

VERSION V

OF THE

GUIDE FOR AVIATION MEDICAL EXAMINERS

Welcome to Version V of 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, disposition, and protocols, necessary for completion of the FAA Form 8500-8, Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate.

To navigate through the Guide 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. Likewise, click on the + button again to collapse any of the expanding files.

You may also use the applicable buttons located at the bottom of each page to navigate to your next destination.

TABLE OF CONTENTS

Introduction i

GENERAL INFORMATION

1. Legal Responsibilities of Designated Aviation Medical Examiners..... 1

2. Authority of Aviation Medical Examiners..... 2

3. Equipment Requirements..... 2

4. Medical Certification Decision Making ... 3

5. Authorization for Special Issuance and
 AME Assisted Special Issuance (AASI) 5

6. Privacy of Medical Information..... 8

7. Release of Information..... 8

8. No "Alternate" Examiners Designated..... 9

9. Who May be Certified..... 9

10. Classes of Medical Certificates 10

11. Operations Not Requiring a Medical Certificate..... 10

12. Validity of Medical Certificates 11

13. Title 14 CFR § 61.53, Prohibition on Operations During Medical Deficiency. 12

14. Reexamination of an Airman 13

15. Examination Fees..... 13

16. Replacement of Medical Certificates..... 13

17. Disposition of Applications and Medical Examinations..... 14

18. Protection and Destruction of Forms..... 14

19. Questions or Requests for Assistance..... 15

20. Airman Appeals..... 16

APPLICANT HISTORY

Items 1-20 of FAA Form 8500-8

I. AME Guidance for Positive Identification of Airmen and Application
Distribution Procedures.....21

II. Distribution of the FAA Form 8500-8 to the Applicant.....21

III. After the Applicant Completes the Medical History Page of the
FAA Form 8500-8..... 21

Items 1-2. Application For; Class of Medical Certificate Applied For..21

Items 3-10. Identification.....23

Items 11-12. Occupation; Employer.....26

Item 13. Has Your FAA Airman Medical Certificate Ever Been Denied,
Suspended, or Revoked?.....26

Items 14-15. Total Pilot Time.....27

Item 16. Date of Last FAA Medical Examination.....27

Item 17.a. Do You Currently Use Any Medication (Prescription or
Nonprescription)?27

Item 17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying?.....28

Item 18. Medical History.....29

Item 19. Visits to Health Professional Within Last 3 Years.....34

Item 20. Applicant's National Driver Register and Certifying
Declarations36

**EXAMINATION TECHNIQUES AND CRITERIA
FOR QUALIFICATION**

Items 21-58 of FAA Form 8500-8

Items 21-22. Height and Weight37

Items 23-24. Statement of Demonstrated Ability (SODA);
SODA Serial Number.....38

Items 25-30. Ear, Nose, and Throat (ENT)39

Items 31-34. Eye.....46

Item 35. Lungs and Chest57

Item 36. Heart63

Item 37. Vascular74

Item 38. Abdomen and Viscera.....76

Item 39. Anus.....80

Item 40. Skin.....81

Item 41. G-U System.....85

Item 42. Upper and Lower Extremities.....92

Item 43. Spine, Other Musculoskeletal96

Item 44. Identifying Body Marks, Scars, Tattoos.....100

Item 45. Lymphatics.....101

Item 46. Neurologic.....103

Item 47. Psychiatric.....115

Item 48. General Systemic.....123

Item 49. Hearing.....129

Item 50. Distant Vision.....133

Item 51.a. Near Vision.....136

Item 51.b. Intermediate Vision136

Item 52. Color Vision.....140

Item 53. Field of Vision.....142

Item 54. Heterophoria.....144

Item 55. Blood Pressure.....146

Item 56. Pulse.....147

Item 57. Urinalysis.....148

Item 58. ECG.....149

Application Review

Items 59-64 of FAA Form 8500-8

Item 59.	Other Tests Given.....	152
Item 60.	Comments on History and Findings.....	153
Item 61.	Applicant's Name.....	154
Item 62.	Has Been Issued, Denied, or Deferred.....	154
Item 63.	Disqualifying Defects.....	155
Item 64.	Medical Examiner's Declaration.....	156

DECISION CONSIDERATIONS:

Disease Protocols.....	157
Pharmaceuticals.....	186
Special Issuances.....	199
AASIs for All Classes.....	202
AASIs for Third-Class.....	227
AME Assisted Special Issuance Coversheet.....	230
Substances of Dependence/Abuse.....	231
Synopsis of Medical Standards.....	235

RESOURCES:

Glossary.....	237
Archives.....	241

Forms: <http://www.faa.gov/library/forms>

**Federal Aviation Administration
Regional and Center Medical Office Addresses:**

http://www.faa.gov/licenses_certificates/medical_certification/rfs

**Federal Aviation Administration
FAA Flight Standards District Offices (FSDO's):**

http://www.faa.gov/about/office_org/field_offices/fsdo

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

<http://ecfr.gpoaccess.gov/>

**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 Examiner's access upon request.

http://www.icao.int/icaonet/arch/doc/7300/7300_9ed.pdf

GENERAL INFORMATION

This section provides input to assist an Aviation Medical Examiners (AME), otherwise known as an Examiner, in performing his or her duties in an efficient and effective manner. It also describes Examiner responsibilities as the Federal Aviation Administration's (FAA) representative in medical certification matters and as the link between airmen and the FAA.

