties is dependent on compliance with such limitation or limitations.
- 5.1.13 Medical confidentiality shall be respected at all times.
- 5.1.13.1 All medical reports and records shall be securely held with accessibility restricted to authorized personnel.
- 5.1.13.2 When justified by operational considerations, the medical assessor shall determine to what extent pertinent medical information is presented to relevant officials of the CAMA.

- 5.1.14 The CAMA shall ensure the Aeromedical Examiner has adequate facilities, including all required testing equipment in current calibration and good working condition, to support the conduct of aeromedical assessments.
- 5.1.15 The Aeromedical Examiner shall maintain a record of each medical assessment administered including a copy of the medical report, for at least five years.
- 5.1.16 The Aeromedical Examiner shall forward to the CAMA the original signed copy of the medical assessment for each applicant together with a copy of the medical certificate issued to the applicant. The AME shall detail the result of the examination and evaluate the medical fitness of the applicant.
- 5.1.17 The CAMA reserves the right to suspend, revoke or deny the Aeromedical Designation of any medical examiner
- 5.1.18 The CAMA shall review the findings of the Medical Assessment and shall reserve the right to suspend, deny or revoke any medical assessment for which there is evidence to give cause to believe the applicant or holder of said medical assessment does not meet the standards of this Section.
- 5.1.19 Aeromedical Examiners authorized by the CAMA shall, as a responsibility of that authorization, participate as a member of the Aeromedical Review Board convened by the CAMA for the purpose of reviewing medical assessments to determine the applicant's or holder's medical qualification.

5.2 MEDICAL ASSESSMENTS GENERAL

5.2.1. Classes of Medical Assessment.

There are three classes of Medical Assessment and a specific Cabin Crew Medical Assessment as follows:

Class 1 Medical Assessment:

Applies to applicants for, and holders of:

- Commercial Pilot Licenses aeroplane and helicopter.
- Airline Transport Pilot Licenses aeroplane and helicopter

Class 2 Medical Assessment:

Applies to applicants for, and holders of:

- Private Pilot Licenses aeroplane and helicopter
- Student Pilot License aeroplane

- Flight Engineer Licenses

Class 3 Medical Assessment:

Applies to applicants for, and holders of:

- Air Traffic Controller Licenses

Cabin Crew Medical Assessment:

Applies to applicants for, and holders of:

- Cabin Crew Licenses.

- 5.2.1.1 The applicant for a Medical Assessment shall provide the medical examiner with a personally certified statement of medical facts concerning his/her personal, familial and hereditary history. The applicant shall be made aware of the necessity for giving a statement that is as complete and accurate as his/her knowledge permits, and any false statement shall be dealt with in accordance with paragraph (1.5.6.1)
- 5.2.1.2 The medical examiner shall report to the CAMA any individual case where, in his/her judgment, an applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the License being applied for, or held, is not likely to jeopardize flight safety.
- 5.2.1.3 The requirements to be met for the renewal of a Medical Assessment are the same as those for the initial assessment except where otherwise specifically stated.
- 5.2.1.4 Aeromedical Examiners shall be responsible for the conduct of all medical assessments and the completion of the medical certificate. A qualified nurse may conduct Cabin Crew assessments for renewal purposes only.
- 5.2.1.5 A valid Class 2 or 3 Medical Certificate shall be accepted by the CAMA in lieu of a Cabin Crew Medical Assessment.

5.3 REQUIREMENTS FOR MEDICAL ASSESSMENTS

5.3.1. General

An applicant for a Medical Assessment issued in accordance with the terms of paragraph 5.2.1 above shall undergo a medical examination based on the following requirements:

- (a) Physical and mental
- (b) Visual and colour perception; and

(c) Hearing.

5.3.2 Physical and Mental Requirements

An applicant for any class of Medical Assessment shall be required to be free from:

- (a) Any abnormality, congenital or acquired, or
- (b) Any active, latent, acute or chronic disability, or
- (c) Any disturbance of consciousness without satisfactory medical explanation of cause - such as would entail a degree of functional incapacity, which is likely to interfere with the safe operation of an aircraft or with the safe performance of his/her duties.
- (d) Any wound, injury or sequelae from operation, or
- (e) Any effect or side-effect of any prescribed or non-prescribed therapeutic or preventative medication taken; such as would entail a degree of functional incapacity which is likely to interfere with the safe operation of an aircraft or with the safe performance of duties.

Note. Use of herbal medication and alternative treatment modalities requires particular attention to possible side-effects

5.3.3 Visual Acuity Test Requirements

- 5.3.3.1 The methods in use for the measurement of visual acuity are likely to lead to differing evaluations. To achieve uniformity, therefore, Contracting States shall ensure that equivalence in the methods of evaluation be obtained.
- 5.3.3.2 The following should be adopted for tests of visual acuity:
 - (a) Visual acuity tests should be conducted in an environment with a level of illumination which corresponds to ordinary office illumination (30-60 cd/m²)
 - (b) Visual acuity should be measured by means of a series of Landolt rings or similar optotypes, placed at a distance from the applicant appropriate to the method of testing adopted.

5.3.4 Colour Perception Requirements

- 5.3.4.1 The Aeromedical Examiners shall use such methods of examination as will guarantee reliable testing of colour perception.
- 5.3.4.2 The applicant shall be required to demonstrate his/her ability to perceive readily those colours the perception of which is necessary for the safe performance of his/her duties.

- 5.3.4.3 The applicant shall be tested for his/her ability to correctly identify a series of pseudoisochromatic plates in daylight or in artificial light of the same colour temperature such as that provided by CIE standard illuminants C or D65 as specified by the International Commission on Illumination (CIE).
- 5.3.4.4 An applicant obtaining a satisfactory result as prescribed by the CAMA shall be assessed as fit. An applicant failing to obtain a satisfactory result in such a test shall be assessed as unfit unless able to readily distinguish the colours used in air navigation and correctly identify aviation coloured lights. Applicants who fail to meet these criteria shall be assessed as unfit except for Cabin Crew and Class 2 Medical Assessments. In this case a Class 2 Medical Assessment shall have the following restriction: -Valid Daytime Only.
- Note. Guidance on suitable methods of assessing colour vision is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- 5.3.4.5 Sunglasses worn during the exercise of the privileges of the License or rating held should be non-polarizing and of a neutral grey tint

