QATAR CIVIL AVIATION AUTHORITY

Qatar Civil Aviation Regulations

Medical Certification

QCAR – MED

Amendment Q02 /J05
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Foreword

1. The regulations contained herein are issued by the Chairman of Qatar Civil Aviation Authority in exercising the powers conferred upon him by Article 4 of Law No. 15 of 2002.

2. Aircraft pilots, cabin crewmembers and air traffic controllers medical certification regulations are contained herein, which may be cited as (QCAR MED), the JAR – FCL 3, and ICAO Annex 1 were selected as basis for QCAR - MED.

3. Future development of the requirements of QCAR-MED will be in accordance with Notice of Proposed Rule Making (NPRM) procedures. These procedures allow for the amendment of QCAR-MED to be harmonized with amendments to JAR–FCL 3 and ICAO Annex 1 in a timely manner.

4. The regulations contained herein shall be binding in its entirety as from date of publication.

5. The information contained herein is subject to constant review in the light of changing regulations and requirements. No subscriber or other reader should act on the basis of any such information without also referring to the applicable laws and regulations and/or without taking appropriate professional advice when/as indicated/required. Although, every effort has been made to ensure accuracy, the Civil Aviation Authority, State of Qatar, shall not be held responsible for loss or damage caused by errors, omissions, misprints or misinterpretation of the contents hereof.

6. (Copies of this publication can be obtained from the following address or on the QCAA website.)

Air Safety Department – Personnel Licensing Section
Civil Aviation Authority
P. O. Box 3000
Doha, State of Qatar

QCAA website:
www.qaa.gov.qa

[Signature]

ABDUL AZIZ AL-NOAIMI
Chairman of the Board
Managing Director

Doha, 01/10/2009
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(d) Amendment to QCAR-MED 040
(e) Amendment to QCAR-MED 050
(f) Amendment to QCAR-MED 055 and heading change.
(g) Amendment to QCAR-MED – Appendix 1 to QCAR-MED 020 – paragraphs (a) (b) (c) and (d) inclusion of {(d) 1}

Subpart B

(a) Amendments to QCAR-MED 170(e), 215(f) and 220(b) and (g)

Subpart C

(a) Amendment to QCAR-MED 250(e)
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(a) Amendment to QCAR-MED 380 – Paragraph changed.

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QCAR – MED 001 – DEFINITIONS AND ABBREVIATIONS

**Accredited medical conclusion.** The conclusion reached by one or more medical experts acceptable to the Licensing Authority for the purposes of the case concerned, in consultation with flight operations or other experts as necessary.

**Authority: Qatar Civil Aviation Authority**

**Authorised / Designated Medical Examiner:** a doctor of medicine qualified in aviation medicine to the level required by the Authority and granted the authority to perform medical examinations or tests required for Class 1, 2, 3 and cabin crew medical assessment.

**Chairman:** Chairman of Qatar Civil Aviation Authority

**Cabin Crew Member:** A crew member who performs, in the interest of safety of passengers, duties assigned by the operator or the pilot in command of the aircraft, but who shall not act as a flight crew member.

**Crew Member:** A person assigned by an operator to duty on an aircraft during flight duty period.

**Designated Body or Institution:** An aviation medical center or institution which shall be:

(a) within the national boundaries of the State and attached to or in liaison with a designated hospital or a medical institute;
(b) engaged in clinical aviation medicine and related activities;
(c) headed by an Authorised Medical Examiner (AME), responsible for coordinating assessment results and signing reports and certificates, and shall have on staff physicians with advanced training and experience in aviation medicine;

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

**Likely.** In the context of the medical provisions in QCAR-MED, likely means with a probability of occurring that is unacceptable to the medical assessor.

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

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

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

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

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

**Pilot (to).** To manipulate the flight controls of an aircraft during flight time.

**Private pilot:** A pilot who holds a licence which prohibits the piloting of aircraft in operations for which remuneration is given.

**Professional pilot:** A pilot who holds a licence which permits the piloting of aircraft in operations for which remuneration is given.
Problematic use of substances. The use of one or more psychoactive substances by aviation personnel in a way that:

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

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

Psychoactive substances. Alcohol, opioids, cannabinoids, edatives and hypnotics, cocaine, other psychostimulants, hallucinogens, and volatile solvents, whereas coffee and tobacco are excluded.

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

Renewal: The administrative action taken after a rating or approval has lapsed that renews the privileges of the rating or approval for a further specified period consequent upon the fulfillment of specified requirements.

Revalidation: The administrative action taken within the period of validity of a rating or approval that allows the holder to continue to exercise the privileges of a rating or approval for a further specified period consequent upon the fulfilment of specified requirements.
QCAR–MED 002 - APPLICABILITY

(a) This Part shall apply to the issuing of medical certificates in respect of flight crew, cabin crew and air traffic service personnel.

QCAR–MED 005 - CLASSES OF MEDICAL CERTIFICATES

(a) The classes of medical certificates are -

(1) **Class 1** -
   (i) airline transport pilot: aeroplane and helicopter
   (ii) commercial pilot: aeroplane and helicopter; and
   (iii) multi-crew pilot: aeroplane

(2) **Class 2** –
   (i) private pilot: aeroplane and helicopter; and
   (ii) student pilot.

(3) **Class 3** -
   (i) air traffic controller; and
   (ii) air traffic service assistant.

(4) **Cabin Crew Medical Assessment** –
   (i) Cabin crew operating on public transport aircraft.

(b) A flight crew member who holds a valid Class 1 medical certificate referred to in paragraph (a)(1), shall be deemed to hold a valid Class 2 medical certificate referred to in paragraph (a)(1).

(c) The medical requirements and standards to be complied with by an applicant for, or the holder of, a Class 1, 2, 3, or Cabin Crew medical certificate shall be as prescribed in QCAR - MED.

QCAR–MED 010 – DESIGNATION / APPOINTMENT OF BODY, INSTITUTION OR MEDICAL ASSESSOR

(a) The Chairman may, subject to the provisions of Law No. 15 of 2002, designate / appoint a body, institution or medical assessor to:

   (1) exercise control over medical examinations or tests and over aviation medical examiners performing such examinations or tests;
   (2) determine standards for such examinations or tests and for the training of such aviation medical examiners;
   (3) issue, amend, suspend or withdraw medical certificates and keep all books or documents regarding such examinations or tests; and

(b) The designation/appoint referred to in paragraph (a) shall be made in writing and shall be published by the Chairman within 30 days from the date of such designation, by the most practical means.

(c) The powers and duties referred to in paragraph (a) shall be exercised and performed according to the conditions, rules, requirements, procedures or standards as prescribed in QCAR-MED.

(d) Any medical practitioner employed by the body or institution authorised in terms of paragraph (a), shall not be disqualified by virtue of such designation from being authorised as an aviation medical examiner.

QCAR–MED 015 - AUTHORISATION OF AVIATION MEDICAL EXAMINERS

(a) The Authority may, authorise / designate aviation medical examiners, qualified
and licensed in the practice of medicine, to perform medical examinations or tests required for the issuing of medical certificates.

(b) Number and location of examiners: The Authority will determine the number and location of examiners it requires, taking account of the number and geographic distribution of its pilot population.

(c) Access to documentation: An AME responsible for coordinating assessment results and signing reports, shall be allowed access to any prior aero-medical documentation held by the authorised body or institution and related to such examinations as that AME is to carry out.

(d) Training. AMEs shall be qualified and licensed in the practice of medicine and shall have received training in aviation medicine. They should acquire practical knowledge and experience of the conditions in which the holders of licences and ratings carry out their duties.

(1) **Basic training in Aviation Medicine**
   (i) Basic training for physicians responsible for the medical selection and surveillance of Class 2, Class 3 examinations and Cabin Crew Medical Assessment shall consist of a minimum of 60-hours of lectures including practical work (examination techniques).
   (ii) A final examination shall conclude the basic training course. A certificate will be awarded to the successful candidate.
   (iii) Possession of a certificate of basic training in Aviation Medicine constitutes no legal right to be approved as an AME for Class 2, Class 3 examinations and Cabin Crew Medical Assessment by the Authority.

(2) **Advanced training in Aviation Medicine**
   (i) Advanced training in Aviation Medicine for physicians responsible for the medical examination and assessment and surveillance of Class 1 flying personnel should consist of a minimum of 120-hours of lectures (60 additional hours to basic training) and practical work, training attachments and visits to designated body or institution, Clinics, Research, ATC, Simulator, Airport and industrial facilities. Training attachments and visits may be spread over three years. Basic training in Aviation Medicine shall be a compulsory entry requirement.
   (ii) A final examination shall conclude this advanced training course in Aviation Medicine and a certificate shall be awarded to the successful candidate.
   (iii) Possession of a certificate of Advanced Training in Aviation Medicine constitutes no legal right to be approved as an AME for Class 1, Class 2, Class 3 examinations and Cabin Crew Medical Assessment examinations by the Authority.

(3) **Refresher Training in Aviation Medicine.** During the period of authorisation an AME is required to attend a minimum of 20 hours approved refresher training. A minimum of 6 hours must be under the direct supervision of the authorised body or institution. Scientific meetings, congresses and flight deck experience may be approved by the authorised body or institution for this purpose, for a specified number of hours.

(e) Authorisation: An AME will be authorised for a period not exceeding three years. Authorisation to perform medical examinations may be for Class 1 or Class 2, Class 3 examinations and Cabin Crew Medical Assessment or all at the discretion of the Authority. To maintain proficiency and retain authorisation an AME should complete at least ten aeromedical examinations each year. For re-authorisation the AME shall have completed an adequate number of aeromedical examinations to the satisfaction of the Authority and shall also have undertaken relevant training during the period of authorisation. Authorisation is invalid after the
AME reaches 70 years of age.

(f) The Chairman shall sign and issue to each authorised AME a document which shall state the full name of such AME and contain a statement that -

1. such aviation medical examiner has been authorised in terms of paragraph (a); and
2. such aviation medical examiner is empowered to -
   (i) perform the medical examination or test required for the issuing of the appropriate medical certificate;
   (ii) subject to the provisions of regulation QCAR-MED 035, issue such medical certificate; or
   (iii) defer the issuing of such medical certificate pending an appropriate instruction from the authorised body or institution.

(g) Examination Fees

The Authority does not establish fees to be charged by Examiners 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.

(h) Equipment Requirements

Examiner's shall have adequate facilities for performing the required examinations and possess or agree to obtain the following equipment prior to conducting any QCAA examinations. History or current findings may indicate a need for special evaluations.

Examiners shall certify at the time of designation, re-designation, or upon request that they possess (and maintain as necessary) the equipment specified.

1. Standard Snellen Test. Types for visual acuity (both near and distant) and appropriate may be used for near and intermediate vision testing. Metal, opaque plastic or cardboard occluder.
2. Eye Muscle Test-Light. May be a spot of light 0.5 cm in diameter, a regular muscle-test light, or an ophthalmoscope.
3. Maddox Rod. May be hand type.
4. Horizontal Prism Bar. Risley or hand prism are acceptable alternatives.
5. Other vision test equipment that is acceptable as a replacement for 1 through 4 above
6. Color Vision Test Apparatus. Pseudoisochromatic 38 plates. Acceptable substitutes are: Farnsworth Lantern; OPTEC 900 Color Vision Test; Keystone Orthoscope; Keystone Telebinocular; Appropriate OPTEC Vision Tester
7. Field of vision testing: can be done by direct confrontation or any other acceptable option.
8. Standard physician diagnostic instruments and aids including those necessary to perform urine testing for albumin and glucose.
9. Electrocardiographic equipment. Senior Examiners must have access to digital electrocardiographic equipment with electronic transmission capability.
10. Audiometric equipment. All Examiners must have access to audiometric equipment or a capability of referring applicants to other medical facilities for audiometric testing.

(i) Medical Certificates - AME Completion

- Each medical certificate must bear the same date as the date of medical examination regardless of the date the certificate is actually issued.
- Only standard limitations as supplied by the Authority should be used.
• Both the AME and applicant must sign the medical certificate. The applicant must sign before leaving the AME’s office.

(j) Legal Responsibilities of Aviation Medical Examiners. 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 Authority, and for the Examiner. If the examination is cursory and the Examiner 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 Examiner may bear the responsibility for the results of such action.

**QCAR–MED 020 - PERIOD OF VALIDITY OF MEDICAL CERTIFICATES**
(See Appendix 1 to QCAR–MED 020)

(a) **Period of validity.** A medical certificate shall be valid from the date of the initial general medical examination and for:

(1) Class 1 medical certificates, valid for 12 months except, that for applicants who
   (i) are engaged in single-pilot commercial air transport operations carrying passengers and have passed their 40th birthday, or
   (ii) have passed their 60th birthday,
    the period of validity shall be reduced to 6 months.

(2) Class 2 medical certificates, valid for 60 months until age 40, then 24 months until age 50 and 12 months thereafter.

(3) Class 3 medical certificates, valid for 48 months except that for holders who have passed their 40th birthday the interval is reduced to 24 months and when passing their 50th birthday 12 months.

(4) Cabin crew medical assessment valid for 36 months except that for holders who have passed their 50th birthday the interval is reduced to 18 months.

(5) The expiry date of the medical certificate is calculated on the basis of the information contained in (1) and (2). The validity period of a medical certificate (including any associated extended examination or special investigation) shall be determined by the age at which the medical examination of the applicant takes place.

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

(7) The period of validity of the medical certificate may be reduced when clinically indicated.

(8) The holder of pilot licence who has attained the age of 60 years shall not act as an aircraft engaged in commercial air transport operation except: as a member of multi pilot crew and provided that, such holder is the only pilot in the flight crew who has attained age 60.

(9) The holder of a pilot licence who has attained the age of 65 years shall not act as a pilot of an aircraft engaged in commercial air transport operations.

(b) Revalidation.

(1) If the medical revalidation is taken up to 45 days prior to the expiry date calculated in accordance with (a), the expiry of the new certificate is calculated by adding the period stated in (a)(1) or (2), as applicable, to the expiry date of the previous medical certificate.

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

(c) Renewal. If the medical examination is not taken within the 45 day period referred to in (b) above, the expiry date will be calculated in accordance with paragraph (a) with effect from the date of the next general medical examination.
(d) Requirements for revalidation or renewal. The requirements to be met for the revalidation or renewal of medical certificates are the same as those for the initial issue of the certificate, except where specifically stated otherwise.

(e) Reduction in the period of validity. The period of validity of a medical certificate may be reduced by an AME in consultation with the authorised body or institution when clinically indicated.

(f) Additional examination. Where the Authority has reasonable doubt about the continuing fitness of the holder of a medical certificate, the authorised body or institution may require the holder to submit to further examination, investigation or tests. The reports shall be forwarded to the authorised body or institution.

QCAR – MED 025 - APPLICATION FOR MEDICAL CERTIFICATE

(a) An application for the issuing of a medical certificate shall be made on the appropriate form. (Application Form for Aviation Medical Certificate)

(b) An applicant who attends a medical examination or test for the issuing of a medical certificate shall -

(1) Produce proof of his or her identity; and
(2) Produce for inspection any licence held for which the certificate is required and the most recent medical certificate held, if any.

(c) Subject to the provisions of QCAR–MED 010(a)(3) and QCAR–MED 015(f)(2)(iii), an applicant who complies with the appropriate medical requirements and standards referred to in QCAR–MED 005(f), shall be entitled to a medical certificate.

(d) Replacement of Medical Certificates

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:

Aeromedical section
Civil Aviation Authority
P O Box: 3000
Doha, Qatar

This request should include:
- Airman's full name and date of birth;
- Class of certificate;
- Place and date of examination;
- Name of the Examiner; 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.

QCAR – MED 030 – INTENTIONALLY LEFT BLANK

QCAR – MED 035 – MEDICAL FITNESS

(a) Fitness. The holder of a medical certificate shall be mentally and physically fit to exercise safely the privileges of the applicable licence.

(b) Requirement for medical certificate. In order to apply for or to exercise the privileges of a licence, the applicant or the holder shall hold a medical certificate
issued in accordance with the provisions of QCAR–MED and appropriate to the privileges of the licence.

(c) Aeromedical disposition. After completion of the examination the applicant shall be advised whether fit, unfit or referred to the Authority. The AME shall inform the applicant of any condition(s) (medical, operational or otherwise) that may restrict flying training and/or the privileges of any licence issued.

(d) Operational Multi-crew Limitation (OML - Class 1 only).

(1) The limitation “valid only as or with qualified co-pilot” is to be applied when the holder of a CPL or an ATPL does not fully meet the class 1 medical certificate requirements but is considered to be within the accepted risk of incapacitation. This limitation is applied by the Authority in the context of a multi-pilot environment. A “valid only as or with qualified co-pilot” limitation can only be issued or removed by the Authority.

(2) The other pilot shall be qualified on the type, not be over the age of 60, and not be subject to an OML.

