



MOZAMBIQUE CIVIL AVIATION TECHNICAL STANDARDS

**PART 67
MOZ-CATS-MR**

MEDICAL REQUIREMENTS



APPROVAL

By Powers granted to the Chairman and CEO of the Instituto de Aviação Civil de Moçambique (IACM) through, n.º 2, Article 15 of Civil Aviation Law n.º5/2016 of 14 of June, this amendment of the Technical Standards (MOZCATS Part 67) is hereby approved and published for implementation, from the day of approval.

Comments and recommendations for revision/amendment action to this publication should be forwarded to the head of Legal Office of Instituto de Aviação Civil de Moçambique.

Neusia Célia Olga Machava

Head of Legal Office

Email: nmachava@iacm.gov.mz

Phone: +(258)21465682

Maputo, 05 September 2018

Approved by Board

Captain João Martins De Abreu

The Chairman and Chief Executive Officer

Foreword

These Technical Standards PART 67 MOZ-CATS-MR have been prepared to provide the fundamental legal, staffing and administrative information pertaining to the Aviation Medical Standards within the Personnel Licensing Office of IACM. These Technical Standards replace the 'Manual of Aviation Medical Standards' issued by the Chairman of IACM, Capt. João Martins de Abreu on 12 Feb. 2014 and the MOZ-CATS-MR Part 67 dated October 14, 2006.

This document will also guide Aviation Medical Examiners, Medical Assessors, and Personnel Licensing Office Staff on the basic principles of the aeromedical examinations relating to duties and responsibilities of Designated medical examiners and issue of medical assessment including cases in which medical standards prescribed in MOZ-CAR Part 67 and Technical Standards, are not fully met by a licence holder.

It is emphasized that all matters pertaining to the aeromedical examinations cannot be covered in this MOZ-CAT. Aviation Medical Examiners, Medical Assessors, and PEL Officers are expected to use good judgement in matters where specific guidance has not been given and consult the Medical Assessor and/or the Chief of Personnel Licensing Office.

In the event of conflicting information with other Policies and/or Procedures, PEL Officers shall consult the Medical Assessor and/or Chief of Personnel Licensing Office for the way forward and review of such conflicting provisions.

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ABBREVIATIONS

AC	Advisory Circular
AIC	Aeronautical Information Circular
AME	Aviation Medical Examiner AMA Aviation Medical Assessor AME Aviation Medical Examiner
DG	Director General (Chairman) of IACM
ICAO	International Civil Aviation Organisation IACM Mozambique Civil Aviation Authority
MC	Medical Certificate
OML	Operational Multicrew Limitation
OSL	Operational Safety Pilot Limitation
SARPs	Standards and Recommended Practices (of ICAO Annex 1)

Glossary

Administrative action – Deterrent action taken by or on behalf of the Minister, including oral counselling, suspension or cancellation of documents of entitlement, and imposition of a monetary penalty.

Accredited medical conclusion - means the conclusion reached by one or more medical experts acceptable to the Authority for the purposes of the case concerned, in consultation with other experts as necessary;

Aviation Medical assessor (AMA)- means a physician qualified and experienced in the practice of aviation medicine who evaluates medical reports submitted to the Authority by Aviation Medical Examiners. Medical assessors have certain responsibilities directly related to the Civil Aviation Authority safety programme.

Approved training - means training conducted under curricula and supervision approved by the Authority;

Authority - IACM;

Cabin crew member - means 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;

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

Designated Aviation Medical Examiner - means a person qualified and licensed in the practice of medicine, designated by the Authority to conduct medical examinations of fitness of applicants and issue reports for the issue or renewal of the licences or certificates or ratings specified in the MOZ-CAR Part 67 Regulations;

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

Flight time - means:

- a) for aeroplanes and gliders, the total time from the moment an aeroplane or a glider moves for the purpose of taking off until the moment it finally comes to rest at the end of the flight and it is synonymous with the term “block to block” or “chock to chock” time in general usage which is measured from the time an aeroplane first moves for the purpose of taking off until it finally stops at the end of the flight;
- b) for helicopter, the total time from the moment a helicopter rotor blades start turning until the moment a helicopter comes to rest at the end of the flight and the rotor blades are stopped;
- c) for airships or free balloon, the total time from the moment an airship or free balloon first becomes detached from the surface until the moment when it next becomes attached thereto or comes to rest thereon;

Human performance - means human capabilities and limitations which have an impact on the safety and efficiency of aeronautical operations.

Likely - means with a probability of occurring that is unacceptable to the medical assessor;

Medical certificate - means the evidence issued by the Authority that the licence holder meets specific requirements of medical fitness;

Pilot-in-command - means the pilot authorized by the operator, or in the case of general aviation, the owner, as being in command and charged with the safe conduct of a flight;

Pilot under supervision - means a co-pilot performing, under the supervision of the pilot-in-command, the duties and functions of a pilot-in-command;

Pilot time - means that time a person –

- a) serves as a required pilot;
- b) receives training from an authorized instructor in an aircraft, approved synthetic flight trainer; or
- c) gives training as an authorized instructor in an aircraft, approved synthetic flight trainer;

Pressurised aircraft - means an aircraft fitted with means of controlling out flow of cabin air in order to maintain maximum cabin altitude of not more than 10,000 feet so as to enhance breathing and comfort of passengers and crew;

Problematic use of substances - means the use of one or more psychoactive substances by aviation personnel in a way that constitutes a direct hazard to the user or endangers the lives, health or welfare of others and causes or worsens an occupational, social, mental or physical problem or disorder;

Psychoactive substance - means alcohol, opioids, cannabinoids, sedatives and hypnotics, cocaine, other psychostimulants, hallucinogens, and volatile solvents, whereas coffee and tobacco are excluded;

Psychosis - means a mental disorder in which the individual has manifested delusions, hallucinations, grossly bizarre or disorganised behaviour, or other commonly accepted symptoms of this condition; or the individual may reasonably be expected to manifest delusions, hallucinations, grossly bizarre or disorganised behaviour, or other commonly accepted symptoms of this condition;

Rest period - means a period free of all restraint, duty or responsibility as specified by the Authority;

Safety-sensitive personnel - means persons who might endanger aviation safety if they perform their duties and functions improperly including, but not limited to, crew members, aircraft maintenance personnel and air traffic controllers.

Significant - means to a degree or of a nature that is likely to jeopardise flight safety;

Solo flight - means a flight on which a student pilot of the aircraft is the sole occupant of the aircraft.

Solo flight time - means flight time during which a student pilot is the sole occupant of the aircraft;

Substance - means alcohol, sedatives, hypnotics, anxiolytics, hallucinogens, opioids, cannabis, inhalants, central nervous system stimulants such as cocaine, amphetamines, and similarly acting sympathomimetics, phencyclidine or similarly acting arylcyclohexylamines, and other psychoactive drugs and chemicals;

Substance abuse - means any of the following:

a) the use of a substance in a situation in which that use was physically hazardous, if there has been at any other time an instance of the use of a substance also in a situation in which that use was physically hazardous;

b) a verified positive drug test result acquired under an anti-drug program or internal program of a State government; or

c) misuse of a substance that the Authority, based on case history and qualified medical judgment relating to the substance involved, finds that it makes the applicant unable to safely perform the duties or exercise the privileges of the license applied for or held; or may reasonably be expected, for the maximum duration of the medical certificate applied for or held, to make the applicant unable to perform those duties or exercise those privileges;

Substance dependence - means a condition in which a person is dependent on a substance, other than tobacco or ordinary xanthine-containing beverages, as evidenced by increased tolerance; manifestation of withdrawal symptoms; impaired control of use; or continued use despite damage to physical health or impairment of social, personal, or occupational functioning.

CHAPTER 1 – GENERAL

DIFFERENCES FROM PROVISIONS

Standards

The physical standards outlined by ICAO in Chapter 6 of Annex 1 to the Convention on International Civil Aviation were written to outline the minimum physical requirements considered necessary to maintain high standards of flight safety. Each system was considered with respect to its importance in flight whether sensory, physical or related to the possibility of incapacitation. In each case, where measurements could be taken, a norm was set which was varied according to the privileges of licence and operational conditions.

Flexibility and Waivers

Flying requires physical co-ordination, a degree of mental agility and good vision; nonetheless an individual does not need to be physically perfect. Annex I Chapter 6 Standards and Recommended Practices cannot on their own, be sufficiently detailed to cover all possible individual situations. Accordingly, particular individuals were allowed to exercise the privileges of a licence with or without the imposition of Limitations where such activities were considered compatible with the requirements of flight safety (ICAO Annex 1, Chapter 1.2.4.9). These differences from the Standards were proposed under ‘accredited medical conclusion’ (more than one medical opinion) but generally were empirical, subjective and inconsistent internationally.

Review Procedure

Use of the Annex I ‘flexibility’ clause (1.2.4.8) is outlined in the ICAO Manual of Civil Aviation Medicine (Doc 8984) and many States have developed their own approach, with many assessments being completed without any indication of flexibility having been applied and others with a wide extension of flexibility. The ICAO Manual of Civil Aviation Medicine (Doc 8984) was written outlining what degree of flexibility could be considered, at what level and after which investigation. The Authority therefore can be flexible in interpreting the requirements but must be seen to have completed what is considered as the minimum investigations necessary to demonstrate that this case falls within flight safety requirements and the parameters prescribed. Note that the issuance of a licence based on a Medical Assessment following an Accredited Medical Conclusion under the provisions of 1.2.4.9 does not constitute a departure from the international Standards and Recommended Practices, and no “flexibility” endorsement of the license is required under article 39 b) of the Convention on International Civil Aviation. However, Limitations or Restrictions may be endorsed on the Medical Certificate as required.

Assessment

The aeromedical examination is detailed in the MOZ-CAR Part 67 Regulations and an Aviation Medical Examiner (AME) should recognise easily whether an individual meets clearly the requirements. If however, an individual does not meet clearly a requirement, or is marginal under several of them, the AME shall discuss the matter further with the Authority which may provide or have access to further opinion and create ‘accredited medical conclusion’. In all

cases where an AME has refused or referred an assessment, the relevant data will be forwarded to the Authority in order that such data may be reviewed or made available to Aeromedical Centres (AMCs) and AMEs in other member States, should the individual decide to apply for a certificate elsewhere (see 'Review Procedures').