5.3.5 Hearing Test Requirements

- 5.3.5.1 The Aeromedical Examiners shall use such methods of examination as will guarantee reliable testing of hearing.
- 5.3.5.2 Applicants shall be required to demonstrate a hearing performance sufficient for the safe exercise of their License and rating privileges.
- 5.3.5.3 The applicant shall be required to be free from any hearing defect, which would interfere with the safe performance of his/her duties in exercising the privileges of his/her License
- 5.3.5.4 Applicants for Class 1 Medical Assessments shall be tested by pure-tone audiometry at first issue of the Assessment, not less than once every five years up to the age of 40 years, and thereafter not less than once every two years.
- 5.3.5.4.1 Alternatively, other methods providing equivalent results may be used.
- 5.3.5.5 Applicants for Class 3 Medical Assessments shall be tested by pure-tone audiometry at first issue of the Assessment, not less than once every four years up to the age of 40 years, and thereafter not less than once every two years.
- 5.3.5.5.1 Alternatively, other methods providing equivalent results may be used.
- 5.3.5.6 Applicants for Class 2 Medical Assessment should be tested by pure-tone audiometry at first issue of the Assessment and, after the age of 50 years, not less than once every two years.
- 5.3.5.7 At medical examinations, other than those mentioned in 5.3.5.3, 5.3.5.4 and 5.3.5.5, where audiometry is not performed, applicants shall be tested in a quiet room by whispered and spoken voice tests.

- Note 1 The reference zero for calibration of pure-tone audiometers is that of the pertinent Standards of the current edition of the Audiometric Test Methods, published by the International Organization for Standardization (ISO).
- Note 2 For the purpose of testing hearing in accordance with the requirements, a quiet room is a room in which the intensity of the background noise is less than 35 dB(A).
- Note 3 For the purpose of testing hearing in accordance with the requirements, the sound level of an average conversational voice at 1 m from the point of output (lower lip of the speaker) is c. 60 dB(A) and that of a whispered voice c. 45dB(A). At 2 m from the speaker, the sound level is 6 dB (A) lower.
- Note 4 Guidance on assessment of applicants who use hearing aids is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- Note 5 Attention is called to YCARs Part (II) Chapter (II) Paragraf No. (2.7.1.3.1) on requirements for the issue of instrument rating to applicants who hold a private pilot License

5.4 CLASS – 1 - MEDICAL ASSESSMENT

5.4.1 Assessment Issue and Renewal

- 5.4.1.1 An applicant for a Commercial Pilot Licence —aeroplane and helicopter or an Airline Transport Pilot Licence — aeroplane and helicopter shall undergo an initial medical examination for the issue of a Class 1 Medical Assessment.
- 5.4.1.2 Except where otherwise stated in this section, holders of Air Transport Pilot License or Commercial Pilot License, either for Aeroplane or Helicopter, shall have their Class 1 Medical Assessments renewed at intervals not exceeding those specified in YCARs Part (II) Chapter (I) Paragraph No. (1.6).
- 5.4.1.2.1 In alternate years, for Class 1 applicants under 40 years of age, the CAMA should, at its discretion, allow medical examiners to omit certain routine examination items related to the assessment of physical fitness, whilst increasing the emphasis on health education and prevention of ill health.
- Note Guidance for CAMA and medical examiners wishing to reduce the emphasis on detection of physical disease, whilst increasing the emphasis on health education and prevention of ill health in applicants under 40 years of age, is contained in the Manual of Civil Aviation Medicine (Doc 8984)
- 5.4.1.2.2 When the CAMA is satisfied that the requirements of this section and the general provisions of (5.1) and (5.2) have been met, a Class 1 Medical Assessment shall be issued to the applicant.

5.4.2 Physical and Mental Requirements

The medical examination shall be based on the requirements outlined below:

- 5.4.2.1 The applicant shall not suffer from any disease or disability, which could render him likely to become suddenly unable either to operate an aircraft safely or to perform his/her, assigned duties safely.
- 5.4.2.2 The applicant shall have no established medical history or clinical diagnosis of any of the following:
- a) An organic mental disorder;
 - b) A mental or behavioral disorder due to use of psychoactive substances; this includes dependence syndrome induced by alcohol or other psychoactive substances;
 - c) Schizophrenia or a schizotypal or delusional disorder;
 - d) A mood (affective) disorder;
 - e) A neurotic, stress-related or somatoform disorder;
 - f) A behavioral syndrome associated with physiological disturbances or physical factors;
 - g) A disorder of adult personality or behavior, particularly if manifested by repeated overt acts;
 - h) Mental retardation;
 - i) A disorder of psychological development;
 - j) A behavioural or emotional disorder, with onset in childhood or adolescence;
or
 - k) A mental disorder not otherwise specified; such as might render the applicant unable to safely exercise the privileges of the License applied for or held.
- 5.4.2.2.1 An applicant with depression, being treated with antidepressant medication, should be assessed as unfit unless the medical assessor, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's license and rating privileges.

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

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

5.4.2.3 The applicant shall have no established medical history or clinical diagnosis of any of the following:

a) a progressive or non-progressive disease of the nervous system, the effects of which are likely to interfere with the safe exercise of the applicant's License and rating privileges;

b) Epilepsy; or

c) Any disturbance of consciousness without satisfactory medical explanation of cause.

5.4.2.4 The applicant shall not have suffered any head injury, the effects of which are likely to interfere with the safe exercise of the applicant's License and rating privileges

5.4.2.5 The applicant shall not possess any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe exercise of the applicant's License and rating privileges. A history of proven myocardial infarction shall be disqualifying.

5.4.2.5.1 An applicant who has undergone coronary bypass grafting or angioplasty (with or without stenting) or other cardiac intervention or who has a history of myocardial infarction or who suffers from any other potentially incapacitating cardiac condition shall be assessed as unfit unless the applicant's cardiac condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's License or rating privileges.

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

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

5.4.2.6 Electrocardiography shall form part of the heart examination for the first issue of a Medical Assessment.

5.4.2.6.1 Electrocardiography shall be included in re-examinations of applicants over the age of 50 no less frequently than annually.

5.4.2.6.2 Electrocardiography should be included in re-examinations of applicants between the ages of 30 and 50 no less frequently than every two years.

Note 1.— The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence to justify disqualification without further thorough cardiovascular investigation.

Note 2.— Guidance on resting and exercise electro-cardiography is contained in the Manual of Civil Aviation Medicine (Doc 8984).

5.4.2.7 The systolic and diastolic blood pressures shall be within normal limits.

5.4.2.7.1 The use of drugs for control of high blood pressure shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.

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

5.4.2.7.2 Applicants with symptomatic hypotension shall be assessed as unfit.

5.4.2.8 There shall be no significant functional nor structural abnormality of the circulatory tree.

5.4.2.9 There shall be no acute disability of the lungs nor any active disease of the structures of the lungs, mediastinum or pleurae likely to result in incapacitating symptoms during normal or emergency operations.