(e) Operational Safety Pilot Limitation (OSL-Class 2 only). A safety pilot is a pilot who is qualified to act as PIC on the class/type of aeroplane and carried on board the aeroplane, which is fitted with dual controls, for the purpose of taking over control should the PIC holding this specific medical certificate restriction become incapacitated. An OSL can only be issued or removed by the Authority.

QCAR – MED 040 - DECREASE IN MEDICAL FITNESS

(a) Holders of medical certificates shall not exercise the privileges of their licences, related ratings or authorisations at any time when they are aware of any decrease in their medical fitness which might render them unable to safely exercise those privileges.

(b) Holders of medical certificates shall not take any prescription or non-prescription medication or drug, or undergo any other treatment, unless they are completely sure that the medication, drug or treatment will not have any adverse effect on their ability to perform safely their duties. If there is any doubt, advice shall be sought from the authorised body or institution, or an AME.

(c) Holders of medical certificates shall, without undue delay, seek the advice of the authorised body or institution or an AME when becoming aware of:

(1) hospital or clinic admission for more than 12 hours; or
(2) surgical operation or invasive procedure; or
(3) the regular use of medication; or
(4) the need for regular use of correcting lenses.

(d) Holders of medical certificates who are aware of:

(1) any significant personal injury involving incapacity to function as a member of a flight crew; or
(2) any illness involving incapacity to function as a member of a flight crew throughout a period of 21 days or more; or
(3) being pregnant: shall inform the Authority in writing of such injury or pregnancy, and as soon as the period of 21 days has elapsed in the case of illness. The medical certificate shall be deemed to be suspended upon the occurrence of such injury or the elapse of such period of illness or the confirmation of the pregnancy.

(e) In the case of injury or illness, the suspension shall be lifted upon the holder being medically examined under arrangements made by the Authority and being pronounced fit to function as a member of the flight crew, or upon the Authority
exempting, subject to such conditions as it thinks fit, the holder from the requirement of a medical examination; and

(f) In the case of pregnancy, the suspension may be lifted by the Authority for such period and subject to such conditions as it thinks fit (see QCAR–MED 195(c) and 315(c)) and shall cease upon the holder being medically examined under arrangements made by the Authority after the pregnancy has ended and being pronounced fit to resume her functions as a member of the flight crew.

QCAR – MED 045 - SPECIAL CIRCUMSTANCES

(a) It is recognised that the provisions of all parts of QCAR–MED will not cover every possible situation. Where the application of QCAR–MED would have anomalous consequences, or where the development of new training or testing concepts would not comply with the requirements, an applicant may ask the Authority concerned for an exemption. An exemption may be granted only if it can be shown that the exemption will ensure or lead to at least an equivalent level of safety.

(b) Exemptions are divided into short term exemptions and long term exemptions (more than 6 months). The granting of a long term exemption may only be undertaken in agreement with the Authority.

QCAR – MED 050 - ISSUING OF MEDICAL CERTIFICATE

(a) Content of certificate. The medical certificate shall contain the following information:

1. State of Licence issue number
2. Class of certificate
3. Full name
4. Date of birth
5. Nationality
6. Expiry date of the medical certificate
7. Date of last extended medical examination
8. Date of last electrocardiography
9. Date of last audiometry
10. Limitations, conditions and/or variations
11. AME/AMC/AMS name, number and signature
12. Date of general examination
13. Signature of applicant

(b) Disposition of certificate

1. A medical certificate shall be issued, in duplicate if necessary, to the person examined once the examination is completed and a fit assessment made.
2. The holder of a medical certificate shall submit it to the Authority for further action if required.
3. The holder of a medical certificate shall present it to the AME at the time of the revalidation or renewal of that certificate.
(c) Certificate annotation, variation, limitation or suspension

(1) When a review has been performed and a variation granted, this fact shall be stated on the medical certificate in addition to any conditions that may be required, and may be entered on the licence at the discretion of the Authority.

(2) Following a medical certificate renewal examination, the designated body or institution may, for medical reasons duly justified and notified to the applicant and the AME, limit or suspend a medical certificate issued by the AME.

(d) If the medical Standards prescribed in Subparts B, C and D for a particular licence are not met, the appropriate Medical Assessment should not be issued or renewed unless the following conditions are fulfilled:

(1) accredited medical conclusion indicates that in special circumstances the applicant’s failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence applied for is not likely to jeopardize flight safety;

(2) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration; and

(3) the 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.

(e) Denial of Certificate

(1) An applicant who has been denied a medical certificate will be informed of this in writing and of his right of review by the Authority.

(2) Information concerning such denial will be collated by the Authority within 5 working days and be made available to other Authorities. Medical information supporting this denial will not be released without prior consent of the applicant.

(f) The AME concerned shall, within 5 days from the date on which the medical certificate has been issued, submit the original application together with any appropriate -

(1) supporting medical reports; and

(2) results of medical examinations or tests performed, to the authorised body or institution for verification purposes.

(g) On receipt of the documents referred to in paragraph (f), the authorised body or institution shall verify that the holder of the medical certificate complies with the appropriate medical requirements and standards referred to in QCAR–MED 005.

(h) A medical certificate issued by an authorised aviation medical examiner, shall remain in force, subject to any requirement or limitation endorsed thereon and for the period for which it was issued: Provided that the authorised body or institution may -

(1) if the medical certificate has been issued to an applicant who does not comply with the appropriate medical requirements and standards referred to in regulation QCAR–MED 005, cancel the medical certificate; or

(2) (i) if medical conclusion requires that -

(A) medical examinations or tests be performed at shorter intervals; or

(B) additional examinations or tests be performed; or

(ii) when the safe performance of the duties essential to the operation of an aircraft, of the holder of the medical certificate, depends on compliance
with any special limitation, endorse the medical certificate with such requirement or limitation.

(i) For the purposes of paragraph (f), the words “original application” includes any incomplete application.

QCAR – MED 055 – DEFERMENT OF MEDICAL EXAMINATIONS

(a) The Chairman may, in consultation with the authorised body or institution, recognise any foreign medical report, medical assessment or medical certificate issued by an appropriate authority for the purpose of validating a foreign flight crew member’s licence, air traffic service personnel member’s licence or cabin crew member’s Medical Assessment Certificate.

(b) If, in the course of duty in a state or territory outside the State of Qatar and distant from an distant from a designated aeromedical facilities, deferral of the issuing of a Qatari medical certificate for a flight crew member or a cabin crew member, as the case may be, may only be made as an exception, and such deferral shall not exceed

1. a single period of six months in the case of a flight crew member of an aircraft used in non-commercial operations; or
2. two consecutive periods, each of three months, in the case of a flight crew member or a cabin crew member, as the case may be, of an aircraft used in commercial operations, provided that in each case a favourable medical report is obtained after examination by a designated medical examiner of the area concerned, or, in cases where such a designated medical examiner is not available, by a physician legally qualified to practice medicine in that area. A report of the medical examination should be sent to the QCAA; and
3. in the case of a private pilot, a single period not exceeding 24 months where the medical examination is carried out by an examiner designated under Annex 1, 1.2.4.4 by the Contracting State in which the applicant is temporarily located. A report of the medical examination shall be sent to the QCAA; and

provided that the flight crew member or cabin crew member concerned undergoes the appropriate medical examination as soon as he or she returns to the State of Qatar.

QCAR – MED 060 - APPEAL

(a) An applicant for, or the holder of, a medical certificate who feels aggrieved by -

1. a decision by the authorised body or institution in terms of regulation QCAR–MED 050 (g) to cancel his or her medical certificate;
2. a decision by an authorised aviation medical examiner, declaring him or her unfit or temporarily unfit;
3. any endorsement made by the authorised body or institution in terms of regulation QCAR–MED 050 (d) or (g)(2)on his or her medical certificate; or
4. any endorsement made by an authorised aviation medical examiner in terms of regulation QCAR–MED 050 on his or her medical certificate, may appeal against such decision or endorsement to the Chairman, within 30 days after he or she becomes aware of such decision or endorsement.

(b) An appellant shall deliver his or her appeal in writing, stating the reasons why, in his or her opinion, the decision or endorsement should be varied or set aside.

(c) The appellant shall submit a copy of his or her appeal and any documents or records supporting such appeal, to the AME concerned or the designated body or institution, as the case may be, and shall furnish proof of such submission for the
information of the Chairman.

(d) The AME concerned or the authorised body or institution, as the case may be, may, within 30 days of receipt of the copy of the appeal referred to in paragraph (c), deliver his, her or its written reply to such appeal to the Chairman.

(e) The Chairman may designate a panel of medical practitioners to assist him or her in adjudicating the appeal.

(f) The panel referred to in paragraph (e) shall consist of at least two medical practitioners, one of whom shall have obtained a post-graduate qualification in aviation medicine, and the other shall be a specialist in the field of medicine concerned.

(g) The Chairman may -

(1) adjudicate the appeal on the basis of the documents submitted to him;
(2) order the appellant and the authorised aviation medical examiner concerned or the designated body or institution, as the case may be, to appear before him, either in person or through a representative, at a time and place determined by him, to give evidence.

(h) The Chairman may confirm, vary or set aside the decision or endorsement referred to in paragraph (a).

**QCAR – MED 065 - PERIOD OF VALIDITY OF MEDICAL RECORDS**

The records of a medical examination shall, for the purpose of issuing a medical certificate, be valid for a period not exceeding 90 days, and a medical certificate may not be issued after this period on the records of such examination.

**QCAR – MED 070 - MEDICAL CONFIDENTIALITY**

(a) Subject to the provisions of paragraph (b), all information provided by or on behalf of an applicant for a medical certificate, which is personal medical information, shall be confidential, and shall be used only in respect of the medical certificate and the entire medical certification process, unless otherwise authorised by the applicant.

(b) Any medical practitioner employed by the designated body or institution shall ensure the protection of information referred to in paragraph (a) which is kept by such designated body or institution: Provided that when medical information appears to be fraudulent, false or misleading, or when such medical information will jeopardise aviation safety, or when it is necessary for the purpose of an appeal in terms of QCAR–MED 060, the medical practitioner shall release to the Chairman such information for appropriate investigation and action.

(c) All medical reports and records shall be securely held with accessibility to only to authorized personnel.

**QCAR – MED 075 - RESPONSIBILITIES OF THE APPLICANT**

(a) Information to be provided. The applicant for or holder of a medical certificate shall produce proof of identification and sign and provide to the AME a declaration of medical facts concerning personal, family and hereditary history. The declaration shall also include a statement of whether the applicant has previously undergone such an examination and, if so, with what result. The applicant shall be made aware by the AME of the necessity for giving a statement that is as complete and accurate as the applicant’s knowledge permits.
(b) False information. Any declaration made with intent to deceive shall be reported to the Authority. On receipt of such information the Authority shall take such action as it considers appropriate, including (if the application is made for converting a foreign licence) the transmission of such information to the concerned state.

**QCAR – MED 105 – EXTENSION OF MEDICAL VALIDITY**

The period of validity of a Medical Assessment may be extended, at the discretion of the Chairman of the QCAA for up to 45 days.
Appendix 1 to QCAR – MED 020 VALIDITY OF MEDICAL CERTIFICATES
(See QCAR – MED 020)

(a) Class 1

Class 1 medical certificates, 12 months except, that for applicants who
   (i) are engaged in single-pilot commercial air transport operations carrying
   (ii) have passed their 60th birthday the period of validity shall be reduced
to 6 months.

(1) If a licence holder allows his Medical Certificate to expire by more than five
years, renewal shall require an initial or extended, at designated body or
institution discretion, aeromedical examination, performed by an AME who
has obtained his medical records. (EEG may be omitted unless clinically
indicated.)

(2) If a licence holder allows his Medical Certificate to expire by more than two
years but less than five years, renewal shall require the prescribed standard
or extended examination to be performed by an AME who has obtained his
medical file.

(3) If a licence holder allows his certificate to expire by more than 90 days but
less than two years, renewal shall require the prescribed standard or
extended examination to be performed by an AME.

(b) Class 2

Class 2 medical certificates, 60 months until age 40, then 24 months until age 50
and 12 months thereafter.

(1) If an Instrument Rating is added to the licence, pure tone audiometry must
have been performed within the last 60 months if the licence holder is 39
years of age or younger, and within the last 24 months if the licence holder
is 40 years of age or older.

(2) If a licence holder allows his Medical Certificate to expire by more than five
years, renewal shall require an initial aeromedical examination. Prior to the
examination the medical file shall be obtained by the AME.

(3) If a licence holder allows his Medical Certificate to expire by more than one
year but less than five years, renewal shall require the prescribed
examination to be performed. Prior to the examination the medical file shall
be obtained by the AME.

(4) If a licence holder allows his certificate to expire by less than one year,
renewal shall require the prescribed examination to be performed. An
extended aeromedical examination shall always be considered to contain a
standard aeromedical examination and thus count both as a standard and
an extended examination.

(c) Class 3

Class 3 medical certificates, 48 months except that for holders who have passed
their 40th birthday the interval is reduced to 24 months and when passing their 50th
birthday 12 months.

(1) If a licence holder allows his Medical Certificate to expire by more than five
years, renewal shall require an initial aeromedical examination. Prior to the
examination the medical file shall be obtained by the AME.

(2) If a licence holder allows his Medical Certificate to expire by more than one
year but less than five years, renewal shall require the prescribed examination to be performed. Prior to the examination the medical file shall
be obtained by the AME.

(3) If a licence holder allows his certificate to expire by less than one year,
renewal shall require the prescribed examination to be performed. An
extended aeromedical examination shall always be considered to contain a standard aeromedical examination and thus count both as a standard and an extended examination.

(d) Cabin Crew Medical assessment

Cabin crew medical assessment valid for 36 months except that for holders who have passed their 50th birthday the interval is reduced to 18 months.

(1) The applicant shall hold a Cabin Crew Medical Assessment issued in compliance with these Regulations within the preceding 36 months or 18 months if over 40 years of age.

(2) Medical assessment can be performed by a medical practitioner acceptable to QCAA; who had training in aviation medicine and is fully aware of the occupational requirements of the work of cabin crew.
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SUBPART B – CLASS 1 MEDICAL REQUIREMENT

QCAR–MED 130 - CARDIOVASCULAR SYSTEM – EXAMINATION

(a) An applicant for or holder of a Class 1 medical certificate shall not possess any abnormality of the cardiovascular system, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) A standard 12-lead resting electrocardiogram (ECG) and report are required at the examination for first issue of a medical certificate, then every 5 years until age 30, every 2 years until age 40, annually until age 50, and every 6 months thereafter and on clinical indication.

(c) Exercise electrocardiography is required only when clinically indicated in compliance with paragraph 1 Appendix 1 to Subpart B.

(a) Reporting of resting and exercise electrocardiograms shall be by specialists acceptable to the designated body or institution.

(d) Estimation of serum/plasma lipids, including cholesterol, is required to facilitate risk assessment at the examination for first issue of a medical certificate, and at the first examination after age 40 (see paragraph 2 Appendix 1 to Subpart B).

(e) At the first renewal/revalidation examination after age 65, a Class 1 certificate holder shall be reviewed by an AME or, at the discretion of the designated body or institution, review may be delegated to a cardiologist acceptable to the designated body or institution.

QCAR–MED 135 - CARDIOVASCULAR SYSTEM – BLOOD PRESSURE

(a) The blood pressure shall be recorded with the technique given in paragraph 3 Appendix 1 to Subpart B.

(b) When the blood pressure at examination consistently exceeds 160 mmHg systolic and/or 95 mmHg diastolic, with or without treatment, the applicant shall be assessed as unfit.

(c) Treatment for the control of blood pressure shall be compatible with the safe exercise of the privileges of the applicable licence(s) and be compliant with paragraph 4 Appendix 1 to Subpart B. The initiation of drug therapy shall require a period of temporary suspension of the medical certificate to establish the absence of significant side effects.

(d) Applicants with symptomatic hypotension shall be assessed as unfit.

QCAR–MED 140 - CARDIOVASCULAR SYSTEM – CORONARY ARTERY DISEASE

(a) Applicants with suspected coronary artery disease shall be investigated. Applicants with asymptomatic minor coronary artery disease, requiring no treatment may only be considered fit by the designated body or institution subject to compliance with paragraph 5 Appendix 1 to Subpart B.

(b) Applicants with symptomatic coronary artery disease shall be assessed as unfit.

(c) Applicants following myocardial infarction shall be assessed as unfit at the initial examination. A fit assessment may be considered by the designated body or institution at renewal and revalidation examinations subject to compliance with paragraph 6 Appendix 1 to Subpart B.

(d) Applicants following coronary by-pass surgery or coronary angioplasty / stenting shall be assessed as unfit at the initial examination. A fit assessment may be
considered by the designated body or institution at renewal and revalidation examinations subject to compliance with paragraph 7 Appendix 1 to Subpart B.

**QCAR – MED 145 – CARDIOVASCULAR SYSTEM - RHYTHM/CONDUCTION DISTURBANCES**

(a) Applicants with significant disturbance of supraventricular rhythm, including sinoatrial dysfunction, whether intermittent or established, shall be assessed as unfit. A fit assessment may be considered by the designated body or institution in compliance with paragraph 8 Appendix 1 to Subpart B.

