

austro

CONTROL

AIR CREW REGULATION

1178/2011 und 290/2012

Zusammenfassung der europäischen Rechtsvorschriften

„Schwerpunkt Flugmedizin“

ALLGEMEINE INFORMATION

In diesem Anhang der Informationsbroschüre wird Ihnen eine Zusammenfassung der für flugmedizinische Stellen relevanten EU-Vorschriften samt dazugehöriger Acceptable Means of Compliance und Guidance Material zur Verfügung gestellt.

Diese sind sowohl in englischer wie auch in deutscher Sprache angeführt.

Die Austro Control weist Sie jedoch darauf hin, dass die deutsche Übersetzung Fehler aufweist und die gültige Fassung die englische ist.

Erklärung der Farben:

Gesetzestexte – englisch

Gesetzestexte – deutsch

Gesetzestexte; AMC und GM (Acceptable Means of Compliance und Guidance Material) – ausschließlich in englischer Sprache;

Die detaillierten neuen Rechtsvorschriften finden sich in den so genannten Anhängen zur Aircrew Regulation:

- Anhang I (Part-FCL) – Ausbildung und Lizenzierung von Piloten
- Anhang II (Umwandlung nationaler Lizenzen und Berechtigungen für Flugzeuge und Hubschrauber)
- Anhang III (Anerkennung von Lizenzen aus Drittstaaten)
- Anhang IV (Part-MED) – Flugmedizinische Anforderungen
- Anhang V (Part-CC) – Vorschriften für Flugbegleiter
- Anhang VI (Part-ARA) – Anforderungen an Behörden
- Anhang VII (Part-ORA) – Anforderungen an Organisationen

Stand der Information: Januar 2013. Weiterführende Informationen werden in den kommenden Monaten auf der Homepage der Austro Control GmbH veröffentlicht.

Bezüglich der in diesem Dokument enthaltenden Informationen gelten im Zweifelsfall die Inhalte der in der Informationsbroschüre zitierten EU-Vorschriften.

<http://www.easa.eu.int/>

**VERORDNUNG (EU) Nr. 1178/2011 DER KOMMISSION
vom 3. November 2011**

**zur Festlegung technischer Vorschriften und von Verwaltungsverfahren in Bezug auf
das fliegende Personal in der Zivilluftfahrt gemäß der Verordnung (EG) Nr. 216/2008
des Europäischen Parlaments und des Rates**

**REGULATIONS
COMMISSION REGULATION (EU) No 1178/2011
of 3 November 2011**

**laying down technical requirements and administrative procedures related to civil
aviation aircrew pursuant to Regulation (EC) No 216/2008 of the European Parliament
and of the Council**

in Erwägung nachstehender Gründe:

(1) Ziel der Verordnung (EG) Nr. 216/2008 ist die Schaffung und die Aufrechterhaltung eines einheitlichen, hohen Sicherheitsniveaus der Zivilluftfahrt in Europa. Diese Verordnung sieht die zum Erreichen dieses Ziels sowie anderer Ziele auf dem Gebiet der Sicherheit der Zivilluftfahrt notwendigen Mittel vor.

Whereas:

Regulation (EC) No 216/2008 aims at establishing and maintaining a high uniform level of civil aviation safety in Europe. That Regulation provides for the means of achieving that objective and other objectives in the field of civil aviation safety.

(3) Desgleichen sollten Piloten ein ärztliches Zeugnis erhalten, und die für die Beurteilung der medizinischen Tauglichkeit von Piloten verantwortlichen flugmedizinischen Sachverständigen sollten zugelassen werden, sobald feststeht, dass sie den einschlägigen grundlegenden Anforderungen genügen. Die Verordnung (EG) Nr. 216/2008 sieht jedoch die Möglichkeit vor, dass Ärzte für Allgemeinmedizin unter bestimmten Bedingungen, sofern nach einzelstaatlichem Recht zulässig, als flugmedizinische Sachverständige fungieren.

(3) Similarly, pilots should be issued with a medical certificate and aero-medical examiners, responsible for assessing the medical fitness of pilots, should be certified once they have been found to comply with the relevant essential requirements. However, Regulation (EC) No 216/2008 envisages the possibility of general medical practitioners to act as aero-medical examiners under certain conditions and if permitted under national law.

(4) Flugbegleiter, die am Betrieb bestimmter Luftfahrzeuge mitwirken, müssen den in Anhang IV der Verordnung (EG) Nr. 216/2008 festgelegten grundlegenden Anforderungen genügen. Gemäß der genannten Verordnung müssen Flugbegleiter in regelmäßigen Abständen auf ihre flugmedizinische Tauglichkeit zur sicheren Ausführung ihrer Sicherheitsaufgaben beurteilt werden. Die Erfüllung der Anforderungen ist durch eine geeignete Beurteilung auf der Grundlage der besten flugmedizinischen Praxis nachzuweisen.

(4) Cabin crew involved in the operation of certain aircraft have to comply with the relevant essential requirements set out in Annex IV to Regulation (EC) No 216/2008. According to that Regulation, cabin crew should be periodically assessed for medical fitness to safely exercise their assigned safety duties. Compliance must be shown by an appropriate assessment based on aero-medical best practice.

(5) Gemäß der Verordnung (EG) Nr. 216/2008 hat die Kommission die notwendigen Durchführungsbestimmungen zu erlassen, um die Bedingungen für die Zulassung von Piloten sowie von Personen, die an der Ausbildung, Prüfung oder Kontrolle von Piloten mitwirken, für die Bescheinigung von Flugbegleitern und für die Beurteilung von Flugbegleitern im Hinblick auf ihre flugmedizinische Tauglichkeit festzulegen.

(5) Regulation (EC) No 216/2008 requires the Commission to adopt the necessary implementing rules for establishing the conditions for certifying pilots as well as persons involved in their training, testing or checking, for the attestation of cabin crew members and for the assessment of their medical fitness.

Artikel 1 Article 1

Gegenstand Subject matter

Diese Verordnung legt Einzelbestimmungen fest für

3. verschiedene Tauglichkeitszeugnisse für Piloten, die Bedingungen für die Ausstellung, Aufrechterhaltung, Änderung, Einschränkung, Aussetzung oder Aufhebung von Tauglichkeitszeugnissen, die Rechte und Verantwortlichkeiten der Inhaber von Tauglichkeitszeugnissen sowie die Bedingungen für die Umwandlung einzelstaatlicher Tauglichkeitszeugnisse in allgemein anerkannte Tauglichkeitszeugnisse;

This Regulation lays down detailed rules for:

(3) different medical certificates for pilots, the conditions for issuing, maintaining, amending, limiting, suspending or revoking medical certificates, the privileges and responsibilities of the holders of medical certificates as well as the conditions for the conversion of national medical certificates into commonly recognised medical certificates;

4. die Zulassung flugmedizinischer Sachverständiger sowie die Bedingungen, unter denen Ärzte für Allgemeinmedizin als flugmedizinische Sachverständige fungieren dürfen;

4) the certification of aero-medical examiners, as well as the conditions under which general medical practitioners may act as aero-medical examiners;

5. die regelmäßige flugmedizinische Beurteilung von Flugbegleitern sowie die Qualifikation der für diese Beurteilung zuständigen Personen.

(5) the periodical aero-medical assessment of cabin crew members, as well as the qualification of persons responsible for this assessment.

Artikel 5 Article 5

Bestehende einzelstaatliche Tauglichkeitszeugnisse für Piloten und Zeugnisse flugmedizinischer Sachverständiger

(1) JAR-gemäße Tauglichkeitszeugnisse für Piloten und Zeugnisse flugmedizinischer Sachverständiger, die von einem Mitgliedstaat vor Anwendbarkeit dieser Verordnung erteilt oder anerkannt wurden, gelten als gemäß dieser Verordnung erteilt.

Existing national pilots' medical certificates and aero- medical examiners certificates

1. JAR-compliant pilots' medical certificates and aero-medical examiners' certificates issued or recognised by a Member State before this Regulation applies shall be deemed to have been issued in accordance with this Regulation.

(2) Die Mitgliedstaaten ersetzen diese Tauglichkeitszeugnisse für Piloten und Zeugnisse flugmedizinischer Sachverständiger spätestens bis 8. April 2017 durch Zeugnisse, die dem in Teil-ARA festgelegten Format entsprechen.

2. Member States shall replace pilots' medical certificates and aero-medical examiners' certificates with certificates complying with the format laid down in Part-ARA by 8 April 2017 at the latest.

(3) Nicht JAR-gemäße Tauglichkeitszeugnisse für Piloten und Zeugnisse flugmedizinischer Sachverständiger, die von einem Mitgliedstaat vor Anwendbarkeit dieser Verordnung erteilt wurden, bleiben bis zum Datum ihrer nächsten Verlängerung, längstens jedoch bis zum 8. April 2017, gültig.

3. Non-JAR-compliant pilot medical certificates and aero- medical examiners' certificates issued by a Member State before this Regulation applies shall remain valid until the date of their next revalidation or until 8 April 2017, whichever is the earlier.

(4) Für die Verlängerung der in den Absätzen 1 und 2 genannten Zeugnisse gelten die Bestimmungen des Anhangs IV.

4. The revalidation of the certificates referred to in paragraphs 1 and 2 shall comply with the provisions of Annex IV.

Artikel 11 Article 11

Tauglichkeit von Flugbegleitern

(1) Flugbegleiter, die am Betrieb von Luftfahrzeugen im Sinne von Artikel 4 Absatz 1 Buchstaben b und c der Verordnung (EG) Nr. 216/2008 mitwirken, haben die in Anhang IV festgelegten technischen Anforderungen und Verwaltungsverfahren zu erfüllen.

Cabin crew medical fitness

1. Cabin crew members involved in the operation of aircraft referred to in Article 4(1)(b) and (c) of Regulation (EC) No 216/2008 shall comply with the technical requirements and administrative procedures laid down in Annex IV.

(2) Die medizinischen Untersuchungen oder Beurteilungen von Flugbegleitern, die gemäß der Verordnung (EWG) Nr. 3922/91 des Rates (1) durchgeführt wurden und zum Zeitpunkt der Anwendbarkeit dieser Verordnung noch gültig sind, gelten als gültig gemäß dieser Verordnung bis zum früheren der folgenden Zeitpunkte:

a) dem Ablauf der Gültigkeit gemäß der Festlegung der zuständigen Behörde im Einklang mit der Verordnung (EWG) Nr. 3922/91 oder

b) dem Ablauf der Gültigkeit gemäß MED.C.005 von Anhang IV.

Die Gültigkeitsdauer wird ab dem Datum der letzten medizinischen Untersuchung oder Beurteilung berechnet.

Bei Ablauf der Gültigkeitsdauer werden nachfolgende erneute flugmedizinische Beurteilungen gemäß Anhang IV durchgeführt.

2. The medical examinations or assessments of cabin crew members that were conducted in accordance with Council Regulation (EEC) No 3922/91 (1) and which are still valid at the date of application of this Regulation shall be deemed to be valid according to this Regulation until the earlier of the following:

(a) the end of the validity period determined by the competent authority in accordance with Regulation (EEC) No 3922/91; or

(b) the end of the validity period provided for in point MED.C.005 of Annex IV.

The validity period shall be counted from the date of the last medical examination or assessment.

By the end of the validity period any subsequent aero-medical re-assessment shall be conducted in accordance with Annex IV.

ANHANG IV ANNEX IV
[PART-MED]
ABSCHNITT A SUBPART A
ALLGEMEINE ANFORDERUNGEN
GENERAL REQUIREMENTS
UNTERABSCHNITT 1 SECTION 1

Allgemeines General

MED.A.001 Zuständige Behörde

Im Sinne dieses Teils gilt als zuständige Behörde

a) für flugmedizinische Zentren:

- (1) die von dem Mitgliedstaat, in dem sich die Hauptniederlassung des flugmedizinischen Zentrums befindet, benannte Behörde;
- (2) die Agentur, wenn sich das flugmedizinische Zentrum in einem Drittland befindet;

MED.A.001 Competent authority

For the purpose of this Part, the competent authority shall be:

(a) for aero-medical centres (AeMC):

- (1) the authority designated by the Member State where the AeMC has its principal place of business;
- (2) where the AeMC is located in a third country, the Agency;

b) für flugmedizinische Sachverständige:

- (1) die von dem Mitgliedstaat, in dem sich die Hauptniederlassung des flugmedizinischen Sachverständigen befindet, benannte Behörde;
- (2) die von dem Mitgliedstaat, in dem der flugmedizinische Sachverständige die Ausstellung der Zulassung als flugmedizinischer Sachverständiger beantragt, benannte Behörde, wenn sich die Hauptniederlassung des flugmedizinischen Sachverständigen in einem Drittland befindet;

(b) for aero-medical examiners (AME):

- (1) the authority designated by the Member State where the AMEs have their principal place of practice;
- (2) if the principal place of practice of an AME is located in a third country, the authority designated by the Member State to which the AME applies for the issue of the AME certificate;

c) für Ärzte für Allgemeinmedizin die von dem Mitgliedstaat benannte Behörde, bei der der Arzt für Allgemeinmedizin seine Tätigkeit anmeldet;

(c) for general medical practitioners (GMP), the authority designated by the Member State to which the GMP notifies his/her activity;

d) für Ärzte für Arbeitsmedizin, die Flugbegleiter auf flugmedizinische Tauglichkeit untersuchen, die von dem Mitgliedstaat benannte Behörde, bei der der Arzt für Arbeitsmedizin seine Tätigkeit anmeldet.

(d) for occupational health medical practitioners (OHMP) assessing the medical fitness of cabin crew, the authority designated by the Member State to which the OHMP notifies his/her activity.

MED.A.005 Geltungsbereich

Dieser Teil enthält Anforderungen in Bezug auf

a) die Ausstellung, die Gültigkeit, die Verlängerung und die Erneuerung des Tauglichkeitszeugnisses, das zur Ausübung der mit einer Pilotenlizenz verbundenen Rechte oder zur Ausübung der Rechte eines Flugschülers erforderlich ist;

MED.A.005 Scope

This Part establishes the requirements for:

(a) the issue, validity, revalidation and renewal of the medical certificate required for exercising the privileges of a pilot licence or of a student pilot;

b) die flugmedizinische Tauglichkeit von Flugbegleitern;

(b) the medical fitness of cabin crew;

c) die Zulassung von flugmedizinischen Sachverständigen sowie

(c) the certification of AMEs; and

d) die Qualifikation von Ärzten für Allgemeinmedizin und für Arbeitsmedizin.

(d) the qualification of GMPs and of occupational health medical practitioners (OHMP).

MED.A.010 Begriffsbestimmungen

Für die Zwecke dieses Teils gelten folgende Begriffsbestimmungen:

— „*anerkannter medizinischer Befund*“ bezeichnet einen Befund, den ein oder mehrere von der Genehmigungsbehörde akzeptierte medizinische Sachverständige auf der Grundlage objektiver und nichtdiskriminierender Kriterien zum Zwecke des jeweiligen Falles und erforderlichenfalls in Konsultation mit dem Flugbetrieb oder anderen Sachverständigen erhoben haben;

MED.A.010 Definitions

For the purpose of this Part, the following definitions apply:

— ‘*Accredited medical conclusion*’ means the conclusion reached by one or more medical experts acceptable to the licensing authority, on the basis of objective and non-discriminatory criteria, for the purposes of the case concerned, in consultation with flight operations or other experts as necessary,

— „*Beurteilung*“ bezeichnet die abschließende Einschätzung der flugmedizinischen Tauglichkeit einer Person, die auf einer Auswertung der Krankengeschichte dieser Person und/oder auf gemäß diesem Teil durchgeführten flugmedizinischen Untersuchungen sowie auf weiteren gegebenenfalls erforderlichen Untersuchungen und/oder medizinischen Tests (unter anderem EKG, Blutdruckmessung, Blutuntersuchung, Röntgenuntersuchung) basiert;

— ‘*Assessment*’ means the conclusion on the medical fitness of a person based on the evaluation of the person’s medical history and/or aero-medical examinations as required in this Part and further examinations as necessary, and/or medical tests such as, but not limited to, ECG, blood pressure measurement, blood testing, X-ray,

— „*farbensicher*“ bezeichnet die Eigenschaft eines Bewerbers, der imstande ist, die in der Luftfahrt verwendeten Farben schnell zu unterscheiden und die in der Luftfahrt verwendeten farbigen Lichter schnell korrekt zu erkennen;

— ‘*Colour safe*’ means the ability of an applicant to readily distinguish the colours used in air navigation and correctly identify aviation coloured lights,

— „*Augenspezialist*“ bezeichnet einen Facharzt für Augenheilkunde oder einen Spezialisten, der über Qualifikationen auf dem Gebiet der Optometrie verfügt und in der Diagnose von Erkrankungen geschult ist;

— ‘*Eye specialist*’ means an ophthalmologist or a vision care specialist qualified in optometry and trained to recognise pathological conditions,

— „*Untersuchung*“ bezeichnet eine Inspektion, Palpation, Perkussion, Auskultation oder andere Überprüfungsmaßnahme speziell zur Krankheitsdiagnose.

— ‘*Examination*’ means an inspection, palpation, percussion, auscultation or other means of investigation especially for diagnosing disease,

— „*Überprüfung*“ bezeichnet dabei eine Beurteilung des Verdacht auf eine bestimmte Erkrankung bei einem Bewerber mittels Untersuchungen und Tests zum Abklären des tatsächlichen Vorliegens dieser Störung;

— ‘*Investigation*’ means the assessment of a suspected pathological condition of an applicant by means of examinations and tests in order to verify the presence or absence of a medical condition,

— „*Genehmigungsbehörde*“ bezeichnet die zuständige Behörde des Mitgliedstaats, der die Lizenz ausgestellt hat bzw. in dem eine Person eine Lizenz beantragt, oder bei noch nicht erfolgter Antragstellung die gemäß diesem Teil zuständige Behörde;

— ‘*Licensing authority*’ means the competent authority of the Member State that issued the licence, or to which a person applies for the issue of a licence, or, when a person has not yet applied for the issue of a licence, the competent authority in accordance with this Part,

— „*Einschränkung*“ bezeichnet eine auf dem Tauglichkeitszeugnis, der Lizenz oder dem ärztlichen Gutachten für Flugbegleiter festgehaltene Bedingung, die beim Ausüben der mit der Lizenz oder der Flugbegleiterbescheinigung verbundenen Rechte zu erfüllen ist;

— ‘*Limitation*’ means a condition placed on the medical certificate, licence or cabin crew medical report that shall be complied with whilst exercising the privileges of the licence, or cabin crew attestation,

— „*Refraktionsfehler*“ bezeichnet die mit Standardmethoden bestimmte Abweichung von der Normalsichtigkeit in Dioptrien im am stärksten ametropen Meridian.

— ‘*Refractive error*’ means the deviation from emmetropia measured in dioptres in the most ametropic meridian, measured by standard methods.

MED.A.015 Ärztliche Schweigepflicht

Alle an einer medizinischen Untersuchung, einer Beurteilung und einer Ausstellung von Bescheinigungen beteiligten Personen gewährleisten zu jedem Zeitpunkt die Einhaltung der ärztlichen Schweigepflicht.

MED.A.015 Medical confidentiality

All persons involved in medical examination, assessment and certification shall ensure that medical confidentiality is respected at all times.

AMC1 MED.A.015 Medical confidentiality

To ensure medical confidentiality, all medical reports and records should be securely held with accessibility restricted to personnel authorised by the medical assessor.

MED.A.020 Eingeschränkte flugmedizinische Tauglichkeit

a) Lizenzinhaber dürfen die mit ihrer Lizenz und mit zugehörigen Berechtigungen oder Zeugnissen verbundenen Rechte nicht ausüben, wenn sie:

- (1) von einer Einschränkung ihrer flugmedizinischen Tauglichkeit Kenntnis haben, aufgrund deren sie diese Rechte unter Umständen nicht mehr sicher ausüben können;
- (2) ein verschreibungspflichtiges oder nicht verschreibungspflichtiges Arzneimittel einnehmen oder anwenden, das sie in der sicheren Ausübung der mit der geltenden Lizenz verbundenen Rechte beeinträchtigen kann;
- (3) sich einer medizinischen Behandlung, einem chirurgischen Eingriff oder einer anderen Behandlung unterziehen, die die Flugsicherheit beeinträchtigen kann.

MED.A.020 Decrease in medical fitness

(a) Licence holders shall not exercise the privileges of their licence and related ratings or certificates at any time when they:

- (1) are aware of any decrease in their medical fitness which might render them unable to safely exercise those privileges;
- (2) take or use any prescribed or non-prescribed medication which is likely to interfere with the safe exercise of the privileges of the applicable licence;
- (3) receive any medical, surgical or other treatment that is likely to interfere with flight safety.

AMC1 MED.A.020 Decrease in medical fitness

If in any doubt about their fitness to fly, use of medication or treatment:

(a) holders of class 1 or class 2 medical certificates should seek the advice of an AeMC or AME;

b) Darüber hinaus müssen Lizenzinhaber unverzüglich flugmedizinischen Rat einholen, wenn sie:

- (1) sich einem chirurgischen Eingriff oder einem invasiven Verfahren unterzogen haben;
- (2) mit der regelmäßigen Einnahme oder Anwendung eines Arzneimittels begonnen haben;
- (3) sich eine erhebliche Verletzung zugezogen haben, die eine Tätigkeit als Flugbesatzungsmitglied nicht zulässt;
- (4) unter einer erheblichen Erkrankung leiden, die eine Tätigkeit als Flugbesatzungsmitglied nicht zulässt;
- (5) schwanger sind;
- (6) in ein Krankenhaus oder eine Klinik eingewiesen worden sind;
- (7) erstmalig eine korrigierende Sehhilfe benötigen.

(b) In addition, licence holders shall, without undue delay, seek aero-medical advice when they:

- (1) have undergone a surgical operation or invasive procedure;
- (2) have commenced the regular use of any medication;
- (3) have suffered any significant personal injury involving incapacity to function as a member of the flight crew;
- (4) have been suffering from any significant illness involving incapacity to function as a member of the flight crew;
- (5) are pregnant;
- (6) have been admitted to hospital or medical clinic;
- (7) first require correcting lenses.

c) In diesen Fällen gilt Folgendes:

- (1) Inhaber von Tauglichkeitszeugnissen der Klasse 1 und Klasse 2 müssen ein flugmedizinisches Zentrum oder einen flugmedizinischen Sachverständigen konsultieren. Das flugmedizinische Zentrum oder der flugmedizinische Sachverständige muss die flugmedizinische Tauglichkeit der Lizenzinhaber beurteilen und entscheiden, ob diese imstande sind, ihre Rechte weiter auszuüben;
- (2) Inhaber von Tauglichkeitszeugnissen für LAPL müssen ein flugmedizinisches Zentrum, einen flugmedizinischen Sachverständigen oder den Arzt für Allgemeinmedizin konsultieren, der das Tauglichkeitszeugnis unterschrieben hat. Das flugmedizinische Zentrum, der flugmedizinische Sachverständige oder der Arzt für Allgemeinmedizin muss die flugmedizinische Tauglichkeit der Lizenzinhaber beurteilen und entscheiden, ob diese imstande sind, ihre Rechte weiter auszuüben;

(c) In these cases:

- (1) holders of Class 1 and Class 2 medical certificates shall seek the advice of an AeMC or AME. The AeMC or AME shall assess the medical fitness of the licence holder and decide whether they are fit to resume the exercise of their privileges;
- (2) holders of LAPL medical certificates shall seek the advice of an AeMC or AME, or the GMP who signed the medical certificate. The AeMC, AME or GMP shall assess the medical fitness of the licence holders and decide whether they are fit to resume the exercise of their privileges.

d) Flugbegleiter dürfen ihre Aufgaben an Bord eines Luftfahrzeugs nicht wahrnehmen und gegebenenfalls die mit ihrer Flugbegleiterbescheinigung verbundenen Rechte nicht ausüben, wenn sie von einer Einschränkung ihrer flugmedizinischen Tauglichkeit Kenntnis haben, deren Ausmaß sie außer Stande setzen kann, ihre Sicherheitspflichten und Verantwortlichkeiten wahrzunehmen;

(d) Cabin crew members shall not perform duties on an aircraft and, where applicable, shall not exercise the privileges of their cabin crew attestation when they are aware of any decrease in their medical fitness, to the extent that this condition might render them unable to discharge their safety duties and responsibilities.

e) Flugbegleiter, auf die die unter Buchstabe b Absätze 1 bis 5 genannten medizinischen Bedingungen zutreffen, müssen darüber hinaus unverzüglich ein flugmedizinisches Zentrum, einen flugmedizinischen Sachverständigen bzw. einen Arzt für Arbeitsmedizin konsultieren. Das flugmedizinische Zentrum, der flugmedizinische Sachverständige oder der Arzt für Arbeitsmedizin muss die flugmedizinische Tauglichkeit der Flugbegleiter beurteilen und entscheiden, ob diese imstande sind, ihre Sicherheitspflichten wahrzunehmen.

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e) In addition, if in the medical conditions specified in (b)(1) to (b)(5), cabin crew members shall, without undue delay, seek the advice of an AME, AeMC, or OHMP as applicable. The AME, AeMC or OHMP shall assess the medical fitness of the cabin crew members and decide whether they are fit to resume their safety duties.

AMC1 MED.A.020 Decrease in medical fitness

If in any doubt about their fitness to fly, use of medication or treatment:

(a) holders of class 1 or class 2 medical certificates should seek the advice of an AeMC or AME;

(b) holders of LAPL medical certificates should seek the advice of an AeMC, AME, or of the GMP who issued the holder's medical certificate;

(c) suspension of exercise of privileges: holders of a medical certificate should seek the advice of an AeMC or AME when they have been suffering from any illness involving incapacity to function as a member of the flight crew for a period of at least 21 days.

MED.A.025 Verpflichtungen von flugmedizinischen Zentren, flugmedizinischen Sachverständigen, Ärzten für Allgemeinmedizin und Ärzten für Arbeitsmedizin

a) Bei der Durchführung von medizinischen Untersuchungen und/oder Beurteilungen müssen flugmedizinische Zentren, flugmedizinische Sachverständige, Ärzte für Allgemeinmedizin und Ärzte für Arbeitsmedizin:

(1) sicherstellen, dass mit der betreffenden Person ohne Sprachbarrieren kommuniziert werden kann;

(2) die betreffende Person über die Konsequenzen der Beibringung unvollständiger, ungenauer oder falscher Angaben zu ihrer Krankengeschichte aufklären.

MED.A.025 Obligations of AeMC, AME, GMP and OHMP

(a) When conducting medical examinations and/or assessments, AeMC, AME, GMP and OHMP shall:

(1) ensure that communication with the person can be established without language barriers;

(2) make the person aware of the consequences of providing incomplete, inaccurate or false statements on their medical history.

b) Nach Abschluss der flugmedizinischen Untersuchungen und/oder Beurteilungen müssen flugmedizinische Zentren, flugmedizinische Sachverständige, Ärzte für Allgemeinmedizin und Ärzte für Arbeitsmedizin:

(1) der untersuchten Person mitteilen, ob sie tauglich oder nicht tauglich ist oder an die Genehmigungsbehörde, das flugmedizinische Zentrum bzw. den flugmedizinischen Sachverständigen verwiesen wird;

(2) die untersuchte Person über jede Einschränkung in Kenntnis setzen, die die Flugausbildung oder die mit der Lizenz bzw. der Flugbegleiterbescheinigung verbundenen Rechte einschränken könnte;

(3) die untersuchte Person, sofern diese als nicht tauglich beurteilt worden ist, über ihr Recht auf eine weitergehende Überprüfung in Kenntnis setzen, und

(4) im Falle von Bewerbern um ein Tauglichkeitszeugnis unverzüglich einen unterzeichneten oder elektronisch authentifizierten Bericht bei der Genehmigungsbehörde einreichen, der das Ergebnis der Beurteilung und eine Kopie des Tauglichkeitszeugnisses beinhaltet.

(b) After completion of the aero-medical examinations and/or assessment, the AeMC, AME, GMP and OHMP shall:

- (1) advise the person whether fit, unfit or referred to the licensing authority, AeMC or AME as applicable;
- (2) inform the person of any limitation that may restrict flight training or the privileges of the licence, or cabin crew attestation as applicable;
- (3) if the person has been assessed as unfit, inform him/her of his/her right of a secondary review; and
- (4) in the case of applicants for a medical certificate, submit without delay a signed, or electronically authenticated, report to include the assessment result and a copy of the medical certificate to the licensing authority.

c) Flugmedizinische Zentren, flugmedizinische Sachverständige, Ärzte für Allgemeinmedizin und Ärzte für Arbeitsmedizin müssen gemäß der nationalen Gesetzgebung Aufzeichnungen führen, in denen die Einzelheiten über die gemäß diesem Teil durchgeführten Untersuchungen und Beurteilungen sowie deren Ergebnisse enthalten sind.

(c) AeMCs, AMEs, GMPs and OHMPs shall maintain records with details of medical examinations and assessments performed in accordance with this Part and their results in accordance with national legislation.

d) Flugmedizinische Zentren, flugmedizinische Sachverständige und Ärzte für Allgemein- und für Arbeitsmedizin müssen dem medizinischen Sachverständigen der zuständigen Behörde auf Anfrage sämtliche flugmedizinischen Aufzeichnungen und Berichte sowie alle übrigen relevanten Informationen vorlegen, wenn dies für die Bescheinigung der Tauglichkeit und/oder für Aufsichtszwecke erforderlich ist.

(d) When required for medical certification and/or oversight functions, AeMCs, AMEs, GMPs and OHMP shall submit to the medical assessor of the competent authority upon request all aero-medical records and reports, and any other relevant information.

AMC1 MED.A.025 Obligations of AeMC, AME, GMP and OHMP

(a) The report required in MED.A.025 (b)(4) should detail the results of the examination and the evaluation of the findings with regard to medical fitness.

(b) The report may be submitted in electronic format, but adequate identification of the examiner should be ensured.

(c) If the medical examination is carried out by two or more AMEs or GMPs, only one of them should be responsible for coordinating the results of the examination, evaluating the findings with regard to medical fitness, and signing the report.

UNTERABSCHNITT 2 SECTION 2 Anforderungen für Tauglichkeitszeugnisse

MED.A.030 Tauglichkeitszeugnisse

a) Ein Flugschüler darf erst dann Alleinflüge durchführen, wenn ihm das Tauglichkeitszeugnis ausgestellt wurde, das für den Erhalt der betreffenden Lizenz erforderlich ist.

Requirements for medical certificates

MED.A.030 Medical certificates

(a) A student pilot shall not fly solo unless that student pilot holds a medical certificate, as required for the relevant licence.

b) Bewerber um und Inhaber von Pilotenlizenzen für Leichtflugzeuge (Light Aircraft Pilot License, LAPL) benötigen zumindest ein Tauglichkeitszeugnis für LAPL.

(b) Applicants for and holders of a light aircraft pilot licence (LAPL) shall hold at least an LAPL medical certificate.

c) Bewerber um und Inhaber von Privatpilotenlizenzen (Private Pilot Licence, PPL), Segelflugzeugpilotenlizenzen (Sailplane Pilot Licence, SPL) oder Ballonpilotenlizenzen (Balloon Pilot Licence, BPL) benötigen zumindest ein Tauglichkeitszeugnis der Klasse 2.

(c) Applicants for and holders of a private pilot licence (PPL), a sailplane pilot licence (SPL), or a balloon pilot licence (BPL) shall hold at least a Class 2 medical certificate.

d) Bewerber um und Inhaber von SPL oder BPL, zur Betätigung bei gewerblichen Segelflügen oder gewerblichen Ballonfahrten, benötigen zumindest ein Tauglichkeitszeugnis der Klasse 2.

(d) Applicants for and holders of an SPL or a BPL involved in commercial sailplane or balloon flights shall hold at least a Class 2 medical certificate.

e) Wenn die PPL oder LAPL um eine Nachtflugberechtigung ergänzt werden soll, muss der Lizenzinhaber farbensicher sein.

(e) If a night rating is added to a PPL or LAPL, the licence holder shall be colour safe.

f) Bewerber um und Inhaber von Lizenzen für Berufspiloten (Commercial Pilot Licence, CPL), von Lizenzen für Piloten in mehrköpfigen Flugbesatzungen (Multi-crew Pilot Licence, MPL) oder von Lizenzen für Verkehrspiloten (Airline Transport Pilot Licence, ATPL) benötigen ein Tauglichkeitszeugnis der Klasse 1.

(f) Applicants for and holders of a commercial pilot licence (CPL), a multi-crew pilot licence (MPL), or an airline transport pilot licence (ATPL) shall hold a Class 1 medical certificate.

g) Wenn die PPL um eine Instrumentenflugberechtigung ergänzt werden soll, muss der Lizenzinhaber sich Reintonaudiometrie-Untersuchungen mit der Periodizität und nach dem Standard, die für Inhaber von Tauglichkeitszeugnissen der Klasse 1 vorgeschrieben sind, unterziehen.

(g) If an instrument rating is added to a PPL, the licence holder shall undertake pure tone audiometry examinations in accordance with the periodicity and the standard required for Class 1 medical certificate holders.

h) Ein Lizenzinhaber darf zu keiner Zeit über mehrere gemäß diesem Teil ausgestellte Tauglichkeitszeugnisse verfügen.

(h) A licence holder shall not at any time hold more than one medical certificate issued in accordance with this Part.EN 25.11.2011 Official Journal of the European Union L 311/175

AMC1 MED.A.030 Medical certificates

(a) A class 1 medical certificate includes the privileges and validities of class 2 and LAPL medical certificates.

(b) A class 2 medical certificate includes the privileges and validities of a LAPL medical certificate.

MED.A.035 Beantragung eines Tauglichkeitszeugnisses

a) Anträge auf Tauglichkeitszeugnisse sind in dem von der zuständigen Behörde festgelegten Format zu stellen.

MED.A.035 Application for a medical certificate

(a) Applications for a medical certificate shall be made in a format established by the competent authority.

b) Bewerber um ein Tauglichkeitszeugnis müssen dem flugmedizinischen Zentrum, dem flugmedizinischen Sachverständigen bzw. dem Arzt für Allgemeinmedizin Folgendes vorlegen:

(1) einen Nachweis ihrer Identität;

(2) eine unterzeichnete Erklärung:

i) über medizinische Fakten, die ihre Krankengeschichte betreffen;

ii) darüber, ob zu einem früheren Zeitpunkt Untersuchungen zur Ausstellung eines Tauglichkeitszeugnisses durchgeführt wurden (falls zutreffend, unter Angabe des Untersuchenden und des Untersuchungsergebnisses);

iii) darüber, ob in der Vergangenheit eine Untauglichkeit festgestellt oder ein Tauglichkeitszeugnis ausgesetzt oder widerrufen wurde.

(b) Applicants for a medical certificate shall provide the AeMC, AME or GMP as applicable, with:

(1) proof of their identity;

(2) a signed declaration:

(i) of medical facts concerning their medical history;

(ii) as to whether they have previously undergone an examination for a medical certificate and, if so, by whom and with what result;

(iii) as to whether they have ever been assessed as unfit or had a medical certificate suspended or revoked.

c) Bei der Beantragung einer Verlängerung oder Erneuerung des Tauglichkeitszeugnisses müssen Bewerber vor Beginn der entsprechenden Untersuchungen dem flugmedizinischen Zentrum, dem flugmedizinischen Sachverständigen oder dem Arzt für Allgemeinmedizin dieses Tauglichkeitszeugnis vorlegen.

(c) When applying for a revalidation or renewal of the medical certificate, applicants shall present the medical certificate to the AeMC, AME or GMP prior to the relevant examinations.

AMC1 MED.A.035 Application for a medical certificate

When applicants do not present a current or previous medical certificate to the AeMC, AME or GMP prior to the relevant examinations, the AeMC, AME or GMP should not issue the medical certificate unless relevant information is received from the licensing authority.

MED.A.040 Ausstellung, Verlängerung und Erneuerung von Tauglichkeitszeugnissen

(a) Ein Tauglichkeitszeugnis darf erst ausgestellt, verlängert oder erneuert werden, wenn die erforderlichen Untersuchungen und/oder Beurteilungen abgeschlossen sind und die untersuchte Person als tauglich beurteilt wurde.

MED.A.040 Issue, revalidation and renewal of medical certificates

(a) A medical certificate shall only be issued, revalidated or renewed once the required medical examinations and/or assessments have been completed and a fit assessment is made.

b) Erstaussstellung

(1) Tauglichkeitszeugnisse der Klasse 1 werden von einem flugmedizinischen Zentrum ausgestellt.

(2) Tauglichkeitszeugnisse der Klasse 2 werden von einem flugmedizinischen Zentrum oder von einem flugmedizinischen Sachverständigen ausgestellt.

(3) Tauglichkeitszeugnisse für LAPL werden von einem flugmedizinischen Zentrum, von einem flugmedizinischen Sachverständigen oder — sofern nach dem nationalen Recht des Mitgliedstaats, in dem die Lizenz ausgestellt wird, zulässig — von einem Arzt für Allgemeinmedizin ausgestellt.

(b) Initial issue:

(1) Class 1 medical certificates shall be issued by an AeMC.

(2) Class 2 medical certificates shall be issued by an AeMC or an AME.

(3) LAPL medical certificates shall be issued by an AeMC, an AME or, if permitted under the national law of the Member State where the licence is issued, by a GMP.

c) Verlängerung und Erneuerung

(1) Tauglichkeitszeugnisse der Klasse 1 und der Klasse 2 werden von einem flugmedizinischen Zentrum oder von einem flugmedizinischen Sachverständigen verlängert oder erneuert.

(2) Tauglichkeitszeugnisse für LAPL werden von einem flugmedizinischen Zentrum, von einem flugmedizinischen Sachverständigen oder — sofern nach dem nationalen Recht des Mitgliedstaats, in dem die Lizenz ausgestellt wird, zulässig — von einem Arzt für Allgemeinmedizin verlängert oder erneuert.

(c) Revalidation and renewal:

(1) Class 1 and Class 2 medical certificates shall be revalidated or renewed by an AeMC or an AME.

(2) LAPL medical certificates shall be revalidated or renewed by an AeMC, an AME or, if permitted under the national law of the Member State where the licence is issued, by a GMP.

d) Das flugmedizinische Zentrum, der flugmedizinische Sachverständige bzw. der Arzt für Allgemeinmedizin darf ein Tauglichkeitszeugnis nur ausstellen, verlängern oder erneuern, wenn:

(1) ihnen der Bewerber eine vollständige Krankengeschichte und — sofern vom flugmedizinischen Zentrum, vom flugmedizinischen Sachverständigen oder vom Arzt für Allgemeinmedizin gefordert — die Ergebnisse der medizinischen Untersuchungen und Tests vorlegt, die vom behandelnden Arzt des Bewerbers oder von sonstigen Fachärzten durchgeführt wurden, und

(2) das flugmedizinische Zentrum, der flugmedizinische Sachverständige oder der Arzt für Allgemeinmedizin die flugmedizinische Beurteilung auf Grundlage der medizinischen Untersuchungen und Tests durchgeführt haben, die für das betreffende Tauglichkeitszeugnis erforderlich sind, um zu bestätigen, dass der Bewerber sämtlichen relevanten Anforderungen dieses Teils genügt.

(d) The AeMC, AME or GMP shall only issue, revalidate or renew a medical certificate if:

(1) the applicant has provided them with a complete medical history and, if required by the AeMC, AME or GMP, results of medical examinations and tests conducted by the applicant's doctor or any medical specialists; and

(2) the AeMC, AME or GMP have conducted the aero-medical assessment based on the medical examinations and tests as required for the relevant medical certificate to verify that the applicant complies with all the relevant requirements of this Part.

e) Wenn eine klinische Indikation besteht, kann der flugmedizinische Sachverständige, das flugmedizinische Zentrum oder — im Falle einer Verweisung — die Genehmigungsbehörde vom Bewerber verlangen, dass er sich vor der Ausstellung, Verlängerung oder Erneuerung eines Tauglichkeitszeugnisses weiteren ärztlichen Untersuchungen und Überprüfungen unterzieht.

(e) The AME, AeMC or, in the case of referral, the licensing authority may require the applicant to undergo additional medical examinations and investigations when clinically indicated before they issue, revalidate or renew a medical certificate.

f) Die Genehmigungsbehörde kann ein Tauglichkeitszeugnis ausstellen bzw. neu ausstellen, wenn:

(1) ein Fall verwiesen wird;

(2) sie festgestellt hat, dass Informationen auf dem Zeugnis korrigiert werden müssen.

(f) The licensing authority may issue or re-issue a medical certificate, as applicable, if:

(1) a case is referred;

(2) it has identified that corrections to the information on the certificate are necessary.

MED.A.045 Gültigkeit, Verlängerung und Erneuerung von Tauglichkeitszeugnissen

a) Gültigkeit

(1) Tauglichkeitszeugnisse der Klasse 1 sind für einen Zeitraum von 12 Monaten gültig.

(2) Die Gültigkeitsdauer von Tauglichkeitszeugnissen der Klasse 1 ist auf 6 Monate herabzusetzen, wenn der Lizenzinhaber:

i) auf Luftfahrzeugen mit einem Piloten im gewerblichen Luftverkehr tätig ist und das 40. Lebensjahr vollendet hat;

ii) das 60. Lebensjahr vollendet hat.

- (3) Die Gültigkeitsdauer von Tauglichkeitszeugnissen der Klasse 2 beträgt:
 - i) 60 Monate, bis der Lizenzinhaber das 40. Lebensjahr vollendet. Die Gültigkeit eines Tauglichkeitszeugnisses, das vor Vollendung des 40. Lebensjahres ausgestellt wurde, endet mit Vollendung des 42. Lebensjahres;
 - ii) 24 Monate bei Lizenzinhabern, die zwischen 40 und 50 Jahre alt sind. Die Gültigkeit eines Tauglichkeitszeugnisses, das vor Vollendung des 50. Lebensjahres ausgestellt wurde, endet mit Vollendung des 51. Lebensjahres;
 - und
 - iii) 12 Monate bei Lizenzinhabern, die das 50. Lebensjahr vollendet haben.
- (4) Die Gültigkeitsdauer von Tauglichkeitszeugnissen für LAPL beträgt:
 - i) 60 Monate, bis der Lizenzinhaber das 40. Lebensjahr vollendet. Die Gültigkeit eines Tauglichkeitszeugnisses, das vor Vollendung des 40. Lebensjahres ausgestellt wurde, endet mit Vollendung des 42. Lebensjahres;
 - ii) 24 Monate bei Lizenzinhabern, die das 40. Lebensjahr vollendet haben.
- (5) Die Gültigkeitsdauer eines Tauglichkeitszeugnisses, einschließlich der zugehörigen Untersuchung oder Sonderüberprüfung:
 - i) richtet sich nach dem Alter des Bewerbers zum Zeitpunkt der medizinischen Untersuchung und
 - ii) wird bei Erstausstellung oder Erneuerung auf der Grundlage des Datums der medizinischen Untersuchung und bei Verlängerung auf der Grundlage des Ablaufdatums des vorherigen Tauglichkeitszeugnisses berechnet.

MED.A.045 Validity, revalidation and renewal of medical certificates

(a) Validity

- (1) Class 1 medical certificates shall be valid for a period of 12 months.
- (2) The period of validity of Class 1 medical certificates shall be reduced to 6 months for licence holders who:
 - (i) are engaged in single-pilot commercial air transport operations carrying passengers and have reached the age of 40;
 - (ii) have reached the age of 60.
- (3) Class 2 medical certificates shall be valid for a period of:
 - (i) 60 months until the licence holder reaches the age of 40. A medical certificate issued prior to reaching the age of 40 shall cease to be valid after the licence holder reaches the age of 42;
 - (ii) 24 months between the age of 40 and 50. A medical certificate issued prior to reaching the age of 50 shall cease to be valid after the licence holder reaches the age of 51; and
 - (iii) 12 months after the age of 50.
- (4) LAPL medical certificates shall be valid for a period of:
 - (i) 60 months until the licence holder reaches the age of 40. A medical certificate issued prior to reaching the age of 40 shall cease to be valid after the licence holder reaches the age of 42;
 - (ii) 24 months after the age of 40.
- (5) The validity period of a medical certificate, including any associated examination or special investigation, shall be:
 - (i) determined by the age of the applicant at the date when the medical examination takes place; and
 - (ii) calculated from the date of the medical examination in the case of initial issue and renewal, and from the expiry date of the previous medical certificate in the case of revalidation.

b) Verlängerung

Untersuchungen und/oder Beurteilungen zur Verlängerung eines Tauglichkeitszeugnisses können innerhalb eines Zeitraums von bis zu 45 Tagen vor dem Ablaufdatum des Tauglichkeitszeugnisses durchgeführt werden.

(b) Revalidation

Examinations and/or assessments for the revalidation of a medical certificate may be undertaken up to 45 days prior to the expiry date of the medical certificate.

c) Erneuerung

- (1) Erfüllt der Inhaber eines Tauglichkeitszeugnisses die Vorgaben gemäß Buchstabe b nicht, so ist eine Erneuerungsuntersuchung und/oder -beurteilung erforderlich.
- (2) Für Tauglichkeitszeugnisse der Klasse 1 und der Klasse 2 gilt Folgendes:
 - i) Ist die Gültigkeit des Tauglichkeitszeugnisses seit mehr als 2 Jahren abgelaufen, darf das flugmedizinische Zentrum oder der flugmedizinische Sachverständige die Erneuerungsuntersuchung erst nach einer Beurteilung der flugmedizinischen Akten des Bewerbers durchführen;
 - ii) ist die Gültigkeit des Tauglichkeitszeugnisses seit mehr als 5 Jahren abgelaufen, gelten dieselben Untersuchungsanforderungen wie bei einer Erstaussstellung, wobei die Beurteilung auf der Grundlage der Anforderungen für eine Verlängerung durchzuführen ist.
- (3) Bei Tauglichkeitszeugnissen für LAPL hat das flugmedizinische Zentrum, der flugmedizinische Sachverständige bzw. der Arzt für Allgemeinmedizin eine Beurteilung der Krankengeschichte des Bewerbers und die flugmedizinische Untersuchung und/oder Beurteilung gemäß MED.B.095 durchzuführen.

(c) Renewal

- (1) If the holder of a medical certificate does not comply with (b), a renewal examination and/or assessment shall be required.
- (2) In the case of Class 1 and Class 2 medical certificates:
 - (i) if the medical certificate has expired for more than 2 years, the AeMC or AME shall only conduct the renewal examination after assessment of the aero-medical records of the applicant;
 - (ii) if the medical certificate has expired for more than 5 years, the examination requirements for initial issue shall apply and the assessment shall be based on the revalidation requirements.
- (3) In the case of LAPL medical certificates, the AeMC, AME or GMP shall assess the medical history of the applicant and perform the aero-medical examination and/or assessment in accordance with MED.B.095.

AMC1 MED.A.045 Validity, revalidation and renewal of medical certificates

The validity period of a medical certificate (including any associated examination or special investigation) is determined by the age of the applicant at the date of the medical examination.

MED.A.050 Verweisung

a) Wird ein Bewerber um ein Tauglichkeitszeugnis der Klasse 1 oder Klasse 2 in Übereinstimmung mit MED.B.001 an die Genehmigungsbehörde verwiesen, übermittelt das flugmedizinische Zentrum oder der flugmedizinische Sachverständige die betreffenden medizinischen Unterlagen an die Genehmigungsbehörde.

MED.A.050 Referral

(a) If an applicant for a Class 1 or Class 2 medical certificate is referred to the licensing authority in accordance with MED. B.001, the AeMC or AME shall transfer the relevant medical documentation to the licensing authority.

(a) Wird ein Bewerber um ein Tauglichkeitszeugnis für LAPL in Übereinstimmung mit MED.B.001 an einen flugmedizinischen Sachverständigen oder an ein flugmedizinisches Zentrum verwiesen, übermittelt der Arzt für Allgemeinmedizin die betreffenden medizinischen Unterlagen an den flugmedizinischen Sachverständigen bzw. an das flugmedizinische Zentrum.

(b) If an applicant for an LAPL medical certificate is referred to an AME or AeMC in accordance with MED.B.001, the GMP shall transfer the relevant medical documentation to the AeMC or AME.

UNTERABSCHNITT 1 SUBPART C
REQUIREMENTS FOR MEDICAL FITNESS OF CABIN CREW
SECTION 1
General requirements

MED.C.001 Allgemeines

Flugbegleiter dürfen die Pflichten und Verantwortlichkeiten gemäß den Vorschriften für die Flugsicherheit an Bord eines Luftfahrzeugs nur wahrnehmen, wenn sie den geltenden Anforderungen dieses Teils genügen.

MED.C.001 General

Cabin crew members shall only perform the duties and responsibilities required by aviation safety rules on an aircraft if they comply with the applicable requirements of this Part.