1. Legal Responsibilities of Designated Aviation Medical Examiners

Title 49, United States Code (U.S.C.) (Transportation), sections 109(9), 40113(a), 44701-44703, and 44709 (1994) formerly codified in the Federal Aviation Act of 1958, as amended, authorizes the FAA Administrator to delegate to qualified private persons; i.e. designated Examiners, matters related to the examination, testing, and inspection necessary to issue a certificate under the U.S.C. and to issue the certificate. Designated Examiners are delegated the Administrator's authority to examine applicants for airman medical certificates and to issue or deny issuance of certificates.

Approximately 450,000 applications for airman medical certification are received and processed each year. The vast majority of medical examinations conducted in connection with these applications are performed by physicians in private practice who have been designated to represent the FAA for this purpose. An Examiner is a designated representative of the FAA Administrator with important duties and responsibilities. It is essential that Examiners recognize the responsibility associated with their appointment.

At times, an applicant may not have an established treating physician and the Examiner may elect to fulfill this role. You must consider your responsibilities in your capacity as an Examiner as well as the potential conflicts that may arise when performing in this dual capacity.

The consequences of a negligent or wrongful certification, which would permit an unqualified person to take the controls of an aircraft, can be serious for the public, for the Government, and for the Examiner. If the examination is cursory and the Examiner fails to find a disqualifying defect that should have been discovered in the course of a thorough and careful examination, a safety hazard may be created and the Examiner may bear the responsibility for the results of such action.

Of equal concern is the situation in which an Examiner deliberately fails to report a disqualifying condition either observed in the course of the examination or otherwise known to exist. In this situation, both the applicant and the Examiner in completing the application and medical report form, may be found to have committed a violation of Federal criminal law which provides that:

"Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or

representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both" (Title 18 U.S. Code. Secs. 1001; 3571).

Cases of falsification may be subject to criminal prosecution by the Department of Justice. This is true whether the false statement is made by the applicant, the Examiner, or both. In view of the pressures sometimes placed on Examiners by their regular patients to ignore a disqualifying physical defect that the physician knows to exist, it is important that all Examiners be aware of possible consequences of such conduct.

In addition, when an airman has been issued a medical certificate that should not have been issued, it is frequently necessary for the FAA to begin a legal revocation or suspension action to recover the certificate. This procedure is time consuming and costly. Furthermore, until the legal process is completed, the airman may continue to exercise the privileges of the certificate, thereby compromising aviation safety.

2. Authority of Aviation Medical Examiners

The Examiner is delegated authority to:

- Examine applicants for, and holders of, airman medical certificates to determine whether or not they meet the medical standards for the issuance of an airman medical certificate.
- Issue or deny airman medical certificates to applicants or holders of such certificates based upon whether or not they meet the applicable medical standards. The medical standards are found in Title 14 of the Code of Federal Regulations, part 67.

A medical certificate issued by an Examiner is considered to be affirmed as issued unless, within 60 days after date of issuance (date of examination), it is reversed by the Federal Air Surgeon, a RFS, or the Manager, AMCD. However, if the FAA requests additional information from the applicant within 60 days after the issuance, the above-named officials have 60 days after receipt of the additional information to reverse the issuance.

3. Equipment Requirements

For the conduct of the medical examination, Examiner's shall have adequate facilities for performing the required examinations and possess or agree to obtain the following equipment prior to conducting any FAA examinations. History or current findings may indicate a need for special evaluations. Examiners shall certify at the time of designation, re-designation, or upon request that they possess (and maintain as necessary) the equipment specified.

1. Standard Snellen Test. Types for visual acuity (both near and distant) and appropriate eye lane. FAA Form 8500-1, Near Vision Acuity Test Card may be used for near and intermediate vision testing. Metal, opaque plastic or cardboard occluder.