(b) Applicants with asymptomatic sinus bradycardia or sinus tachycardia may be assessed as fit in the absence of underlying abnormality.

(c) Applicants with asymptomatic isolated uniform atrial or ventricular ectopic complexes need not be assessed as unfit. Frequent or complex forms require full cardiological evaluation in compliance with paragraph 8 Appendix 1 to Subpart B.

(d) In the absence of any other abnormality, applicants with incomplete bundle branch block or stable left axis deviation may be assessed as fit.

(e) Applicants with complete right or left bundle branch block require cardiological evaluation on first presentation and subsequently in compliance with paragraph 8 Appendix 1 to Subpart B.

(f) Applicants with broad and/or narrow complex tachycardias shall be assessed as unfit. A fit assessment may be considered by the designated body or institution subject to compliance with paragraph 8 Appendix 1 to Subpart B.

(g) Applicants with an endocardial pacemaker shall be assessed as unfit. A fit assessment may be considered by the designated body or institution subject to compliance with paragraph 8 Appendix 1 to Subpart B.

**QCAR–MED 150 - CARDIOVASCULAR SYSTEM – GENERAL**

(a) Applicants with peripheral arterial disease before or after surgery shall be assessed as unfit. Provided there is no significant functional impairment, a fit assessment may be considered by the designated body or institution subject to compliance with paragraphs 5 and 6, Appendix 1 to Subpart B.

(b) Applicants with aneurysm of the thoracic or abdominal aorta, before or after surgery, shall be assessed as unfit. Applicants with aneurysm of the infra-renal abdominal aorta may be considered by the designated body or institution at renewal or revalidation examinations, subject to compliance with paragraph 9 Appendix 1 to Subpart B.

(c) Applicants with significant abnormality of any of the heart valves shall be assessed as unfit.

1. Applicants with minor cardiac valvular abnormalities may be assessed as fit by the designated body or institution subject to compliance with paragraph 10 (a) and (b) Appendix 1 to Subpart B.

2. Applicants with cardiac valve replacement/repair shall be assessed as unfit. A fit assessment may be considered by the designated body or institution subject to compliance with paragraph 10(c) of Appendix 1 to Subpart B.

(d) Systemic anticoagulant therapy is disqualifying. Applicants who have received treatment of limited duration may be considered for a fit assessment by the designated body or institution subject to compliance with paragraph 11 Appendix 1 to Subpart B.
(e) Applicants with any abnormality of the pericardium, myocardium or endocardium not covered above shall be assessed as unfit. A fit assessment may be considered by the designated body or institution following complete resolution and satisfactory cardiological evaluation in compliance with paragraph 12 Appendix 1 to Subpart B.

(f) Applicants with congenital abnormality of the heart, before or after corrective surgery, shall be assessed as unfit. Applicants with minor abnormalities may be assessed as fit by the designated body or institution following cardiological investigation in compliance with paragraph 13 Appendix 1 to Subpart B.

(g) Heart or heart/lung transplantation is disqualifying.

(h) Applicants with a history of recurrent vasovagal syncope shall be assessed as unfit. A fit assessment may be considered by the designated body or institution in applicants with a suggestive history subject to compliance with paragraph 14 Appendix 1 to Subpart B.

QCAR–MED 155 - RESPIRATORY SYSTEM – GENERAL

(a) An applicant for or the holder of a Class 1 medical certificate shall not possess any abnormality of the respiratory system, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) Posterior/anterior chest radiography is required at the initial examination. It may be required at revalidation/renewal examinations when indicated on clinical or epidemiological grounds.

(c) Pulmonary function tests (see paragraph 1 Appendix 2 to Subpart B) are required at the initial examination and on clinical indication. Applicants with significant impairment of pulmonary function (see paragraph 1 Appendix 2 to Subpart B) shall be assessed as unfit.

QCAR–MED 160 - RESPIRATORY SYSTEM – DISORDERS

(a) Applicants with chronic obstructive airway disease shall be assessed as unfit.

(b) Applicants with reactive airway disease (bronchial asthma) requiring medication shall be assessed in compliance with paragraph 2 Appendix 2 to Subpart B.

(c) Applicants with active inflammatory disease of the respiratory system shall be assessed as temporarily unfit.

(d) Applicants with active sarcoidosis shall be assessed as unfit (see paragraph 3 Appendix 2 to Subpart B).

(e) Applicants with spontaneous pneumothorax shall be assessed as unfit pending full evaluation in compliance with paragraph 4 Appendix 2 to Subpart B.

(f) Applicants requiring major chest surgery shall be assessed as unfit for a minimum of three months following operation and until such time as the effects of the operation are no longer likely to interfere with the safe exercise of the privileges of the applicable licence(s) (see paragraph 5 Appendix 2 to Subpart B).

(g) Applicants with unsatisfactorily treated sleep apnoea syndrome shall be assessed as unfit.

QCAR–MED 165 - DIGESTIVE SYSTEM – GENERAL

An applicant for or the holder of a Class 1 medical certificate shall not possess any functional or structural disease of the gastro-intestinal tract or its adnexa which is
likely to interfere with the safe exercise of the privileges of the applicable licence(s).

**QCAR–MED 170 - DIGESTIVE SYSTEM – DISORDERS**

(a) Applicants with recurrent dyspeptic disorders requiring medication or with pancreatitis shall be assessed as unfit pending assessment in compliance with paragraph 1 Appendix 3 to Subpart B.

(b) Applicants with asymptomatic gallstones discovered incidentally shall be assessed in compliance with paragraph 2 Appendix 3 to Subpart B.

(c) Applicants with an established diagnosis or history of chronic inflammatory bowel disease shall normally be assessed as unfit (see paragraph 3 Appendix 3 to Subpart B).

(d) Applicants shall be required to be completely free from those herniae that might give rise to incapacitating symptoms.

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

(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.

(f) Applicants who have undergone a surgical operation on the digestive tract or its adnexa, involving a total or partial excision or a diversion of any of these organs, shall be assessed as unfit for a minimum period of three months or until such time as the effects of the operation are no longer likely to interfere with the safe exercise of the privileges of the applicable licence(s) (see paragraph 4 Appendix 3 to Subpart B).

**QCAR–MED 175 - METABOLIC, NUTRITIONAL AND ENDOCRINE DISEASES**

(a) An applicant for or the holder of a Class 1 medical certificate shall not possess any functional or structural metabolic, nutritional or endocrine disorder which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) Applicants with metabolic, nutritional or endocrine dysfunctions may be assessed as fit in accordance with paragraph 1 Appendix 4 to Subpart B.

(c) Applicants with diabetes mellitus may be assessed as fit only in accordance with paragraphs 2 and 3 Appendix 4 to Subpart B.

(d) Applicants with diabetes requiring insulin shall be assessed as unfit.

(e) Applicants with a Body Mass Index > 35 may be assessed as fit only if the excess weight is not likely to interfere with the safe exercise of the applicable licence(s) and a satisfactory cardiovascular risk review has been undertaken (see paragraph 1 Appendix 9 to Subpart C).

**QCAR–MED 180 - HAEMATOLOGY**

(a) An applicant for or the holder of a Class 1 medical certificate shall not possess any haematological disease which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
(b) Haemoglobin shall be tested at every medical examination and cases of significant anaemia with a haematocrit below 32% shall be assessed as unfit (see paragraph 1 Appendix 5 to Subpart B).

(c) Applicants with sickle cell disease shall be assessed as unfit (see paragraph 1 Appendix 5 to Subpart B).

(d) Applicants with significant localised and generalised enlargement of the lymphatic glands and diseases of the blood shall be assessed as unfit (see paragraph 2 Appendix 5 to Subpart B).

(e) Applicants with acute leukaemia shall be assessed as unfit. After established remission, certification may be considered by the designated body or institution. Initial applicants with chronic leukaemias shall be assessed as unfit. For certification see paragraph 3 Appendix 5 to Subpart B.

(f) Applicants with significant enlargement of the spleen shall be assessed as unfit (see paragraph 4 Appendix 5 to Subpart B).

(g) Applicants with significant polycythaemia shall be assessed as unfit (see paragraph 5 Appendix 5 to Subpart B).

(h) Applicants with a coagulation defect shall be assessed as unfit (see paragraph 6 Appendix 5 to Subpart B).

**QCAR–MED 185 - URINARY SYSTEM**

(a) An applicant for or the holder of a Class 1 medical certificate shall not possess any functional or structural disease of the urinary system or its adnexa which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) Applicants presenting any signs of organic disease of the kidney shall be assessed as unfit. Urinalysis shall form part of every medical examination. The urine shall contain no abnormal element considered to be of pathological significance. Particular attention shall be paid to disease affecting the urinary passages and the genital organs. (see paragraph 1 Appendix 6 to Subpart B).

(c) Applicants presenting with urinary calculi shall be assessed as unfit (see paragraph 2 Appendix 6 to Subpart B).

(d) Applicants with any sequela of disease or surgical procedures on the kidneys and the urinary tract likely to cause incapacitation, in particular any obstruction due to stricture or compression, shall be assessed as unfit. An applicant with compensated nephrectomy without hypertension or uraemia may be considered fit (see paragraph 3 Appendix 6 to Subpart B).

(e) Applicants who have undergone a major surgical operation in the urinary tract or the urinary apparatus involving a total or partial excision or a diversion of any of its organs shall be assessed as unfit for a minimum period of three months and until such time as the effects of the operation are no longer likely to cause incapacity in flight (see paragraphs 3 and 4 Appendix 6 to Subpart B).

**QCAR–MED 190 - SEXUALLY TRANSMITTED DISEASES AND OTHER INFECTIONS**

(a) An applicant for or holder of a Class 1 medical certificate shall have no established medical history or clinical diagnosis of any sexually transmitted disease or other infection which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
(b) Particular attention (see Appendix 7 to this Subpart) shall be paid to a history of or clinical signs indicating:

(1) HIV positivity,
(2) immune system impairment,
(3) infectious hepatitis,
(4) Syphilis.

QCAR–MED 195 - GYNAECOLOGY AND OBSTETRICS

(a) An applicant for or the holder of a Class 1 medical certificate shall not possess any functional or structural obstetric or gynaecological condition which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) An applicant with a history of severe menstrual disturbances unamenable to treatment shall be assessed as unfit.

(c) Pregnancy entails unfitness. If obstetric evaluation indicates a completely normal pregnancy, the applicant may be assessed as fit until the end of the 26th week of gestation, in accordance with paragraph 1 Appendix 8 to Subpart B. Licence privileges may be resumed upon satisfactory confirmation of full recovery following confinement or termination of pregnancy.

(d) An applicant who has undergone a major gynaecological operation shall be assessed as unfit for a minimum period of three months and until such time as the effects of the operation are not likely to interfere with the safe exercise of the privileges of the licence(s) (see paragraph 2 Appendix 8 to Subpart B).

QCAR–MED 200 - MUSCULOSKELETAL REQUIREMENTS

(a) An applicant for or holder of a Class 1 medical certificate shall not possess any abnormality of the bones, joints, muscles and tendons, congenital or acquired which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) An applicant shall have sufficient sitting height, arm and leg length and muscular strength for the safe exercise of the privileges of the applicable licence (see paragraph 1 Appendix 9 to Subpart B).

(c) An applicant shall have satisfactory functional use of the musculoskeletal system. An applicant with any significant sequela from disease, injury or congenital abnormality of the bones, joints, muscles or tendons with or without surgery shall be assessed in accordance with paragraphs 1, 2 and 3 Appendix 9 to Subpart B.

QCAR–MED 205 - PSYCHIATRIC REQUIREMENTS

(a) An applicant for or holder of a Class 1 medical certificate shall have no established medical history or clinical diagnosis of any psychiatric disease or disability, condition or disorder, acute or chronic, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s),

(b) Particular attention shall be paid to the following (see Appendix 10 to Subpart B):

(1) schizophrenia, schizotypal and delusional disorders;
(2) mood disorders;
(3) neurotic, stress-related and somatoform disorders;
(4) personality disorders;
(5) organic mental disorders;
(6) mental and behavioural disorders due to alcohol;
(7) use or abuse of psychotropic substances.

**QCAR–MED 210 - NEUROLOGICAL REQUIREMENTS**

(a) An applicant for or holder of a Class 1 medical certificate shall have no established medical history or clinical diagnosis of any neurological condition which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) Particular attention shall be paid to the following (see Appendix 11 to Subpart B):

1. progressive disease of the nervous system,
2. epilepsy and other causes of disturbance of consciousness,
3. conditions with a high propensity for cerebral dysfunction,
4. head injury,
5. spinal or peripheral nerve injury.

(c) Electroencephalography is required at the initial examination (see Appendix 11 to Subpart B) and when indicated by the applicant's history or on clinical grounds.

**QCAR–MED 215 - OPHTHALMOLOGICAL REQUIREMENTS**

(See Appendix 12 to Subpart B)

(a) An applicant for or holder of a Class 1 medical certificate shall not possess any abnormality of the function of the eyes or their adnexa or any active pathological condition, congenital or acquired, acute or chronic, or any sequela of eye surgery or trauma, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) An ophthalmological examination is required at the initial examination (see paragraph 1 (a) Appendix 12 to Subpart B) and shall include:

1. History;
2. Visual acuity, near, intermediate and distant vision: uncorrected; with best optical correction if needed;
3. Objective refraction. Hyperopic applicants under age 25 in cycloplegia;
4. Ocular motility and binocular vision;
5. Colour vision;
6. Visual fields;
7. Tonometry on clinical indication and over age 40;
8. Examination of the external eye, anatomy, media and fundoscopy. Slit lamp examination.

(c) A routine eye examination shall form part of all revalidation and renewal examinations (see paragraph 2 Appendix 12 to Subpart B) and shall include:

1. History;
2. Visual acuity, near, intermediate and distant vision: uncorrected and with best optical correction if needed;
3. Morphology by ophthalmoscopy;
4. Further examination on clinical indication.

(d) Where, in certificate holders the functional performance standards (6/9, 6/9, 6/6, N14, N5) can only be reached with corrective lenses, the applicant shall supply to the AME an examination report from an ophthalmologist or vision care specialist acceptable to the designated body or institution (see paragraph 3 Appendix 12 to Subpart B). The report must refer to an examination which was carried out at the time of the general medical examination and in any case not more than 24 months before the general medical examination. The examination shall include:
SECTION 1

(1) History;
(2) Visual acuity, near, intermediate and distant vision: uncorrected; with best optical correction if needed;
(3) Refraction;
(4) Ocular motility and binocular vision;
(5) Colour vision;
(6) Visual fields;
(7) Tonometry over age 40;
(8) Examination of the external eye, anatomy, media and fundoscopy. Slit lamp examination.

The report shall be forwarded to the designated body or institution. If any abnormality is detected, such that the applicant’s ocular health is in doubt, further ophthalmological examination will be required (see paragraph 4 Appendix 12 to Subpart B).

(e) Where specialists ophthalmological examinations are required for any reason, the medical certificate is to be marked with the limitation “Requires specialist ophthalmological examinations – RXO”. Such a limitation may be applied by an AME but may only be removed by the designated body or institution.

(f) 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.

QCAR–MED 220 - VISUAL REQUIREMENTS

(a) Distant visual acuity. Distant visual acuity, with or without correction, shall be 6/9 (0,7) or better in each eye separately and visual acuity with both eyes shall be 6/6(1,0) or better (see QCAR–MED 220(g) below). No limits apply to uncorrected visual acuity.

(b) Refractive errors. Refractive error is defined as the deviation from emmetropia measured in dioptres in the most ametropic meridian. Refraction shall be measured by standard methods (see paragraph 1 Appendix 13 to Subpart B).

Applicants shall be considered fit with respect to refractive errors if they meet the following requirements:

(1) Refractive error

   (i) At the initial examination the refractive error shall not exceed ±3 dioptres (see paragraph 2 (a) Appendix 13 to Subpart B).

   (ii) At revalidation or renewal examinations, an applicant experienced to the satisfaction of the Authority with refractive errors up to +5/-8 dioptres may be considered fit by the designated body or institution (see paragraph 2 (b) Appendix 13 to Subpart B).

(2) Astigmatism

   (i) In an initial applicant with a refractive error with an astigmatic component, the astigmatism shall not exceed 2-0 dioptres.

   (ii) At recertification or renewal examinations, an applicant experienced to the satisfaction of the Authority with a refractive error with an astigmatic component not exceeding 3-0 dioptres may be considered fit by the designated body or institution.

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

(3) Keratoconus is disqualifying. The designated body or institution may consider re-certification if the applicant meets the visual requirements (see paragraph 3 Appendix 13 to Subpart B).

(4) Anisometropia
(i) In initial applicants the difference in refractive error between the two eyes (anisometropia) shall not exceed 2·0 dioptres.

(ii) At recertification or renewal examinations, an applicant experienced to the satisfaction of the Authority with a difference in refractive error between the two eyes of up to 3·0 dioptres may be considered fit by the designated body or institution.