MED.C.005 Flugmedizinische Beurteilungen

a) Flugbegleiter müssen sich flugmedizinischen Beurteilungen unterziehen, um nachzuweisen, dass sie keine körperlichen oder psychischen Erkrankungen aufweisen, aufgrund deren sie handlungsunfähig werden oder ihre jeweiligen Sicherheitspflichten und Verantwortlichkeiten nicht mehr wahrnehmen könnten.

MED.C.005 Aero-medical assessments

(a) Cabin crew members shall undergo aero-medical assessments to verify that they are free from any physical or mental illness which might lead to incapacitation or an inability to perform their assigned safety duties and responsibilities.

b) Bevor einem Flugbegleiter erstmals Aufgaben an Bord eines Luftfahrzeugs zugewiesen werden, muss dieser sich einer flugmedizinischen Beurteilung unterziehen, die anschließend spätestens alle 60 Monate zu wiederholen ist.

(b) Each cabin crew member shall undergo an aero-medical assessment before being first assigned to duties on an aircraft, and after that at intervals of maximum 60 months.

c) Flugmedizinische Beurteilungen sind von einem flugmedizinischen Sachverständigen, von einem flugmedizinischen Zentrum oder — sofern dies im Einklang mit den Anforderungen gemäß MED.D.040 steht — von einem Arzt für Arbeitsmedizin durchzuführen.

(c) Aero-medical assessments shall be conducted by an AME, AeMC, or by an OHMP if the requirements of MED.D.040 are complied with.

UNTERABSCHNITT 2 SECTION 2
Anforderungen für die flugmedizinische Beurteilung von Flugbegleitern
Requirements for aero-medical assessment of cabin crew

MED.C.020 Allgemeines

Flugbegleiter dürfen keine:

a) angeborenen oder erworbenen Normabweichungen;

MED.C.020 General

Cabin crew members shall be free from any:

(a) abnormality, congenital or acquired;

b) aktiven, latenten, akuten oder chronischen Erkrankungen oder Behinderungen;

(b) active, latent, acute or chronic disease or disability;

c) Wunden, Verletzungen oder Operationsfolgen und

(c) wound, injury or sequelae from operation; and

d) Wirkungen und Nebenwirkungen eines für therapeutische, diagnostische oder präventive Zwecke angewendeten bzw. eingenommenen verschreibungspflichtigen oder nicht verschreibungspflichtigen Arzneimittels aufweisen, die eine funktionelle Beeinträchtigung eines Ausmaßes nach sich ziehen würden, das zu Handlungsunfähigkeit führen oder ihre Fähigkeit zur Wahrnehmung ihrer Sicherheitspflichten und Verantwortlichkeiten beeinträchtigen könnte.

(d) effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken that would entail a degree of functional incapacity which might lead to incapacitation or an inability to discharge their safety duties and responsibilities.

MED.C.025 Inhalt flugmedizinischer Beurteilungen

a) Eine flugmedizinische Erstbeurteilung umfasst mindestens:

(1) eine Beurteilung der Krankengeschichte des sich bewerbenden Flugbegleiters und

(2) eine klinische Untersuchung:

i) des Herz-Kreislauf-Systems;

ii) von Lunge und Atemwegen;

iii) des Bewegungsapparats;

iv) von Hals, Nase und Ohren;

v) des Sehorgans und

vi) der Farberkennung.

MED.C.025 Content of aero-medical assessments

(a) An initial aero-medical assessment shall include at least:

(1) an assessment of the applicant cabin crew member's medical history; and

(2) a clinical examination of the following:

(i) cardiovascular system;

(ii) respiratory system;

(iii) musculoskeletal system;

(iv) otorhino-laryngology;

(v) visual system; and

(vi) colour vision.

- b)** Jede anschließend durchgeführte flugmedizinische Folgebeurteilung umfasst zumindest:
- (1) eine Beurteilung der Krankengeschichte des sich bewerbenden Flugbegleiters sowie
 - (2) eine klinische Untersuchung, sofern dies gemäß der bewährten medizinischen Praxis für notwendig erachtet wird.

- (b)** Each subsequent aero-medical re-assessment shall include:
- (1) an assessment of the cabin crew member's medical history; and
 - (2) a clinical examination if deemed necessary in accordance with aero-medical best practice.

c) Im Sinne von Buchstabe a und Buchstabe b müssen in Zweifelsfällen oder bei klinischer Indikation im Rahmen der flugmedizinischen Beurteilung eines Flugbegleiters auch weitere ärztliche Untersuchungen, Tests oder Überprüfungen durchgeführt werden, die vom flugmedizinischen Sachverständigen, vom flugmedizinischen Zentrum oder vom Arzt für Arbeitsmedizin für notwendig erachtet werden.

(c) For the purpose of (a) and (b), in case of any doubt or if clinically indicated, a cabin crew member's aero-medical assessment shall also include any additional medical examination, test or investigation that are considered necessary by the AME, AeMC or OHMP.

UNTERABSCHNITT 3 SECTION 3
Zusätzliche Anforderungen an Bewerber um bzw. Inhaber von
Flugbegleiterbescheinigungen
Additional requirements for applicants for, or holders of, a cabin crew attestation

MED.C.030 Ärztliches Gutachten für Flugbegleiter

a) Nach Abschluss jeder flugmedizinischen Beurteilung müssen Bewerber um bzw. Inhaber von Flugbegleiterbescheinigungen:

- (1) vom flugmedizinischen Sachverständigen, vom flugmedizinischen Zentrum oder vom Arzt für Arbeitsmedizin ein ärztliches Gutachten für Flugbegleiter erhalten und
- (2) die zugehörigen Informationen oder eine Kopie ihres ärztlichen Gutachtens für Flugbegleiter an den/die Luftverkehrsunternehmer übermitteln, bei dem/denen sie beschäftigt sind.

MED.C.030 Cabin crew medical report

(a) After completion of each aero-medical assessment, applicants for, and holders of, a cabin crew attestation:

- (1) shall be provided with a cabin crew medical report by the AME, AeMC or OHMP; and
- (2) shall provide the related information, or a copy of their cabin crew medical report to the operator(s) employing their services.

b) Ärztliches Gutachten für Flugbegleiter

Ein ärztliches Gutachten für Flugbegleiter muss das Datum der flugmedizinischen Beurteilung, Angaben über die Tauglichkeit oder Nichttauglichkeit des Flugbegleiters, das Datum der nächsten geforderten flugmedizinischen Beurteilung sowie gegebenenfalls vorliegende Einschränkungen enthalten. Weitere Angaben unterliegen der ärztlichen Schweigepflicht gemäß MED.A.015.

(b) Cabin crew medical report

A cabin crew medical report shall indicate the date of the aero-medical assessment, whether the cabin crew member has been assessed fit or unfit, the date of the next required aero-medical assessment and, if applicable, any limitation(s). Any other elements shall be subject to medical confidentiality in accordance with MED.A.015.

MED.C.035 Einschränkungen

a) Wenn Inhaber einer Flugbegleiterbescheinigung den in Unterabschnitt 2 angegebenen medizinischen Anforderungen nicht vollständig genügen, muss der flugmedizinische Sachverständige, das flugmedizinische Zentrum oder der Arzt für Arbeitsmedizin erwägen, ob diese ihre Aufgaben unter Einhaltung einer oder mehrerer Einschränkungen sicher ausführen können.

MED.C.035 Limitations

(a) If holders of a cabin crew attestation do not fully comply with the medical requirements specified in Section 2, the AME, AeMC or OHMP shall consider whether they may be able to perform cabin crew duties safely if complying with one or more limitations.

b) Sämtliche Einschränkungen, die für die Ausübung der durch die Flugbegleiterbescheinigung gewährten Rechte gelten, müssen auf dem ärztlichen Gutachten für Flugbegleiter angegeben werden und dürfen **nur von einem Arzt für Arbeitsmedizin** in Konsultation mit einem flugmedizinischen Sachverständigen, von einem flugmedizinischen Sachverständigen oder von einem flugmedizinischen Zentrum aufgehoben werden.

(b) Any limitation(s) to the exercise of the privileges granted by the cabin crew attestation shall be specified on the cabin crew medical report and shall only be removed by an AME, AeMC or by an OHMP in consultation with an AME.

ABSCHNITT D SUBPART D
FLUGMEDIZINISCHE SACHVERSTÄNDIGE, ÄRZTE FÜR ALLGEMEINMEDIZIN, ÄRZTE
FÜR ARBEITSMEDIZIN
AERO-MEDICAL EXAMINERS (AME), GENERAL MEDICAL PRACTITIONERS (GMP),
OCCUPATIONAL HEALTH MEDICAL PRACTITIONERS (OHMP)
UNTERABSCHNITT 1 SECTION 1

Flugmedizinische Sachverständige

MED.D.001 Rechte

a) Die Rechte eines flugmedizinischen Sachverständigen bestehen in der Ausstellung, Verlängerung und Erneuerung von Tauglichkeitszeugnissen der Klasse 2 und von Tauglichkeitszeugnissen für LAPL sowie in der Durchführung der betreffenden medizinischen Untersuchungen und Beurteilungen.

Aero-Medical Examiners

MED.D.001 Privileges

(a) The privileges of an AME are to issue, revalidate and renew Class 2 medical certificates and LAPL medical certificates, and to conduct the relevant medical examinations and assessments.

b) Inhaber einer Anerkennung als flugmedizinischer Sachverständiger können, sofern sie den Anforderungen gemäß MED.D.015 genügen, eine Ausweitung ihrer Rechte auf die Durchführung medizinischer Untersuchungen für die Verlängerung und Erneuerung von Tauglichkeitszeugnissen der Klasse 1 beantragen.

(b) Holders of an AME certificate may apply for an extension of their privileges to include medical examinations for the revalidation and renewal of Class 1 medical certificates, if they comply with the requirements in MED.D.015.

c) Der Geltungsbereich der Rechte eines flugmedizinischen Sachverständigen sowie alle damit verbundenen Auflagen sind in der Anerkennung anzugeben.

(c) The scope of the privileges of the AME, and any condition thereof, shall be specified in the certificate.

d) Inhaber einer Anerkennung als flugmedizinischer Sachverständiger dürfen flugmedizinische Untersuchungen und Beurteilungen ausschließlich in dem Mitgliedstaat durchführen, in dem ihre Anerkennung als flugmedizinischer Sachverständiger erteilt wurde, es sei denn:

(1) der Gaststaat hat ihnen Zugang zur Ausübung ihrer beruflichen Tätigkeit als Facharzt gewährt;

(2) sie haben die zuständige Behörde des Gaststaats darüber in Kenntnis gesetzt, dass sie im Rahmen ihrer Rechte als flugmedizinische Sachverständige beabsichtigen, flugmedizinische Untersuchungen und Beurteilungen durchzuführen und Tauglichkeitszeugnisse auszustellen, und

(3) sie wurden von der zuständigen Behörde des Gaststaats unterwiesen.

(d) Holders of a certificate as an AME shall not undertake aero-medical examinations and assessments in a Member State other than the Member State that issued their certificate as an AME, unless they have:

- (1) been granted access by the host Member State to exercise their professional activities as a specialised doctor;
- (2) informed the competent authority of the host Member State of their intention to conduct aero-medical examinations and assessments and to issue medical certificates within the scope of their privileges as AME; and
- (3) received a briefing from the competent authority of the host Member State.

MED.D.005 Antragstellung

a) Anträge für den Erwerb einer Anerkennung als flugmedizinischer Sachverständiger sind in der von der zuständigen Behörde festgelegten Form und Art zu stellen.

MED.D.005 Application

(a) Application for a certificate as an AME shall be made in a form and manner specified by the competent authority.

b) Bewerber um eine Anerkennung als flugmedizinischer Sachverständiger müssen der zuständigen Behörde Folgendes vorlegen:

- (1) Angaben zur Person und Geschäftsadresse;
- (2) Unterlagen, aus denen hervorgeht, dass sie den Anforderungen gemäß MED.D.010 genügen, einschließlich einer Bescheinigung über den Abschluss eines im Hinblick auf die beantragten Rechte geeigneten flugmedizinischen Lehrgangs;
- (3) eine schriftliche Erklärung, dass der flugmedizinische Sachverständige Tauglichkeitszeugnisse auf der Grundlage der Anforderungen dieses Teils ausstellen wird.

(b) Applicants for an AME certificate shall provide the competent authority with:

- (1) personal details and professional address;
- (2) documentation demonstrating that they comply with the requirements established in MED.D.010, including a certificate of completion of the training course in aviation medicine appropriate to the privileges they apply for;
- (3) a written declaration that the AME will issue medical certificates on the basis of the requirements of this Part.

c) Führen flugmedizinische Sachverständige flugmedizinische Untersuchungen an mehreren Orten durch, müssen sie der zuständigen Behörde alle relevanten Informationen über die einzelnen Untersuchungsorte bereitstellen.

(c) When the AME undertakes aero-medical examinations in more than one location, they shall provide the competent authority with relevant information regarding all practice locations.

MED.D.010 Anforderungen für die Ausstellung einer Anerkennung als flugmedizinischer Sachverständiger

Bewerber um eine Anerkennung als flugmedizinischer Sachverständiger mit Berechtigung zur Erstaussstellung, Verlängerung und Erneuerung von Tauglichkeitszeugnissen der Klasse 2 müssen:

a) über eine vollständige Befähigung und Approbation als Arzt sowie über eine Bescheinigung über den Abschluss der fachärztlichen Ausbildung verfügen;

MED.D.010 Requirements for the issue of an AME certificate

Applicants for an AME certificate with the privileges for the initial issue, revalidation and renewal of Class 2 medical certificates shall:

(a) be fully qualified and licensed for the practice of medicine and hold a Certificate of Completion of specialist training;

b) einen Grundlehrgang in Flugmedizin absolviert haben;

(b) have undertaken a basic training course in aviation medicine;

c) der zuständigen Behörde nachweisen, dass sie:

(1) über geeignete Einrichtungen, Verfahren, Unterlagen sowie über funktionsfähige Ausrüstung verfügen, die für die Durchführung flugmedizinischer Untersuchungen geeignet sind, und

(2) notwendige Verfahren und Voraussetzungen geschaffen haben, um die ärztliche Schweigepflicht zu gewährleisten.

(c) demonstrate to the competent authority that they:

(1) have adequate facilities, procedures, documentation and functioning equipment suitable for aero-medical examinations; and

(2) have in place the necessary procedures and conditions to ensure medical confidentiality.

AMC1 MED.D.010 Requirements for the issue of an AME certificate

(a) Basic training course for AMEs

The basic training course for AMEs should consist of 60 hours theoretical and practical training, including specific examination techniques.

(b) The syllabus for the basic training course should cover at least the following subjects:

- Introduction to aviation medicine;
- Physics of atmosphere and space;
- Basic aeronautical knowledge;
- Aviation physiology;
- Ophthalmology, including demonstration and practical;
- Otorhinolaryngology, including demonstration and practical;
- Radiology and general medicine;
- Neurology;
- Psychiatry in aviation medicine;
- Pathology;
- Toxicology;

- idents, escape and survival;
- Legislation, rules and regulations;
- Air evacuation, including demonstration and practical;
- Medication and flying.

MED.D.015 Anforderungen für die Ausweitung von Rechten

Bewerber um eine Anerkennung als flugmedizinischer Sachverständiger, die ihre Rechte auf die Verlängerung und Erneuerung von Tauglichkeitszeugnissen der Klasse 1 ausweitet, müssen über eine gültige Anerkennung als flugmedizinischer Sachverständiger verfügen und:

a) in den letzten 5 Jahren vor Antragstellung mindestens 30 Untersuchungen zum Zwecke der Ausstellung, Verlängerung oder Erneuerung eines Tauglichkeitszeugnisses der Klasse 2 durchgeführt haben;

MED.D.015 Requirements for the extension of privileges

Applicants for an AME certificate extending their privileges to the revalidation and renewal of Class 1 medical certificates shall hold a valid certificate as an AME and have:

(a) conducted at least 30 examinations for the issue, revalidation or renewal of Class 2 medical certificates over a period of no more than 5 years preceding the application;

b) einen Aufbaulehrgang in Flugmedizin absolviert haben und

(b) undertaken an advanced training course in aviation medicine; and

c) eine praktische Ausbildung an einem flugmedizinischen Zentrum oder unter Aufsicht der Genehmigungsbehörde absolviert haben.

(c) undergone practical training at an AeMC or under supervision of the licensing authority.

AMC1 MED.D.015 Requirements for the extension of privileges

(a) Advanced training course for AMEs

The advanced training course for AMEs should consist of another 60 hours of theoretical and practical training, including specific examination techniques.

(b) The syllabus for the advanced training course should cover at least the following subjects:

- Pilot working environment;
- Aerospace physiology, including demonstration and practical;
- Ophthalmology, including demonstration and practical;
- Otorhinolaryngology, including demonstration and practical;
- Cardiology and general medicine, including demonstration and practical;

- Neurology/psychiatry, including demonstration and practical;
- Human factors in aviation, including demonstration and practical;
- Tropical medicine;
- Hygiene, including demonstration and practical;
- Space medicine.

(c) Practical training in an AeMC should be under the guidance and supervision of the head of the AeMC.

(d) After the successful completion of the practical training, a report of demonstrated competency should be issued.

MED.D.020 Lehrgänge in Flugmedizin

a) Lehrgänge in Flugmedizin müssen von der zuständigen Behörde des Mitgliedstaats anerkannt sein, in dem die Organisation, die den jeweiligen Lehrgang anbietet, ihren Hauptsitz hat. Die Organisation, die den Lehrgang anbietet, muss nachweisen, dass der Lehrplan angemessen ist und die Personen, die den Lehrgang durchführen, über angemessene Kenntnisse und Erfahrungen verfügen.

MED.D.020 Training courses in aviation medicine

(a) Training courses in aviation medicine shall be approved by the competent authority of the Member State where the organisation providing it has its principal place of business. The organisation providing the course shall demonstrate that the course syllabus is adequate and that the persons in charge of providing the training have adequate knowledge and experience.

b) Mit Ausnahme von Auffrischungslehrgängen findet am Ende jedes Lehrgangs eine schriftliche Prüfung über die in dem Lehrgang vermittelten Inhalte statt.

(b) Except in the case of refresher training, the courses shall be concluded by a written examination on the subjects included in the course content.

c) Die Organisation, die den Lehrgang anbietet, stellt allen Bewerbern, die die Prüfung bestanden haben, eine Bescheinigung über den Abschluss des Lehrgangs aus.

(c) The organisation providing the course shall issue a certificate of completion to applicants when they have obtained a pass in the examination.

MED.D.025 Änderungen der Anerkennung als flugmedizinischer Sachverständiger

a) Flugmedizinische Sachverständige müssen der zuständigen Behörde folgende Änderungen mitteilen, die sich auf ihre Anerkennung auswirken könnten:

- (1) gegen den flugmedizinischen Sachverständigen wurde ein Disziplinarverfahren oder eine Untersuchung durch eine medizinische Aufsichtsbehörde eingeleitet;
- (2) die Voraussetzungen, unter denen die Anerkennung erteilt wurde, einschließlich des Inhalts der mit dem Antrag bereitgestellten Angaben, haben sich geändert;
- (3) die Anforderungen für die Erteilung der Anerkennung werden nicht mehr erfüllt;
- (4) der Ort bzw. die Orte, an denen der flugmedizinische Sachverständige seine Tätigkeit ausübt, oder die Kontaktadresse haben sich geändert.

MED.D.025 Changes to the AME certificate

(a) AMEs shall notify the competent authority of the following changes which could affect their certificate:

- (1) the AME is subject to disciplinary proceedings or investigation by a medical regulatory body;
- (2) there are any changes to the conditions on which the certificate was granted, including the content of the statements provided with the application;
- (3) the requirements for the issue are no longer met;
- (4) there is a change of aero-medical examiner's practice location(s) or correspondence address.

b) Das Versäumnis, die zuständige Behörde zu informieren, führt zur Aussetzung oder zum Widerruf der mit der Anerkennung verbundenen Rechte, entsprechend der Entscheidung der zuständigen Behörde, die die Anerkennung aussetzt oder widerruft.

(b) Failure to inform the competent authority shall result in the suspension or revocation of the privileges of the certificate, on the basis of the decision of the competent authority that suspends or revokes the certificate.

MED.D.030 Gültigkeit der Anerkennung als flugmedizinischer Sachverständiger

Eine Anerkennung als flugmedizinischer Sachverständiger wird für eine Dauer von höchstens 3 Jahren ausgestellt. Sie wird verlängert, sofern der Inhaber:

MED.D.030 Validity of AME certificates

An AME certificate shall be issued for a period not exceeding 3 years. It shall be revalidated subject to the holder:

a) weiterhin die allgemeinen Voraussetzungen für die Ausübung seiner Arztstätigkeit erfüllt und weiterhin gemäß nationalem Recht als Arzt eingetragen ist;

(a) continuing to fulfil the general conditions required for medical practice and maintaining registration as a medical practitioner according to national law;

b) in den letzten 3 Jahren einen Auffrischungslehrgang in Flugmedizin absolviert hat;

(b) undertaking refresher training in aviation medicine within the last 3 years;

c) jedes Jahr mindestens 10 flugmedizinische Untersuchungen durchgeführt hat;

(c) having performed at least 10 aero-medical examinations every year;

d) weiterhin die Bedingungen für die Anerkennung erfüllt und

(d) remaining in compliance with the terms of their certificate; and
e) seine Rechte gemäß den Bestimmungen dieses Teils ausübt.

(e) exercising their privileges in accordance with this Part.

GM1 MED.D.030 Refresher training in aviation medicine

(a) During the period of authorisation, an AME should attend 20 hours of refresher training.

(b) A proportionate number of refresher training hours should be provided by, or conducted under the direct supervision of the competent authority or the Medical Assessor.

(c) Attendance at scientific meetings, congresses and flight deck experience may be approved by the competent authority for a specified number of hours against the training obligations of the AME.

(d) Scientific meetings that should be accredited by the competent authority are:

- (1) International Academy of Aviation and Space Medicine Annual Congresses;
- (2) Aerospace Medical Association Annual Scientific Meetings; and
- (3) other scientific meetings, as organised or approved by the Medical Assessor.

(e) Other refresher training may consist of:

- (1) flight deck experience;
- (2) jump seat experience;
- (3) simulator experience; and
- (4) aircraft piloting.

UNTERABSCHNITT 2 SECTION 2
Ärzte für Allgemeinmedizin *General Medical Practitioners (GMPs)*

MED.D.035 Anforderungen an Ärzte für Allgemeinmedizin

a) Ärzte für Allgemeinmedizin dürfen nur als flugmedizinische Sachverständige für die Ausstellung von Tauglichkeitszeugnissen für LAPL fungieren:

- (1) wenn sie ihre Tätigkeit in einem Mitgliedstaat ausüben, in dem Ärzte für Allgemeinmedizin ausreichenden Zugang zu den vollständigen medizinischen Unterlagen über die Bewerber haben, und
- (2) wenn sie sämtlichen zusätzlichen Anforderungen genügen, die nach nationalem Recht gelten.

MED.D.035 Requirements for general medical practitioners

(a) GMPs shall act as AMEs for issuing LAPL medical certificates only:

- (1) if they exercise their activity in a Member State where GMPs have appropriate access to the full medical records of applicants; and
- (2) in accordance with any additional requirements established under national law.

b) Damit Ärzte für Allgemeinmedizin Tauglichkeitszeugnisse für LAPL ausstellen dürfen, müssen sie über eine vollständige Befähigung und Approbation als Arzt gemäß nationalem Recht verfügen.

(b) In order to issue LAPL medical certificates, general medical practitioners (GMP) shall be fully qualified and licensed for the practice of medicine in accordance with national law.

c) Ärzte für Allgemeinmedizin, die als flugmedizinische Sachverständige fungieren, müssen ihre Tätigkeit bei der zuständigen Behörde melden.

(c) GMPs acting as AMEs shall notify their activity to the competent authority.

UNTERABSCHNITT 3 SECTION 3
Ärzte für Arbeitsmedizin
Occupational Health Medical Practitioners (OHMP)

MED.D.040 Anforderungen an Ärzte für Arbeitsmedizin

Ärzte für Arbeitsmedizin dürfen flugmedizinische Beurteilungen der Kabinenbesatzung nur durchführen, wenn:

a) die zuständige Behörde davon ausgeht, dass das jeweilige nationale System für Arbeitsmedizin die Einhaltung der in diesem Teil genannten geltenden Anforderungen gewährleisten kann;

MED.D.040 Requirements for occupational health medical practitioners

OHMPs shall only conduct aero-medical assessments of cabin crew if:

(a) the competent authority is satisfied that the relevant national occupational health system can ensure compliance with the applicable requirements of this Part;

b) sie über eine Approbation als Arzt verfügen und gemäß nationalem Recht auf dem Gebiet der Arbeitsmedizin qualifiziert sind und

(b) they are licensed in the practice of medicine and qualified in occupational medicine in accordance with national law; and

c) sie für das Tätigkeitsumfeld von Flugbegleitern relevante Kenntnisse auf dem Gebiet der Flugmedizin erworben haben.

(c) have acquired knowledge in aviation medicine as relevant to the operating environment of cabin crew.

ABSCHNITT B SUBPART B
ANFORDERUNGEN FÜR TAUGLICHSZEUGNISSE FÜR PILOTEN
REQUIREMENTS FOR PILOT MEDICAL CERTIFICATES
UNTERABSCHNITT 1 SECTION 1

Allgemeines *General*

MED.B.001 Einschränkungen in Tauglichkeitszeugnissen

a) Einschränkungen in Tauglichkeitszeugnissen der Klasse 1 und der Klasse 2

(1) Wenn ein Bewerber die Anforderungen, die für ein Tauglichkeitszeugnis der jeweiligen Klasse gelten, nicht vollständig erfüllt, die Flugsicherheit dadurch aber voraussichtlich nicht gefährdet wird, muss das flugmedizinische Zentrum oder der flugmedizinische Sachverständige:

i) bei Bewerbern um ein Tauglichkeitszeugnis der Klasse 1 die Entscheidung über die Tauglichkeit des Bewerbers gemäß diesem Abschnitt der Genehmigungsbehörde übertragen;

ii) in Fällen, in denen eine Verweisung an die Genehmigungsbehörde gemäß diesem Abschnitt nicht vorgesehen ist, beurteilen, ob der Bewerber imstande ist, seine Aufgaben unter Berücksichtigung der auf dem Tauglichkeitszeugnis angegebenen Einschränkung(en) sicher auszuführen, und das Tauglichkeitszeugnis mit der (den) erforderlichen Einschränkung(en) ausstellen;

iii) bei Bewerbern um ein Tauglichkeitszeugnis der Klasse 2 beurteilen, ob der Bewerber imstande ist, seine Aufgaben unter Berücksichtigung der auf dem Tauglichkeitszeugnis angegebenen Einschränkung(en) sicher auszuführen, und in Konsultation mit der Genehmigungsbehörde das Tauglichkeitszeugnis mit der (den) erforderlichen Einschränkung(en) ausstellen.

iv) Das flugmedizinische Zentrum oder der flugmedizinische Sachverständige kann ein Tauglichkeitszeugnis mit den gleichen Einschränkungen verlängern oder erneuern, ohne den Bewerber an die Genehmigungsbehörde zu verweisen.

MED.B.001 Limitations to medical certificates

(a) *Limitations to Class 1 and Class 2 medical certificates*

(1) If the applicant does not fully comply with the requirements for the relevant class of medical certificate but is considered to be not likely to jeopardise flight safety, the AeMC or AME shall:

(i) in the case of applicants for a Class 1 medical certificate, refer the decision on fitness of the applicant to the licensing authority as indicated in this Subpart;

(ii) in cases where a referral to the licensing authority is not indicated in this Subpart, evaluate whether the applicant is able to perform his/her duties safely when complying with one or more limitations endorsed on the medical certificate, and issue the medical certificate with limitation(s) as necessary;

(iii) in the case of applicants for a Class 2 medical certificate, evaluate whether the applicant is able to perform his/her duties safely when complying with one or more limitations endorsed on the medical certificate, and issue the medical certificate, as necessary with limitation(s), in consultation with the licensing authority;

(iv) The AeMC or AME may revalidate or renew a medical certificate with the same limitation without referring the applicant to the licensing authority.

b) Einschränkungen in Tauglichkeitszeugnissen für LAPL

(1) Wenn ein Arzt für Allgemeinmedizin nach eingehender Prüfung der Krankengeschichte des Bewerbers zu dem Schluss kommt, dass dieser den Anforderungen an die flugmedizinische Tauglichkeit nicht genügt, muss der Arzt für Allgemeinmedizin den Bewerber an ein flugmedizinisches Zentrum oder an einen flugmedizinischen Sachverständigen verweisen, sofern die Einschränkung des Bewerbers nicht ausschließlich das Tragen einer korrigierenden Sehhilfe betrifft.

(2) Bei der Verweisung eines Bewerbers, der ein Tauglichkeitszeugnis für LAPL benötigt, muss das flugmedizinische Zentrum oder der flugmedizinische Sachverständige unter Berücksichtigung der Bestimmungen gemäß MED.B.095 beurteilen, ob der Bewerber imstande ist, seine Aufgaben unter Berücksichtigung der auf dem Tauglichkeitszeugnis angegebenen Einschränkung(en) sicher auszuführen, und das Tauglichkeitszeugnis mit der (den) erforderlichen Einschränkung(en) ausstellen. Das flugmedizinische Zentrum oder der flugmedizinische Sachverständige muss stets in Betracht ziehen, dem Piloten die Beförderung von Fluggästen zu untersagen (Einschränkung OPL — Operational Passenger Limitation — gültig nur ohne Fluggäste).

(3) Der Arzt für Allgemeinmedizin kann ein Tauglichkeitszeugnis für LAPL mit den gleichen Einschränkungen verlängern oder erneuern, ohne den Bewerber an ein flugmedizinisches Zentrum oder an einen flugmedizinischen Sachverständigen zu verweisen.

(b) Limitations to LAPL medical certificates

(1) If a GMP, after due consideration of the applicant's medical history, concludes that the applicant does not fully meet the requirements for medical fitness, the GMP shall refer the applicant to an AeMC or AME, except those requiring a limitation related only to the use of corrective lenses.

(2) If an applicant for an LAPL medical certificate has been referred, the AeMC or AME shall give due consideration to MED.B.095, evaluate whether the applicant is able to perform their duties safely when complying with one or more limitations endorsed on the medical certificate and issue the medical certificate with limitation(s) as necessary. The AeMC or AME shall always consider the need to restrict the pilot from carrying passengers (Operational Passenger Limitation, OPL).

(3) The GMP may revalidate or renew an LAPL medical certificate with the same limitation without referring the applicant to an AeMC or AME.

c) Bei der Beurteilung der Notwendigkeit einer Einschränkung ist insbesondere Folgendes zu berücksichtigen:

(1) ob ein anerkannter medizinischer Befund darauf hinweist, dass der Bewerber eine in Zahlen festgelegte oder sonstige Anforderung derart nicht erfüllt, dass unter bestimmten Umständen die Ausübung der mit der beantragten Lizenz verbundenen Rechte die Flugsicherheit voraussichtlich nicht beeinträchtigt;

(2) die für die auszuübende Tätigkeit relevante Fähigkeit, Qualifikation und Erfahrung des Bewerbers.

(c) When assessing whether a limitation is necessary, particular consideration shall be given to:

(1) whether 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;

(2) the applicant's ability, skill and experience relevant to the operation to be performed.

AMC1 MED.B.001 Limitations to class 1, class 2 and LAPL medical certificates

(a) An AeMC or AME may refer the decision on fitness of the applicant to the licensing authority in borderline cases or where fitness is in doubt.

(b) In cases where a fit assessment can only be considered with a limitation, the AeMC, AME or the licensing authority should evaluate the medical condition of the applicant in consultation with flight operations and other experts, if necessary.

(c) Limitation codes: Code		Limitation
1	TML	restriction of the period of validity of the medical certificate
2	VDL	correction for defective distant vision
3	VML	correction for defective distant, intermediate and near vision
4	VNL	correction for defective near vision
5	CCL	correction by means of contact lenses only
6	VCL	valid by day only
7	HAL	valid only when hearing aids are worn
8	APL	valid only with approved prosthesis
9	OCL	valid only as co-pilot
10	OPL	valid only without passengers (PPL and LAPL only)
11	SSL	special restriction as specified
12	OAL	restricted to demonstrated aircraft type
13	AHL	valid only with approved hand controls
14	SIC	specific regular medical examination(s) - contact licensing authority
15	RXO	specialist ophthalmological examinations

GM1 MED.B.001 Limitation codes

TML Time limitation

The period of validity of the medical certificate is limited to the duration as shown on the medical certificate. This period of validity commences on the date of the medical examination. Any period of validity remaining on the previous medical certificate is no longer valid. The pilot should present him/herself for re-examination when advised and should follow any medical recommendations.

VDL Wear corrective lenses and carry a spare set of spectacles

Correction for defective distant vision: whilst exercising the privileges of the licence, the pilot should wear spectacles or contact lenses that correct for defective distant vision as examined and approved by the AME. Contact lenses may not be worn until cleared to do so by the AME. If contact lenses are worn, a spare set of spectacles, approved by the AME, should be carried.

VML Wear multifocal spectacles and carry a spare set of spectacles

Correction for defective distant, intermediate and near vision: whilst exercising the privileges of the licence, the pilot should wear spectacles that correct for defective distant, intermediate and near vision as examined and approved by the AME. Contact lenses or full frame spectacles, when either correct for near vision only, may not be worn.

VNL Have available corrective spectacles and carry a spare set of spectacles

Correction for defective near vision: whilst exercising the privileges of the licence, the pilot should have readily available spectacles that correct for defective near vision as examined and approved by the AME. Contact lenses or full frame spectacles, when either correct for near vision only, may not be worn.

VCL Valid by day only

The limitation allows private pilots with varying degrees of colour deficiency to exercise the privileges of their licence by daytime only. Applicable to class 2 medical certificates only.

OML Valid only as or with qualified co-pilot

This applies to crew members who do not meet the medical requirements for single crew operations, but are fit for multi-crew operations. Applicable to class 1 medical certificates only.

OCL Valid only as co-pilot

This limitation is a further extension of the OML limitation and is applied when, for some well defined medical reason, the pilot is assessed as safe to operate in a co-pilot role but not in command. Applicable to class 1 medical certificates only.

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OPL Valid only without passengers

This limitation may be considered when a pilot with a musculoskeletal problem, or some other medical condition, may involve an increased element of risk to flight safety which might be acceptable to the pilot but which is not acceptable for the carriage of passengers. Applicable to class 2 and LAPL medical certificates only.

OSL Valid only with safety pilot and in aircraft with dual controls

The safety pilot is qualified as PIC on the class/type of aircraft and rated for the flight conditions. He/she occupies a control seat, is aware of the type(s) of possible incapacity that the pilot whose medical certificate has been issued with this limitation may suffer and is prepared to take over the aircraft controls during flight. Applicable to class 2 and LAPL medical certificates only.

OAL Restricted to demonstrated aircraft type

This limitation may apply to a pilot who has a limb deficiency or some other anatomical problem which had been shown by a medical flight test or flight simulator testing to be acceptable but to require a restriction to a specific type of aircraft.

SIC Specific regular medical examination(s) contact licensing authority

This limitation requires the AME to contact the licensing authority before embarking upon renewal or recertification medical assessment. It is likely to concern a medical history of which the AME should be aware prior to undertaking the assessment.

RXO Specialist ophthalmological examinations

Specialist ophthalmological examinations are required for a significant reason. The limitation may be applied by an AME but should only be removed by the licensing authority.

d) Kürzel für Einschränkungen der Tätigkeit (als Pilot)

(1) Gültig nur als qualifizierter Kopilot oder mit qualifiziertem Kopiloten (OML (Operational multi-pilot limitation) — nur Klasse 1)

i) Wenn der Inhaber einer CPL, ATPL oder MPL die Anforderungen für ein Tauglichkeitszeugnis der Klasse 1 nicht vollständig erfüllt und an die Genehmigungsbehörde verwiesen wurde, so ist zu beurteilen, ob das Tauglichkeitszeugnis mit der Einschränkung OML (gültig nur als qualifizierter Kopilot oder mit qualifiziertem Kopiloten) ausgestellt werden kann. Diese Beurteilung ist von der Genehmigungsbehörde vorzunehmen.

ii) Der Inhaber eines Tauglichkeitszeugnisses mit der Einschränkung OML darf ein Luftfahrzeug nur mit einem anderen Piloten zusammen führen, wenn dieser andere Pilot für das Führen des betreffenden Musters vollständig

qualifiziert ist, nicht der Einschränkung OML unterliegt und das 60. Lebensjahr noch nicht vollendet hat.

iii) Die Einschränkung OML für Tauglichkeitszeugnisse der Klasse 1 darf nur von der Genehmigungsbehörde ein- oder ausgetragen werden.

(2) Gültig nur mit Sicherheitspilot (OSL (Operational safety pilot limitation) — Klasse 2 und LAPL-Rechte)

i) Der Inhaber eines Tauglichkeitszeugnisses mit der Einschränkung OSL darf ein Luftfahrzeug nur führen, wenn ein anderer Pilot mitfliegt, der als verantwortlicher Pilot Luftfahrzeuge der entsprechenden Klasse/des entsprechenden Musters führen darf, und wenn das Luftfahrzeug mit Doppelsteuer ausgerüstet ist und der zweite Pilot im Cockpit das Steuer übernehmen kann.

ii) Die Einschränkung OSL für Tauglichkeitszeugnisse der Klasse 2 darf von einem flugmedizinischen Zentrum oder von einem flugmedizinischen Sachverständigen in Konsultation mit der Genehmigungsbehörde ein- oder ausgetragen werden.

(3) Gültig nur ohne Fluggäste (OPL (Operational passenger limitation) — Klasse 2 und LAPL-Rechte)

i) Der Inhaber eines Tauglichkeitszeugnisses mit der Einschränkung OPL darf nur Luftfahrzeuge führen, an deren Bord sich keine Fluggäste befinden.

ii) Eine Einschränkung OPL für Tauglichkeitszeugnisse der Klasse 2 darf von einem flugmedizinischen Zentrum oder von einem flugmedizinischen Sachverständigen in Konsultation mit der Genehmigungsbehörde eingetragen werden.

iii) Eine OPL zur Einschränkung eines Tauglichkeitszeugnisses für eine LAPL darf von einem flugmedizinischen Zentrum oder von einem flugmedizinischen Sachverständigen eingetragen werden.

(d) Operational limitation codes

multi-pilot limitation (OML — Class 1 only)

(i) When the holder of a CPL, ATPL or MPL does not fully meet the requirements for a Class 1 medical certificate and has been referred to the licensing authority, it shall be assessed whether the medical certificate may be issued with an OML 'valid only as or with qualified co-pilot'. This assessment shall be performed by the licensing authority.

(ii) The holder of a medical certificate with an OML shall only operate an aircraft in multi-pilot operations when the other pilot is fully qualified on the relevant type of aircraft, is not subject to an OML and has not attained the age of 60 years.

(iii) The OML for Class 1 medical certificates may only be imposed and removed by the licensing authority.

(2) Operational Safety Pilot Limitation (OSL — Class 2 and LAPL privileges)

(i) The holder of a medical certificate with an OSL limitation shall only operate an aircraft if another pilot fully qualified to act as pilot-in-command on the relevant class or type of aircraft is carried on board, the aircraft is fitted with dual controls and the other pilot occupies a seat at the controls.

(ii) The OSL for Class 2 medical certificates may be imposed or removed by an AeMC or AME in consultation with the licensing authority.

(3) Operational Passenger Limitation (OPL — Class 2 and LAPL privileges)

(i) The holder of a medical certificate with an OPL limitation shall only operate an aircraft without passengers on board.

(ii) An OPL for Class 2 medical certificates may be imposed by an AeMC or AME in consultation with the licensing authority.

(iii) An OPL for an LAPL medical certificate limitation may be imposed by an AeMC or AME.

e) Andere Einschränkungen dürfen dem Inhaber eines Tauglichkeitszeugnisses auferlegt werden, wenn dies für die Gewährleistung der Flugsicherheit erforderlich ist.

(e) Any other limitation may be imposed on the holder of a medical certificate if required to ensure flight safety.

f) Alle Einschränkungen, die dem Inhaber eines Tauglichkeitszeugnisses auferlegt werden, sind in diesem Zeugnis anzugeben.

(f) Any limitation imposed on the holder of a medical certificate shall be specified therein.

UNTERABSCHNITT 2 SECTION 2

Medizinische Anforderungen für Tauglichkeitszeugnisse der Klasse 1 und Klasse 2 *Medical requirements for Class 1 and Class 2 medical certificates*

MED.B.005 Allgemeines

a) Bewerber um ein Tauglichkeitszeugnis dürfen keine:

- (1) angeborenen oder erworbenen Normabweichungen;
 - (2) aktiven, latenten, akuten oder chronischen Erkrankungen oder Behinderungen;
 - (3) Wunden, Verletzungen oder Operationsfolgen;
 - (4) Wirkungen und Nebenwirkungen eines für therapeutische, diagnostische oder präventive Zwecke angewandten bzw. eingenommenen verschreibungspflichtigen oder nicht verschreibungspflichtigen Arzneimittels
- aufweisen, die eine funktionelle Beeinträchtigung eines Ausmaßes nach sich ziehen würden, das die sichere Ausübung der mit der geltenden Lizenz verbundenen Rechte beeinträchtigen oder den Bewerber plötzlich außerstande setzen kann, die mit der Lizenz verbundenen Rechte sicher auszuüben.

MED.B.005 General

(a) Applicants for a medical certificate shall be free from any:

- (1) abnormality, congenital or acquired;
 - (2) active, latent, acute or chronic disease or disability;
 - (3) wound, injury or sequelae from operation;
 - (4) effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken;
- that would entail a degree of functional incapacity which is likely to interfere with the safe exercise of the privileges of the applicable licence or could render the applicant likely to become suddenly unable to exercise the privileges of the licence safely.

b) Wird die Entscheidung über die flugmedizinische Tauglichkeit eines Bewerbers um ein Tauglichkeitszeugnis der Klasse 1 an die Genehmigungsbehörde verwiesen, so kann diese Behörde — ausgenommen Fälle, in denen eine Einschränkung OML notwendig ist — diese Entscheidung an ein flugmedizinisches Zentrum delegieren.

(b) In cases where the decision on medical fitness of an applicant for a Class 1 medical certificate is referred to the licensing authority, this authority may delegate such a decision to an AeMC, except in cases where an OML is needed.

c) Wird die Entscheidung über die flugmedizinische Tauglichkeit eines Bewerbers um ein Tauglichkeitszeugnis der Klasse 2 an die Genehmigungsbehörde verwiesen, so kann diese Behörde — ausgenommen Fälle, in denen eine Einschränkung OSL oder OPL notwendig ist — diese Entscheidung an ein flugmedizinisches Zentrum oder einen flugmedizinischen Sachverständigen delegieren.

(c) In cases where the decision on medical fitness of an applicant for a Class 2 medical certificate is referred to the licensing authority, this authority may delegate such a decision to an AeMC or an AME, except in cases where an OSL or OPL is needed.

MED.B.010 Herz-Kreislauf-System

a) Untersuchung

(1) Die Durchführung eines standardmäßigen 12-Kanal-Ruhe-Elektrokardiogramms (EKG) und die Erstellung eines Berichts erfolgen bei klinischer Indikation und:

- i) für Tauglichkeitszeugnisse der Klasse 1 bei der Untersuchung zur Erstaussstellung eines Tauglichkeitszeugnisses, danach alle 5 Jahre bis zur Vollendung des 30. Lebensjahres, alle 2 Jahre bis zur Vollendung des 40. Lebensjahres, jährlich bis zur Vollendung des 50. Lebensjahres sowie danach bei sämtlichen Verlängerungs- und Erneuerungsuntersuchungen;
- ii) für Tauglichkeitszeugnisse der Klasse 2 bei der ersten Untersuchung nach Vollendung des 40. Lebensjahres und alle 2 Jahre nach Vollendung des 50. Lebensjahres.

(2) Bei klinischer Indikation ist eine erweiterte kardiovaskuläre Beurteilung erforderlich.

(3) Für Tauglichkeitszeugnisse der Klasse 1 ist eine erweiterte kardiovaskuläre Beurteilung bei der ersten Verlängerungs- oder Erneuerungsuntersuchung nach Vollendung des 65. Lebensjahres sowie anschließend alle 4 Jahre durchzuführen.

(4) Für Tauglichkeitszeugnisse der Klasse 1 ist eine Bestimmung der Serumlipide, einschließlich des Cholesterins, bei der Untersuchung zum Zwecke der Erstaussstellung eines Tauglichkeitszeugnisses sowie bei der ersten Untersuchung nach Vollendung des 40. Lebensjahres durchzuführen.

MED.B.010 Cardiovascular System

(a) Examination

(1) A standard 12-lead resting electrocardiogram (ECG) and report shall be completed on clinical indication, and:

- (i) for a Class 1 medical certificate, at the examination for the first issue of a medical certificate, then every 5 years until age 30, every 2 years until age 40, annually until age 50, and at all revalidation or renewal examinations thereafter;
- (ii) for a Class 2 medical certificate, at the first examination after age 40 and then every 2 years after age 50.

(2) Extended cardiovascular assessment shall be required when clinically indicated.

(3) For a Class 1 medical certificate, an extended cardiovascular assessment shall be completed at the first revalidation or renewal examination after age 65 and every 4 years thereafter.

(4) For a Class 1 medical certificate, estimation of serum lipids, including cholesterol, shall be required at the examination for the first issue of a medical certificate, and at the first examination after having reached the age of 40.

b) Herz-Kreislauf-System — Allgemeines

(1) Bewerber dürfen keine Störungen des Herz-Kreislauf-Systems aufweisen, die sie bei der sicheren Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

(2) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 sind als untauglich zu beurteilen, wenn bei ihnen einer der folgenden Befunde vorliegt bzw. eine der folgenden Behandlungen durchgeführt wurde:

- i) thorakales oder supra-renales abdominales Aortenaneurysma vor oder nach chirurgischem Eingriff;
- ii) signifikante funktionelle Veränderung an einer der Herzklappen;
- iii) Herz- oder Herz-Lungen-Transplantation.

(3) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden, wenn ihrer Krankengeschichte oder Diagnose zufolge bei ihnen einer der folgenden Befunde vorliegt bzw. eine der folgenden Behandlungen durchgeführt wurde:

- i) periphere arterielle Gefäßerkrankung vor oder nach chirurgischem Eingriff;
- ii) abdominales Aortenaneurysma vor oder nach chirurgischem Eingriff;
- iii) nicht signifikante funktionelle Veränderungen an einer der Herzklappen;
- iv) Herzklappenoperation;
- v) Veränderungen des Perikards, Myokards oder Endokards;
- vi) angeborene Veränderung des Herzens vor oder nach korrigierendem chirurgischem Eingriff;
- vii) rezidivierende vasovagale Synkopen;
- viii) arterielle oder venöse Thrombose;
- ix) Lungenembolie;
- x) kardiovaskuläre Störung, die einer systemischen Behandlung mit Antikoagulanzen bedarf.

(4) Bewerber um ein Tauglichkeitszeugnis der Klasse 2, bei denen einer der in Absatz 2 und Absatz 3 genannten Befunde vorliegt bzw. eine der dort genannten Behandlungen durchgeführt wurde, müssen von einem Kardiologen beurteilt werden, bevor in Konsultation mit der Genehmigungsbehörde erwogen werden kann, sie als tauglich zu beurteilen.

(b) Cardiovascular System — General

(1) Applicants shall not suffer from any cardiovascular disorder which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(2) Applicants for a Class 1 medical certificate with any of the following conditions shall be assessed as unfit:

- (i) aneurysm of the thoracic or supra-renal abdominal aorta, before or after surgery;
- (ii) significant functional abnormality of any of the heart valves;
- (iii) heart or heart/lung transplantation.

(3) Applicants for a Class 1 medical certificate with an established history or diagnosis of any of the following conditions shall be referred to the licensing authority:

- (i) peripheral arterial disease before or after surgery;
- (ii) aneurysm of the abdominal aorta, before or after surgery;
- (iii) functionally insignificant cardiac valvular abnormalities;
- (iv) after cardiac valve surgery;
- (v) abnormality of the pericardium, myocardium or endocardium;
- (vi) congenital abnormality of the heart, before or after corrective surgery;
- (vii) recurrent vasovagal syncope;
- (viii) arterial or venous thrombosis;
- (ix) pulmonary embolism;
- (x) cardiovascular condition requiring systemic anticoagulant therapy.

(4) Applicants for a Class 2 medical certificate with an established diagnosis of one of the conditions specified in (2) and (3) above shall be assessed by a cardiologist before a fit assessment can be considered in consultation with the licensing authority.

c) Blutdruck

(1) Eine Blutdruckmessung ist bei jeder Untersuchung durchzuführen.

(2) Der Blutdruck des Bewerbers muss im Normalbereich liegen.

