

KINGDOM OF BAHRAIN
Ministry of Transportation
and Telecommunications



مَمْلَكَة الْبَحْرَيْن
وَأَزَارَةُ الْمَوَاطِنَاتِ وَالْإِتِّصَالَاتِ

CIVIL AVIATION PUBLICATION

CAP 22

AUTHORISED MEDICAL EXAMINERS

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Bahrain CAA Publication Revisions Highlight Sheet

CAP: 22

TPM: __

The following pages have been revised to Revision 05 dated 17 September 2024.

Item	Chapter/Paragraph number	Page(s)	Reason
1.	Revision Highlights	i	To reflect the current revision highlights.
2.	Record of Revision	ii	To indicate the record of revision.
3.	Index	iv	Deletion of Appendixes 4, 5 & 6.
4.	LEP	v	To indicate the effected pages.
5.	1.2	1	Adding reference to the ATCO licence regulation – CAR 003
6.	2.4(c)	3	Correction to the typographical error
7.	2.5	3	Amended to refer to the Regulation regarding training.
8.	6.1.1	7	Amended to refer to the Regulation with regard to training.
9.	7.2	10	Amendment to the Mode of communication
10.	8.2	11	Deletion of Appendix
11.	10.1	12	Amendment to the Mode of communication
12.	Appendix 2	ATT 2-1	Correction to the typographical error
13.	Appendix 4, 5 & 6		Deletion of them from CAP. Form Numbers referred instead.



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RECORD OF REVISION

CAP 22 AUTHORISED MEDICAL EXAMINERS

Revision No.	Date of Issue
Initial – Revision 03	01 Mar 2010
Revision 04	21 Apr 2022
Revision 05	17 Sep 2024



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1. INTRODUCTION

1.1 Purpose

These Procedures have been prepared for all Authorised Medical Examiners (AMEs) who have accepted the position as medical examiners for Civil Aviation Affairs.

These Procedures are to be used as a guide for the interpretation and application of the Air Navigation Technical Regulations (ANTRs) in the assessment of the medical fitness of applicants for civilian flight crew and air traffic controller medical certificates.

1.2 References

The following documents contain further references to the requirements and procedures for authorised medical examiners:

- (a) Civil Aviation Law (6/1995): Article 19 Para 3
- (b) ICAO Annex 1: Personnel Licensing, Chapter 6 for Class 3 medical assessments
- (c) ANTR-FCL 3
- (d) CAR 003
- (e) ICAO Document 8984 Manual of Civil Aviation Medicine
- (f) Bahrain CAA Publication CAP 09 - Personnel Licensing

1.3 Requirements for a Medical Certificate

All professional flight crew and private pilots are required to hold a valid licence. 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 ANTR FCL Part 3 (Medical) and appropriate to the privileges of the licence.

All Air Traffic Controllers are required to hold a valid licence. In order to apply for or to exercise the privileges of an ATC licence, the applicant or the holder shall hold a Class 3 medical certificate issued in accordance with the provisions of the Air Navigation Regulations.

Note: The process for the medical assessment and issuance of the medical certificate by an Authorised Medical Examiner is contained in the ANTR FCL 3.

Student pilots do not require a licence and a Class 2 medical certificate is sufficient to fly solo under the supervision of an instructor.

The Medical Certificate can only be issued by an Authorised Medical Examiners on behalf of the CAA.



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1.4 Aeromedical Centres (AMCs)

Aeromedical centres (AMCs) may be authorised, or re-authorised, at the discretion of the Authority for a period not exceeding 3 years. An AMC shall be:

- (a) within the national boundaries of the State of Bahrain 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;
- (d) equipped with medico-technical facilities for extensive aeromedical examinations.

2. REQUIREMENTS FOR DESIGNATION AS AME

2.1 General

Medical Examiners assume certain responsibilities directly related to the CAA safety programme. They serve in their communities to enforce and ensure aviation safety. They have responsibility to ensure that only those applicants who are physically and mentally able to perform safely may exercise the privileges of CAA licences. To properly discharge the duties associated with these responsibilities, Medical Examiners shall maintain familiarity with general medical knowledge applicable to aviation. They shall have detailed knowledge and understanding of CAA regulations, policies, and procedures related to the medical certification of licence holders. They should also be familiar with the ICAO Annex I, ANTR FCL 3 and ICAO Document 8984 Manual of Civil Aviation Medicine. Medical Examiners must also possess acceptable equipment and adequate facilities necessary to carry out the prescribed examinations.

The CAA will designate only professionally qualified and appropriately licensed physicians who are interested in promoting aviation safety. Only those physicians who enjoy the fullest respect of their associates and members of the public whom they serve shall be authorised and retained as AMEs.

Physicians wishing to become AMEs must apply to Bahrain CAA for designation. A physician, when approved as an AME, shall be restricted to carrying out standard periodic revalidation/renewal assessments and shall report to and be supervised by Bahrain CAA.

The Authority will authorise Medical Examiners (AMEs), within its national boundaries, qualified and licensed in the practice of medicine. Physicians, resident outside of Bahrain and wishing to become AMEs for the purpose of flight crew licensing, may apply to the Authority. Following appointment the AME shall report to and be supervised by the Authority.