(5) The development of presbyopia shall be followed at all aeromedical examinations.

(6) An applicant shall be able to read N5 chart (or equivalent) at 30–50 cms and N14 chart (or equivalent) at 100 cms, with correction if prescribed (see QCAR–MED 220(g) below).

(c) An applicant with significant defects of binocular vision shall be assessed as unfit. There is no stereoscopic test requirement (see paragraph 4 Appendix 13 to Subpart B).

(d) An applicant with diplopia shall be assessed as unfit.

(e) An applicant with imbalance of the ocular muscles (heterophorias) exceeding (when measured with usual correction, if prescribed):

- 2·0 prism dioptres in hyperphoria at 6 metres,
- 10·0 prism dioptres in esophoria at 6 metres,
- 8·0 prism dioptres in exophoria at 6 metres;

and

- 1·0 prism dioptre in hyperphoria at 33 cms,
- 6·0 prism dioptres in esophoria at 33 cms,
- 12·0 prism dioptres in exophoria at 33 cms

shall be assessed as unfit. If the fusional reserves are sufficient to prevent asthenopia and diplopia the designated body or institution may consider a fit assessment (see paragraph 5 Appendix 13 to Subpart B).

(f) An applicant with visual fields which are not normal shall be assessed as unfit (see paragraph 4 Appendix 13 to Subpart B).

(g)

- (1) If a visual requirement is met only with the use of correction, the Spectacles or contact lenses must provide optimal visual function and be suitable for aviation purposes.
- (2) Correcting lenses, when worn for aviation purposes, shall permit the licence holder to meet the visual requirements at all distances. No more than one pair of spectacles shall be used to meet the requirement.
- (3) Contact lenses, when worn for aviation purposes, shall be monofocal and non-tinted.
- (4) A spare set of similarly correcting spectacles shall be readily available when exercising the privileges of the licence. two eyes (anisometropia) shall not exceed 2·0 dioptres.

(h) Eye Surgery.

- (1) Refractive surgery entails unfitness. Certification may be considered by the designated body or institution (see paragraph 6 Appendix 13 to Subpart B).
- (2) Cataract surgery, retinal surgery and glaucoma surgery entail unfitness. Recertification May be considered by the designated body or institution (see Paragraph 7 Appendix 13 to Subpart B).

QCAR–MED 225 - COLOUR PERCEPTION

(a) Normal colour perception is defined as the ability to pass the Ishihara test or to
pass Nagel’s anomaloscope as a normal trichromate (see paragraph 1 Appendix 14 to Subpart B).

(b) An applicant shall have normal perception of colours or be colour safe. Applicants who fail Ishihara’s test shall be assessed as colour safe if they pass extensive testing with methods acceptable to the designated body or institution (anomaloscopy or colour lanterns – see paragraph 2 Appendix 14 to Subpart B).

(c) An applicant who fails the acceptable colour perception tests is to be considered colour unsafe and shall be assessed as unfit.

QCAR–MED 230 - OTORHINOLARYNGOLOGICAL REQUIREMENTS

(a) An applicant for or holder of a Class 1 medical certificate shall not possess any abnormality of the function of the ears, nose, sinuses or throat (including oral cavity, teeth and larynx), or any active pathological condition, congenital or acquired, acute or chronic, or any sequela of surgery and trauma which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) A comprehensive otorhinolaryngological examination is required at the initial examination and subsequently once every five years up to the 40th birthday and every two years thereafter (extended examination – see paragraph 1 and 2 Appendix 15 to Subpart B).

(c) A routine Ear-Nose-Throat examination shall form part of all revalidation and renewal examinations (see Appendix 15 to Subpart B).

(d) Presence of any of the following disorders in an applicant shall result in an unfit assessment.

1. Active pathological process, acute or chronic, of the internal or middle ear.
2. Unhealed perforation or dysfunction of the tympanic membranes (see paragraph 3 Appendix 15 to Subpart B).
3. Disturbances of vestibular function (see paragraph 4 Appendix 15 to Subpart B).
4. Significant restriction of the nasal air passage on either side, or any dysfunction of the sinuses.
5. Significant malformation or significant, acute or chronic infection of the oral cavity or upper respiratory tract.
6. Significant disorder of speech or voice.

QCAR–MED 235 - HEARING REQUIREMENTS

(a) Hearing shall be tested at all examinations. The applicant shall understand correctly conversational speech when tested with each ear at a distance of 2 metres from and with his back turned towards the AME.

(b) Hearing shall be tested with pure tone audiometry at the initial examination and at subsequent revalidation or renewal examinations every five years up to the 40th birthday and every two years thereafter (see paragraph 1 Appendix 16 to Subpart B).

(c) At the initial examination for a Class 1 medical certificate there shall be no hearing loss in either ear, when tested separately, of more than 20 dB(HL) at any of the frequencies 500, 1 000 and 2 000 Hz, or of more than 35 dB(HL) at 3000 Hz.

An applicant whose hearing loss is within 5 dB(HL) of these limits in two or more of the frequencies tested, shall undergo pure tone audiometry at least annually.

(d) At revalidation or renewal examinations, there shall be no hearing loss in either
ear, when tested separately, of more than 35dB(HL) at any of the frequencies 500, 1 000, and 2 000 Hz, or of more than 50 dB(HL) at 3 000 Hz. An applicant whose hearing loss is within 5 dB(HL) of these limits in two or more of the frequencies tested, shall undergo pure tone audiometry at least annually.

(e) At revalidation or renewal, applicants with hypoacusis may be assessed as fit by the designated body or institution if a speech discrimination test demonstrates a satisfactory hearing ability (see paragraph 2 Appendix 16 to Subpart B).

QCAR–MED 240 - PSYCHOLOGICAL REQUIREMENTS

(a) An applicant for or holder of a Class 1 medical certificate shall have no established psychological deficiencies (see paragraph 1 Appendix 17 to Subpart B), which are likely to interfere with the safe exercise of the privileges of the applicable licence(s). A psychological evaluation may be required by the designated body or institution where it is indicated as part of, or complementary to, a specialist psychiatric or neurological examination (see paragraph 2. Appendix 17 to Subpart B).

(b) When a psychological evaluation is indicated a psychologist acceptable to the designated body or institution shall be utilised.

(c) The psychologist shall submit to the designated body or institution a written report detailing his opinion and recommendation.

QCAR–MED 245 - DERMATOLOGICAL REQUIREMENTS

(a) An applicant for, or holder of a Class 1 Medical Certificate shall have no established dermatological condition, likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) Particular attention should be paid to the following disorders (see Appendix 18 to Subpart B):

1. Eczema (Exogenous and Endogenous),
2. Severe Psoriasis,
3. Bacterial Infections,
4. Drug Induced Eruptions,
5. Bullous Eruptions,
6. Malignant Conditions of the skin,
7. Urticaria.

Referral to the designated body or institution shall be made if doubt exists about any condition.

QCAR–MED 246 - ONCOLOGY

(a) An applicant for or holder of a Class 1 medical certificate shall have no established primary or secondary malignant disease likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) After treatment for malignant disease applicants may be assessed as fit in accordance with Appendix 19 to Subpart B
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SUBPART C – CLASS 2 MEDICAL REQUIREMENTS

QCAR - MED 250 - CARDIOVASCULAR SYSTEMS – EXAMINATION

(a) An applicant for or holder of a Class 2 medical certificate shall not possess any abnormality of the cardiovascular system, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) A standard 12-lead resting electrocardiogram (ECG) and report are required at the examination for first issue of a medical certificate, at the first examination after the 40th birthday and at each aeromedical examination thereafter.

(c) Exercise electrocardiography is required only when clinically indicated in compliance with paragraph 1 Appendix 1 to Subpart C.

(d) Reporting of resting and exercise electrocardiograms shall be by specialists acceptable to the designated body or institution.

(e) If two or more major risk factors (smoking, hypertension, diabetes mellitus, obesity, etc) are present in an applicant, estimation of plasma lipids and serum cholesterol is required at the examination for first issue of a medical certificate and at the first examination after age 40 and on clinical indication. See paragraph 2 Appendix 1 to subpart C

QCAR – MED 255 - CARDIOVASCULAR SYSTEM – BLOOD PRESSURE

(a) The blood pressure shall be recorded with the technique given in paragraph 3 Appendix 1 to Subpart C at each examination.

(b) When the blood pressure at examination consistently exceeds 160 mmHg systolic and/or 95 mmHg diastolic with or without treatment the applicant shall be assessed as unfit.

(c) Treatment for the control of blood pressure shall be compatible with the safe exercise of the privileges of the applicable licence(s) and be in compliance with paragraph 4 Appendix 1 to Subpart C. The initiation of drug therapy shall require a period of temporary suspension of the medical certificate to establish the absence of significant side effects.

(d) Applicants with symptomatic hypotension shall be assessed as unfit.

QCAR - MED 260 - CARDIOVASCULAR SYSTEM – CORONARY ARTERY DISEASES

(a) Applicants with asymptomatic, minor, coronary artery disease may be considered fit by the designated body or institution subject to compliance with paragraph 5 Appendix 1 to Subpart C.

(b) Applicants with symptomatic coronary artery disease shall be assessed as unfit.

(c) Applicants following myocardial infarction shall be assessed as unfit. A fit assessment may be considered by the designated body or institution subject to compliance with paragraph 6 Appendix 1 to Subpart C.

(d) Applicants following coronary bypass surgery or coronary angioplasty/stenting shall be assessed as unfit. A fit assessment may be considered by the designated body or institution subject to compliance with paragraph 7 Appendix 1 to Subpart C.
QCAR - MED 265 - CARDIOVASCULAR SYSTEM – RHYTHM/CONDUCTION DISTURBANCES

(a) Applicants with disturbance of supraventricular rhythm, including sinoatrial dysfunction, whether intermittent or established shall be assessed as unfit. A fit assessment may be considered by the designated body or institution subject to compliance with paragraph 8 Appendix 1 to Subpart C.

(b) Applicants with asymptomatic sinus bradycardia or sinus tachycardia may be assessed as fit in the absence of underlying abnormality.

(c) Applicants with asymptomatic isolated uniform atrial or ventricular ectopic complexes need not be assessed as unfit. Frequent or complex forms require full cardiological evaluation in compliance with paragraph 8 Appendix 1 to Subpart C.

(d) In the absence of any other abnormality, applicants with incomplete bundle branch block or stable left axis deviation may be assessed as fit.

(e) Applicants with complete right or left bundle branch block require cardiological evaluation on first presentation and subsequently in compliance with paragraph 8 Appendix 1 to Subpart C.

(f) Applicants with broad and/or narrow complex tachycardias shall be assessed as unfit. A fit assessment may be considered by the designated body or institution subject to compliance with paragraph 8 Appendix 1 to Subpart C.

(g) Applicants with an endocardial pacemaker shall be assessed as unfit. A fit assessment may be considered by the designated body or institution subject to compliance with paragraph 8 Appendix 1 to Subpart C.

QCAR - MED 270 - CARDIOVASCULAR SYSTEM – GENERAL

(a) Applicants with peripheral arterial disease before or after surgery shall be assessed as unfit. Provided there is no significant functional impairment a fit assessment may be considered by the designated body or institution subject to compliance with paragraphs 5 and 6, Appendix 1 to Subpart C.

(b) Applicants with aneurysm of the thoracic or abdominal aorta, before or after surgery, shall be assessed as unfit. Applicants with infra-renal abdominal aortic aneurysm may be considered fit by the designated body or institution subject to compliance with paragraph 9 Appendix 1 to Subpart C.

(c) Applicants with significant abnormality of any of the heart valves shall be assessed as unfit.

(1) Applicants with minor cardiac valvular abnormalities may be assessed as fit by the designated body or institution subject to compliance with paragraph 10(a) and (b) Appendix 1 to Subpart C.

(2) Applicants with cardiac valve replacement/repair shall be assessed as unfit. A fit assessment may be considered by the designated body or institution subject to compliance with paragraph 10(c) Appendix 1 to Subpart C.

(d) Systemic anticoagulant therapy is disqualifying. Applicants who have received treatment of limited duration, may be considered for a fit assessment by the designated body or institution subject to compliance with paragraph 11 Appendix 1 to Subpart C.

(e) Applicants with any abnormality of the pericardium, myocardium or endocardium not covered above shall be assessed as unfit. A fit assessment may be considered
by the designated body or institution following complete resolution and satisfactory
cardiological evaluation in compliance with paragraph 12 Appendix 1 to Subpart C.

(f) Applicants with congenital abnormality of the heart, before or after corrective
surgery, shall be assessed as unfit. A fit assessment may be considered by the
designated body or institution in compliance with paragraph 13 Appendix 1 to
Subpart C.

(g) Heart or heart/lung transplantation is disqualifying.

(h) Applicants with a history of recurrent vasovagal syncope shall be assessed as
unfit. A fit assessment may be considered by the designated body or institution in
an applicant with a suggestive history subject to compliance with paragraph 14
Appendix 1 to Subpart C.

QCAR – MED 275 - RESPIRATORY SYSTEM – GENERAL

(a) An applicant for or the holder of a Class 2 medical certificate shall not possess any
abnormality of the respiratory system, congenital or acquired, which is likely to
interfere with the safe exercise of the privileges of the applicable licence(s).

(b) Posterior/anterior chest radiography is required only when indicated on clinical or
epidemiological grounds.

(c) A pulmonary peak flow test in accordance with paragraph 1 Appendix 2 to Subpart
C, is required at the initial examination, at the first examination after the 40th
birthday, every four years thereafter and when clinically indicated. Applicants with
significant impairment of pulmonary function shall be assessed as unfit (see
paragraph 1 Appendix 2 to subpart C).

QCAR - MED 280 - RESPIRATORY SYSTEM – DISORDERS

(a) Applicants with chronic obstructive airway disease shall be assessed as unfit.

(b) Applicants with reactive airway disease (bronchial asthma) requiring medication
shall be assessed in compliance with paragraph 2 Appendix 2 to Subpart C.

(c) Applicants with active inflammatory disease of the respiratory system shall be
assessed as temporarily unfit.

(d) Applicants with active sarcoidosis shall be assessed as unfit (see paragraph
3 Appendix 2 to Subpart C

(e) Applicants with spontaneous pneumothorax shall be assessed as unfit pending full
evaluation in compliance with paragraph 4 Appendix 2 to Subpart C.

(f) Applicants requiring major chest surgery shall be assessed as unfit for a
minimum of three months following operation and until such time as the effects of
the operation are no longer likely to interfere with the safe exercise of the
privileges of the applicable licence(s) (see paragraph 5 Appendix 2 to Subpart C).

(g) Applicants with unsatisfactorily treated sleep apnoea syndrome shall be assessed
as unfit.

QCAR – MED 285 - DIGESTIVE SYSTEM – GENERAL

An applicant for or holder of a Class 2 medical certificate shall not possess any
functional or structural disease of the gastro-intestinal tract or its adnexa which is
likely to interfere with the safe exercise of the privileges of the applicable licence(s).
QCAR - MED 290 - DIGESTIVE SYSTEM – DISORDERS

(a) Applicants with dyspeptic disorders requiring medication or with pancreatitis shall be assessed as unfit pending examination in compliance with paragraph 1 Appendix 3 to Subpart C.

(b) Applicants with asymptomatic gallstones discovered incidentally shall be assessed in compliance with paragraph 2 Appendix 3 to subpart B and C.

(c) Applicants with an established diagnosis or history of chronic inflammatory bowel disease shall normally be assessed as unfit (see paragraph 3 Appendix 3 to Subpart C).

(d) Applicants shall be required to be completely free from those hernias that might give rise to incapacitating symptoms.

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

(f) Applicants who have undergone a surgical operation on the digestive tract or its adnexa, involving a total or partial excision or a diversion of any of these organs, shall be assessed as unfit for a minimum period of three months or until such time as the effects of the operation are no longer likely to interfere with the safe exercise of the privileges of the applicable licence(s) (see paragraph 4 Appendix to Subpart C).

QCAR - MED 295 - METABOLIC, NUTRITIONAL AND ENDOCRINE DISEASES

(a) An applicant for or holder of a Class 2 medical certificate shall not possess any functional or structural metabolic, nutritional or endocrine disorder which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) Applicants with metabolic, nutritional or endocrine dysfunctions may be assessed as fit in accordance with paragraph 1 Appendix 4 to Subpart C.

(c) Applicants with diabetes mellitus may be assessed as fit only in accordance with paragraphs 2 and 3 Appendix 4 Subpart C.

(d) Applicants with diabetes requiring insulin shall be assessed as unfit.

(e) Applicants with a Body Mass Index > 35 may be assessed as fit only if the excess weight is not likely to interfere with the safe exercise of the applicable licence(s) and a satisfactory cardiovascular risk review has been undertaken (See paragraph 1 Appendix 9 to Subpart C).