Special Investigations

Not all special investigations allow for specific measurement and in many cases their interpretation is subjective. Under such circumstances it will be necessary for the Authority to request the raw data or 'hard copy' as well as a specialist's report so that a further review can be made by external specialists briefed on aeromedical risk management.

Aeromedical Limitations

In some cases an applicant will require assistance to meet the requirements, for example using contact lenses or spectacles. Under these circumstances a respective limitation should be placed upon the medical certificate and may be transferred to the licence. If an applicant is assessed as requiring correction to meet the visual standards at initial assessment and therefore require a 'Glasses Available' or "Glasses Worn", it is possible that his vision may improve. An AME shall not add or remove that limitation without verifying the position with the Authority and normally a further full refraction will be required before a visual limitation can be changed. One exception here should be a normal progression into presbyopia which requires a simple reading addition and only requires spectacles to be available – under these circumstances the Authority should not require consultation.

If an applicant does not fully meet the requirements for a Class 1 medical certificate, but is considered by the Authority to be within the acceptable risk of incapacitation, according to accredited medical conclusion, the Authority may assess him as fit in a multi-pilot environment. The affected pilot can be either pilot or co-pilot. In case of an incapacitation the other pilot can take over. The multi-pilot (Class 1) limitation "valid only as or with qualified co-pilot" has to be added. The safety pilot (Class 2) limitation is a similar limitation applying to Class 2 applicants. The affected applicants have to fly in an aircraft with dual controls. The safety pilot can take over control, if the pilot should become incapacitated. For both limitations the essential element is the availability of a second qualified pilot in the unlikely event of an incapacitation of the one with the limitation.

Medical Flight Tests

Where a physical deficiency is noted a cockpit check or medical flight test may be required. A cockpit check is appropriate where stature or deformity may be a consideration – for example, obesity can be a problem in smaller aircraft, particularly with floor mounted controls. Where fine movement and strength may be a concern, for example in an amputee, a medical flight test is appropriate and the Authority shall brief the examiner concerning the problems that may be expected. In the case of lower leg amputation, toe brake operation may not be possible and with a forearm amputation, it may be necessary to specify which seat may be used. Any arm or hand disability must be carefully considered as the applicant must be able to maintain continuous control of primary flying surfaces at critical flight phases i.e., at landing or take-off. Simulators may be used instead of aircraft when the characteristics and cockpits accurately represent that aircraft and may allow more extensive challenge to the applicant than would be possible in actual flight. If an applicant is considered fit for a medical certificate following medical flight test a report shall be made to the Authority and recommendation made by them to the Authority for any appropriate conditions such as 'restricted to demonstrated type'. Given such procedures, flexibility may be applied to the

requirements in a uniform manner and under varied operational conditions. By applying common assessment policies based on aeromedical risk assessment, flight safety should not be compromised and thus maintain the original concept of ICAO Annex I.

REVIEW PROCEDURES

The Assessment

This MOZ-CAR Part 67 and Technical Guidance Materials provide direction to Aviation Medical Examiners (AMEs) in assessment and also indicate whether decisions should be referred to the Authority for further consideration. This approach encourages the use of 'accredited medical conclusion' as it broadens the basis of what may, in many cases, be rather intangible risk management.

Refusal

The Aviation Medical Examiner (AME) is therefore primarily responsible for deciding whether an applicant is within the requirements (initial issue) or remains within the requirements (revalidation). Any applicant who presents for examination must be examined unless the immediate history (epilepsy or psychosis for example) obviously precludes any kind of certification. If full examination indicates that an applicant does not clearly meet the requirements, the AME must advise him of the area of concern and that a report of the refusal/referral will be forwarded to the Authority without delay. Any applicant rejected or referred by an AME will have his data forwarded immediately to the Authority and may then request further review.

Review Procedure

Any case of refusal or referral to the Authority must be reconsidered against the requirements. If further investigation or opinion is required the applicant shall be advised of this need and how it may be achieved. While applicants should be free to choose their physician advisers, it is expected that the Authority will maintain a list of medical specialists with particular aeromedical interest or experience. On occasion it may be necessary for the Authority to direct the applicant to a specific physician for a further opinion. In all such cases relevant documentation must be provided to the specialist. The Authority may assess applicants being outside some of the requirements as fit. Such fit assessments may be delegated to the AME at the discretion of the Authority. In case of such fit assessments the Authority shall be informed of the details of such assessment. The Authority may create a list of conditions (subject to delegation or not). Furthermore, the Authority may revoke such a fit assessment, if it is established that it has not met, or no longer meets, the requirements of relevant national law.

Secondary Review

Upon completion of their review the Authority shall make an assessment and advise the applicant in writing of that decision. In most cases the Authority will have sufficient additional expertise and operational experience to make a decision. However, some cases require careful consideration of complex studies, for example coronary angiograms. In such cases it may be advantageous for the Authority to bring together several cardiologists in order to gain

consensus concerning interpretation of this data. A national Aeromedical Advisory group of this type will normally be chaired by a senior member of the Authority and may include medical representatives of the airline industry and aircrew associations with further operational expertise available. The assessments can then be demonstrated as having been given full consideration. The Authority does not delegate its authority to such medical advisers but may find their support invaluable. The Authority shall indicate where and when further examination is required.

Standardisation

All cases which are outside the requirements shall be reported to the Authority. The report shall include identification details, age, type of licence held or requested, medical condition, standard referred to and assessment recommended – including any limitations to be considered. A short narrative indicating the clinical summary is required in order to follow the reasoning applied. Proper compilation of this data should support audit of the requirements and enable continuing review of the Authority function.

Amendment of Common Policy

Some cases may be outside the Requirements but may still be considered a reasonable risk by the Authority. Such cases should be presented to the Director General/ Director of Safety with all supporting data and if favourably assessed may lead to an exemption or amendment of Requirements.

CHAPTER 2 – STANDARDS

67.00.2 Classes of Medical Certificates

1. Medical Requirements

The medical requirements and standards to be complied with by an applicant for, or the holder of, Class 1, 2 or 3 medical certificate shall be as prescribed in **Annex A** of this MOZCATs.

67.00.3 Appointment of a Medical Assessor

1. Requirement and appointment of Medical Assessor

(1) General

- (a) As required by MOZCAR Parts 61, 63 and 65, certain personnel licenses require the applicant to be medically fit before being issued with the licence and that the licence remains valid only if the holder maintains his/her medical fitness.
- (b) IACM, in ensuring this requirements is required to acquire the services of the Medical Assessor. The Medical assessor shall work with the Personnel Licensing Department in ensuring that there is a working system assuring only medically fit aviation personnel are licensed/certificated as required by the applicable MOZCARs.
- (c) The Medical Assessor shall supervise the designated Medical Examiners responsible for conducting required medical examinations and submitting reports to IACM.

(2) Functions and Responsibilities of the Medical Assessor

- (d) Evaluation of medical reports submitted to the Authority by medical examiners (refer to **Annex B**).
- (e) Oversee the appointment and nomination of Aviation Medical Examiners (AME) and/or Aviation Medical Centers;
- (f) Be the overall adviser in Aviation Medicine to IACM including advice on the development and amendments of regulations and standards conforming to Annex 1 to the Chicago Convention;
- (g) Oversee initial and recurrent training of Aviation Medical Examiners.
- (h) Supervise the medical examinations process:
 - (i) Handling of medical files – protection of medical data in AME’s offices and eventual storage in the CAA Medical Office;
 - (ii) Guidance material being used by AMEs;

- (iii) evaluating facilities for performing the required examinations in possession of the AMEs or agreements to obtain such equipment prior to conducting any aviation medical examinations.
- (i) Evaluate complicated and unusual cases submitted by AME, and where the applicant does not fully meet the medical requirements, initiate the process of issuance of “accredited Medical Conclusion” as required in MOZCAR 67.00.7(8).
- (j) Determine – when justified by operational considerations – to what extent pertinent medical information is presented to relevant officials of IACM.
- (k) Consider if the effects of treatment for certain ailments such as depression, major surgical operations undergone by an applicant are/or not likely to cause incapacitation in flight.
- (l) Consider applicant’s appeal as detailed in regulation 67.00.10

(3) Basic Medical Qualifications for an Aviation Medical Assessor

To be appointed as a Medical Assessor, the applicant shall meet the following basic medical qualifications:

- (a) Be qualified and licensed in the practice of medicine;
- (b) Have obtained aviation medicine training at an institution recognised by IACM;
- (c) Demonstrate adequate competence in aviation medicine;
- (d) Have practical knowledge and experience of the conditions in which the holders of licenses and ratings carry out their duties;
- (e) Receive refresher training at regular intervals as prescribed by IACM; and
- (f) Shall have practiced as an AME or been involved in aviation medical examinations for at least five years before application.