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2.2 Number and Location of AMEs

Bahrain CAA will determine the number and location of examiners it requires, taking account of the number and geographic distribution of the population of licence holders.

2.3 Access to documentation

An AME, responsible for coordinating assessment results and signing reports, shall be allowed access to any prior aeromedical documentation held by the CAA and related to such examinations as that AME is to carry out.

2.4 Qualifications

For the designation of an AME to perform unrestricted Class 1, 2 and 3 Medical Examinations the following applies.

- (a) The applicant for designation as an AME with authority to perform examinations must be a professionally qualified physician with at least five years of clinical practice out of which three should be in a field of medicine related to the functioning of the Medical Examiner (e.g. General Practice, Internal Medicine etc. but not fields like orthopaedics, sports medicine, gynaecology obstetrics etc.); and
- (b) Qualification in Aerospace or Aviation Medicine; and
- (c) A graduate of a recognised course in Aviation Medicine (see paragraph 2.5 below).
- (d) Of a good standing in his or her community.
- (e) The applicant must possess an unrestricted licence to practice medicine in the geographical area in which the designation is sought, issued either by the Ministry of Health as might be applicable.
- (f) The applicant must be engaged in the practice of medicine at an established office address.
- (g) The applicant's past professional performance and personal conduct shall be suitable for a position of responsibility and trust.
- (h) Special consideration for designation may be given to those physicians who are pilots, who have been Military Flight Surgeons, who have special training or expertise in Aviation Medicine, or who were previously authorised but have relocated to a new geographical area.

2.5 Training

The training for the medical examiners are required to be conducted in accordance with the requirements stipulated under ANTR FCL 3.090, and its AMC(s).





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3. DESIGNATION PROCESS

3.1 Application

An applicant for the designation of AME shall apply on form ALD/LIC/F109 with a covering letter expressing the intent to practice as an AME and requesting to be authorised as a CAA authorised AME. The application shall be made to the Chief Aviation Permits and Licensing Section.

The following supporting documents should accompany the application

- (a) Medical school certificate.
- (b) Certificate of any postgraduate professional training (e.g., internship, residency, fellowship).
- (c) Current detailed CV with photocopies of supporting documents.
- (d) Certificates of any Aviation Medicine courses.
- (e) If previously authorised as an AME with an Aviation Authority, a photocopy of the certificate.
- (f) In case of military service, the respective documents, any discharge certificate if applicable.
- (g) Licence(s) to practice medicine from Ministry of Health.
- (h) Colour photographs with a blue background, passport size and three in number, front view, without glasses or headwear.

Note 1: In case of submission of foreign documents they should be either in English or Arabic and properly authenticated.

Note 2: It is the responsibility of the AME to obtain and submit the required documents in support of his/her designation.

3.2 Facility Survey

The CAA will arrange a date and time for the facility survey. Once the facility survey is satisfactorily completed the applicant will be informed and arrangements made for the issuance of an authority.

For the approval of the overseas medical facilities the individual or the organization requesting the approval would be required to make all the necessary arrangements for the CAA official conducting the survey. This is usually at no cost to the CAA.



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3.3 Type of Designation

Once a physician is approved as an AME he/she might be granted either a temporary or a permanent designation. Both the temporary and permanent designations may either be restricted (for) certain classes of medical exams only) or unrestricted (for all classes). Whether an AME is granted a temporary or a permanent designation, or a restricted or unrestricted licence, will be based on the assessment by the Chief Aviation Permits and Licensing Section. If the candidate is granted a temporary designation this will be for a minimum period of 90 days. During this period the AME will be observed and their work assessed. The status of temporary designation does not imply an automatic progression to a permanent status.

3.4 Duration of Designation

An AME will be authorised for a period not exceeding three years. 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 Bahrain CAA and shall also have undertaken relevant training during the period of authorisation.

Renewal of designation should be made on form ALD/LIC/F109 with a covering letter expressing the intent to renew the designation as an AME.

4. CONDITIONS OF DESIGNATION

4.1 General

Once authorised as an AME, the AME must comply with the following conditions:

(a) Credentials.

The AME must notify the Chief Aviation Permits and Licensing Section if at any time there is a change in status of Ministry of Health licence to practice medicine.

(b) Professionalism.

Remain informed of the principles of aviation medicine; be thoroughly familiar with instructions as to techniques of examination, medical assessment, and certification of airmen; Familiar with and abide by the policies, rules, and regulations of the CAA.

(c) Examinations.

Personally conduct all medical examinations at an established office address. Paraprofessional medical personnel e.g., nurses, may perform limited parts of the examinations (e.g., measurement of visual acuity, hearing, phorias, blood pressure, and pulse, and conduct of urinalysis and electrocardiography) under the supervision of the AME.



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The AME shall conduct the general physical examination, sign the Medical Report, and list his/her CAA designation identification number. In all cases, the AME shall review, certify, and assume responsibility for the accuracy and completeness of the total report of examination. In all cases the examining AME should be the one who issues the medical certificate. In no case an AME can sign for another AME.