- (3) Bewerber um ein Tauglichkeitszeugnis der Klasse 1:
i) mit symptomatischer Hypotonie oder
ii) mit einem Blutdruck, der bei der Untersuchung behandelt oder unbehandelt dauerhaft einen systolischen Wert von 160 mmHg und/oder einen diastolischen Wert von 95 mmHg überschreitet,
sind als untauglich zu beurteilen.
- (4) Wird eine Arzneimitteltherapie zur Einstellung des Blutdrucks eingeleitet, so muss das Tauglichkeitszeugnis für einen bestimmten Zeitraum vorübergehend ausgesetzt werden, um signifikante Nebenwirkungen sicher ausschließen zu können.

(c) Blood Pressure

- (1) The blood pressure shall be recorded at each examination.
(2) The applicant's blood pressure shall be within normal limits.
(3) Applicants for a Class 1 medical certificate:
(i) with symptomatic hypotension; or
(ii) whose blood pressure at examination consistently exceeds 160 mmHg systolic and/or 95 mmHg diastolic, with or without treatment;
shall be assessed as unfit.
- (4) The initiation of medication for the control of blood pressure shall require a period of temporary suspension of the medical certificate to establish the absence of significant side effects.

d) Koronare Herzkrankheit

- (1) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 mit:
i) Verdacht auf Myokardischämie;
ii) asymptomatischer, wenig ausgeprägter koronarer Herzkrankheit, die keiner antianginösen Therapie bedarf
müssen an die Genehmigungsbehörde verwiesen und zum Ausschluss einer Myokardischämie einer kardiologischen Beurteilung unterzogen werden, bevor erwogen werden kann, sie als tauglich zu beurteilen.
- (2) Bewerber um ein Tauglichkeitszeugnis der Klasse 2, bei denen einer der in Absatz 1 genannten Befunde vorliegt, müssen einer kardiologischen Beurteilung unterzogen werden, bevor erwogen werden kann, sie als tauglich zu beurteilen.
- (3) Bewerber sind als untauglich zu beurteilen, wenn bei ihnen einer der folgenden Befunde vorliegt:
i) Myokardischämie;
ii) symptomatische koronare Herzkrankheit;
iii) medikamentös behandelte Symptome einer koronaren Herzkrankheit.
- (4) Bewerber, die sich erstmals ein Tauglichkeitszeugnis der Klasse 1 ausstellen lassen möchten, sind als untauglich zu beurteilen, wenn ihrer Krankengeschichte oder Diagnose zufolge bei ihnen einer der folgenden Befunde vorliegt bzw. eine der folgenden Behandlungen durchgeführt wurde:
i) Myokardischämie;
ii) Myokardinfarkt;
iii) Revaskularisation bei koronarer Herzkrankheit.
- (5) Bewerber um ein Tauglichkeitszeugnis der Klasse 2, die nach einem Myokardinfarkt oder einem chirurgischen Eingriff aufgrund koronarer Herzkrankheit keine Symptome zeigen, müssen einer zufrieden stellenden kardiologischen Beurteilung unterzogen werden, bevor in Konsultation mit der Genehmigungsbehörde erwogen werden kann, sie als tauglich zu beurteilen. Bewerber, die ein Tauglichkeitszeugnis der Klasse 1 verlängern lassen möchten, müssen an die Genehmigungsbehörde verwiesen werden.

(d) Coronary Artery Disease

- (1) Applicants for a Class 1 medical certificate with:
 - (i) suspected myocardial ischaemia;
 - (ii) asymptomatic minor coronary artery disease requiring no anti-anginal treatment;shall be referred to the licensing authority and undergo cardiological evaluation to exclude myocardial ischaemia before a fit assessment can be considered.
- (2) Applicants for a Class 2 medical certificate with any of the conditions detailed in (1) shall undergo cardiological evaluation before a fit assessment can be considered.
- (3) Applicants with any of the following conditions shall be assessed as unfit:
 - (i) myocardial ischaemia;
 - (ii) symptomatic coronary artery disease;
 - (iii) symptoms of coronary artery disease controlled by medication.
- (4) Applicants for the initial issue of a Class 1 medical certificate with a history or diagnosis of any of the following conditions shall be assessed as unfit:
 - (i) myocardial ischaemia;
 - (ii) myocardial infarction;
 - (iii) revascularisation for coronary artery disease.
- (4) Applicants for a Class 2 medical certificate who are asymptomatic following myocardial infarction or surgery for coronary artery disease shall undergo satisfactory cardiological evaluation before a fit assessment can be considered in consultation with the licensing authority. Applicants for the revalidation of a Class 1 medical certificate shall be referred to the licensing authority.

e) Rhythmus- und Überleitungsstörungen

- (1) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden, wenn bei ihnen eine signifikante kardiale Rhythmus- oder Überleitungsstörung einschließlich einer der folgenden Erkrankungen vorliegt:
 - i) supraventrikuläre Rhythmusstörungen, einschließlich intermittierender oder nachgewiesener permanenter sinoatrialer Funktionsstörungen, Vorhofflimmern und/oder Vorhofflattern sowie asymptomatischer Sinuspausen;
 - ii) kompletter Linksschenkelblock;
 - iii) AV-Block, Typ Mobitz II;
 - iv) Tachykardie mit breitem und/oder schmalen Kammerkomplex;
 - v) ventrikuläre Präexzitation;
 - vi) asymptomatische QT-Verlängerung;
 - vii) Brugada-Syndrom (erkennbar im Elektrokardiogramm).
- (2) Bewerber um ein Tauglichkeitszeugnis der Klasse 2, bei denen einer der in Absatz 1 genannten Befunde vorliegt, müssen einer zufrieden stellenden kardiologischen Beurteilung unterzogen werden, bevor in Konsultation mit der Genehmigungsbehörde erwogen werden kann, sie als tauglich zu beurteilen.

(3) Bewerber mit:

- i) inkomplettem Schenkelblock;
 - ii) komplettem Rechtsschenkelblock;
 - iii) stabilem Linkslagetyp;
 - iv) asymptomatischer Sinusbradykardie;
 - v) asymptomatischer Sinustachykardie;
 - vi) asymptomatischen isolierten, uniformen supraventrikulären oder ventrikulären Extrasystolen;
 - vii) AV-Block 1. Grades;
 - viii) AV-Block, Typ Mobitz I
- können infolge einer zufrieden stellenden kardiologischen Beurteilung als tauglich beurteilt werden, sofern bei ihnen keine andere Normabweichung vorliegt.

(4) Bewerber, die folgenden Behandlungen unterzogen wurden:

- i) Ablationstherapie;
- ii) Herzschrittmacherimplantation

müssen einer zufrieden stellenden kardiovaskulären Beurteilung unterzogen werden, bevor erwogen werden kann, sie als tauglich zu beurteilen. Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden. Bewerber um ein Tauglichkeitszeugnis der Klasse 2 müssen in Konsultation mit der Genehmigungsbehörde einer Beurteilung unterzogen werden.

(5) Bewerber sind als untauglich zu beurteilen, wenn bei ihnen einer der folgenden Befunde vorliegt:

- i) symptomatische sinoatriale Funktionsstörungen;
- ii) kompletter AV-Block;
- iii) symptomatische QT-Verlängerung;
- iv) automatisches, implantierbares Defibrillator-System;
- v) ventrikulärer antitachykarder Herzschrittmacher.

(e) Rhythm/Conduction Disturbances

(1) Applicants for a Class 1 medical certificate shall be referred to the licensing authority when they have any significant disturbance of cardiac conduction or rhythm, including any of the following:

- (i) disturbance of supraventricular rhythm, including intermittent or established sinoatrial dysfunction, atrial fibrillation and/or flutter and asymptomatic sinus pauses;
- (ii) complete left bundle branch block;
- (iii) Mobitz type 2 atrioventricular block;
- (iv) broad and/or narrow complex tachycardia;
- (v) ventricular pre-excitation;
- (vi) asymptomatic QT prolongation;
- (vii) Brugada pattern on electrocardiography.

(2) Applicants for a Class 2 medical certificate with any of the conditions detailed in (1) shall undergo satisfactory cardiological evaluation before a fit assessment in consultation with the licensing authority can be considered.

- (3) Applicants with any of the following:
- (i) incomplete bundle branch block;
 - (ii) complete right bundle branch block;
 - (iii) stable left axis deviation;
 - (iv) asymptomatic sinus bradycardia;
 - (v) asymptomatic sinus tachycardia;
 - (vi) asymptomatic isolated uniform supra-ventricular or ventricular ectopic complexes;
 - (vii) first degree atrioventricular block;
 - (viii) Mobitz type 1 atrioventricular block;
- may be assessed as fit in the absence of any other abnormality and subject to satisfactory cardiological evaluation.
- (4) Applicants with a history of:
- (i) ablation therapy;
 - (ii) pacemaker implantation;
- shall undergo satisfactory cardiovascular evaluation before a fit assessment can be considered. Applicants for a Class 1 medical certificate shall be referred to the licensing authority. Applicants for a Class 2 medical certificate shall be assessed in consultation with the licensing authority.
- (5) Applicants with any of the following conditions shall be assessed as unfit:
- (i) symptomatic sinoatrial disease;
 - (ii) complete atrioventricular block;
 - (iii) symptomatic QT prolongation;
 - (iv) an automatic implantable defibrillating system;
 - (v) a ventricular anti-tachycardia pacemaker.

AMC1 MED.B.010 Cardiovascular system
CLASS 1

(a) Examination

Exercise electrocardiography

An exercise ECG when required as part of a cardiovascular assessment should be symptom limited and completed to a minimum of Bruce Stage IV or equivalent.

(b) General

(1) Cardiovascular risk factor assessment

- (i) Serum lipid estimation is case finding and significant abnormalities should require review, investigation and supervision by the AeMC or AME in consultation with the licensing authority.
- (ii) An accumulation of risk factors (smoking, family history, lipid abnormalities, hypertension, etc.) should require cardiovascular evaluation by the AeMC or AME in consultation with the licensing authority.

(2) Cardiovascular assessment

- (i) Reporting of resting and exercise electrocardiograms should be by the AME or an accredited specialist.
- (ii) The extended cardiovascular assessment should be undertaken at an AeMC or may be delegated to a cardiologist.

(c) Peripheral arterial disease

If there is no significant functional impairment, a fit assessment may be considered by the licensing authority, provided:

- (1) applicants without symptoms of coronary artery disease have reduced any vascular risk factors to an appropriate level;
- (2) applicants should be on acceptable secondary prevention treatment;

(3) exercise electrocardiography is satisfactory. Further tests may be required which should show no evidence of myocardial ischaemia or significant coronary artery stenosis.

(d) Aortic aneurysm

(1) Applicants with an aneurysm of the infra-renal abdominal aorta may be assessed as fit with a multi-pilot limitation by the licensing authority. Follow-up by ultra-sound scans or other imaging techniques, as necessary, should be determined by the licensing authority.

(2) Applicants may be assessed as fit by the licensing authority after surgery for an infra-renal aortic aneurysm with a multi-pilot limitation at revalidation if the blood pressure and cardiovascular assessment are satisfactory. Regular cardiological review should be required.

(e) Cardiac valvular abnormalities

(1) Applicants with previously unrecognised cardiac murmurs should undergo evaluation by a cardiologist and assessment by the licensing authority. If considered significant, further investigation should include at least 2D Doppler echocardiography or equivalent imaging.

(2) Applicants with minor cardiac valvular abnormalities may be assessed as fit by the licensing authority. Applicants with significant abnormality of any of the heart valves should be assessed as unfit.

(3) Aortic valve disease

(i) Applicants with a bicuspid aortic valve may be assessed as fit if no other cardiac or aortic abnormality is demonstrated. Follow-up with echocardiography, as necessary, should be determined by the licensing authority.

(ii) Applicants with aortic stenosis require licensing authority review. Left ventricular function should be intact. A history of systemic embolism or significant dilatation of the thoracic aorta is disqualifying. Those with a mean pressure gradient of up to 20 mmHg may be assessed as fit. Those with mean pressure gradient above 20 mmHg but not greater than 40 mmHg may be assessed as fit with a multi-pilot limitation. A mean pressure gradient up to 50 mmHg may be acceptable. Follow-up with 2D Doppler echocardiography, as necessary, should be determined by the licensing authority. Alternative measurement techniques with equivalent ranges may be used.

(iii) Applicants with trivial aortic regurgitation may be assessed as fit. A greater degree of aortic regurgitation should require a multi-pilot limitation. There should be no demonstrable abnormality of the ascending aorta on 2D Doppler echocardiography. Follow-up, as necessary, should be determined by the licensing authority.

(4) Mitral valve disease

(i) Asymptomatic applicants with an isolated mid-systolic click due to mitral leaflet prolapse may be assessed as fit.

(ii) Applicants with rheumatic mitral stenosis should normally be assessed as unfit.

(iii) Applicants with uncomplicated minor regurgitation may be assessed as fit. Periodic cardiological review should be determined by the licensing authority.

- (iv) Applicants with uncomplicated moderate mitral regurgitation may be considered as fit with a multi-pilot limitation if the 2D Doppler echocardiogram demonstrates satisfactory left ventricular dimensions and satisfactory myocardial function is confirmed by exercise electrocardiography. Periodic cardiological review should be required, as determined by the licensing authority.
- (v) Applicants with evidence of volume overloading of the left ventricle demonstrated by increased left ventricular end-diastolic diameter or evidence of systolic impairment should be assessed as unfit.

(f) Valvular surgery

Applicants with cardiac valve replacement/repair should be assessed as unfit. A fit assessment may be considered by the licensing authority.

- (1) Aortic valvotomy should be disqualifying.
- (2) Mitral leaflet repair for prolapse is compatible with a fit assessment, provided post-operative investigations reveal satisfactory left ventricular function without systolic or diastolic dilation and no more than minor mitral regurgitation.
- (3) Asymptomatic applicants with a tissue valve or with a mechanical valve who, at least 6 months following surgery, are taking no cardioactive medication may be considered for a fit assessment with a multi-pilot limitation by the licensing authority. Investigations which demonstrate normal valvular and ventricular configuration and function should have been completed as demonstrated by:
 - (i) a satisfactory symptom limited exercise ECG. Myocardial perfusion imaging/stress echocardiography should be required if the exercise ECG is abnormal or any coronary artery disease has been demonstrated;
 - (ii) a 2D Doppler echocardiogram showing no significant selective chamber enlargement, a tissue valve with minimal structural alteration and a normal Doppler blood flow, and no structural or functional abnormality of the other heart valves. Left ventricular fractional shortening should be normal.Follow-up with exercise ECG and 2D echocardiography, as necessary, should be determined by the licensing authority.
- (4) Where anticoagulation is needed after valvular surgery, a fit assessment with a multi-pilot limitation may be considered after review by the licensing authority. The review should show that the anticoagulation is stable. Anticoagulation should be considered stable if, within the last 6 months, at least 5 INR values are documented, of which at least 4 are within the INR target range.

(g) Thromboembolic disorders

Arterial or venous thrombosis or pulmonary embolism are disqualifying whilst anticoagulation is being used as treatment. After 6 months of stable anticoagulation as prophylaxis, a fit assessment with multi-pilot limitation may be considered after review by the licensing authority. Anticoagulation should be considered stable if, within the last 6 months, at least 5 INR values are documented, of which at least 4 are within the INR target range. Pulmonary embolus should require full evaluation. Following cessation of anti-coagulant therapy, for any indication, applicants should require review by the licensing authority.

(h) Other cardiac disorders

- (1) Applicants with a primary or secondary abnormality of the pericardium, myocardium or endocardium should be assessed as unfit. A fit assessment may be considered by the licensing authority following complete resolution and satisfactory cardiological evaluation which may include 2D Doppler echocardiography, exercise ECG and/or myocardial perfusion imaging/stress echocardiography and 24-hour ambulatory ECG.

Coronary angiography may be indicated. Frequent review and a multi-pilot limitation may be required after fit assessment.

- (2) Applicants with a congenital abnormality of the heart, including those who have undergone surgical correction, should be assessed as unfit. Applicants with minor abnormalities that are functionally unimportant may be assessed as fit by the licensing authority following cardiological assessment. No cardioactive medication is acceptable. Investigations may include 2D Doppler echocardiography, exercise ECG and 24-hour ambulatory ECG. Regular cardiological review should be required.

(i) Syncope

- (1) Applicants with a history of recurrent vasovagal syncope should be assessed as unfit. A fit assessment may be considered by the licensing authority after a 6-month period without recurrence provided cardiological evaluation is satisfactory. Such evaluation should include:
 - (i) a satisfactory symptom limited 12 lead exercise ECG to Bruce Stage IV or equivalent. If the exercise ECG is abnormal, myocardial perfusion imaging/stress echocardiography should be required;
 - (ii) a 2D Doppler echocardiogram showing neither significant selective chamber enlargement nor structural or functional abnormality of the heart, valves or myocardium;
 - (iii) a 24-hour ambulatory ECG recording showing no conduction disturbance, complex or sustained rhythm disturbance or evidence of myocardial ischaemia.
- (2) A tilt test carried out to a standard protocol showing no evidence of vasomotor instability may be required.
- (3) Neurological review should be required.
- (4) A multi-pilot limitation should be required until a period of 5 years has elapsed without recurrence. The licensing authority may determine a shorter or longer period of multi-pilot limitation according to the individual circumstances of the case.
- (5) Applicants who experienced loss of consciousness without significant warning should be assessed as unfit.

(j) Blood pressure

- (1) The diagnosis of hypertension should require cardiovascular review to include potential vascular risk factors.
- (2) Anti-hypertensive treatment should be agreed by the licensing authority. Acceptable medication may include:
 - (i) non-loop diuretic agents;
 - (ii) ACE inhibitors;
 - (iii) angiotensin II/AT1 blocking agents (sartans);
 - (iv) slow channel calcium blocking agents;
 - (v) certain (generally hydrophilic) beta-blocking agents.
- (3) Following initiation of medication for the control of blood pressure, applicants should be re-assessed to verify that the treatment is compatible with the safe exercise of the privileges of the licence held.

(k) Coronary artery disease

- (1) Chest pain of uncertain cause should require full investigation.
- (2) In suspected asymptomatic coronary artery disease, exercise electrocardiography should be required. Further tests may be required, which should show no evidence of myocardial ischaemia or significant coronary artery stenosis.
- (3) Evidence of exercise-induced myocardial ischaemia should be disqualifying.
- (4) After an ischaemic cardiac event, including revascularisation, applicants without symptoms should have reduced any vascular risk factors to an appropriate level. Medication, when used to control cardiac symptoms, is not acceptable. All applicants should be on acceptable secondary prevention treatment.
 - (i) A coronary angiogram obtained around the time of, or during, the ischaemic myocardial event and a complete, detailed clinical report of the ischaemic event and of any operative procedures should be available to the licensing authority:
 - (A) there should be no stenosis more than 50 % in any major untreated vessel, in any vein or artery graft or at the site of an angioplasty/stent, except in a vessel subtending a myocardial infarction. More than two stenoses between 30 % and 50 % within the vascular tree should not be acceptable;
 - (B) the whole coronary vascular tree should be assessed as satisfactory by a cardiologist, and particular attention should be paid to multiple stenoses and/or multiple revascularisations;
 - (C) an untreated stenosis greater than 30 % in the left main or proximal left anterior descending coronary artery should not be acceptable.
 - (ii) At least 6 months from the ischaemic myocardial event, including revascularisation, the following investigations should be completed (equivalent tests may be substituted):
 - (A) an exercise ECG showing neither evidence of myocardial ischaemia nor rhythm or conduction disturbance;
 - (B) an echocardiogram showing satisfactory left ventricular function with no important abnormality of wall motion (such as dyskinesia or akinesia) and a left ventricular ejection fraction of 50 % or more;
 - (C) in cases of angioplasty/stenting, a myocardial perfusion scan or stress echocardiogram, which should show no evidence of reversible myocardial ischaemia. If there is any doubt about myocardial perfusion in other cases (infarction or bypass grafting) a perfusion scan should also be required;
 - (D) further investigations, such as a 24-hour ECG, may be necessary to assess the risk of any significant rhythm disturbance.
 - (iii) Follow-up should be annually (or more frequently, if necessary) to ensure that there is no deterioration of the cardiovascular status. It should include a review by a cardiologist, exercise ECG and cardiovascular risk assessment. Additional investigations may be required by the licensing authority.
 - (A) After coronary artery vein bypass grafting, a myocardial perfusion scan or equivalent test should be performed if there is any indication, and in all cases within 5 years from the procedure.
 - (B) In all cases, coronary angiography should be considered at any time if symptoms, signs or non-invasive tests indicate myocardial ischaemia.
 - (iv) Successful completion of the 6-month or subsequent review will allow a fit assessment with a multi-pilot limitation.

(I) Rhythm and conduction disturbances

(1) Any significant rhythm or conduction disturbance should require evaluation by a cardiologist and appropriate follow-up in the case of a fit assessment. Such evaluation should include:

- (i) exercise ECG to the Bruce protocol or equivalent. Bruce stage 4 should be achieved and no significant abnormality of rhythm or conduction, or evidence of myocardial ischaemia should be demonstrated. Withdrawal of cardioactive medication prior to the test should normally be required;
- (ii) 24-hour ambulatory ECG which should demonstrate no significant rhythm or conduction disturbance;
- (iii) 2D Doppler echocardiogram which should show no significant selective chamber enlargement or significant structural or functional abnormality, and a left ventricular ejection fraction of at least 50 %.

Further evaluation may include (equivalent tests may be substituted):

- (iv) 24-hour ECG recording repeated as necessary;
- (v) electrophysiological study;
- (vi) myocardial perfusion imaging;
- (vii) cardiac magnetic resonance imaging (MRI);
- (viii) coronary angiogram.

(2) Applicants with frequent or complex forms of supra ventricular or ventricular ectopic complexes require full cardiological evaluation.

(3) Ablation

Applicants who have undergone ablation therapy should be assessed as unfit. A fit assessment may be considered by the licensing authority following successful catheter ablation and should require a multi-pilot limitation for at least one year, unless an electrophysiological study, undertaken at a minimum of 2 months after the ablation, demonstrates satisfactory results. For those whose long-term outcome cannot be assured by invasive or non-invasive testing, an additional period with a multi-pilot limitation and/or observation may be necessary.

(4) Supraventricular arrhythmias

Applicants with significant disturbance of supraventricular rhythm, including sinoatrial dysfunction, whether intermittent or established, should be assessed as unfit. A fit assessment may be considered by the licensing authority if cardiological evaluation is satisfactory.

(i) Atrial fibrillation/flutter

- (A) For initial applicants, a fit assessment should be limited to those with a single episode of arrhythmia which is considered by the licensing authority to be unlikely to recur.
- (B) For revalidation, applicants may be assessed as fit if cardiological evaluation is satisfactory.

(ii) Applicants with asymptomatic sinus pauses up to 2.5 seconds on resting electrocardiography may be assessed as fit if exercise electrocardiography, echocardiography and 24-hour ambulatory ECG are satisfactory.

(iii) Symptomatic sino-atrial disease should be disqualifying.

(5) Mobitz type 2 atrio-ventricular block

Applicants with Mobitz type 2 AV block should require full cardiological evaluation and may be assessed as fit in the absence of distal conducting tissue disease.

- (6) Complete right bundle branch block
 Applicants with complete right bundle branch block should require cardiological evaluation on first presentation and subsequently:
- (i) for initial applicants under age 40, a fit assessment may be considered by the licensing authority. Initial applicants over age 40 should demonstrate a period of stability of 12 months;
 - (ii) for revalidation, a fit assessment may be considered if the applicant is under age 40. A multi-pilot limitation should be applied for 12 months for those over age 40.
- (7) Complete left bundle branch block
 A fit assessment may be considered by the licensing authority:
- (i) Initial applicants should demonstrate a 3-year period of stability.
 - (ii) For revalidation, after a 3-year period with a multi-pilot limitation applied, a fit assessment without multi-pilot limitation may be considered.
 - (iii) Investigation of the coronary arteries is necessary for applicants over age 40.
- (8) Ventricular pre-excitation
 A fit assessment may be considered by the licensing authority:
- (i) Asymptomatic initial applicants with pre-excitation may be assessed as fit if an electrophysiological study, including adequate drug-induced autonomic stimulation reveals no inducible re-entry tachycardia and the existence of multiple pathways is excluded.
 - (ii) Asymptomatic applicants with pre-excitation may be assessed as fit at revalidation with a multi-pilot limitation.
- (9) Pacemaker
 Applicants with a subendocardial pacemaker should be assessed as unfit. A fit assessment may be considered at revalidation by the licensing authority no sooner than 3 months after insertion and should require:
- (i) no other disqualifying condition;
 - (ii) a bipolar lead system, programmed in bipolar mode without automatic mode change of the device;
 - (iii) that the applicant is not pacemaker dependent;
 - (iv) regular follow-up, including a pacemaker check; and
 - (v) a multi-pilot limitation.
- (10) QT prolongation
 Prolongation of the QT interval on the ECG associated with symptoms should be disqualifying. Asymptomatic applicants require cardiological evaluation for a fit assessment and a multi-pilot limitation may be required.

CLASS 2

(a) Examination

Exercise electrocardiography

An exercise ECG when required as part of a cardiovascular assessment should be symptom-limited and completed to a minimum of Bruce Stage IV or equivalent.

(b) General

(1) Cardiovascular risk factor assessment

An accumulation of risk factors (smoking, family history, lipid abnormalities, hypertension, etc.) requires cardiovascular evaluation.

(2) Cardiovascular assessment

Reporting of resting and exercise electrocardiograms should be by the AME or an accredited specialist.

(c) Peripheral arterial disease

A fit assessment may be considered for an applicant with peripheral arterial disease, or after surgery for peripheral arterial disease, provided there is no significant functional impairment, any vascular risk factors have been reduced to an appropriate level, the applicant is receiving acceptable secondary prevention treatment, and there is no evidence of myocardial ischaemia.

(d) Aortic aneurysm

(1) Applicants with an aneurysm of the thoracic or abdominal aorta may be assessed as fit, subject to satisfactory cardiological evaluation and regular follow-up.

(2) Applicants may be assessed as fit after surgery for a thoracic or abdominal aortic aneurysm subject to satisfactory cardiological evaluation to exclude the presence of coronary artery disease.

(e) Cardiac valvular abnormalities

(1) Applicants with previously unrecognised cardiac murmurs require further cardiological evaluation.

(2) Applicants with minor cardiac valvular abnormalities may be assessed as fit.

(f) Valvular surgery

(1) Applicants who have undergone cardiac valve replacement or repair may be assessed as fit if post-operative cardiac function and investigations are satisfactory and no anticoagulants are needed.

(2) Where anticoagulation is needed after valvular surgery, a fit assessment with an OSL or OPL limitation may be considered after cardiological review. The review should show that the anticoagulation is stable. Anticoagulation should be considered stable if, within the last 6 months, at least 5 INR values are documented, of which at least 4 are within the INR target range.

(g) Thromboembolic disorders

Arterial or venous thrombosis or pulmonary embolism are disqualifying whilst anticoagulation is being used as treatment. After 6 months of stable anticoagulation as prophylaxis, a fit assessment with an OSL or OPL limitation may be considered after review in consultation with the licensing authority. Anticoagulation should be considered stable if, within the last 6 months, at least 5 INR values are documented, of which at least 4 are within the INR target range. Pulmonary embolus should require full evaluation.

(h) Other cardiac disorders

(1) Applicants with a primary or secondary abnormality of the pericardium, myocardium or endocardium may be assessed as unfit pending satisfactory cardiological evaluation.

(2) Applicants with a congenital abnormality of the heart, including those who have undergone surgical correction, may be assessed as fit subject to satisfactory cardiological assessment. Cardiological follow-up may be necessary and should be determined in consultation with the licensing authority.

(i) Syncope

Applicants with a history of recurrent vasovagal syncope may be assessed as fit after a 6-month period without recurrence, provided that cardiological evaluation is satisfactory. Neurological review may be indicated.

(j) Blood pressure

- (1) When the blood pressure at examination consistently exceeds 160 mmHg systolic and/or 95 mmHg diastolic, with or without treatment, the applicant should be assessed as unfit.
- (2) The diagnosis of hypertension requires review of other potential vascular risk factors.
- (3) Applicants with symptomatic hypotension should be assessed as unfit.
- (4) Anti-hypertensive treatment should be compatible with flight safety.
- (5) Following initiation of medication for the control of blood pressure, applicants should be re-assessed to verify that the treatment is compatible with the safe exercise of the privileges of the licence held.

(k) Coronary artery disease

- (1) Chest pain of uncertain cause requires full investigation.
- (2) In suspected asymptomatic coronary artery disease cardiological evaluation should show no evidence of myocardial ischaemia or significant coronary artery stenosis.
- (3) After an ischaemic cardiac event, or revascularisation, applicants without symptoms should have reduced any vascular risk factors to an appropriate level. Medication, when used to control angina pectoris, is not acceptable. All applicants should be on acceptable secondary prevention treatment.
 - (i) A coronary angiogram obtained around the time of, or during, the ischaemic myocardial event and a complete, detailed clinical report of the ischaemic event and of any operative procedures should be available to the AME.
 - (A) There should be no stenosis more than 50 % in any major untreated vessel, in any vein or artery graft or at the site of an angioplasty/stent, except in a vessel subtending a myocardial infarction. More than two stenoses between 30 % and 50 % within the vascular tree should not be acceptable.
 - (B) The whole coronary vascular tree should be assessed as satisfactory and particular attention should be paid to multiple stenoses and/or multiple revascularisations.
 - (C) An untreated stenosis greater than 30 % in the left main or proximal left anterior descending coronary artery should not be acceptable.
 - (ii) At least 6 months from the ischaemic myocardial event, including revascularisation, the following investigations should be completed (equivalent tests may be substituted):
 - (A) an exercise ECG showing neither evidence of myocardial ischaemia nor rhythm disturbance;
 - (B) an echocardiogram showing satisfactory left ventricular function with no important abnormality of wall motion and a satisfactory left ventricular ejection fraction of 50 % or more;
 - (C) in cases of angioplasty/stenting, a myocardial perfusion scan or stress echocardiogram which should show no evidence of reversible myocardial ischaemia. If there is doubt about revascularisation in myocardial infarction or bypass grafting, a perfusion scan should also be required;
 - (D) further investigations, such as a 24-hour ECG, may be necessary to assess the risk of any significant rhythm disturbance.

iii) Periodic follow-up should include cardiological review.

(A) After coronary artery bypass grafting, a myocardial perfusion scan (or satisfactory equivalent test) should be performed if there is any indication, and in all cases within five years from the procedure for a fit assessment without a safety pilot limitation.

(B) In all cases, coronary angiography should be considered at any time if symptoms, signs or non-invasive tests indicate myocardial ischaemia.

(iv) Successful completion of the six month or subsequent review will allow a fit assessment. Applicants may be assessed as fit with a safety pilot limitation having successfully completed only an exercise ECG.

(4) Angina pectoris is disqualifying, whether or not it is abolished by medication.

(I) Rhythm and conduction disturbances

Any significant rhythm or conduction disturbance should require cardiological evaluation and an appropriate follow-up before a fit assessment may be considered. An OSL or OPL limitation should be considered as appropriate.

(1) Ablation

A fit assessment may be considered following successful catheter ablation subject to satisfactory cardiological review undertaken at a minimum of 2 months after the ablation.

(2) Supraventricular arrhythmias

(i) Applicants with significant disturbance of supraventricular rhythm, including sinoatrial dysfunction, whether intermittent or established, may be assessed as fit if cardiological evaluation is satisfactory.

(ii) Applicants with atrial fibrillation/flutter may be assessed as fit if cardiological evaluation is satisfactory.

(iii) Applicants with asymptomatic sinus pauses up to 2.5 seconds on resting electrocardiography may be assessed as fit if cardiological evaluation is satisfactory.

(3) Heart block

(i) Applicants with first degree and Mobitz type 1 AV block may be assessed as fit.

(ii) Applicants with Mobitz type 2 AV block may be assessed as fit in the absence of distal conducting tissue disease.

(4) Complete right bundle branch block

Applicants with complete right bundle branch block may be assessed as fit subject to satisfactory cardiological evaluation.

(5) Complete left bundle branch block

Applicants with complete left bundle branch block may be assessed as fit subject to satisfactory cardiological assessment.

(6) Ventricular pre-excitation

Asymptomatic applicants with ventricular pre-excitation may be assessed as fit subject to satisfactory cardiological evaluation.

(7) Pacemaker

Applicants with a subendocardial pacemaker may be assessed as fit no sooner than 3 months after insertion provided:

(i) there is no other disqualifying condition;

(ii) a bipolar lead system is used, programmed in bipolar mode without automatic mode change of the device;

(iii) the applicant is not pacemaker dependent; and

(iv) the applicant has a regular follow-up, including a pacemaker check.

MED.B.015 Lunge und Atemwege

a) Bewerber mit signifikanter Beeinträchtigung der Lungenfunktion sind als untauglich zu beurteilen. Es kann erwogen werden, sie als tauglich zu beurteilen, sobald die Lungenfunktion wiederhergestellt ist und als zufrieden stellend eingestuft wird.

MED.B.015 Respiratory System

(a) Applicants with significant impairment of pulmonary function shall be assessed as unfit. A fit assessment may be considered once pulmonary function has recovered and is satisfactory.

b) Bei Bewerbern um ein Tauglichkeitszeugnis der Klasse 1 müssen bei der Erstuntersuchung und bei klinischer Indikation Lungenfunktionstests durchgeführt werden.

(b) For a Class 1 medical certificate, applicants are required to undertake pulmonary function tests at the initial examination and on clinical indication.

c) Bei Bewerbern um ein Tauglichkeitszeugnis der Klasse 2 müssen bei klinischer Indikation Lungenfunktionstests durchgeführt werden.

(c) For a Class 2 medical certificate, applicants are required to undertake pulmonary function tests on clinical indication.

d) Bewerber, bei denen ihrer Krankengeschichte oder Diagnose zufolge einer der folgenden Befunde vorliegt oder eine der folgenden Behandlungen durchgeführt wurde:

- (1) Asthma bronchiale, das einer Arzneimitteltherapie bedarf;
- (2) aktive entzündliche Erkrankung von Lunge oder Atemwegen;
- (3) aktive Sarkoidose;
- (4) Pneumothorax;
- (5) Schlaf-Apnoe-Syndrom;
- (6) größerer thoraxchirurgischer Eingriff;
- (7) Pneumektomie

müssen sich einer zufrieden stellenden pneumologischen Beurteilung unterziehen, bevor erwogen werden kann, sie als tauglich zu beurteilen. Bewerber, bei denen einer der unter Absatz 3 und Absatz 5 genannten Befunde vorliegt bzw. bei denen eine der genannten Operationen durchgeführt wurde, müssen sich einer zufrieden stellenden kardiologischen Beurteilung unterziehen, bevor erwogen werden kann, sie als tauglich zu beurteilen.

(d) Applicants with a history or established diagnosis of:

- (1) asthma requiring medication;
- (2) active inflammatory disease of the respiratory system;
- (3) active sarcoidosis;
- (4) pneumothorax;
- (5) sleep apnoea syndrome;
- (6) major thoracic surgery;
- (7) pneumonectomy;

shall undergo respiratory evaluation with a satisfactory result before a fit assessment can be considered. Applicants with an established diagnosis of the conditions specified in (3) and (5) shall undergo satisfactory cardiological evaluation before a fit assessment can be considered.

e) Flugmedizinische Beurteilung:

(1) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden, wenn bei ihnen einer der unter Buchstabe d genannten Befunde vorliegt bzw. eine der genannten Operationen durchgeführt wurde;

(2) Bewerber um ein Tauglichkeitszeugnis der Klasse 2 müssen in Konsultation mit der Genehmigungsbehörde einer Beurteilung unterzogen werden, wenn bei ihnen einer der unter Buchstabe d genannten Befunde vorliegt bzw. eine der genannten Operationen durchgeführt wurde.

(e) Aero-medical assessment:

(1) applicants for a Class 1 medical certificate with any of the conditions detailed in (d) above shall be referred to the licensing authority;

(2) applicants for a Class 2 medical certificate with any of the conditions detailed in (d) above shall be assessed in consultation with the licensing authority.

f) Bewerber um ein Tauglichkeitszeugnis der Klasse 1, bei denen eine vollständige Pneumektomie vorgenommen wurde, sind als untauglich zu beurteilen.

(f) Applicants for a Class 1 medical certificate who have undergone a total pneumonectomy shall be assessed as unfit.

AMC1 MED.B.015 Respiratory system

CLASS 1

(a) Examination

(1) Spirometry

Spirometric examination is required for initial examination. An FEV1/FVC ratio less than 70 % at initial examination should require evaluation by a specialist in respiratory disease.

(2) Chest radiography

Posterior/anterior chest radiography may be required at initial, revalidation or renewal examinations when indicated on clinical or epidemiological grounds.

(b) Chronic obstructive airways disease

Applicants with chronic obstructive airways disease should be assessed as unfit. Applicants with only minor impairment of their pulmonary function may be assessed as fit.

(c) Asthma

Applicants with asthma requiring medication or experiencing recurrent attacks of asthma may be assessed as fit if the asthma is considered stable with satisfactory pulmonary function tests and medication is compatible with flight safety. Systemic steroids are disqualifying.

(d) Inflammatory disease

For applicants with active inflammatory disease of the respiratory system a fit assessment may be considered when the condition has resolved without sequelae and no medication is required.

(e) Sarcoidosis

(1) Applicants with active sarcoidosis should be assessed as unfit. Investigation should be undertaken with respect to the possibility of systemic, particularly cardiac, involvement. A fit assessment may be considered if no medication is required, and the disease is investigated and shown to be limited to hilar lymphadenopathy and inactive.

(2) Applicants with cardiac sarcoid should be assessed as unfit.

(f) Pneumothorax

- (1) Applicants with a spontaneous pneumothorax should be assessed as unfit. A fit assessment may be considered if respiratory evaluation is satisfactory:
 - (i) 1 year following full recovery from a single spontaneous pneumothorax;
 - (ii) at revalidation, 6 weeks following full recovery from a single spontaneous pneumothorax, with a multi-pilot limitation;
 - (iii) following surgical intervention in the case of a recurrent pneumothorax provided there is satisfactory recovery.
- (2) A recurrent spontaneous pneumothorax that has not been surgically treated is disqualifying.
- (3) A fit assessment following full recovery from a traumatic pneumothorax as a result of an accident or injury may be acceptable once full absorption of the pneumothorax is demonstrated.

(g) Thoracic surgery

- (1) Applicants requiring major thoracic surgery should be assessed as unfit for a minimum of 3 months following operation or until such time as the effects of the operation are no longer likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (2) A fit assessment following lesser chest surgery may be considered by the licensing authority after satisfactory recovery and full respiratory evaluation.

(h) Sleep apnoea syndrome/sleep disorder

Applicants with unsatisfactorily treated sleep apnoea syndrome should be assessed as unfit.

CLASS 2

(a) Chest radiography

Posterior/anterior chest radiography may be required if indicated on clinical grounds.

(b) Chronic obstructive airways disease

Applicants with only minor impairment of pulmonary function may be assessed as fit.

(c) Asthma

Applicants with asthma may be assessed as fit if the asthma is considered stable with satisfactory pulmonary function tests and medication is compatible with flight safety. Systemic steroids should be disqualifying.

(d) Inflammatory disease

Applicants with active inflammatory disease of the respiratory system should be assessed as unfit pending resolution of the condition.

(e) Sarcoidosis

- (1) Applicants with active sarcoidosis should be assessed as unfit. Investigation should be undertaken with respect to the possibility of systemic involvement. A fit assessment may be considered once the disease is inactive.
- (2) Applicants with cardiac sarcoid should be assessed as unfit.

(f) Pneumothorax

(1) Applicants with spontaneous pneumothorax should be assessed as unfit. A fit assessment may be considered if respiratory evaluation is satisfactory six weeks following full recovery from a single spontaneous pneumothorax or following recovery from surgical intervention in the case of treatment for a recurrent pneumothorax.

(2) A fit assessment following full recovery from a traumatic pneumothorax as a result of an accident or injury may be acceptable once full absorption of the pneumothorax is demonstrated.

(g) Thoracic surgery

Applicants requiring major thoracic surgery should be assessed as unfit until such time as the effects of the operation are no longer likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(h) Sleep apnoea syndrome

Applicants with unsatisfactorily treated sleep apnoea syndrome should be assessed as unfit.

MED.B.020 Verdauungssystem

a) Bewerber dürfen weder funktionelle noch organische Störungen des Magen-Darm-Traktes oder seiner Adnexe aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.020 Digestive System

(a) Applicants shall not possess any functional or structural disease of the gastro-intestinal tract or its adnexa which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

b) Bewerber mit Erkrankungs- oder Operationsfolgen im Bereich des Magen-Darm-Traktes oder seiner Adnexe, die während eines Fluges Handlungsunfähigkeit verursachen können, insbesondere Obstruktionen durch Striktur oder Kompression, sind als untauglich zu beurteilen.

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

c) Bewerber dürfen keine Hernien aufweisen, die zu Handlungsunfähigkeit führen können.

(c) Applicants shall be free from herniae that might give rise to incapacitating symptoms.

d) Bewerber mit Störungen oder Operationen des Magen-Darm-Traktes, darunter:

(1) rezidivierende dyspeptische Funktionsstörungen, die einer Arzneimitteltherapie bedürfen;

(2) Pankreatitis;

(3) symptomatische Gallensteine;

(4) nachgewiesene oder anamnestische chronisch-entzündliche Darmerkrankung;

(5) Operation des Verdauungstraktes oder seiner Adnexe mit Ektomie, Resektion oder Umleitung eines dieser Organe

sind als untauglich zu beurteilen. Nach erfolgreicher Behandlung oder nach vollständiger Genesung nach einem chirurgischen Eingriff und vorbehaltlich einer zufrieden stellenden gastroenterologischen Beurteilung kann erwogen werden, sie als tauglich zu beurteilen.

(d) Applicants with disorders of the gastro-intestinal system including:

- (1) recurrent dyspeptic disorder requiring medication;
 - (2) pancreatitis;
 - (3) symptomatic gallstones;
 - (4) an established diagnosis or history of chronic inflammatory bowel disease;
 - (5) after surgical operation on the digestive tract or its adnexa, including surgery involving total or partial excision or a diversion of any of these organs;
- shall be assessed as unfit. A fit assessment may be considered after successful treatment or full recovery after surgery and subject to satisfactory gastroenterological evaluation.

e) Flugmedizinische Beurteilung:

- (1) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die denehmigungsbehörde überwiesen werden, wenn bei ihnen einer der in Absatz 2, Absatz 4 und Absatz 5 genannten Befunde vorliegt bzw. eine der genannten Operationen durchgeführt wurde;
- (2) Die Beurteilung der Tauglichkeit von Bewerbern um ein Tauglichkeitszeugnis der Klasse 2, die eine Pankreatitis aufweisen, muss in Konsultation mit der Genehmigungsbehörde erfolgen.

(e) Aero-medical assessment:

- (1) applicants for a Class 1 medical certificate with the diagnosis of the conditions specified in (2), (4) and (5) shall be referred to the licensing authority;
- (2) fitness of Class 2 applicants with pancreatitis shall be assessed in consultation with the licensing authority.

AMC1 MED.B.020 Digestive system

CLASS 1

(a) Oesophageal varices

Applicants with oesophageal varices should be assessed as unfit.

(b) Pancreatitis

Applicants with pancreatitis should be assessed as unfit pending assessment. A fit assessment may be considered if the cause (e.g. gallstone, other obstruction, medication) is removed.

(c) Gallstones

- (1) Applicants with a single asymptomatic large gallstone discovered incidentally maybe assessed as fit if not likely to cause incapacitation in flight.
- (2) An applicant with asymptomatic multiple gallstones may be assessed as fit with a multi-pilot limitation.

(d) Inflammatory bowel disease

Applicants with an established diagnosis or history of chronic inflammatory bowel disease should be assessed as fit if the inflammatory bowel disease is in established remission and stable and that systemic steroids are not required for its control.

(e) Peptic ulceration

Applicants with peptic ulceration should be assessed as unfit pending full recovery and demonstrated healing.

(f) Abdominal surgery

(1) Abdominal surgery is disqualifying for a minimum of 3 months. An earlier fit assessment may be considered if recovery is complete, the applicant is asymptomatic and there is only a minimal risk of secondary complication or recurrence.

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

CLASS 2

(a) Oesophageal varices

Applicants with oesophageal varices should be assessed as unfit.

(b) Pancreatitis

Applicants with pancreatitis should be assessed as unfit pending satisfactory recovery.

(c) Gallstones

(1) Applicants with a single asymptomatic large gallstone or asymptomatic multiple gallstones may be assessed as fit.

(2) Applicants with symptomatic single or multiple gallstones should be assessed as unfit. A fit assessment may be considered following gallstone removal.

(d) Inflammatory bowel disease

Applicants with an established diagnosis or history of chronic inflammatory bowel disease may be assessed as fit provided that the disease is stable and not likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(e) Peptic ulceration

Applicants with peptic ulceration should be assessed as unfit pending full recovery.

(f) Abdominal surgery

(1) Abdominal surgery is disqualifying. A fit assessment may be considered if recovery is complete, the applicant is asymptomatic and there is only a minimal risk of secondary complication or recurrence.

(2) Applicants who have undergone a surgical operation on the digestive tract or its adnexa, involving a total or partial excision or a diversion of any of these organs, should be assessed as unfit until such time as the effects of the operation are no longer likely to interfere with the safe exercise of the privileges of the applicable licence(s).

MED.B.025 Stoffwechsel und endokrines System

a) Bewerber dürfen weder funktionelle noch organische Stoffwechsel-, Ernährungs- oder endokrine Störungen aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.025 Metabolic and Endocrine Systems

(a) Applicants shall not possess any functional or structural metabolic, nutritional or endocrine disorder which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

b) Bewerber mit Stoffwechsel-, Ernährungs- oder endokrinen Funktionsstörungen können als tauglich beurteilt werden, sofern die Störung nachweislich stabil ist und eine zufrieden stellende flugmedizinische Beurteilung vorliegt.

(b) Applicants with metabolic, nutritional or endocrine dysfunction may be assessed as fit subject to demonstrated stability of the condition and satisfactory aero-medical evaluation.

c) Diabetes mellitus

- (1) Bewerber mit insulinpflichtigem Diabetes mellitus sind als untauglich zu beurteilen.
- (2) Bewerber mit nicht insulinpflichtigem Diabetes mellitus sind als untauglich zu beurteilen, es sei denn, es kann eine erfolgreiche Einstellung des Blutzuckerspiegels nachgewiesen werden.

(c) Diabetes mellitus

- (1) Applicants with diabetes mellitus requiring insulin shall be assessed as unfit.
- (2) Applicants with diabetes mellitus not requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved.

d) Flugmedizinische Beurteilung:

- (1) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden, wenn sie zur Einstellung ihres Blutzuckerspiegels andere Medikamente als Insulin einnehmen müssen.
- (2) Die Beurteilung der Tauglichkeit von Bewerbern um ein Tauglichkeitszeugnis der Klasse 2, die zur Einstellung ihres Blutzuckerspiegels andere Medikamente als Insulin einnehmen müssen, muss in Konsultation mit der Genehmigungsbehörde erfolgen.

(d) Aero-medical assessment:

- (1) applicants for a Class 1 medical certificate requiring medication other than insulin for blood sugar control shall be referred to the licensing authority;
- (2) fitness of Class 2 applicants requiring medication other than insulin for blood sugar control shall be assessed in consultation with the licensing authority.

AMC1 MED.B.025 Metabolic and endocrine systems

CLASS 1

(a) Metabolic, nutritional or endocrine dysfunction

Applicants with metabolic, nutritional or endocrine dysfunction may be assessed as fit if the condition is asymptomatic, clinically compensated and stable with or without replacement therapy, and regularly reviewed by an appropriate specialist.

(b) Obesity

Applicants with a Body Mass Index ≥ 35 may be assessed as fit only if the excess weight is not likely to interfere with the safe exercise of the applicable licence(s) and a satisfactory cardiovascular risk review has been undertaken.

(c) Addison's disease

Addison's disease is disqualifying. A fit assessment may be considered, provided that cortisone is carried and available for use whilst exercising the privileges of the licence(s). Applicants may be assessed as fit with a multi-pilot limitation.

(d) Gout

Applicants with acute gout should be assessed as unfit. A fit assessment may be considered once asymptomatic, after cessation of treatment or the condition is stabilised on anti-hyperuricaemic therapy.

(e) Thyroid dysfunction

Applicants with hyperthyroidism or hypothyroidism should be assessed as unfit. A fit assessment may be considered when a stable euthyroid state is attained.

(f) Abnormal glucose metabolism

Glycosuria and abnormal blood glucose levels require investigation. A fit assessment may be considered if normal glucose tolerance is demonstrated (low renal threshold) or impaired glucose tolerance without diabetic pathology is fully controlled by diet and regularly reviewed.