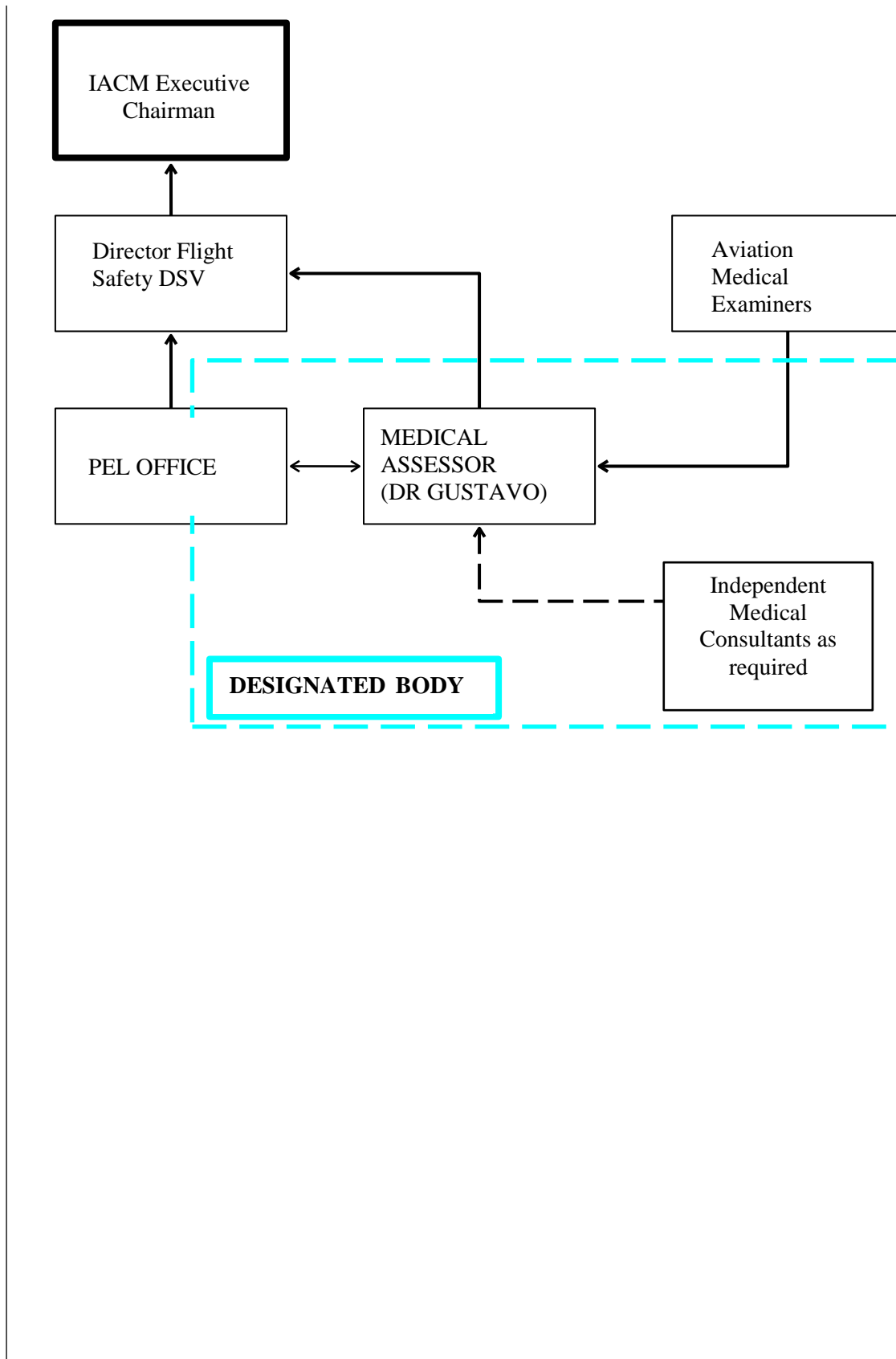
(4) Application for the post of Medical Assessor

- (m) Application shall be made in writing following advertisement in the media or the IACM may shortlist qualified and willing medical practitioners and require them to bring the following documents:
 - (i) A copy of the License authorising practice of Medicine in Mozambique;

- (ii) A copy of the certificate confirming qualification in Aviation Medicine;
- (iii) Evidence of attendance of required refresher training in Aviation Medicine at regular intervals as prescribed by the Authority.
- (n) The applicant will attend an interview appropriately organised by the Authority.
- (o) The records of the hiring process of the AMA shall be stored in the Authority's Human Resources Division.
- (p) Appropriate contract document outlining the terms of hire will be signed by both the Medical Assessor and the Authority.
- (q) The Authority will provide the AMA with an appropriate office, support staff and equipment to facilitate his work.

2. Established of a designated Body

- (1) IACM shall established a designated body to deal with appeals in medical examinations and cases requiring issuance of *accredited medical conclusions* when considered necessary by the Medical Assessor.
- (2) The designated body is headed by the IACM Medical Assessor and constituted of part time (only when required) of flight operations inspectors/Personnel Licensing Inspectors (flight operations) and Independent Medical Consultants. The Medical Assessor determines when required to call the body and consider the matter at end.



67.00.4 Designation of Aviation Medical Examiners

1. Requirements and designation of Medical Examiners

(1) General

- (a) Designated Medical Examiners are designated by the Chairman and CEO of IACM on recommendation by Medical Assessor.
- (b) This Technical Standards prescribes the requirements and procedures for designation and administration of the Aviation Medical Examiner (AME) including termination of the designation.
- (c) The Authority, through the Medical Assessor, is responsible for oversight and management of the AMEs and establishes policies, plans, procedures, standards and regulations governing the AME. (**Annex C**)

(2) Knowledge and Experience Requirements of the AME

- (a) To be designated as a Medical Examiner, the applicant shall meet the following basic medical qualifications:
 - (i) be qualified and licensed in the practice of medicine.;
 - (ii) be registered by the Medical Council of Mozambique (Ordem dos medicos de Mocambique);
 - (iii) an attestation by the Medical Council as a good standing Practitioner.
 - (iii) has received training in aviation medicine;
 - (iii) has received refresher training at regular intervals of at least every four years;
 - (iv) has demonstrate adequate competency in aviation medicine;
 - (v) has practical knowledge and experience of the conditions in which the holders of licences and ratings carry out their duties - *Examples of practical knowledge and experience are flight experience, simulator*

experience, on-site observation or any other hands-on experience deemed by IACM to meet this requirement.

- (b) The AME shall also have detailed knowledge and understanding of the civil aviation rules, regulations, policies, and procedures related to the medical certification.

2. Guidance and Procedures for designation of AME

- (1) AMEs are normally contracted and designated as Medical Examiners and are not employees of the Authority. They have certain responsibilities directly related to the Civil Aviation Authority safety programme. They have a responsibility to ensure that only those applicants who are physically and mentally able to perform safely may exercise the privileges of licences and certificates.
- (2) The Authority will advise the applicant to provide the following documents attached to the application form upon application:
 - (a) a properly completed prescribed Application Form MZ 67-03 (refer to **Annex D**);
 - (b) medical degree and licence to practice medicine in Mozambique;
 - (c) medical council registration certificate;
 - (d) appropriate certificates, diplomas and post-graduate professional training to demonstrate adequate competence in aviation medicine and substantiating the experience and training shown on the Application Form;
 - (e) a statement affirming that there are no current restrictions of medical practice and there are no adverse actions proposed or pending that would limit medical practice by the Mozambican licensing board, the Drug Enforcement Administration, any medical society, any hospital staff, or by any other organization that may have licensing or certification authority.

- (3) The authority will verify the applicant's identity documents, medical licensing information and status with the Mozambican medical licensing authority; the Authority will determine if the applicant meets the specific eligibility and experience requirements for the designation as a Medical Examiner as specified under MOZ-CAR 67.00.4 and in accordance with the following conditions:
- (a) **Credentials:** The AME must notify the Authority at any time there is a change in status of the licence to practice medicine;
 - (b) **Professionalism:** Be informed of the principles of aviation medicine; be thoroughly familiar with instructions as to techniques of examination, medical assessment, and certification of all persons requiring aviation medical certification as specified in the MOZ-CAR Part 67 of the Civil Aviation Regulations; and abide by the policies, rules, and regulations of the Authority.
 - (c) **Examinations:** The AME shall personally conduct medical examinations in his/her field of speciality at an established official address and personally coordinate for the conduct of all other medical examinations. Paraprofessional medical personnel (e.g. nurses, nurse practitioners, doctor assistants, etc.) 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.
 - (d) **The AME shall** be responsible to coordinate the conduct of the general physical examination and any tests required to be done by other medical experts; sign and submit to the IACM Form MZ 67-01; Form MZ 67-02 and the report on Form MZ 67-06 to the Authority. In all cases, the AME shall review, certify, and assume responsibility for the accuracy and completeness of the full report of the examination. Refer to **Annex E for Forms MZ 67-01; MZ 67-02 and MZ 67-06**

- (4) The Authority will issue designation under MOZ-CAR 67.00.4 of the Civil Aviation Regulations to only professionally qualified and appropriately licensed doctors. Only those doctors who enjoy the respect of their associates and members of the public whom they serve shall be authorised and be retained as AMEs.
- (5) The Authority retains the right to reconsider any action of an AME under MOZ-CAR 67.00.4 (6) of the Civil Aviation Regulations and these Technical Standards.
- (6) The AME will comply with the regulation, Technical Standards, policies, orders and procedures of the Authority.
- (7) An AME is designated to:
 - (a) examine an applicant in accordance with medical practice, under MOZ-CAR 67.00.4 of the Civil Aviation Regulation;
 - (b) submit the signed medical evaluation report to the Authority as required by this Technical Standard; and
 - (c) report to the Authority immediately any individual cases where, in his judgment, an applicant for a licence or certificate fails to meet any requirement, which could jeopardize flight safety.

3. Issue, Renewal and Termination of AME Designation

(1) Issue of AME Designation

- (a) When applicant has satisfactorily met all requirements for the Designation, and the prescribed application Form has been completed, the letter of Designation will be issued or renewed as follow;
 - (i) ensure the prescribed Designation fees is paid (if applicable);
 - (ii) prepare the Designation letter;
 - (iii) allocate the AMEs designation number;

- (iv) provide the applicant with an AMEs Certifying Stamp;
- (v) make a copy of the Designation letter for the licensing file;
- (vi) provide applicant with the Designation letter;
- (vii) file all documents on the Designated examiners licensing file.

- (b) **Designation Numbering** A system of designation numbering shall be used to identify the examiner's designation, indicating each examiner's number. This will be a stamp issued by the Authority for use by an examiner to certify reports and records.
- (c) Designations of AMEs are effective for 24 months from the date issued unless terminated earlier by the Authority. For continued service as an AME, a new Designation shall be issued every 24 months.

(2) **Renewal of AME Designation**

- (a) An AME should apply for renewal of the Designation at least 30 days before it expires. If the AME has not reapplied before the expiration date it will be understood that the AME does not desire to renew the designation.
- (b) The AME must submit to the Authority a completed prescribed application form for re-designation along with a list of activities and tests done within the previous 24 months preceding the application
- (c) For the re-designation the Authority shall consider that at least a certain amount of medical examinations have been performed by the AME and that the AME's services are still required.

(3) **Termination of the Designation**

- (a) The Authority shall identify AMEs committing serious certification errors and notify them in writing, as required, so that appropriate action may be taken.