QCAR - MED 300 - HAEMATOLOGY

(a) An applicant for or the holder of a Class 2 medical certificate shall not possess any haematologic disease which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) Haemoglobin shall be tested at the initial examination for a medical certificate and when indicated on clinical grounds. Cases of significant anaemia with a haematocrit below 32% shall be assessed as unfit (see paragraph 1 Appendix 5 Subpart C).

(c) Applicants with sickle cell disease shall be assessed as unfit (see paragraph 1 Appendix 5 to Subpart C).

(d) Applicants with significant localised and generalised enlargement of the lymphatic glands and diseases of the blood shall be assessed as unfit (see paragraph 2
Appendix 5 to Subpart C).

(e) Applicants with acute leukaemia shall be assessed as unfit. After established remission certification may be considered by the designated body or institution. Initial applicants with chronic leukaemia shall be assessed as unfit. For certification see paragraph 3 Appendix 5 to Subpart C.

(f) Applicants with significant enlargement of the spleen shall be assessed as unfit (see paragraph 4 Appendix 5 to Subpart C).

(g) Applicants with significant polycythaemia shall be assessed as unfit see paragraph 5 Appendix 5 to Subpart C.

(h) Applicants with a coagulation defect shall be assessed as unfit (see paragraph 6 Appendix 5 to Subpart C).

QCAR - MED 305 - URINARY SYSTEM

(a) An applicant for or the holder of a Class 2 medical certificate shall not possess any functional or structural disease of the urinary system or its adnexa which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) Applicants presenting any signs of organic disease of the kidney shall be assessed as unfit. Urinalysis shall form part of every medical examination. The urine shall contain no abnormal element considered to be of pathological significance. Particular attention shall be paid to disease affecting the urinary passages and the genital organs. (see paragraph 1 Appendix 6 to Subpart C).

(c) Applicants presenting with urinary calculi shall be assessed as unfit (see paragraph 2 Appendix 6 to Subpart C).

(d) Applicants with any sequela of disease or surgical procedures on the kidneys and the urinary tract likely to cause incapacitation, in particular any obstruction due to stricture or compression shall be assessed as unfit. Applicants with compensated nephrectomy without hypertension or uraemia may be considered fit by the designated body or institution subject to compliance with paragraph 3 Appendix 6 to Subpart C.

(e) Applicants who have undergone a major surgical operation in the urinary tract or the urinary apparatus involving a total or partial excision or a diversion of any of its organs shall be assessed as unfit for a minimum period of three months and until such time as the effects of the operation are no longer likely to interfere with the safe exercise of the privileges of the applicable licence(s) (see paragraphs 3 and 4 Appendix 6 to Subpart C).

QCAR- MED 310 - SEXUALLY TRANSMITTED DISEASES AND OTHER INFECTIONS

(a) An applicant for or holder of a Class 2 medical certificate shall have no established medical history or clinical diagnosis of any sexually transmitted disease or other infection which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) Particular attention, in accordance with Appendix 7 to Subpart C, shall be paid to a history of or clinical signs indicating:

(1) HIV positivity,
(2) immune system impairment,
(3) infectious hepatitis,
(4) Syphilis.
QCAR - MED 315 - GYNAECOLOGY AND OBSTETRICS

(a) An applicant for or the holder of a Class 2 medical certificate shall not possess any functional or structural obstetric or gynaecological condition which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) An applicant with a history of severe menstrual disturbances unamenable to treatment shall be assessed as unfit.

(c) Pregnancy entails unfitness. If obstetric evaluation indicates a completely normal pregnancy, the applicant may be assessed as fit until the end of the 26th week of gestation, in accordance with paragraph 1 Appendix 8 to Subpart C. Licence privileges may be resumed upon satisfactory confirmation of full recovery following confinement or termination of pregnancy.

(d) An applicant who has undergone a major gynaecological operation shall be assessed as unfit for a minimum period of three months and until such time as the effects of the operation are not likely to interfere with the safe exercise of the privileges of the licence(s) (see paragraph 2 Appendix 8 to Subpart C).

QCAR - MED 320 - MUSCULOSKELETAL REQUIREMENTS

(a) An applicant for or holder of a Class 2 medical certificate shall not possess any abnormality of the bones, joints, muscles and tendons, congenital or acquired which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) An applicant shall have sufficient sitting height, arm and leg length and muscular strength for the safe exercise of the privileges of the applicable licence (see paragraph 1 Appendix 9 to Subpart C).

(c) An applicant shall have satisfactory functional use of the musculo-skeletal system. An applicant with any significant sequela from disease, injury or congenital abnormality of the bones, joints, muscles or tendons with or without surgery shall be assessed in accordance with paragraphs 1, 2 and 3 Appendix 9 to Subpart C.

QCAR - MED 325 - PSYCHIATRIC REQUIREMENTS

(a) An applicant for or holder of a Class 2 medical certificate shall have no established medical history or clinical diagnosis of any psychiatric disease or disability, condition or disorder, acute or chronic, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) Particular attention shall be paid to the following (see Appendix 10 to Subpart C):

1. schizophrenia, schizotypal and delusional disorders;
2. mood disorders;
3. neurotic, stress-related and somatoform disorders;
4. personality disorders;
5. organic mental disorders;
6. mental and behavioural disorders due to alcohol;
7. use or abuse of psychotropic substances.

QCAR - MED 330 - NEUROLOGICAL REQUIREMENTS

(a) An applicant for or holder of a Class 2 medical certificate shall have no established medical history or clinical diagnosis of any neurological condition which is likely to interfere with the safe exercise of the privileges of the applicable
license(s).

(b) Particular attention shall be paid to the following (see Appendix 11 to Subpart C):

1. progressive disease of the nervous system,
2. epilepsy and other causes of disturbance of consciousness,
3. conditions with a high propensity for cerebral dysfunction,
4. head injury,
5. spinal or peripheral nerve injury.

QCAR - MED 335 - OPHTHALMOLOGICAL REQUIREMENTS
(See Appendix 12 to Subpart C)

(a) An applicant for or holder of a Class 2 medical certificate shall not possess any abnormality of the function of the eyes or their adnexa or any active pathological condition, congenital or acquired, acute or chronic, or any sequela of eye surgery or trauma, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) An ophthalmological examination is required at the initial examination (see paragraph 1b Appendix 12 to Subpart C) and shall include:

1. History;
2. Visual acuity, near and distant vision; uncorrected; with best optical correction if needed;
3. Ocular motility and binocular vision;
4. Colour vision;
5. Visual fields;
6. Examination of the external eye, anatomy, media and fundoscopy.

(c) A routine eye examination shall form part of all revalidation and renewal examinations (see paragraph 2 Appendix 12 to Subpart C) and shall include:

1. History;
2. Visual acuity, near and distant vision: uncorrected; with best optical correction if needed;
3. Examination of the external eye, anatomy, media and fundoscopy
4. Further examination on clinical indication (see paragraph 4 Appendix 12 to Subpart C).

QCAR - MED 340 - VISUAL REQUIREMENTS

(a) Distant visual acuity. Distant visual acuity, with or without correction, shall be 6/12 (0,5) or better in each eye separately and visual acuity with both eyes shall be 6/6 (1,0) or better (see QCAR - MED 340(f) below). No limits apply to uncorrected visual acuity.

(b) Refractive errors. Refractive error is defined as the deviation from emmetropia measured in dioptres in the most ametropic meridian. Refraction shall be measured by standard methods (see paragraph 1 Appendix 13 to Subpart C). Applicants shall be considered fit with respect to refractive errors if they meet the following requirements.

1. Refractive error
   (i) At the initial examination the refractive error shall not exceed ±5 dioptres see paragraph 2 (c) Appendix 13 to Subpart C).
   (ii) At recertification or renewal examinations, an applicant experienced to the satisfaction of the Authority with refractive errors up to + 5/-8 dioptres may be considered fit by the designated body or institution (see paragraph 2 (c) Appendix 13 to Subpart C).
(2) Astigmatism  
(i) In an initial applicant with a refractive error with an astigmatic component, the astigmatism shall not exceed 3·0 dioptres.  
(ii) At recertification or renewal examinations, an applicant experienced to the satisfaction of the Authority with a refractive error with an astigmatic component of more than 3·0 dioptres may be considered fit by the designated body or institution.  
(iii) Applicants with a large refractive error shall use contact lenses or high-index spectacle lenses.

(3) Keratoconus is disqualifying. The designated body or institution may consider re-certification if the applicant meets the visual requirements (see paragraph 3 Appendix 13 to Subpart C).

(4) In an applicant with amblyopia, the visual acuity of the amblyopic eye shall be 6/18 (0/32) or better. The applicant may be accepted as fit provided the visual acuity in the other eye is 6/6 or better and no pathology (including refractive error) can be demonstrated.

(5) Anisometropia  
(i) In an initial application the difference in refractive error between the two eyes (anisometropia) shall not exceed 3·0 dioptres.  
(ii) At recertification or renewal examinations, an applicant experienced to the satisfaction of the Authority with a difference in refractive error between the two eyes (anisometropia) of more than 3·0 dioptres may be considered fit by the designated body or institution. Contact lenses shall be worn if the anisometropia exceeds 3·0 dioptres.

(6) The development of presbyopia shall be followed at all aeromedical renewal examinations.

(7) An applicant shall be able to read N5 chart (or equivalent) at 30–50 cms and N14 chart (or equivalent) at 100 cms, with correction if prescribed (see QCAR - MED 340(f) below).

(c) An applicant with significant defects of binocular vision shall be assessed as unfit. There is no stereoscopic test requirement (see paragraph 4 Appendix 13 to Subpart C).

(d) An applicant with diplopia shall be assessed as unfit.

(e) An applicant with visual fields which are not normal shall be assessed as unfit (see paragraph 4 Appendix 13 to Subpart C).

(f)  
(1) If a visual requirement is met only with the use of correction, the spectacles or contact lenses must provide optimal visual function and be suitable for aviation purposes.  
(2) Correcting lenses, when worn for aviation purposes, shall permit the licence holder to meet the visual requirements at all distances. No more than one pair of spectacles shall be used to meet the requirements.  
(3) Contact lenses, when worn for aviation purposes, shall be monofocal and non-tinted.  
(4) A spare set of similarly correcting spectacles shall be readily available when exercising the privileges of the licence.

(g) Eye Surgery.  
(1) Refractive surgery entails unfitness. Certification may be considered by the designated body or institution (see paragraph 6 Appendix 13 to Subpart C).  
(2) Cataract surgery, retinal surgery and glaucoma surgery entail unfitness. Recertification may be considered by the designated body or institution (see
QCAR – MED 345 - COLOUR PERCEPTION
(See Appendix 14 to Subpart C)

(a) Normal colour perception is defined as the ability to pass Ishihara’s test or to pass Nagel’s anomaloscope as a normal trichromate (see paragraph 1 Appendix 14 to Subpart C).

(b) An applicant shall have normal perception of colours or be colour safe. Applicants who fail Ishihara’s test may be assessed as colour safe if they pass extensive testing with methods acceptable to the designated body or institution (anomaloscopy or colour lanterns) (see paragraph 2 Appendix 14 to Subpart C).

(c) An applicant who fails the acceptable colour perception tests is to be considered colour unsafe and shall be assessed as unfit.

(d) A colour unsafe applicant may be assessed by the designated body or institution as fit to fly by day only.

QCAR – MED 350- OTORHINOLARYNGOLOGICAL REQUIREMENTS

(a) An applicant for or holder of a Class 2 medical certificate shall not possess any abnormality of the function of the ears, nose, sinuses, or throat (including oral cavity, teeth and larynx), or any active pathological condition, congenital or acquired, acute or chronic, or any sequela of surgery and trauma which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) A comprehensive otorhinolaryngological examination by an AME is required at the initial examination, including pure tone audiometry and after the age of 50 not less than once every two (2) years..

(c) A routine Ear-Nose-Throat examination shall form part of all revalidation and renewal examinations (see paragraph 2 Appendix 15 to Subpart C).

(d) Presence of any of the following disorders in an applicant shall result in an unfit assessment.

(1) Active pathological process, acute or chronic, of the internal or middle ear.
(2) Unhealed perforation or dysfunction of the tympanic membranes (see paragraph 3 Appendix 15 to Subpart C).
(3) Disturbances of vestibular function (see paragraph 4 Appendix 15 to Subpart C).
(4) Significant restriction of the nasal air passage on either side, or any dysfunction of the sinuses.
(5) Significant malformation or significant, acute or chronic infection of the oral cavity or upper respiratory tract.
(6) Significant disorder of speech or voice.

QCAR - MED 355 - HEARING REQUIREMENTS

(a) Hearing shall be tested at all examinations. The applicant shall be able to understand correctly ordinary conversational speech when at a distance of 2 metres from and with his back turned towards the AME.

(b) If an instrument rating is to be added to the applicable licence(s), a hearing test with pure tone audiometry (see paragraph 1 Appendix 16 to Subpart C) is required at the first examination for the rating and shall be repeated every 5 years up to the 40th birthday and every 2 years thereafter.
(1) At the initial examination for a Class 2 medical certificate with instrument ratings there shall be no hearing loss in either ear, when tested separately, of more than 20 dB(HL) at any of the frequencies 500, 1 000 and 2 000 Hz, or of more than 35 dB(HL) at 3 000 Hz. An applicant whose hearing loss is within 5 db (HL) of these limits in two or more of the frequencies tested shall undergo pure tone audiometry at least annually.

(2) At recertification or renewal examinations there shall be no hearing loss in either ear, when tested separately of more than 35 db (HL) at any of the frequencies 500, 1 000, and 2 000 Hz, or more than 50 db (HL) at 3 000 Hz. An applicant whose hearing loss is within 5 db (HL) of these limits in two or more of the frequencies tested shall undergo pure tone audiometry at least annually.

(3) At recertification or renewal examinations applicants with hypoacusis may be assessed as fit by the designated body or institution if a speech discrimination test demonstrates a satisfactory hearing ability (see paragraph 2 Appendix 16 to Subpart C).

QCAR - MED 360 - PSYCHOLOGICAL REQUIREMENTS

(a) An applicant for or holder of a Class 2 medical certificate shall have no established psychological deficiencies, particularly in operational aptitudes or any relevant personality factor, which are likely to interfere with the safe exercise of the privileges of the applicable licence(s).

A psychological evaluation (see paragraph 1 Appendix 17 to Subpart C) may be required by the designated body or institution where it is indicated as part of, or complementary to, a specialist psychiatric or neurological examination (see paragraph 2 Appendix 17 to Subpart C).

(b) When a psychological evaluation is indicated a psychologist acceptable to the Authority shall be utilised.

(c) The psychologist shall submit to the designated body or institution a written report detailing his opinion and recommendation.

QCAR – MED 365 - DERMATOLOGICAL REQUIREMENTS

(a) An applicant for or holder of a Class 2 Medical Certificate shall have no established dermatological condition, likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) Particular attention should be paid to the following disorders (see Appendix 18 to Subpart B).

(1) Eczema (Exogenous and Endogenous),
(2) Severe Psoriasis,
(3) Bacterial Infections,
(4) Drug Induced Eruptions,
(5) Bullous Eruptions,
(6) Malignant Conditions of the skin,
(7) Urticaria.

Referral to the designated body or institution shall be made if doubt exists about any condition.

QCAR - MED 370 - ONCOLOGY

(a) An applicant for or holder of a Class 2 medical certificate shall have no established primary or secondary malignant disease likely to interfere with the safe exercise of
the privileges of the applicable licence(s).

(b) After treatment for malignant disease applicants may be assessed as fit in accordance with Appendix 19 to Subpart C.

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Subpart D – CLASS 3 MEDICAL REQUIREMENTS

QCAR-MED 380 - ASSESSMENT ISSUE AND RENEWAL

An applicant for a air traffic controller licence shall undergo an initial medical examination for the issue of a Class 3 Medical Assessment. Certificate is valid for 48 months except that for holders who have passed their 40th birthday the interval is reduced to 24 months and when passing their 50th birthday 12 months.

QCAR-MED 385 - PHYSICAL AND MENTAL REQUIREMENTS

The medical examination shall be based on the following requirements.

(a) The applicant shall not suffer from any disease or disability, which could render him likely to become suddenly unable to operate to perform his/her assigned duties safely.

(b) The applicant shall have no established medical history or clinical diagnosis of:

1. a psychosis;
2. alcoholism;
3. drug dependence;
4. any personality disorder, particularly if severe enough to have repeatedly resulted in overt acts;
5. a mental abnormality, or neurosis of a significant degree; such as might render the applicant unable to safely exercise the privileges of the licence applied for or held, unless accredited medical conclusion indicates that in special circumstances, the applicant's failure to meet the requirement is such that exercise of the privileges of the licence applied for is not likely to jeopardise flight safety.

(c) The applicant shall have no established medical history or clinical diagnosis of any mental abnormality, personality disorder or neurosis which, according to accredited medical conclusion, makes it likely that within two years of the examination the applicant will be unable to safely exercise the privileges of the licence or rating applied for or held.

Note: A history of acute toxic psychosis need not be regarded as disqualifying, provided that the applicant has suffered no permanent impairment.