5.4.2.10 Chest Radiography shall form a part of the initial examination.

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

5.4.2.11 Reserved

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

5.4.2.13 Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms during normal or emergency operations shall be assessed as unfit.

5.4.2.13.1 The use of drugs for control of asthma shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's License and rating privileges.

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

5.4.2.14 Applicants with active pulmonary tuberculosis shall be assessed as unfit.

5.4.2.14.1 Applicants with quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, may be assessed as fit.

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

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

5.4.2.15 Any extensive mutilation of the chest wall with collapse of the thoracic cage and sequelae of surgical procedures resulting in decreased respiratory efficiency at altitude shall be assessed as unfit.

5.4.2.16 Applicants with significant impairment of function of the gastrointestinal tract or its adnexa shall be assessed as unfit.

5.4.2.17 The applicant shall be required to be completely free from those hernias that might give rise to incapacitating symptoms.

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

5.4.2.20 An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexa with a total or partial excision or a diversion of any of these organs should be assessed as unfit until such time as the medical assessor, having access to the details of the operation concerned, considers that the effects of the operation are not likely to cause incapacitation in flight.

5.4.2.21 Applicants with metabolic, nutritional or endocrine disorders that are likely to interfere with the safe exercise of their licence and rating privileges shall be assessed as unfit

5.4.2.21.1 Applicants with insulin-treated diabetes mellitus shall be assessed as unfit.

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

5.4.2.22 Applicants with non-insulin-treated diabetes mellitus shall be assessed as unfit unless the condition is shown to be satisfactorily controlled by diet alone or by diet combined with oral anti-diabetic medication, the use of which is compatible with the safe exercise of the applicant's License and rating privileges.

Note.— Guidance on assessment of diabetic applicants is contained in the Manual of Civil Aviation Medicine (Doc 8984).

5.4.2.23 Applicants with diseases of the blood and/or the lymphatic system shall be assessed as unfit unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.

Note.— Sickle cell trait or other haemoglobinopathic traits are usually compatible with a fit assessment.

5.4.2.24 Possession of the sickle cell trait should not be a reason for disqualification unless there is positive medical evidence to the contrary.

5.4.2.25 Applicants with renal or genito-urinary disease shall be assessed as unfit, unless

adequately investigated and their condition found unlikely to interfere with the safe exercise of their License and rating privileges.

5.4.2.25.1 Urine examination shall form part of the medical examination and abnormalities shall be adequately investigated.

Note.— Guidance on urine examination and evaluation of abnormalities is contained in the Manual of Civil Aviation Medicine (Doc 8984).

5.4.2.26 Applicants with sequelae of disease or surgical procedures on the kidneys and the urinary tract likely to cause incapacity, in particular any obstructions due to stricture or compression, shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's License or rating privileges.

5.4.2.26.1. Applicants who have undergone nephrectomy shall be assessed as unfit unless the condition is well compensated.

5.4.2.27 Applicants who are seropositive for human immunodeficiency virus (HIV) shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed as not likely to interfere with the safe exercise of the applicant's licence or rating privileges.

Note 1.— Early diagnosis and active management of HIV disease with antiretroviral therapy reduces morbidity and improves prognosis and thus increases the likelihood of a fit assessment.

Note 2.— Guidance on the assessment of applicants who are seropositive for human immunodeficiency virus (HIV) is contained in the Manual of Civil Aviation Medicine (Doc 8984).

5.4.2.28 Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk uncomplicated pregnancy..

5.4.2.28.1 For applicants with a low-risk uncomplicated pregnancy, evaluated and supervised in accordance with 5.4.2.31, the fit assessment should be limited to the period from the end of the 12th week until the end of the 26th week of gestation.

5.4.2.29 Following confinement or termination of pregnancy, the applicant shall not be permitted to exercise the privileges of her License until she has undergone re- evaluation and it has been determined that she is able to safely exercise the privileges of her License and ratings.

5.4.2.30 The applicant shall not possess any abnormality of the bones, joints, muscles, tendons or related structures which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

Note.— Any sequelae after lesions affecting the bones, joints, muscles or tendons, and certain anatomical defects will normally require functional assessment to determine fitness.

5.4.2.31. The applicant shall not possess any abnormality or disease of the ear or related structures which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

5.4.2.32. There shall be:

- (a) No active pathological process, acute or chronic, of the internal ear or of the middle ear;
- b) No disturbance of vestibular function;
- c) No significant dysfunction of the Eustachian tubes; and
- d) No unhealed perforation of the tympanic membranes.

5.4.2.33.1 A single dry perforation of the tympanic membrane need not render the applicant unfit.

Note.— Guidance on testing of the vestibular function is contained in Manual of Civil Aviation Medicine (Doc 8984).

5.4.2.33.2 There shall be

- a) No nasal obstruction; and
- b) No malformation nor any disease of the buccal cavity or upper respiratory tract which is likely to interfere with the safe exercise of the applicant's License and rating privileges

5.4.2.34 Applicants with stuttering or other speech defects sufficiently severe to cause impairment of speech communication shall be assessed as unfit.

5.4.3 Visual Requirements-

The medical examination shall be based on the following requirements:

5.4.3.1 The function of the eyes and their adnexa shall be normal. There shall be no active pathological condition, acute or chronic, nor any sequelae of surgery or trauma of the eyes or their adnexa likely to reduce proper visual function to an rating privileges.

5.4.3.2 Distant visual acuity with or without correction shall be 6/9 or better in each eye separately and binocular visual acuity shall be 6/6 or better. No limits apply to uncorrected visual acuity. Where this standard of visual acuity can be obtained only with correcting lenses the applicant may be assessed as fit provided that;

- (a) Such correcting lenses are worn during the exercise of the privileges of the License or rating applied for or held;

(b) In addition, a pair of suitable correcting spectacles is kept readily available during the exercise of the privileges of the applicant's License.

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

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

5.4.3.2.1 Applicants may use contact lenses to meet this requirement provided that:

- (a) The lenses are monofocal and non-tinted;
- (b) The lenses are well tolerated; and
- (c) A pair of suitable correcting spectacles is kept readily available during the exercise of the License privileges.