(d) Office Address and Telephone Numbers.

AMEs will be listed with each office location and telephone number. The AME is required to promptly advise, in writing, the Chief Aviation Permits and Licensing Section of any change in office location or telephone numbers. Change in the location of the practice may lead to termination or non-renewal of designation.

The applicant shall have adequate facilities for performing the required examinations and possess or agree to obtain such equipment prior to conducting any medical examinations. In the event of office relocation or change in practice, a designation shall terminate and may be reissued, on request to the office of the Chief Aviation Permits and Licensing Section. In respect to the relocation, a determination of adequacy of the facilities must be made.

5. APPLICABILITY OF MEDICAL ASSESSMENTS

5.1 Medical Classes

The classes of Medical Assessment are as follows:

- (a) Class 1 Medical Assessment applies to applicants for, and holders of:
 - (1) Commercial pilot licences – aeroplane, airship, helicopter and powered-lift
 - (2) Airline transport pilot licences – aeroplane, helicopter and powered lift
 - (3) Multi-crew Pilot - aeroplane
- (b) Class 2 Medical Assessment applies to applicants for, and holders of:
 - (1) Private pilot licences – aeroplane, airship, helicopter and powered lift
- (c) Class 3 Medical Assessment applies to applicants for, and holders of:
 - (1) Air Traffic Controller licences



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5.2 Medical Validity

The following validity periods for the different medical classes have been extracted from ANTR Part II, ANTR-FCL 3 and ICAO Annex 1 (for Class 3).

Licence Type	Class	Validity
Airline Transport Pilot under 40	1	12 months
Airline Transport Pilot over 40 (single pilot)	1	06 months
Airline Transport Pilot over 40 (two pilot)	1	12 months
Airline Transport Pilot over 60 (two pilot)	1	06 months
Commercial Pilot under 40	1	12 months
Commercial Pilot over 40	1	06 months
Private Pilot under 40	2	60 months
Private Pilot over 40	2	24 months
Private Pilot over 50	2	12 months
Air Traffic Controller (including Student ATC)	3	48 months
Air Traffic Controller over 40	3	24 months

The period of validity of a Medical Assessment begins on the day the medical examination is performed and Medical Certificates are valid until the last day of the month of the validity period.

The period of validity will, for the last month counted, include the day that has the same calendar number as the date of the medical examination or, if that month has no day with that number, the last day of that month.

6. CONDUCT OF MEDICAL ASSESSMENTS

6.1 General Requirements for Medical Assessments

6.1.1 General

An applicant for a Medical Assessment shall undergo a medical examination based on the following requirements, which are amplified in ANTR-FCL 3 for Class 1 and 2 medical assessments and in CAR 003 (refer to Appendix 1 for further guidance) for Class 3 medical assessments with respect to ATCO licenses:

- (a) physical and mental;
- (b) visual and colour perception; and
- (c) hearing.

6.1.2 Physical and mental requirements

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

- (a) any abnormality, congenital or acquired; or
- (b) any active, latent, acute or chronic disability; or



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- (c) any wound, injury or sequelae from operation; or
- (d) any effect or side-effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken; such as would entail a degree of functional incapacity which is likely to interfere with the safe operation of an aircraft or with the safe performance of duties.

6.1.3 Visual acuity test requirements

The methods in use for the measurement of visual acuity are likely to lead to differing evaluations. To achieve uniformity, therefore, the CAA shall ensure that equivalence in the methods of evaluation be obtained in accordance with ANTR-FCL 3.

6.1.4 Colour perception requirements

- (a) The CAA shall use such methods of examination as will guarantee reliable testing of colour perception.
- (b) The applicant shall be required to demonstrate the ability to perceive readily those colours the perception of which is necessary for the safe performance of duties.
- (c) The applicant shall be tested for the ability to correctly identify a series of pseudoisochromatic plates in daylight or in artificial light of the same colour temperature such as that provided by CIE standard illuminants C or D65 as specified by the International Commission on Illumination (CIE).
- (d) An applicant obtaining a satisfactory result as prescribed by the CAA shall be assessed as fit. An applicant failing to obtain a satisfactory result in such a test shall be assessed as unfit unless able to readily distinguish the colours used in air navigation and correctly identify aviation coloured lights. Applicants who fail to meet these criteria shall be assessed as unfit except for Class 2 assessment with the following restriction: valid daytime only.
- (e) Sunglasses worn during the exercise of the privileges of the licence or rating held should be non-polarizing and of a neutral grey tint.

6.1.5 Hearing test requirements

- (a) The CAA shall use such methods of examination as will guarantee reliable testing of hearing.
- (b) Applicants shall be required to demonstrate a hearing performance sufficient for the safe exercise of their licence and rating privileges.
- (c) Applicants for Class 1 and Class 2 Medical Assessments shall be tested by pure-tone audiometry at first issue of the Assessment, not less than once every five years up to the age of 40 years, and thereafter not less than once every two years. Alternatively, other methods providing equivalent results may be used.