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

1. a progressive or non-progressive disease of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe exercise of the applicant's licence and rating privileges;
2. epilepsy;
3. any disturbance of consciousness without satisfactory medical explanation of cause.

(e) Cases of head injury, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe exercise of the applicant's licence and rating privileges shall be assessed as unfit.

(f)

1. The applicant shall not possess any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe exercise of the applicant's licence and rating privileges. A history of proven myocardial infarction shall be disqualifying.
**Note 1:** Such commonly occurring conditions as respiratory arrhythmia, occasional extra systoles which disappear on exercise, increase of pulse rate from excitement or exercise, or a slow pulse not associated with auricle-ventricular dissociation may be regarded as being within "normal" limits.

**Note 2:** Applicants who have a State licence that has been reissued after occasion of myocardial infarction shall be considered on an individual basis.

(2) 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 licence and rating privileges.

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

(g) Electrocardiography shall form part of the heart examination for the first issue of a licence and shall be included in re-examinations of applicants.

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

(h) The systolic and diastolic blood pressures shall be within normal limits.

**Note:** The use of drugs for control of high blood pressure is initially disqualifying, except for those drugs the use of which, according to accredited medical conclusion, is compatible with the safe exercise of the applicant's licence and rating privileges.

(i) There shall be no significant functional nor structural abnormality of the circulatory tree.

(j) There shall be no acute disability of the lungs nor any active disease of the structures of the lungs, mediastinum or pleura. Radiography shall form a part of the medical examination in all doubtful clinical cases.

(k) Radiography shall form a part of the initial chest examination and shall be repeated only when clinically indicated until age 40.

(l)  

(1) Cases of pulmonary emphysema shall be assessed as unfit if the condition is causing symptoms.

(2) The use of drugs for control of asthma shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant’s licence and rating privileges.

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

(3) Applicants with active pulmonary tuberculosis shall be assessed as unfit.

(m) Cases of active pulmonary tuberculosis, duly diagnosed, shall be assessed as unfit. Cases of quiescent or healed lesions, which are known to be tuberculous, or are presumably tuberculous in origin, may be assessed as fit.

(n) Cases of disabling disease with important impairment of function of the gastrointestinal tract or its adnexa shall be assessed as unfit.
(o) The applicant shall be required to be completely free from those hernias that might give rise to incapacitating symptoms.

(p)

(1) 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.

(2) 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.

(q)

(1) Cases of metabolic, nutritional or endocrine disorders likely to interfere with the safe exercise of the applicant's licence and rating privileges shall be assessed as unfit.

(2) Applicants with insulin-treated diabetes mellitus shall be assessed as unfit.

(r) Proven cases of diabetes mellitus shown to be satisfactorily controlled, without the use of any anti-diabetic drug, may be assessed as fit.

(s) Cases of significant localised and generalised 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 licence and rating privileges.

(t) Cases presenting any signs of organic disease of the kidney shall be assessed as unfit; those due to a transient condition may be assessed as temporarily unfit. The urine shall contain no abnormal element considered by the medical examiner to be of pathological significance. Cases of affections of the urinary passages and of the genital organs shall be assessed as unfit; those due to a transient condition may be assessed as temporarily unfit.

(u) Any 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. Compensated nephrectomy without hypertension or uremia may be assessed as fit.

(v)

(1) An applicant for the first issue of a licence 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.

(2) 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).

(w) Applicants who have a history of severe menstrual disturbances that have proved
unamendable to treatment and that are likely to interfere with the safe exercise of the applicant's licence and rating privileges shall be assessed as unfit.

(x) Pregnancy shall be a cause of temporary unfitness, unless obstetrical evaluation and continued medical supervision indicate a low-risk uncomplicated pregnancy.

(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.

(y) Following confinement or termination of pregnancy, the applicant shall not be permitted to exercise the privileges of her licence until she has undergone reexamination and has been assessed as fit. The fit assessment is limited to the period until the end of the 34th week of gestation.

(z) Any active disease of the bones, joints, muscles or tendons and all serious functional sequelae of congenital or acquired disease shall be assessed as unfit. Functional after-effects of lesion affecting the bones, joints, muscles or tendons and certain anatomical defects compatible with the safe exercise of the applicant's licence and rating privileges may be assessed as fit.

(aa) There shall be:

(1) no active pathological process, acute or chronic, of the internal ear or of the middle ear;
(2) no permanent disturbances of the vestibular apparatus. Transient conditions may be assessed as temporarily unfit.

(bb) There shall be free nasal air entry on both sides. There shall be no serious malformation nor serious, acute or chronic affection of the buccal cavity or upper respiratory tract. Cases of speech defects and stuttering shall be assessed as unfit.

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

QCAR-MED 390 - VISUAL REQUIREMENTS

The medical examination shall be based on the following requirements:

(a) 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 extent that would interfere with the safe exercise of the applicant's licence and rating privileges.

(b) 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:

(1) such correcting lenses are worn during the exercise of the privileges of the licence or rating applied for or held; and
(2) in addition, a pair of suitable correcting spectacles is kept readily available during the exercise of the privileges of the applicant's licence.

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

(c) Applicants may use contact lenses to meet this requirement provided that:
   (1) the lenses are monofocal and non tinted;
   (2) the lenses are well tolerated; and
   (3) a pair of suitable correcting spectacles is kept readily available during the exercise of the licence privileges.

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

(e) 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.

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

(g) The applicant shall be required to have the ability to read, while wearing the correcting lenses, if any, required by paragraph QCAR-MED 390 (b), the N5 chart or its equivalent at a distance selected by him in the range of 30 to 50 centimetres (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 QCAR-MED 390 (b); 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 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.
   (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.

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

(i) The applicant shall be required to have normal binocular vision.
   (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.

**QCAR-MED 395 - HEARING REQUIREMENTS**

The medical examination shall be based on the following requirements:

(a) The applicant, tested on a pure-tone audiometer at first issue of licence, not less than once every four years up to the age of 40 years, and thereafter not less than once every two years, shall not have a hearing loss, in either ear separately, of more than 35dB at any of the frequencies 500, 1,000 or 2,000 Hz, or more than 50 db at 3,000 Hz. However, an applicant with a hearing loss greater than the above may be declared fit provided that:
   (1) the applicant has a hearing performance in each ear separately equivalent to that of a normal person, against a background noise that will simulate the masking properties of flight deck noise upon speech and beacon signals; and
(2) the applicant has 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.

(b) Alternatively, other methods providing equivalent results to those specified previously may be used.

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SUBPART E- CABIN CREW MEDICAL ASSESSMENT

QCAR-MED 400 - CERTIFICATE ISSUE AND RENEWAL

All cabin crew acting as cabin crew member on public transport aircraft shall undergo an initial medical examination for the issuance of a Cabin Crew Medical Assessment. Cabin crew medical assessment valid for 36 months except that for holders who have passed their 50th birthday the interval is reduced to 18 months.

QCAR-MED 405 - PHYSICAL AND MENTAL REQUIREMENTS

The medical examination shall be based on the following requirements.

(a) The applicant shall not suffer from any disease or disability, which could render him likely to become suddenly unable either to perform his/her assigned duties safely.

(b) The applicant shall have no established medical history or clinical diagnosis of:

   (1) a psychosis
   (2) alcoholism
   (3) drug dependence
   (4) any personality disorder, particularly if severe enough to have repeatedly resulted in overt acts;
   (5) a mental abnormality, or neurosis of a significant degree; such as might render the applicant unable to safely exercise the privileges of the licence applied for or held, unless accredited medical conclusion indicates that in special circumstances, the applicant's failure to meet the requirement is such that exercise of the privileges of the licence applied for is not likely to jeopardise flight safety.

(c) The applicant shall have no established medical history or clinical diagnosis of any mental abnormality, personality disorder or neurosis which, according to accredited medical conclusion, makes it likely that within the validity period of the Assessment, the applicant will be unable to safely exercise the privileges of the licence or rating applied for or held.

   Note: A history of acute toxic psychosis need not be regarded as disqualifying, provided that the applicant has suffered no permanent impairment.

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

   (1) progressive or non-progressive disease of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe exercise of the applicant's licence and rating privileges:
   (2) epilepsy
   (3) any disturbance of consciousness without satisfactory medical explanation of cause.

(e) Cases of head injury, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe exercise of the applicant's licence and rating privileges shall be assessed as unfit.

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

   Note 1: Such commonly occurring conditions as respiratory arrhythmia, occasional extra systoles which disappear on exercise, increase of pulse rate from
excitement or exercise, or a slow pulse not associated with auricle-ventricular
dissociation may be regarded as being within "normal" limits.

**Note 2:** Applicants who have a State Licence that has been reissued after occasion
of myocardial infarction shall be considered on an individual basis.

(g) Electrocardiography shall form part of the heart examination for the first issue
after the age of 40 and then thereafter every five years.

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

(h) The systolic and diastolic blood pressures shall be within normal limits.

**Note:** The use of drugs for control of high blood pressure is initially disqualifying.
except for those drugs the use of which. According to accredited medical
conclusion, is compatible with the safe exercise of the applicant's licence and
rating privileges.

(i) There shall be no significant functional nor structural abnormality of the
circulatory tree.

(j) There shall be no acute disability of the lungs nor any active disease of the
structures of the lungs, mediastinum or pleura. Radiography shall form a part of
the medical examination in all doubtful clinical cases.

(k) Radiography shall form a part of the initial chest examination and shall be
repeated only when clinically indicated.

(l) Cases of pulmonary emphysema shall be assessed as unfit if the condition is
causing symptoms.

(m) Cases of active pulmonary tuberculosis, duly diagnosed, shall be assessed as
unfit. Cases of quiescent or healed lesions, which are known to be tuberculosis,
or are presumably tuberculosis in origin, may be assessed as fit.

(n) Cases of disabling disease with important impairment of function of the
gastrointestinal tract or its adnexa shall be assessed as unfit.

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

(p) Any sequelae of disease or surgical intervention on any part of the digestive tract
or it adnexa, liable to cause incapacity in flight, in particular any obstructions due
to stricture or compression, shall be assessed as unfit.

(q) Cases of metabolic, nutritional or endocrine disorders likely to interfere with the
safe exercise of the applicant's licence and rating privileges shall be assessed as
unfit.

(r) Proven cases of diabetes mellitus shown to be satisfactorily controlled, without
the use of any anti-diabetic drug, may be assessed as fit.

(s) 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 licence and rating privileges.

(t) Cases presenting any signs of organic disease of the kidney shall be assessed
as unfit; those due to a transient condition may be assessed as temporarily unfit.
The urine shall contain no abnormal element considered by the medical examiner
to be of pathological significance. Cases of affections of the urinary passages
and of the genital organs shall be assessed as unfit; those due to a transient
condition may be assessed as temporarily unfit.

(u) Any 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. Compensated nephrectomy without hypertension or uremia may be assessed as fit.

(v) An applicant for the first issue of a licence 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.

(a) Applicants who have a history of severe menstrual disturbances that have proved unamenable to treatment and that are likely to interfere with the safe exercise of the applicant's licence and rating privileges shall be assessed as unfit.

(w) Pregnancy shall be a cause of temporary unfitness.

(x) Following confinement or termination of pregnancy, the applicant shall not be permitted to exercise the privileges of her licence until she has undergone re-examination and has been assessed as fit.

(y) Any active disease of the bones, joints, muscles or tendons and all serious functional sequelae of congenital or acquired disease shall be assessed as unfit. Functional after-effects of lesion affecting the bones, joints, muscles or tendons and certain anatomical defects compatible with the safe exercise of the applicant's licence and rating privileges may be assessed as fit.

(z) There shall be:

(1) no active pathological process, acute or chronic, of the internal ear or of the middle ear;

(2) no permanent disturbances of the vestibular apparatus. Transient conditions may be assessed as temporarily unfit.

(aa) There shall be free nasal air entry on both sides. There shall be no serious malformation nor serious, acute or chronic affection of the buccal cavity or upper respiratory tract. Cases of speech defects and stuttering shall be assessed as unfit.

QCAR-MED 405 - VISUAL REQUIREMENTS

(a) 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 extent that would interfere with the safe exercise of the applicant's licence and rating privileges.

(b) Distant visual acuity with or without correction shall be 6/9 or better in the better eye. 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:

(1) such correcting lenses are worn during the exercise of the privileges of the licence or rating applied for or held; and

(2) in addition, a pair of suitable correcting spectacles is kept readily available during the exercise of the privileges of the applicant's licence.

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

(c) Applicants may use contact lenses to meet this requirements provided that:
(1) the lenses are monofocal and non tinted;
(2) the lenses are well tolerated; and
(3) a pair of suitable correcting spectacles is kept readily available during the exercise of the licence privileges.

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

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

(f) The applicant shall be required to have the ability to read, while wearing the correcting lenses, if any, required by paragraph QCAR-MED 405(b), the N5 chart or its equivalent at a distance selected by him in the range of 30 to 50 centimetres (12 to 20 inches) and the ability to read the N 14 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 QCAR-MED 405(b), 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 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.

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

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

(i) The applicant shall be required to have normal binocular vision.

QCAR-MED 405 - HEARING REQUIREMENTS

The medical examination shall be based on the following requirements:

(a) The applicant shall be tested either on a pure-tone audiometer or the hearing performance voice test described below. The test shall be conducted at first issue of licence, not less than once every five years up to the age of 40 years, and thereafter not less than once every three years. The applicant shall not have a hearing loss, in either ear separately, of more than 35dB at any of the frequencies 500, 1,000 or 2,000 Hz, or more than 50 db at 3,000 Hz. However, an applicant with a hearing loss greater than the above may be declared fit provided that:
(1) the applicant has a hearing performance in each ear separately equivalent to that of a normal person, against a background noise that will simulate the masking properties of flight deck noise upon speech and beacon signals; and
(2) the applicant has 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.

(b) Alternatively, other methods providing equivalent results to those specified previously may be used.
APPENDICES TO SUBPARTS B & C

APPENDIX 1 TO SUBPARTS B & C
Cardiovascular system
(See QCAR - MED 130 through 150 and 250 through 270)

1. Exercise electrocardiography shall be required:
   (a) when indicated by signs or symptoms suggestive of cardiovascular disease;
   (b) for clarification of a resting electrocardiogram;
   (c) at the discretion of an aeromedical specialist acceptable to the designated body or institution;
   (d) at age 65 and then every 4 years for Class 1 recertification;

2. Serum lipid estimation is case finding and significant abnormalities shall require review, investigation and supervision by the designated body or institution.
   (b) An accumulation of risk factors (smoking, family history, lipid abnormalities, hypertension, etc.) shall require cardiovascular evaluation by the designated body or institution and, where appropriate, in conjunction with the AMC or AME.

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

4. Anti-hypertensive treatment shall be agreed by the designated body or institution. Drugs acceptable to the designated body or institution may include:
   (a) non-loop diuretic agents;
   (b) certain (generally hydrophilic) beta-blocking agents;
   (c) ACE Inhibitors;
   (d) angiotensin II AT1 blocking agents (the sartans);
   (e) slow channel calcium blocking agents.

For Class 1, hypertension treated with pharmacological agents may require restriction to multi-pilot operations. For Class 2, a safety pilot restriction may be required.

5. In suspected asymptomatic coronary artery disease, exercise electrocardiography shall be required and, if necessary, followed by scintigraphy or stress echocardiography and/or coronary angiography.

6. Asymptomatic applicants who have satisfactorily reduced vascular risk factors present following myocardial infarction or other myocardial ischaemic event, and who require no medication for ischaemic heart pain shall, at least 6 months following the index event have completed investigations, demonstrating:
   (a) a symptom limited 12 lead exercise ECG to Bruce Stage IV, or equivalent, which a cardiologist acceptable to the designated body or institution interprets as showing no evidence of myocardial ischaemia.
Scintigraphy and/or stress echocardiography may be required if the ECG is abnormal at rest;

(b) a left ventricular ejection fraction of > 0.50 without significant abnormality of wall motion such as dyskinesia, hypokinesia or akinesia and a normal right ventricular ejection fraction;

(c) a 24-hour ambulatory ECG, showing no significant conduction disturbance, nor complex, nor sustained rhythm disturbance;

(d) a coronary angiogram shall show <30% stenosis in any vessel remote from any myocardial infarction and no functional impairment of myocardium subtended by any such vessel;

(e) follow up with annual cardiological review by a cardiologist acceptable to the designated body or institution, including an exercise ECG or exercise scintigraphy/stress echocardiography if the resting ECG is abnormal;

(f) five yearly coronary angiography shall be considered, but may not be necessary if the exercise ECG shows no deterioration and is acceptable to the designated body or institution.

**Designated body or institution assessment**

**Class 1** applicants successfully completing this review shall be limited to multi-pilot operation only. Class 2 applicants successfully completing the items in paragraph 6(a), (b) and (c) of the review may be assessed as fit with safety pilot restriction.