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

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

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

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

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

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

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

5.4.3.4 The applicant shall have the ability to read, while wearing the correcting lenses, if any, required by 6.3.3.2, the N5 chart or its equivalent at a distance selected by

that applicant in the range of 30 to 50 cm and the ability to read the N14 chart or its equivalent at a distance of 100 cm. If this requirement is met only by the use of near correction, the applicant may be assessed as fit provided that this near correction is added to the spectacle correction already prescribed in accordance with 5.4.3.2; if no such correction is prescribed, a pair of spectacles for near use shall be kept readily available during the exercise of the privileges of the licence. When near correction is required, the applicant shall demonstrate that one pair of spectacles is sufficient to meet both distant and near visual requirements.

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

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

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

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

5.4.3.5 The applicant shall be required to have normal fields of vision.

5.4.3.6 The applicant shall be required to have normal binocular function.

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

5.4.4 Hearing Requirements

5.4.4.1 The applicant, when tested on a pure-tone audiometer, shall not have a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1000 or 2000 Hz, or more than 50 dB at 3 000 Hz

5.4.4.1.1 An applicant with a hearing loss greater than the above may be declared fit provided that the applicant has normal hearing performance against a background noise that reproduces or simulates the masking properties of flight deck noise upon speech and beacon signals.

Note 1: It is important that the background noise be representative of the noise in the cockpit of the type of aircraft for which the applicant License and ratings are valid.

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

5.4.4.1.2. Alternatively, other methods providing equivalent results to those specified previously shall be used.

5.5 CLASS – 2 - MEDICAL ASSESSMENT

5.5.1 Assessment Issue and Renewal

5.5.1.1 An applicant for a private pilot licence — aeroplane and helicopter, a flight engineer licence or a flight navigator licence shall undergo an initial medical examination for the issue of a Class 2 Medical Assessment.

5.5.1.2 Except where otherwise stated in this section, holders of private pilot licences — aeroplane and helicopter, flight engineer licences or flight navigator licences shall have their Class 2 Medical Assessments renewed at intervals not exceeding those specified in YCARs Part (II) Chapter (I) Paragraph No. (1.6).

5.5.1.3 When the CAMA is satisfied that the requirements of this section and the general provisions of 5.1 and 5.2 have been met, a Class 2 Medical Assessment shall be issued to the applicant.

5.5.2. Physical and mental requirements

The medical examination shall be based on the following requirements.

5.5.2.1 The applicant shall not suffer from any disease or disability which could render that applicant likely to become suddenly unable either to operate an aircraft safely or to perform assigned duties safely.

5.5.2.2 The applicant shall have no established medical history or clinical diagnosis of:

a) An organic mental disorder;

b) A mental or behavioural disorder due to psychoactive substance use; this includes dependence syndrome induced by alcohol or other psychoactive substances;

c) Schizophrenia or a schizotypal or delusional disorder;

d) A mood (affective) disorder;

e) A neurotic, stress-related or somatoform disorder;

f) A behavioural syndrome associated with physiological disturbances or physical

factors;

g) A disorder of adult personality or behaviour, particularly if manifested by repeated overt acts;

h) Mental retardation;

i) A disorder of psychological development;

j) A behavioural or emotional disorder, with onset in childhood or adolescence;
or

k) A mental disorder not otherwise specified; such as might render the applicant unable to safely exercise the privileges of the License applied for or held.

5.5.2.2.1 An applicant with depression, being treated with antidepressant medication, should be assessed as unfit unless the medical assessor, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's License and rating privileges.

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

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

5.5.2.3 The applicant shall have no established medical history or clinical diagnosis of any of the following:

a) a progressive or non-progressive disease of the nervous system, the effects of which are likely to interfere with the safe exercise of the applicant's licence and rating privileges;

b) epilepsy;

c) any disturbance of consciousness without satisfactory medical explanation of cause.

5.5.2.5 The applicant shall not have suffered any head injury, the effects of which are likely to interfere with the safe exercise of the applicant's licence and rating privileges..

5.5.2.6 The applicant shall not possess any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe exercise of the applicant's License and rating privileges.

5.5.2.6.1 An applicant who has undergone coronary by-pass grafting or angioplasty (with or without stenting) or other cardiac intervention or who has a history of myocardial infarction or who suffers from any other potentially incapacitating cardiac condition shall be assessed as unfit unless the applicant's cardiac condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's License or rating privileges.

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

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

5.5.2.7 Electrocardiography shall form part of the heart examination for the initial issue of a Class2 Medical Assessment and shall be part of the heart examination for the first issue of a Medical Assessment at the age of 40.

5.5.2.7.1 Electrocardiography shall be included in re-examinations of applicants after the age of 50 no less than every two years..

5.5.2.7.2 Electrocardiography should form part of the heart examination for the first issue of a Medical Assessment.

Note 1.— The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence to justify disqualification without further thorough cardiovascular investigation.

Note 2.— Guidance on resting and exercise electrocardiography is contained in the Manual of Civil Aviation Medicine(Doc 8984).

5.5.2.8 The systolic and diastolic blood pressures shall be within normal limits.

5.5.2.8.1 The use of drugs for control of high blood pressure shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's License and rating privileges.

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

5.5.2.9 There shall be no significant functional nor structural abnormality of the circulatory tree.

5.5.2.10 there shall be no acute disability of the lungs nor any active disease of the structures of the lungs, mediastinum or pleura likely to result in incapacitating symptoms during normal or emergency operations.

5.5.2.10.1 Chest radiography should form part of the initial and periodic examinations in cases where asymptomatic pulmonary disease can be expected.

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

5.5.2.12 Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms during normal or emergency operations shall be assessed as unfit.

5.5.2.12.1 The use of drugs for control of asthma shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's License and rating privileges.

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

5.5.2.13 Applicants with active pulmonary tuberculosis shall be assessed as unfit.

5.5.2.13.1 Applicants with quiescent or healed lesions, known to be tuberculous or presumably tuberculous in origin, may be assessed as fit.

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

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

5.5.2.14 Applicants shall be completely free from those hernias that might give rise to incapacitating symptoms.

5.5.2.14.1 Applicants with significant impairment of the function of the gastrointestinal tract or its adnexa shall be assessed as unfit.

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

5.5.2.15.1 An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexa with a total or partial excision or a diversion of any of these organs should be assessed as unfit until such time as the medical assessor, having access to the details of the operation concerned, considers that the effects of the operation are not likely to cause incapacitation in flight.

5.5.2.16 Applicants with metabolic, nutritional or endocrine disorders that are likely to interfere with the safe exercise of their licence and rating privileges shall be assessed as unfit.