At medical examinations, where audiometry is not performed, applicants shall be tested in a quiet room by whispered and spoken voice tests.



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Note: Guidance material to assist Bahrain CAA and Medical Examiners is published separately in ICAO Document 8984 Manual of Civil Aviation Medicine. This guidance material should be used as the definitive reference.

6.2 Applicant's Obligations

The applicant must produce ID with photographic identification, which can be driving licence, passport, individual ID card etc. AMEs must check the identity of all candidates for examination and ensure that the name used on the medical certificate application form is the same as that on the pilot's licence.

Applicants for licences or ratings for which medical fitness is prescribed shall sign and furnish to the medical examiner a declaration stating whether they have previously undergone such an examination and, if so, the date, place and result of the last examination. They shall indicate to the examiner whether a Medical Assessment has previously been refused, revoked and suspended and, if so, the reason for such refusal, revocation or suspension. The applicant for Medical Assessment shall provide the Medical Examiner with a personally certified statement of medical facts concerning personal, familiar and hereditary matters (see Form ALD/LIC/F063).

The applicant shall be made aware of the necessity for giving a statement that is as complete and accurate as the applicant's knowledge permits, and any false declaration shall be dealt with in accordance with Bahrain Civil Aviation Law Articles 120, 121 and 124.

The holder of a medical certificate shall present it to the AME at the time of the revalidation or renewal of that certificate (see IEM FCL 3.100).

6.3 Confidentiality

All information obtained by the AME (including non-medical details such as name and address) must be regarded as confidential. All medical reports and records are securely held with accessibility restricted to authorised personnel.

6.4 Conduct of Assessment

AMEs should conduct the medical assessment in accordance with the instructions in ANTR-FCL 3, Section 2.

AMEs should complete the medical examination even if they find, during the course of the examination, that the applicant has a condition that may be disqualifying. The AME should inform the applicant of the outcome at the end. The AME can then either defer a decision pending the receipt of further reports or issue a denial certificate.

AMEs should remember to ask all holders of PPLs if they have an Instrument rating as they will need regular audiometry in accordance with Class 1 frequency.

Note: Refer to Appendix 2 for summary of Class 1 & Class 2 minimum periodic requirements and Appendix 3 for summary of Class 3 minimum periodic requirements.



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7. COMPLETION OF MEDICAL REPORT

7.1 Procedures

The AME will use only one Medical Report Form (ALD/LIC/F063) for all classes of medical assessments, for both initial issue and renewal examinations (Appendix 4 refers).

Having completed the medical examination of the applicant shall coordinate the results of the examination and submit a signed report detailing the results of the examination and evaluating the findings with regard to medical fitness.

If the medical examination is carried out by two or more medical examiners, the appointed medical assessor shall be responsible for coordinating the results of the examination, evaluating the findings with regard to medical fitness, and signing the report.

Any false declaration to a medical examiner made by an applicant for a licence or rating shall be reported to Bahrain CAA of the issuing State for such action as may be considered appropriate.

7.2 Submission to CAA

The AME must complete all forms as soon as possible and certainly within 5 days. Forward them to the Chief Aviation Permits and Licensing Section, Civil Aviation Affairs. If a medical certificate has been denied or decision referred, documentation must be forwarded immediately by post and preferably also by e-mail with all relevant attachments.

The medical examiner shall be required to submit sufficient medical information to Bahrain CAA to enable the Authority to audit Medical Assessments.

Bahrain CAA shall assess and review the medical reports submitted by an AME and advise comments, if any, to the AME. If no comments are advised within 60 days, the report shall be deemed to be approved.

8. MEDICAL CERTIFICATE

8.1 Content of Certificate

The medical certificate shall contain the following information:

- (1) Reference number (as designated by the Authority)
- (2) Class of certificate
- (3) Full name
- (4) Date of birth
- (5) Expiry date of the medical certificate
 - (a) For Class 1:
 - (i) expiry date (single pilot commercial air transport operations carrying passengers);



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- (ii) expiry date (other commercial operations);
- (b) For Class 2 and Class 3:
 - (i) expiry date of the medical certificate;
- (6) Date of medical examination
- (7) Due date of next electrocardiography
- (8) Due date of next audiometry
- (9) Limitations, conditions and/or variations
- (10) AME name, number and signature

8.2 Issuance of Medical Certificate

The AME may issue the Medical Certificate directly to the applicant, if the appropriate standard is met, on Bahrain CAA Form ALD/LIC/F077. On completion of the examination, whether leading to the issue or denial of a Medical Certificate, the AME must forward the original form (ALD/LIC/F063) and must retain a copy of the form, for a minimum of eight years, for future reference.

9. VALIDATION REQUIREMENTS

The period of validity of a Medical Assessment shall begin on the day the medical examination is performed. AMEs should take great care to issue certificates with correct expiry dates.

9.1 Normal Revalidation

- (a) If the medical revalidation is taken up to 45 days prior to the expiry date, the expiry of the new certificate is calculated by adding the period, as applicable to the expiry date of the previous medical certificate.
- (b) 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 above, the expiry date will be 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 AMS when clinically indicated.