**Class 2** applicants successfully completing paragraph 6(d) of the review may be assessed as fit without restriction.

7. An asymptomatic applicant having satisfactorily reduced his/her vascular risk factors present, who requires no medication for ischaemic heart pain shall, at least 6 months after coronary artery by-pass surgery or angioplasty/stenting have completed investigations demonstrating:

(a) a symptom limited 12 lead exercise ECG to Bruce Stage IV, or equivalent, which a cardiologist acceptable to the designated body or institution interprets as showing no evidence of myocardial ischaemia. Scintigraphy and/or stress echocardiography may be required if the ECG is abnormal at rest;

(b) a left ventricular ejection fraction of >0·50 without significant abnormality of wall motion such as dyskinesia, hypokinesia or akinesia and a normal right ventricular ejection fraction;

(c) a 24-hour ambulatory ECG shall show no significant conduction disturbance, nor complex, nor sustained rhythm disturbance, nor evidence of myocardial ischaemia;

(d) a coronary angiogram which shall show <30% stenosis in any major epicardial vessel (or its graft(s)) which has not been subjected to revascularisation (i.e. arterial or saphenous vein graft, coronary angioplasty, or stenting). Furthermore, there shall be no lesion(s) >30% stenosis in any angioplasted/stented vessel. No functional impairment of the myocardium is permitted, the single exception being in the territory of a vessel which has substended a demonstrably completed myocardial infarction (see para 6 to Appendix 1 to Subpart B & C above). In such a circumstance the overall left ventricular ejection must exceed 0·50. Multiple angioplasty dilatations/stenting in the same or more than one vessel shall require very close supervision/denial;
(e) Follow up with annual cardiological review by a cardiologist acceptable to the designated body or institution, including exercise ECG or exercise scintigraphy / stress echocardiography if the resting ECG is abnormal;

(f) Five yearly coronary angiography shall be considered, but may not be necessary if the exercise ECG shows no deterioration and is acceptable to the designated body or institution.

**Designated body or institution assessment**

**Class 1** applicants successfully completing this review shall be limited to multi-pilot operations only. Class 2 applicants successfully completing the items in paragraphs (a), (b) and (c) of this review may be assessed as fit with safety pilot restriction.

**Class 2** applicants successfully completing paragraph 7(d) of this review may be assessed without restriction.

8.

(a) Any significant disorder of rhythm or conduction requires evaluation by a cardiologist acceptable to the designated body or institution. Such evaluation shall include:

1. a resting and exercise ECG to Bruce Stage IV, or equivalent, which a cardiologist acceptable to the designated body or institution interprets as showing no significant myocardial ischaemia. Myocardial scintigraphy/stress echocardiography may be required if the ECG is abnormal at rest;

2. a 24-hour ambulatory ECG showing no significant conduction disturbance, nor complex, nor sustained rhythm disturbance, nor evidence of myocardial ischaemia. (See guidance material for limits of tolerance);

3. a 2D Doppler echocardiogram showing no significant selective chamber enlargement, nor structural, nor functional abnormality of the heart valves nor the myocardium and may include

4. a coronary angiogram which shall show no significant coronary artery disease as defined in paragraphs 5, 6 and 7 of Appendix 1 to Subparts B & C;

5. electrophysiological investigation which a cardiologist acceptable to the designated body or institution shall interpret as failing to demonstrate features which might predispose the applicant to incapacitation.

(b) In cases as described in JAR–FCL 3.145 and 3.265(a), (e), (f) and (g) any fit assessment by the designated body or institution shall be restricted to multi-pilot operation (Class 1 ‘OML’) or safety pilot limitation (Class 2 ‘OSL’), noting that:

1. one atrial or junctional ectopic complex per minute on a resting ECG may require no further evaluation; and

2. one ventricular ectopic complex per minute on a resting ECG may require no further evaluation;

3. after one year following the first appearance of complete right bundle branch block or three years for left bundle branch block the OML/OSL limitation may be lifted provided repeat evaluation in accordance with 8(a) (1-3) above reveals no change.

(c) Following permanent implantation of a subendocardial pacemaker a fit assessment may be considered by the designated body or institution three months after insertion provided:
(1) there is no other disqualifying disorder;
(2) a bipolar lead system has been used;
(3) the applicant is not pacemaker dependent;
(4) a symptom limited 12 lead exercise ECG to Bruce Stage IV, or equivalent, reviewed by a cardiologist acceptable to the designated body or institution, shows no abnormality inappropriate to the indication for which the pacemaker was inserted. Myocardial scintigraphy/stress echocardiography may be required.
(5) a 2D Doppler echocardiogram shows no significant selective chamber enlargement, nor structural, nor functional abnormality of any heart valve or of the myocardium;
(6) a Holter recording shall demonstrate no symptomatic or asymptomatic paroxysmal tachyarrhythmia;
(7) a six monthly follow up by a cardiologist acceptable to the designated body or institution with a pacemaker check and Holter monitoring is completed;
(8) recertification is restricted to multi-crew operation (Class 1 'OML'). Class 2 certification without restriction may be applicable according to designated body or institution assessment.
(9) Unoperated infra-renal abdominal aortic aneurysms may be considered for restricted Class 1 or Class 2 certification by the designated body or institution if followed by six monthly ultra-sound scans. After surgery for infra-renal abdominal aortic aneurysm without complications, and after cardiovascular assessment, restricted Class 1 or Class 2 certification may be considered by the designated body or institution, with follow-up as approved by the designated body or institution.

9.
(a) Unidentified cardiac murmurs shall require evaluation by a cardiologist acceptable to the designated body or institution and assessment by the designated body or institution. If considered significant, further investigation shall include at least 2D Doppler echocardiography.
(b) Mitral regurgitation. Asymptomatic applicants with isolated midsystolic click may need no restriction. Applicants with uncomplicated minor regurgitation shall be restricted to multi-pilot operations. Applicants with evidence of volume overloading of the left ventricle demonstrated by increased left ventricular end-diastolic diameter shall be assessed as unfit. Annual review by a cardiologist acceptable to the designated body or institution and assessment by the designated body or institution is required.

9a. Unoperated infrarenal abdominal aortic aneurysms may be considered for restricted Class 1 or Class 2 certification by the designated body or institution if followed by six monthly ultra-sound scans. After surgery for infrarenal abdominal aortic aneurysm without complications, and after cardiovascular assessment, restricted Class 1 or Class 2 certification may be considered by the designated body or institution, with follow-up as approved by the designated body or institution.
Valvular surgery

(1) Applicants with implanted mechanical valves shall be assessed as unfit.

(2) Asymptomatic applicants with a tissue valve who at least 6 months following surgery shall have satisfactorily completed investigations which demonstrate normal valvular and ventricular configuration and function may be considered for a fit assessment by the designated body or institution as judged by:

(i) a satisfactory symptom limited exercise ECG to Bruce Stage IV or equivalent which a cardiologist acceptable to the designated body or institution interprets as showing no significant abnormality.

Myocardial Scintigraphy / stress echocardiography shall be required if the resting ECG is abnormal and any coronary artery disease has been demonstrated. See also paragraphs 5, 6 and 7 of Appendix 1 to Subparts B & C;

(ii) a 2D Doppler echocardiogram showing no significant selective chamber enlargement, a tissue valve with minimal structural alterations and with a normal Doppler blood flow, and no structural, nor functional abnormality of the other heart valves. Left ventricular fractional or shortening shall be normal;

(iii) the demonstrated absence of coronary artery disease unless satisfactory revascularization has been achieved – see paragraph 7 above;

(iv) the absence of requirement for cardioactive medication;

(v) a follow up with annual cardiological review by a cardiologist acceptable to the designated body or institution with exercise ECG and 2D Doppler echocardiography.

A fit assessment shall be limited to multi-pilot operation (Class 1 OML). Full Class 2 certification may be applicable.

11. Applicants following anticoagulant therapy require review by the designated body or institution. Venous thrombosis or pulmonary embolism is disqualifying until anticoagulation has been discontinued. Pulmonary embolus requires full evaluation. Anticoagulation for possible arterial thromboembolism is disqualifying.

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

13. Applicants with congenital heart conditions including those surgically corrected, shall normally be assessed as unfit unless functionally unimportant and no medication is required. Cardiological assessment by the designated body or institution shall be required. Investigations may include 2D Doppler echocardiography, exercise ECG and 24-hour ambulatory ECG. Regular cardiological review shall be required. Restriction to multi-crew (Class 1 ‘OML’) and safety pilot (Class 2 ‘OSL’) operation may be required.

14. Applicants who have suffered recurrent episodes of syncope shall undergo the following:

(a) a symptom limited 12 lead exercise ECG to Bruce Stage IV, or equivalent, which a cardiologist acceptable to designated body or institution interprets as showing no abnormality. If the resting ECG is
abnormal, myocardial scintigraphy/stress echocardiography shall be required.

(b) a 2D Doppler echocardiogram showing no significant selective chamber enlargement nor structural nor functional abnormality of the heart, valves nor myocardium.

(c) a 24-hour ambulatory ECG recording showing no conduction disturbance, nor complex, nor sustained rhythm disturbance nor evidence of myocardial ischaemia.

(d) and may include a tilt test carried out to a standard protocol which in the opinion of a cardiologist acceptable to the designated body or institution shows no evidence of vasomotor instability.

Applicants fulfilling the above may be assessed fit, restricted to multi-crew operation (Class 1 OML) or safety pilot operation (Class 2 OSL) not less than 6 months following an index event provided there has been no recurrence. Neurological review will normally be indicated. Unrestricted certification requires 5 years freedom from attacks. Shorter or longer periods of consideration may be accepted by the designated body or institution according to the individual circumstances of the case. Applicants who suffered loss of consciousness without significant warning shall be assessed as unfit.

15. The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

APPENDIX 2 TO SUBPARTS B AND C RESPIRATORY SYSTEM
(See QCAR - MED 155, 160, 275 and 280)

1. Spirometric examination is required for initial Class 1 examination. An FEV1/FVC ratio less than 70% shall require evaluation by a specialist in respiratory disease. For Class 2, a pulmonary peak flow test of less than 80% of predicted normal value according to age, sex and height shall require evaluation by a specialist in respiratory diseases.

2. Applicants experiencing recurrent attacks of asthma shall be assessed as unfit.

(a) **Class 1 certification** may be considered by the designated body or institution if considered stable with acceptable pulmonary function tests and medication compatible with flight safety (no systemic steroids).

(b) **Class 2 certification** may be considered by the AME in consultation with the designated body or institution if considered stable with acceptable pulmonary function tests, medication compatible with flight safety (no systemic steroids), and a full report is submitted to the designated body or institution.

3. Applicants with active sarcoidosis are unfit. Certification may be considered by the designated body or institution if the disease is:

(a) investigated with respect to the possibility of systemic involvement; and

(b) limited to hilar lymphadenopathy shown to be inactive and the applicant requires no medication.

4. Spontaneous pneumothorax.

(a) Certification following a fully recovered single spontaneous pneumothorax may be acceptable after one year from the event with full respiratory evaluation.

(b) Recertification in multi-pilot (Class 1 ‘OML’) operations or under safety pilot (Class 2 ‘OSL’) conditions may be considered by the designated body or institution if the applicant fully recovers from a single spontaneous pneumothorax after six weeks. Unrestricted recertification may be considered
by the designated body or institution after one year from the event with full respiratory investigation.

(c) A recurrent spontaneous pneumothorax is disqualifying. Certification may be considered by the designated body or institution following surgical intervention with a satisfactory recovery.

5. Pneumonectomy is disqualifying. Certification following lesser chest surgery may be considered by the designated body or institution after satisfactory recovery and full respiratory evaluation. Multi-pilot (Class 1 ‘OML’) or safety pilot (Class 2 ‘OSL’) restrictions may be appropriate.

6. The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

APPENDIX 3 TO SUBPARTS B AND C DIGESTIVE SYSTEM
(See QCAR - MED 165, 170, 285 and 290)

1. (a) Recurrent dyspepsia requiring medication shall be investigated by internal examination (radiologic or endoscopic). Laboratory testing should include haemoglobin assessment and faecal examination. Any demonstrated ulceration or significant inflammation requires evidence of recovery before recertification by the designated body or institution.

(b) Pancreatitis is disqualifying. Certification may be considered by the designated body or institution if the cause of obstruction (e.g. drug, gallstone) is removed.

(c) Alcohol may be a cause of dyspepsia and pancreatitis. If considered appropriate a full evaluation of its use/abuse is required.

2. A single asymptomatic large gallstone may be compatible with certification after consideration by the designated body or institution. An individual with asymptomatic multiple gallstones may be considered for multicrew (Class 1 ‘OML’) or safety pilot (Class 2 ‘OSL’) recertification by the designated body or institution.

3. Chronic inflammatory bowel disease (regional ileitis, ulcerative colitis, diverticulitis) is disqualifying. Recertification (Class 1 and 2) and initial certification (Class 2) may be considered by the designated body or institution if there is full remission and minimal, if any, medication is being taken. Regular follow up is required and multi-pilot (Class 1 ‘OML’) or safety pilot (Class 2 ‘OSL’) restriction may be appropriate.

4. Abdominal surgery is disqualifying for a minimum of three months. The designated body or institution may consider earlier recertification if recovery is complete, the applicant is asymptomatic and there is a minimal risk of secondary complication or recurrence.

5. The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

APPENDIX 4 TO SUBPARTS B AND C METABOLIC, NUTRITIONAL AND ENDOCRINE DISORDERS
(See QCAR - MED 175 and 295)

1. Metabolic, nutritional or endocrinological dysfunction is disqualifying. Certification may be considered by the designated body or institution if the condition is asymptomatic, clinically compensated and stable with or without replacement
therapy, and regularly reviewed by an appropriate specialist.

2. Glycosuria and abnormal blood glucose levels require investigation. Certification may be considered by the designated body or institution if normal glucose tolerance is demonstrated (low renal threshold) or impaired glucose tolerance without diabetic pathology is fully controlled by diet and regularly reviewed.

3. The use of antidiabetic drugs is disqualifying. In selected cases, however, the use of biguanides or alpha glucosidase inhibitors may be acceptable for multi-pilot operations (Class 1 ‘OML’) or unrestricted (Class 2) certification. The use of sulphonylureas may be acceptable for restricted Class 2 re-certification.

4. Addison’s disease is disqualifying. Re-certification (Class 1) or certification (Class 2) may be considered by the designated body or institution, provided that cortisone is carried and available for use, whilst exercising the privileges of the licence. An “OML” or “OSL” limitation may be required.

5. The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

APPENDIX 5 TO SUBPARTS B AND C HAEMATOLOGY
(See QCAR - MED 180 and 300)

1. Anaemias demonstrated by reduced haemoglobin level require investigation. Anaemia which is unamenable to treatment is disqualifying. Certification may be considered by the designated body or institution in cases where the primary cause has been satisfactorily treated (e.g. iron deficiency or B12 deficiency) and haematocrit has stabilised at greater than 32%, or where minor thalassaemia or haemoglobinopathies are diagnosed without a history of crises and where full functional capability is demonstrated.

2. Lymphatic enlargement requires investigation. Certification may be considered by the designated body or institution in cases of acute infectious process which is fully recovered or Hodgkin’s lymphoma and Non Hodgkin’s lymphoma of high grade which has been treated and is in full remission. If chemotherapy has included anthracycline treatment, cardiological review shall be required (see Manual Aviation cardiology, chapter 1, paragraph 10).

3. In cases of chronic leukaemia recertification may be considered by the designated body or institution if diagnosed as lymphatic at stages O, I (and possibly II) without anaemia and minimal treatment, or ‘hairy cell’ leukaemia and are stable with normal haemoglobin and platelets. Regular follow-up is required. If chemotherapy has included anthracycline treatment, cardiological review shall be required (see Manual Aviation Cardiology, chapter 1, paragraph 10).

4. Splenomegaly requires investigation. The designated body or institution may consider certification where the enlargement is minimal, stable and no associated pathology is demonstrable (e.g. treated chronic malaria), or if the enlargement is minimal and associated with another acceptable condition (e.g. Hodgkin’s lymphoma in remission).

5. Polycythaemia requires investigation. The designated body or institution may consider restricted certification if the condition is stable and no associated pathology has been demonstrated.

6. Significant coagulation defects require investigation. The designated body or institution may consider restricted certification if there is no history of significant bleeding or clotting episodes.