5.5.2.17 Applicants with insulin-treated diabetes mellitus shall be assessed as unfit.

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

5.5.2.17.1 Applicants with non-insulin-treated diabetes mellitus shall be assessed as unfit unless the condition is shown to be satisfactorily controlled by diet alone or by diet combined with oral anti-diabetic medication, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.

Note.— Guidance on assessment of diabetic applicants is contained in the Manual of Civil Aviation Medicine (Doc 8984).

5.5.2.18 Applicants with diseases of the blood and/or the lymphatic system shall be assessed as unfit unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.

Note.— Sickle cell trait and other haemoglobinopathic traits are usually compatible with fit assessment.

5.5.2.19 Applicants with renal or genitourinary disease shall be assessed as unfit unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.

5.5.2.19.1 Urine examination shall form part of the medical examination and abnormalities shall be adequately investigated.

Note.— Guidance on urine examination and evaluation of abnormalities is contained in the Manual of Civil Aviation Medicine (Doc 8984).

5.5.2.20 Applicants with sequelae of disease of, or surgical procedures on, the kidneys or the genitourinary tract, in particular obstructions due to stricture or compression, shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.

5.5.2.20.1 Applicants who have undergone nephrectomy shall be assessed as unfit unless the condition is well compensated.

5.5.2.21 Applicants who are seropositive for human immunodeficiency virus (HIV) shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed as not likely to interfere with the safe exercise of the applicant's licence or rating privileges.

Note 1.— Early diagnosis and active management of HIV disease with antiretroviral therapy reduces morbidity and improves prognosis and thus increases the likelihood of a fit assessment.

Note 2.— Guidance on the assessment of applicants who are seropositive for human immunodeficiency virus (HIV) is contained in the Manual of Civil Aviation Medicine (Doc 8984).

5.5.2.22 Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk uncomplicated pregnancy.

5.5.2.22.1 For applicants with a low-risk uncomplicated pregnancy, evaluated and supervised in accordance with 5.5.2.22, the fit assessment should be limited to the period from the end of the 12th week until the end of the 26th week of gestation.

5.5.2.23 Following confinement or termination of pregnancy, the applicant shall not be permitted to exercise the privileges of her licence until she has undergone re-evaluation in accordance with best medical practice and it has been determined that she is able to safely exercise the privileges of her licence and ratings.

5.5.2.24 The applicant shall not possess any abnormality of the bones, joints, muscles, tendons or related structures which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

Note.— Any sequelae after lesions affecting the bones, joints, muscles or tendons, and certain anatomical defects will normally require functional assessment to determine fitness.

5.5.2.25 The applicant shall not possess any abnormality or disease of the ear or related structures which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

5.5.2.26 There shall be:

- a) no disturbance of the vestibular function;
- b) no significant dysfunction of the Eustachian tubes; and
- c) no unhealed perforation of the tympanic membranes.

5.5.2.26.1 A single dry perforation of the tympanic membrane need not render the applicant unfit.

Note.— Guidance on testing of the vestibular function is contained in the Manual of Civil Aviation Medicine (Doc 8984).

5.5.2.27 There shall be:

- a) no nasal obstruction; and
- b) no malformation nor any disease of the buccal cavity or upper respiratory tract which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

5.5.3 Visual Requirements

The medical examination shall be based on the following requirements:

5.5.3.1 The function of the eyes and their adnexa shall be normal. There shall be no active pathological condition, acute or chronic, nor any sequelae of surgery or trauma of the eyes or their adnexa likely to produce proper visual function to an extent that would interfere with the safe exercise of the applicant's License and rating privileges.

5.5.3.2 Distant visual acuity with or without correction shall be 6/12 or better in each eye separately and binocular visual acuity shall be 6/9 or better. No limits apply to uncorrected visual acuity. Where this standard of visual acuity can be obtained only with correcting lenses the applicant may be assessed as fit provided that;

(a) Such correcting lenses are worn during the exercise of the privileges of the License or rating applied for or held;

(b) In addition, a pair of suitable correcting spectacles is kept readily available during the exercise of the privileges of the applicant's License.

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

5.5.3.2.1 Applicants may use contact lenses to meet this requirement provided

that: (a) The lenses are monofocal and non tinted;

(b) The lenses are well tolerated; and

(c) A pair of suitable correcting spectacles is kept readily available during the exercise of the License privileges.

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

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

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

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

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

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

5.5.3.3 Applicants who have undergone surgery affecting the refractive status of the eye shall be assessed as unfit unless they are free from those sequelae, which are likely to interfere with the safe exercise of their License and rating privilege.

5.5.3.4 The applicant shall have the ability to read, while wearing the correcting lenses, if any, required by paragraph 5.5.3.2, the N5 chart or its equivalent at a distance selected by him in the range of 30 to 50 centimeters (12 to 20 inches). If this requirement is met only by the use of near correction, the applicant may be assessed as fit provided that this near correction is added to the spectacle correction already prescribed in accordance with paragraph 5.5.3.2; if no such correction is prescribed, a pair of spectacles for near use shall be kept readily available during the exercise of the privilege of the License. When near correction is required, the applicant shall demonstrate that one pair of spectacles is sufficient to meet both distant and near visual requirements.

Note 1. An applicant who needs near correction to meet the requirement will require -look-over, bifocal or perhaps multifocal lenses in order to read the instruments and a chart or manual held in the hand, and also to make use of distant vision, through the windscreen, without removing the lenses. Single-vision near correction (full lenses of one power only, appropriate for reading) significantly reduces distant visual acuity and is therefore not acceptable.

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

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

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

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

5.5.3.5 The applicant shall be required to have normal fields of vision.

5.5.3.6 The applicant shall be required to have normal binocular vision.

5.5.3.6.1 Reduced stereopsis, abnormal convergence not interfering with near vision, and ocular misalignment where the fusional reserves are sufficient to prevent

asthenopia and diplopia need not be disqualifying.

5.5.4 Hearing Requirements

Note.— Attention is called to YCARs Part (II) Chapter (II) Paragraph No. (2.3.6) on requirements for the issue of instrument rating to applicants who hold a private pilot licence.

5.5.4.1 Applicants for Class 2 Medical Assessment should be tested by pure-tone audiometry at first issue of the Assessment and, after the age of 50 years, not less than once every two years.

5.5.4.2 Applicants who are unable to hear an average conversational voice in a quiet room, using both ears, at a distance of 2 m from the examiner and with the back turned to the examiner, shall be assessed as unfit.

5.5.4.3 When tested by pure-tone audiometry, an applicant with a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, shall be assessed as unfit.

5.5.4.4 An applicant who does not meet the requirements in 5.5.4.2 or 5.5.4.3 should undergo further testing in accordance with 5.4.4.1.1.