(g) Diabetes mellitus

Subject to good control of blood sugar with no hypoglycaemic episodes:

- (1) applicants with diabetes mellitus not requiring medication may be assessed as fit;
- (2) the use of antidiabetic medications that are not likely to cause hypoglycaemia may be acceptable for a fit assessment with a multi-pilot limitation.

CLASS 2

(a) Metabolic, nutritional or endocrine dysfunction

Metabolic, nutritional or endocrine dysfunction is disqualifying. A fit assessment may be considered if the condition is asymptomatic, clinically compensated and stable.

(b) Obesity

Obese applicants may be assessed as fit only if the excess weight is not likely to interfere with the safe exercise of the applicable licence(s).

(c) Addison's disease

Applicants with Addison's disease may be assessed as fit provided that cortisone is carried and available for use whilst exercising the privileges of the licence.

(d) Gout

Applicants with acute gout should be assessed as unfit until asymptomatic.

(e) Thyroid dysfunction

Applicants with thyroid disease may be assessed as fit once a stable euthyroid state is attained.

(f) Abnormal glucose metabolism

Glycosuria and abnormal blood glucose levels require investigation. A fit assessment may be considered if normal glucose tolerance is demonstrated (low renal threshold) or impaired glucose tolerance is fully controlled by diet and regularly reviewed.

(g) Diabetes mellitus

Applicants with diabetes mellitus may be assessed as fit. The use of antidiabetic medications that are not likely to cause hypoglycaemia may be acceptable.

MED.B.030 Hämatologie

a) Bewerber dürfen keine hämatologischen Erkrankungen aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.030 Haematology

(a) Applicants shall not possess any haematological disease which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

b) Für Tauglichkeitszeugnisse der Klasse 1 ist bei jeder zum Zwecke der Ausstellung eines Tauglichkeitszeugnisses durchgeführten Untersuchung der Hämoglobinwert zu bestimmen.

(b) For a Class 1 medical certificate, haemoglobin shall be tested at each examination for the issue of a medical certificate.

c) Bewerber mit einer hämatologischen Erkrankung wie
(1) Blutgerinnungs-, Blutungs- oder thrombotischen Störungen;
(2) chronische Leukämie
können vorbehaltlich einer zufrieden stellenden flugmedizinischen Beurteilung als tauglich beurteilt werden.

(c) Applicants with a haematological condition, such as:
(1) coagulation, haemorrhagic or thrombotic disorder;
(2) chronic leukaemia;
may be assessed as fit subject to satisfactory aeromedical evaluation.

d) Flugmedizinische Beurteilung:
(1) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden, wenn bei ihnen einer der unter Buchstabe c genannten Befunde vorliegt;
(2) Die Beurteilung der Tauglichkeit von Bewerbern um ein Tauglichkeitszeugnis der Klasse 2, bei denen einer der unter Buchstabe b genannten Befunde vorliegt, muss in Konsultation mit der Genehmigungsbehörde erfolgen.

(d) Aero-medical assessment:
(1) applicants for a Class 1 medical certificate with one of the conditions specified in (c) above shall be referred to the licensing authority;
(2) fitness of Class 2 applicants with one of the conditions specified in (c) above shall be assessed in consultation with the licensing authority.

e) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden, wenn bei ihnen eine der folgenden hämatologischen Erkrankungen vorliegt:
(1) von der Norm abweichende Hämoglobinwerte, darunter Anämie, Polyzythämie oder Hämoglobinopathie;
(2) signifikante Vergrößerung der Lymphknoten;
(3) Vergrößerung der Milz.

(e) Class 1 applicants with one of the haematological conditions specified below shall be referred to the licensing authority:
(1) abnormal haemoglobin, including, but not limited to anaemia, polycythaemia or haemoglobinopathy;
(2) significant lymphatic enlargement;
(3) enlargement of the spleen.

AMC1 MED.B.030 Haematology

CLASS 1

(a) Abnormal haemoglobin

Applicants with abnormal haemoglobin should be investigated.

(b) Anaemia

- (1) Applicants with anaemia demonstrated by a reduced haemoglobin level or haematocrit less than 32 % should be assessed as unfit and require investigation. A fit assessment may be considered in cases where the primary cause has been treated (e.g. iron or B12 deficiency) and the haemoglobin or haematocrit has stabilised at a satisfactory level.
- (2) Anaemia which is unamenable to treatment is disqualifying.

(c) Polycythaemia

Applicants with polycythaemia should be assessed as unfit and require investigation. A fit assessment with a multi-pilot limitation may be considered if the condition is stable and no associated pathology is demonstrated.

(d) Haemoglobinopathy

- (1) Applicants with a haemoglobinopathy should be assessed as unfit. A fit assessment may be considered where minor thalassaemia or other haemoglobinopathy is diagnosed without a history of crises and where full functional capability is demonstrated. The haemoglobin level should be satisfactory.
- (2) Applicants with sickle cell disease should be assessed as unfit.

(e) Coagulation disorders

Applicants with a coagulation disorder should be assessed as unfit. A fit assessment may be considered if there is no history of significant bleeding episodes.

(f) Haemorrhagic disorders

Applicants with a haemorrhagic disorder require investigation. A fit assessment with a multi-pilot limitation may be considered if there is no history of significant bleeding.

(g) Thrombo-embolic disorders

- (1) Applicants with a thrombotic disorder require investigation. A fit assessment with a multi-pilot limitation may be considered if there is no history of significant clotting episodes.
- (2) An arterial embolus is disqualifying.

(h) Disorders of the lymphatic system

Applicants with significant localised and generalised enlargement of the lymphatic glands and diseases of the blood should be assessed as unfit and require investigation. A fit assessment may be considered in cases of an acute infectious process which is fully recovered or Hodgkin's lymphoma or other lymphoid malignancy which has been treated and is in full remission.

(i) Leukaemia

- (1) Applicants with acute leukaemia should be assessed as unfit. Once in established remission, applicants may be assessed as fit.
- (2) Applicants with chronic leukaemia should be assessed as unfit. After a period of demonstrated stability a fit assessment may be considered.
- (3) Applicants with a history of leukaemia should have no history of central nervous system involvement and no continuing side-effects from treatment of flight safety importance. Haemoglobin and platelet levels should be satisfactory. Regular follow-up is required.

(j) Splenomegaly

Applicants with splenomegaly should be assessed as unfit and require investigation. A fit assessment may be considered when the enlargement is minimal, stable and no associated pathology is demonstrated, or if the enlargement is minimal and associated with another acceptable condition.

CLASS 2

(a) Abnormal haemoglobin

Haemoglobin should be tested when clinically indicated.

(b) Anaemia

Applicants with anaemia demonstrated by a reduced haemoglobin level or low haematocrit may be assessed as fit once the primary cause has been treated and the haemoglobin or haematocrit has stabilised at a satisfactory level.

(c) Polycythaemia

Applicants with polycythaemia may be assessed as fit if the condition is stable and no associated pathology is demonstrated.

(d) Haemoglobinopathy

Applicants with a haemoglobinopathy may be assessed as fit if minor thalassaemia or other haemoglobinopathy is diagnosed without a history of crises and where full functional capability is demonstrated.

(e) Coagulation and haemorrhagic disorders

Applicants with a coagulation or haemorrhagic disorder may be assessed as fit if there is no likelihood of significant bleeding.

(f) Thrombo-embolic disorders

Applicants with a thrombotic disorder may be assessed as fit if there is no likelihood of significant clotting episodes.

(g) Disorders of the lymphatic system

Applicants with significant enlargement of the lymphatic glands or haematological disease may be assessed as fit if the condition is unlikely to interfere with the safe exercise of the privileges of the applicable licence(s). Applicants may be assessed as fit in cases of acute infectious process which is fully recovered or Hodgkin's lymphoma or other lymphoid malignancy which has been treated and is in full remission.

(h) Leukaemia

(1) Applicants with acute leukaemia may be assessed as fit once in established remission.

(2) Applicants with chronic leukaemia may be assessed as fit after a period of demonstrated stability.

(3) In cases (1) and (2) above there should be no history of central nervous system involvement and no continuing side effects from treatment of flight safety importance. Haemoglobin and platelet levels should be satisfactory. Regular follow-up is required.

(i) Splenomegaly

Applicants with splenomegaly may be assessed as fit if the enlargement is minimal, stable and no associated pathology is demonstrated, or if the enlargement is minimal and associated with another acceptable condition.

MED.B.035 Urogenitalsystem

a) Bewerber dürfen weder funktionelle noch organische Störungen der Nieren, des Harntraktes, der Geschlechtsorgane oder deren Adnexe aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.035 Genitourinary System

(a) Applicants shall not possess any functional or structural disease of the renal or genitourinary system or its adnexa which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

b) Bei jeder flugmedizinischen Untersuchung ist eine Urinanalyse durchzuführen. Bei der Urinanalyse dürfen keine als pathologisch signifikant geltenden Normabweichungen auftreten.

(b) Urinalysis shall form part of every aero-medical examination. The urine shall contain no abnormal element considered to be of pathological significance.

c) Bewerber mit Erkrankungs- oder Operationsfolgen im Bereich der Nieren oder des Harntrakts, die Handlungsunfähigkeit verursachen können, insbesondere Obstruktionen durch Striktur oder Kompression, sind als untauglich zu beurteilen.

(c) Applicants with any sequela of disease or surgical procedures on the kidneys or the urinary tract likely to cause incapacitation, in particular any obstruction due to stricture or compression shall be assessed as unfit.

d) Bewerber mit einer urogenitalen Erkrankung wie

(1) Nierenerkrankung;

(2) Harnstein(e) oder anamnestische Nierenkolik

können vorbehaltlich einer zufrieden stellenden Beurteilung der Nieren/des Harntrakts als tauglich beurteilt werden.

(d) Applicants with a genitourinary disorder, such as:

(1) renal disease;

(2) one or more urinary calculi, or a history of renal colic;

may be assessed as fit subject to satisfactory renal/urological evaluation.

AMC1 MED.B.035 Genitourinary system

CLASS1

(a) Abnormal urinalysis

Investigation is required if there is any abnormal finding on urinalysis.

(b) Renal disease

(1) Applicants presenting with any signs of renal disease should be assessed as unfit. A fit assessment may be considered if blood pressure is satisfactory and renal function is acceptable.

(2) The requirement for dialysis is disqualifying.

(c) Urinary calculi

(1) Applicants with an asymptomatic calculus or a history of renal colic require investigation.

(2) Applicants presenting with one or more urinary calculi should be assessed as unfit and require investigation.

- (3) A fit assessment with a multi-pilot limitation may be considered whilst awaiting assessment or treatment.
- (4) A fit assessment without multi-pilot limitation may be considered after successful treatment for a calculus.
- (5) With residual calculi, a fit assessment with a multi-pilot limitation may be considered

(d) Renal/urological surgery

- (1) Applicants who have undergone a major surgical operation on the urinary tract or the urinary apparatus involving a total or partial excision or a diversion of any of its organs should be assessed as unfit for a minimum period of 3 months or until such time as the effects of the operation are no longer likely to cause incapacity in flight. After other urological surgery, a fit assessment may be considered if the applicant is completely asymptomatic and there is minimal risk of secondary complication or recurrence.
- (2) An applicant with compensated nephrectomy without hypertension or uraemia may be considered for a fit assessment.
- (3) Applicants who have undergone renal transplantation may be considered for a fit assessment if it is fully compensated and tolerated with only minimal immunosuppressive therapy after at least 12 months. Applicants may be assessed as fit with a multi-pilot limitation.
- (4) Applicants who have undergone total cystectomy may be considered for a fit assessment if there is satisfactory urinary function, no infection and no recurrence of primary pathology. Applicants may be assessed as fit with a multi-pilot limitation.

CLASS 2

(a) Renal disease

Applicants presenting with renal disease may be assessed as fit if blood pressure is satisfactory and renal function is acceptable. The requirement for dialysis is disqualifying.

(b) Urinary calculi

- (1) Applicants presenting with one or more urinary calculi should be assessed as unfit.
- (2) Applicants with an asymptomatic calculus or a history of renal colic require investigation.
- (3) While awaiting assessment or treatment, a fit assessment with a safety pilot limitation may be considered.
- (4) After successful treatment the applicant may be assessed as fit.
- (5) Applicants with parenchymal residual calculi may be assessed as fit.

(c) Renal/urological surgery

- (1) Applicants who have undergone a major surgical operation on the urinary tract or the urinary apparatus involving a total or partial excision or a diversion of any of its organs should be assessed as unfit until such time as the effects of the operation are no longer likely to cause incapacity in flight. After other urological surgery, a fit assessment may be considered if the applicant is completely asymptomatic, there is minimal risk of secondary complication or recurrence presenting with renal disease, if blood pressure is satisfactory and renal function is acceptable. The requirement for dialysis is disqualifying.
- (2) An applicant with compensated nephrectomy without hypertension or uraemia may be assessed as fit.
- (3) Applicants who have undergone renal transplantation may be considered for a fit assessment if it is fully compensated and with only minimal immunosuppressive therapy.

(4) Applicants who have undergone total cystectomy may be considered for a fit assessment if there is satisfactory urinary function, no infection and no recurrence of primary pathology.

e) Bewerber, bei denen eine größere Operation des Harntraktes mit Ektomie, Resektion oder Umleitung von Organen durchgeführt wurde, müssen als untauglich beurteilt und nach vollständiger Genesung neu beurteilt werden, bevor erwogen werden kann, sie als tauglich zu beurteilen. Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen zur Neubeurteilung an die Genehmigungsbehörde verwiesen werden.

(e) Applicants who have undergone a major surgical operation in the urinary apparatus involving a total or partial excision or a diversion of its organs shall be assessed as unfit and be re-assessed after full recovery before a fit assessment can be considered. Applicants for a Class 1 medical certificate shall be referred to the licensing authority for the re-assessment.

MED.B.040 Infektionskrankheiten

a) Bewerber dürfen ihrer Krankengeschichte oder klinischen Diagnose zufolge keine Infektionskrankheiten aufweisen, die die sichere Ausübung der mit der geltenden Lizenz verbundenen Rechte beeinträchtigen können.

MED.B.040 Infectious Disease

(a) Applicants shall have no established medical history or clinical diagnosis of any infectious disease which is likely to interfere with the safe exercise of the privileges of the applicable licence held.

b) Bewerber mit positivem HIV-Befund können vorbehaltlich einer zufrieden stellenden flugmedizinischen Beurteilung als tauglich beurteilt werden. Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden.

(b) Applicants who are HIV positive may be assessed as fit subject to satisfactory aero-medical evaluation. Applicants for a Class 1 medical certificate shall be referred to the licensing authority.

AMC1 MED.B.040 Infectious disease

CLASS 1

(a) Infectious disease General

In cases of infectious disease, consideration should be given to a history of, or clinical signs indicating, underlying impairment of the immune system.

(b) Tuberculosis

Applicants with active tuberculosis should be assessed as unfit. A fit assessment may be considered following completion of therapy.

(c) Syphilis

Acute syphilis is disqualifying. A fit assessment may be considered in the case of those fully treated and recovered from the primary and secondary stages.

(d) HIV infection

(1) HIV positivity is disqualifying. A fit assessment with a multi-pilot limitation may be considered for individuals with stable, non-progressive disease. Frequent review is required.

(2) The occurrence of AIDS or AIDS-related complex is disqualifying.

(e) Infectious hepatitis

Infectious hepatitis is disqualifying. A fit assessment may be considered after full recovery.

CLASS 2

(a) Tuberculosis

Applicants with active tuberculosis should be assessed as unfit until completion of therapy.

(b) HIV infection

A fit assessment may be considered for HIV positive individuals with stable, non-progressive disease if full investigation provides no evidence of HIV-associated diseases that might give rise to incapacitating symptoms.

MED.B.045 Geburtshilfe und Gynäkologie

a) Bewerberinnen dürfen weder funktionelle noch organische Störungen geburtshilflicher oder gynäkologischer Art aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.045 Obstetrics and Gynaecology

(a) Applicants shall not possess any functional or structural obstetric or gynaecological condition which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

b) Bewerberinnen, bei denen eine größere gynäkologische Operation durchgeführt wurde, sind bis zur vollständigen Genesung als untauglich zu beurteilen.

(b) Applicants who have undergone a major gynaecological operation shall be assessed as unfit until full recovery.

c) Schwangerschaft

(1) Wenn das flugmedizinische Zentrum oder der flugmedizinische Sachverständige der Ansicht ist, dass eine schwangere Lizenzinhaberin für die Ausübung ihrer Rechte tauglich ist, muss die Gültigkeitsdauer des Tauglichkeitszeugnisses bis zum Ende der 26. Schwangerschaftswoche begrenzt werden. Nach diesem Zeitpunkt ist das Zeugnis auszusetzen. Nach der vollständigen Genesung nach Ende der Schwangerschaft ist diese Aussetzung wieder aufzuheben.

(2) Inhaberinnen eines Tauglichkeitszeugnisses der Klasse 1 dürfen die mit ihrer/ihren Lizenz(en) verbundenen Rechte bis zur 26. Schwangerschaftswoche nur mit der Einschränkung OML ausüben. Ungeachtet der Bestimmungen gemäß MED.B.001 kann die Einschränkung OML in diesem Fall vom flugmedizinischen Zentrum oder vom flugmedizinischen Sachverständigen auferlegt und aufgehoben werden.

(c) Pregnancy

(1) In the case of pregnancy, if the AeMC or AME considers that the licence holder is fit to exercise her privileges, he/she shall limit the validity period of the medical certificate to the end of the 26th week of gestation. After this point, the certificate shall be suspended. The suspension shall be lifted after full recovery following the end of the pregnancy.

(2) Holders of Class 1 medical certificates shall only exercise the privileges of their licences until the 26th week of gestation with an OML. Notwithstanding MED. B.001 in this case, the OML may be imposed and removed by the AeMC or AME.

AMC1 MED.B.045 Obstetrics and gynaecology

CLASS 1

(a) Gynaecological surgery

An applicant who has undergone a major gynaecological operation should be assessed as unfit for a period of 3 months or until such time as the effects of the operation are not likely to interfere with the safe exercise of the privileges of the licence(s) if the holder is completely asymptomatic and there is only a minimal risk of secondary complication or recurrence.

(b) Severe menstrual disturbances

An applicant with a history of severe menstrual disturbances unamenable to treatment should be assessed as unfit.

(c) Pregnancy

(1) A pregnant licence holder may be assessed as fit with a multi-pilot limitation during the first 26 weeks of gestation, following review of the obstetric evaluation by the AeMC or AME who should inform the licensing authority.

(2) The AeMC or AME should provide written advice to the applicant and the supervising physician regarding potentially significant complications of pregnancy.

CLASS 2

(a) Gynaecological surgery

An applicant who has undergone a major gynaecological operation should be assessed as unfit until such time as the effects of the operation are not likely to interfere with the safe exercise of the privileges of the licence(s).

(b) Pregnancy

(1) A pregnant licence holder may be assessed as fit during the first 26 weeks of gestation following satisfactory obstetric evaluation.

(2) Licence privileges may be resumed upon satisfactory confirmation of full recovery following confinement or termination of pregnancy.

MED.B.050 Bewegungsapparat

a) Bewerber dürfen weder angeborene noch erworbene Veränderungen der Knochen, Gelenke, Muskeln und Sehnen aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.050 Musculoskeletal System

(a) Applicants shall not possess any abnormality of the bones, joints, muscles or tendons, congenital or acquired which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

b) Bewerber müssen für die sichere Ausübung ihrer mit der/den geltenden Lizenz(en) verbundenen Rechte über eine ausreichende Körpergröße in sitzender Position, über eine ausreichende Länge von Armen und Beinen und über ausreichend Muskelkraft verfügen.

(b) An applicant shall have sufficient sitting height, arm and leg length and muscular strength for the safe exercise of the privileges of the applicable licence(s).

c) Bewerber müssen über eine ausreichende Funktion des Bewegungsapparats verfügen, um die mit der/den geltenden Lizenz(en) verbundenen Rechte sicher ausüben zu können. Die Beurteilung der Tauglichkeit von Bewerbern muss in Konsultation mit der Genehmigungsbehörde erfolgen.

(c) An applicant shall have satisfactory functional use of the musculoskeletal system to enable the safe exercise of the privileges of the applicable licence(s). Fitness of the applicants shall be assessed in consultation with the licensing authority.

AMC1 MED.B.050 Musculoskeletal system

CLASS1

(a) An applicant with any significant sequela from disease, injury or congenital abnormality affecting the bones, joints, muscles or tendons with or without surgery requires full evaluation prior to a fit assessment.

(b) In cases of limb deficiency, a fit assessment may be considered following a satisfactory medical flight test or simulator testing.

(c) An applicant with inflammatory, infiltrative, traumatic or degenerative disease of the musculoskeletal system may be assessed as fit provided the condition is in remission and the applicant is taking no disqualifying medication and has satisfactorily completed a medical flight or simulator flight test. A limitation to specified aircraft type(s) may be required.

(d) Abnormal physique, including obesity, or muscular weakness may require medical flight or flight simulator testing. Particular attention should be paid to emergency procedures and evacuation. A limitation to specified aircraft type(s) may be required.

CLASS 2

(a) An applicant with any significant sequela from disease, injury or congenital abnormality affecting the bones, joints, muscles or tendons with or without surgery should require full evaluation prior to fit assessment.

(b) In cases of limb deficiency, a fit assessment may be considered following a satisfactory medical flight test.

(c) An applicant with inflammatory, infiltrative, traumatic or degenerative disease of the musculoskeletal system may be assessed as fit, provided the condition is in remission and the applicant is taking no disqualifying medication and has satisfactorily completed a medical flight test. A limitation to specified aircraft type(s) may be required.

(d) Abnormal physique or muscular weakness may require a satisfactory medical flight test. A limitation to specified aircraft type(s) may be required.

MED.B.055 Psychiatrie

a) Bewerber dürfen ihrer Krankengeschichte oder klinischen Diagnose zufolge weder angeborene noch erworbene akute oder chronische psychiatrische Erkrankungen, Behinderungen, Abweichungen oder Störungen aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.055 Psychiatry

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

b) Bewerber mit psychischen Störungen oder Verhaltensstörungen, die durch Alkoholmissbrauch oder den Gebrauch bzw. Missbrauch von psychotropen Substanzen bedingt sind, sind bis zur Genesung und Einstellung des Substanzmissbrauchs und vorbehaltlich einer zufrieden stellenden psychiatrischen Beurteilung nach erfolgreicher Behandlung als untauglich zu beurteilen. Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden. Die Beurteilung der Tauglichkeit von Bewerbern um ein Tauglichkeitszeugnis der Klasse 2 muss in Konsultation mit der Genehmigungsbehörde erfolgen.

(b) Applicants with a mental or behavioural disorder due to alcohol or other use or abuse of psychotropic substances shall be assessed as unfit pending recovery and freedom from substance use and subject to satisfactory psychiatric evaluation after successful treatment. Applicants for a Class 1 medical certificate shall be referred to the licensing authority. Fitness of Class 2 applicants shall be assessed in consultation with the licensing authority.

c) Bewerber mit einem psychiatrischen Leiden wie

- (1) affektive Störungen;
- (2) neurotische Störungen;
- (3) Persönlichkeitsstörungen;
- (4) psychische Störungen und Verhaltensstörungen

müssen einer zufrieden stellenden psychiatrischen Beurteilung unterzogen werden, bevor erwogen werden kann, sie als tauglich zu beurteilen.

(c) Applicants with a psychiatric condition such as:

- (1) mood disorder;
- (2) neurotic disorder;
- (3) personality disorder;
- (4) mental or behavioural disorder;

shall undergo satisfactory psychiatric evaluation before a fit assessment can be made.

d) Bewerber mit einmaliger oder mehrmaliger vorsätzlicher Selbstbeschädigung in der Krankengeschichte sind als untauglich zu beurteilen. Bewerber müssen einer zufrieden stellenden psychiatrischen Beurteilung unterzogen werden, bevor erwogen werden kann, sie als tauglich zu beurteilen.

(d) Applicants with a history of a single or repeated acts of deliberate self-harm shall be assessed as unfit. Applicants shall undergo satisfactory psychiatric evaluation before a fit assessment can be considered.

e) Flugmedizinische Beurteilung

- (1) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde überwiesen werden, wenn bei ihnen einer der unter den Buchstaben b, c oder d genannten Befunde vorliegt;
- (2) die Beurteilung der Tauglichkeit von Bewerbern um ein Tauglichkeitszeugnis der Klasse 2, bei denen einer der unter den Buchstaben b, c oder d genannten Befunde vorliegt, muss in Konsultation mit der Genehmigungsbehörde erfolgen.

(e) Aero-medical assessment:

- (1) applicants for a Class 1 medical certificate with one of the conditions detailed in (b), (c) or (d) above shall be referred to the licensing authority;
- (2) fitness of Class 2 applicants with one of the conditions detailed in (b), (c) or (d) above shall be assessed in consultation with the licensing authority.

f) Bewerber, die ihrer Krankengeschichte oder klinischen Diagnose zufolge an Schizophrenie erkrankt sind oder schizotyp oder wahnhaftige Störungen aufweisen, sind als untauglich zu beurteilen.

(f) Applicants with an established history or clinical diagnosis of schizophrenia, schizotypal or delusional disorder shall be assessed as unfit.

AMC1 MED.B.055 Psychiatry

CLASS 1

(a) Psychotic disorder

A history, or the occurrence, of a functional psychotic disorder is disqualifying unless a cause can be unequivocally identified as one which is transient, has ceased and will not recur.

(b) Organic mental disorder

An organic mental disorder is disqualifying. Once the cause has been treated, an applicant may be assessed as fit following satisfactory psychiatric review.

(c) Psychotropic substances

Use or abuse of psychotropic substances likely to affect flight safety is disqualifying.

(d) Schizophrenia, schizotypal or delusional disorder

Applicants with an established schizophrenia, schizotypal or delusional disorder should only be considered for a fit assessment if the licensing authority concludes that the original diagnosis was inappropriate or inaccurate or, in the case of a single episode of delirium, provided that the applicant has suffered no permanent impairment.

(e) Mood disorder

An established mood disorder is disqualifying. After full recovery and after full consideration of an individual case a fit assessment may be considered, depending on the characteristics and gravity of the mood disorder. If a stable maintenance psychotropic medication is confirmed, a fit assessment should require a multi-pilot limitation.

(f) Neurotic, stress-related or somatoform disorder

Where there is suspicion or established evidence that an applicant has a neurotic, stress-related or somatoform disorder, the applicant should be referred for psychiatric opinion and advice.

(g) Personality or behavioural disorder

Where there is suspicion or established evidence that an applicant has a personality or behavioural disorder, the applicant should be referred for psychiatric opinion and advice.

(h) Disorders due to alcohol or other substance use

- (1) Mental or behavioural disorders due to alcohol or other substance use, with or without dependency, are disqualifying.

(2) A fit assessment may be considered after a period of two years documented sobriety or freedom from substance use. At revalidation or renewal a fit assessment may be considered earlier with a multi-pilot limitation. Depending on the individual case, treatment and review may include:

(i) in-patient treatment of some weeks followed by:

(A) review by a psychiatric specialist; and

(B) ongoing review including blood testing and peer reports, which may be required indefinitely.

(i) Deliberate self-harm

A single self-destructive action or repeated acts of deliberate self-harm are disqualifying. A fit assessment may be considered after full consideration of an individual case and may require psychiatric or psychological review. Neuropsychological assessment may also be required.

CLASS 2

(a) Psychotic disorder

A history, or the occurrence, of a functional psychotic disorder is disqualifying unless in certain rare cases a cause can be unequivocally identified as one which is transient, has ceased and will not recur.

(b) Psychotropic substances

Use or abuse of psychotropic substances likely to affect flight safety is disqualifying. If a stable maintenance psychotropic medication is confirmed, a fit assessment with an OSL limitation may be considered.

(c) Schizophrenia, schizotypal or delusional disorder

An applicant with a history of schizophrenia, schizotypal or delusional disorder may only be considered fit if the original diagnosis was inappropriate or inaccurate as confirmed by psychiatric evaluation or, in the case of a single episode of delirium, provided that the applicant has suffered no permanent impairment.

(d) Disorders due to alcohol or other substance use

(1) Mental or behavioural disorders due to alcohol or other substance use, with or without dependency, are disqualifying.

(2) A fit assessment may be considered in consultation with the licensing authority after a period of two years documented sobriety or freedom from substance use. A fit assessment may be considered earlier with an OSL or OPL limitation. Depending on the individual case, treatment and review may include:

(i) in-patient treatment of some weeks followed by:

(A) review by a psychiatric specialist; and

(B) ongoing review, including blood testing and peer reports, which may be required indefinitely.

MED.B.060 Psychologie

a) Bewerber dürfen keine nachgewiesenen psychischen Einschränkungen aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.060 Psychology

(a) Applicants shall have no established psychological deficiencies, which are likely to interfere with the safe exercise of the privileges of the applicable licence(s).

b) Gegebenenfalls muss im Rahmen von oder ergänzend zu einer fachärztlichen psychiatrischen oder neurologischen Untersuchung eine psychologische Beurteilung vorgenommen werden.

(b) A psychological evaluation may be required as part of, or complementary to, a specialist psychiatric or neurological examination.

AMC1 MED.B.060 Psychology

CLASS 1

(a) Where there is suspicion or established evidence that an applicant has a psychological disorder, the applicant should be referred for psychological opinion and advice.

(b) Established evidence should be verifiable information from an identifiable source which evokes doubts concerning the mental fitness or personality of a particular individual. Sources for this information can be accidents or incidents, problems in training or proficiency checks, delinquency or knowledge relevant to the safe exercise of the privileges of the applicable licence.

(c) The psychological evaluation may include a collection of biographical data, the administration of aptitude as well as personality tests and psychological interview.

(d) The psychologist should submit a written report to the AME, AeMC or licensing authority as appropriate, detailing his/her opinion and recommendation.

CLASS 2

Applicants with a psychological disorder may need to be referred for psychological or neuropsychiatric opinion and advice.

MED.B.065 Neurologie

a) Bewerber dürfen ihrer Krankengeschichte oder klinischen Diagnose zufolge keine neurologischen Störungen aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.065 Neurology

(a) Applicants shall have no established medical history or clinical diagnosis of any neurological condition which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

b) Bewerber, bei denen ihrer Krankengeschichte oder klinischen Diagnose zufolge einer der folgenden Befunde vorliegt:

- (1) Epilepsie;
- (2) rezidivierende Episoden von Bewusstseinsstörungen unbekannter Ursache sind als untauglich zu beurteilen.

(b) Applicants with an established history or clinical diagnosis of:

- (1) epilepsy;
- (2) recurring episodes of disturbance of consciousness of uncertain cause; shall be assessed as unfit.

c) Bewerber, bei denen ihrer Krankengeschichte oder klinischen Diagnose zufolge einer der folgenden Befunde vorliegt:

- (1) Epilepsie ohne Anfallsrezidiv seit dem 5. Lebensjahr;
- (2) unbehandelte Epilepsie ohne Anfallsrezidiv seit über 10 Jahren;
- (3) epileptiforme EEG-Anomalien und fokale langsame Wellen;

- (4) progressiv oder nicht progressiv verlaufende Erkrankung des Nervensystems;
- (5) Einzelepisode von Bewusstseinsstörungen unbekannter Ursache;
- (6) Bewusstseinsverlust nach Kopfverletzung;
- (7) penetrierende Hirnverletzung;
- (8) Verletzung des Rückenmarks oder der peripheren Nerven

müssen einer weiteren Beurteilung unterzogen werden, bevor erwogen werden kann, sie als tauglich zu beurteilen. Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden. Die Beurteilung der Tauglichkeit von Bewerbern um ein Tauglichkeitszeugnis der Klasse 2 muss in Konsultation mit der Genehmigungsbehörde erfolgen.

(c) Applicants with an established history or clinical diagnosis of:

- (1) epilepsy without recurrence after age 5;
- (2) epilepsy without recurrence and off all treatment for more than 10 years;
- (3) epileptiform EEG abnormalities and focal slow waves;
- (4) progressive or non-progressive disease of the nervous system;
- (5) a single episode of disturbance of consciousness of uncertain cause;
- (6) loss of consciousness after head injury;
- (7) penetrating brain injury;
- (8) spinal or peripheral nerve injury;

shall undergo further evaluation before a fit assessment can be considered. Applicants for a Class 1 medical certificate shall be referred to the licensing authority. Fitness of Class 2 applicants shall be assessed in consultation with the licensing authority.

AMC1 MED.B.065 Neurology

CLASS1

(a) Epilepsy

- (1) A diagnosis of epilepsy is disqualifying, unless there is unequivocal evidence of a syndrome of benign childhood epilepsy associated with a very low risk of recurrence, and unless the applicant has been free of recurrence and off treatment for more than 10 years. One or more convulsive episodes after the age of 5 are disqualifying. In the case of an acute symptomatic seizure, which is considered to have a very low risk of recurrence, a fit assessment may be considered after neurological review.
- (2) An applicant may be assessed as fit by the licensing authority with a multi-pilot limitation if:
 - (i) there is a history of a single afebrile epileptiform seizure;
 - (ii) there has been no recurrence after at least 10 years off treatment;
 - (iii) there is no evidence of continuing predisposition to epilepsy.

(b) Conditions with a high propensity for cerebral dysfunction

An applicant with a condition with a high propensity for cerebral dysfunction should be assessed as unfit. A fit assessment may be considered after full evaluation.

(c) Clinical EEG abnormalities

- (1) Electroencephalography is required when indicated by the applicant's history or on clinical grounds.
- (2) Epileptiform paroxysmal EEG abnormalities and focal slow waves should be disqualifying.

(d) Neurological disease

Any stationary or progressive disease of the nervous system which has caused or is likely to cause a significant disability is disqualifying. However, in case of minor functional losses associated with stationary disease, a fit assessment may be considered after full evaluation.

(e) Episode of disturbance of consciousness

In the case of a single episode of disturbance of consciousness, which can be satisfactorily explained, a fit assessment may be considered, but a recurrence should be disqualifying.

(f) Head injury

An applicant with a head injury which was severe enough to cause loss of consciousness or is associated with penetrating brain injury should be reviewed by a consultant neurologist. A fit assessment may be considered if there has been a full recovery and the risk of epilepsy is sufficiently low.

(g) Spinal or peripheral nerve injury, myopathies

An applicant with a history or diagnosis of spinal or peripheral nerve injury or myopathy should be assessed as unfit. A fit assessment may be considered if neurological review and musculoskeletal assessments are satisfactory.

CLASS 2

(a) Epilepsy

An applicant may be assessed as fit if:

- (1) there is a history of a single afebrile epileptiform seizure, considered to have a very low risk of recurrence;
- (2) there has been no recurrence after at least 10 years off treatment;
- (3) there is no evidence of continuing predisposition to epilepsy.

(b) Conditions with a high propensity for cerebral dysfunction

An applicant with a condition with a high propensity for cerebral dysfunction should be assessed as unfit. A fit assessment may be considered after full evaluation.

(c) Neurological disease

Any stationary or progressive disease of the nervous system which has caused or is likely to cause a significant disability is disqualifying. In case of minor functional loss associated with stationary disease, a fit assessment may be considered after full evaluation.

(d) Head injury

An applicant with a head injury which was severe enough to cause loss of consciousness or is associated with penetrating brain injury may be assessed as fit if there has been a full recovery and the risk of epilepsy is sufficiently low. CLASS 2

MED.B.070 Sehorgan

a) Bewerber dürfen weder angeborene noch erworbene akute oder chronische Funktionsstörungen oder Erkrankungen des Auges oder seiner Adnexe sowie keine Augenoperations- oder -traumafolgen aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.070 Visual System

(a) Applicants shall not possess any abnormality of the function of the eyes or their adnexa or any active pathological condition, congenital or acquired, acute or chronic, or any sequelae of eye surgery or trauma, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

b) Untersuchung

(1) Für ein Tauglichkeitszeugnis der Klasse 1:

- i) ist bei der Erstuntersuchung eine umfassende Untersuchung des Auges durchzuführen, die in Abhängigkeit von der Refraktion und der funktionellen Leistungsfähigkeit des Auges in regelmäßigen Abständen wiederholt werden muss, und
- ii) ist bei sämtlichen Verlängerungs- und Erneuerungsuntersuchungen eine Routineuntersuchung des Auges durchzuführen.

(2) Für ein Tauglichkeitszeugnis der Klasse 2:

- i) ist bei der Erstuntersuchung sowie bei sämtlichen Verlängerungs- und Erneuerungsuntersuchungen eine Routineuntersuchung des Auges durchzuführen und
- ii) ist bei klinischer Indikation eine umfassende Untersuchung des Auges durchzuführen.

(b) Examination

(1) For a Class 1 medical certificate:

- (i) a comprehensive eye examination shall form part of the initial examination and be undertaken periodically depending on the refraction and the functional performance of the eye; and
- (ii) a routine eye examination shall form part of all revalidation and renewal examinations.

(2) For a Class 2 medical certificate:

- (i) a routine eye examination shall form part of the initial and all revalidation and renewal examinations; and
- (ii) a comprehensive eye examination shall be undertaken when clinically indicated.

c) Der korrigierte oder unkorrigierte Fernvisus muss:

- (1) für Tauglichkeitszeugnisse der Klasse 1 für jedes Auge separat mindestens den Wert 6/9 (0,7) und bei beidäugigem Sehen mindestens den Wert 6/6 (1,0) erreichen;
- (2) für Tauglichkeitszeugnisse der Klasse 2 für jedes Auge separat mindestens den Wert 6/12 (0,5) und bei beidäugigem Sehen mindestens den Wert 6/9 (0,7) erreichen. Bewerber, deren Sehschärfe auf einem Auge unter dem Grenzwert liegt, können in Konsultation mit der Genehmigungsbehörde und vorbehaltlich einer zufrieden stellenden augenärztlichen Beurteilung als tauglich beurteilt werden;
- (3) Bewerber, die sich erstmalig ein Tauglichkeitszeugnis der Klasse 1 ausstellen lassen möchten, sind als untauglich zu beurteilen, wenn ihre Sehschärfe auf einem Auge unter dem Grenzwert liegt. Im Falle einer Verlängerung des Tauglichkeitszeugnisses sind Bewerber, deren Sehschärfe auf einem Auge unter dem Grenzwert liegt, an die Genehmigungsbehörde zu verweisen und können als tauglich beurteilt werden, falls dieser Befund die sichere Ausübung der mit der geltenden Lizenz verbundenen Rechte voraussichtlich nicht beeinträchtigt.

(c) Distant visual acuity, with or without correction, shall be:

- (1) in the case of Class 1 medical certificates, 6/9 (0,7) or better in each eye separately and visual acuity with both eyes shall be 6/6 (1,0) or better;
- (2) in the case of Class 2 medical certificates, 6/12 (0,5) or better in each eye separately and visual acuity with both eyes shall be 6/9 (0,7) or better. An applicant with substandard vision in one eye may be assessed as fit in consultation with the licensing authority subject to satisfactory ophthalmic assessment;

(3) applicants for an initial Class 1 medical certificate with substandard vision in one eye shall be assessed as unfit. At revalidation, applicants with acquired substandard vision in one eye shall be referred to the licensing authority and may be assessed as fit if it is unlikely to interfere with safe exercise of the licence held.

d) Bewerber müssen, gegebenenfalls mit der verschriebenen korrigierenden Sehhilfe, eine Tafel vom Typ N5 (oder gleichwertig) aus einer Entfernung von 30 bis 50 cm und eine Tafel vom Typ N14 (oder gleichwertig) aus einer Entfernung von 100 cm lesen können.

(d) An applicant shall be able to read an N5 chart (or equivalent) at 30-50 cm and an N14 chart (or equivalent) at 100 cm, with correction, if prescribed.

e) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen ein normales Gesichtsfeld und eine normale binokulare Funktion aufweisen.

(e) Applicants for a Class 1 medical certificate shall be required to have normal fields of vision and normal binocular function.

f) Bewerber, bei denen eine Augenoperation durchgeführt wurde, können vorbehaltlich einer zufrieden stellenden augenärztlichen Beurteilung als tauglich beurteilt werden.

(f) Applicants who have undergone eye surgery may be assessed as fit subject to satisfactory ophthalmic evaluation.

g) Bewerber mit klinisch diagnostiziertem Keratokonus können vorbehaltlich einer zufrieden stellenden augenärztlichen Beurteilung als tauglich beurteilt werden. Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden.

(g) Applicants with a clinical diagnosis of keratoconus may be assessed as fit subject to a satisfactory examination by an ophthalmologist. Applicants for a Class 1 medical certificate shall be referred to the licensing authority.

h) Bewerber mit:

(1) Astigmatismus;

(2) Anisometropie

können vorbehaltlich einer zufrieden stellenden augenärztlichen Beurteilung als tauglich beurteilt werden.

(h) Applicants with:

(1) astigmatism;

(2) anisometropia;

may be assessed as fit subject to satisfactory ophthalmic evaluation.

i) Bewerber mit Diplopie sind als untauglich zu beurteilen.

(i) Applicants with diplopia shall be assessed as unfit.

j) Brillen und Kontaktlinsen. Kann ein zufrieden stellendes Sehvermögen nur unter Einsatz korrigierender Sehhilfen erreicht werden, so gilt Folgendes:

- (1) i) Für die Fernsicht müssen bei der Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte eine Brille bzw. Kontaktlinsen getragen werden;
- ii) für die Nahsicht muss bei der Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte jederzeit eine Nahsichtbrille griffbereit sein;
- (2) bei der Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte muss jederzeit eine Ersatzbrille mit gleicher Korrektur griffbereit sein;
- (3) die korrigierende Sehhilfe muss das bestmögliche Sehvermögen vermitteln, gut vertragen werden und für fliegerische Zwecke geeignet sein;
- (4) gegebenenfalls verwendete Kontaktlinsen müssen für die Fernsicht bestimmt und monofokal sein, dürfen keine Färbung aufweisen und müssen gut vertragen werden;
- (5) Bewerber mit starkem Refraktionsfehler müssen Kontaktlinsen oder eine Brille mit hochbrechenden Gläsern tragen;
- (6) die Anforderungen an das Sehvermögen müssen mit nur einer einzigen Brille erfüllt werden können;
- (7) orthokeratologische Kontaktlinsen dürfen nicht verwendet werden.

(j) Spectacles and contact lenses. If satisfactory visual function is achieved only with the use of correction:

- (1) (i) for distant vision, spectacles or contact lenses shall be worn whilst exercising the privileges of the applicable licence(s);
- (ii) for near vision, a pair of spectacles for near use shall be kept available during the exercise of the privileges of the licence;
- (2) a spare set of similarly correcting spectacles shall be readily available for immediate use whilst exercising the privileges of the applicable licence(s);
- (3) the correction shall provide optimal visual function, be well-tolerated and suitable for aviation purposes;
- (4) if contact lenses are worn, they shall be for distant vision, monofocal, non-tinted and well tolerated;
- (5) applicants with a large refractive error shall use contact lenses or high-index spectacle lenses;
- (6) no more than one pair of spectacles shall be used to meet the visual requirements;
- (7) orthokeratological lenses shall not be used.

AMC1 MED.B.070 Visual system

CLASS 1

(a) Eye examination

- (1) At each aero-medical revalidation examination, an assessment of the visual fitness should be undertaken and the eyes should be examined with regard to possible pathology.
- (2) All abnormal and doubtful cases should be referred to an ophthalmologist. Conditions which indicate ophthalmological examination include, but are not limited to, a substantial decrease in the uncorrected visual acuity, any decrease in best corrected visual acuity and/or the occurrence of eye disease, eye injury, or eye surgery.
- (3) Where specialist ophthalmological examinations are required for any significant reason, this should be imposed as a limitation on the medical certificate.

(b) Comprehensive eye examination

A comprehensive eye examination by an eye specialist is required at the initial examination. All abnormal and doubtful cases should be referred to an ophthalmologist. The examination should include:

- (1) history;
- (2) visual acuities - near, intermediate and distant vision (uncorrected and with best optical correction if needed);
- (3) examination of the external eye, anatomy, media (slit lamp) and fundoscopy;
- (4) ocular motility;
- (5) binocular vision;
- (6) colour vision;
- (7) visual fields;
- (8) tonometry on clinical indication; and
- (9) refraction hyperopic initial applicants with a hyperopia of more than +2 dioptres and under the age of 25 should undergo objective refraction in cycloplegia.

(c) Routine eye examination

A routine eye examination may be performed by an AME and should include:

- (1) history;
- (2) visual acuities - near, intermediate and distant vision (uncorrected and with best optical correction if needed);
- (3) examination of the external eye, anatomy, media and fundoscopy;
- (4) further examination on clinical indication.

(d) An applicant shall be able to read an N5 chart (or equivalent) at 30-50 cm and an N14 chart (or equivalent) at 100 cm, with correction, if prescribed. (d) Refractive error

- (1) At initial examination an applicant may be assessed as fit with:
 - (i) hypermetropia not exceeding +5.0 dioptres;
 - (ii) myopia not exceeding -6.0 dioptres;
 - (iii) astigmatism not exceeding 2.0 dioptres;
 - (iv) anisometropia not exceeding 2.0 dioptresprovided that optimal correction has been considered and no significant pathology is demonstrated.
- (2) Initial applicants who do not meet the requirements in (1)(ii), (iii) and (iv) above should be referred to the licensing authority. A fit assessment may be considered following review by an ophthalmologist.
- (3) At revalidation an applicant may be assessed as fit with:
 - (i) hypermetropia not exceeding +5.0 dioptres;
 - (ii) myopia exceeding -6.0 dioptres;
 - (iii) astigmatism exceeding 2.0 dioptres;
 - (iv) anisometropia exceeding 2.0 dioptresprovided that optimal correction has been considered and no significant pathology is demonstrated.
- (4) If anisometropia exceeds 3.0 dioptres, contact lenses should be worn.
- (5) If the refractive error is +3.0 to +5.0 or -3.0 to -6.0 dioptres, there is astigmatism or anisometropia of more than 2 dioptres but less than 3 dioptres, a review should be undertaken 5 yearly by an eye specialist.
- (6) If the refractive error is greater than -6.0 dioptres, there is more than 3.0 dioptres of astigmatism or anisometropia exceeds 3.0 dioptres, a review should be undertaken 2 yearly by an eye specialist.
- (7) In cases (5) and (6) above, the applicant should supply the eye specialist's report to the AME. The report should be forwarded to the licensing authority as part of the medical examination report. All abnormal and doubtful cases should be referred to an ophthalmologist.

(e) Uncorrected visual acuity

No limits apply to uncorrected visual acuity.

(f) Substandard vision

- (1) Applicants with reduced central vision in one eye may be assessed as fit if the binocular visual field is normal and the underlying pathology is acceptable according to ophthalmological assessment. A satisfactory medical flight test and a multi-pilot limitation are required.
- (2) An applicant with acquired substandard vision in one eye may be assessed as fit with a multi-pilot limitation if:
 - (i) the better eye achieves distant visual acuity of 6/6 (1.0), corrected or uncorrected;
 - (ii) the better eye achieves intermediate visual acuity of N14 and N5 for near;
 - (iii) in the case of acute loss of vision in one eye, a period of adaptation time has passed from the known point of visual loss, during which the applicant should be assessed as unfit;
 - (iv) there is no significant ocular pathology; and
 - (v) a medical flight test is satisfactory.
- (3) An applicant with a visual field defect may be assessed as fit if the binocular visual field is normal and the underlying pathology is acceptable to the licensing authority.

(g) Keratoconus

Applicants with keratoconus may be assessed as fit if the visual requirements are met with the use of corrective lenses and periodic review is undertaken by an ophthalmologist.

(h) Heterophoria

Applicants with heterophoria (imbalance of the ocular muscles) exceeding:

- (1) at 6 metres:
 - 2.0 prism dioptres in hyperphoria,
 - 10.0 prism dioptres in esophoria,
 - 8.0 prism dioptres in exophoriaand
- (2) at 33 centimetres:
 - 1.0 prism dioptre in hyperphoria,
 - 8.0 prism dioptres in esophoria,
 - 12.0 prism dioptres in exophoria

should be assessed as unfit. The applicant should be reviewed by an ophthalmologist and if the fusional reserves are sufficient to prevent asthenopia and diplopia a fit assessment may be considered.

(i) Eye surgery

The assessment after eye surgery should include an ophthalmological examination.

- (1) After refractive surgery, a fit assessment may be considered, provided that:
 - (i) pre-operative refraction was not greater than +5 dioptres;
 - (ii) post-operative stability of refraction has been achieved (less than 0.75 dioptres variation diurnally);
 - (iii) examination of the eye shows no post-operative complications;
 - (iv) glare sensitivity is within normal standards;
 - (v) mesopic contrast sensitivity is not impaired;
 - (vi) review is undertaken by an eye specialist.
- (2) Cataract surgery entails unfitness. A fit assessment may be considered after 3 months.