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9.2 Expired Certificates

- (a) If a licence holder allows his Medical Certificate to expire by more than five years, renewal shall require an initial or extended examination to be performed, at AME discretion.
- (b) 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, at AME discretion.
- (c) 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 at AME discretion.
- (d) If a licence holder allows his certificate to expire by less than 90 days, renewal shall be possible by standard or extended examination as prescribed.

Note 1: 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.

Note 2: The period of validity of a Medical Assessment may be reduced when clinically indicated.

9.3 Candidates Turning 40/50/60 Years of Age

Candidates who at the time of their current medical exam are less than 40/50/60 years of age (as applicable) but are going to be 40/50/60 years of age (as applicable) before the next medical, the validity date of their next medical must be within 6 months of their 40/50/60 birthday.

10. MEDICAL FITNESS

10.1 Failure to Meet Standards

If all Bahrain CAA medical requirements are not clearly met, or if a doubt exists about the fitness of the applicant for the class of medical certificate applied, either refer the decision to Chief Aviation Permits and Licensing Section and deny issuance of a certificate. Denial of a certificate requires that form ALD/LIC/F097 - Notification of Denial of Medical Certificate (Refer to Appendix 6) is completed and given to the applicant. He/she must be informed of their right to review by the AME and it should be explained to them why a certificate is being denied. If a medical certificate has been denied or decision referred, documentation must be forwarded immediately to the Chief Aviation Permits and Licensing Section by post and preferably also by e-mail with all relevant attachments.

The medical examiner shall report to Bahrain CAA any individual case where, in the examiner's judgement, an applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence being applied for, or held, is not likely to jeopardize flight safety

If the prescribed medical Standards for a particular licence are not met, the appropriate Medical Assessment shall not be issued or renewed unless the following conditions are fulfilled:



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- (a) accredited medical conclusion indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence applied for is not likely to jeopardize flight safety;
- (b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration; and
- (c) the licence is endorsed with any special limitation or limitations when the safe performance of the licence holder's duties is dependent on compliance with such limitation or limitations.

An applicant who has been denied a medical certificate will be informed of this in writing in accordance with IEM FCL 3.100 and of his right of review by the Authority. 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.

In cases where the applicant does not fully meet the medical requirements and in complicated and unusual cases, the evaluation may have to be deferred and the case submitted to the medical assessor of Bahrain CAA for final evaluation. In such cases due regard must be given to the privileges granted by the licence applied for or held by the applicant for the Medical Assessment, and the conditions under which the licence holder is going to exercise those privileges in carrying out assigned duties. The CAA may consider the convening of a Medical Board (Refer to 10.4 below).

10.2 Notification of Medical Fitness

Holders of medical certificates must, without undue delay, seek the advice of the AME when;

- (a) hospital or clinic admission for more than 12 hours; or
- (b) surgical operation or invasive procedure; or
- (c) the regular use of medication; or
- (d) the need for regular use of correcting lenses.
- (e) any significant personal injury involving incapacity to function at their assigned duty station; or
- (f) any illness involving incapacity to function at their assigned duty station; throughout a period of 21 days or more; or
- (g) being pregnant,

Holders of medical certificates must inform the AME, who shall subsequently inform the CAA, 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.



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In the case of injury or illness the suspension shall be lifted upon the holder by the AME in consultation with the Authority being medically assessed by the AME or under arrangements made by the Authority and being pronounced fit to function at their assigned duty station, or upon the Authority exempting, subject to such conditions as it thinks appropriate, the holder from the requirement of a medical examination. In the case of pregnancy, the suspension may be lifted by the AME in consultation with the CAA for such period and subject to such conditions as it thinks appropriate.

10.3 Incapacity of a Licence Holder

Every flight crew licence holder is required to notify the CAA of any incapacitating illness or injury in excess of 20 days or notification of pregnancy. AMEs, who are aware that a licence holder has undergone a surgical procedure, should refer to ANTR-FCL 3 to determine the time away from flying duties. Should the guidance material be inappropriate, the AME should refer the matter to the CAA for consideration.

Any injury or illness, which prevents the licence holder from performing his/her duties for a continuous period of 20 days or more, shall be deemed to have that licence automatically suspended. AME's who become aware of this situation are obliged to notify the CAA.

The suspension can only be lifted by the AME and may require the convening of an Aeromedical Evaluation Board.

10.4 Convening a Medical Board

Medical Evaluation Boards are convened in various situations where the applicant does not meet the required medical standards as prescribed for the class of medical assessment. The decision to conduct a medical board can be made based either at the request of the candidate, or the concerned AME, or the need as ascertained by the CAA.

Once the decision has been taken, the Chief Aviation Permits and Licensing Section will nominate an AME as the President of the Board authorising him/her to conduct the Board on the specified candidate for the specified reasons and also informing him of any AMEs who will assist him/her. The purpose of the Board will be to determine the applicant's fitness, the medical restrictions which may be imposed to maintain a reasonable level of safety, the lifting of restrictions, a change in the medical category of the individual or any other reason as may be deemed necessary by the CAA.