5.6 CLASS – 3 - MEDICAL ASSESSMENT

5.6.1 Assessment Issue and Renewal

5.6.1.1 An applicant for an Air Traffic Controller License shall undergo an initial medical examination for the issue of a Class 3 Medical Assessment.

5.6.1.2 Except where otherwise stated in this section, holders of air traffic controller Licenses shall have their Class – 3 - Medical Assessments renewed at intervals not exceeding those specified in YCARs Part (II) Chapter (I) Paragraph No. (1.6).

5.6.1.3 When the CAMA is satisfied that the requirements of this section and the general provisions of 5.1 and 5.2 have been met, a Class 3 Medical Assessment shall be issued to the applicant.

5.6.2 Physical and mental requirements

5.6.2.1 The applicant shall not suffer from any disease or disability which could render that applicant likely to become suddenly unable to perform duties safely.

5.6.2.2 The applicant shall have no established medical history or clinical diagnosis of:

a) An organic mental disorder;

- b) A mental or behavioural disorder due to psychoactive substance use; this includes dependence syndrome induced by alcohol or other psychoactive substances;
- c) Schizophrenia or a schizotypal or delusional disorder;
- d) A mood (affective) disorder;
- e) A neurotic, stress-related or somatoform disorder;
- f) A behavioural syndrome associated with physiological disturbances or physical factors; repeated overt acts;
- h) Mental retardation;
- i) A disorder of psychological development;
- j) A behavioural or emotional disorder, with onset in childhood or adolescence; or
- k) A mental disorder not otherwise specified; such as might render the applicant unable to safely exercise the privileges of the License applied for or held.

6.5.2.2.1 An applicant with depression, being treated with antidepressant medication, should be assessed as unfit unless the medical assessor, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's license and rating privileges.

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

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

5.6.2.3 The applicant shall have no established medical history or clinical diagnosis of any of the following:

- a) A progressive or non-progressive disease of the nervous system, the effects of which are likely to interfere with the safe exercise of the applicant's License and rating privileges;
- b) Epilepsy; or
- c) Any disturbance of consciousness without satisfactory medical explanation of cause.

5.6.2.4 The applicant shall not have suffered any head injury, the effects of which

are likely to interfere with the safe exercise of the applicant's License and rating privileges.

5.6.2.5 The applicant shall not possess any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe exercise of the applicant's License and rating privileges.

5.6.2.5.1 An applicant who has undergone coronary bypass grafting or angioplasty (with or without stenting) or other cardiac intervention or who has a history of myocardial infarction or who suffers from any other potentially incapacitating cardiac condition shall be assessed as unfit unless the applicant's cardiac condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's License and rating privileges.

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

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

5.6.2.6. Electrocardiography shall form part of the heart examination for the first issue of a Medical Assessment.

5.6.2.6.1 Electrocardiography shall be included in re-examinations of applicants after the age of 50 no less frequently than every two years.

Note 1.— The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence to justify disqualification without further thorough cardiovascular investigation.

5.6.2.7 The systolic and diastolic blood pressures shall be within normal limits.

5.6.2.7.1 The use of drugs for control of high blood pressure is disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence privileges.

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

5.6.2.7 There shall be no significant functional nor structural abnormality of the circulatory system.

5.6.2.8 There shall be no disability of the lungs nor any active disease of the structures of the lungs, mediastinum or pleurae likely to result in incapacitating symptoms.

5.6.2.10 Applicants with chronic obstructive pulmonary disease shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in

accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's License or rating privileges.

5.6.2.11 Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms shall be assessed as unfit.

Note.— Guidance on hazards of medications is contained in the Manual of Civil Aviation Medicine (Doc 8984).

5.6.2.12 Applicants with active pulmonary tuberculosis shall be assessed as unfit.

5.6.2.13 Applicants with quiescent or healed lesions, known to be tuberculous or presumably tuberculous in origin, may be assessed as fit.

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

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

5.6.2.17 Applicants with significant impairment of the function of the gastrointestinal tract or its adnexae shall be assessed as unfit.

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

5.6.2.18.1 An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexa, with a total or partial excision or a diversion of any of these organs should be assessed as unfit until such time as the medical assessor, having access to the details of the operation concerned, considers that the effects of the operation are not likely to cause incapacitation.

5.6.2.19 Applicants with metabolic, nutritional or endocrine disorders that are likely to interfere with the safe exercise of their licence and rating privileges shall be assessed as unfit.

5.6.2.20 Applicants with insulin-treated diabetes mellitus shall be assessed as unfit.

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

5.6.2.20.1 Applicants with non-insulin-treated diabetes shall be assessed as unfit unless the condition is shown to be satisfactorily controlled by diet alone or by diet combined with oral anti-diabetic medication, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.

Note.— Guidance on assessment of diabetic applicants is contained in the Manual of Civil Aviation Medicine (Doc 8984).

5.6.2.21 Applicants with diseases of the blood and/or the lymphatic system shall be assessed as unfit, unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.

5.6.2.22 Applicants with renal or genito-urinary disease shall be assessed as unfit unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.

5.6.2.22.1 Urine examination shall form part of the medical examination and abnormalities shall be adequately investigated.

Note.— Guidance on urine examination and evaluation of abnormalities is contained in the Manual of Civil Aviation Medicine (Doc 8984).

5.6.2.23 Applicants with sequelae of disease of, or surgical procedures on the kidneys or the genito-urinary tract, in particular obstructions due to stricture or compression, shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.

5.6.2.24 Applicants who have undergone nephrectomy shall be assessed as unfit unless the condition is well compensated.

5.6.2.25 Applicants who are seropositive for human immunodeficiency virus (HIV) shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed as not likely to interfere with the safe exercise of the applicant's licence or rating privileges.

Note 1.— Early diagnosis and active management of HIV disease with antiretroviral therapy reduces morbidity and improves prognosis and thus increases the likelihood of a fit assessment.

Note 2.— Guidance on the assessment of applicants who are seropositive for human immunodeficiency virus (HIV) is contained in the Manual of Civil Aviation Medicine (Doc 8984).

5.6.2.26 Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk uncomplicated pregnancy.

5.6.2.26.1 During the gestational period, precautions should be taken for the timely relief of an air traffic controller in the event of early onset of labour or other complications.

5.6.2.26.2 For applicants with a low-risk uncomplicated pregnancy, evaluated and supervised in accordance with 5.6.2.26, the fit assessment should be limited to the period until the end of the 34th week of gestation.