- (b) Where there is no longer a need for the examiner's services the Designation will be terminated.
- (c) Termination of Designation may be based in whole or in part on the following criteria:
 - (a) No examinations performed within the preceding 12 months;
 - (b) Disregard of or failure to demonstrate knowledge of the civil aviation rules, regulations, policies, and procedures;
 - (c) Careless or incomplete reporting of the results of medical examinations;
 - (d) Failure to comply with the mandatory AME training requirements;
 - (e) Unprofessional office maintenance and appearance;
 - (f) Unprofessional performance of examinations;
 - (g) Failure to promptly deliver medical examinations evaluation reports to the Authority;
 - (h) Loss, restriction, or limitation of a licence to practice medicine;
 - (i) Any action that compromises public trust or interferes with the AME's ability to carry out the responsibilities of his or her Designation;
 - (j) Any illness or medical condition that may affect the doctor's sound professional judgment or ability to perform examinations;
 - (k) Arrest, indictment, or conviction for violation of law; and l. Request by the doctor for termination of Designation.

67.00.6 Application for Medical Certificate

1. Application Form

An application for the issuing of a medical certificate shall be made on **FORM 67-01** and **FORM 67-02** dully completed and with the required attachment as specified in regulations 67.00.6 and any addition document/information as may be required by the IACM or medical examiner.

2. Information and false declaration to medical examiners

The information recorded on the Form or given to the Medical Examiner must be true and up-to-date. Any false declaration to any medical examiner made by an applicant for a license or rating shall result in action taken against the applicant including denial, suspension and/or revocation of the applicants licence.

67.00.7 Issuing of medical certificate

1. The Medical Certificate

(1) A medical certificate shall be issued by the designated aviation medical examiners. Sample of the Medical certificate is at **Annex F** (Medical Certificate).

(2) The Certificate shall contain the following details:

- (a) Name of State
- (b) Medical certificate number
- (c) Name of holder in full
- (d) Date of birth of holder
- (e) Address of holder
- (f) Nationality of holder
- (g) Signature of holder
- (h) Medical certificate Class 1, 2, or 3
- (i) Date of Issue
- (j) Validity
- (k) Limitations
- (l) Issuing Authority
- (m) Signature of Issuing Authority
- (n) Examiner/CAA staff signature
- (o) Examiner/CAA staff name (printed)
- (p) Examiner's authorisation number
- (q) Date of Examination and State of Examination

2. Validity of the Certificate

(1) **Initial:** Validity of a medical certificate begins on the date the medical examination is performed.

(2) **Renewal or Re-issue:** Applicants whose medical examinations is conducted within 45 days before the pilot's licence current expiry date will use the licence expiry

date as the start date of the new validity period. Applicants whose medical examinations conducted after the current expiry date or earlier than 45 days before licence expiry date will use the date of the medical examination as the start date of the new validity period.

3. Denial or Limitation

In both (1) and (2) below the medical examiner handling the case must consult with the Medical Assessor and refer the cases to him/her for final decision.

(1) Denial of Medical Certificate

- (a) An applicant for a medical certificate may be denied a certificate if, upon medical examination, the applicant does not meet the physical and mental standards specified in these Standards.
- (b) The denial of the Medical Certificate is effective-
 - (i) the date of the medical evaluation that determined the applicant did not meet the physical and mental standards specified in Annex A; and
 - (ii) until such time that the applicant is again determined by the Authority to be fit to exercise the privileges through:
 - (aa) an accredited medical conclusion;
 - (bb) a special flight test; or
 - (cc) with respect to a transient condition, until a subsequent satisfactory report is acceptable to the Authority.
- (c) An applicant who is denied a Medical Certificate by an aviation medical examiner may, within thirty days after the date of the denial, apply in writing to the Authority for reconsideration of the denial.
- (d) Upon receiving an application for reconsideration, the Authority shall through the Medical Assessor with the help of the designated body, determine if the reapplication requires:
 - (i) to be re-examined in which different medical examiner will be assigned;
 - (ii) to be issued with accredited medical conclusion; or

(iii) to confirm the denial.

- (e) If the applicant does not apply for reconsideration during the thirty day period after the date of the denial, the Authority shall consider that applicant has withdrawn the application for a Medical Certificate.
- (f) The period of validity of a Medical Assessment may be reduced when clinically indicated

(2) Issue of Medical Certificate with a limitation

- (a) The Authority may issue a medical certificate with a limitation to an applicant who does not meet the applicable standards for a medical certificate if the applicant shows to the satisfaction of the Authority that:
 - (i) an 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; and
 - (ii) relevant ability, skill, and experience of the applicant and operational conditions have been given due consideration.
- (b) The Authority shall issue a medical limitation on a licence when the medical assessor determines the safe performance of the licence holder's duties is dependent on compliance with such a limitation

4. Suspension or Revocation of a Medical Certificate

The Authority may in accordance with *Decreto 42/2014 de 15 de Agosto* suspend or revoke a medical certificate issued, if it is established that an applicant or a certificate holder has not met, or no longer meets the requirements of **Annex A**.

5. Special Circumstances

- (1) If the medical requirements specified under regulation 67.00.2 and prescribed in Annex A of this Technical Standard for a particular licence are not met, the appropriate medical certificate will not be issued, renewed, or reissued unless the following conditions are fulfilled:
 - (a) *Accredited medical conclusion* indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence applied for is not likely to jeopardise 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 by the Authority 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.
- (2) In such cases the Medical Examiner dealing with the applicant, will contact the IACM Medical Assessor and refer the matter for him/her for consideration. The Medical assessor will evaluate the case and as necessary use the designated body in considering the matter.

6. Prohibition of Medical certification

- (1) A medical examiner shall not issue to a person or a shall not hold or be issued with a Medical Certificate if that person suffers from any disease or disability that could render that person likely to become suddenly unable to either perform assigned duties safely or operate an aircraft safely.
- (2) A designated medical examiner shall not conduct medical examination to himself/herself for the purpose of obtaining or renewing his/her licence issued under MOZCARs.

67.00.12 Medical Confidentiality

1. Responsibilities for Medical Confidentiality

- (1) **The Aviation Medical Assessor** is responsible to ensure all medical records received from the designated medical examiners are stored and managed in a confidential way. Only the Assessor shall have access to those records except when justified by operational considerations, the medical assessor shall determine to what extent pertinent medical information, may be released to relevant officials of the Authority.
- (2) **Manager Personnel licensing** is responsible for the confidentiality of personal medical data/information kept in personal files of licence applicants/holders.
- (3) **Medical Examiners** are responsible for the confidentiality of medical records of applicants/licence holders, and must ensure that the processing of medical examinations and evaluation including interviews conducted by them provide the level of confidentiality required.

Note: The medical examiner and assessor both must ensure that the transmittal of results and records of examination from the DME to AMA are done in a way that assure maintenance of confidentiality.

2. Requirements and processing documents assuring Medical Confidentiality

- (1) All original Medical Reports and copies of Medical Certificates issued by Aviation Medical Examiners, with attachments and follow-up documentation are stored in the IACM Medical Assessor's Office.
- (2) Copies of Medical Certificates issued by Aviation Medical Examiners with any Limitations or Restrictions including subsequent amendments to those Medical

Certificates from the IACM Medical Assessor Office must be forwarded and stored in the applicant's file in the IACM PEL section.

- (3) Aviation Medical Examiners are responsible to ensure conditions of confidentiality of medical reports and records of all personnel they have examined.
- (4) The AME will conduct the medical examination in an Approved/Designated Medical facility that forms a part of the Designation of the Aviation Medical Examiner. If an examiner moves his physical location then the new facilities are required to be verified by the IACM Aviation Medical Assessor.
- (5) The Aviation Medical Examiner offices must be equipped to provide for the confidential filling of the Medical information of the Applicant. The DME Office facilities must allow for a confidential interview between the AME and the Applicant.
- (6) All Correspondence relating to the Medical Reports or Records must be clearly marked "Medical Confidential". This may be done through appropriate Stationery or through Stamping of the Documents.
- (7) Once the AME has ensured that all parts of the Medical History Report Form MZ 67-02 and Medical Evaluation Form MZ-67-06 are completed and signed by the applicant, he will complete his part, sign, date and stamp the document. He will then issue/renew the Aviation Medical Certificate (or defer assessment) as provided for in this MOZCAT. He will then attach all the support Records and Forward to the Authority for the attention of the AMA in a confidential and sealed envelope.
- (8) The AMA on receipt will check if the seal has not been tempered with and will evaluate the report and record in confidence and give feedback to the Manager Personnel Licensing (copy of the Aviation Medical Certificate). Further communication with the AME will be necessary in cases where errors have been made or the case has been assessed 'unfit' or 'fit with restrictions/limitations'.

- (9) The AMA will then file the reports and records in the applicants' individual file in appropriate secure, fireproof cabinets provided by the Authority. The access to that cabinet is limited to only him/her (the Medical Assessor).

CHAPTER 3 – ANNEX AND CHECKLISTS

Annex A – Medical Requirements

1. General

(1) An applicant for a medical certificate issued in accordance with this part, shall undergo a medical examination based on the following requirements:

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

2. Physical and Mental Requirements

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

- (a) Any abnormality, congenital or acquired; or
- (b) Any active, latent, acute or chronic disability; or
- (c) Any wound, injury or sequelae from operation; or
- (d) Any effect or side-effect of any prescribed or non-prescribed therapeutic 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.

(2) 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.

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

Note 2: Mental and behavioural disorders are defined in accordance with the clinical descriptions and diagnostic guidelines of the World Health Organization

as given in the International Statistical Classification of Diseases and Related Health Problems, 10th Edition – Classification of Mental and Behavioural Disorders, WHO 1992. This document contains detailed descriptions of the diagnostic requirements, which may be useful for their application to medical assessment.

3. Visual Acuity Test Requirements

- (1) Visual acuity tests must be conducted in an environment with a level of illumination that corresponds to ordinary office illumination (30-60cd/m²).
- (2) Visual acuity must be measured by means of a series of Landolt rings or similar optotypes, placed at a distance from the applicant appropriate to the method of testing adopted.

4. Colour Perception Requirements

- (1) 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.
- (2) The applicant shall be tested for the ability to correctly identify a series of pseudo isochromatic 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 of Illumination (CIE).
- (3) An applicant obtaining a satisfactory result as prescribed by the Authority 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.