- (3) Retinal surgery entails unfitness. A fit assessment may be considered 6 months after successful surgery. A fit assessment may be acceptable earlier after retinal laser therapy. Follow-up may be required.
- (4) Glaucoma surgery entails unfitness. A fit assessment may be considered 6 months after successful surgery. Follow-up may be required.
- (5) For (2), (3) and (4) above, a fit assessment may be considered earlier if recovery is complete.

(j) Correcting lenses

Correcting lenses should permit the licence holder to meet the visual requirements at all distances.

CLASS 2

(a) Eye examination

(1) At each aero-medical revalidation examination an assessment of the visual fitness of the licence holder should be undertaken and the eyes should be examined with regard to possible pathology. Conditions which indicate further ophthalmological examination include, but are not limited to, a substantial decrease in the uncorrected visual acuity, any decrease in best corrected visual acuity and/or the occurrence of eye disease, eye injury, or eye surgery.

(2) At the initial assessment, the examination should include:

- (i) history;
- (ii) visual acuities - near, intermediate and distant vision (uncorrected and with best optical correction if needed);
- (iii) examination of the external eye, anatomy, media and funduscopy;
- (iv) ocular motility;
- (v) binocular vision;
- (vi) colour vision and visual fields;
- (vii) further examination on clinical indication.

(3) At the initial assessment the applicant should submit a copy of the recent spectacle prescription if visual correction is required to meet the visual requirements.

(b) Routine eye examination

A routine eye examination should include:

- (1) history;
- (2) visual acuities - near, intermediate and distant vision (uncorrected and with best optical correction if needed);
- (3) examination of the external eye, anatomy, media and funduscopy;
- (4) further examination on clinical indication.

(c) Visual acuity

In an applicant with amblyopia, the visual acuity of the amblyopic eye should be 6/18 (0,3) or better. The applicant may be assessed as fit, provided the visual acuity in the other eye is 6/6 (1,0) or better, with or without correction, and no significant pathology can be demonstrated.

(d) Substandard vision

(1) Reduced stereopsis, abnormal convergence not interfering with near vision and ocular misalignment where the fusional reserves are sufficient to prevent asthenopia and diplopia may be acceptable.

(2) An applicant with substandard vision in one eye may be assessed as fit subject to a satisfactory flight test if the better eye:

- (i) achieves distant visual acuity of 6/6 (1,0), corrected or uncorrected;
- (ii) achieves intermediate visual acuity of N14 and N5 for near;
- (iii) has no significant pathology.

(3) An applicant with a visual field defect may be considered as fit if the binocular visual field is normal and the underlying pathology is acceptable.

(e) Eye surgery

(1) The assessment after eye surgery should include an ophthalmological examination.

(2) After refractive surgery a fit assessment may be considered provided that there is stability of refraction, there are no postoperative complications and no increase in glare sensitivity.

(3) After cataract, retinal or glaucoma surgery a fit assessment may be considered once recovery is complete.

(f) Correcting lenses

Correcting lenses should permit the licence holder to meet the visual requirements at all distances.

MED.B.075 Farberkennung

a) Bewerber müssen nachweisen, dass sie die für die sichere Ausführung ihrer Aufgaben relevanten Farben sofort erkennen können.

MED.B.075 Colour vision

(a) Applicants shall be required to demonstrate the ability to perceive readily the colours that are necessary for the safe performance of duties.

b) Untersuchung

(1) Bewerber, die sich erstmals ein Tauglichkeitszeugnis ausstellen lassen möchten, müssen den Ishihara-Test bestehen.

(2) Bewerber, die den Ishihara-Test nicht bestehen, müssen sich weiterführenden Farberkennungstests unterziehen, um nachzuweisen, dass sie farbensicher sind.

(b) Examination

(1) Applicants shall pass the Ishihara test for the initial issue of a medical certificate.

(2) Applicants who fail to pass in the Ishihara test shall undergo further colour perception testing to establish whether they are colour safe.

c) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen eine normale Farberkennung nachweisen oder farbensicher sein. Bewerber, die weiterführende Farberkennungstests nicht bestehen, sind als untauglich zu beurteilen. Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden.

(c) In the case of Class 1 medical certificates, applicants shall have normal perception of colours or be colour safe. Applicants who fail further colour perception testing shall be assessed as unfit. Applicants for a Class 1 medical certificate shall be referred to the licensing authority.

d) Bei Bewerbern um Tauglichkeitszeugnisse der Klasse 2, die keine zufrieden stellende Farberkennung nachweisen können, muss das Tauglichkeitszeugnis auf Flüge am Tag beschränkt werden.

(d) In the case of Class 2 medical certificates, when the applicant does not have satisfactory perception of colours, his/her flying privileges shall be limited to daytime only.

AMC1 MED B.075 Colour vision

CLASS 1

(a) At revalidation, colour vision should be tested on clinical indication.

(b) The Ishihara test (24 plate version) is considered passed if the first 15 plates, presented in a random order, are identified without error.

(c) Those failing the Ishihara test should be examined either by:

- (1) anomaloscopy (Nagel or equivalent). This test is considered passed if the colour match is trichromatic and the matching range is 4 scale units or less; or by
- (2) lantern testing with a Spectrolux, Beynes or Holmes-Wright lantern. This test is considered passed if the applicant passes without error a test with accepted lanterns.

CLASS 2

(a) The Ishihara test (24 plate version) is considered passed if the first 15 plates, presented in a random order, are identified without error.

(b) Those failing the Ishihara test should be examined either by:

- (1) anomaloscopy (Nagel or equivalent). This test is considered passed if the colour match is trichromatic and the matching range is 4 scale units or less; or by
- (2) lantern testing with a Spectrolux, Beynes or Holmes-Wright lantern. This test is considered passed if the applicant passes without error a test with accepted lanterns.

(c) Colour vision should be tested on clinical indication at revalidation or renewal examinations.

MED.B.080 Hals, Nase und Ohren

a) Bewerber dürfen weder angeborene noch erworbene aktive oder chronische Funktionsstörungen oder Erkrankungen der Ohren, der Nase, der Nasennebenhöhlen oder des Rachens, einschließlich Mundhöhle, Zähne und Kehlkopf, sowie keine Operations- oder Traumafolgen aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.080 Otorhino-laryngology

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

b) Das Hörvermögen muss ausreichend sein, um die mit der geltenden Lizenz verbundenen Rechte sicher ausüben zu können.

(b) Hearing shall be satisfactory for the safe exercise of the privileges of the applicable licence(s).

c) Untersuchung

- (1) Das Hörvermögen ist bei allen Untersuchungen zu überprüfen.

i) Wenn eine Lizenz um eine Instrumentenflugberechtigung ergänzt werden soll, ist für Tauglichkeitszeugnisse der Klasse 1 oder Klasse 2 bei der Erstuntersuchung sowie bei nachfolgenden Verlängerungs- oder Erneuerungsuntersuchungen bis zur Vollendung des 40. Lebensjahres alle 5 Jahre, danach alle 2 Jahre das Hörvermögen mittels Reintonaudiometrie zu überprüfen.

ii) Bei Bewerbern, die sich erstmalig ein Tauglichkeitszeugnis ausstellen lassen möchten, darf der bei einer Reintonaudiometrie auf jedem Ohr einzeln gemessene Hörverlust bei einer Frequenz von 500 Hz, 1 000 Hz oder 2 000 Hz nicht mehr als 35 dB und bei einer Frequenz von 3 000 Hz nicht mehr als 50 dB betragen. Bewerber mit einem stärker beeinträchtigten Hörvermögen, die sich ihr Tauglichkeitszeugnis verlängern oder erneuern lassen möchten, müssen ein zufrieden stellendes Hörvermögen nachweisen.

iii) Bewerber mit Hypakusis müssen ein zufrieden stellendes Hörvermögen nachweisen.

(2) Eine umfassende Untersuchung von Hals, Nase und Ohren ist bei der Erstaussstellung eines Tauglichkeitszeugnisses der Klasse 1 und danach bei klinischer Indikation in regelmäßigen Abständen durchzuführen.

(c) Examination

(1) Hearing shall be tested at all examinations.

(i) In the case of Class 1 medical certificates and Class 2 medical certificates, when an instrument rating is to be added to the licence held, hearing shall be tested with pure tone audiometry at the initial examination and, at subsequent revalidation or renewal examinations, every 5 years until the age 40 and every 2 years thereafter.

(ii) When tested on a pure-tone audiometer, initial applicants shall not have a hearing loss of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, in either ear separately. Applicants for revalidation or renewal, with greater hearing loss shall demonstrate satisfactory functional hearing ability.

(iii) Applicants with hypoacusis shall demonstrate satisfactory functional hearing ability.

(2) A comprehensive ear, nose and throat examination shall be undertaken for the initial issue of a Class 1 medical certificate and periodically thereafter when clinically indicated.

d) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 mit:

(1) einer aktiven, akuten oder chronischen pathologischen Veränderung des Innen- oder Mittelohrs;

(2) einer nicht verheilten Perforation oder einer Fehlfunktion eines Trommelfells oder beider Trommelfelle;

(3) Störungen des Gleichgewichtssinns;

(4) signifikanter Behinderung der Nasengänge;

(5) Funktionsstörung der Nasennebenhöhlen;

(6) signifikanter Missbildung oder signifikanter akuter oder chronischer Infektion der Mundhöhle oder der oberen Atemwege;

(7) signifikanten Sprach- oder Stimmstörungen

müssen einer weiterführenden ärztlichen Untersuchung und Beurteilung unterzogen werden, um nachzuweisen, dass der Befund die sichere Ausübung der mit der geltenden Lizenz verbundenen Rechte nicht beeinträchtigt.

(d) Applicants for a Class 1 medical certificate with:

- (1) an active pathological process, acute or chronic, of the internal or middle ear;
- (2) unhealed perforation or dysfunction of the tympanic membrane(s);
- (3) disturbance of vestibular function;
- (4) significant restriction of the nasal passages;
- (5) sinus dysfunction;
- (6) significant malformation or significant, acute or chronic infection of the oral cavity or upper respiratory tract;
- (7) significant disorder of speech or voice;

shall undergo further medical examination and assessment to establish that the condition does not interfere with the safe exercise of the privileges of the licence held.

e) Flugmedizinische Beurteilung:

- (1) Bewerber um ein Tauglichkeitszeugnis der Klasse 1, die eine Störung des Gleichgewichtssinns aufweisen, müssen an die Genehmigungsbehörde verwiesen werden;
- (2) die Beurteilung der Tauglichkeit von Bewerbern um ein Tauglichkeitszeugnis der Klasse 2, die eine Störung des Gleichgewichtssinns aufweisen, muss in Konsultation mit der Genehmigungsbehörde erfolgen.

(e) Aero-medical assessment:

- (1) applicants for a Class 1 medical certificate with the disturbance of vestibular function shall be referred to the licensing authority;
- (2) fitness of Class 2 applicants with the disturbance of vestibular function shall be assessed in consultation with the licensing authority.

AMC1 MED.B.080 Otorhino-laryngology

CLASS 1

(a) Hearing

- (1) The applicant should understand correctly conversational speech when tested with each ear at a distance of 2 metres from and with the applicant's back turned towards the AME.
- (2) The pure tone audiogram should cover the 500 Hz, 1 000 Hz, 2 000 Hz and 3 000 Hz frequency thresholds.
- (3) An applicant with hypoacusis should be referred to the licensing authority. A fit assessment may be considered if a speech discrimination test or functional flight deck hearing test demonstrates satisfactory hearing ability. A vestibular function test may be appropriate.
- (4) If the hearing requirements can only be met with the use of hearing aids, the hearing aids should provide optimal hearing function, be well tolerated and suitable for aviation purposes.

(b) Comprehensive otorhinolaryngological examination

A comprehensive otorhino-laryngological examination should include:

- (1) history;
- (2) clinical examination including otoscopy, rhinoscopy, and examination of the mouth and throat;
- (3) tympanometry or equivalent;
- (4) clinical assessment of the vestibular system.

(c) Ear conditions

- (1) An applicant with an active pathological process, acute or chronic, of the internal or middle ear should be assessed as unfit. A fit assessment may be considered once the condition has stabilised or there has been a full recovery.

(2) An applicant with an unhealed perforation or dysfunction of the tympanic membranes should be assessed as unfit. An applicant with a single dry perforation of non-infectious origin and which does not interfere with the normal function of the ear may be considered for a fit assessment.

(d) Vestibular disturbance

An applicant with disturbance of vestibular function should be assessed as unfit. A fit assessment may be considered after full recovery. The presence of spontaneous or positional nystagmus requires complete vestibular evaluation by an ENT specialist. Significant abnormal caloric or rotational vestibular responses are disqualifying. Abnormal vestibular responses should be assessed in their clinical context.

(e) Sinus dysfunction

An applicant with any dysfunction of the sinuses should be assessed as unfit until there has been full recovery.

(f) Oral/upper respiratory tract infections

A significant, acute or chronic infection of the oral cavity or upper respiratory tract is disqualifying. A fit assessment may be considered after full recovery.

(g) Speech disorder

A significant disorder of speech or voice is disqualifying.

(h) Air passage restrictions

An applicant with significant restriction of the nasal air passage on either side, or significant malformation of the oral cavity or upper respiratory tract may be assessed as fit if ENT evaluation is satisfactory.

(i) Eustachian tube function

An applicant with significant dysfunction of the Eustachian tubes may be assessed as fit in consultation with the licensing authority.

CLASS 2

(a) Hearing

(1) The applicant should understand correctly conversational speech when tested with each ear at a distance of 2 metres from and with the applicant's back turned towards the AME.

(2) An applicant with hypoacusis may be assessed as fit if a speech discrimination test or functional cockpit hearing test demonstrates satisfactory hearing ability. An applicant for an instrument rating with hypoacusis should be assessed in consultation with the licensing authority.

(3) If the hearing requirements can be met only with the use of hearing aids, the hearing aids should provide optimal hearing function, be well tolerated and suitable for aviation purposes.

(b) Examination

An ear, nose and throat (ENT) examination should form part of all initial, revalidation and renewal examinations.

(c) Ear conditions

(1) An applicant with an active pathological process, acute or chronic, of the internal or middle ear should be assessed as unfit until the condition has stabilised or there has been a full recovery.

(2) An applicant with an unhealed perforation or dysfunction of the tympanic membranes should be assessed as unfit. An applicant with a single dry perforation of non-infectious origin which does not interfere with the normal function of the ear may be considered for a fit assessment.

(d) Vestibular disturbance

An applicant with disturbance of vestibular function should be assessed as unfit pending full recovery.

(e) Sinus dysfunction

An applicant with any dysfunction of the sinuses should be assessed as unfit pending full recovery.

(f) Oral/upper respiratory tract infections

A significant acute or chronic infection of the oral cavity or upper respiratory tract is disqualifying until full recovery.

(g) Speech disorder

A significant disorder of speech or voice should be disqualifying.

MED.B.085 Dermatologie

Bewerber dürfen keine nachgewiesenen Erkrankungen der Haut aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.085 Dermatology

Applicants shall have no established dermatological condition likely to interfere with the safe exercise of the privileges of the applicable licence(s) held.

AMC1 MED.B.085 Dermatology

CLASS 1

(a) Referral to the licensing authority should be made if doubt exists about the fitness of an applicant with eczema (exogenous and endogenous), severe psoriasis, bacterial infections, drug induced, or bullous eruptions or urticaria.

(b) Systemic effects of radiant or pharmacological treatment for a dermatological condition should be considered before a fit assessment can be considered.

(c) In cases where a dermatological condition is associated with a systemic illness, full consideration should be given to the underlying illness before a fit assessment may be considered.

CLASS 2

In cases where a dermatological condition is associated with a systemic illness, full consideration should be given to the underlying illness before a fit assessment can be considered.

MED.B.090 Onkologie

a) Bewerber dürfen weder primäre noch sekundäre maligne Erkrankungen aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.090 Oncology

(a) Applicants shall have no established primary or secondary malignant disease likely to interfere with the safe exercise of the privileges of the applicable licence(s).

AMC1 MED.B.090 Oncology

CLASS 2

b) Nach der Behandlung einer malignen Erkrankung muss bei den Bewerbern eine zufrieden stellende onkologische Beurteilung durchgeführt werden, bevor sie als tauglich beurteilt werden können. Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden. Die Beurteilung der Tauglichkeit von Bewerbern um ein Tauglichkeitszeugnis der Klasse 2 muss in Konsultation mit der Genehmigungsbehörde erfolgen.

(b) After treatment for malignant disease, applicants shall undergo satisfactory oncological evaluation before a fit assessment can be made. Class 1 applicants shall be referred to the licensing authority. Fitness of Class 2 applicants shall be assessed in consultation with the licensing authority.

c) Bewerber, bei denen ihrer Krankengeschichte oder klinischen Diagnose zufolge ein maligner intrazerebraler Tumor vorliegt, sind als untauglich zu beurteilen.

(c) Applicants with an established history or clinical diagnosis of intracerebral malignant tumour shall be assessed as unfit.

CLASS 1

(a) Applicants who underwent treatment for malignant disease may be assessed as fit by the licensing authority if:

- (1) there is no evidence of residual malignant disease after treatment;
- (2) time appropriate to the type of tumour has elapsed since the end of treatment;
- (3) the risk of in-flight incapacitation from a recurrence or metastasis is sufficiently low;
- (4) there is no evidence of short or long-term sequelae from treatment. Special attention should be paid to applicants who have received anthracycline chemotherapy;
- (5) satisfactory oncology follow-up reports are provided to the licensing authority.

(b) A multi-pilot limitation should be applied as appropriate.

(c) Applicants with pre-malignant conditions of the skin may be assessed as fit if treated or excised as necessary and there is regular follow-up.

CLASS 2

(a) Applicants may be considered for a fit assessment after treatment for malignant disease if:

- (1) there is no evidence of residual malignant disease after treatment;
- (2) time appropriate to the type of tumour has elapsed since the end of treatment;
- (3) the risk of in-flight incapacitation from a recurrence or metastasis is sufficiently low;

- (4) there is no evidence of short or long-term sequelae from treatment that may adversely affect flight safety;
- (5) special attention is paid to applicants who have received anthracycline chemotherapy;
- (6) arrangements for an oncological follow-up have been made for an appropriate period of time.

(b) Applicants with pre-malignant conditions of the skin may be assessed as fit if treated or excised as necessary and there is a regular follow-up.

UNTERABSCHNITT 3 SECTION 3
Besondere Anforderungen für Tauglichkeitszeugnisse für LAPL
Specific requirements for LAPL medical certificates

MED.B.095 Ärztliche Untersuchung und/oder Beurteilung von Bewerbern um Tauglichkeitszeugnisse für LAPL

a) Bewerber um Tauglichkeitszeugnisse für LAPL sind gemäß der bewährten flugmedizinischen Praxis zu beurteilen.

MED.B.095 Medical examination and/or assessment of applicants for LAPL medical certificates

(a) An applicant for an LAPL medical certificate shall be assessed based on aero-medical best practice.

b) Die vollständige Krankengeschichte des Bewerbers ist besonders zu berücksichtigen.

c) Die Erstbeurteilung, alle anschließenden Folgebeurteilungen nach Vollendung des 50. Lebensjahres sowie Beurteilungen, bei denen die Krankengeschichte des Bewerbers dem Sachverständigen nicht vorliegt, umfassen zumindest

- (1) eine klinische Untersuchung;
- (2) eine Messung des Blutdrucks;
- (3) eine Urinanalyse;
- (4) einen Sehtest;
- (5) einen Hörtest.

(c) The initial assessment, all subsequent re-assessments after age 50 and assessments in cases where the medical history of the applicant is not available to the examiner shall include at least the following:

- (1) clinical examination;
- (2) blood pressure;
- (3) urine test;
- (4) vision;
- (5) hearing ability.

d) Nach der Erstbeurteilung müssen anschließende Folgebeurteilungen bis zur Vollendung des 50. Lebensjahres Folgendes umfassen:

- (1) eine Beurteilung der Krankengeschichte des LAPL-Inhabers und
- (2) die unter Buchstabe c genannten Posten, soweit sie vom flugmedizinischen Zentrum, dem flugmedizinischen Sachverständigen oder dem Arzt für Allgemeinmedizin nach bewährter flugmedizinischer Praxis für notwendig erachtet werden.

(d) After the initial assessment, subsequent re-assessments until age 50 shall include:

- (1) an assessment of the LAPL holder's medical history; and
- (2) the items under paragraph (c) as deemed necessary by the AeMC, AME or GMP in accordance with aero-medical best practice.

AMC1 MED.B.095 Medical examination and/or assessment of applicants for LAPL medical certificates

When a specialist evaluation is required under this section, the aero-medical assessment of the applicant should be performed by an AeMC, an AME or, in the case of AMC 5(d), by the licensing authority.

AMC2 MED.B.095 Cardiovascular system

(a) Examination

Pulse and blood pressure should be recorded at each examination.

(b) Special attention shall be given to the applicant's complete medical history.

(1) Cardiovascular risk factor assessment

An accumulation of risk factors (smoking, family history, lipid abnormalities, hypertension, etc.) requires cardiovascular evaluation.

(2) Aortic aneurysm

Applicants with an aortic aneurysm may be assessed as fit subject to satisfactory cardiological evaluation and a regular follow-up.

(3) Cardiac valvular abnormalities

Applicants with a cardiac murmur may be assessed as fit if the murmur is assessed as being of no pathological significance.

(4) Valvular surgery

After cardiac valve replacement or repair a fit assessment may be considered if post-operative cardiac function and investigations are satisfactory. Anticoagulation, if needed, should be stable.

(5) Other cardiac disorders:

(i) Applicants with other cardiac disorders may be assessed as fit subject to satisfactory cardiological assessment.

(ii) Applicants with symptomatic hypertrophic cardiomyopathy should be assessed as unfit.

(c) Blood pressure

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

(2) The initiation of medication for the control of blood pressure should require a period of temporary suspension of the medical certificate to establish the absence of significant side effects.

(d) Coronary artery disease

(1) Applicants with suspected myocardial ischaemia should be investigated before a fit assessment can be considered.

(2) Applicants with angina pectoris requiring medication for cardiac symptoms should be assessed as unfit.

(3) After an ischaemic cardiac event, including myocardial infarction or revascularisation, applicants without symptoms should have reduced any vascular risk factors to an appropriate level. Medication, when used to control cardiac symptoms, is not acceptable. All applicants should be on acceptable secondary prevention treatment.

(4) In cases under (1), (2) and (3) above, applicants who have had a satisfactory cardiological evaluation to include an exercise test or equivalent that is negative for ischaemia may be assessed as fit.

(e) Rhythm and conduction disturbances

(1) Applicants with a significant disturbance of cardiac rhythm or conduction should be assessed as unfit unless a cardiological evaluation concludes that the disturbance is not likely to interfere with the safe exercise of the privileges of the LAPL.

(2) Pre-excitation

Applicants with ventricular pre-excitation may be assessed as fit subject to satisfactory cardiological evaluation. Applicants with ventricular pre-excitation associated with a significant arrhythmia should be assessed as unfit.

(3) Pacemaker

A fit assessment may be considered subject to satisfactory cardiological evaluation.

AMC3 MED.B.095 Respiratory system

(a) Asthma and chronic obstructive airways disease

Applicants with asthma or minor impairment of pulmonary function may be assessed as fit if the condition is considered stable with satisfactory pulmonary function and medication is compatible with flight safety. Systemic steroids may be disqualifying depending on dosage needed and corresponding side effects.

(b) Sarcoidosis

(1) Applicants with active sarcoidosis should be assessed as unfit. Investigation should be undertaken with respect to the possibility of systemic involvement. A fit assessment may be considered once the disease is inactive.

(2) Applicants with cardiac sarcoidosis should be assessed as unfit.

(c) Pneumothorax

(1) Applicants with spontaneous pneumothorax may be assessed as fit subject to satisfactory respiratory evaluation following full recovery from a single spontaneous pneumothorax or following recovery from surgical treatment for a recurrent pneumothorax.

(2) Applicants with traumatic pneumothorax may be assessed as fit following full recovery.

(d) Thoracic surgery

Applicants who have undergone major thoracic surgery may be assessed as fit following full recovery.

(e) Sleep apnoea syndrome/sleep disorder

Applicants with unsatisfactorily treated sleep apnoea syndrome should be assessed as unfit.

AMC4 MED.B.095 Digestive system

(a) Gallstones

Applicants with symptomatic gallstones should be assessed as unfit. A fit assessment may be considered following gallstone removal.

(b) Inflammatory bowel disease

Applicants with an established diagnosis or history of chronic inflammatory bowel disease may be assessed as fit provided that the disease is stable and not likely to interfere with the safe exercise of the privileges of the licence.

(c) Abdominal surgery

Applicants who have undergone a surgical operation on the digestive tract or its adnexae may be assessed as fit provided recovery is complete, they are asymptomatic and there is only a minimal risk of secondary complication or recurrence.

(d) Pancreatitis

Applicants with pancreatitis may be assessed as fit after satisfactory recovery.

AMC5 MED.B.095 Metabolic and endocrine systems

(a) Metabolic, nutritional or endocrine dysfunction

Applicants with metabolic, nutritional or endocrine dysfunction may be assessed as fit subject to demonstrated stability of the condition and satisfactory aero-medical evaluation.

(b) Obesity

Obese applicants may be assessed as fit if the excess weight is not likely to interfere with the safe exercise of the licence.

(c) Thyroid dysfunction

Applicants with thyroid disease may be assessed as fit once a stable euthyroid state is attained.

(d) Diabetes mellitus

(1) The use of antidiabetic medications that are not likely to cause hypoglycaemia should be acceptable for a fit assessment.

(2) Applicants with diabetes mellitus Type 1 should be assessed as unfit.

(3) Applicants with diabetes mellitus Type 2 treated with insulin may be assessed as fit with limitations for revalidation if blood sugar control has been achieved and the process under (e) and (f) below is followed. An OSL limitation is required. A TML limitation for 12 months may be needed to ensure compliance with the follow-up requirements below. Licence privileges should be restricted to aeroplanes and sailplanes only.

(e) Aero-medical assessment by, or under the guidance of, the licensing authority:

(1) A diabetology review at yearly intervals, including:

(i) symptom review;

(ii) review of data logging of blood sugar;

(iii) cardiovascular status. Exercise ECG at age 40, at 5-yearly intervals thereafter and on clinical indication, including an accumulation of risk factors;

(iv) nephropathy/ nephropathy status.

(2) Ophthalmological review at yearly intervals, including:

(i) visual fields Humphrey-perimeter;

(ii) retinas full dilatation slit lamp and documentation;

(ii) cataract clinical screening.

The development of retinopathy requires a full ophthalmological review.

(3) Blood testing at 6-monthly intervals:

(i) HbA1c; target is 7,5–8,5 %;

(ii) renal profile;

(iii) liver profile;

(iv) lipid profile.

(4) Applicants should be assessed as temporarily unfit after:

(i) changes of medication/insulin leading to a change to the testing regime until stable blood sugar control can be demonstrated;

(ii) a single unexplained episode of severe hypoglycaemia until stable blood sugar control can be demonstrated.

(5) Applicants should be assessed as unfit in the following cases:

(i) loss of hypoglycaemia awareness;

(ii) development of retinopathy with any visual field loss;

(iii) significant nephropathy;

(iv) any other complication of the disease where flight safety may be jeopardised.

(f) Pilot responsibility

Blood sugar testing is carried out during non-operational and operational periods. A whole blood glucose measuring device with memory should be carried and used. Equipment for continuous glucose monitoring (CGMS) should not be used. Pilots should prove to the AME or AeMC or licensing authority that testing has been performed as indicated below and with which results.

- (1) Testing during non-operational periods: normally 3–4 times/day or as recommended by the treating physician, and on any awareness of hypoglycaemia.
- (2) Testing frequency during operational periods:
 - (i) 120 minutes before departure;
 - (ii) <30 minutes before departure;
 - (iii) 60 minutes during flight;
 - (iv) 30 minutes before landing.
- (3) Actions following glucose testing:
 - (i) 120 minutes before departure: if the test result is >15 mmol/l, piloting should not be commenced.
 - (ii) 10–15g of carbohydrate should be ingested and a re-test performed within 30 minutes if:
 - (A) any test result is <4,5 mmol/l;
 - (B) the pre-landing test measurement is missed or a subsequent go-around/diversion is performed.

GM1 MED.B.095 Diabetes mellitus Type 2 treated with insulin

- (a) Pilots and their treating physician should be aware that if the HbA1c target level was set to normal (non-diabetic) levels, this will significantly increase the chance of hypoglycaemia. For safety reasons the target level of HbA1c is therefore set to 7,5–8,5 % even though there is evidence that lower HbA1c levels are correlated with fewer diabetic complications.
- (b) The safety pilot should be briefed pre-flight on the potential condition of the pilot. The results of blood sugar testing before and during flight should be shared with the safety pilot for the acceptability of the values obtained.

AMC6 MED.B.095 Haematology

Applicants with a haematological condition, such as:

- (a) abnormal haemoglobin including, but not limited to, anaemia, polycythaemia or haemoglobinopathy;
 - (b) coagulation, haemorrhagic or thrombotic disorder;
 - (c) significant lymphatic enlargement;
 - (d) acute or chronic leukaemia;
 - (e) enlargement of the spleen
- may be assessed as fit subject to satisfactory aero-medical evaluation.

AMC7 MED.B.095 Genitourinary system

- (a) Applicants with a genitourinary disorder, such as:
 - (1) renal disease; or
 - (2) one or more urinary calculi, or a history of renal colic
 may be assessed as fit subject to satisfactory renal/urological evaluation.
- (b) Applicants who have undergone a major surgical operation in the urinary apparatus may be assessed as fit following full recovery.

AMC8 MED.B.095 Infectious disease

HIV infection: applicants who are HIV positive may be assessed as fit if investigation provides no evidence of clinical disease.

AMC9 MED.B.095 Obstetrics and gynaecology

(a) Pregnancy

Holders of a LAPL medical certificate should only exercise the privileges of their licences until the 26th week of gestation under routine antenatal care.

- (b)** Applicants who have undergone a major gynaecological operation may be assessed as fit after full recovery.

AMC10 MED.B.095 Musculoskeletal system

Applicants should have satisfactory functional use of the musculoskeletal system to enable the safe exercise of the privileges of the licence.

AMC11 MED.B.095 Psychiatry

- (a)** Applicants with a mental or behavioural disorder due to alcohol or other substance use should be assessed as unfit pending recovery and freedom from substance use and subject to satisfactory psychiatric evaluation after treatment.

- (b)** Applicants with an established history or clinical diagnosis of schizophrenia, schizotypal or delusional disorder should be assessed as unfit.

(c) Psychotropic substances

Use or abuse of psychotropic substances likely to affect flight safety should be disqualifying. If a stable maintenance psychotropic medication is confirmed, a fit assessment with an appropriate limitation may be considered.

- (d)** Applicants with a psychiatric condition, such as:

- (1) mood disorder;
- (2) neurotic disorder;
- (3) personality disorder;
- (4) mental or behavioural disorder

should undergo satisfactory psychiatric evaluation before a fit assessment may be considered.

- (e)** Applicants with a history of significant or repeated acts of deliberate self-harm should undergo satisfactory psychiatric and/or psychological evaluation before a fit assessment can be considered.

AMC12 MED.B.095 Psychology

Applicants with a psychological disorder may need to be referred for psychological opinion and advice.

AMC13 MED.B.095 Neurology

(a) Epilepsy and seizures

- (1) Applicants with an established diagnosis of and under treatment for epilepsy should be assessed as unfit. A re-assessment after all treatment has been stopped for at least 5 years should include a neurological evaluation.

- (2) Applicants may be assessed as fit if:

- (i) there is a history of a single afebrile epileptiform seizure considered to have a very low risk of recurrence; and
- (ii) there has been no recurrence after at least 5 years off treatment; or
- (iii) a cause has been identified and treated and there is no evidence of continuing predisposition to epilepsy.

(b) Neurological disease

- (1) Applicants with any stationary or progressive disease of the nervous system which has caused or is likely to cause a significant disability should be assessed as unfit. The AME or AeMC should assess these applicants taking into account the privileges of the licence held and the risk involved. An OPL limitation may be appropriate if a fit assessment is made.
- (2) In case of minor functional loss associated with stationary disease, a fit assessment may be considered after full evaluation.

(c) Head injury

Applicants with a head injury which was severe enough to cause loss of consciousness or is associated with penetrating brain injury may be assessed as fit if there has been a full recovery and the risk of epilepsy is sufficiently low.

(d) Spinal or peripheral nerve injury

Applicants with a history or diagnosis of spinal or peripheral nerve injury may be assessed as fit if neurological review and musculoskeletal assessments are satisfactory.

AMC14 MED.B.095 Visual system

(a) Applicants should not possess any abnormality of the function of the eyes or their adnexa or any active pathological condition, congenital or acquired, acute or chronic, or any sequelae of eye surgery or trauma, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) Eye examination

The examination should include visual acuities (near, intermediate and distant vision) and visual field.

(c) Visual acuity

- (1) Visual acuity with or without corrective lenses should be 6/9 (0,7) binocularly and 6/12 (0,5) in each eye.
- (2) Applicants who do not meet the required visual acuity should be assessed by an AME or AeMC, taking into account the privileges of the licence held and the risk involved.
- (3) Applicants should be able to read an N5 chart (or equivalent) at 30–50cms and an N14 chart (or equivalent) at 100cms, with correction if prescribed.

(c) Substandard vision

Applicants with substandard vision in one eye may be assessed as fit if the better eye:

- (1) achieves distant visual acuity of 6/6 (1,0), corrected or uncorrected;
- (2) achieves distant visual acuity less than 6/6 (1,0) but not less than 6/9 (0,7), after ophthalmological evaluation.

(d) Visual field defects

Applicants with a visual field defect may be assessed as fit if the binocular visual field or monocular visual field is normal.

(e) Eye surgery

- (1) After refractive surgery, a fit assessment may be considered, provided that there is stability of refraction, there are no post-operative complications and no significant increase in glare sensitivity.
- (2) After cataract, retinal or glaucoma surgery a fit assessment may be considered once recovery is complete.

(f) Correcting lenses

Correcting lenses should permit the licence holder to meet the visual requirements at all distances.

AMC15 MED.B.095 Colour vision

Applicants for a night rating should correctly identify 9 of the first 15 plates of the 24-plate edition of Ishihara pseudoisochromatic plates or should be colour safe.

AMC16 MED.B.095 Otorhino-laryngology

(a) Hearing

- (1) Applicants should understand correctly conversational speech when tested at a distance of 2 metres from and with the applicant's back turned towards the examiner.
- (2) Applicants with hypoacusis should demonstrate satisfactory functional hearing ability.

(b) Ear conditions

Applicants for a LAPL medical certificate with:

- (1) an active pathological process, acute or chronic, of the internal or middle ear;
 - (2) unhealed perforation or dysfunction of the tympanic membrane(s);
 - (3) disturbance of vestibular function;
 - (4) significant restriction of the nasal passages;
 - (5) sinus dysfunction;
 - (6) significant malformation or significant, acute or chronic infection of the oral cavity or upper respiratory tract; or
 - (7) significant disorder of speech or voice
- should undergo further medical examination and assessment to establish that the condition does not interfere with the safe exercise of the privileges of the licence.

ABSCHNITT B SUBPART B
ANFORDERUNGEN FÜR TAUGLICHKEITSZEUGNISSE FÜR PILOTEN
REQUIREMENTS FOR PILOT MEDICAL CERTIFICATES
UNTERABSCHNITT 1 SECTION 1

Allgemeines *General*

MED.B.001 Einschränkungen in Tauglichkeitszeugnissen

a) Einschränkungen in Tauglichkeitszeugnissen der Klasse 1 und der Klasse 2

(1) Wenn ein Bewerber die Anforderungen, die für ein Tauglichkeitszeugnis der jeweiligen Klasse gelten, nicht vollständig erfüllt, die Flugsicherheit dadurch aber voraussichtlich nicht gefährdet wird, muss das flugmedizinische Zentrum oder der flugmedizinische Sachverständige:

- i) bei Bewerbern um ein Tauglichkeitszeugnis der Klasse 1 die Entscheidung über die Tauglichkeit des Bewerbers gemäß diesem Abschnitt der Genehmigungsbehörde übertragen;
- ii) in Fällen, in denen eine Verweisung an die Genehmigungsbehörde gemäß diesem Abschnitt nicht vorgesehen ist, beurteilen, ob der Bewerber imstande ist, seine Aufgaben unter Berücksichtigung der auf dem Tauglichkeitszeugnis angegebenen Einschränkung(en) sicher auszuführen, und das Tauglichkeitszeugnis mit der (den) erforderlichen Einschränkung(en) ausstellen;
- iii) bei Bewerbern um ein Tauglichkeitszeugnis der Klasse 2 beurteilen, ob der Bewerber imstande ist, seine Aufgaben unter Berücksichtigung der auf dem Tauglichkeitszeugnis angegebenen Einschränkung(en) sicher auszuführen, und in Konsultation mit der Genehmigungsbehörde das Tauglichkeitszeugnis mit der (den) erforderlichen Einschränkung(en) ausstellen.
- iv) Das flugmedizinische Zentrum oder der flugmedizinische Sachverständige kann ein Tauglichkeitszeugnis mit den gleichen Einschränkungen verlängern oder erneuern, ohne den Bewerber an die Genehmigungsbehörde zu verweisen.

MED.B.001 Limitations to medical certificates

(a) *Limitations to Class 1 and Class 2 medical certificates*

(1) If the applicant does not fully comply with the requirements for the relevant class of medical certificate but is considered to be not likely to jeopardise flight safety, the AeMC or AME shall:

- (i) in the case of applicants for a Class 1 medical certificate, refer the decision on fitness of the applicant to the licensing authority as indicated in this Subpart;
- (ii) in cases where a referral to the licensing authority is not indicated in this Subpart, evaluate whether the applicant is able to perform his/her duties safely when complying with one or more limitations endorsed on the medical certificate, and issue the medical certificate with limitation(s) as necessary;
- (iii) in the case of applicants for a Class 2 medical certificate, evaluate whether the applicant is able to perform his/her duties safely when complying with one or more limitations endorsed on the medical certificate, and issue the medical certificate, as necessary with limitation(s), in consultation with the licensing authority;
- (iv) The AeMC or AME may revalidate or renew a medical certificate with the same limitation without referring the applicant to the licensing authority.

b) Einschränkungen in Tauglichkeitszeugnissen für LAPL

(1) Wenn ein Arzt für Allgemeinmedizin nach eingehender Prüfung der Krankengeschichte des Bewerbers zu dem Schluss kommt, dass dieser den Anforderungen an die flugmedizinische Tauglichkeit nicht genügt, muss der Arzt für Allgemeinmedizin den Bewerber an ein flugmedizinisches Zentrum oder an einen flugmedizinischen Sachverständigen verweisen, sofern die Einschränkung des Bewerbers nicht ausschließlich das Tragen einer korrigierenden Sehhilfe betrifft.

(2) Bei der Verweisung eines Bewerbers, der ein Tauglichkeitszeugnis für LAPL benötigt, muss das flugmedizinische Zentrum oder der flugmedizinische Sachverständige unter Berücksichtigung der Bestimmungen gemäß MED.B.095 beurteilen, ob der Bewerber imstande ist, seine Aufgaben unter Berücksichtigung der auf dem Tauglichkeitszeugnis angegebenen Einschränkung(en) sicher auszuführen, und das Tauglichkeitszeugnis mit der (den) erforderlichen Einschränkung(en) ausstellen. Das flugmedizinische Zentrum oder der flugmedizinische Sachverständige muss stets in Betracht ziehen, dem Piloten die Beförderung von Fluggästen zu untersagen (Einschränkung OPL — Operational Passenger Limitation — gültig nur ohne Fluggäste).

(3) Der Arzt für Allgemeinmedizin kann ein Tauglichkeitszeugnis für LAPL mit den gleichen Einschränkungen verlängern oder erneuern, ohne den Bewerber an ein flugmedizinisches Zentrum oder an einen flugmedizinischen Sachverständigen zu verweisen.

(b) Limitations to LAPL medical certificates

(1) If a GMP, after due consideration of the applicant's medical history, concludes that the applicant does not fully meet the requirements for medical fitness, the GMP shall refer the applicant to an AeMC or AME, except those requiring a limitation related only to the use of corrective lenses.

(2) If an applicant for an LAPL medical certificate has been referred, the AeMC or AME shall give due consideration to MED.B.095, evaluate whether the applicant is able to perform their duties safely when complying with one or more limitations endorsed on the medical certificate and issue the medical certificate with limitation(s) as necessary. The AeMC or AME shall always consider the need to restrict the pilot from carrying passengers (Operational Passenger Limitation, OPL).

(3) The GMP may revalidate or renew an LAPL medical certificate with the same limitation without referring the applicant to an AeMC or AME.

c) Bei der Beurteilung der Notwendigkeit einer Einschränkung ist insbesondere Folgendes zu berücksichtigen:

(1) ob ein anerkannter medizinischer Befund darauf hinweist, dass der Bewerber eine in Zahlen festgelegte oder sonstige Anforderung derart nicht erfüllt, dass unter bestimmten Umständen die Ausübung der mit der beantragten Lizenz verbundenen Rechte die Flugsicherheit voraussichtlich nicht beeinträchtigt;

(2) die für die auszuübende Tätigkeit relevante Fähigkeit, Qualifikation und Erfahrung des Bewerbers.

(c) When assessing whether a limitation is necessary, particular consideration shall be given to:

(1) whether 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;

(2) the applicant's ability, skill and experience relevant to the operation to be performed.

AMC1 MED.B.001 Limitations to class 1, class 2 and LAPL medical certificates

(a) An AeMC or AME may refer the decision on fitness of the applicant to the licensing authority in borderline cases or where fitness is in doubt.

(b) In cases where a fit assessment can only be considered with a limitation, the AeMC, AME or the licensing authority should evaluate the medical condition of the applicant in consultation with flight operations and other experts, if necessary.

(c) Limitation codes: Code		Limitation
1	TML	restriction of the period of validity of the medical certificate
2	VDL	correction for defective distant vision
3	VML	correction for defective distant, intermediate and near vision
4	VNL	correction for defective near vision
5	CCL	correction by means of contact lenses only
6	VCL	valid by day only
7	HAL	valid only when hearing aids are worn
8	APL	valid only with approved prosthesis
9	OCL	valid only as co-pilot
10	OPL	valid only without passengers (PPL and LAPL only)
11	SSL	special restriction as specified
12	OAL	restricted to demonstrated aircraft type
13	AHL	valid only with approved hand controls
14	SIC	specific regular medical examination(s) - contact licensing authority
15	RXO	specialist ophthalmological examinations

GM1 MED.B.001 Limitation codes

TML Time limitation

The period of validity of the medical certificate is limited to the duration as shown on the medical certificate. This period of validity commences on the date of the medical examination. Any period of validity remaining on the previous medical certificate is no longer valid. The pilot should present him/herself for re-examination when advised and should follow any medical recommendations.

VDL Wear corrective lenses and carry a spare set of spectacles

Correction for defective distant vision: whilst exercising the privileges of the licence, the pilot should wear spectacles or contact lenses that correct for defective distant vision as examined and approved by the AME. Contact lenses may not be worn until cleared to do so by the AME. If contact lenses are worn, a spare set of spectacles, approved by the AME, should be carried.

VML Wear multifocal spectacles and carry a spare set of spectacles

Correction for defective distant, intermediate and near vision: whilst exercising the privileges of the licence, the pilot should wear spectacles that correct for defective distant, intermediate and near vision as examined and approved by the AME. Contact lenses or full frame spectacles, when either correct for near vision only, may not be worn.

VNL Have available corrective spectacles and carry a spare set of spectacles

Correction for defective near vision: whilst exercising the privileges of the licence, the pilot should have readily available spectacles that correct for defective near vision as examined and approved by the AME. Contact lenses or full frame spectacles, when either correct for near vision only, may not be worn.

VCL Valid by day only

The limitation allows private pilots with varying degrees of colour deficiency to exercise the privileges of their licence by daytime only. Applicable to class 2 medical certificates only.

OML Valid only as or with qualified co-pilot

This applies to crew members who do not meet the medical requirements for single crew operations, but are fit for multi-crew operations. Applicable to class 1 medical certificates only.

OCL Valid only as co-pilot

This limitation is a further extension of the OML limitation and is applied when, for some well defined medical reason, the pilot is assessed as safe to operate in a co-pilot role but not in command. Applicable to class 1 medical certificates only.

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OPL Valid only without passengers

This limitation may be considered when a pilot with a musculoskeletal problem, or some other medical condition, may involve an increased element of risk to flight safety which might be acceptable to the pilot but which is not acceptable for the carriage of passengers. Applicable to class 2 and LAPL medical certificates only.

OSL Valid only with safety pilot and in aircraft with dual controls

The safety pilot is qualified as PIC on the class/type of aircraft and rated for the flight conditions. He/she occupies a control seat, is aware of the type(s) of possible incapacity that the pilot whose medical certificate has been issued with this limitation may suffer and is prepared to take over the aircraft controls during flight. Applicable to class 2 and LAPL medical certificates only.

OAL Restricted to demonstrated aircraft type

This limitation may apply to a pilot who has a limb deficiency or some other anatomical problem which had been shown by a medical flight test or flight simulator testing to be acceptable but to require a restriction to a specific type of aircraft.

SIC Specific regular medical examination(s) contact licensing authority

This limitation requires the AME to contact the licensing authority before embarking upon renewal or recertification medical assessment. It is likely to concern a medical history of which the AME should be aware prior to undertaking the assessment.

RXO Specialist ophthalmological examinations

Specialist ophthalmological examinations are required for a significant reason. The limitation may be applied by an AME but should only be removed by the licensing authority.

d) Kürzel für Einschränkungen der Tätigkeit (als Pilot)

(1) Gültig nur als qualifizierter Kopilot oder mit qualifiziertem Kopiloten (OML (Operational multi-pilot limitation) — nur Klasse 1)

i) Wenn der Inhaber einer CPL, ATPL oder MPL die Anforderungen für ein Tauglichkeitszeugnis der Klasse 1 nicht vollständig erfüllt und an die Genehmigungsbehörde verwiesen wurde, so ist zu beurteilen, ob das Tauglichkeitszeugnis mit der Einschränkung OML (gültig nur als qualifizierter Kopilot oder mit qualifiziertem Kopiloten) ausgestellt werden kann. Diese Beurteilung ist von der Genehmigungsbehörde vorzunehmen.

- ii) Der Inhaber eines Tauglichkeitszeugnisses mit der Einschränkung OML darf ein Luftfahrzeug nur mit einem anderen Piloten zusammen führen, wenn dieser andere Pilot für das Führen des betreffenden Musters vollständig qualifiziert ist, nicht der Einschränkung OML unterliegt und das 60. Lebensjahr noch nicht vollendet hat.
- iii) Die Einschränkung OML für Tauglichkeitszeugnisse der Klasse 1 darf nur von der Genehmigungsbehörde ein- oder ausgetragen werden.
- (2) Gültig nur mit Sicherheitspilot (OSL (Operational safety pilot limitation) — Klasse 2 und LAPL-Rechte)
 - i) Der Inhaber eines Tauglichkeitszeugnisses mit der Einschränkung OSL darf ein Luftfahrzeug nur führen, wenn ein anderer Pilot mitfliegt, der als verantwortlicher Pilot Luftfahrzeuge der entsprechenden Klasse/des entsprechenden Musters führen darf, und wenn das Luftfahrzeug mit Doppelsteuer ausgerüstet ist und der zweite Pilot im Cockpit das Steuer übernehmen kann.
 - ii) Die Einschränkung OSL für Tauglichkeitszeugnisse der Klasse 2 darf von einem flugmedizinischen Zentrum oder von einem flugmedizinischen Sachverständigen in Konsultation mit der Genehmigungsbehörde ein- oder ausgetragen werden.
- (3) Gültig nur ohne Fluggäste (OPL (Operational passenger limitation) — Klasse 2 und LAPL-Rechte)
 - i) Der Inhaber eines Tauglichkeitszeugnisses mit der Einschränkung OPL darf nur Luftfahrzeuge führen, an deren Bord sich keine Fluggäste befinden.
 - ii) Eine Einschränkung OPL für Tauglichkeitszeugnisse der Klasse 2 darf von einem flugmedizinischen Zentrum oder von einem flugmedizinischen Sachverständigen in Konsultation mit der Genehmigungsbehörde eingetragen werden.
 - iii) Eine OPL zur Einschränkung eines Tauglichkeitszeugnisses für eine LAPL darf von einem flugmedizinischen Zentrum oder von einem flugmedizinischen Sachverständigen eingetragen werden.