5.6.2.27 Following confinement or termination of pregnancy the applicant shall not be permitted to exercise the privileges of her License until she has undergone re- evaluation and has been assessed as fit and able to safely exercise the

privileges of her License and ratings.

- 5.6.2.28 The applicant shall not possess any abnormality of the bones, joints, muscles, tendons or related structures which is likely to interfere with the safe exercise of the applicant's License and rating privileges.

Note. Any sequelae after lesions affecting the bones, joints, muscles or tendons, and certain anatomical defects will normally require functional assessment to determine fitness.

- 5.6.2.29 The applicant shall not possess any abnormality or disease of the ear or related structures which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

- 5.6.2.30 There shall be no malformation nor any disease of the nose, buccal cavity or upper respiratory tract which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

- 5.6.2.31 Applicants with stuttering or other speech defects sufficiently severe to cause impairment of speech communication shall be assessed as unfit.

5.6.3 Visual Requirements

The medical examination shall be based on the following requirements:

- 5.6.3.1 The function of the eyes and their adnexa shall be normal. There shall be no active pathological condition, acute or chronic, nor any sequela of surgery or trauma of the eyes or their adnexa likely to reduce proper visual function to an rating privileges.

- 5.6.3.2 Distant visual acuity with or without correction shall be 6/9 or better in each eye separately and binocular visual acuity shall be 6/6 or better. No limits apply to uncorrected visual acuity. Where this standard of visual acuity can be obtained only with correcting lenses the applicant may be assessed as fit provided that;

(a) Such correcting lenses are worn during the exercise of the privileges of the License or rating applied for or held; and

(b) In addition, a pair of suitable correcting spectacles is kept readily available during the exercise of the privileges of the applicant's License.

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

- 5.6.3.2.1 Applicants may use contact lenses to meet this requirement provided

that: (a) The lenses are monofocal and non tinted;

(b) The lenses are well tolerated; and

(c) A pair of suitable correcting spectacles is kept readily available during the exercise of the License privileges.

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

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

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

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

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

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

5.6.3.3 Applicants who have undergone surgery affecting the refractive status of the eye shall be assessed as unfit unless they are free from those sequelae, which are likely to interfere with the safe exercise of their License and rating privilege.

5.6.3.4 The applicant shall be required to have the ability to read, while wearing the correcting lenses, if any, required by paragraph 5.6.3.2, the N5 chart or its equivalent at a distance selected by him in the range of 30 to 50 centimeters (12 to 20 inches) and the ability to read the N14 chart or its equivalent at a distance of 100 cm (39 inches). If this requirement is met only by the use of near correction, the applicant may be assessed as fit provided that this near correction is added to the spectacle correction already prescribed in accordance with paragraph 5.6.3.2; if no such correction is prescribed, a pair of spectacles for near use shall be kept readily available during the exercise of the privilege of the License. When near correction is required, the applicant shall demonstrate that one pair of spectacles is sufficient to meet both distant and near visual requirements.

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

Note 2.— An applicant who needs near correction to meet the requirement will require “look-

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

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

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

5.6.3.5 The applicant shall be required to have normal fields of vision. The applicant shall be required to have normal binocular vision.

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

5.6.4 Hearing Requirements

5.6.4.1 The applicant, when tested on a pure-tone audiometer shall not have a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz.

5.6.4.1.1 An applicant with a hearing loss greater than the above may be declared fit provided that the applicant has normal hearing performance against a background noise that reproduces or simulates that experienced in a typical air traffic control working environment.

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

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

5.6.4.2.2 Alternatively, a practical hearing test conducted in air traffic control environment representative of the one for which the applicant’s license and ratings are valid may be used.

5.7 CABIN CREW MEDICAL ASSESSMENT

5.7.1 Assessment Issue and Renewal

5.7.2 Physical and mental requirements

5.7.2.1 The applicant shall not suffer from any disease or disability which could render that applicant likely to become suddenly unable to perform duties safely.

5.7.2.2 The applicant shall have no established medical history or clinical diagnosis of:

- a) An organic mental disorder;
- b) A mental or behavioral disorder due to psychoactive substance use; this includes dependence syndrome induced by alcohol or other psychoactive substances;
- c) Schizophrenia or a schizotypal or delusional disorder;
- d) A mood (affective) disorder;
- e) A neurotic, stress-related or somatoform disorder;
- f) A behavioral syndrome associated with physiological disturbances or physical factors;
- g) A disorder of adult personality or behavior, particularly if manifested by repeated overt acts;
- h) Mental retardation;
- i) A disorder of psychological development;
- j) A behavioral or emotional disorder, with onset in childhood or adolescence; or
- k) A mental disorder not otherwise specified; such as might render the applicant unable to safely exercise the privileges of the License applied for or held.

- 5.7.2.3 The applicant shall have no established medical history or clinical diagnosis of any of the following:
- a) a progressive or non-progressive disease of the nervous system, the effects of which are likely to interfere with the safe exercise of the applicant's License and rating privileges;
 - b) Epilepsy; or
 - c) Any disturbance of consciousness without satisfactory medical explanation of cause.
- 5.7.2.4 The applicant shall not have suffered any head injury, the effects of which are likely to interfere with the safe exercise of the applicant's License and rating privileges
- 5.7.2.5 The systolic and diastolic blood pressures shall be within normal limits. for those drugs, the use of which is compatible with the safe exercise of the applicant's License and rating privileges. The initiation of drug therapy shall require a period of temporary suspension of the medical certificate to establish the absence of significant side effects.
- 5.7.2.5.2 Applicants with symptomatic hypotension shall be assessed as unfit.
- 5.7.2.6 There shall be no significant functional nor structural abnormality of the circulatory tree.
- 5.7.2.7 There shall be no disability of the lungs nor any active disease of the structures of the lungs, mediastinum or pleurae likely to result in incapacitating symptoms.
- 5.7.2.8 Chest radiography should form part of initial chest examination to be repeated on clinical indication.
- 5.7.2.9 Applicants with chronic obstructive pulmonary disease shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's License or rating privileges.
- 5.7.2.10 Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms shall be assessed as unfit.
- 5.7.2.10.1 The use of drugs for control of asthma shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's License and rating privileges.
- 5.7.2.11 Applicants with active pulmonary tuberculosis shall be assessed as unfit.
- 5.7.2.11.1 Applicants with quiescent or healed lesions, known to be tuberculous or presumably tuberculous in origin, may be assessed as fit.