5. Hearing Test Requirements

- (1) Applicants shall be required to demonstrate hearing performance sufficient for the safe exercise of their licence and rating privileges.
- (2) The hearing test may be conducted using a pure tone audiometer or alternate method that will provide equivalent results. This test shall be performed at the first medical examination and then at specified intervals according to the class of medical examination and age of the applicant.
- (3) If a pure tone audiometer is used, the reference zero for calibration is that of the International Organization for Standardization (ISO) Recommendation R389, 1964.
- (4) For hearing tests where audiometry is not performed, applicants shall be tested in a quiet room by whispered and spoken voice tests under the following conditions:
 - (a) A quiet room is a room in which the intensity of the background noise is less than 35 dB (A) when measured on “slow” response of an “A”-weighted sound level meter.
 - (b) The sound level of an average conversational voice at 1 m from the point of output is 60dB (A) and that of a whispered voice is 45dB(A). At 2 m from the speaker, the sound is 6 dB (A) lower.
- (4) The holder of a PPL with an instrument rating shall meet the hearing requirements for the Class 1 medical certificate.

6. Class 1 Medical Certificate

- (1) Certificate Issue and Renewal
 - (a) The level of medical fitness to be met for the renewal of a medical certificate shall be the same as that for the initial assessment except where otherwise specifically stated.

- (b) An applicant for a CPL or ATPL shall undergo an initial medical examination for the issue of a Class 1 medical certificate.
- (c) Except where otherwise stated in this subpart, holders of CPL or ATPL shall have their Class 1 medical certificate renewed at intervals not exceeding those specified below.
- (d) In alternate years, for Class 1 applicants under 40 years of age, IACM may, at its discretion, allow medical examiners to omit certain routine examination items related to the assessment of physical fitness, while increasing the emphasis on health education and prevention of ill health.

Note: Guidance for Licensing Authorities wishing to reduce the emphasis on detection of physical disease, while increasing the emphasis on health education and prevention of ill health, in applicants under 40 years of age, is contained in the Manual Civil Aviation Medicine (Doc 8984).

- (e) A Class 1 medical certificate will be issued when the applicant complies with the requirements of this part.

(2) Physical and Mental Requirements

- (a) The applicant shall not suffer from any disease or disability which could render that applicant likely to become suddenly unable either to operate an aircraft safely or to perform assigned duties safely.
- (b) The applicant shall have no established medical history or clinical diagnosis of any of the following such as might render the applicant unable to safely exercise the privileges of the licence applied for or held:
 - (i) An organic mental disorder.
 - (ii) A mental or behavioural disorder due to use of psychoactive substances that induces dependence syndrome induced by alcohol or other psychoactive substances.
 - (iii) Schizophrenia or a schizotypal or delusional disorder;
 - (iv) A mood (affective) disorder;
 - (v) A neurotic, stress-related, or somatoform disorder;

- (vi) A disorder of adult personality or behaviour, particularly if manifested by repeated overt acts;
 - (vii) Mental retardation;
 - (viii) A disorder of psychological development;
 - (ix) A behavioural or emotional disorder, with onset in childhood or adolescence; or
 - (x) A mental disorder not otherwise specified.
- (c) The applicant shall have no established medical history or clinical diagnosis of any of the following:
- (i) 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;
 - (ii) Epilepsy; or
 - (iii) Any disturbance of consciousness without satisfactory medical explanation of cause.
- (d) The applicant shall not have suffered any 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.
- (e) 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.
- (f) An applicant who has undergone coronary by-pass grafting or angioplasty (with or without stenting) or other cardiac intervention or who has a history of myocardial infarction or who suffers from any other potentially incapacitating cardiac condition shall be assessed as unfit unless the applicant's cardiac condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.

- (g) An applicant with an abnormal cardiac rhythm shall be assessed as unfit unless the cardiac arrhythmia has been investigated and evaluated in accordance with the safe exercise of the applicant's licence or rating privileges.
- (h) Electrocardiography shall form part of the heart examination for the first issue of a medical certificate.
- (i) Electrocardiography shall be included in reexamination of applicants over the age of 50 at least annually.

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

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

- (j) The systolic and diastolic blood pressures shall be within normal limits.
- (k) The use of drugs for control of high blood pressure is 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.

Note: Extensive guidance on the subject is published in the Manual of Civil Aviation Medicine (Doc 8984).

- (l) There shall be no significant functional or structural abnormality of the circulatory system. (13) There shall be no acute disability of the lungs or any active disease of the structures of the lungs, mediastinum, or pleura likely to result in incapacitating symptoms during normal or emergency operations.
- (m) Radiography should form a part of the initial chest examination.

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

- (n) 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.
- (o) Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms during normal or emergency operations shall be assessed as unfit.
- (p) 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 material on hazards of the medications is published in the Manual of Civil Aviation Medicine (Doc 8984).

- (q) Applicants with active pulmonary tuberculosis shall be assessed as unfit.
- (r) Applicants with quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, may be assessed as fit.

Note: Guidance material on assessment of respiratory diseases is published in the Manual of Civil Aviation Medicine (Doc 8984).

- (s) Applicants with significant impairment of the function of the gastrointestinal tract or its adnexa shall be assessed as unfit.
- (t) The applicant shall be completely free from those hernias that might give rise to incapacitating symptoms.
- (u) Applicants with sequela of disease of, or surgical intervention on any part of the digestive tract or its adnexa, likely to cause incapacity in flight, in particular any obstructions due to stricture or compression shall be assessed as unfit.

- (v) 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 Authority designated for the purpose by IACM and having access to the details of the operation concerned considers that the effects of the operation are not likely to cause incapacity in flight.
- (w) Applicants with metabolic, nutritional or endocrine disorders that are likely to interfere with the safe exercise of the applicant's licence and rating privileges shall be assessed as unfit.
- (x) Applicants with insulin-treated diabetes mellitus shall be assessed as unfit.

Note: Guidance material on assessment of Type 2 insulin treated diabetic applicants, under the provisions of 5, is contained in the Manual of Civil Aviation Medicine (Doc 8984).

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

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

- (aa) Applicants with renal or genitourinary disease shall be assessed as unfit, unless adequately investigated and their condition found unlikely to interfere with the safe exercise of the applicant's licence and rating privileges.
- (bb) Urine examination shall form part of the medical examination and abnormalities shall be adequately investigated.

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

- (cc) Applicants with sequelae of disease or surgical procedures on the kidneys or the genitourinary tract, in particular any obstructions due to stricture or compression, shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with the best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.
- (dd) Applicants who have undergone nephrectomy shall be assessed as unfit unless the condition is well compensated.
- (ee) 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).

- (ff) Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk, uncomplicated pregnancy. The fit assessment period may be limited from the end of the 12th week until the end of the 26th week of gestation.
- (gg) 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 has been assessed as fit to safely exercise the privileges of her licence and ratings.

- (hh) 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.

- (ii) 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.

- (jj) There shall be:

- (i) No disturbance of vestibular function;
- (ii) No significant dysfunction of the Eustachian tubes; and
- (iii) No unhealed perforation of the tympanic membranes.

- (kk) A single dry perforation of the tympanic membrane need not render the applicant unfit.

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

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

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

(3) Visual Requirements.

- (a) The function of the eyes and their adnexae shall be normal. There shall be no active pathological condition, acute or chronic, or any sequelae of surgery or

trauma of the eyes or their adnexae 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:
 - (i) Such correcting lenses are worn during the exercise of the privileges of the licence or rating applied for or held; and
 - (ii) In addition, a pair of suitable correcting spectacles is kept readily available during the exercise of the privileges of the applicant's licence.

Note 1: *Item (2) is the subject of Standards in Annex 6, Part 1.*

Note 2: *An applicant accepted as meeting these provisions is deemed to continue to do so unless there is reason to suspect otherwise, in which case an ophthalmic report is required at the discretion of the Authority. Both uncorrected and correct visual acuity are normally measured and recorded at each reexamination. 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 the requirement of (2) provided that:
 - (i) The lenses are monofocal and non-tinted;
 - (ii) The lenses are well tolerated; and
 - (iii) 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 reexamination provided the history of their contact lens prescription is known.

- (d) 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 minimise peripheral field distortion.

- (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 certificate and every 5 years thereafter.

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

Note 2: Guidance on the assessment of monocular applicants is contained in the *Manual of Civil Aviation Medicine (Doc 8984)*.

- (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 privileges.
- (g) The applicant shall have the ability to read, while wearing the correcting lenses, if any, 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 correcting already prescribed in accordance with this paragraph; if no such correction is prescribed, a pair of spectacles for near use shall be kept readily available during the exercise of the privileges of the licence. When near correction is required, the applicant shall demonstrate that one pair of spectacles is sufficient to meet both distant and near visual requirements.

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

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

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

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

(4) Hearing Requirements.

- (a) The applicant shall be tested by pure-tone audiometry:
 - (i) At the initial medical examination
 - (ii) At least once every 5 years up to the age of 40 years
 - (iii) At least once every 3 years after the age of 40 years

- (b) The applicant shall not have a hearing loss in either ear separately, of more than 35 dB at any of the frequencies 500, 1000 or 2000 Hz, or more than 50 dB at 3000 Hz. However, an applicant with a hearing loss greater than the above may be declared fit provided that:
 - (i) 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
 - (ii) The applicant has the ability to hear an average conversational voice in a quiet room, using both ears, at a distance of 2 m from the examiner, with the back turned to the examiner.
- (c) Alternatively, a practical hearing test conducted in flight in the cockpit of an aircraft of the type for which the applicant's licence and ratings are valid may be used.

7. Class 2 Medical Certificate

(1) Certificate Issue and Renewal

- (a) An applicant for a PPL, a FE or FN licence shall undergo an initial medical examination for the issue of a Class 2 medical certificate.
- (b) Except where otherwise stated in this subpart, holders of a PPL, a FE or a FN licence shall have their Class 2 medical certificate renewed at intervals not exceeding those specified in this subpart.
- (c) A Class 2 medical certificate will be issued when the applicant complies with the requirements of this part.