The Board usually comprises of two CAA authorised AMEs one of whom is appointed in the capacity of the President of the Board. The CAA may authorise the President of the Board to consult with other experts in the medical community to conduct a proper evaluation of the applicant's medical qualification. The President, after arriving at a formal medical conclusion, will formally present a written report to the CAA. Original copies of all tests conducted by the Board should be forwarded to the CAA, a copy should be retained by the President and another copied to the licence holder's AME. The Chief Aviation Permits and Licensing Section shall review the findings and consider the Board's recommendations as to the applicant's medical qualifications. The CAA may uphold the recommendations of the Board, or disapprove the recommendations.



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10.5 Medical Issues Not Requiring Board

A Board need not be convened, if in the opinion of the AME, the illness, injury, disability, or further treatment does not affect the applicant's licence and rating privileges. The CAA must be consulted and give approval to waive the Board prior to the issuance of a medical certificate.

10.6 Limitations

An AME may place a limitation on the medical certificate in accordance with ANTR-FCL 3. Normally, the only time an AME will place a limitation on the medical certificate is when the standard of visual acuity can only be obtained with the use of correcting lenses. Other deficiencies requiring a limitation may require a waiver to be issued and the AME should consult with the CAA. Please refer to ANTR FCL-3 for wording to be placed on the Certificate.

As soon as it is ascertained by the AME that a limitation is no more required the AME should immediately inform the CAA and the CAA will determine whether the limitation can be removed and whether there is a need for the convening of a Medical Board for this purpose.

10.7 Aeromedical Waivers

If a licence holder with an aeromedical waiver or statement of demonstrated ability from a foreign regulatory authority applies for a medical examination with an authorised AME, the AME must contact the Chief Aviation Permits and Licensing Section and request guidance before issuing the Medical Certificate. The Chief Aviation Permits and Licensing Section will advise on that foreign waiver, either accepting it or consulting with the AME for further testing to confirm the applicant's continued medical suitability.

11. USE OF PSYCHOACTIVE SUBSTANCES

11.1 Positive Result of Drug Testing

Should an AME receive notification of a positive result, he/she should notify the candidate involved that the urine has tested positive and enquire whether there might be a genuine and legitimate reason for the positive testing (e.g. certain medications which might be available in certain countries as “over the counter” but might have one or more of the substances which might test positive.)

The CAA should be informed about the complete details and a repeat test can be performed if it can be justified within a reasonable period of time.

If a second test is also positive the following steps should immediately be taken by the AME.

- (a) Notify the person involved that the medical certificate is suspended.
- (b) Notify the CAA.
- (c) Notify the appropriate authorities if illegal substances are involved.



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11.2 Appeal Process for Positive Testing

In the event that the person involved has a legitimate reason for the use of the drug, such as a medical prescription or the use of specific over the counter medicines, the AME may request a Board be convened to review the medical certificate suspension.

Note: Return to the safety-critical functions may be considered after successful treatment or, in cases where no treatment is necessary, after cessation of the problematic use of substances and upon determination that the person's continued performance of the function is unlikely to jeopardize safety.



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APPENDIX 1

CLASS 3 MEDICAL ASSESSMENT FOR ATC LICENCE

Note 1: Unless otherwise indicated, the general requirements for medical assessments shall be in accordance with ANTR FCL 3.

Note 2: ICAO Document 8984 Manual of Civil Aviation Medicine shall be used as the primary reference document.

1 Assessment Issue and Renewal

- 1.1 An applicant for an Air Traffic Controller licence shall undergo an initial medical examination for the issue of a Class 3 Medical Assessment.
- 1.2 Except where otherwise stated in this Appendix, holders of an Air Traffic Controller licence shall have their Class 3 Medical Assessment renewed at intervals not exceeding those specified in 5.2.

2 Physical and Mental Requirements

- 2.1 The applicant shall not suffer from any disease or disability, which could render that applicant likely to become suddenly unable to perform duties safely.
- 2.2 The applicant shall have no established medical history or clinical diagnosis of:
 - (a) an organic mental disorder;
 - (b) a mental or behavioural disorder due to psychoactive substance use; this includes dependence syndrome induced by alcohol or other psychoactive substances;
 - (c) schizophrenia or a schizotypal or delusional disorder;
 - (d) a mood (affective) disorder;
 - (e) a neurotic, stress-related or somatoform disorder;
 - (f) a behavioural syndrome associated with physiological disturbances or physical factors;
 - (g) a disorder of adult personality or behaviour, particularly if manifested by repeated overt acts;
 - (h) mental retardation;
 - (i) a disorder of psychological development;
 - (j) a behavioural or emotional disorder, with onset in child hood or adolescence; or
 - (k) a mental disorder not otherwise specified;



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such as might render the applicant unable to safely exercise the privileges of the licence applied for or held.