(d) Operational limitation codes

multi-pilot limitation (OML — Class 1 only)

- (i) When the holder of a CPL, ATPL or MPL does not fully meet the requirements for a Class 1 medical certificate and has been referred to the licensing authority, it shall be assessed whether the medical certificate may be issued with an OML 'valid only as or with qualified co-pilot'. This assessment shall be performed by the licensing authority.
- (ii) The holder of a medical certificate with an OML shall only operate an aircraft in multi-pilot operations when the other pilot is fully qualified on the relevant type of aircraft, is not subject to an OML and has not attained the age of 60 years.
- (iii) The OML for Class 1 medical certificates may only be imposed and removed by the licensing authority.
- (2) Operational Safety Pilot Limitation (OSL — Class 2 and LAPL privileges)
 - (i) The holder of a medical certificate with an OSL limitation shall only operate an aircraft if another pilot fully qualified to act as pilot-in-command on the relevant class or type of aircraft is carried on board, the aircraft is fitted with dual controls and the other pilot occupies a seat at the controls.
 - (ii) The OSL for Class 2 medical certificates may be imposed or removed by an AeMC or AME in consultation with the licensing authority.
- (3) Operational Passenger Limitation (OPL — Class 2 and LAPL privileges)
 - (i) The holder of a medical certificate with an OPL limitation shall only operate an aircraft without passengers on board.

- (ii) An OPL for Class 2 medical certificates may be imposed by an AeMC or AME in consultation with the licensing authority.
- (iii) An OPL for an LAPL medical certificate limitation may be imposed by an AeMC or AME.

e) Andere Einschränkungen dürfen dem Inhaber eines Tauglichkeitszeugnisses auferlegt werden, wenn dies für die Gewährleistung der Flugsicherheit erforderlich ist.

(e) Any other limitation may be imposed on the holder of a medical certificate if required to ensure flight safety.

f) Alle Einschränkungen, die dem Inhaber eines Tauglichkeitszeugnisses auferlegt werden, sind in diesem Zeugnis anzugeben.

(f) Any limitation imposed on the holder of a medical certificate shall be specified therein.

UNTERABSCHNITT 2 SECTION 2

Medizinische Anforderungen für Tauglichkeitszeugnisse der Klasse 1 und Klasse 2 *Medical requirements for Class 1 and Class 2 medical certificates*

MED.B.005 Allgemeines

a) Bewerber um ein Tauglichkeitszeugnis dürfen keine:

- (1) angeborenen oder erworbenen Normabweichungen;
- (2) aktiven, latenten, akuten oder chronischen Erkrankungen oder Behinderungen;
- (3) Wunden, Verletzungen oder Operationsfolgen;
- (4) Wirkungen und Nebenwirkungen eines für therapeutische, diagnostische oder präventive Zwecke angewandten bzw. eingenommenen verschreibungspflichtigen oder nicht verschreibungspflichtigen Arzneimittels aufweisen, die eine funktionelle Beeinträchtigung eines Ausmaßes nach sich ziehen würden, das die sichere Ausübung der mit der geltenden Lizenz verbundenen Rechte beeinträchtigen oder den Bewerber plötzlich außerstande setzen kann, die mit der Lizenz verbundenen Rechte sicher auszuüben.

MED.B.005 General

(a) Applicants for a medical certificate shall be free from any:

- (1) abnormality, congenital or acquired;
 - (2) active, latent, acute or chronic disease or disability;
 - (3) wound, injury or sequelae from operation;
 - (4) effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken;
- that would entail a degree of functional incapacity which is likely to interfere with the safe exercise of the privileges of the applicable licence or could render the applicant likely to become suddenly unable to exercise the privileges of the licence safely.

b) Wird die Entscheidung über die flugmedizinische Tauglichkeit eines Bewerbers um ein Tauglichkeitszeugnis der Klasse 1 an die Genehmigungsbehörde verwiesen, so kann diese Behörde — ausgenommen Fälle, in denen eine Einschränkung OML notwendig ist — diese Entscheidung an ein flugmedizinisches Zentrum delegieren.

(b) In cases where the decision on medical fitness of an applicant for a Class 1 medical certificate is referred to the licensing authority, this authority may delegate such a decision to an AeMC, except in cases where an OML is needed.

c) Wird die Entscheidung über die flugmedizinische Tauglichkeit eines Bewerbers um ein Tauglichkeitszeugnis der Klasse 2 an die Genehmigungsbehörde verwiesen, so kann diese Behörde — ausgenommen Fälle, in denen eine Einschränkung OSL oder OPL notwendig ist — diese Entscheidung an ein flugmedizinisches Zentrum oder einen flugmedizinischen Sachverständigen delegieren.

(c) In cases where the decision on medical fitness of an applicant for a Class 2 medical certificate is referred to the licensing authority, this authority may delegate such a decision to an AeMC or an AME, except in cases where an OSL or OPL is needed.

MED.B.010 Herz-Kreislauf-System

a) Untersuchung

- (1) Die Durchführung eines standardmäßigen 12-Kanal-Ruhe-Elektrokardiogramms (EKG) und die Erstellung eines Berichts erfolgen bei klinischer Indikation und:

- i) für Tauglichkeitszeugnisse der Klasse 1 bei der Untersuchung zur Erstaussstellung eines Tauglichkeitszeugnisses, danach alle 5 Jahre bis zur Vollendung des 30. Lebensjahres, alle 2 Jahre bis zur Vollendung des 40. Lebensjahres, jährlich bis zur Vollendung des 50. Lebensjahres sowie danach bei sämtlichen Verlängerungs- und Erneuerungsuntersuchungen;
 - ii) für Tauglichkeitszeugnisse der Klasse 2 bei der ersten Untersuchung nach Vollendung des 40. Lebensjahres und alle 2 Jahre nach Vollendung des 50. Lebensjahres.
- (2) Bei klinischer Indikation ist eine erweiterte kardiovaskuläre Beurteilung erforderlich.
- (3) Für Tauglichkeitszeugnisse der Klasse 1 ist eine erweiterte kardiovaskuläre Beurteilung bei der ersten Verlängerungs- oder Erneuerungsuntersuchung nach Vollendung des 65. Lebensjahres sowie anschließend alle 4 Jahre durchzuführen.
- (4) Für Tauglichkeitszeugnisse der Klasse 1 ist eine Bestimmung der Serumlipide, einschließlich des Cholesterins, bei der Untersuchung zum Zwecke der Erstaussstellung eines Tauglichkeitszeugnisses sowie bei der ersten Untersuchung nach Vollendung des 40. Lebensjahres durchzuführen.

MED.B.010 Cardiovascular System

(a) Examination

- (1) A standard 12-lead resting electrocardiogram (ECG) and report shall be completed on clinical indication, and:
- (i) for a Class 1 medical certificate, at the examination for the first issue of a medical certificate, then every 5 years until age 30, every 2 years until age 40, annually until age 50, and at all revalidation or renewal examinations thereafter;
 - (ii) for a Class 2 medical certificate, at the first examination after age 40 and then every 2 years after age 50.
- (2) Extended cardiovascular assessment shall be required when clinically indicated.
- (3) For a Class 1 medical certificate, an extended cardiovascular assessment shall be completed at the first revalidation or renewal examination after age 65 and every 4 years thereafter.
- (4) For a Class 1 medical certificate, estimation of serum lipids, including cholesterol, shall be required at the examination for the first issue of a medical certificate, and at the first examination after having reached the age of 40.

b) Herz-Kreislauf-System — Allgemeines

- (1) Bewerber dürfen keine Störungen des Herz-Kreislauf-Systems aufweisen, die sie bei der sicheren Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.
- (2) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 sind als untauglich zu beurteilen, wenn bei ihnen einer der folgenden Befunde vorliegt bzw. eine der folgenden Behandlungen durchgeführt wurde:
- i) thorakales oder suprarenales abdominales Aortenaneurysma vor oder nach chirurgischem Eingriff;
 - ii) signifikante funktionelle Veränderung an einer der Herzklappen;
 - iii) Herz- oder Herz-Lungen-Transplantation.
- (3) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden, wenn ihrer Krankengeschichte oder Diagnose zufolge bei ihnen einer der folgenden Befunde vorliegt bzw. eine der folgenden Behandlungen durchgeführt wurde:
- i) periphere arterielle Gefäßerkrankung vor oder nach chirurgischem Eingriff;
 - ii) abdominales Aortenaneurysma vor oder nach chirurgischem Eingriff;
 - iii) nicht signifikante funktionelle Veränderungen an einer der Herzklappen;

- iv) Herzklappenoperation;
- v) Veränderungen des Perikards, Myokards oder Endokards;
- vi) angeborene Veränderung des Herzens vor oder nach korrigierendem chirurgischem Eingriff;
- vii) rezidivierende vasovagale Synkopen;
- viii) arterielle oder venöse Thrombose;
- ix) Lungenembolie;
- x) kardiovaskuläre Störung, die einer systemischen Behandlung mit Antikoagulanzen bedarf.

(4) Bewerber um ein Tauglichkeitszeugnis der Klasse 2, bei denen einer der in Absatz 2 und Absatz 3 genannten Befunde vorliegt bzw. eine der dort genannten Behandlungen durchgeführt wurde, müssen von einem Kardiologen beurteilt werden, bevor in Konsultation mit der Genehmigungsbehörde erwogen werden kann, sie als tauglich zu beurteilen.

(b) Cardiovascular System — General

(1) Applicants shall not suffer from any cardiovascular disorder which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(2) Applicants for a Class 1 medical certificate with any of the following conditions shall be assessed as unfit:

- (i) aneurysm of the thoracic or supra-renal abdominal aorta, before or after surgery;
- (ii) significant functional abnormality of any of the heart valves;
- (iii) heart or heart/lung transplantation.

(3) Applicants for a Class 1 medical certificate with an established history or diagnosis of any of the following conditions shall be referred to the licensing authority:

- (i) peripheral arterial disease before or after surgery;
- (ii) aneurysm of the abdominal aorta, before or after surgery;
- (iii) functionally insignificant cardiac valvular abnormalities;
- (iv) after cardiac valve surgery;
- (v) abnormality of the pericardium, myocardium or endocardium;
- (vi) congenital abnormality of the heart, before or after corrective surgery;
- (vii) recurrent vasovagal syncope;
- (viii) arterial or venous thrombosis;
- (ix) pulmonary embolism;
- (x) cardiovascular condition requiring systemic anticoagulant therapy.

(4) Applicants for a Class 2 medical certificate with an established diagnosis of one of the conditions specified in (2) and (3) above shall be assessed by a cardiologist before a fit assessment can be considered in consultation with the licensing authority.

c) Blutdruck

(1) Eine Blutdruckmessung ist bei jeder Untersuchung durchzuführen.

(2) Der Blutdruck des Bewerbers muss im Normalbereich liegen.

(3) Bewerber um ein Tauglichkeitszeugnis der Klasse 1:

- i) mit symptomatischer Hypotonie oder
- ii) mit einem Blutdruck, der bei der Untersuchung behandelt oder unbehandelt dauerhaft einen systolischen Wert von 160 mmHg und/oder einen diastolischen Wert von 95 mmHg überschreitet, sind als untauglich zu beurteilen.

(4) Wird eine Arzneimitteltherapie zur Einstellung des Blutdrucks eingeleitet, so muss das Tauglichkeitszeugnis für einen bestimmten Zeitraum vorübergehend ausgesetzt werden, um signifikante Nebenwirkungen sicher ausschließen zu können.

(c) Blood Pressure

- (1) The blood pressure shall be recorded at each examination.
- (2) The applicant's blood pressure shall be within normal limits.
- (3) Applicants for a Class 1 medical certificate:
 - (i) with symptomatic hypotension; or
 - (ii) whose blood pressure at examination consistently exceeds 160 mmHg systolic and/or 95 mmHg diastolic, with or without treatment; shall be assessed as unfit.
- (4) The initiation of medication for the control of blood pressure shall require a period of temporary suspension of the medical certificate to establish the absence of significant side effects.

d) Koronare Herzkrankheit

- (1) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 mit:
 - i) Verdacht auf Myokardischämie;
 - ii) asymptomatischer, wenig ausgeprägter koronarer Herzkrankheit, die keiner antianginösen Therapie bedarfmüssen an die Genehmigungsbehörde verwiesen und zum Ausschluss einer Myokardischämie einer kardiologischen Beurteilung unterzogen werden, bevor erwogen werden kann, sie als tauglich zu beurteilen.
- (2) Bewerber um ein Tauglichkeitszeugnis der Klasse 2, bei denen einer der in Absatz 1 genannten Befunde vorliegt, müssen einer kardiologischen Beurteilung unterzogen werden, bevor erwogen werden kann, sie als tauglich zu beurteilen.
- (3) Bewerber sind als untauglich zu beurteilen, wenn bei ihnen einer der folgenden Befunde vorliegt:
 - i) Myokardischämie;
 - ii) symptomatische koronare Herzkrankheit;
 - iii) medikamentös behandelte Symptome einer koronaren Herzkrankheit.
- (4) Bewerber, die sich erstmals ein Tauglichkeitszeugnis der Klasse 1 ausstellen lassen möchten, sind als untauglich zu beurteilen, wenn ihrer Krankengeschichte oder Diagnose zufolge bei ihnen einer der folgenden Befunde vorliegt bzw. eine der folgenden Behandlungen durchgeführt wurde:
 - i) Myokardischämie;
 - ii) Myokardinfarkt;
 - iii) Revaskularisation bei koronarer Herzkrankheit.
- (5) Bewerber um ein Tauglichkeitszeugnis der Klasse 2, die nach einem Myokardinfarkt oder einem chirurgischen Eingriff aufgrund koronarer Herzkrankheit keine Symptome zeigen, müssen einer zufrieden stellenden kardiologischen Beurteilung unterzogen werden, bevor in Konsultation mit der Genehmigungsbehörde erwogen werden kann, sie als tauglich zu beurteilen. Bewerber, die ein Tauglichkeitszeugnis der Klasse 1 verlängern lassen möchten, müssen an die Genehmigungsbehörde verwiesen werden.

(d) Coronary Artery Disease

- (1) Applicants for a Class 1 medical certificate with:
 - (i) suspected myocardial ischaemia;
 - (ii) asymptomatic minor coronary artery disease requiring no anti-anginal treatment;shall be referred to the licensing authority and undergo cardiological evaluation to exclude myocardial ischaemia before a fit assessment can be considered.
- (2) Applicants for a Class 2 medical certificate with any of the conditions detailed in (1) shall undergo cardiological evaluation before a fit assessment can be considered.

- (3) Applicants with any of the following conditions shall be assessed as unfit:
- (i) myocardial ischaemia;
 - (ii) symptomatic coronary artery disease;
 - (iii) symptoms of coronary artery disease controlled by medication.
- (4) Applicants for the initial issue of a Class 1 medical certificate with a history or diagnosis of any of the following conditions shall be assessed as unfit:
- (i) myocardial ischaemia;
 - (ii) myocardial infarction;
 - (iii) revascularisation for coronary artery disease.
- (5) Applicants for a Class 2 medical certificate who are asymptomatic following myocardial infarction or surgery for coronary artery disease shall undergo satisfactory cardiological evaluation before a fit assessment can be considered in consultation with the licensing authority. Applicants for the revalidation of a Class 1 medical certificate shall be referred to the licensing authority.

e) Rhythmus- und Überleitungsstörungen

(1) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden, wenn bei ihnen eine signifikante kardiale Rhythmus- oder Überleitungsstörung einschließlich einer der folgenden Erkrankungen vorliegt:

- i) supraventrikuläre Rhythmusstörungen, einschließlich intermittierender oder nachgewiesener permanenter sinoatrialer Funktionsstörungen, Vorhofflimmern und/oder Vorhofflattern sowie asymptomatischer Sinuspausen;
- ii) kompletter Linksschenkelblock;
- iii) AV-Block, Typ Mobitz II;
- iv) Tachykardie mit breitem und/oder schmalen Kammerkomplex;
- v) ventrikuläre Präexzitation;
- vi) asymptomatische QT-Verlängerung;
- vii) Brugada-Syndrom (erkennbar im Elektrokardiogramm).

(2) Bewerber um ein Tauglichkeitszeugnis der Klasse 2, bei denen einer der in Absatz 1 genannten Befunde vorliegt, müssen einer zufrieden stellenden kardiologischen Beurteilung unterzogen werden, bevor in Konsultation mit der Genehmigungsbehörde erwogen werden kann, sie als tauglich zu beurteilen.

(3) Bewerber mit:

- i) inkomplettem Schenkelblock;
- ii) komplettem Rechtsschenkelblock;
- iii) stabilem Linkslagetyp;
- iv) asymptomatischer Sinusbradykardie;
- v) asymptomatischer Sinustachykardie;
- vi) asymptomatischen isolierten, uniformen supraventrikulären oder ventrikulären Extrasystolen;
- vii) AV-Block 1. Grades;
- viii) AV-Block, Typ Mobitz I

können infolge einer zufrieden stellenden kardiologischen Beurteilung als tauglich beurteilt werden, sofern bei ihnen keine andere Normabweichung vorliegt.

(4) Bewerber, die folgenden Behandlungen unterzogen wurden:

- i) Ablationstherapie;
- ii) Herzschrittmacherimplantation

müssen einer zufrieden stellenden kardiovaskulären Beurteilung unterzogen werden, bevor erwogen werden kann, sie als tauglich zu beurteilen. Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden. Bewerber um ein Tauglichkeitszeugnis der Klasse 2 müssen in Konsultation mit der Genehmigungsbehörde einer Beurteilung unterzogen werden.

(5) Bewerber sind als untauglich zu beurteilen, wenn bei ihnen einer der folgenden Befunde vorliegt:

- i) symptomatische sinoatriale Funktionsstörungen;
- ii) kompletter AV-Block;
- iii) symptomatische QT-Verlängerung;
- iv) automatisches, implantierbares Defibrillator-System;
- v) ventrikulärer antitachykarder Herzschrittmacher.

(e) Rhythm/Conduction Disturbances

(1) Applicants for a Class 1 medical certificate shall be referred to the licensing authority when they have any significant disturbance of cardiac conduction or rhythm, including any of the following:

- (i) disturbance of supraventricular rhythm, including intermittent or established sinoatrial dysfunction, atrial fibrillation and/or flutter and asymptomatic sinus pauses;
- (ii) complete left bundle branch block;
- (iii) Mobitz type 2 atrioventricular block;
- (iv) broad and/or narrow complex tachycardia;
- (v) ventricular pre-excitation;
- (vi) asymptomatic QT prolongation;
- (vii) Brugada pattern on electrocardiography.

(2) Applicants for a Class 2 medical certificate with any of the conditions detailed in (1) shall undergo satisfactory cardiological evaluation before a fit assessment in consultation with the licensing authority can be considered.

(3) Applicants with any of the following:

- (i) incomplete bundle branch block;
 - (ii) complete right bundle branch block;
 - (iii) stable left axis deviation;
 - (iv) asymptomatic sinus bradycardia;
 - (v) asymptomatic sinus tachycardia;
 - (vi) asymptomatic isolated uniform supra-ventricular or ventricular ectopic complexes;
 - (vii) first degree atrioventricular block;
 - (viii) Mobitz type 1 atrioventricular block;
- may be assessed as fit in the absence of any other abnormality and subject to satisfactory cardiological evaluation.

(4) Applicants with a history of:

- (i) ablation therapy;
- (ii) pacemaker implantation;

shall undergo satisfactory cardiovascular evaluation before a fit assessment can be considered. Applicants for a Class 1 medical certificate shall be referred to the licensing authority. Applicants for a Class 2 medical certificate shall be assessed in consultation with the licensing authority.

(5) Applicants with any of the following conditions shall be assessed as unfit:

- (i) symptomatic sinoatrial disease;
- (ii) complete atrioventricular block;
- (iii) symptomatic QT prolongation;
- (iv) an automatic implantable defibrillating system;
- (v) a ventricular anti-tachycardia pacemaker.

AMC1 MED.B.010 Cardiovascular system

CLASS 1

(a) Examination

Exercise electrocardiography

An exercise ECG when required as part of a cardiovascular assessment should be symptom limited and completed to a minimum of Bruce Stage IV or equivalent.

(b) General

(1) Cardiovascular risk factor assessment

(i) Serum lipid estimation is case finding and significant abnormalities should require review, investigation and supervision by the AeMC or AME in consultation with the licensing authority.

(ii) An accumulation of risk factors (smoking, family history, lipid abnormalities, hypertension, etc.) should require cardiovascular evaluation by the AeMC or AME in consultation with the licensing authority.

(2) Cardiovascular assessment

(i) Reporting of resting and exercise electrocardiograms should be by the AME or an accredited specialist.

(ii) The extended cardiovascular assessment should be undertaken at an AeMC or may be delegated to a cardiologist.

(c) Peripheral arterial disease

If there is no significant functional impairment, a fit assessment may be considered by the licensing authority, provided:

(1) applicants without symptoms of coronary artery disease have reduced any vascular risk factors to an appropriate level;

(2) applicants should be on acceptable secondary prevention treatment;

(3) exercise electrocardiography is satisfactory. Further tests may be required which should show no evidence of myocardial ischaemia or significant coronary artery stenosis.

(d) Aortic aneurysm

(1) Applicants with an aneurysm of the infra-renal abdominal aorta may be assessed as fit with a multi-pilot limitation by the licensing authority. Follow-up by ultra-sound scans or other imaging techniques, as necessary, should be determined by the licensing authority.

(2) Applicants may be assessed as fit by the licensing authority after surgery for an infra-renal aortic aneurysm with a multi-pilot limitation at revalidation if the blood pressure and cardiovascular assessment are satisfactory. Regular cardiological review should be required.

(e) Cardiac valvular abnormalities

(1) Applicants with previously unrecognised cardiac murmurs should undergo evaluation by a cardiologist and assessment by the licensing authority. If considered significant, further investigation should include at least 2D Doppler echocardiography or equivalent imaging.

(2) Applicants with minor cardiac valvular abnormalities may be assessed as fit by the licensing authority. Applicants with significant abnormality of any of the heart valves should be assessed as unfit.

(3) Aortic valve disease

(i) Applicants with a bicuspid aortic valve may be assessed as fit if no other cardiac or aortic abnormality is demonstrated. Follow-up with echocardiography, as necessary, should be determined by the licensing authority.

- (ii) Applicants with aortic stenosis require licensing authority review. Left ventricular function should be intact. A history of systemic embolism or significant dilatation of the thoracic aorta is disqualifying. Those with a mean pressure gradient of up to 20 mmHg may be assessed as fit. Those with mean pressure gradient above 20 mmHg but not greater than 40 mmHg may be assessed as fit with a multi-pilot limitation. A mean pressure gradient up to 50 mmHg may be acceptable. Follow-up with 2D Doppler echocardiography, as necessary, should be determined by the licensing authority. Alternative measurement techniques with equivalent ranges may be used.
 - (iii) Applicants with trivial aortic regurgitation may be assessed as fit. A greater degree of aortic regurgitation should require a multi-pilot limitation. There should be no demonstrable abnormality of the ascending aorta on 2D Doppler echocardiography. Follow-up, as necessary, should be determined by the licensing authority.
- (4) Mitral valve disease
- (i) Asymptomatic applicants with an isolated mid-systolic click due to mitral leaflet prolapse may be assessed as fit.
 - (ii) Applicants with rheumatic mitral stenosis should normally be assessed as unfit.
 - (iii) Applicants with uncomplicated minor regurgitation may be assessed as fit. Periodic cardiological review should be determined by the licensing authority.
 - (iv) Applicants with uncomplicated moderate mitral regurgitation may be considered as fit with a multi-pilot limitation if the 2D Doppler echocardiogram demonstrates satisfactory left ventricular dimensions and satisfactory myocardial function is confirmed by exercise electrocardiography. Periodic cardiological review should be required, as determined by the licensing authority.
 - (v) Applicants with evidence of volume overloading of the left ventricle demonstrated by increased left ventricular end-diastolic diameter or evidence of systolic impairment should be assessed as unfit.

(f) Valvular surgery

Applicants with cardiac valve replacement/repair should be assessed as unfit. A fit assessment may be considered by the licensing authority.

- (1) Aortic valvotomy should be disqualifying.
- (2) Mitral leaflet repair for prolapse is compatible with a fit assessment, provided post-operative investigations reveal satisfactory left ventricular function without systolic or diastolic dilation and no more than minor mitral regurgitation.
- (3) Asymptomatic applicants with a tissue valve or with a mechanical valve who, at least 6 months following surgery, are taking no cardioactive medication may be considered for a fit assessment with a multi-pilot limitation by the licensing authority. Investigations which demonstrate normal valvular and ventricular configuration and function should have been completed as demonstrated by:
 - (i) a satisfactory symptom limited exercise ECG. Myocardial perfusion imaging/stress echocardiography should be required if the exercise ECG is abnormal or any coronary artery disease has been demonstrated;
 - (ii) a 2D Doppler echocardiogram showing no significant selective chamber enlargement, a tissue valve with minimal structural alteration and a normal Doppler blood flow, and no structural or functional abnormality of the other heart valves. Left ventricular fractional shortening should be normal.

Follow-up with exercise ECG and 2D echocardiography, as necessary, should be determined by the licensing authority.

- (4) Where anticoagulation is needed after valvular surgery, a fit assessment with a multi-pilot limitation may be considered after review by the licensing authority. The review should show that the anticoagulation is stable. Anticoagulation should be considered stable if, within the last 6 months, at least 5 INR values are documented, of which at least 4 are within the INR target range.

(g) Thromboembolic disorders

Arterial or venous thrombosis or pulmonary embolism are disqualifying whilst anticoagulation is being used as treatment. After 6 months of stable anticoagulation as prophylaxis, a fit assessment with multi-pilot limitation may be considered after review by the licensing authority. Anticoagulation should be considered stable if, within the last 6 months, at least 5 INR values are documented, of which at least 4 are within the INR target range. Pulmonary embolus should require full evaluation. Following cessation of anti-coagulant therapy, for any indication, applicants should require review by the licensing authority.

(h) Other cardiac disorders

- (1) Applicants with a primary or secondary abnormality of the pericardium, myocardium or endocardium should be assessed as unfit. A fit assessment may be considered by the licensing authority following complete resolution and satisfactory cardiological evaluation which may include 2D Doppler echocardiography, exercise ECG and/or myocardial perfusion imaging/stress echocardiography and 24-hour ambulatory ECG. Coronary angiography may be indicated. Frequent review and a multi-pilot limitation may be required after fit assessment.
- (2) Applicants with a congenital abnormality of the heart, including those who have undergone surgical correction, should be assessed as unfit. Applicants with minor abnormalities that are functionally unimportant may be assessed as fit by the licensing authority following cardiological assessment. No cardioactive medication is acceptable. Investigations may include 2D Doppler echocardiography, exercise ECG and 24-hour ambulatory ECG. Regular cardiological review should be required.

(i) Syncope

- (1) Applicants with a history of recurrent vasovagal syncope should be assessed as unfit. A fit assessment may be considered by the licensing authority after a 6-month period without recurrence provided cardiological evaluation is satisfactory. Such evaluation should include:
 - (i) a satisfactory symptom limited 12 lead exercise ECG to Bruce Stage IV or equivalent. If the exercise ECG is abnormal, myocardial perfusion imaging/stress echocardiography should be required;
 - (ii) a 2D Doppler echocardiogram showing neither significant selective chamber enlargement nor structural or functional abnormality of the heart, valves or myocardium;
 - (iii) a 24-hour ambulatory ECG recording showing no conduction disturbance, complex or sustained rhythm disturbance or evidence of myocardial ischaemia.
- (2) A tilt test carried out to a standard protocol showing no evidence of vasomotor instability may be required.
- (3) Neurological review should be required.
- (4) A multi-pilot limitation should be required until a period of 5 years has elapsed without recurrence. The licensing authority may determine a shorter or longer period of multi-pilot limitation according to the individual circumstances of the case.

- (5) Applicants who experienced loss of consciousness without significant warning should be assessed as unfit.

(j) Blood pressure

- (1) The diagnosis of hypertension should require cardiovascular review to include potential vascular risk factors.
- (2) Anti-hypertensive treatment should be agreed by the licensing authority. Acceptable medication may include:
 - (i) non-loop diuretic agents;
 - (ii) ACE inhibitors;
 - (iii) angiotensin II/AT1 blocking agents (sartans);
 - (iv) slow channel calcium blocking agents;
 - (v) certain (generally hydrophilic) beta-blocking agents.
- (3) Following initiation of medication for the control of blood pressure, applicants should be re-assessed to verify that the treatment is compatible with the safe exercise of the privileges of the licence held.

(k) Coronary artery disease

- (1) Chest pain of uncertain cause should require full investigation.
- (2) In suspected asymptomatic coronary artery disease, exercise electrocardiography should be required. Further tests may be required, which should show no evidence of myocardial ischaemia or significant coronary artery stenosis.
- (3) Evidence of exercise-induced myocardial ischaemia should be disqualifying.
- (4) After an ischaemic cardiac event, including revascularisation, applicants without symptoms should have reduced any vascular risk factors to an appropriate level. Medication, when used to control cardiac symptoms, is not acceptable. All applicants should be on acceptable secondary prevention treatment.
 - (i) A coronary angiogram obtained around the time of, or during, the ischaemic myocardial event and a complete, detailed clinical report of the ischaemic event and of any operative procedures should be available to the licensing authority:
 - (A) there should be no stenosis more than 50 % in any major untreated vessel, in any vein or artery graft or at the site of an angioplasty/stent, except in a vessel subtending a myocardial infarction. More than two stenoses between 30 % and 50 % within the vascular tree should not be acceptable;
 - (B) the whole coronary vascular tree should be assessed as satisfactory by a cardiologist, and particular attention should be paid to multiple stenoses and/or multiple revascularisations;
 - (C) an untreated stenosis greater than 30 % in the left main or proximal left anterior descending coronary artery should not be acceptable.
 - (ii) At least 6 months from the ischaemic myocardial event, including revascularisation, the following investigations should be completed (equivalent tests may be substituted):
 - (A) an exercise ECG showing neither evidence of myocardial ischaemia nor rhythm or conduction disturbance;
 - (B) an echocardiogram showing satisfactory left ventricular function with no important abnormality of wall motion (such as dyskinesia or akinesia) and a left ventricular ejection fraction of 50 % or more;
 - (C) in cases of angioplasty/stenting, a myocardial perfusion scan or stress echocardiogram, which should show no evidence of reversible myocardial ischaemia. If there is any doubt about myocardial perfusion in other cases (infarction or bypass grafting) a perfusion scan should also be required;

- (D) further investigations, such as a 24-hour ECG, may be necessary to assess the risk of any significant rhythm disturbance.
- (iii) Follow-up should be annually (or more frequently, if necessary) to ensure that there is no deterioration of the cardiovascular status. It should include a review by a cardiologist, exercise ECG and cardiovascular risk assessment. Additional investigations may be required by the licensing authority.
 - (A) After coronary artery vein bypass grafting, a myocardial perfusion scan or equivalent test should be performed if there is any indication, and in all cases within 5 years from the procedure.
 - (B) In all cases, coronary angiography should be considered at any time if symptoms, signs or non-invasive tests indicate myocardial ischaemia.
- (iv) Successful completion of the 6-month or subsequent review will allow a fit assessment with a multi-pilot limitation.

(I) Rhythm and conduction disturbances

- (1) Any significant rhythm or conduction disturbance should require evaluation by a cardiologist and appropriate follow-up in the case of a fit assessment. Such evaluation should include:
 - (i) exercise ECG to the Bruce protocol or equivalent. Bruce stage 4 should be achieved and no significant abnormality of rhythm or conduction, or evidence of myocardial ischaemia should be demonstrated. Withdrawal of cardioactive medication prior to the test should normally be required;
 - (ii) 24-hour ambulatory ECG which should demonstrate no significant rhythm or conduction disturbance;
 - (iii) 2D Doppler echocardiogram which should show no significant selective chamber enlargement or significant structural or functional abnormality, and a left ventricular ejection fraction of at least 50 %.
 Further evaluation may include (equivalent tests may be substituted):
 - (iv) 24-hour ECG recording repeated as necessary;
 - (v) electrophysiological study;
 - (vi) myocardial perfusion imaging;
 - (vii) cardiac magnetic resonance imaging (MRI);
 - (viii) coronary angiogram.
- (2) Applicants with frequent or complex forms of supra ventricular or ventricular ectopic complexes require full cardiological evaluation.
- (3) Ablation

Applicants who have undergone ablation therapy should be assessed as unfit. A fit assessment may be considered by the licensing authority following successful catheter ablation and should require a multi-pilot limitation for at least one year, unless an electrophysiological study, undertaken at a minimum of 2 months after the ablation, demonstrates satisfactory results. For those whose long-term outcome cannot be assured by invasive or non-invasive testing, an additional period with a multi-pilot limitation and/or observation may be necessary.
- (4) Supraventricular arrhythmias

Applicants with significant disturbance of supraventricular rhythm, including sinoatrial dysfunction, whether intermittent or established, should be assessed as unfit. A fit assessment may be considered by the licensing authority if cardiological evaluation is satisfactory.

 - (i) Atrial fibrillation/flutter
 - (A) For initial applicants, a fit assessment should be limited to those with a single episode of arrhythmia which is considered by the licensing authority to be unlikely to recur.
 - (B) For revalidation, applicants may be assessed as fit if cardiological evaluation is satisfactory.

- (ii) Applicants with asymptomatic sinus pauses up to 2.5 seconds on resting electrocardiography may be assessed as fit if exercise electrocardiography, echocardiography and 24-hour ambulatory ECG are satisfactory.
- (iii) Symptomatic sino-atrial disease should be disqualifying.
- (5) Mobitz type 2 atrio-ventricular block
 - Applicants with Mobitz type 2 AV block should require full cardiological evaluation and may be assessed as fit in the absence of distal conducting tissue disease.
- (6) Complete right bundle branch block
 - Applicants with complete right bundle branch block should require cardiological evaluation on first presentation and subsequently:
 - (i) for initial applicants under age 40, a fit assessment may be considered by the licensing authority. Initial applicants over age 40 should demonstrate a period of stability of 12 months;
 - (ii) for revalidation, a fit assessment may be considered if the applicant is under age 40. A multi-pilot limitation should be applied for 12 months for those over age 40.
- (7) Complete left bundle branch block
 - A fit assessment may be considered by the licensing authority:
 - (i) Initial applicants should demonstrate a 3-year period of stability.
 - (ii) For revalidation, after a 3-year period with a multi-pilot limitation applied, a fit assessment without multi-pilot limitation may be considered.
 - (iii) Investigation of the coronary arteries is necessary for applicants over age 40.
- (8) Ventricular pre-excitation
 - A fit assessment may be considered by the licensing authority:
 - (i) Asymptomatic initial applicants with pre-excitation may be assessed as fit if an electrophysiological study, including adequate drug-induced autonomic stimulation reveals no inducible re-entry tachycardia and the existence of multiple pathways is excluded.
 - (ii) Asymptomatic applicants with pre-excitation may be assessed as fit at revalidation with a multi-pilot limitation.
- (9) Pacemaker
 - Applicants with a subendocardial pacemaker should be assessed as unfit. A fit assessment may be considered at revalidation by the licensing authority no sooner than 3 months after insertion and should require:
 - (i) no other disqualifying condition;
 - (ii) a bipolar lead system, programmed in bipolar mode without automatic mode change of the device;
 - (iii) that the applicant is not pacemaker dependent;
 - (iv) regular follow-up, including a pacemaker check; and
 - (v) a multi-pilot limitation.
- (10) QT prolongation
 - Prolongation of the QT interval on the ECG associated with symptoms should be disqualifying. Asymptomatic applicants require cardiological evaluation for a fit assessment and a multi-pilot limitation may be required.

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CLASS 2

(a) Examination

Exercise electrocardiography

An exercise ECG when required as part of a cardiovascular assessment should be symptom-limited and completed to a minimum of Bruce Stage IV or equivalent.

(b) General

(1) Cardiovascular risk factor assessment

An accumulation of risk factors (smoking, family history, lipid abnormalities, hypertension, etc.) requires cardiovascular evaluation.

(2) Cardiovascular assessment

Reporting of resting and exercise electrocardiograms should be by the AME or an accredited specialist.

(c) Peripheral arterial disease

A fit assessment may be considered for an applicant with peripheral arterial disease, or after surgery for peripheral arterial disease, provided there is no significant functional impairment, any vascular risk factors have been reduced to an appropriate level, the applicant is receiving acceptable secondary prevention treatment, and there is no evidence of myocardial ischaemia.

(d) Aortic aneurysm

(1) Applicants with an aneurysm of the thoracic or abdominal aorta may be assessed as fit, subject to satisfactory cardiological evaluation and regular follow-up.

(2) Applicants may be assessed as fit after surgery for a thoracic or abdominal aortic aneurysm subject to satisfactory cardiological evaluation to exclude the presence of coronary artery disease.

(e) Cardiac valvular abnormalities

(1) Applicants with previously unrecognised cardiac murmurs require further cardiological evaluation.

(2) Applicants with minor cardiac valvular abnormalities may be assessed as fit.

(f) Valvular surgery

(1) Applicants who have undergone cardiac valve replacement or repair may be assessed as fit if post-operative cardiac function and investigations are satisfactory and no anticoagulants are needed.

(2) Where anticoagulation is needed after valvular surgery, a fit assessment with an OSL or OPL limitation may be considered after cardiological review. The review should show that the anticoagulation is stable. Anticoagulation should be considered stable if, within the last 6 months, at least 5 INR values are documented, of which at least 4 are within the INR target range.

(g) Thromboembolic disorders

Arterial or venous thrombosis or pulmonary embolism are disqualifying whilst anticoagulation is being used as treatment. After 6 months of stable anticoagulation as prophylaxis, a fit assessment with an OSL or OPL limitation may be considered after review in consultation with the licensing authority. Anticoagulation should be considered stable if, within the last 6 months, at least 5 INR values are documented, of which at least 4 are within the INR target range. Pulmonary embolus should require full evaluation.

(h) Other cardiac disorders

(1) Applicants with a primary or secondary abnormality of the pericardium, myocardium or endocardium may be assessed as unfit pending satisfactory cardiological evaluation.

(2) Applicants with a congenital abnormality of the heart, including those who have undergone surgical correction, may be assessed as fit subject to satisfactory cardiological assessment. Cardiological follow-up may be necessary and should be determined in consultation with the licensing authority.

(i) Syncope

Applicants with a history of recurrent vasovagal syncope may be assessed as fit after a 6-month period without recurrence, provided that cardiological evaluation is satisfactory. Neurological review may be indicated.

(j) Blood pressure

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

(2) The diagnosis of hypertension requires review of other potential vascular risk factors.

(3) Applicants with symptomatic hypotension should be assessed as unfit.

(4) Anti-hypertensive treatment should be compatible with flight safety.

(5) Following initiation of medication for the control of blood pressure, applicants should be re-assessed to verify that the treatment is compatible with the safe exercise of the privileges of the licence held.

(k) Coronary artery disease

(1) Chest pain of uncertain cause requires full investigation.

(2) In suspected asymptomatic coronary artery disease cardiological evaluation should show no evidence of myocardial ischaemia or significant coronary artery stenosis.

(3) After an ischaemic cardiac event, or revascularisation, applicants without symptoms should have reduced any vascular risk factors to an appropriate level. Medication, when used to control angina pectoris, is not acceptable. All applicants should be on acceptable secondary prevention treatment.

(i) A coronary angiogram obtained around the time of, or during, the ischaemic myocardial event and a complete, detailed clinical report of the ischaemic event and of any operative procedures should be available to the AME.

(A) There should be no stenosis more than 50 % in any major untreated vessel, in any vein or artery graft or at the site of an angioplasty/stent, except in a vessel subtending a myocardial infarction. More than two stenoses between 30 % and 50 % within the vascular tree should not be acceptable.

(B) The whole coronary vascular tree should be assessed as satisfactory and particular attention should be paid to multiple stenoses and/or multiple revascularisations.

(C) An untreated stenosis greater than 30 % in the left main or proximal left anterior descending coronary artery should not be acceptable.

(ii) At least 6 months from the ischaemic myocardial event, including revascularisation, the following investigations should be completed (equivalent tests may be substituted):

(A) an exercise ECG showing neither evidence of myocardial ischaemia nor rhythm disturbance;

(B) an echocardiogram showing satisfactory left ventricular function with no important abnormality of wall motion and a satisfactory left ventricular ejection fraction of 50 % or more;

(C) in cases of angioplasty/stenting, a myocardial perfusion scan or stress echocardiogram which should show no evidence of reversible myocardial ischaemia. If there is doubt about revascularisation in myocardial infarction or bypass grafting, a perfusion scan should also be required;

(D) further investigations, such as a 24-hour ECG, may be necessary to assess the risk of any significant rhythm disturbance.

iii) Periodic follow-up should include cardiological review.

(A) After coronary artery bypass grafting, a myocardial perfusion scan (or satisfactory equivalent test) should be performed if there is any indication, and in all cases within five years from the procedure for a fit assessment without a safety pilot limitation.

(B) In all cases, coronary angiography should be considered at any time if symptoms, signs or non-invasive tests indicate myocardial ischaemia.

(iv) Successful completion of the six month or subsequent review will allow a fit assessment. Applicants may be assessed as fit with a safety pilot limitation having successfully completed only an exercise ECG.

(4) Angina pectoris is disqualifying, whether or not it is abolished by medication.

(I) Rhythm and conduction disturbances

Any significant rhythm or conduction disturbance should require cardiological evaluation and an appropriate follow-up before a fit assessment may be considered. An OSL or OPL limitation should be considered as appropriate.

(1) Ablation

A fit assessment may be considered following successful catheter ablation subject to satisfactory cardiological review undertaken at a minimum of 2 months after the ablation.

(2) Supraventricular arrhythmias

(i) Applicants with significant disturbance of supraventricular rhythm, including sinoatrial dysfunction, whether intermittent or established, may be assessed as fit if cardiological evaluation is satisfactory.

(ii) Applicants with atrial fibrillation/flutter may be assessed as fit if cardiological evaluation is satisfactory.

(iii) Applicants with asymptomatic sinus pauses up to 2.5 seconds on resting electrocardiography may be assessed as fit if cardiological evaluation is satisfactory.

(3) Heart block

(i) Applicants with first degree and Mobitz type 1 AV block may be assessed as fit.

(ii) Applicants with Mobitz type 2 AV block may be assessed as fit in the absence of distal conducting tissue disease.

(4) Complete right bundle branch block

Applicants with complete right bundle branch block may be assessed as fit subject to satisfactory cardiological evaluation.

(5) Complete left bundle branch block

Applicants with complete left bundle branch block may be assessed as fit subject to satisfactory cardiological assessment.

(6) Ventricular pre-excitation

Asymptomatic applicants with ventricular pre-excitation may be assessed as fit subject to satisfactory cardiological evaluation.

(7) Pacemaker

Applicants with a subendocardial pacemaker may be assessed as fit no sooner than 3 months after insertion provided:

(i) there is no other disqualifying condition;

(ii) a bipolar lead system is used, programmed in bipolar mode without automatic mode change of the device;

(iii) the applicant is not pacemaker dependent; and

(iv) the applicant has a regular follow-up, including a pacemaker check.

MED.B.015 Lunge und Atemwege

a) Bewerber mit signifikanter Beeinträchtigung der Lungenfunktion sind als untauglich zu beurteilen. Es kann erwogen werden, sie als tauglich zu beurteilen, sobald die Lungenfunktion wiederhergestellt ist und als zufrieden stellend eingestuft wird.

MED.B.015 Respiratory System

(a) Applicants with significant impairment of pulmonary function shall be assessed as unfit. A fit assessment may be considered once pulmonary function has recovered and is satisfactory.

b) Bei Bewerbern um ein Tauglichkeitszeugnis der Klasse 1 müssen bei der Erstuntersuchung und bei klinischer Indikation Lungenfunktionstests durchgeführt werden.

(b) For a Class 1 medical certificate, applicants are required to undertake pulmonary function tests at the initial examination and on clinical indication.

c) Bei Bewerbern um ein Tauglichkeitszeugnis der Klasse 2 müssen bei klinischer Indikation Lungenfunktionstests durchgeführt werden.

(c) For a Class 2 medical certificate, applicants are required to undertake pulmonary function tests on clinical indication.

d) Bewerber, bei denen ihrer Krankengeschichte oder Diagnose zufolge einer der folgenden Befunde vorliegt oder eine der folgenden Behandlungen durchgeführt wurde:

- (1) Asthma bronchiale, das einer Arzneimitteltherapie bedarf;
- (2) aktive entzündliche Erkrankung von Lunge oder Atemwegen;
- (3) aktive Sarkoidose;
- (4) Pneumothorax;
- (5) Schlaf-Apnoe-Syndrom;
- (6) größerer thoraxchirurgischer Eingriff;
- (7) Pneumektomie

müssen sich einer zufrieden stellenden pneumologischen Beurteilung unterziehen, bevor erwogen werden kann, sie als tauglich zu beurteilen. Bewerber, bei denen einer der unter Absatz 3 und Absatz 5 genannten Befunde vorliegt bzw. bei denen eine der genannten Operationen durchgeführt wurde, müssen sich einer zufrieden stellenden kardiologischen Beurteilung unterziehen, bevor erwogen werden kann, sie als tauglich zu beurteilen.

(d) Applicants with a history or established diagnosis of:

- (1) asthma requiring medication;
- (2) active inflammatory disease of the respiratory system;
- (3) active sarcoidosis;
- (4) pneumothorax;
- (5) sleep apnoea syndrome;
- (6) major thoracic surgery;
- (7) pneumonectomy;

shall undergo respiratory evaluation with a satisfactory result before a fit assessment can be considered. Applicants with an established diagnosis of the conditions specified in (3) and (5) shall undergo satisfactory cardiological evaluation before a fit assessment can be considered.

e) Flugmedizinische Beurteilung:

- (1) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden, wenn bei ihnen einer der unter Buchstabe

d genannten Befunde vorliegt bzw. eine der genannten Operationen durchgeführt wurde;

(2) Bewerber um ein Tauglichkeitszeugnis der Klasse 2 müssen in Konsultation mit der Genehmigungsbehörde einer Beurteilung unterzogen werden, wenn bei ihnen einer der unter Buchstabe d genannten Befunde vorliegt bzw. eine der genannten Operationen durchgeführt wurde.

(e) Aero-medical assessment:

(1) applicants for a Class 1 medical certificate with any of the conditions detailed in (d) above shall be referred to the licensing authority;

(2) applicants for a Class 2 medical certificate with any of the conditions detailed in (d) above shall be assessed in consultation with the licensing authority.

f) Bewerber um ein Tauglichkeitszeugnis der Klasse 1, bei denen eine vollständige Pneumektomie vorgenommen wurde, sind als untauglich zu beurteilen.

(f) Applicants for a Class 1 medical certificate who have undergone a total pneumonectomy shall be assessed as unfit.

AMC1 MED.B.015 Respiratory system

CLASS 1

(a) Examination

(1) Spirometry

Spirometric examination is required for initial examination. An FEV1/FVC ratio less than 70 % at initial examination should require evaluation by a specialist in respiratory disease.

(2) Chest radiography

Posterior/anterior chest radiography may be required at initial, revalidation or renewal examinations when indicated on clinical or epidemiological grounds.

(b) Chronic obstructive airways disease

Applicants with chronic obstructive airways disease should be assessed as unfit. Applicants with only minor impairment of their pulmonary function may be assessed as fit.

(c) Asthma

Applicants with asthma requiring medication or experiencing recurrent attacks of asthma may be assessed as fit if the asthma is considered stable with satisfactory pulmonary function tests and medication is compatible with flight safety. Systemic steroids are disqualifying.

(d) Inflammatory disease

For applicants with active inflammatory disease of the respiratory system a fit assessment may be considered when the condition has resolved without sequelae and no medication is required.

(e) Sarcoidosis

(1) Applicants with active sarcoidosis should be assessed as unfit. Investigation should be undertaken with respect to the possibility of systemic, particularly cardiac, involvement. A fit assessment may be considered if no medication is required, and the disease is investigated and shown to be limited to hilar lymphadenopathy and inactive.

(2) Applicants with cardiac sarcoid should be assessed as unfit.

(f) Pneumothorax

- (1) Applicants with a spontaneous pneumothorax should be assessed as unfit. A fit assessment may be considered if respiratory evaluation is satisfactory:
 - (i) 1 year following full recovery from a single spontaneous pneumothorax;
 - (ii) at revalidation, 6 weeks following full recovery from a single spontaneous pneumothorax, with a multi-pilot limitation;
 - (iii) following surgical intervention in the case of a recurrent pneumothorax provided there is satisfactory recovery.
- (2) A recurrent spontaneous pneumothorax that has not been surgically treated is disqualifying.
- (3) A fit assessment following full recovery from a traumatic pneumothorax as a result of an accident or injury may be acceptable once full absorption of the pneumothorax is demonstrated.

(g) Thoracic surgery

- (1) Applicants requiring major thoracic surgery should be assessed as unfit for a minimum of 3 months following operation or until such time as the effects of the operation are no longer likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (2) A fit assessment following lesser chest surgery may be considered by the licensing authority after satisfactory recovery and full respiratory evaluation.