- (2) Physical and Mental Requirements.
- (a) The applicant shall not suffer from any disease or disability which could render that applicant likely to become suddenly unable either to operate an aircraft safely or to perform assigned duties safely.
 - (b) The applicant shall have no established medical history or clinical diagnosis of any of the following such as might render the applicant unable to safely exercise the privileges of the licence applied for or held:
 - (i) An organic mental disorder;
 - (ii) A mental or behavioural disorder due to use of psychoactive substances; this induces dependence syndrome induced by alcohol or other psychoactive substances;
 - (iii) Schizophrenia or a schizotypal or delusional disorder;
 - (iv) A mood (affective) disorder;
 - (v) A neurotic, stress-related or somatoform disorder;
 - (vi) A disorder of adult personality or behaviour, particularly if manifested by repeated overt acts;
 - (vii) Mental retardation;
 - (viii) A disorder of psychological development;
 - (ix) A behavioural or emotional disorder, with onset in childhood or adolescence; or
 - (x) A mental disorder not otherwise specified.
 - (c) An applicant with depression, being treated with antidepressant medication, should be assessed as unfit unless the medical assessor, have access to the details of the case concerned, considers the applicants, condition as unlikely to interfere with the safe exercise of the applicant's licence and rating privileges.

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

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

- (d) The applicant shall have no established medical history or clinical diagnosis of any of the following:
 - (i) 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;
 - (ii) Epilepsy; or
 - (iii) Any disturbance of consciousness without satisfactory medical explanation of cause.

- (e) The applicant shall not have suffered any 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.

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

- (h) 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 or rating privileges.
- (i) Electrocardiography shall form part of the heart examination for the first issue of a medical certificate:
 - (i) After the age of 40; and
 - (ii) In reexaminations every 2 years after the age of 50.

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

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

- (j) The systolic and diastolic blood pressures shall be within normal limits.
- (k) The use of drugs for control of high blood pressure is 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.

***Note:** Extensive guidance on the subject is published in the Manual of Civil Aviation Medicine (Doc 8984).*

- (l) There shall be no significant functional or structural abnormality of the circulatory system.
- (m) There shall be no acute disability of the lungs or any active disease of the structures of the lungs, mediastinum or pleura likely to result in incapacitating symptoms during normal or emergency operations.

- (i) Radiography should form a part of the initial chest examination.

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

- (n) Applicant's 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.
- (o) Applicant's with asthma causing significant symptoms or likely to cause incapacitating symptoms during normal or emergency operations shall be assessed as unfit.
- (p) 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 material on hazards of the medications is published in the Manual of Civil Aviation Medicine (Doc 8984).*

- (q) Applicants with active pulmonary tuberculosis shall be assessed as unfit.
- (r) Applicants with quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, may be assessed as fit.

Note: *Guidance material on assessment of respiratory diseases is published in the Manual of Civil Aviation Medicine (Doc 8984).*

- (s) Applicants with significant impairment of the function of the gastrointestinal tract or its adnexae shall be assessed as unfit.
- (t) The applicant shall be completely free from those hernias that might give rise to incapacitating symptoms.
- (u) Applicants with sequelae of disease of, or surgical intervention on any part of the digestive tract or its adnexae, likely to cause incapacity in flight, in

particular any obstructions due to stricture or compression shall be assessed as unfit.

- (v) An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexae, 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 Authority designated for the purpose by IACM and having access to the details of the operation concerned considers that the effects of the operation are not likely to cause incapacity in flight.
- (w) Applicants with metabolic, nutritional or endocrine disorders that are likely to interfere with the safe exercise of the applicant's licence and rating privileges shall be assessed as unfit.
- (x) Applicants with insulin-treated diabetes mellitus shall be assessed as unfit.

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

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

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

- (aa) Applicants with renal or genitor-urinary disease shall be assessed as unfit, unless adequately investigated and their condition found unlikely to interfere with the safe exercise of the applicant's licence and rating privileges.
- (bb) Urine examination shall form part of the medical examination and abnormalities shall be adequately investigated.

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

- (cc) Applicants with sequelae of disease or surgical procedures on the kidneys or the genitourinary tract, in particular any obstructions due to stricture or compression, shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with the best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.
- (dd) Applicants who have undergone nephrectomy shall be assessed as unfit unless the condition is well compensated.
- (ee) 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).

- (ff) Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk, uncomplicated pregnancy.
- (gg) For applicants with a low-risk uncomplicated pregnancy, evaluated and supervised in accordance with item 32 above, the fit assessment should be limited to the period from the end of the 12th week until the end of the 26th week of gestation.

- (hh) 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 has been assessed as fit to safely exercise the privileges of her licence and ratings.
- (ii) 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.

- (jj) 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.
- (kk) There shall be:
 - (i) No disturbance of vestibular function;
 - (ii) No significant dysfunction of the Eustachian tubes; and
 - (iii) No unhealed perforation of the tympanic membranes.
- (ll) A single dry perforation of the tympanic membrane need not render the applicant unfit.

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

- (mm) There shall be no nasal obstruction and no malformation nor disease of the buccal cavity or upper respiratory tract which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.
- (nn) Applicants with stuttering or other speech defects sufficiently severe to cause impairment of speech communication shall be assessed as unfit.

(3) Visual Requirements

- (a) The function of the eyes and their adnexae shall be normal. There shall be no active pathological condition, acute or chronic, or any sequelae of surgery or trauma of the eyes or their adnexae 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 6/12 or better in each eye separately, and binocular visual acuity shall be 6/9 or better. No limits apply to uncorrected visual acuity. Where this standard of visual acuity can be obtained only with correcting lenses, the applicant may be assessed as fit provided that:
 - (i) Such correcting lenses are worn during the exercise of the privileges of the licence or rating applied for or held; and
 - (ii) 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 correct visual acuity are normally measured and recorded at each reexamination. 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 the requirement of (2) provided that:
 - (i) The lenses are monofocal and non-tinted;
 - (ii) The lenses are well tolerated; and

- (iii) 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 reexamination provided the history of their contact lens prescription is known.

- (d) 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 minimise peripheral field distortion.

- (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 certificate and every 5 years thereafter.

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

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

- (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 privileges.
- (g) The applicant shall have the ability to read, while wearing the correcting lenses, if any, the N5 chart or its equivalent at a distance selected by that applicant in the range of 30 to 50 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 correcting already prescribed in accordance with this paragraph; 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 refers to the size of typeface used. For further details, see the Manual of Civil Aviation Medicine (Doc 8984).*

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

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

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

(4) Hearing Requirements

- (a) The applicant shall be tested by pure-tone audiometry.
 - (i) At the initial medical examination.
 - (ii) At least once every 2 years after the age of 50 years.

- (b) When tested by pure-tone audiometry, an applicant with a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1000 or 2000 Hz, or more than 50 dB at 3000 Hz, shall be assessed as unfit.
- (c) The applicant shall have the ability to hear an average conversational voice in a quiet room, using both ears, at a distance of 2 m from the examiner, with the back turned to the examiner or be assessed as unfit.
- (d) The applicant who holds a PPL with an IR shall meet the hearing requirements for a Class 1 medical certificate.

8. Class 3 Medical Certificate

(1) Certificate Issue and Renewal

- (a) An applicant for an air traffic controller licence shall undergo an initial medical examination for the issue of a Class 3 medical certificate.
- (b) Except where otherwise stated in this subpart, holders of an air traffic controller licence shall have their Class 3 medical certificate renewed at intervals not exceeding those specified in this subpart.
- (c) A Class 3 medical certificate will be issued when the applicant complies with the requirements of this part.

(2) Physical and Mental Requirements

- (a) The applicant shall not suffer from any disease or disability which could render that applicant likely to become suddenly unable either to operate an aircraft safely or to perform assigned duties safely.
- (b) The applicant shall have no established medical history or clinical diagnosis of any of the following such as might render the applicant unable to safely exercise the privileges of the licence applied for or held:
 - (i) An organic mental disorder;

- (ii) A mental or behavioural disorder due to use of psychoactive substances; this induces dependence syndrome induced by alcohol or other psychoactive substances;
 - (iii) Schizophrenia or a schizotypal or delusional disorder;
 - (iv) A mood (affective) disorder;
 - (v) A neurotic, stress-related or somatoform disorder;
 - (vi) A disorder of adult personality or behaviour, particularly if manifested by repeated overt acts;
 - (vii) Mental retardation;
 - (viii) A disorder of psychological development;
 - (ix) A behavioural or emotional disorder, with onset in childhood or adolescence; or
 - (x) A mental disorder not otherwise specified.
- (c) An applicant with depression, being treated with antidepressant medication, should be assessed as unfit unless the medical assessor, have access to the details of the case concerned, considers the applicants, condition as unlikely to interfere with the safe exercise of the applicant's licence and rating privileges.

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

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

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

- (i) 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;
 - (ii) Epilepsy; or
 - (iii) Any disturbance of consciousness without satisfactory medical explanation of cause.
- (e) The applicant shall not have suffered any 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.
- (g) An applicant who has undergone coronary by-pass grafting or angioplasty (with or without stenting) or other cardiac intervention or who has a history of myocardial infarction or who suffers from any other potentially incapacitating cardiac condition shall be assessed as unfit unless the applicant's cardiac condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.
- (h) 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 or rating privileges.
- (i) Electrocardiography shall form part of the heart examination for the first issue of a medical certificate and in reexaminations every 2 years after the age of 50.

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

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

- (i) The systolic and diastolic blood pressures shall be within normal limits.
- (j) The use of drugs for control of high blood pressure is 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.

Note: *Extensive guidance on the subject is published in the Manual of Civil Aviation Medicine (Doc 8984).*

- (k) There shall be no significant functional or structural abnormality of the circulatory system.
- (l) There shall be no acute disability of the lungs or any active disease of the structures of the lungs, mediastinum or pleura likely to result in incapacitating symptoms during normal or emergency operations. Radiography should form a part of the initial chest examination.

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

- (m) Applicant's 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.
- (n) Applicant's with asthma causing significant symptoms or likely to cause incapacitating symptoms during normal or emergency operations shall be assessed as unfit.

- (o) 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 material on hazards of the medications is published in the Manual of Civil Aviation Medicine (Doc 8984).*

- (p) Applicants with active pulmonary tuberculosis shall be assessed as unfit.
- (q) Applicants with quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, may be assessed as fit.