7. The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.
APPENDIX 6 TO SUBPARTS B AND C URINARY SYSTEM
(See QCAR - MED 185 and 305)
1. Any abnormal finding upon urinalysis requires investigation.
2. An asymptomatic calculus or a history of renal colic requires investigation. While awaiting assessment or treatment, the designated body or institution may consider recertification with a multi-pilot limitation (Class 1 ‘OML’) or safety pilot limitation (Class 2 ‘OSL’). After successful treatment unrestricted certification may be considered by the designated body or institution. For residual calculi, the designated body or institution may consider recertification with a multi-pilot limitation (Class 1 ‘OML’), safety pilot limitation (Class 2 ‘OSL’), or unrestricted Class 2 recertification.
3. Major urological surgery is disqualifying for a minimum of three months. The designated body or institution may consider certification if the applicant is completely asymptomatic and there is a minimal risk of secondary complication or recurrence.
4. Renal transplantation or total cystectomy is not acceptable for initial Class 1 certification. Recertification may be considered by the designated body or institution in the case of:
   (a) renal transplant which is fully compensated and tolerated with minimal immuno-suppressive therapy after at least 12 months; and
   (b) total cystectomy which is functioning satisfactorily with no indication of recurrence, infection or primary pathology. In both cases ‘multi-pilot’ (Class 1 ‘OML’) or ‘safety pilot’ (Class 2 ‘OSL’) restriction may be considered necessary.
5. The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

APPENDIX 7 TO SUBPARTS B AND C SEXUALLY TRANSMITTED DISEASES AND OTHER INFECTIONS
(See QCAR - MED 190 and 310)
1. HIV positivity is disqualifying.
2. Recertification of HIV positive individuals to multi-pilot (Class 1 ‘OML’) or safety pilot (Class 2 ‘OSL’) operations may be considered by the designated body or institution subject to frequent review. The occurrence of AIDS or AIDS related complex is disqualifying.
3. Acute syphilis is disqualifying. Certification may be considered by the designated body or institution in the case of those fully treated and recovered from the primary and secondary stages.
4. The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

APPENDIX 8 TO SUBPARTS B AND C GYNAECOLOGY AND OBSTETRICS
(See QCAR - MED 195 and 315)
1. The designated body or institution may approve certification of pregnant aircrew during the first 26 weeks of gestation following review of the obstetric evaluation. The designated body or institution shall provide written advice to the applicant and the supervising physician regarding potentially significant complications of pregnancy (see Manual). Class 1 certificate holders shall be restricted to multi-pilot operations (Class 1 ‘OML’).
2. Major gynaecological surgery is disqualifying for a minimum of three months. The designated body or institution may consider earlier recertification if the holder is
completely asymptomatic and there is only a minimal risk of secondary complication or recurrence.

3. The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

**APPENDIX 9 TO SUBPARTS B AND C MUSCULOSKELETAL REQUIREMENTS**

(See QCAR - MED 200 and 320)

1. Abnormal physique, including obesity, or muscular weakness may require medical flight or flight simulator testing approved by the designated body or institution. Particular attention shall be paid to emergency procedures and evacuation. Restriction to specified type(s) or multi-pilot (Class 1 ‘OML’) or safety pilot (Class 2 ‘OSL’) operations may be required.

2. In cases of limb deficiency, recertification (Class 1) and certification (Class 2) may be considered by the designated body or institution according to JAR-FCL 3.125 and following a satisfactory medical flight test or simulator testing.

3. An applicant with inflammatory, infiltrative, traumatic or degenerative disease of the musculoskeletal system may be considered for certification by the designated body or institution. Provided the condition is in remission and the applicant is taking no disqualifying medication and has satisfactorily completed a medical flight or simulator flight test when necessary, restriction to specified type(s) or multi-pilot (Class 1’OML’) or safety pilot (Class 2 ‘OSL’) operation may be required.

4. The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

**APPENDIX 10 TO SUBPARTS B AND C PSYCHIATRIC REQUIREMENTS**

(See QCAR - MED 205 and 325)

1. An established schizophrenia, schizotypal or delusional disorder is disqualifying. Certification may only be considered if the designated body or institution concludes that the original diagnosis was inappropriate or inaccurate, or in the case of a single episode of delirium provided that the applicant has suffered no permanent impairment.

2. An established mood disorder is disqualifying. The designated body or institution may consider certification after full consideration of an individual case, depending on the mood disorder characteristics and gravity and after all psychotropic medication has been stopped for an appropriate period.

3. A single self destructive action or repeated acts of deliberate self-harm are disqualifying. Certification may be considered by the designated body or institution after full consideration of an individual case and may require psychological or psychiatric review. Neuropsychological assessment may be required.

4. Mental or behavioural disorders due to alcohol or other substance use, with or without dependency, are disqualifying. Certification may be considered by the designated body or institution after a period of two years documented sobriety or freedom from drug use. Recertification may be considered earlier – multi-crew limitation (Class 1 OML) or safety pilot limitation (Class 2 OSL) may be appropriate. Depending on the individual case and at the discretion of the designated body or institution, treatment and review may include:

(a) in-patient treatment of some weeks followed by

(b) review by a psychiatric specialist acceptable to the designated body or institution; and
ongoing review including blood testing and peer reports, which may be required indefinitely.

APPENDIX 11 TO SUBPARTS B AND C NEUROLOGICAL REQUIREMENTS
(See QCAR - MED 210 and 330)

1. Any stationary or progressive disease of the nervous system which has caused or is likely to cause a significant disability is disqualifying. However, the designated body or institution may consider minor functional losses, associated with stationary disease, acceptable after full evaluation.

2. A diagnosis of epilepsy is disqualifying, unless there is unequivocal evidence of a syndrome of benign childhood epilepsy associated with a very low risk of recurrence, and the applicant has been free of recurrence and off treatment for more than 10 years. One or more convulsive episodes after the age of 5 is disqualifying.

However, an acute symptomatic seizure which is considered by a consultant neurologist acceptable to the designated body or institution to have a very low risk of recurrence may be accepted by the designated body or institution.

3. Epileptiform paroxysmal EEG abnormalities and focal slow waves normally are disqualifying. Further evaluation shall be carried out by the designated body or institution.

4. A history of one or more episodes of disturbance of consciousness of uncertain cause is disqualifying. A single episode of such disturbance of consciousness may be accepted by the designated body or institution when satisfactorily explained but a recurrence is normally disqualifying.

5. An applicant having had a single afebrile epileptiform seizure which has not recurred after at least 10 years while off treatment, and where there is no evidence of continuing predisposition to epilepsy, may be granted a licence if the risk of a further seizure is considered in the limits acceptable to the designated body or institution. For Class 1 certification an “OML” limitation shall be applied.

6. Any head injury which has been severe enough to cause loss of consciousness or is associated with penetrating brain injury must be assessed by the designated body or institution and be seen by a consultant neurologist acceptable to the designated body or institution. There must be a full recovery and a low risk (in the limits acceptable to the designated body or institution) of epilepsy before recertification is possible.

7. Consideration of applicants with a history of spinal or peripheral nerve injury shall be undertaken in conjunction with the musculo-skeletal requirements, Appendices and Manual Chapter.

8. The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system. All intracerebral malignant tumours are disqualifying.

APPENDIX 12 TO SUBPARTS B AND C OPHTHALMOLOGICAL REQUIREMENTS
(See QCAR - MED 215 and 335)

1. (a) At the initial examination for a Class 1 certificate the ophthalmological examination shall be carried out by an ophthalmologist acceptable to the designated body or institution or by a vision care specialist acceptable to the designated body or institution. All abnormal and doubtful cases shall be referred to an ophthalmologist acceptable to the designated body or institution.

(b) At the initial examination for a Class 2 certificate the examination shall be carried
out by an ophthalmologist acceptable to the designated body or institution or by
a vision care specialist acceptable to the designated body or institution or, at the
discretion of the designated body or institution, by an AME. Applicants requiring
visual correction to meet the standards shall submit a copy of the recent
specacle prescription.

2. At each aeromedical recertification or renewal examination an assessment of the
visual fitness of the licence holder shall be performed and the eyes shall be
examined with regard to possible pathology. All abnormal and doubtful cases shall
be referred to an ophthalmologist acceptable to the designated body or institution.

3. Owing to the differences in provision of optometrist services across the JAA
Member States, for the purposes of these requirements, each nation’s designated
body or institution shall determine whether the training and experience of its vision
care specialists is acceptable for these examinations.

4. Conditions which indicate specialist ophthalmological examination include, but are
not limited to, a substantial decrease in the uncorrected visual acuity, any
decrease in best corrected visual acuity and/or the occurrence of eye disease,
eye injury, or eye surgery.

5. The assessment of malignant conditions in this system is also explained in the
Oncology Chapter of the Manual which provides information regarding certification
and should be consulted together with the Chapter specific to this system.

APPENDIX 13 TO SUBPARTS B AND C VISUAL REQUIREMENTS
(See QCAR - MED 215, 220, 335 and 340)
1. Refraction of the eye and functional performance shall be the index for
assessment.

2. (a) Class 1. If the refractive error is within the range ±5 dioptres the designated body
or institution may consider Class 1 certification if:
   (1) no significant pathology can be demonstrated;
   (2) optimal correction has been considered.

(b) Class 1. If the refractive error is within the range –5/-8 dioptres at the renewal or
recertification examinations the designated body or institution may consider re-
certification provided that:
   (1) no significant pathology can be demonstrated;
   (2) optimal correction has been considered;
   (3) the ametropy is not caused by ocular pathology;
   (4) 2 yearly review is undertaken by an ophthalmologist or vision care
specialist acceptable to the designated body or institution.

(c) Class 2. If the refractive error is within the range –5/-8 dioptres, the designated
body or institution may consider Class 2 certification provided that:
   (1) no significant pathology can be demonstrated;
   (2) optimal correction has been considered;
   (3) the ametropy is not caused by ocular pathology;
   (4) 5 yearly review is undertaken by an ophthalmologist or vision care
specialist acceptable to the designated body or institution.

3. The designated body or institution may consider re-certification after diagnosis of
a keratoconus provided that:
   (a) the visual requirements are met with the use of corrective lenses;
   (b) 6-monthly review is undertaken by an ophthalmologist acceptable to the
designated body or institution.
4. Monocularity entails unfitness for a Class 1 certificate. The designated body or institution may consider recertification for a Class 2 certificate if the underlying pathology is acceptable according to ophthalmic specialist assessment and subject to a satisfactory flight test.

(b) Central vision in one eye below the limits stated in QCAR–FCL 3.220 may be considered for Class 1 recertification if the binocular visual field is normal and the underlying pathology is acceptable according to ophthalmic specialist assessment. A satisfactory flight test is required and operations limited to multi-pilot (Class 1 ‘OML’) only.

(c) In case of reduction of vision in one eye to below the limits stated in QCAR–FCL 340 Class 2 recertification may be considered if the underlying pathology and the visual ability of the remaining eye are acceptable following ophthalmic evaluation acceptable to the designated body or institution and subject to a satisfactory medical flight test, if indicated.

5. Heterophorias. The applicant/certificate holder shall be reviewed by an ophthalmologist acceptable to the designated body or institution. The fusional reserves shall be tested using a method acceptable to the designated body or institution (e.g. Goldman Red/Green binocular fusion test).

6. After refractive surgery, certification for Class 1 and for Class 2 may be considered by the designated body or institution provided that:

(a) pre-operative refraction (as defined in QCAR-FCL 220(b) and 340(b)) was less than 5 dioptres for Class 1 and less than +5/-8 dioptres for Class 2;

(b) satisfactory stability of refraction has been achieved (less than 0.75 dioptres variation diurnally);

(c) examination of the eye shows no postoperative complications;

(d) glare sensitivity is within normal standards; and

(e) mesopic contrast sensitivity is not impaired.

7. Cataract surgery. Certification for Class 1 and for Class 2 may be considered by the designated body or institution after 3 months, provided that the visual requirements are met either with contact lenses or with intraocular lenses.

(b) Retinal surgery. Re-certification for Class 1 and certification for Class 2 may be considered by the designated body or institution normally 6 months after successful surgery. The applicant should be re-examined by an ophthalmologist annually.

(c) Glaucoma surgery. Re-certification for Class 1 and certification for Class 2 may be considered by the designated body or institution normally 6 months after successful surgery. The applicant should be re-examined by an ophthalmologist semi-annually.

APPENDIX 14 TO SUBPARTS B AND C COLOUR PERCEPTION
(See QCAR - MED 225 and 345)

1. The Ishihara test (24 plate version) is to be considered passed if the first 15 plates are identified without error, without uncertainty or hesitation (less than 3 seconds per plate). These plates shall be presented randomly. For lighting conditions see the JAA Manual of Civil Aviation Medicine.

2. Those failing the Ishihara test shall be examined either by:
(a) Anomaloscopy (Nagel or equivalent). This test is considered passed if the colour match is trichromatic and the matching range is 4 scale units or less, or by

(b) Lantern testing. This test is considered passed if the applicant passes without error a test with lanterns acceptable to the designated body or institution such as Holmes Wright, Beynes, or Spectrolux.

APPENDIX 15 TO SUBPARTS B AND C OTORHINOLARYNGOLOGICAL REQUIREMENTS
(See QCAR - MED 230 and 350)

1. At the initial examination a comprehensive ORL examination shall be carried out by or under the guidance and supervision of a specialist in aviation otorhinolaryngology acceptable to the designated body or institution.

2. (a) At revalidation or renewal examinations all abnormal and doubtful cases within the ENT region shall be referred to a specialist in aviation otorhinolaryngology acceptable to the designated body or institution.

(b) At intervals stated in JAR–FCL 3.230(b) the revalidation or renewal examination shall include a comprehensive ORL examination carried out by or under the guidance and supervision of a specialist in aviation otorhinolaryngology acceptable to the designated body or institution.

3. A single dry perforation of non-infectious origin and which does not interfere with the normal function of the ear may be considered acceptable for certification.

4. The presence of spontaneous or positional nystagmus shall entail complete vestibular evaluation by a specialist acceptable to the designated body or institution. In such cases no significant abnormal caloric or rotational vestibular responses can be accepted. At revalidation or renewal examinations abnormal vestibular responses shall be assessed in their clinical context by the designated body or institution.

5. The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

APPENDIX 16 TO SUBPARTS B AND C HEARING REQUIREMENTS
(See QCAR - MED 235 and 355)

1. The pure tone audiogram shall cover at least the frequencies from 250–8 000 Hz. frequency thresholds shall be determined as follows:

   - 250 Hz
   - 500 Hz
   - 1 000 Hz
   - 2 000 Hz
   - 3 000 Hz
   - 4 000 Hz
   - 6 000 Hz
   - 8 000 Hz

2. (a) Cases of hypoacusis shall be referred to the designated body or institution for
further evaluation and assessment.

(b) If satisfactory hearing in a noise field corresponding to normal flight deck working conditions during all phases of flight can be demonstrated, recertification may be considered by the designated body or institution.

APPENDIX 17 TO SUBPARTS B AND C PSYCHOLOGICAL REQUIREMENTS
(See QCAR - MED 240 and 360)

1. Indication. A psychological evaluation should be considered as part of, or complementary to, a specialist psychiatric or neurological examination when the Authority receives verifiable information from an identifiable source which evokes doubts concerning the mental fitness or personality of a particular individual. Sources for this information can be accidents or incidents, problems in training or proficiency checks, delinquency or knowledge relevant to the safe exercise of the privileges of the applicable licences.

2. Psychological Criteria. The psychological evaluation may include a collection of biographical data, the administration of aptitude as well as personality tests and psychological interview.

APPENDIX 18 TO SUBPARTS B AND C DERMATOLOGICAL REQUIREMENTS
(See QCAR - MED 245 and 365)

1. Any skin condition causing pain, discomfort, irritation or itching can distract flight crew from their tasks and thus affect flight safety.

2. Any skin treatment, radiant or pharmacological, may have systemic effects which must be considered before assessing fit/unfit or restricted to multi-pilot (Class 1 ‘OML’)/safety pilot (Class 2 ‘OSL’) operations.

3. Malignant or Pre-malignant Conditions of the Skin
   (a) Malignant melanoma, squamous cell epithelioma, Bowens disease and Pagets disease are disqualifying. Certification may be considered by the designated body or institution if, when necessary, lesions are totally excised and there is adequate follow-up.

   (b) Basal cell epithelioma or rodent ulcer, keratoacanthoma and actinic keratoses will require treatment and/or excision in order to maintain certification.

4. Other skin conditions:
   (a) Acute or widespread chronic eczema,
   (b) Skin reticulosis,
   (c) Dermatological aspects of a generalised condition , and similar conditions require consideration of treatment and any underlying condition before assessment by the designated body or institution.

5. The assessment of malignant conditions in this system is also explained in the Oncology Chapter of the Manual which provides information regarding certification and should be consulted together with the Chapter specific to this system.

APPENDIX 19 TO SUBPARTS B AND C ONCOLOGY REQUIREMENTS
(See QCAR - MED 246 and 370)

1. Class 1 certification may be considered by the designated body or institution and Class 2 certification may be considered by the AME in consultation with the designated body or institution if:

   (a) There is no evidence of residual malignant disease after treatment;
(b) Time appropriate to the type of tumour has elapsed since the end of treatment;
(c) The risk of inflight incapacitation from a recurrence or metastasis is within limits acceptable to the designated body or institution;
(d) There is no evidence of short or long-term sequelae from treatment. Applicants who have received anthracycline chemotherapy shall require cardiological review;
(e) Arrangements for follow-up are acceptable to the designated body or institution.

2. Multi-pilot (Class 1 OML) for recertification or safety pilot (Class 2 OSL) restriction may be appropriate.