2024

GUIDE FOR AVIATION MEDICAL EXAMINERS

(Updated 03/27/2024)

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

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

AME ALERT

New:

- Protocol for Coronary Heart Disease split into two categories : Protocol for Coronary Heart Disease – 1st and 2nd Class and Protocol for Coronary Heart Disease – 3rd Class
- Chest Pain/Angina Disposition Table
- Chiari Malformation Disposition Table
- Atrial Fibrillation (A-Fib)/ A-Flutter Status Summary (Now a single summary sheet for both initial and recertification.)
- Syncope Decision Tool for the AME

Expanded/Revised:

- Coronary Heart Disease Disposition Table
- Protocol for Cardiovascular Evaluation
- Syncope Disposition Table
- Protocol for Bundle Branch Block (BBB) - Hemoglobin A1c (preferred) for Right BBB, 36 or older and for Left BBB.
- Atrial Fibrillation (A-Fib)/ A-Flutter Disposition Table and AASI
- ECG Equipment Requirements - standard voltage must be 25mm/sec at 10mV.
- Coumadin brand name replace by Jantoven (warfarin)

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

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

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Forms

Federal Aviation Administration Regional and Center Medical Office Addresses

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

Convention on International Civil Aviation International Standards on Personnel Licensing:

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

PILOT INFORMATION – CURRENT DETAILED CLINICAL PROGRESS NOTE

(Updated 11/30/2022)

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

Patient Portal Notes vs a Current, Detailed Clinical Progress Note

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

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

BMI CHART AND FORMULA TABLE

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

Body Mass Index Table

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

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

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

All Classes
(Updated 01/31/2024)

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

MITRAL VALVE REPAIR

All Classes
Updated 03/27/2024

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

Notes:
***Co-morbid conditions for FAA purposes include**:

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

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	• Operative/procedure report(s); • Pathology report(s); and • Radiology report(s). The interpretive report(s) of all diagnostic imaging (CT Scan, MRI, X-ray, ultrasound, or others) performed. Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. • DO NOT submit miscellaneous hospital records such as flowsheets, nursing notes, physician orders, and medication administration records. 4. **After review of the information submitted, a n**europsychological (NP) evaluation that meets FAA Specifications for Neuropsychological Evaluation for Potential Neurocognitive Impairment **MAY be required.** **Note:** If associated with a seizure also refer to the Seizure section. An additional recovery period may apply. If tumor type is **Acoustic neuroma or Pituitary Tumor -** see the corresponding section.	
B. Benign Brain Tumor (meningioma, gliomas, etc.) **Surgically treated/resected**	After a **two-year (2) recovery** period, submit the following for FAA review: 1. All information in Row A; 2. Neuropsychological (NP) evaluation that meets FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment. (Due to surgical resection, NP testing is required.) **Note:** If associated with a seizure also refer to the Seizure section. An additional recovery period may apply.	**DEFER** Submit the information to the FAA for a possible Special Issuance.