Note: *Guidance material on assessment of respiratory diseases is published in the Manual of Civil Aviation Medicine (Doc 8984).*

- (r) Applicants with significant impairment of the function of the gastrointestinal tract or its adnexae shall be assessed as unfit.
- (s) Applicants with sequelae of disease of, or surgical intervention on any part of the digestive tract or its adnexae, likely to cause incapacity in flight, in particular any obstructions due to stricture or compression shall be assessed as unfit.
- (t) An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexae, 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 Authority designated for the purpose by [STATE] and having access to the details of the operation concerned considers that the effects of the operation are not likely to cause incapacity in flight.
- (u) Applicants with metabolic, nutritional or endocrine disorders that are likely to interfere with the safe exercise of the applicant's licence and rating privileges shall be assessed as unfit.
- (v) Applicants with insulin-treated diabetes mellitus shall be assessed as unfit.

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

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

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

- (y) Applicants with renal or genitor-urinary disease shall be assessed as unfit, unless adequately investigated and their condition found unlikely to interfere with the safe exercise of the applicant's licence and rating privileges.
- (z) Urine examination shall form part of the medical examination and abnormalities shall be adequately investigated.

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

- (aa) Applicants with sequelae of disease or surgical procedures on the kidneys or the genitourinary tract, in particular any obstructions due to stricture or compression, shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with the best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.
- (bb) Applicants who have undergone nephrectomy shall be assessed as unfit unless the condition is well compensated.
- (cc) 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).*

- (dd) Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk, uncomplicated pregnancy.
- (ee) 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.
- (ff) For applicants with a low-risk uncomplicated pregnancy, evaluated and supervised in accordance (31) the fit assessment should be limited to the period until the end of the 34th week of gestation.
- (gg) 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 has been assessed as fit to safely exercise the privileges of her licence and ratings.
- (hh) 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.*

- (ii) 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.

- (jj) There shall no malformation or 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.
- (kk) Applicants with stuttering or other speech defects sufficiently severe to cause impairment of speech communication shall be assessed as unfit.

(3) Visual Requirements

- (a) The function of the eyes and their adnexa shall be normal. There shall be no active pathological condition, acute or chronic, or 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.
- (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:
 - (i) Such correcting lenses are worn during the exercise of the privileges of the licence or rating applied for or held; and
 - (ii) 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 correct visual acuity are normally measured and recorded at each reexamination. 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 the requirement of (2) provided that:
 - (i) The lenses are monofocal and non-tinted;
 - (ii) The lenses are well tolerated; and
 - (iii) 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 reexamination provided the history of their contact lens prescription is known.

- (d) 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 minimise peripheral field distortion.

- (e) Applicants whose uncorrected distant visual acuity in either eye is worse than 6/60 should be required to provide a full ophthalmic report prior to initial medical certificate and every 5 years thereafter.

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

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

- (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 privileges.
- (g) The applicant shall have the ability to read, while wearing the correcting lenses, if any, required by (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 correcting already prescribed in accordance with (b); if no such correction is prescribed, a pair of spectacles for near use shall be kept readily available during the exercise of the privileges of the licence. When near correction is required, the applicant shall demonstrate that one pair of spectacles is sufficient to meet both distant and near visual requirements.

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

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

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

- (h) When near correction is required in accordance with this paragraph, a second pair of near-correction spectacles shall be kept available for immediate use.
- (i) The applicant shall be required to have normal fields of vision.
- (j) The applicant shall be required to have normal binocular function.

Note: *Defective stereopsis, abnormal convergence not interfering with near vision, and ocular misalignment where the fusional reserves are sufficient to prevent asthenopia and diplopia may not be disqualifying.*

(4) **Hearing Requirements.**

- (a) The applicant shall be tested by pure-tone audiometry.
 - (i) At the initial medical examination.
 - (ii) At least once every 4 years up to the age of 40 years.
 - (iii) At least once every 2 years after the age of 40 years.

- (b) The applicant, when tested on a pure-tone audiometer, shall not have a hearing loss in either ear separately, of more than 35 dB at any of the frequencies 500, 1000 or 2000 Hz, or more than 50 dB at 3000 Hz.

- (c) 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 will reproduce or simulate that experience in a normal air traffic control working environment.

- (d) 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.

Annex B – Evaluation/auditing of medical reports submitted to the Authority by medical examiners

1. Background

- (1) One of the functions of the Medical Assessor is to evaluate the medical reports submitted to the Authority by designated medical examiners. This Annex provides guidelines to the Medical Assessor for evaluation medical reports and Medical assessments issued to applicants
- (2) This Annex provide guidelines for Evaluation of Medical Reports. After completing the Medical Assessment, the AME sends to the IACM Forms MZ 67-01; 02 and 06 and all the tests results for purposes of obtaining a License from the Authority. The process of Evaluation begins when the Medical Report is received by the Authority under cover of “Medical in Confidence” from the AME. Upon receipt by the Authority, the medical documents, and the accompanying investigations and Specialists Reports are forwarded to the Medical Assessor for Evaluation.
- (3) The Authority is responsible for oversight and management of the AMEs and establishes policies, plans, procedures, standards and regulations governing the AME. In the course of conducting the Evaluation the Medical Assessor thoroughly goes through the documents submitted by the AME to confirm compliance by the AME with the Authority guidelines.

2. Guidance and Procedures

(1) General Information

- (a) Upon completion of the Medical Assessment, the AME forwards to the Authority the full Medical Report under cover of “Medical in Confidence”. The Medical Report consists of the following:
 - (i) A copy of fully completed Form 67-01; 02 and 06;

- (ii) Laboratory Reports, X- ray Reports, ECG, Audiogram and other Specialist Reports if any; and
- (iii) A cover letter from the AME confirming what has been forwarded.
- (b) The Authority Registry delivers the documents to the Medical Assessor.
- (c) The AMA's Office Registers the documents for the current month and books them for Evaluation.

2. The Evaluation

- (a) On the basis of first come first served the Medical Assessor undertakes evaluation through the following steps:
 - (i) Checks whether the Form MZ 67-02 is filled and signed by the Applicant and the AME as per Standard
 - (ii) Confirms the issued Medical Certificate is in conformity with the Standards by thoroughly scrutinizing the Form MZ 67-06 and the accompanying Laboratory, X-rays and Specialist reports,
 - (iii) On behalf of the Authority Validates the Medical Report in the relevant section of Form MZ 67.06
 - (iv) Issues a monthly report on all the medicals Evaluated in the course of the month. Each Medical will have a remarks column indicating the final disposal of the application
- (b) In case of referrals, the Medical Assessor will initiate the process and follow up until the issue is concluded.

ANNEX C: Oversight and Management of the AMEs

1. Background

- (1) The Medical Assessor is responsible to ensure the medical examiners maintains their required competences as they initially demonstrated before designated. In this aspect the medical assessor should be evaluated periodically the medical examiners.
- (2) The Medical Assessor in his supervisory role of the medical examiners is responsible not only to evaluate the medical reports submitted to the Authority by the medical examiners, he/she is also responsible to audit the medical examiners processes and facilities regularly to ensure they remain in conformity to the MOZCARs requirements

2. The periodic evaluation and audit

- (1) The Medical Assessor will develop an annual plan for the supervision of the designated medical examiners which will cover among other:
 - (a) handling of medical files – protection and confidentiality of medical data in DME's offices and delivery to the CAA Medical Section;
 - (b) guidance material being used by DMEs;
 - (c) acceptability of the facilities for the required examinations
 - (d) coordination of the specialists undertaking examinations to applicants and the eventual responsibility of the designated Medical Examiner.
- (2) The Medical Assessor is responsible to develop procedures and checklists to be used for the audit/inspections functions stated in (1).

**ANNEX D:
MZ-67-03 Application Form for Designated Medical Examiner Form**



2. Personnel Licensing Department

Telephone number: **258 21465416** Fax Number: **258 21465415**
 Physical address: Alameda do Aeroporto, Maputo
 Postal address: Caixa Postal 227, Maputo E-mail: iacm@tvcabo.co.za

DETAILS OF BANK ACCOUNT FOR PAYMENT OF PRESCRIBED FEE

2. APPLICATION FOR DESIGNATION AS AN AVIATION MEDICAL EXAMINER

1. NOTE:

1. After completion this form must be submitted to the IACM, together with the following:
- a. Medical degree;
 - b. Certificate, diploma or degrees of any postgraduate professional training;
 - c. Medical Council Registration certificate;
 - d. Medical Council examination results; and
 - e. a statement from the Council confirming that there are no current restrictions of medical practice

2. PART 1: TO BE COMPLETED BY APPLICANT

3. PERSONAL DETAILS

Surname(Mr/Mrs/Miss) (Block letters)				Registration no. with Medical Board:	
First names					
Gender (check box)	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Nationality
Identity/Passport Number				Date of birth	
Residential address				Postal address	
Telephone Number				Mobile phone Number	
Fax Number				Email address	
GP or Specialist:				Specify field of specialty:	
Signature of Applicant				Date:	

4. PART 2: TO BE COMPLETED BY APPLICANT

5. APPLICANT'S QUALIFICATIONS

Document:	Submitted:	YES		NO	
Medical degree		YES		NO	
Medical Council Registration Certificate		YES		NO	
Council Statement on professionalism and restrictions		YES		NO	
CV		YES		NO	
Proof of completion of Aviation Medicine Training		YES		NO	

6.				
7. FACILITIES AND EQUIPMENT				
Describe Facilities available:				
List Equipment available:				
Item	Yes	No – refer to (specify DR)		Distance from rooms
Multi-channel ECG				
Flow-volume loop lung function machine				
Orthorator/OPTEC 2000				
Ishihara charts				
Equipment to determine phorias – please specify:				
Audiometer				
Computer Equipment	Yes	No	Will acquire	Will not acquire
Computer with Modem and Internet Access				
Scanner				

ANNEX E:

MZ 67 -01: Application for a Medical Certificate



Personnel Licensing Department
 Telephone number: **258 21465416** Fax Number: **258 21465415**
 Physical address: Alameda do Aeroporto, Maputo
 Postal address: Caixa Postal 227, Maputo E-mail: **iacm@tvcabo.co.mz**

DETAILS OF BANK ACCOUNT FOR PAYMENT OF PRESCRIBED FEE

3. APPLICATION FOR AVIATION MEDICAL CERTIFICATE

1. NOTE:

2. After completion this form must be submitted to the medical examiner together with:
 f. the medical history report form MZ 67-02 duly completed;
 g. ID document;

2. PART 1: TO BE COMPLETED BY APPLICANT

3. PERSONAL DETAILS

Surname(Mr/Mrs/Miss) (Block letters)					
First names					
Gender (check box)	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Nationality
Identity/Passport Number				Date of birth	
Residential address				Postal address	
Telephone Number				Mobile phone Number	
Fax Number				Email address	
Referred by:				Reference Contact details:	
Signature of Applicant				Date:	

4. PART 2: TO BE COMPLETED BY APPLICANT

5. MEDICAL CERTIFICATE DETAILS

Certificate required:	Class I:	<input type="checkbox"/>	Class II:	<input type="checkbox"/>	Class III:	<input type="checkbox"/>
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I herewith certify that:

- a) The information contained in the medical history form is complete and an accurate reflection of the status of my health.
- b) I have fully disclosed all information required for evaluation of this medical assessment and
- c) That I have not withheld any information about previous assessments or medical practitioners consulted.