- 2.2.1 An applicant with depression, being treated with antidepressant medication, shall be assessed as unfit unless the medical assessor, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's licence and rating privileges.
- 2.3 The applicant shall have no established medical history or clinical diagnosis of any of the following:
- (a) a progressive or non-progressive disease of the nervous system, the effects of which are likely to interfere with the safe exercise of the applicant's licence and rating privileges;
 - (b) epilepsy; or
 - (c) any disturbance of consciousness without satisfactory medical explanation of cause.
- 2.4 The applicant shall not have suffered any head injury, the effects of which are likely to interfere with the safe exercise of the applicant's licence and rating privileges.
- 2.5 The applicant shall not possess any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.
- 2.5.1 An applicant who has undergone coronary bypass grafting or angioplasty (with or without stenting) or other cardiac intervention or who has a history of myocardial infarction or who suffers from any other potentially incapacitating cardiac condition shall be assessed as unfit unless the applicant's cardiac condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence and rating privileges.
- 2.5.2 An applicant with an abnormal cardiac rhythm shall be assessed as unfit unless the cardiac arrhythmia has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence and rating privileges.
- 2.6 Electrocardiography shall form part of the heart examination for the first issue of a Medical Assessment.
- 2.6.1 Electrocardiography shall be included in re-examinations of applicants after the age of 50 no less frequently than every two years.
- Note: The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence to justify disqualification without further thorough cardiovascular investigation.*
- 2.7 The systolic and diastolic blood pressures shall be within normal limits.



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- 2.7.1 The use of drugs for control of high blood pressure is disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence privileges.
- 2.8 There shall be no significant functional nor structural abnormality of the circulatory system.
- 2.9 There shall be no disability of the lungs nor any active disease of the structures of the lungs, mediastinum or pleurae likely to result in incapacitating symptoms.
- Note: Chest radiography is usually not necessary but may be indicated in cases where asymptomatic pulmonary disease can be expected.*
- 2.10 Applicants with chronic obstructive pulmonary disease shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.
- 2.11 Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms shall be assessed as unfit.
- 2.11.1 The use of drugs for control of asthma shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.
- 2.12 Applicants with active pulmonary tuberculosis shall be assessed as unfit.
- 2.12.1 Applicants with quiescent or healed lesions, known to be tuberculous or presumably tuberculous in origin, may be assessed as fit.
- 2.13 Applicants with significant impairment of the function of the gastrointestinal tract or its adnexae shall be assessed as unfit.
- 2.14 Applicants with sequelae of disease of or surgical intervention on any part of the digestive tract or its adnexa, likely to cause incapacitation, in particular any obstructions due to stricture or compression, shall be assessed as unfit.
- 2.14.1 An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexa, with a total or partial excision or a diversion of any of these organs should be assessed as unfit until such time as the medical assessor, having access to the details of the operation concerned, considers that the effects of the operation are not likely to cause incapacitation.
- 2.15 Applicants with metabolic, nutritional or endocrine disorders that are likely to interfere with the safe exercise of their licence and rating privileges shall be assessed as unfit.
- 2.16 Applicants with insulin-treated diabetes mellitus shall be assessed as unfit.
- 2.16.1 Applicants with non-insulin-treated diabetes shall be assessed as unfit unless the condition is shown to be satisfactorily controlled by diet alone or by diet combined with oral anti-diabetic medication, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.



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- 2.17 Applicants with diseases of the blood and/or the lymphatic system shall be assessed as unfit, unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.
- 2.18 Applicants with renal or genito-urinary disease shall be assessed as unfit unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.
- 2.18.1 Urine examination shall form part of the medical examination and abnormalities shall be adequately investigated.
- 2.19 Applicants with sequelae of disease of, or surgical procedures on the kidneys or the genito-urinary tract, in particular obstructions due to stricture or compression, shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.
- 2.19.1 Applicants who have undergone nephrectomy shall be assessed as unfit unless the condition is well compensated.
- 2.20 Applicants with acquired immunodeficiency syndrome (AIDS) shall be assessed as unfit.
- 2.20.1 Applicants who are seropositive for human immunodeficiency virus (HIV) shall be assessed as unfit unless full investigation provides no evidence of clinical disease.
- Note: Evaluation of applicants who are seropositive for human immunodeficiency virus (HIV) requires particular attention to their mental state, including the psychological effects of the diagnosis.*
- 2.21 Applicants with gynaecological disorders that are likely to interfere with the safe exercise of their licence and rating privileges shall be assessed as unfit.
- 2.22 Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk uncomplicated pregnancy.
- 2.22.1 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.
- 2.22.2 For applicants with a low-risk uncomplicated pregnancy, evaluated and supervised in accordance with paragraph 2.21, the fit assessment should be limited to the period until the end of the 34th week of gestation.
- 2.23 Following confinement or termination of pregnancy the applicant shall not be permitted to exercise the privileges of her licence until she has undergone re-evaluation in accordance with best medical practice and it has been determined that she is able to safely exercise the privileges of her licence and ratings.



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

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

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

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

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

3 Visual Requirements

The medical examination shall be based on the following requirements.

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

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

- (a) such correcting lenses are worn during the exercise of the privileges of the licence or rating applied for or held; and
- (b) in addition, a pair of suitable correcting spectacles is kept readily available during the exercise of the privileges of the applicant's 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 CAA. Both uncorrected and corrected visual acuity are normally measured and recorded at each re-examination. Conditions which indicate a need to obtain an ophthalmic report include: a substantial decrease in the uncorrected visual acuity, any decrease in best corrected visual acuity, and the occurrence of eye disease, eye injury or eye surgery.