- 5.7.2.12 Cases of disabling disease with important impairment of function of the gastrointestinal tract or its adnexa shall be assessed as unfit.
- 5.7.2.13 The applicant shall be required to be completely free from those hernias that might give rise to incapacitating symptoms.
- 5.7.2.14 Any sequelae of disease or surgical intervention on any part of the digestive tract or its adnexa, liable to cause incapacity in flight, in particular any obstructions due to stricture or compression, shall be assessed as unfit.
 - 5.7.2.14.1 An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexa, with a total or partial excision or a diversion of any of these organs should be assessed as unfit until such time as the CAMA having access to the details of the operation concerned, considers that the effects of the operation are not likely to cause incapacitation.
- 5.7.2.15 Cases of metabolic, nutritional or endocrine disorders likely to interfere with the safe exercise of the applicant's License and rating privileges shall be assessed as unfit.
- 5.7.2.16 Applicants with insulin-treated diabetes mellitus shall be assessed as unfit.
 - 5.7.2.16.1 Applicants with non-insulin-treated diabetes shall be assessed as unfit unless the condition is shown to be satisfactorily controlled by diet alone or by diet combined with oral anti-diabetic medication, the use of which is compatible with the safe exercise of the applicant's License and rating privileges
- 5.7.2.17 Cases of significant localized and generalized enlargement of the lymphatic glands and of diseases of the blood shall be assessed as unfit, except in cases where accredited medical conclusion indicates that the condition is not likely to affect the safe exercise of the applicant's License and rating privileges.
- 5.7.2.18 Applicants with renal or genito-urinary disease shall be assessed as unfit unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their License and rating privileges.
 - 5.7.2.18.1 Urine examination shall form part of the medical examination and abnormalities shall be adequately investigated.
- 5.7.2.19 Applicants with sequelae of disease of, or surgical procedures on, the kidneys or the genito-urinary tract, in particular obstructions due to stricture or compression, shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's License or rating privileges.
 - 5.7.2.19.1 Applicants who have undergone nephrectomy shall be assessed as unfit unless the condition is well compensated.
- 5.7.2.20 An applicant for the first issue of a License who has a personal history of syphilis shall be required to furnish evidence, satisfactory to the medical examiner,

that the applicant has undergone adequate treatment.

5.7.2.20 Applicants with acquired immunodeficiency syndrome (AIDS) shall be assessed as unfit.

Note 1. Evaluation of applicants who are seropositive for human immunodeficiency virus (HIV) requires particular attention to their mental state, including the psychological effects of the diagnosis.

5.7.2.21 Applicants with gynaecological disorders that are likely to interfere with the safe exercise of their License and rating privileges shall be assessed as unfit.

5.7.2.22 Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk uncomplicated pregnancy.

5.7.2.22.1 For applicants with a low-risk uncomplicated pregnancy, evaluated and supervised in accordance with 5.7.2.22, the fit assessment should be limited to the period from the end of the 12th week until the end of the 26th week of gestation.

5.7.2.23 Following confinement or termination of pregnancy, the applicant shall not be permitted to exercise the privileges of her License until she has undergone reexamination and has been assessed as fit.

5.7.2.24 The applicant shall not possess any abnormality of the bones, joints, muscles, tendons or related structures which is likely to interfere with the safe exercise of the applicant's License and rating privileges.

Note. Any sequelae after lesions affecting the bones, joints, muscles or tendons, and certain anatomical defects will normally require functional assessment to determine fitness

5.7.2.25 There shall be:

- a) No disturbance of vestibular function;
- b) No significant dysfunction of the Eustachian tubes; and
- c) No unhealed perforation of the tympanic membranes.

5.7.2.25.1 A single dry perforation of the tympanic membrane need not render the applicant unfit.

5.7.2.26 There shall be:

- a) No nasal obstruction; and
- b) No malformation nor any disease of the buccal cavity or upper respiratory tract which is likely to interfere with the safe exercise of the applicant's

License and rating privileges

- 5.7.2.27 Applicants with stuttering or other speech defects sufficiently severe to cause impairment of speech communication shall be assessed as unfit.

5.7.3 Visual Requirements

The medical examination shall be based on the following requirements.

- 5.7.3.1 The function of the eyes and their adnexa shall be normal. There shall be no active pathological condition, acute or chronic, nor any sequelae of surgery or trauma of the eyes or their adnexa likely to reduce proper visual function to an extent that would interfere with the safe exercise of the applicant's License and rating privileges.
- 5.7.3.2 Distant visual acuity with or without correction shall be 6/12 or better in each eye separately, and binocular visual acuity shall be 6/9 or better. No limits apply to uncorrected visual acuity. Where this standard of visual acuity can be obtained only with correcting lenses, the applicant may be assessed as fit provided that:
- a) Such correcting lenses are worn during the exercise of the privileges of the License or rating applied for or held; and
 - b) In addition, a pair of suitable correcting spectacles is kept readily available during the exercise of the privileges of the applicant's License.

Note 2. An applicant accepted as meeting these provisions is deemed to continue to do so unless there is reason to suspect otherwise, in which case an ophthalmic report is required at the discretion of the CAMA. Both uncorrected and corrected visual acuity are normally measured and recorded at each re-examination.

5.7.3.2.1 Applicants may use contact lenses to meet this requirement provided that:

- a) The lenses are monofocal and non-tinted;
- b) The lenses are well tolerated; and
- c) A pair of suitable correcting spectacles is kept readily available during the exercise of the License privileges.

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

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

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

5.7.3.2.4 The applicant shall have the ability to read, while wearing the correcting lenses, if any, required by 5.7.3.2, the N5 chart or its equivalent at a distance selected by that applicant in the range of 30 to 50 (12 to 20 inches) cm and the ability to read the N14 chart or its equivalent at a distance of 100 cm(39 inches).. If this requirement is met only by the use of near correction, the applicant may be assessed as fit provided that this near correction is added to the spectacle correction already prescribed in accordance with 5.7.3.2; if no such correction is prescribed, a pair of spectacles for near use shall be kept readily available during the exercise of the privileges of the License. When near correction is required, the applicant shall demonstrate that one pair of spectacles is sufficient to meet both distant and near visual requirement

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

5.7.3.5 The applicant shall be required to have normal fields of vision.

5.7.3.6 The applicant with abnormal binocular function may be assessed as fit.

5.7.4 Hearing Requirements

5.7.4.1 The applicant shall be tested by voice test.

5.7.4.2 The applicant shall have the ability to hear an average conversational voice in a quiet room, using both ears, at a distance of 2 meters (6 feet) from the examiner, with the back turned to the examiner.

5.7.4.3 Alternatively, the AME may use pure –tone audiometry to assess the hearing level of the applicant.