(h) Sleep apnoea syndrome/sleep disorder

Applicants with unsatisfactorily treated sleep apnoea syndrome should be assessed as unfit.

CLASS 2

(a) Chest radiography

Posterior/anterior chest radiography may be required if indicated on clinical grounds.

(b) Chronic obstructive airways disease

Applicants with only minor impairment of pulmonary function may be assessed as fit.

(c) Asthma

Applicants with asthma may be assessed as fit if the asthma is considered stable with satisfactory pulmonary function tests and medication is compatible with flight safety. Systemic steroids should be disqualifying.

(d) Inflammatory disease

Applicants with active inflammatory disease of the respiratory system should be assessed as unfit pending resolution of the condition.

(e) Sarcoidosis

- (1) Applicants with active sarcoidosis should be assessed as unfit. Investigation should be undertaken with respect to the possibility of systemic involvement. A fit assessment may be considered once the disease is inactive.
- (2) Applicants with cardiac sarcoid should be assessed as unfit.

(f) Pneumothorax

- (1) Applicants with spontaneous pneumothorax should be assessed as unfit. A fit assessment may be considered if respiratory evaluation is satisfactory six weeks following full recovery from a single spontaneous pneumothorax or following recovery from surgical intervention in the case of treatment for a recurrent pneumothorax.

(2) A fit assessment following full recovery from a traumatic pneumothorax as a result of an accident or injury may be acceptable once full absorption of the pneumothorax is demonstrated.

(g) Thoracic surgery

Applicants requiring major thoracic surgery should be assessed as unfit until such time as the effects of the operation are no longer likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(h) Sleep apnoea syndrome

Applicants with unsatisfactorily treated sleep apnoea syndrome should be assessed as unfit.

MED.B.020 Verdauungssystem

a) Bewerber dürfen weder funktionelle noch organische Störungen des Magen-Darm-Traktes oder seiner Adnexe aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.020 Digestive System

(a) Applicants shall not possess any functional or structural disease of the gastro-intestinal tract or its adnexa which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

b) Bewerber mit Erkrankungs- oder Operationsfolgen im Bereich des Magen-Darm-Traktes oder seiner Adnexe, die während eines Fluges Handlungsunfähigkeit verursachen können, insbesondere Obstruktionen durch Striktur oder Kompression, sind als untauglich zu beurteilen.

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

c) Bewerber dürfen keine Hernien aufweisen, die zu Handlungsunfähigkeit führen können.

(c) Applicants shall be free from herniae that might give rise to incapacitating symptoms.

d) Bewerber mit Störungen oder Operationen des Magen-Darm-Traktes, darunter:

(1) rezidivierende dyspeptische Funktionsstörungen, die einer Arzneimitteltherapie bedürfen;

(2) Pankreatitis;

(3) symptomatische Gallensteine;

(4) nachgewiesene oder anamnestische chronisch-entzündliche Darmerkrankung;

(5) Operation des Verdauungstraktes oder seiner Adnexe mit Ektomie, Resektion oder Umleitung eines dieser Organe

sind als untauglich zu beurteilen. Nach erfolgreicher Behandlung oder nach vollständiger Genesung nach einem chirurgischen Eingriff und vorbehaltlich einer zufrieden stellenden gastroenterologischen Beurteilung kann erwogen werden, sie als tauglich zu beurteilen.

(d) Applicants with disorders of the gastro-intestinal system including:

(1) recurrent dyspeptic disorder requiring medication;

(2) pancreatitis;

(3) symptomatic gallstones;

(4) an established diagnosis or history of chronic inflammatory bowel disease;

(5) after surgical operation on the digestive tract or its adnexa, including surgery involving total or partial excision or a diversion of any of these organs; shall be assessed as unfit. A fit assessment may be considered after successful treatment or full recovery after surgery and subject to satisfactory gastroenterological evaluation.

e) Flugmedizinische Beurteilung:

- (1) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde überwiesen werden, wenn bei ihnen einer der in Absatz 2, Absatz 4 und Absatz 5 genannten Befunde vorliegt bzw. eine der genannten Operationen durchgeführt wurde;
- (2) Die Beurteilung der Tauglichkeit von Bewerbern um ein Tauglichkeitszeugnis der Klasse 2, die eine Pankreatitis aufweisen, muss in Konsultation mit der Genehmigungsbehörde erfolgen.

(e) Aero-medical assessment:

- (1) applicants for a Class 1 medical certificate with the diagnosis of the conditions specified in (2), (4) and (5) shall be referred to the licensing authority;
- (2) fitness of Class 2 applicants with pancreatitis shall be assessed in consultation with the licensing authority.

AMC1 MED.B.020 Digestive system

CLASS 1

(a) Oesophageal varices

Applicants with oesophageal varices should be assessed as unfit.

(b) Pancreatitis

Applicants with pancreatitis should be assessed as unfit pending assessment. A fit assessment may be considered if the cause (e.g. gallstone, other obstruction, medication) is removed.

(c) Gallstones

- (1) Applicants with a single asymptomatic large gallstone discovered incidentally maybe assessed as fit if not likely to cause incapacitation in flight.
- (2) An applicant with asymptomatic multiple gallstones may be assessed as fit with a multi-pilot limitation.

(d) Inflammatory bowel disease

Applicants with an established diagnosis or history of chronic inflammatory bowel disease should be assessed as fit if the inflammatory bowel disease is in established remission and stable and that systemic steroids are not required for its control.

(e) Peptic ulceration

Applicants with peptic ulceration should be assessed as unfit pending full recovery and demonstrated healing.

(f) Abdominal surgery

- (1) Abdominal surgery is disqualifying for a minimum of 3 months. An earlier fit assessment may be considered if recovery is complete, the applicant is asymptomatic and there is only a minimal risk of secondary complication or recurrence.

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

CLASS 2

(a) Oesophageal varices

Applicants with oesophageal varices should be assessed as unfit.

(b) Pancreatitis

Applicants with pancreatitis should be assessed as unfit pending satisfactory recovery.

(c) Gallstones

(1) Applicants with a single asymptomatic large gallstone or asymptomatic multiple gallstones may be assessed as fit.

(2) Applicants with symptomatic single or multiple gallstones should be assessed as unfit. A fit assessment may be considered following gallstone removal.

(d) Inflammatory bowel disease

Applicants with an established diagnosis or history of chronic inflammatory bowel disease may be assessed as fit provided that the disease is stable and not likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(e) Peptic ulceration

Applicants with peptic ulceration should be assessed as unfit pending full recovery.

(f) Abdominal surgery

(1) Abdominal surgery is disqualifying. A fit assessment may be considered if recovery is complete, the applicant is asymptomatic and there is only a minimal risk of secondary complication or recurrence.

(2) Applicants who have undergone a surgical operation on the digestive tract or its adnexa, involving a total or partial excision or a diversion of any of these organs, should be assessed as unfit until such time as the effects of the operation are no longer likely to interfere with the safe exercise of the privileges of the applicable licence(s).

MED.B.025 Stoffwechsel und endokrines System

a) Bewerber dürfen weder funktionelle noch organische Stoffwechsel-, Ernährungs- oder endokrine Störungen aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.025 Metabolic and Endocrine Systems

(a) Applicants shall not possess any functional or structural metabolic, nutritional or endocrine disorder which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

b) Bewerber mit Stoffwechsel-, Ernährungs- oder endokrinen Funktionsstörungen können als tauglich beurteilt werden, sofern die Störung nachweislich stabil ist und eine zufrieden stellende flugmedizinische Beurteilung vorliegt.

(b) Applicants with metabolic, nutritional or endocrine dysfunction may be assessed as fit subject to demonstrated stability of the condition and satisfactory aero-medical evaluation.

c) Diabetes mellitus

- (1) Bewerber mit insulinpflichtigem Diabetes mellitus sind als untauglich zu beurteilen.
- (2) Bewerber mit nicht insulinpflichtigem Diabetes mellitus sind als untauglich zu beurteilen, es sei denn, es kann eine erfolgreiche Einstellung des Blutzuckerspiegels nachgewiesen werden.

(c) Diabetes mellitus

- (1) Applicants with diabetes mellitus requiring insulin shall be assessed as unfit.
- (2) Applicants with diabetes mellitus not requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved.

d) Flugmedizinische Beurteilung:

- (1) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden, wenn sie zur Einstellung ihres Blutzuckerspiegels andere Medikamente als Insulin einnehmen müssen.
- (2) Die Beurteilung der Tauglichkeit von Bewerbern um ein Tauglichkeitszeugnis der Klasse 2, die zur Einstellung ihres Blutzuckerspiegels andere Medikamente als Insulin einnehmen müssen, muss in Konsultation mit der Genehmigungsbehörde erfolgen.

(d) Aero-medical assessment:

- (1) applicants for a Class 1 medical certificate requiring medication other than insulin for blood sugar control shall be referred to the licensing authority;
- (2) fitness of Class 2 applicants requiring medication other than insulin for blood sugar control shall be assessed in consultation with the licensing authority.

AMC1 MED.B.025 Metabolic and endocrine systems

CLASS 1

(a) Metabolic, nutritional or endocrine dysfunction

Applicants with metabolic, nutritional or endocrine dysfunction may be assessed as fit if the condition is asymptomatic, clinically compensated and stable with or without replacement therapy, and regularly reviewed by an appropriate specialist.

(b) Obesity

Applicants with a Body Mass Index ≥ 35 may be assessed as fit only if the excess weight is not likely to interfere with the safe exercise of the applicable licence(s) and a satisfactory cardiovascular risk review has been undertaken.

(c) Addison's disease

Addison's disease is disqualifying. A fit assessment may be considered, provided that cortisone is carried and available for use whilst exercising the privileges of the licence(s). Applicants may be assessed as fit with a multi-pilot limitation.

(d) Gout

Applicants with acute gout should be assessed as unfit. A fit assessment may be considered once asymptomatic, after cessation of treatment or the condition is stabilised on anti-hyperuricaemic therapy.

(e) Thyroid dysfunction

Applicants with hyperthyroidism or hypothyroidism should be assessed as unfit. A fit assessment may be considered when a stable euthyroid state is attained.

(f) Abnormal glucose metabolism

Glycosuria and abnormal blood glucose levels require investigation. A fit assessment may be considered if normal glucose tolerance is demonstrated (low renal threshold) or impaired glucose tolerance without diabetic pathology is fully controlled by diet and regularly reviewed.

(g) Diabetes mellitus

Subject to good control of blood sugar with no hypoglycaemic episodes:

- (1) applicants with diabetes mellitus not requiring medication may be assessed as fit;
- (2) the use of antidiabetic medications that are not likely to cause hypoglycaemia may be acceptable for a fit assessment with a multi-pilot limitation.

CLASS 2

(a) Metabolic, nutritional or endocrine dysfunction

Metabolic, nutritional or endocrine dysfunction is disqualifying. A fit assessment may be considered if the condition is asymptomatic, clinically compensated and stable.

(b) Obesity

Obese applicants may be assessed as fit only if the excess weight is not likely to interfere with the safe exercise of the applicable licence(s).

(c) Addison's disease

Applicants with Addison's disease may be assessed as fit provided that cortisone is carried and available for use whilst exercising the privileges of the licence.

(d) Gout

Applicants with acute gout should be assessed as unfit until asymptomatic.

(e) Thyroid dysfunction

Applicants with thyroid disease may be assessed as fit once a stable euthyroid state is attained.

(f) Abnormal glucose metabolism

Glycosuria and abnormal blood glucose levels require investigation. A fit assessment may be considered if normal glucose tolerance is demonstrated (low renal threshold) or impaired glucose tolerance is fully controlled by diet and regularly reviewed.

(g) Diabetes mellitus

Applicants with diabetes mellitus may be assessed as fit. The use of antidiabetic medications that are not likely to cause hypoglycaemia may be acceptable.

MED.B.030 Hämatologie

a) Bewerber dürfen keine hämatologischen Erkrankungen aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.030 Haematology

(a) Applicants shall not possess any haematological disease which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

b) Für Tauglichkeitszeugnisse der Klasse 1 ist bei jeder zum Zwecke der Ausstellung eines Tauglichkeitszeugnisses durchgeführten Untersuchung der Hämoglobinwert zu bestimmen.

(b) For a Class 1 medical certificate, haemoglobin shall be tested at each examination for the issue of a medical certificate.

c) Bewerber mit einer hämatologischen Erkrankung wie

- (1) Blutgerinnungs-, Blutungs- oder thrombotischen Störungen;
- (2) chronische Leukämie

können vorbehaltlich einer zufrieden stellenden flugmedizinischen Beurteilung als tauglich beurteilt werden.

(c) Applicants with a haematological condition, such as:

- (1) coagulation, haemorrhagic or thrombotic disorder;
- (2) chronic leukaemia;

may be assessed as fit subject to satisfactory aeromedical evaluation.

d) Flugmedizinische Beurteilung:

(1) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden, wenn bei ihnen einer der unter Buchstabe c genannten Befunde vorliegt;

(2) Die Beurteilung der Tauglichkeit von Bewerbern um ein Tauglichkeitszeugnis der Klasse 2, bei denen einer der unter Buchstabe b genannten Befunde vorliegt, muss in Konsultation mit der Genehmigungsbehörde erfolgen.

(d) Aero-medical assessment:

(1) applicants for a Class 1 medical certificate with one of the conditions specified in (c) above shall be referred to the licensing authority;

(2) fitness of Class 2 applicants with one of the conditions specified in (c) above shall be assessed in consultation with the licensing authority.

e) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden, wenn bei ihnen eine der folgenden hämatologischen Erkrankungen vorliegt:

(1) von der Norm abweichende Hämoglobinwerte, darunter Anämie, Polyzythämie oder Hämoglobinopathie;

(2) signifikante Vergrößerung der Lymphknoten;

(3) Vergrößerung der Milz.

(e) Class 1 applicants with one of the haematological conditions specified below shall be referred to the licensing authority:

(1) abnormal haemoglobin, including, but not limited to anaemia, polycythaemia or haemoglobinopathy;

(2) significant lymphatic enlargement;

(3) enlargement of the spleen.

AMC1 MED.B.030 Haematology

CLASS 1

(a) Abnormal haemoglobin

Applicants with abnormal haemoglobin should be investigated.

(b) Anaemia

- (1) Applicants with anaemia demonstrated by a reduced haemoglobin level or haematocrit less than 32 % should be assessed as unfit and require investigation. A fit assessment may be considered in cases where the primary cause has been treated (e.g. iron or B12 deficiency) and the haemoglobin or haematocrit has stabilised at a satisfactory level.

(2) Anaemia which is unamenable to treatment is disqualifying.

(c) Polycythaemia

Applicants with polycythaemia should be assessed as unfit and require investigation. A fit assessment with a multi-pilot limitation may be considered if the condition is stable and no associated pathology is demonstrated.

(d) Haemoglobinopathy

(1) Applicants with a haemoglobinopathy should be assessed as unfit. A fit assessment may be considered where minor thalassaemia or other haemoglobinopathy is diagnosed without a history of crises and where full functional capability is demonstrated. The haemoglobin level should be satisfactory.

(2) Applicants with sickle cell disease should be assessed as unfit.

(e) Coagulation disorders

Applicants with a coagulation disorder should be assessed as unfit. A fit assessment may be considered if there is no history of significant bleeding episodes.

(f) Haemorrhagic disorders

Applicants with a haemorrhagic disorder require investigation. A fit assessment with a multi-pilot limitation may be considered if there is no history of significant bleeding.

(g) Thrombo-embolic disorders

(1) Applicants with a thrombotic disorder require investigation. A fit assessment with a multi-pilot limitation may be considered if there is no history of significant clotting episodes.

(2) An arterial embolus is disqualifying.

(h) Disorders of the lymphatic system

Applicants with significant localised and generalised enlargement of the lymphatic glands and diseases of the blood should be assessed as unfit and require investigation. A fit assessment may be considered in cases of an acute infectious process which is fully recovered or Hodgkin's lymphoma or other lymphoid malignancy which has been treated and is in full remission.

(i) Leukaemia

(1) Applicants with acute leukaemia should be assessed as unfit. Once in established remission, applicants may be assessed as fit.

(2) Applicants with chronic leukaemia should be assessed as unfit. After a period of demonstrated stability a fit assessment may be considered.

(3) Applicants with a history of leukaemia should have no history of central nervous system involvement and no continuing side-effects from treatment of flight safety importance. Haemoglobin and platelet levels should be satisfactory. Regular follow-up is required.

(j) Splenomegaly

Applicants with splenomegaly should be assessed as unfit and require investigation. A fit assessment may be considered when the enlargement is minimal, stable and no associated pathology is demonstrated, or if the enlargement is minimal and associated with another acceptable condition.

CLASS 2

(a) Abnormal haemoglobin

Haemoglobin should be tested when clinically indicated.

(b) Anaemia

Applicants with anaemia demonstrated by a reduced haemoglobin level or low haematocrit may be assessed as fit once the primary cause has been treated and the haemoglobin or haematocrit has stabilised at a satisfactory level.

(c) Polycythaemia

Applicants with polycythaemia may be assessed as fit if the condition is stable and no associated pathology is demonstrated.

(d) Haemoglobinopathy

Applicants with a haemoglobinopathy may be assessed as fit if minor thalassaemia or other haemoglobinopathy is diagnosed without a history of crises and where full functional capability is demonstrated.

(e) Coagulation and haemorrhagic disorders

Applicants with a coagulation or haemorrhagic disorder may be assessed as fit if there is no likelihood of significant bleeding.

(f) Thrombo-embolic disorders

Applicants with a thrombotic disorder may be assessed as fit if there is no likelihood of significant clotting episodes.

(g) Disorders of the lymphatic system

Applicants with significant enlargement of the lymphatic glands or haematological disease may be assessed as fit if the condition is unlikely to interfere with the safe exercise of the privileges of the applicable licence(s). Applicants may be assessed as fit in cases of acute infectious process which is fully recovered or Hodgkin's lymphoma or other lymphoid malignancy which has been treated and is in full remission.

(h) Leukaemia

(1) Applicants with acute leukaemia may be assessed as fit once in established remission.

(2) Applicants with chronic leukaemia may be assessed as fit after a period of demonstrated stability.

(3) In cases (1) and (2) above there should be no history of central nervous system involvement and no continuing side effects from treatment of flight safety importance. Haemoglobin and platelet levels should be satisfactory. Regular follow-up is required.

(i) Splenomegaly

Applicants with splenomegaly may be assessed as fit if the enlargement is minimal, stable and no associated pathology is demonstrated, or if the enlargement is minimal and associated with another acceptable condition.

MED.B.035 Urogenitalsystem

a) Bewerber dürfen weder funktionelle noch organische Störungen der Nieren, des Harntraktes, der Geschlechtsorgane oder deren Adnexe aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.035 Genitourinary System

(a) Applicants shall not possess any functional or structural disease of the renal or genitourinary system or its adnexa which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

b) Bei jeder flugmedizinischen Untersuchung ist eine Urinanalyse durchzuführen. Bei der Urinanalyse dürfen keine als pathologisch signifikant geltenden Normabweichungen auftreten.

(b) Urinalysis shall form part of every aero-medical examination. The urine shall contain no abnormal element considered to be of pathological significance.

c) Bewerber mit Erkrankungs- oder Operationsfolgen im Bereich der Nieren oder des Harntrakts, die Handlungsunfähigkeit verursachen können, insbesondere Obstruktionen durch Striktur oder Kompression, sind als untauglich zu beurteilen.

(c) Applicants with any sequela of disease or surgical procedures on the kidneys or the urinary tract likely to cause incapacitation, in particular any obstruction due to stricture or compression shall be assessed as unfit.

d) Bewerber mit einer urogenitalen Erkrankung wie

(1) Nierenerkrankung;

(2) Harnstein(e) oder anamnestische Nierenkolik

können vorbehaltlich einer zufrieden stellenden Beurteilung der Nieren/des Harntrakts als tauglich beurteilt werden.

(d) Applicants with a genitourinary disorder, such as:

(1) renal disease;

(2) one or more urinary calculi, or a history of renal colic;

may be assessed as fit subject to satisfactory renal/urological evaluation.

AMC1 MED.B.035 Genitourinary system

CLASS1

(a) Abnormal urinalysis

Investigation is required if there is any abnormal finding on urinalysis.

(b) Renal disease

(1) Applicants presenting with any signs of renal disease should be assessed as unfit. A fit assessment may be considered if blood pressure is satisfactory and renal function is acceptable.

(2) The requirement for dialysis is disqualifying.

(c) Urinary calculi

(1) Applicants with an asymptomatic calculus or a history of renal colic require investigation.

(2) Applicants presenting with one or more urinary calculi should be assessed as unfit and require investigation.

(3) A fit assessment with a multi-pilot limitation may be considered whilst awaiting assessment or treatment.

(4) A fit assessment without multi-pilot limitation may be considered after successful treatment for a calculus.

(5) With residual calculi, a fit assessment with a multi-pilot limitation may be considered

(d) Renal/urological surgery

- (1) Applicants who have undergone a major surgical operation on the urinary tract or the urinary apparatus involving a total or partial excision or a diversion of any of its organs should be assessed as unfit for a minimum period of 3 months or until such time as the effects of the operation are no longer likely to cause incapacity in flight. After other urological surgery, a fit assessment may be considered if the applicant is completely asymptomatic and there is minimal risk of secondary complication or recurrence.
- (2) An applicant with compensated nephrectomy without hypertension or uraemia may be considered for a fit assessment.
- (3) Applicants who have undergone renal transplantation may be considered for a fit assessment if it is fully compensated and tolerated with only minimal immuno-suppressive therapy after at least 12 months. Applicants may be assessed as fit with a multi-pilot limitation.
- (4) Applicants who have undergone total cystectomy may be considered for a fit assessment if there is satisfactory urinary function, no infection and no recurrence of primary pathology. Applicants may be assessed as fit with a multi-pilot limitation.

CLASS 2

(a) Renal disease

Applicants presenting with renal disease may be assessed as fit if blood pressure is satisfactory and renal function is acceptable. The requirement for dialysis is disqualifying.

(b) Urinary calculi

- (1) Applicants presenting with one or more urinary calculi should be assessed as unfit.
- (2) Applicants with an asymptomatic calculus or a history of renal colic require investigation.
- (3) While awaiting assessment or treatment, a fit assessment with a safety pilot limitation may be considered.
- (4) After successful treatment the applicant may be assessed as fit.
- (5) Applicants with parenchymal residual calculi may be assessed as fit.

(c) Renal/urological surgery

- (1) Applicants who have undergone a major surgical operation on the urinary tract or the urinary apparatus involving a total or partial excision or a diversion of any of its organs should be assessed as unfit until such time as the effects of the operation are no longer likely to cause incapacity in flight. After other urological surgery, a fit assessment may be considered if the applicant is completely asymptomatic, there is minimal risk of secondary complication or recurrence presenting with renal disease, if blood pressure is satisfactory and renal function is acceptable. The requirement for dialysis is disqualifying.
- (2) An applicant with compensated nephrectomy without hypertension or uraemia may be assessed as fit.
- (3) Applicants who have undergone renal transplantation may be considered for a fit assessment if it is fully compensated and with only minimal immuno-suppressive therapy.
- (4) Applicants who have undergone total cystectomy may be considered for a fit assessment if there is satisfactory urinary function, no infection and no recurrence of primary pathology.

e) Bewerber, bei denen eine größere Operation des Harntraktes mit Ektomie, Resektion oder Umleitung von Organen durchgeführt wurde, müssen als untauglich beurteilt und nach vollständiger Genesung neu beurteilt werden, bevor erwogen werden kann, sie als tauglich zu beurteilen. Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen zur Neubeurteilung an die Genehmigungsbehörde verwiesen werden.

(e) Applicants who have undergone a major surgical operation in the urinary apparatus involving a total or partial excision or a diversion of its organs shall be assessed as unfit and be re-assessed after full recovery before a fit assessment can be considered. Applicants for a Class 1 medical certificate shall be referred to the licensing authority for the re-assessment.

MED.B.040 Infektionskrankheiten

a) Bewerber dürfen ihrer Krankengeschichte oder klinischen Diagnose zufolge keine Infektionskrankheiten aufweisen, die die sichere Ausübung der mit der geltenden Lizenz verbundenen Rechte beeinträchtigen können.

MED.B.040 Infectious Disease

(a) Applicants shall have no established medical history or clinical diagnosis of any infectious disease which is likely to interfere with the safe exercise of the privileges of the applicable licence held.

b) Bewerber mit positivem HIV-Befund können vorbehaltlich einer zufrieden stellenden flugmedizinischen Beurteilung als tauglich beurteilt werden. Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden.

(b) Applicants who are HIV positive may be assessed as fit subject to satisfactory aero-medical evaluation. Applicants for a Class 1 medical certificate shall be referred to the licensing authority.

AMC1 MED.B.040 Infectious disease

CLASS 1

(a) Infectious disease General

In cases of infectious disease, consideration should be given to a history of, or clinical signs indicating, underlying impairment of the immune system.

(b) Tuberculosis

Applicants with active tuberculosis should be assessed as unfit. A fit assessment may be considered following completion of therapy.

(c) Syphilis

Acute syphilis is disqualifying. A fit assessment may be considered in the case of those fully treated and recovered from the primary and secondary stages.

(d) HIV infection

(1) HIV positivity is disqualifying. A fit assessment with a multi-pilot limitation may be considered for individuals with stable, non-progressive disease. Frequent review is required.

(2) The occurrence of AIDS or AIDS-related complex is disqualifying.

(e) Infectious hepatitis

Infectious hepatitis is disqualifying. A fit assessment may be considered after full recovery.

CLASS 2

(a) Tuberculosis

Applicants with active tuberculosis should be assessed as unfit until completion of therapy.

(b) HIV infection

A fit assessment may be considered for HIV positive individuals with stable, non-progressive disease if full investigation provides no evidence of HIV-associated diseases that might give rise to incapacitating symptoms.

MED.B.045 Geburtshilfe und Gynäkologie

a) Bewerberinnen dürfen weder funktionelle noch organische Störungen geburtshilflicher oder gynäkologischer Art aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.045 Obstetrics and Gynaecology

(a) Applicants shall not possess any functional or structural obstetric or gynaecological condition which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

b) Bewerberinnen, bei denen eine größere gynäkologische Operation durchgeführt wurde, sind bis zur vollständigen Genesung als untauglich zu beurteilen.

(b) Applicants who have undergone a major gynaecological operation shall be assessed as unfit until full recovery.

c) Schwangerschaft

(1) Wenn das flugmedizinische Zentrum oder der flugmedizinische Sachverständige der Ansicht ist, dass eine schwangere Lizenzinhaberin für die Ausübung ihrer Rechte tauglich ist, muss die Gültigkeitsdauer des Tauglichkeitszeugnisses bis zum Ende der 26. Schwangerschaftswoche begrenzt werden. Nach diesem Zeitpunkt ist das Zeugnis auszusetzen. Nach der vollständigen Genesung nach Ende der Schwangerschaft ist diese Aussetzung wieder aufzuheben.

(2) Inhaberinnen eines Tauglichkeitszeugnisses der Klasse 1 dürfen die mit ihrer/ihren Lizenz(en) verbundenen Rechte bis zur 26. Schwangerschaftswoche nur mit der Einschränkung OML ausüben. Ungeachtet der Bestimmungen gemäß MED.B.001 kann die Einschränkung OML in diesem Fall vom flugmedizinischen Zentrum oder vom flugmedizinischen Sachverständigen auferlegt und aufgehoben werden.

(c) Pregnancy

(1) In the case of pregnancy, if the AeMC or AME considers that the licence holder is fit to exercise her privileges, he/she shall limit the validity period of the medical certificate to the end of the 26th week of gestation. After this point, the certificate shall be suspended. The suspension shall be lifted after full recovery following the end of the pregnancy.

(2) Holders of Class 1 medical certificates shall only exercise the privileges of their licences until the 26th week of gestation with an OML. Notwithstanding MED. B.001 in this case, the OML may be imposed and removed by the AeMC or AME.

AMC1 MED.B.045 Obstetrics and gynaecology

CLASS 1

(a) Gynaecological surgery

An applicant who has undergone a major gynaecological operation should be assessed as unfit for a period of 3 months or until such time as the effects of the operation are not likely to interfere with the safe exercise of the privileges of the licence(s) if the holder is completely asymptomatic and there is only a minimal risk of secondary complication or recurrence.

(b) Severe menstrual disturbances

An applicant with a history of severe menstrual disturbances unamenable to treatment should be assessed as unfit.

(c) Pregnancy

- (1) A pregnant licence holder may be assessed as fit with a multi-pilot limitation during the first 26 weeks of gestation, following review of the obstetric evaluation by the AeMC or AME who should inform the licensing authority.
- (2) The AeMC or AME should provide written advice to the applicant and the supervising physician regarding potentially significant complications of pregnancy.

CLASS 2

(a) Gynaecological surgery

An applicant who has undergone a major gynaecological operation should be assessed as unfit until such time as the effects of the operation are not likely to interfere with the safe exercise of the privileges of the licence(s).

(b) Pregnancy

- (1) A pregnant licence holder may be assessed as fit during the first 26 weeks of gestation following satisfactory obstetric evaluation.
- (2) Licence privileges may be resumed upon satisfactory confirmation of full recovery following confinement or termination of pregnancy.

MED.B.050 Bewegungsapparat

a) Bewerber dürfen weder angeborene noch erworbene Veränderungen der Knochen, Gelenke, Muskeln und Sehnen aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.050 Musculoskeletal System

(a) Applicants shall not possess any abnormality of the bones, joints, muscles or tendons, congenital or acquired which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

b) Bewerber müssen für die sichere Ausübung ihrer mit der/den geltenden Lizenz(en) verbundenen Rechte über eine ausreichende Körpergröße in sitzender Position, über eine ausreichende Länge von Armen und Beinen und über ausreichend Muskelkraft verfügen.

(b) An applicant shall have sufficient sitting height, arm and leg length and muscular strength for the safe exercise of the privileges of the applicable licence(s).

c) Bewerber müssen über eine ausreichende Funktion des Bewegungsapparats verfügen, um die mit der/den geltenden Lizenz(en) verbundenen Rechte sicher ausüben zu können. Die Beurteilung der Tauglichkeit von Bewerbern muss in Konsultation mit der Genehmigungsbehörde erfolgen.

(c) An applicant shall have satisfactory functional use of the musculoskeletal system to enable the safe exercise of the privileges of the applicable licence(s). Fitness of the applicants shall be assessed in consultation with the licensing authority.

AMC1 MED.B.050 Musculoskeletal system

CLASS1

(a) An applicant with any significant sequela from disease, injury or congenital abnormality affecting the bones, joints, muscles or tendons with or without surgery requires full evaluation prior to a fit assessment.

(b) In cases of limb deficiency, a fit assessment may be considered following a satisfactory medical flight test or simulator testing.

(c) An applicant with inflammatory, infiltrative, traumatic or degenerative disease of the musculoskeletal system may be assessed as fit provided the condition is in remission and the applicant is taking no disqualifying medication and has satisfactorily completed a medical flight or simulator flight test. A limitation to specified aircraft type(s) may be required.

(d) Abnormal physique, including obesity, or muscular weakness may require medical flight or flight simulator testing. Particular attention should be paid to emergency procedures and evacuation. A limitation to specified aircraft type(s) may be required.

CLASS 2

(a) An applicant with any significant sequela from disease, injury or congenital abnormality affecting the bones, joints, muscles or tendons with or without surgery should require full evaluation prior to fit assessment.

(b) In cases of limb deficiency, a fit assessment may be considered following a satisfactory medical flight test.

(c) An applicant with inflammatory, infiltrative, traumatic or degenerative disease of the musculoskeletal system may be assessed as fit, provided the condition is in remission and the applicant is taking no disqualifying medication and has satisfactorily completed a medical flight test. A limitation to specified aircraft type(s) may be required.

(d) Abnormal physique or muscular weakness may require a satisfactory medical flight test. A limitation to specified aircraft type(s) may be required.

MED.B.055 Psychiatrie

a) Bewerber dürfen ihrer Krankengeschichte oder klinischen Diagnose zufolge weder angeborene noch erworbene akute oder chronische psychiatrische Erkrankungen, Behinderungen, Abweichungen oder Störungen aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.055 Psychiatry

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

b) Bewerber mit psychischen Störungen oder Verhaltensstörungen, die durch Alkoholmissbrauch oder den Gebrauch bzw. Missbrauch von psychotropen Substanzen bedingt sind, sind bis zur Genesung und Einstellung des Substanzmissbrauchs und vorbehaltlich einer zufrieden stellenden psychiatrischen Beurteilung nach erfolgreicher Behandlung als untauglich zu beurteilen. Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden. Die Beurteilung der Tauglichkeit von Bewerbern um ein Tauglichkeitszeugnis der Klasse 2 muss in Konsultation mit der Genehmigungsbehörde erfolgen.

(b) Applicants with a mental or behavioural disorder due to alcohol or other use or abuse of psychotropic substances shall be assessed as unfit pending recovery and freedom from substance use and subject to satisfactory psychiatric evaluation after successful treatment. Applicants for a Class 1 medical certificate shall be referred to the licensing authority. Fitness of Class 2 applicants shall be assessed in consultation with the licensing authority.

c) Bewerber mit einem psychiatrischen Leiden wie

- (1) affektive Störungen;
- (2) neurotische Störungen;
- (3) Persönlichkeitsstörungen;
- (4) psychische Störungen und Verhaltensstörungen

müssen einer zufrieden stellenden psychiatrischen Beurteilung unterzogen werden, bevor erwogen werden kann, sie als tauglich zu beurteilen.

(c) Applicants with a psychiatric condition such as:

- (1) mood disorder;
- (2) neurotic disorder;
- (3) personality disorder;
- (4) mental or behavioural disorder;

shall undergo satisfactory psychiatric evaluation before a fit assessment can be made.

d) Bewerber mit einmaliger oder mehrmaliger vorsätzlicher Selbstbeschädigung in der Krankengeschichte sind als untauglich zu beurteilen. Bewerber müssen einer zufrieden stellenden psychiatrischen Beurteilung unterzogen werden, bevor erwogen werden kann, sie als tauglich zu beurteilen.

(d) Applicants with a history of a single or repeated acts of deliberate self-harm shall be assessed as unfit. Applicants shall undergo satisfactory psychiatric evaluation before a fit assessment can be considered.

e) Flugmedizinische Beurteilung

- (1) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde überwiesen werden, wenn bei ihnen einer der unter den Buchstaben b, c oder d genannten Befunde vorliegt;
- (2) die Beurteilung der Tauglichkeit von Bewerbern um ein Tauglichkeitszeugnis der Klasse 2, bei denen einer der unter den Buchstaben b, c oder d genannten Befunde vorliegt, muss in Konsultation mit der Genehmigungsbehörde erfolgen.

(e) Aero-medical assessment:

- (1) applicants for a Class 1 medical certificate with one of the conditions detailed in (b), (c) or (d) above shall be referred to the licensing authority;
- (2) fitness of Class 2 applicants with one of the conditions detailed in (b), (c) or (d) above shall be assessed in consultation with the licensing authority.

f) Bewerber, die ihrer Krankengeschichte oder klinischen Diagnose zufolge an Schizophrenie erkrankt sind oder schizotype oder wahnhaftige Störungen aufweisen, sind als untauglich zu beurteilen.

(f) Applicants with an established history or clinical diagnosis of schizophrenia, schizotypal or delusional disorder shall be assessed as unfit.

AMC1 MED.B.055 Psychiatry

CLASS 1

(a) Psychotic disorder

A history, or the occurrence, of a functional psychotic disorder is disqualifying unless a cause can be unequivocally identified as one which is transient, has ceased and will not recur.

(b) Organic mental disorder

An organic mental disorder is disqualifying. Once the cause has been treated, an applicant may be assessed as fit following satisfactory psychiatric review.

(c) Psychotropic substances

Use or abuse of psychotropic substances likely to affect flight safety is disqualifying.

(d) Schizophrenia, schizotypal or delusional disorder

Applicants with an established schizophrenia, schizotypal or delusional disorder should only be considered for a fit assessment if the licensing authority concludes that the original diagnosis was inappropriate or inaccurate or, in the case of a single episode of delirium, provided that the applicant has suffered no permanent impairment.

(e) Mood disorder

An established mood disorder is disqualifying. After full recovery and after full consideration of an individual case a fit assessment may be considered, depending on the characteristics and gravity of the mood disorder. If a stable maintenance psychotropic medication is confirmed, a fit assessment should require a multi-pilot limitation.

(f) Neurotic, stress-related or somatoform disorder

Where there is suspicion or established evidence that an applicant has a neurotic, stress-related or somatoform disorder, the applicant should be referred for psychiatric opinion and advice.

(g) Personality or behavioural disorder

Where there is suspicion or established evidence that an applicant has a personality or behavioural disorder, the applicant should be referred for psychiatric opinion and advice.

(h) Disorders due to alcohol or other substance use

(1) Mental or behavioural disorders due to alcohol or other substance use, with or without dependency, are disqualifying.

(2) A fit assessment may be considered after a period of two years documented sobriety or freedom from substance use. At revalidation or renewal a fit assessment may be considered earlier with a multi-pilot limitation. Depending on the individual case, treatment and review may include:

(i) in-patient treatment of some weeks followed by:

(A) review by a psychiatric specialist; and

(B) ongoing review including blood testing and peer reports, which may be required indefinitely.

(i) Deliberate self-harm

A single self-destructive action or repeated acts of deliberate self-harm are disqualifying. A fit assessment may be considered after full consideration of an individual case and may require psychiatric or psychological review. Neuropsychological assessment may also be required.

CLASS 2

(a) Psychotic disorder

A history, or the occurrence, of a functional psychotic disorder is disqualifying unless in certain rare cases a cause can be unequivocally identified as one which is transient, has ceased and will not recur.

(b) Psychotropic substances

Use or abuse of psychotropic substances likely to affect flight safety is disqualifying. If a stable maintenance psychotropic medication is confirmed, a fit assessment with an OSL limitation may be considered.

(c) Schizophrenia, schizotypal or delusional disorder

An applicant with a history of schizophrenia, schizotypal or delusional disorder may only be considered fit if the original diagnosis was inappropriate or inaccurate as confirmed by psychiatric evaluation or, in the case of a single episode of delirium, provided that the applicant has suffered no permanent impairment.

(d) Disorders due to alcohol or other substance use

(1) Mental or behavioural disorders due to alcohol or other substance use, with or without dependency, are disqualifying.

(2) A fit assessment may be considered in consultation with the licensing authority after a period of two years documented sobriety or freedom from substance use. A fit assessment may be considered earlier with an OSL or OPL limitation. Depending on the individual case, treatment and review may include:

(i) in-patient treatment of some weeks followed by:

(A) review by a psychiatric specialist; and

(B) ongoing review, including blood testing and peer reports, which may be required indefinitely.

MED.B.060 Psychologie

a) Bewerber dürfen keine nachgewiesenen psychischen Einschränkungen aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.060 Psychology

(a) Applicants shall have no established psychological deficiencies, which are likely to interfere with the safe exercise of the privileges of the applicable licence(s).

b) Gegebenenfalls muss im Rahmen von oder ergänzend zu einer fachärztlichen psychiatrischen oder neurologischen Untersuchung eine psychologische Beurteilung vorgenommen werden.

(b) A psychological evaluation may be required as part of, or complementary to, a specialist psychiatric or neurological examination.

AMC1 MED.B.060 Psychology

CLASS 1

- (a) Where there is suspicion or established evidence that an applicant has a psychological disorder, the applicant should be referred for psychological opinion and advice.
- (b) Established evidence should be verifiable information from an identifiable source which evokes doubts concerning the mental fitness or personality of a particular individual. Sources for this information can be accidents or incidents, problems in training or proficiency checks, delinquency or knowledge relevant to the safe exercise of the privileges of the applicable licence.
- (c) The psychological evaluation may include a collection of biographical data, the administration of aptitude as well as personality tests and psychological interview.
- (d) The psychologist should submit a written report to the AME, AeMC or licensing authority as appropriate, detailing his/her opinion and recommendation.

CLASS 2

Applicants with a psychological disorder may need to be referred for psychological or neuropsychiatric opinion and advice.

MED.B.065 Neurologie

a) Bewerber dürfen ihrer Krankengeschichte oder klinischen Diagnose zufolge keine neurologischen Störungen aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.065 Neurology

(a) Applicants shall have no established medical history or clinical diagnosis of any neurological condition which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

b) Bewerber, bei denen ihrer Krankengeschichte oder klinischen Diagnose zufolge einer der folgenden Befunde vorliegt:

(1) Epilepsie;

(2) rezidivierende Episoden von Bewusstseinsstörungen unbekannter Ursache sind als untauglich zu beurteilen.

(b) Applicants with an established history or clinical diagnosis of:

(1) epilepsy;

(2) recurring episodes of disturbance of consciousness of uncertain cause; shall be assessed as unfit.

c) Bewerber, bei denen ihrer Krankengeschichte oder klinischen Diagnose zufolge einer der folgenden Befunde vorliegt:

(1) Epilepsie ohne Anfallsrezidiv seit dem 5. Lebensjahr;

(2) unbehandelte Epilepsie ohne Anfallsrezidiv seit über 10 Jahren;

(3) epileptiforme EEG-Anomalien und fokale langsame Wellen;

(4) progressiv oder nicht progressiv verlaufende Erkrankung des Nervensystems;

(5) Einzelepisode von Bewusstseinsstörungen unbekannter Ursache;

(6) Bewusstseinsverlust nach Kopfverletzung;

(7) penetrierende Hirnverletzung;

(8) Verletzung des Rückenmarks oder der peripheren Nerven müssen einer weiteren Beurteilung unterzogen werden, bevor erwogen werden kann, sie als tauglich zu beurteilen. Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden. Die Beurteilung der Tauglichkeit von Bewerbern um ein Tauglichkeitszeugnis der Klasse 2 muss in Konsultation mit der Genehmigungsbehörde erfolgen.

(c) Applicants with an established history or clinical diagnosis of:

- (1) epilepsy without recurrence after age 5;
- (2) epilepsy without recurrence and off all treatment for more than 10 years;
- (3) epileptiform EEG abnormalities and focal slow waves;
- (4) progressive or non-progressive disease of the nervous system;
- (5) a single episode of disturbance of consciousness of uncertain cause;
- (6) loss of consciousness after head injury;
- (7) penetrating brain injury;
- (8) spinal or peripheral nerve injury;

shall undergo further evaluation before a fit assessment can be considered. Applicants for a Class 1 medical certificate shall be referred to the licensing authority. Fitness of Class 2 applicants shall be assessed in consultation with the licensing authority.

AMC1 MED.B.065 Neurology

CLASS1

(a) Epilepsy

(1) A diagnosis of epilepsy is disqualifying, unless there is unequivocal evidence of a syndrome of benign childhood epilepsy associated with a very low risk of recurrence, and unless the applicant has been free of recurrence and off treatment for more than 10 years. One or more convulsive episodes after the age of 5 are disqualifying. In the case of an acute symptomatic seizure, which is considered to have a very low risk of recurrence, a fit assessment may be considered after neurological review.

(2) An applicant may be assessed as fit by the licensing authority with a multi-pilot limitation if:

- (i) there is a history of a single afebrile epileptiform seizure;
- (ii) there has been no recurrence after at least 10 years off treatment;
- (iii) there is no evidence of continuing predisposition to epilepsy.

(b) Conditions with a high propensity for cerebral dysfunction

An applicant with a condition with a high propensity for cerebral dysfunction should be assessed as unfit. A fit assessment may be considered after full evaluation.

(c) Clinical EEG abnormalities

- (1) Electroencephalography is required when indicated by the applicant's history or on clinical grounds.
- (2) Epileptiform paroxysmal EEG abnormalities and focal slow waves should be disqualifying.

(d) Neurological disease

Any stationary or progressive disease of the nervous system which has caused or is likely to cause a significant disability is disqualifying. However, in case of minor functional losses associated with stationary disease, a fit assessment may be considered after full evaluation.

(e) Episode of disturbance of consciousness

In the case of a single episode of disturbance of consciousness, which can be satisfactorily explained, a fit assessment may be considered, but a recurrence should be disqualifying.

(f) Head injury

An applicant with a head injury which was severe enough to cause loss of consciousness or is associated with penetrating brain injury should be reviewed by a consultant neurologist. A fit assessment may be considered if there has been a full recovery and the risk of epilepsy is sufficiently low.

(g) Spinal or peripheral nerve injury, myopathies

An applicant with a history or diagnosis of spinal or peripheral nerve injury or myopathy should be assessed as unfit. A fit assessment may be considered if neurological review and musculoskeletal assessments are satisfactory.

CLASS 2

(a) Epilepsy

An applicant may be assessed as fit if:

- (1) there is a history of a single afebrile epileptiform seizure, considered to have a very low risk of recurrence;
- (2) there has been no recurrence after at least 10 years off treatment;
- (3) there is no evidence of continuing predisposition to epilepsy.

(b) Conditions with a high propensity for cerebral dysfunction

An applicant with a condition with a high propensity for cerebral dysfunction should be assessed as unfit. A fit assessment may be considered after full evaluation.

(c) Neurological disease

Any stationary or progressive disease of the nervous system which has caused or is likely to cause a significant disability is disqualifying. In case of minor functional loss associated with stationary disease, a fit assessment may be considered after full evaluation.

(d) Head injury

An applicant with a head injury which was severe enough to cause loss of consciousness or is associated with penetrating brain injury may be assessed as fit if there has been a full recovery and the risk of epilepsy is sufficiently low. CLASS 2

MED.B.070 Sehorgan

a) Bewerber dürfen weder angeborene noch erworbene akute oder chronische Funktionsstörungen oder Erkrankungen des Auges oder seiner Adnexe sowie keine Augenoperations- oder -traumafolgen aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.070 Visual System

(a) Applicants shall not possess any abnormality of the function of the eyes or their adnexa or any active pathological condition, congenital or acquired, acute or chronic, or any sequelae of eye surgery or trauma, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

b) Untersuchung

(1) Für ein Tauglichkeitszeugnis der Klasse 1:

- i) ist bei der Erstuntersuchung eine umfassende Untersuchung des Auges durchzuführen, die in Abhängigkeit von der Refraktion und der funktionellen Leistungsfähigkeit des Auges in regelmäßigen Abständen wiederholt werden muss, und

ii) ist bei sämtlichen Verlängerungs- und Erneuerungsuntersuchungen eine Routineuntersuchung des Auges durchzuführen.

(2) Für ein Tauglichkeitszeugnis der Klasse 2:

i) ist bei der Erstuntersuchung sowie bei sämtlichen Verlängerungs- und Erneuerungsuntersuchungen eine Routineuntersuchung des Auges durchzuführen und

ii) ist bei klinischer Indikation eine umfassende Untersuchung des Auges durchzuführen.

(b) Examination

(1) For a Class 1 medical certificate:

(i) a comprehensive eye examination shall form part of the initial examination and be undertaken periodically depending on the refraction and the functional performance of the eye; and

(ii) a routine eye examination shall form part of all revalidation and renewal examinations.

(2) For a Class 2 medical certificate:

(i) a routine eye examination shall form part of the initial and all revalidation and renewal examinations; and

(ii) a comprehensive eye examination shall be undertaken when clinically indicated.

c) Der korrigierte oder unkorrigierte Fernvisus muss:

(1) für Tauglichkeitszeugnisse der Klasse 1 für jedes Auge separat mindestens den Wert 6/9 (0,7) und bei beidäugigem Sehen mindestens den Wert 6/6 (1,0) erreichen;

(2) für Tauglichkeitszeugnisse der Klasse 2 für jedes Auge separat mindestens den Wert 6/12 (0,5) und bei beidäugigem Sehen mindestens den Wert 6/9 (0,7) erreichen. Bewerber, deren Sehschärfe auf einem Auge unter dem Grenzwert liegt, können in Konsultation mit der Genehmigungsbehörde und vorbehaltlich einer zufrieden stellenden augenärztlichen Beurteilung als tauglich beurteilt werden;

(3) Bewerber, die sich erstmalig ein Tauglichkeitszeugnis der Klasse 1 ausstellen lassen möchten, sind als untauglich zu beurteilen, wenn ihre Sehschärfe auf einem Auge unter dem Grenzwert liegt. Im Falle einer Verlängerung des Tauglichkeitszeugnisses sind Bewerber, deren Sehschärfe auf einem Auge unter dem Grenzwert liegt, an die Genehmigungsbehörde zu verweisen und können als tauglich beurteilt werden, falls dieser Befund die sichere Ausübung der mit der geltenden Lizenz verbundenen Rechte voraussichtlich nicht beeinträchtigt.