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

- (a) the lenses are monofocal and non-tinted;



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- (b) the lenses are well tolerated; and
- (c) a pair of suitable correcting spectacles is kept readily available during the exercise of the licence privileges.

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

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

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

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

Note: The purpose of the required ophthalmic examination is

- (1) to ascertain normal vision performance, and
- (2) to identify any significant pathology.

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

3.4 The applicant shall have the ability to read, while wearing the correcting lenses, if any, required by paragraph 3.2, the N5 chart or its equivalent at a distance selected by that applicant in the range of 30 to 50 cm and the ability to read the N14 chart or its equivalent at a distance of 100 cm. If this requirement is met only by the use of near correction, the applicant may be assessed as fit provided that this near correction is added to the spectacle correction already prescribed in accordance with paragraph 3.2; if no such correction is prescribed, a pair of spectacles for near use shall be kept readily available during the exercise of the privileges of the licence. When near correction is required, the applicant shall demonstrate that one pair of spectacles is sufficient to meet both distant and near visual requirements.

Note 1: N5 and N14 refer to the size of typeface used.

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



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

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

4 Hearing Requirements

- 4.1 The applicant, when tested on a pure-tone audiometer shall not have a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz.
- 4.1.1 An applicant with a hearing loss greater than the above may be declared fit provided that the applicant has normal hearing performance against a background noise that reproduces or simulates that experienced in a typical air traffic control working environment.

Note 1: The frequency composition of the background noise is defined only to the extent that the frequency range of 600 to 4 800 Hz (speech frequency range) is adequately represented.

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

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



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APPENDIX 2

SUMMARY OF CLASS 1 & CLASS 2 MINIMUM PERIODIC REQUIREMENTS

LICENCE	CLASS 1	CLASS 2
	COMMERCIAL PILOT AIRLINE TRANSPORT PILOT	STUDENT PILOT PRIVATE PILOT FLIGHT ENGINEER
INITIAL EXAMINATION (Reference ANTR-FCL 3.100)	AMC	AMC OR AME
ISSUE OF MEDICAL CERTIFICATE (ANTR-FCL 3.100)	Initial: AMS Renewal: AMC or AME	AMC or AME
VALIDITY OF MEDICAL CERTIFICATE (3.105)	Under 40 – 12 months 40-59, single-pilot Comm air transport carrying pax – 6 months 40-59, other comm Air transport – 12 months 60 and over – 12 months	Under 40 – 60 months 40-49 – 24 months 50 and over – 12 months
HAEMOGLOBIN (3.180 and 3.300)	At initial then every examination	At initial
ELECTROCARDIOGRAM (3.130 and 3.250)	At initial then under 30 – 5 yearly 30 – 39 – 2 yearly 40 – 49 – annually 50 and over – all reval/ renewal	At initial then 40 – 49 – 2 yearly 50 and over – annually
AUDIOGRAM (3.235 and 3.355)	At initial then under 40 – 5 yearly 40 and over – 2 yearly	At initial issue of instrument rating then under 40 – 5 yearly 40 and over – 2 yearly
COMPREHENSIVE OTORHINOLARYNGOLOGICAL EXAMINATION (3.230 and 3.350)	At initial by AMC or specialist then if indicated	
OPHTHALMOLOGICAL EXAMINATION (3.215 and 3.335, Appendix 1)	At initial and if refractive error exceeds + 3 dioptres Specialist reports every 5 years if refractive error exceeds + 3 up to and including + 5 dioptres or exceeds -3 up to and including -6 dioptres Specialist reports every 2 years if refractive error exceeds -6 dioptres	At initial by AME or specialist
LIPID PROFILE (3.130 and 3.250)	At initial then age 40	If two or more coronary risk factors are identified at initial then age 40
PULMONARY FUNCTION TESTS (3.155 and 3.275)	At initial then if indicated	If indicated
URINALYSIS (3.185 and 3.305)	At initial then every examination	At initial then every examination



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APPENDIX 3

SUMMARY OF CLASS 3 MINIMUM PERIODIC REQUIREMENTS

MEDICAL	CLASS 3
LICENCE TYPE	AIR TRAFFIC CONTROLLER
INITIAL EXAMINATION	AMC or AME
ISSUE OF MEDICAL CERTIFICATE	Initial: AMS Renewal: AMC or AME
VALIDITY OF MEDICAL CERTIFICATE	Under 40 – 48 months 40 and over – 24 months
HAEMOGLOBIN	At initial
ELECTROCARDIOGRAM	At initial then 50 and over – 24 months
AUDIOGRAM	At initial then practical hearing test every examination
OPHTHALMOLOGICAL EXAMINATION	At initial by AME or specialist
LIPID PROFILE	If indicated
PULMONARY FUNCTION TESTS	If indicated
URINALYSIS (ANTR FCL 3.185 and 3.305)	At initial then every examination



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