Signature of applicant:		Date:	
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MZ 67-02: Medical History of the Applicant



Telephone number: **258 21465416**
 Physical address: Alameda do Aeroporto, Maputo
 Postal address: Caixa Postal 227, Maputo

Fax Number: **258 21465415**
 E-mail: **iacm@tvcabo.co.mz**

MEDICAL HISTORY REPORT FORM

PART 1: TO BE COMPLETED BY APPLICANT

PERSONAL DETAILS

Surname(Mr/Mrs/Miss) (Block letters)					
First names					
Date of birth	Eye colour	Hair colour	Sex	Nationality	Occupation
Signature of Applicant			Date:		

1. MEDICAL INFORMATION

Identity/ passport number		Licence number		Licence type		Medical class applied for	
Flight time (if applicable)		Type of flying intended (if applicable)			Previous medical examination		
Last 6 months	Last 12 months	Total	Recreation	Business	Career	Doctor	Date
Previous restrictions/ protocols				Medication used previous 3 months: (name and dosage)			

2. MEDICAL HISTORY - If yes please provide complete details below. If the space is insufficient, add supplementary notes on separate sheet.

Family history	Y	N		Y	N		Y	N
(1) Heart disease or high blood pressure			(13) Dizziness or unsteadiness			(28) Heart murmur / valve problem		
(2) Epilepsy or convulsions			(14) Unconsciousness (for any reason)			(29) Any blood or thyroid disorder		
(3) Glaucoma or blindness			(15) Head injury or concussion			(30) Heartburn/ frequent indigestion		
(4) Diabetes/sugar sickness			(16) Epilepsy or fits of any kind			(31) Stomach, liver / intestine problem		
(5) Mental illness			(17) Any other neurological disorder			(32) Bleeding from the rectum		
Have you ever been			(18) Any mental/psychological disorder			(33) Kidney stone/ blood in urine		
(6) Refused insurance on medical grounds			(19) Suicide attempt			(34) Sugar or protein in the urine		
(7) Refused a flying licence, or grounded			(20) Eye or vision trouble other than specs			(35) Diabetes (sugar sickness)		
(8) Convicted of a civil / criminal offence			(21) Motion sickness requiring treatment			(36) Muscle, bone or joint problems		
(9) Medically rejected for military service			(22) Hearing or speech disorders			(37) Prostate/ Gynaecological problems		
Since your last medical, have you been			(23) Hay fever or allergy			(38) STD, excluding HIV		
(10) Admitted to hospital			(24) Asthma or lung disease			(39) Malignant tumour or cancer		
(11) Involved in a vehicle/aircraft accident			(25) Tuberculosis or pneumonia			(40) Weight loss (without dieting)		
Have you ever had/ do you now have			(26) Heart disease or high blood pressure			(41) Malaria/ other tropical disease		
(12) Frequent or severe headaches			(27) Chest discomfort, pain / palpitations			(42) Any other illness or injury		
Safety promotion – please state:								
(43) Number of cigarettes smoked daily			(46) Type and number of alcoholic drinks used weekly					
(44) Number of years that you have smoked			(47) Drugs or other substances previously used					
(45) Date that you stopped smoking			(48) Whether you have had a blood test for HIV (no need to provide the result of the test)					

REMARKS - Aviation Medical Examiner to comment in full on all items marked YES. Please attach additional pages if space is insufficient

MEDICAL TREATMENT SINCE LAST EXAMINATION - Date, name of medical practitioner, diagnosis/ Reason for treatment		
1. NOTICE	DECLARATION BY APPLICANT	
<p>Any person who makes, either orally or in writing, a false or misleading statement in or in connection with any application for a licence, certificate or rating issued under these regulations or any return furnished in accordance with any requirement of these regulations, shall be guilty of an offence.</p>	<p>I hereby certify that all statements made by me in this examination form are complete and true, to the best of my knowledge, and I hereby agree –</p> <p>(1) That they are to be considered part of the basis of issuance of any medical certificate to me; and</p> <p>(2) That all medical records must be released to the Director or designated body (if so requested by the Director).</p>	
SIGNATURE OF APPLICANT	SIGNATURE OF AME (AS WITNESS)	DATE

MZ67-06: Medical Evaluation Form



Personnel Licensing Department

Telephone number: 258 21465416 Fax Number: 258 21465415
 Physical address: Alameda do Aeroporto, Maputo
 Postal address: Caixa Postal 227, Maputo E-mail: iacm@tvcabo.co.mz

MEDICAL EVALUATION FORM

TO BE COMPLETED BY DESIGNATED MEDICAL EXAMINER

Surname(Mr/Mrs/Miss) (Block letters)	
First names	

PHYSICAL EXAMINATION

1. Ma ss	2. Height	3. B MI	4. Pulse	5. Blood pressure (sitting)	6. Urinalysis						
					Normal		Appearance	pH	Protein	Sug ar	Blood
					Abnormal						
Mark appropriate column			N	A B N	Mark appropriate column	N	ABN	Mark appropriate column		N	ABN
7. Head, face, scalp and neck				13. Heart			19. Lower limbs				
8. Nose and sinuses				14. Vascular & lymphatics			20. Spine & musculo-skeletal				
9. Ears and eardrums				15. Abdomen			21. Skin				
10. Valsalva (patent bilaterally)				16. Genito-urinary system			22. Identifying body marks				
11. Romberg				17. Neurological system			23. Psychological evaluation				
12. Lungs, chest and breast				18. Upper limbs			24. Any other problems				

DESCRIPTION OF FINDINGS (Describe every abnormality in detail. Attach additional pages, if necessary)

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VISUAL EXAMINATION

History	Y	N	10. Distance vision			11. Intermediate vision		12. Near vision	
1. Exam performed by AME				Uncorrected	Corrected	Uncorr ected	Corrected	Uncorrected	Corrected
2. Spectacles used regularly			Both						
3. Contact lenses used regularly			Right						
Examination	N	Abn	Left						
4. Orbit and adnexae			13. Phorias			14. Colour vision			
5. Eye movements			Distance vertical			Test used	Number of plates	Number correct	
6. Visual fields			Distance horizontal						
7. Near point of convergence			Near vertical			Lantern test previously performed? State date and result			
8. Pupils			Near horizontal						
9. Fundoscopy			15. Previous eye surgery performed – state date and procedure						

AUDIOGRAM (dB hearing loss)						SPECIAL INVESTIGATIONS				
	250	500	1000	2000	3000	4000	6000	Date performed	Result	Next due
Right								1. Resting ECG		
Left								2. Stress-ECG		
ANY OTHER TESTS PERFORMED – Type and result							3. Lung function test			
							4. Lipogram			
							5. Chest X-ray			

CVD RISK FACTOR ASSESSMENT					SUMMARY OF FINDINGS
Item	Y	N	Comment	Number	Significant history:
(+) family history					
Age and gender					Abnormal findings:
Smoking					
Exercise					
Obesity					Additional reports required:
Hypertension					
High cholesterol					
Diabetes					

AVIATION MEDICAL EXAMINER ASSESSMENT AND DECLARATION

I hereby certify that I have personally reviewed the medical history and personally examined the applicant named in this report. This report and attachments embody my findings completely and correctly.

Recommendation	Dates	Restrictions/comments	
Fit			
Temporary unfit	From _____		
Class			
Licence type	To _____		
Examiner name & code	Examiner signature	Examiner address and telephone number	Date

IAM ASSESSMENT

This certifies that the applicant is

Recommendation	Dates	Restrictions/comments	
Fit			
Temporary unfit	From _____		
Class			
Licence type	To _____		
Examiner name & code	Examiner signature	Examiner address and telephone number	Date

ANNEX F: Medical Certificate

Exame médico inicial

Initial medical examination

Pais:

State

Data:

Date

Data (ddmmyy) do:

Date (ddmmyy) of

Mais recente

Most recent

Próximo

Next

Exame Médico Geral

General medical examination

Electrocardiograma

Electrocardiogram

Audiograma/ORL

Audiogram

Oftalmologia

Ophthalmology

Expirimetria

Peak-flow

Observações:

Remarks



REPÚBLICA DE MOÇAMBIQUE



Autoridade de Aviação Civil de Moçambique

Civil Aviation Authority

CERTIFICADO MÉDICO
MEDICAL CERTIFICATE

Emitido em conformidade com as normas da OACI e MOZ
CAR Parte 67

Issued in accordance with ICAO standards and MOZ CAR Part 67

MOZ-MC, 31-10-2014

I. REPÚBLICA DE MOÇAMBIQUE
Republic of Mozambique

II. licença n^o:
Licence n^o

III. N^o do Certificado Médico:
Medical Certificate N^o

IV. Nome:
Name

V. Data de nascimento:
Date of birth day

VI. Endereço:
Address

VII. Nacionalidade:
Nationality

VIII. Assinatura do titular
Signature of the holder

IX. Certificado Médico Classe
Class Medical Certificate

X. Entidade emissora:
Issuing Authority

XI. Validade:
Validity

XII. Limitações
Limitations

XIII. Data de emissão e assinatura do AME:
Date of issue and signature of Medical Examiner

XIV. Carimbo do ME
Stamp of the Medical Examiner