2. Eye Muscle Test-Light. May be a spot of light 0.5cm in diameter, a regular muscle-test light, or an ophthalmoscope.

3. Maddox Rod. May be hand type.
4. Horizontal Prism Bar. Risley, Hughes, or hand prism are acceptable alternatives.
5. Color Vision Test Apparatus. Pseudoisochromatic plates, (American Optical Company (AOC), 1965 edition; AOC-HRR, 2nd edition); Dvorine, 2nd edition; Ishihara, Concise 14 -, 24 -; or 38-plate editions; or Richmond (1983 edition, 15-plates). Acceptable substitutes are: Farnsworth Lantern; Keystone Orthoscope; Keystone Telebinocular; LKC Technologies, Inc., Apt-5 Color Vision Tester; OPTEC 2000 Vision Tester (Models 2000PAME, and 2000OPI); Titmus Vision Tester; Titmus II Vision Tester (Model Nos. TII and TIIS); and Titmus 2 Vision Tester (Models T2A and T2S).
6. A Wall Target consisting of a 50-inch square surface with a matte finish (may be black felt or dull finish paper) and a 2-mm white test object (may be a pin) in a suitable handle of the same color as the background.
7. Other vision test equipment that is acceptable as a replacement for 1 through 4 above includes the American Optical Company Site-Screener, Bausch and Lomb Orthorator, Keystone Orthoscope or Telebinocular, Titmus Vision Tester, or Stereo Optical Co. OPTEC 2000 VISION TESTER.
8. Standard physician diagnostic instruments and aids including those necessary to perform urinalysis.
9. Electrocardiographic equipment. Senior Examiners must have access to digital electrocardiographic equipment with electronic transmission capability.
10. Audiometric equipment. All Examiners must have access to audiometric equipment or a capability of referring applicants to other medical facilities for audiometric testing.

4. Medical Certification Decision Making

The format of the Guide establishes aerospace medical dispositions, protocols, and AME Assisted Special Issuances (AASI) identified in Items 21–58 of the FAA Form 8500. This guidance references specific medical tests or procedure(s) the results of which are needed by the FAA to determine the eligibility of the applicant to be medically certificated. The request for this medical information must not be misconstrued as the FAA ordering or mandating that the applicant undergo testing, where clinically inappropriate or contraindicated. The risk of the study based upon the disease state and test conditions must be balanced by the applicants desire for certification and determined by the applicant and their healthcare provider(s).

After reviewing the medical history and completing the examination, Examiners must:

- Issue a medical certificate,

- Deny the application, or
- Defer the action to the Manager, AMCD, AAM-300, or the appropriate RFS

Examiners **may issue** a medical certificate *only* if the applicant meets all medical standards, including those pertaining to medical history unless otherwise authorized by the FAA.

Examiners **may not issue** a medical certificate if the applicant fails to meet specified minimum standards or demonstrates any of the findings or diagnoses described in this Guide as "disqualifying" unless the condition is unchanged or improved and the applicant presents written documentation that the FAA has evaluated the condition, found the applicant eligible for certification, and authorized Examiners to issue certificates.

The following medical conditions are specifically disqualifying under 14 CFR part 67. However, the FAA may exercise discretionary authority under the provisions of Authorization of Special Issuance, to issue an airman medical certificate. See **Special Issuances** section for additional guidance where applicable.

- Angina pectoris;
- Bipolar disorder;
- Cardiac valve replacement;
- Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant;
- Diabetes mellitus requiring insulin or other hypoglycemic medication;
- Disturbance of consciousness without satisfactory medical explanation of the cause;
- Epilepsy;
- Heart replacement;
- Myocardial infarction;
- Permanent cardiac pacemaker;
- Personality disorder that is severe enough to have repeatedly manifested itself by overt acts;
- Psychosis;

- Substance abuse and dependence;
- Transient loss of control of nervous system function(s) without satisfactory medical explanation of cause.

An airman who is medically disqualified for any reason may be considered by the FAA for an Authorization for Special Issuance of a Medical Certificate (Authorization). For medical defects, which are static or nonprogressive in nature, a Statement of Demonstrated Ability (SODA) may be granted in lieu of an Authorization.

The Examiner **always may defer** the application to the FAA for action. In the interests of the applicant and of a responsive certification system, however, deferral is appropriate only if the standards are not met; if there is an unresolved question about the history, the findings, the standards, or agency policy; if the examination is incomplete; if further evaluation is necessary; or if directed by the FAA.

The Examiner **may deny** certification *only* when the applicant clearly does not meet the standards.

5. Authorization for Special Issuance and AME Assisted Special Issuance (AASI)

A. Authorization for Special Issuance of a Medical Certificate (Authorization).

At the discretion of the Federal Air Surgeon, an Authorization for Special Issuance of a Medical Certificate (Authorization), valid for a specified period, may be granted to a person who does not meet the established medical standards if the person shows to the satisfaction of the Federal Air Surgeon that the duties authorized by the class of medical certificate applied for can be performed without endangering public safety during the period in which the Authorization would be in force. The Federal Air Surgeon may authorize a special medical flight test, practical test, or medical evaluation for this purpose. A medical certificate of the appropriate class may be issued to a person who fails to meet one or more of the established medical standards if that person possesses a valid agency issued Authorization and is otherwise eligible. An airman medical certificate issued in accordance with the special issuance section of part 67 (14 CFR § 67.401), shall expire no later than the end of the validity period or upon the withdrawal of the Authorization upon which it is based. An airman must again show to the satisfaction of the Federal Air Surgeon that the duties authorized by the class of medical certificate applied for can be performed without endangering public safety in order to obtain a new medical certificate and/or a Re-Authorization.

In granting an Authorization, the Federal Air Surgeon may consider the person's operational experience and any medical facts that may affect the ability of the person to perform airman duties including:

- The factors leading to and surrounding the episode