(c) Distant visual acuity, with or without correction, shall be:

(1) in the case of Class 1 medical certificates, 6/9 (0,7) or better in each eye separately and visual acuity with both eyes shall be 6/6 (1,0) or better;

(2) in the case of Class 2 medical certificates, 6/12 (0,5) or better in each eye separately and visual acuity with both eyes shall be 6/9 (0,7) or better. An applicant with substandard vision in one eye may be assessed as fit in consultation with the licensing authority subject to satisfactory ophthalmic assessment;

(3) applicants for an initial Class 1 medical certificate with substandard vision in one eye shall be assessed as unfit. At revalidation, applicants with acquired substandard vision in one eye shall be referred to the licensing authority and may be assessed as fit if it is unlikely to interfere with safe exercise of the licence held.

d) Bewerber müssen, gegebenenfalls mit der verschriebenen korrigierenden Sehhilfe, eine Tafel vom Typ N5 (oder gleichwertig) aus einer Entfernung von 30 bis 50 cm und eine Tafel vom Typ N14 (oder gleichwertig) aus einer Entfernung von 100 cm lesen können.

(d) An applicant shall be able to read an N5 chart (or equivalent) at 30-50 cm and an N14 chart (or equivalent) at 100 cm, with correction, if prescribed.

e) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen ein normales Gesichtsfeld und eine normale binokulare Funktion aufweisen.

(e) Applicants for a Class 1 medical certificate shall be required to have normal fields of vision and normal binocular function.

f) Bewerber, bei denen eine Augenoperation durchgeführt wurde, können vorbehaltlich einer zufrieden stellenden augenärztlichen Beurteilung als tauglich beurteilt werden.

(f) Applicants who have undergone eye surgery may be assessed as fit subject to satisfactory ophthalmic evaluation.

g) Bewerber mit klinisch diagnostiziertem Keratokonus können vorbehaltlich einer zufrieden stellenden augenärztlichen Beurteilung als tauglich beurteilt werden. Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden.

(g) Applicants with a clinical diagnosis of keratoconus may be assessed as fit subject to a satisfactory examination by an ophthalmologist. Applicants for a Class 1 medical certificate shall be referred to the licensing authority.

h) Bewerber mit:

(1) Astigmatismus;

(2) Anisometropie

können vorbehaltlich einer zufrieden stellenden augenärztlichen Beurteilung als tauglich beurteilt werden.

(h) Applicants with:

(1) astigmatism;

(2) anisometropia;

may be assessed as fit subject to satisfactory ophthalmic evaluation.

i) Bewerber mit Diplopie sind als untauglich zu beurteilen.

(i) Applicants with diplopia shall be assessed as unfit.

j) Brillen und Kontaktlinsen. Kann ein zufrieden stellendes Sehvermögen nur unter Einsatz korrigierender Sehhilfen erreicht werden, so gilt Folgendes:

(1) i) Für die Fernsicht müssen bei der Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte eine Brille bzw. Kontaktlinsen getragen werden;

ii) für die Nahsicht muss bei der Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte jederzeit eine Nahsichtbrille griffbereit sein;

(2) bei der Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte muss jederzeit eine Ersatzbrille mit gleicher Korrektur griffbereit sein;

(3) die korrigierende Sehhilfe muss das bestmögliche Sehvermögen vermitteln, gut vertragen werden und für fliegerische Zwecke geeignet sein;

(4) gegebenenfalls verwendete Kontaktlinsen müssen für die Fernsicht bestimmt und monofokal sein, dürfen keine Färbung aufweisen und müssen gut vertragen werden;

(5) Bewerber mit starkem Refraktionsfehler müssen Kontaktlinsen oder eine Brille mit hochbrechenden Gläsern tragen;

(6) die Anforderungen an das Sehvermögen müssen mit nur einer einzigen Brille erfüllt werden können;

(7) orthokeratologische Kontaktlinsen dürfen nicht verwendet werden.

(j) Spectacles and contact lenses. If satisfactory visual function is achieved only with the use of correction:

(1) (i) for distant vision, spectacles or contact lenses shall be worn whilst exercising the privileges of the applicable licence(s);

(ii) for near vision, a pair of spectacles for near use shall be kept available during the exercise of the privileges of the licence;

(2) a spare set of similarly correcting spectacles shall be readily available for immediate use whilst exercising the privileges of the applicable licence(s);

(3) the correction shall provide optimal visual function, be well-tolerated and suitable for aviation purposes;

(4) if contact lenses are worn, they shall be for distant vision, monofocal, non-tinted and well tolerated;

(5) applicants with a large refractive error shall use contact lenses or high-index spectacle lenses;

(6) no more than one pair of spectacles shall be used to meet the visual requirements;

(7) orthokeratological lenses shall not be used.

AMC1 MED.B.070 Visual system

CLASS 1

(a) Eye examination

(1) At each aero-medical revalidation examination, an assessment of the visual fitness should be undertaken and the eyes should be examined with regard to possible pathology.

(2) All abnormal and doubtful cases should be referred to an ophthalmologist. Conditions which indicate ophthalmological examination include, but are not limited to, a substantial decrease in the uncorrected visual acuity, any decrease in best corrected visual acuity and/or the occurrence of eye disease, eye injury, or eye surgery.

(3) Where specialist ophthalmological examinations are required for any significant reason, this should be imposed as a limitation on the medical certificate.

(b) Comprehensive eye examination

A comprehensive eye examination by an eye specialist is required at the initial examination. All abnormal and doubtful cases should be referred to an ophthalmologist. The examination should include:

(1) history;

(2) visual acuities - near, intermediate and distant vision (uncorrected and with best optical correction if needed);

(3) examination of the external eye, anatomy, media (slit lamp) and fundoscopy;

(4) ocular motility;

(5) binocular vision;

(6) colour vision;

(7) visual fields;

(8) tonometry on clinical indication; and

(9) refraction hyperopic initial applicants with a hyperopia of more than +2 dioptres and under the age of 25 should undergo objective refraction in cycloplegia.

(c) Routine eye examination

A routine eye examination may be performed by an AME and should include:

- (1) history;
- (2) visual acuities - near, intermediate and distant vision (uncorrected and with best optical correction if needed);
- (3) examination of the external eye, anatomy, media and funduscopy;
- (4) further examination on clinical indication.

(d) An applicant shall be able to read an N5 chart (or equivalent) at 30-50 cm and an N14 chart (or equivalent) at 100 cm, with correction, if prescribed. (d) Refractive error

- (1) At initial examination an applicant may be assessed as fit with:
 - (i) hypermetropia not exceeding +5.0 dioptres;
 - (ii) myopia not exceeding -6.0 dioptres;
 - (iii) astigmatism not exceeding 2.0 dioptres;
 - (iv) anisometropia not exceeding 2.0 dioptresprovided that optimal correction has been considered and no significant pathology is demonstrated.
- (2) Initial applicants who do not meet the requirements in (1)(ii), (iii) and (iv) above should be referred to the licensing authority. A fit assessment may be considered following review by an ophthalmologist.
- (3) At revalidation an applicant may be assessed as fit with:
 - (i) hypermetropia not exceeding +5.0 dioptres;
 - (ii) myopia exceeding -6.0 dioptres;
 - (iii) astigmatism exceeding 2.0 dioptres;
 - (iv) anisometropia exceeding 2.0 dioptresprovided that optimal correction has been considered and no significant pathology is demonstrated.
- (4) If anisometropia exceeds 3.0 dioptres, contact lenses should be worn.
- (5) If the refractive error is +3.0 to +5.0 or -3.0 to -6.0 dioptres, there is astigmatism or anisometropia of more than 2 dioptres but less than 3 dioptres, a review should be undertaken 5 yearly by an eye specialist.
- (6) If the refractive error is greater than -6.0 dioptres, there is more than 3.0 dioptres of astigmatism or anisometropia exceeds 3.0 dioptres, a review should be undertaken 2 yearly by an eye specialist.
- (7) In cases (5) and (6) above, the applicant should supply the eye specialist's report to the AME. The report should be forwarded to the licensing authority as part of the medical examination report. All abnormal and doubtful cases should be referred to an ophthalmologist.

(e) Uncorrected visual acuity

No limits apply to uncorrected visual acuity.

(f) Substandard vision

- (1) Applicants with reduced central vision in one eye may be assessed as fit if the binocular visual field is normal and the underlying pathology is acceptable according to ophthalmological assessment. A satisfactory medical flight test and a multi-pilot limitation are required.
- (2) An applicant with acquired substandard vision in one eye may be assessed as fit with a multi-pilot limitation if:
 - (i) the better eye achieves distant visual acuity of 6/6 (1.0), corrected or uncorrected;
 - (ii) the better eye achieves intermediate visual acuity of N14 and N5 for near;

- (iii) in the case of acute loss of vision in one eye, a period of adaptation time has passed from the known point of visual loss, during which the applicant should be assessed as unfit;
 - (iv) there is no significant ocular pathology; and
 - (v) a medical flight test is satisfactory.
- (3) An applicant with a visual field defect may be assessed as fit if the binocular visual field is normal and the underlying pathology is acceptable to the licensing authority.

(g) Keratoconus

Applicants with keratoconus may be assessed as fit if the visual requirements are met with the use of corrective lenses and periodic review is undertaken by an ophthalmologist.

(h) Heterophoria

Applicants with heterophoria (imbalance of the ocular muscles) exceeding:

- (1) at 6 metres:
 - 2.0 prism dioptres in hyperphoria,
 - 10.0 prism dioptres in esophoria,
 - 8.0 prism dioptres in exophoriaand

- (2) at 33 centimetres:
 - 1.0 prism dioptre in hyperphoria,
 - 8.0 prism dioptres in esophoria,
 - 12.0 prism dioptres in exophoria

should be assessed as unfit. The applicant should be reviewed by an ophthalmologist and if the fusional reserves are sufficient to prevent asthenopia and diplopia a fit assessment may be considered.

(i) Eye surgery

The assessment after eye surgery should include an ophthalmological examination.

- (1) After refractive surgery, a fit assessment may be considered, provided that:
 - (i) pre-operative refraction was not greater than +5 dioptres;
 - (ii) post-operative stability of refraction has been achieved (less than 0.75 dioptres variation diurnally);
 - (iii) examination of the eye shows no post-operative complications;
 - (iv) glare sensitivity is within normal standards;
 - (v) mesopic contrast sensitivity is not impaired;
 - (vi) review is undertaken by an eye specialist.
- (2) Cataract surgery entails unfitness. A fit assessment may be considered after 3 months.
- (3) Retinal surgery entails unfitness. A fit assessment may be considered 6 months after successful surgery. A fit assessment may be acceptable earlier after retinal laser therapy. Follow-up may be required.
- (4) Glaucoma surgery entails unfitness. A fit assessment may be considered 6 months after successful surgery. Follow-up may be required.
- (5) For (2), (3) and (4) above, a fit assessment may be considered earlier if recovery is complete.

(j) Correcting lenses

Correcting lenses should permit the licence holder to meet the visual requirements at all distances.

CLASS 2

(a) Eye examination

(1) At each aero-medical revalidation examination an assessment of the visual fitness of the licence holder should be undertaken and the eyes should be examined with regard to possible pathology. Conditions which indicate further ophthalmological examination include, but are not limited to, a substantial decrease in the uncorrected visual acuity, any decrease in best corrected visual acuity and/or the occurrence of eye disease, eye injury, or eye surgery.

(2) At the initial assessment, the examination should include:

- (i) history;
- (ii) visual acuities - near, intermediate and distant vision (uncorrected and with best optical correction if needed);
- (iii) examination of the external eye, anatomy, media and funduscopy;
- (iv) ocular motility;
- (v) binocular vision;
- (vi) colour vision and visual fields;
- (vii) further examination on clinical indication.

(3) At the initial assessment the applicant should submit a copy of the recent spectacle prescription if visual correction is required to meet the visual requirements.

(b) Routine eye examination

A routine eye examination should include:

- (1) history;
- (2) visual acuities - near, intermediate and distant vision (uncorrected and with best optical correction if needed);
- (3) examination of the external eye, anatomy, media and funduscopy;
- (4) further examination on clinical indication.

(c) Visual acuity

In an applicant with amblyopia, the visual acuity of the amblyopic eye should be 6/18 (0,3) or better. The applicant may be assessed as fit, provided the visual acuity in the other eye is 6/6 (1,0) or better, with or without correction, and no significant pathology can be demonstrated.

(d) Substandard vision

(1) Reduced stereopsis, abnormal convergence not interfering with near vision and ocular misalignment where the fusional reserves are sufficient to prevent asthenopia and diplopia may be acceptable.

(2) An applicant with substandard vision in one eye may be assessed as fit subject to a satisfactory flight test if the better eye:

- (i) achieves distant visual acuity of 6/6 (1,0), corrected or uncorrected;
- (ii) achieves intermediate visual acuity of N14 and N5 for near;
- (iii) has no significant pathology.

(3) An applicant with a visual field defect may be considered as fit if the binocular visual field is normal and the underlying pathology is acceptable.

(e) Eye surgery

(1) The assessment after eye surgery should include an ophthalmological examination.

(2) After refractive surgery a fit assessment may be considered provided that there is stability of refraction, there are no postoperative complications and no increase in glare sensitivity.

(3) After cataract, retinal or glaucoma surgery a fit assessment may be considered once recovery is complete.

(f) Correcting lenses

Correcting lenses should permit the licence holder to meet the visual requirements at all distances.

MED.B.075 Farberkennung

a) Bewerber müssen nachweisen, dass sie die für die sichere Ausführung ihrer Aufgaben relevanten Farben sofort erkennen können.

MED.B.075 Colour vision

(a) Applicants shall be required to demonstrate the ability to perceive readily the colours that are necessary for the safe performance of duties.

b) Untersuchung

(1) Bewerber, die sich erstmals ein Tauglichkeitszeugnis ausstellen lassen möchten, müssen den Ishihara-Test bestehen.

(2) Bewerber, die den Ishihara-Test nicht bestehen, müssen sich weiterführenden Farberkennungstests unterziehen, um nachzuweisen, dass sie farbensicher sind.

(b) Examination

(1) Applicants shall pass the Ishihara test for the initial issue of a medical certificate.

(2) Applicants who fail to pass in the Ishihara test shall undergo further colour perception testing to establish whether they are colour safe.

c) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen eine normale Farberkennung nachweisen oder farbensicher sein. Bewerber, die weiterführende Farberkennungstests nicht bestehen, sind als untauglich zu beurteilen. Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden.

(c) In the case of Class 1 medical certificates, applicants shall have normal perception of colours or be colour safe. Applicants who fail further colour perception testing shall be assessed as unfit. Applicants for a Class 1 medical certificate shall be referred to the licensing authority.

d) Bei Bewerbern um Tauglichkeitszeugnisse der Klasse 2, die keine zufrieden stellende Farberkennung nachweisen können, muss das Tauglichkeitszeugnis auf Flüge am Tag beschränkt werden.

(d) In the case of Class 2 medical certificates, when the applicant does not have satisfactory perception of colours, his/her flying privileges shall be limited to daytime only.

AMC1 MED B.075 Colour vision

CLASS 1

(a) At revalidation, colour vision should be tested on clinical indication.

(b) The Ishihara test (24 plate version) is considered passed if the first 15 plates, presented in a random order, are identified without error.

(c) Those failing the Ishihara test should be examined either by:

(1) anomaloscopy (Nagel or equivalent). This test is considered passed if the colour match is trichromatic and the matching range is 4 scale units or less; or by

(2) lantern testing with a Spectrolux, Beynes or Holmes-Wright lantern. This test is considered passed if the applicant passes without error a test with accepted lanterns.

CLASS 2

(a) The Ishihara test (24 plate version) is considered passed if the first 15 plates, presented in a random order, are identified without error.

(b) Those failing the Ishihara test should be examined either by:

- (1) anomaloscopy (Nagel or equivalent). This test is considered passed if the colour match is trichromatic and the matching range is 4 scale units or less; or by
- (2) lantern testing with a Spectrolux, Beynes or Holmes-Wright lantern. This test is considered passed if the applicant passes without error a test with accepted lanterns.

(c) Colour vision should be tested on clinical indication at revalidation or renewal examinations.

MED.B.080 Hals, Nase und Ohren

a) Bewerber dürfen weder angeborene noch erworbene aktive oder chronische Funktionsstörungen oder Erkrankungen der Ohren, der Nase, der Nasennebenhöhlen oder des Rachens, einschließlich Mundhöhle, Zähne und Kehlkopf, sowie keine Operations- oder Traumafolgen aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.080 Otorhino-laryngology

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

b) Das Hörvermögen muss ausreichend sein, um die mit der geltenden Lizenz verbundenen Rechte sicher ausüben zu können.

(b) Hearing shall be satisfactory for the safe exercise of the privileges of the applicable licence(s).

c) Untersuchung

(1) Das Hörvermögen ist bei allen Untersuchungen zu überprüfen.

i) Wenn eine Lizenz um eine Instrumentenflugberechtigung ergänzt werden soll, ist für Tauglichkeitszeugnisse der Klasse 1 oder Klasse 2 bei der Erstuntersuchung sowie bei nachfolgenden Verlängerungs- oder Erneuerungsuntersuchungen bis zur Vollendung des 40. Lebensjahres alle 5 Jahre, danach alle 2 Jahre das Hörvermögen mittels Reintonaudiometrie zu überprüfen.

ii) Bei Bewerbern, die sich erstmalig ein Tauglichkeitszeugnis ausstellen lassen möchten, darf der bei einer Reintonaudiometrie auf jedem Ohr einzeln gemessene Hörverlust bei einer Frequenz von 500 Hz, 1 000 Hz oder 2 000 Hz nicht mehr als 35 dB und bei einer Frequenz von 3 000 Hz nicht mehr als 50 dB betragen. Bewerber mit einem stärker beeinträchtigten Hörvermögen, die sich ihr Tauglichkeitszeugnis verlängern oder erneuern lassen möchten, müssen ein zufrieden stellendes Hörvermögen nachweisen.

iii) Bewerber mit Hypakusis müssen ein zufrieden stellendes Hörvermögen nachweisen.

(2) Eine umfassende Untersuchung von Hals, Nase und Ohren ist bei der Erstaussstellung eines Tauglichkeitszeugnisses der Klasse 1 und danach bei klinischer Indikation in regelmäßigen Abständen durchzuführen.

(c) Examination

(1) Hearing shall be tested at all examinations.

(i) In the case of Class 1 medical certificates and Class 2 medical certificates, when an instrument rating is to be added to the licence held, hearing shall be tested with pure tone audiometry at the initial examination and, at subsequent revalidation or renewal examinations, every 5 years until the age 40 and every 2 years thereafter.

(ii) When tested on a pure-tone audiometer, initial applicants shall not have a hearing loss of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, in either ear separately. Applicants for revalidation or renewal, with greater hearing loss shall demonstrate satisfactory functional hearing ability.

(iii) Applicants with hypoacusis shall demonstrate satisfactory functional hearing ability.

(2) A comprehensive ear, nose and throat examination shall be undertaken for the initial issue of a Class 1 medical certificate and periodically thereafter when clinically indicated.

d) Bewerber um ein Tauglichkeitszeugnis der Klasse 1 mit:

(1) einer aktiven, akuten oder chronischen pathologischen Veränderung des Innen- oder Mittelohrs;

(2) einer nicht verheilten Perforation oder einer Fehlfunktion eines Trommelfells oder beider Trommelfelle;

(3) Störungen des Gleichgewichtssinns;

(4) signifikanter Behinderung der Nasengänge;

(5) Funktionsstörung der Nasennebenhöhlen;

(6) signifikanter Missbildung oder signifikanter akuter oder chronischer Infektion der Mundhöhle oder der oberen Atemwege;

(7) signifikanten Sprach- oder Stimmstörungen

müssen einer weiterführenden ärztlichen Untersuchung und Beurteilung unterzogen werden, um nachzuweisen, dass der Befund die sichere Ausübung der mit der geltenden Lizenz verbundenen Rechte nicht beeinträchtigt.

(d) Applicants for a Class 1 medical certificate with:

(1) an active pathological process, acute or chronic, of the internal or middle ear;

(2) unhealed perforation or dysfunction of the tympanic membrane(s);

(3) disturbance of vestibular function;

(4) significant restriction of the nasal passages;

(5) sinus dysfunction;

(6) significant malformation or significant, acute or chronic infection of the oral cavity or upper respiratory tract;

(7) significant disorder of speech or voice;

shall undergo further medical examination and assessment to establish that the condition does not interfere with the safe exercise of the privileges of the licence held.

e) Flugmedizinische Beurteilung:

(1) Bewerber um ein Tauglichkeitszeugnis der Klasse 1, die eine Störung des Gleichgewichtssinns aufweisen, müssen an die Genehmigungsbehörde verwiesen werden;

(2) die Beurteilung der Tauglichkeit von Bewerbern um ein Tauglichkeitszeugnis der Klasse 2, die eine Störung des Gleichgewichtssinns aufweisen, muss in Konsultation mit der Genehmigungsbehörde erfolgen.

(e) Aero-medical assessment:

- (1) applicants for a Class 1 medical certificate with the disturbance of vestibular function shall be referred to the licensing authority;
- (2) fitness of Class 2 applicants with the disturbance of vestibular function shall be assessed in consultation with the licensing authority.

AMC1 MED.B.080 Otorhino-laryngology

CLASS 1

(a) Hearing

- (1) The applicant should understand correctly conversational speech when tested with each ear at a distance of 2 metres from and with the applicant's back turned towards the AME.
- (2) The pure tone audiogram should cover the 500 Hz, 1 000 Hz, 2 000 Hz and 3 000 Hz frequency thresholds.
- (3) An applicant with hypoacusis should be referred to the licensing authority. A fit assessment may be considered if a speech discrimination test or functional flight deck hearing test demonstrates satisfactory hearing ability. A vestibular function test may be appropriate.
- (4) If the hearing requirements can only be met with the use of hearing aids, the hearing aids should provide optimal hearing function, be well tolerated and suitable for aviation purposes.

(b) Comprehensive otorhinolaryngological examination

A comprehensive otorhino-laryngological examination should include:

- (1) history;
- (2) clinical examination including otoscopy, rhinoscopy, and examination of the mouth and throat;
- (3) tympanometry or equivalent;
- (4) clinical assessment of the vestibular system.

(c) Ear conditions

- (1) An applicant with an active pathological process, acute or chronic, of the internal or middle ear should be assessed as unfit. A fit assessment may be considered once the condition has stabilised or there has been a full recovery.
- (2) An applicant with an unhealed perforation or dysfunction of the tympanic membranes should be assessed as unfit. An applicant with a single dry perforation of non-infectious origin and which does not interfere with the normal function of the ear may be considered for a fit assessment.

(d) Vestibular disturbance

An applicant with disturbance of vestibular function should be assessed as unfit. A fit assessment may be considered after full recovery. The presence of spontaneous or positional nystagmus requires complete vestibular evaluation by an ENT specialist. Significant abnormal caloric or rotational vestibular responses are disqualifying. Abnormal vestibular responses should be assessed in their clinical context.

(e) Sinus dysfunction

An applicant with any dysfunction of the sinuses should be assessed as unfit until there has been full recovery.

(f) Oral/upper respiratory tract infections

A significant, acute or chronic infection of the oral cavity or upper respiratory tract is disqualifying. A fit assessment may be considered after full recovery.

(g) Speech disorder

A significant disorder of speech or voice is disqualifying.

(h) Air passage restrictions

An applicant with significant restriction of the nasal air passage on either side, or significant malformation of the oral cavity or upper respiratory tract may be assessed as fit if ENT evaluation is satisfactory.

(i) Eustachian tube function

An applicant with significant dysfunction of the Eustachian tubes may be assessed as fit in consultation with the licensing authority.

CLASS 2

(a) Hearing

(1) The applicant should understand correctly conversational speech when tested with each ear at a distance of 2 metres from and with the applicant's back turned towards the AME.

(2) An applicant with hypoacusis may be assessed as fit if a speech discrimination test or functional cockpit hearing test demonstrates satisfactory hearing ability. An applicant for an instrument rating with hypoacusis should be assessed in consultation with the licensing authority.

(3) If the hearing requirements can be met only with the use of hearing aids, the hearing aids should provide optimal hearing function, be well tolerated and suitable for aviation purposes.

(b) Examination

An ear, nose and throat (ENT) examination should form part of all initial, revalidation and renewal examinations.

(c) Ear conditions

(1) An applicant with an active pathological process, acute or chronic, of the internal or middle ear should be assessed as unfit until the condition has stabilised or there has been a full recovery.

(2) An applicant with an unhealed perforation or dysfunction of the tympanic membranes should be assessed as unfit. An applicant with a single dry perforation of non-infectious origin which does not interfere with the normal function of the ear may be considered for a fit assessment.

(d) Vestibular disturbance

An applicant with disturbance of vestibular function should be assessed as unfit pending full recovery.

(e) Sinus dysfunction

An applicant with any dysfunction of the sinuses should be assessed as unfit pending full recovery.

(f) Oral/upper respiratory tract infections

A significant acute or chronic infection of the oral cavity or upper respiratory tract is disqualifying until full recovery.

(g) Speech disorder

A significant disorder of speech or voice should be disqualifying.

MED.B.085 Dermatologie

Bewerber dürfen keine nachgewiesenen Erkrankungen der Haut aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.085 Dermatology

Applicants shall have no established dermatological condition likely to interfere with the safe exercise of the privileges of the applicable licence(s) held.

AMC1 MED.B.085 Dermatology

CLASS 1

(a) Referral to the licensing authority should be made if doubt exists about the fitness of an applicant with eczema (exogenous and endogenous), severe psoriasis, bacterial infections, drug induced, or bullous eruptions or urticaria.

(b) Systemic effects of radiant or pharmacological treatment for a dermatological condition should be considered before a fit assessment can be considered.

(c) In cases where a dermatological condition is associated with a systemic illness, full consideration should be given to the underlying illness before a fit assessment may be considered.

CLASS 2

In cases where a dermatological condition is associated with a systemic illness, full consideration should be given to the underlying illness before a fit assessment can be considered.

MED.B.090 Onkologie

a) Bewerber dürfen weder primäre noch sekundäre maligne Erkrankungen aufweisen, die die sichere Ausübung der mit der/den geltenden Lizenz(en) verbundenen Rechte beeinträchtigen können.

MED.B.090 Oncology

(a) Applicants shall have no established primary or secondary malignant disease likely to interfere with the safe exercise of the privileges of the applicable licence(s).

b) Nach der Behandlung einer malignen Erkrankung muss bei den Bewerbern eine zufrieden stellende onkologische Beurteilung durchgeführt werden, bevor sie als tauglich beurteilt werden können. Bewerber um ein Tauglichkeitszeugnis der Klasse 1 müssen an die Genehmigungsbehörde verwiesen werden. Die Beurteilung der Tauglichkeit von Bewerbern um ein Tauglichkeitszeugnis der Klasse 2 muss in Konsultation mit der Genehmigungsbehörde erfolgen.

(b) After treatment for malignant disease, applicants shall undergo satisfactory oncological evaluation before a fit assessment can be made. Class 1 applicants shall be referred to the licensing authority. Fitness of Class 2 applicants shall be assessed in consultation with the licensing authority.

c) Bewerber, bei denen ihrer Krankengeschichte oder klinischen Diagnose zufolge ein maligner intrazerebraler Tumor vorliegt, sind als untauglich zu beurteilen.

(c) Applicants with an established history or clinical diagnosis of intracerebral malignant tumour shall be assessed as unfit.

AMC1 M ED.B.090 Oncology

CLASS 1

(a) Applicants who underwent treatment for malignant disease may be assessed as fit by the licensing authority if:

- (1) there is no evidence of residual malignant disease after treatment;
- (2) time appropriate to the type of tumour has elapsed since the end of treatment;
- (3) the risk of in-flight incapacitation from a recurrence or metastasis is sufficiently low;
- (4) there is no evidence of short or long-term sequelae from treatment. Special attention should be paid to applicants who have received anthracycline chemotherapy;
- (5) satisfactory oncology follow-up reports are provided to the licensing authority.

(b) A multi-pilot limitation should be applied as appropriate.

(c) Applicants with pre-malignant conditions of the skin may be assessed as fit if treated or excised as necessary and there is regular follow-up.

CLASS 2

(a) Applicants may be considered for a fit assessment after treatment for malignant disease if:

- (1) there is no evidence of residual malignant disease after treatment;
- (2) time appropriate to the type of tumour has elapsed since the end of treatment;
- (3) the risk of in-flight incapacitation from a recurrence or metastasis is sufficiently low;
- (4) there is no evidence of short or long-term sequelae from treatment that may adversely affect flight safety;
- (5) special attention is paid to applicants who have received anthracycline chemotherapy;
- (6) arrangements for an oncological follow-up have been made for an appropriate period of time.

(b) Applicants with pre-malignant conditions of the skin may be assessed as fit if treated or excised as necessary and there is a regular follow-up.

UNTERABSCHNITT 3 SECTION 3
Besondere Anforderungen für Tauglichkeitszeugnisse für LAPL
Specific requirements for LAPL medical certificates

MED.B.095 Ärztliche Untersuchung und/oder Beurteilung von Bewerbern um Tauglichkeitszeugnisse für LAPL

a) Bewerber um Tauglichkeitszeugnisse für LAPL sind gemäß der bewährten flugmedizinischen Praxis zu beurteilen.

MED.B.095 Medical examination and/or assessment of applicants for LAPL medical certificates

(a) An applicant for an LAPL medical certificate shall be assessed based on aero-medical best practice.

b) Die vollständige Krankengeschichte des Bewerbers ist besonders zu berücksichtigen.

c) Die Erstbeurteilung, alle anschließenden Folgebeurteilungen nach Vollendung des 50. Lebensjahres sowie Beurteilungen, bei denen die Krankengeschichte des Bewerbers dem Sachverständigen nicht vorliegt, umfassen zumindest

- (1) eine klinische Untersuchung;
- (2) eine Messung des Blutdrucks;
- (3) eine Urinanalyse;
- (4) einen Sehtest;
- (5) einen Hörtest.

(c) The initial assessment, all subsequent re-assessments after age 50 and assessments in cases where the medical history of the applicant is not available to the examiner shall include at least the following:

- (1) clinical examination;
- (2) blood pressure;
- (3) urine test;
- (4) vision;
- (5) hearing ability.

d) Nach der Erstbeurteilung müssen anschließende Folgebeurteilungen bis zur Vollendung des 50. Lebensjahres Folgendes umfassen:

- (1) eine Beurteilung der Krankengeschichte des LAPL-Inhabers und
- (2) die unter Buchstabe c genannten Posten, soweit sie vom flugmedizinischen Zentrum, dem flugmedizinischen Sachverständigen oder dem Arzt für Allgemeinmedizin nach bewährter flugmedizinischer Praxis für notwendig erachtet werden.

(d) After the initial assessment, subsequent re-assessments until age 50 shall include:

- (1) an assessment of the LAPL holder's medical history; and
- (2) the items under paragraph (c) as deemed necessary by the AeMC, AME or GMP in accordance with aero-medical best practice.

AMC1 MED.B.095 Medical examination and/or assessment of applicants for LAPL medical certificates

When a specialist evaluation is required under this section, the aero-medical assessment of the applicant should be performed by an AeMC, an AME or, in the case of AMC 5(d), by the licensing authority.

AMC2 MED.B.095 Cardiovascular system

(a) Examination

Pulse and blood pressure should be recorded at each examination.

(b) Special attention shall be given to the applicant's complete medical history.

(1) Cardiovascular risk factor assessment

An accumulation of risk factors (smoking, family history, lipid abnormalities, hypertension, etc.) requires cardiovascular evaluation.

(2) Aortic aneurysm

Applicants with an aortic aneurysm may be assessed as fit subject to satisfactory cardiological evaluation and a regular follow-up.

(3) Cardiac valvular abnormalities

Applicants with a cardiac murmur may be assessed as fit if the murmur is assessed as being of no pathological significance.

(4) Valvular surgery

After cardiac valve replacement or repair a fit assessment may be considered if post-operative cardiac function and investigations are satisfactory. Anticoagulation, if needed, should be stable.

(5) Other cardiac disorders:

(i) Applicants with other cardiac disorders may be assessed as fit subject to satisfactory cardiological assessment.

(ii) Applicants with symptomatic hypertrophic cardiomyopathy should be assessed as unfit.

(c) Blood pressure

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

(2) The initiation of medication for the control of blood pressure should require a period of temporary suspension of the medical certificate to establish the absence of significant side effects.

(d) Coronary artery disease

(1) Applicants with suspected myocardial ischaemia should be investigated before a fit assessment can be considered.

(2) Applicants with angina pectoris requiring medication for cardiac symptoms should be assessed as unfit.

(3) After an ischaemic cardiac event, including myocardial infarction or revascularisation, applicants without symptoms should have reduced any vascular risk factors to an appropriate level. Medication, when used to control cardiac symptoms, is not acceptable. All applicants should be on acceptable secondary prevention treatment.

(4) In cases under (1), (2) and (3) above, applicants who have had a satisfactory cardiological evaluation to include an exercise test or equivalent that is negative for ischaemia may be assessed as fit.

(e) Rhythm and conduction disturbances

(1) Applicants with a significant disturbance of cardiac rhythm or conduction should be assessed as unfit unless a cardiological evaluation concludes that the disturbance is not likely to interfere with the safe exercise of the privileges of the LAPL.

(2) Pre-excitation

Applicants with ventricular pre-excitation may be assessed as fit subject to satisfactory cardiological evaluation. Applicants with ventricular pre-excitation associated with a significant arrhythmia should be assessed as unfit.

(3) Pacemaker

A fit assessment may be considered subject to satisfactory cardiological evaluation.

AMC3 MED.B.095 Respiratory system

(a) Asthma and chronic obstructive airways disease

Applicants with asthma or minor impairment of pulmonary function may be assessed as fit if the condition is considered stable with satisfactory pulmonary function and medication is compatible with flight safety. Systemic steroids may be disqualifying depending on dosage needed and corresponding side effects.

(b) Sarcoidosis

(1) Applicants with active sarcoidosis should be assessed as unfit. Investigation should be undertaken with respect to the possibility of systemic involvement. A fit assessment may be considered once the disease is inactive.

(2) Applicants with cardiac sarcoidosis should be assessed as unfit.

(c) Pneumothorax

(1) Applicants with spontaneous pneumothorax may be assessed as fit subject to satisfactory respiratory evaluation following full recovery from a single spontaneous pneumothorax or following recovery from surgical treatment for a recurrent pneumothorax.

(2) Applicants with traumatic pneumothorax may be assessed as fit following full recovery.

(d) Thoracic surgery

Applicants who have undergone major thoracic surgery may be assessed as fit following full recovery.

(e) Sleep apnoea syndrome/sleep disorder

Applicants with unsatisfactorily treated sleep apnoea syndrome should be assessed as unfit.

AMC4 MED.B.095 Digestive system

(a) Gallstones

Applicants with symptomatic gallstones should be assessed as unfit. A fit assessment may be considered following gallstone removal.

(b) Inflammatory bowel disease

Applicants with an established diagnosis or history of chronic inflammatory bowel disease may be assessed as fit provided that the disease is stable and not likely to interfere with the safe exercise of the privileges of the licence.

(c) Abdominal surgery

Applicants who have undergone a surgical operation on the digestive tract or its adnexae may be assessed as fit provided recovery is complete, they are asymptomatic and there is only a minimal risk of secondary complication or recurrence.

(d) Pancreatitis

Applicants with pancreatitis may be assessed as fit after satisfactory recovery.

AMC5 MED.B.095 Metabolic and endocrine systems

(a) Metabolic, nutritional or endocrine dysfunction

Applicants with metabolic, nutritional or endocrine dysfunction may be assessed as fit subject to demonstrated stability of the condition and satisfactory aero-medical evaluation.

(b) Obesity

Obese applicants may be assessed as fit if the excess weight is not likely to interfere with the safe exercise of the licence.

(c) Thyroid dysfunction

Applicants with thyroid disease may be assessed as fit once a stable euthyroid state is attained.

(d) Diabetes mellitus

(1) The use of antidiabetic medications that are not likely to cause hypoglycaemia should be acceptable for a fit assessment.

(2) Applicants with diabetes mellitus Type 1 should be assessed as unfit.

(3) Applicants with diabetes mellitus Type 2 treated with insulin may be assessed as fit with limitations for revalidation if blood sugar control has been achieved and the process under (e) and (f) below is followed. An OSL limitation is required. A TML limitation for 12 months may be needed to ensure compliance with the follow-up requirements below. Licence privileges should be restricted to aeroplanes and sailplanes only.

(e) Aero-medical assessment by, or under the guidance of, the licensing authority:

(1) A diabetology review at yearly intervals, including:

(i) symptom review;

(ii) review of data logging of blood sugar;

(iii) cardiovascular status. Exercise ECG at age 40, at 5-yearly intervals thereafter and on clinical indication, including an accumulation of risk factors;

(iv) nephropathy/ nephropathy status.

(2) Ophthalmological review at yearly intervals, including:

(i) visual fields Humphrey-perimeter;

(ii) retinas full dilatation slit lamp and documentation;

(ii) cataract clinical screening.

The development of retinopathy requires a full ophthalmological review.

(3) Blood testing at 6-monthly intervals:

(i) HbA1c; target is 7,5–8,5 %;

(ii) renal profile;

(iii) liver profile;

(iv) lipid profile.

(4) Applicants should be assessed as temporarily unfit after:

(i) changes of medication/insulin leading to a change to the testing regime until stable blood sugar control can be demonstrated;

(ii) a single unexplained episode of severe hypoglycaemia until stable blood sugar control can be demonstrated.

(5) Applicants should be assessed as unfit in the following cases:

(i) loss of hypoglycaemia awareness;

(ii) development of retinopathy with any visual field loss;

(iii) significant nephropathy;

(iv) any other complication of the disease where flight safety may be jeopardised.

(f) Pilot responsibility

Blood sugar testing is carried out during non-operational and operational periods. A whole blood glucose measuring device with memory should be carried and used. Equipment for continuous glucose monitoring (CGMS) should not be used. Pilots should prove to the AME or AeMC or licensing authority that testing has been performed as indicated below and with which results.

- (1) Testing during non-operational periods: normally 3–4 times/day or as recommended by the treating physician, and on any awareness of hypoglycaemia.
- (2) Testing frequency during operational periods:
 - (i) 120 minutes before departure;
 - (ii) <30 minutes before departure;
 - (iii) 60 minutes during flight;
 - (iv) 30 minutes before landing.
- (3) Actions following glucose testing:
 - (i) 120 minutes before departure: if the test result is >15 mmol/l, piloting should not be commenced.
 - (ii) 10–15g of carbohydrate should be ingested and a re-test performed within 30 minutes if:
 - (A) any test result is <4,5 mmol/l;
 - (B) the pre-landing test measurement is missed or a subsequent go-around/diversion is performed.

GM1 MED.B.095 Diabetes mellitus Type 2 treated with insulin

- (a) Pilots and their treating physician should be aware that if the HbA1c target level was set to normal (non-diabetic) levels, this will significantly increase the chance of hypoglycaemia. For safety reasons the target level of HbA1c is therefore set to 7,5–8,5 % even though there is evidence that lower HbA1c levels are correlated with fewer diabetic complications.
- (b) The safety pilot should be briefed pre-flight on the potential condition of the pilot. The results of blood sugar testing before and during flight should be shared with the safety pilot for the acceptability of the values obtained.

AMC6 MED.B.095 Haematology

Applicants with a haematological condition, such as:

- (a) abnormal haemoglobin including, but not limited to, anaemia, polycythaemia or haemoglobinopathy;
 - (b) coagulation, haemorrhagic or thrombotic disorder;
 - (c) significant lymphatic enlargement;
 - (d) acute or chronic leukaemia;
 - (e) enlargement of the spleen
- may be assessed as fit subject to satisfactory aero-medical evaluation.

AMC7 MED.B.095 Genitourinary system

(a) Applicants with a genitourinary disorder, such as:

- (1) renal disease; or
 - (2) one or more urinary calculi, or a history of renal colic
- may be assessed as fit subject to satisfactory renal/urological evaluation.

(b) Applicants who have undergone a major surgical operation in the urinary apparatus may be assessed as fit following full recovery.

AMC8 MED.B.095 Infectious disease

HIV infection: applicants who are HIV positive may be assessed as fit if investigation provides no evidence of clinical disease.

AMC9 MED.B.095 Obstetrics and gynaecology

(a) Pregnancy

Holders of a LAPL medical certificate should only exercise the privileges of their licences until the 26th week of gestation under routine antenatal care.

(b) Applicants who have undergone a major gynaecological operation may be assessed as fit after full recovery.

AMC10 MED.B.095 Musculoskeletal system

Applicants should have satisfactory functional use of the musculoskeletal system to enable the safe exercise of the privileges of the licence.

AMC11 MED.B.095 Psychiatry

(a) Applicants with a mental or behavioural disorder due to alcohol or other substance use should be assessed as unfit pending recovery and freedom from substance use and subject to satisfactory psychiatric evaluation after treatment.

(b) Applicants with an established history or clinical diagnosis of schizophrenia, schizotypal or delusional disorder should be assessed as unfit.

(c) Psychotropic substances

Use or abuse of psychotropic substances likely to affect flight safety should be disqualifying. If a stable maintenance psychotropic medication is confirmed, a fit assessment with an appropriate limitation may be considered.

(d) Applicants with a psychiatric condition, such as:

- (1) mood disorder;
- (2) neurotic disorder;
- (3) personality disorder;
- (4) mental or behavioural disorder

should undergo satisfactory psychiatric evaluation before a fit assessment may be considered.

(e) Applicants with a history of significant or repeated acts of deliberate self-harm should undergo satisfactory psychiatric and/or psychological evaluation before a fit assessment can be considered.

AMC12 MED.B.095 Psychology

Applicants with a psychological disorder may need to be referred for psychological opinion and advice.

AMC13 MED.B.095 Neurology

(a) Epilepsy and seizures

(1) Applicants with an established diagnosis of and under treatment for epilepsy should be assessed as unfit. A re-assessment after all treatment has been stopped for at least 5 years should include a neurological evaluation.

(2) Applicants may be assessed as fit if:

- (i) there is a history of a single afebrile epileptiform seizure considered to have a very low risk of recurrence; and
- (ii) there has been no recurrence after at least 5 years off treatment; or
- (iii) a cause has been identified and treated and there is no evidence of continuing predisposition to epilepsy.

(b) Neurological disease

- (1) Applicants with any stationary or progressive disease of the nervous system which has caused or is likely to cause a significant disability should be assessed as unfit. The AME or AeMC should assess these applicants taking into account the privileges of the licence held and the risk involved. An OPL limitation may be appropriate if a fit assessment is made.
- (2) In case of minor functional loss associated with stationary disease, a fit assessment may be considered after full evaluation.

(c) Head injury

Applicants with a head injury which was severe enough to cause loss of consciousness or is associated with penetrating brain injury may be assessed as fit if there has been a full recovery and the risk of epilepsy is sufficiently low.

(d) Spinal or peripheral nerve injury

Applicants with a history or diagnosis of spinal or peripheral nerve injury may be assessed as fit if neurological review and musculoskeletal assessments are satisfactory.

AMC14 MED.B.095 Visual system

(a) Applicants should not possess any abnormality of the function of the eyes or their adnexa or any active pathological condition, congenital or acquired, acute or chronic, or any sequelae of eye surgery or trauma, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) Eye examination

The examination should include visual acuities (near, intermediate and distant vision) and visual field.

(c) Visual acuity

- (1) Visual acuity with or without corrective lenses should be 6/9 (0,7) binocularly and 6/12 (0,5) in each eye.
- (2) Applicants who do not meet the required visual acuity should be assessed by an AME or AeMC, taking into account the privileges of the licence held and the risk involved.
- (3) Applicants should be able to read an N5 chart (or equivalent) at 30–50cms and an N14 chart (or equivalent) at 100cms, with correction if prescribed.

(c) Substandard vision

Applicants with substandard vision in one eye may be assessed as fit if the better eye:

- (1) achieves distant visual acuity of 6/6 (1,0), corrected or uncorrected;
- (2) achieves distant visual acuity less than 6/6 (1,0) but not less than 6/9 (0,7), after ophthalmological evaluation.

(d) Visual field defects

Applicants with a visual field defect may be assessed as fit if the binocular visual field or monocular visual field is normal.

(e) Eye surgery

- (1) After refractive surgery, a fit assessment may be considered, provided that there is stability of refraction, there are no post-operative complications and no significant increase in glare sensitivity.
- (2) After cataract, retinal or glaucoma surgery a fit assessment may be considered once recovery is complete.

(f) Correcting lenses

Correcting lenses should permit the licence holder to meet the visual requirements at all distances.

AMC15 MED.B.095 Colour vision

Applicants for a night rating should correctly identify 9 of the first 15 plates of the 24-plate edition of Ishihara pseudoisochromatic plates or should be colour safe.

AMC16 MED.B.095 Otorhino-laryngology

(a) Hearing

- (1) Applicants should understand correctly conversational speech when tested at a distance of 2 metres from and with the applicant's back turned towards the examiner.
- (2) Applicants with hypoacusis should demonstrate satisfactory functional hearing ability.

(b) Ear conditions

Applicants for a LAPL medical certificate with:

- (1) an active pathological process, acute or chronic, of the internal or middle ear;
- (2) unhealed perforation or dysfunction of the tympanic membrane(s);
- (3) disturbance of vestibular function;
- (4) significant restriction of the nasal passages;
- (5) sinus dysfunction;
- (6) significant malformation or significant, acute or chronic infection of the oral cavity or upper respiratory tract; or
- (7) significant disorder of speech or voice
should undergo further medical examination and assessment to establish that the condition does not interfere with the safe exercise of the privileges of the licence.

ANHANG VII
ANNEX VII
ANFORDERUNGEN AN ORGANISATIONEN BEZÜGLICH DES FLIEGENDEN
PERSONALS
ORGANISATION REQUIREMENTS FOR AIRCREW
[PART-ORA]

SUBPART GEN
ALLGEMEINE ANFORDERUNGEN GENERAL REQUIREMENTS
SECTION I
Allgemeines General

ORA.GEN.105 Zuständige Behörde

a) Für die Zwecke dieses Teils ist die zuständige Behörde, die die Aufsicht ausübt über:

1. Organisationen, die einer Zertifizierungsverpflichtung unterliegen:

- i) für Organisationen, die ihren Hauptgeschäftssitz in einem Mitgliedstaat haben, die von diesem Mitgliedstaat benannte Behörde;
- ii) für Organisationen, die ihren Hauptgeschäftssitz in einem Drittland haben, die Agentur;

ORA.GEN.105 Competent authority

(a) For the purpose of this Part, the competent authority exercising oversight over:

(1) organisations subject to a certification obligation shall be:

- (i) for organisations having their principal place of business in a Member State, the authority designated by that Member State;
- (ii) for organisations having their principal place of business located in a third country, the Agency;

ORA.GEN.115 Antrag auf ein Zeugnis als Organisation

a) Anträge auf ein Zeugnis als Organisation oder eine Änderung an einem bestehenden Zeugnis werden in der von der zuständigen Behörde festgelegten Form und Weise unter Beachtung der einschlägigen Anforderungen der Verordnung (EG) Nr. 216/2008 und ihrer Durchführungsbestimmungen gestellt.

ORA.GEN.115 Application for an organisation certificate

(a) The application for an organisation certificate or an amendment to an existing certificate shall be made in a form and manner established by the competent authority, taking into account the applicable requirements of Regulation (EC) No 216/2008 and its Implementing Rules.

b) Antragsteller für ein Erstzeugnis legen der zuständigen Behörde Nachweise darüber vor, in welcher Weise sie die Anforderungen gemäß der Verordnung (EG) Nr. 216/2008 und ihren Durchführungsbestimmungen erfüllen werden. Diese Nachweise enthalten ein Verfahren, in dem beschrieben ist, wie Änderungen, für die keine vorherige Genehmigung erforderlich ist, behandelt und der zuständigen Behörde gemeldet werden.

(b) Applicants for an initial certificate shall provide the competent authority with documentation demonstrating how they will comply with the requirements established in Regulation (EC) No 216/2008 and its Implementing Rules. Such documentation shall include a procedure describing how changes not requiring prior approval will be managed and notified to the competent authority.

ORA.GEN.120 Nachweisverfahren

a) Eine Organisation kann alternative Nachweisverfahren zu den von der Agentur angenommenen AMC verwenden, um die Einhaltung der Verordnung (EG) Nr. 216/2008 und ihrer Durchführungsbestimmungen nachzuweisen.

ORA.GEN.120 Means of compliance

(a) Alternative means of compliance to the AMC adopted by the Agency may be used by an organisation to establish compliance with Regulation (EC) No 216/2008 and its Implementing Rules.

AMC1 ORA.GEN.120(a) Means of compliance

DEMONSTRATION OF COMPLIANCE

In order to demonstrate that the Implementing Rules are met, a risk assessment should be completed and documented. The result of this risk assessment should demonstrate that an equivalent level of safety to that established by the Acceptable Means of Compliance (AMC) adopted by the Agency is reached.

b) Wenn eine Organisation alternative Nachweisverfahren verwenden möchte, legt sie der zuständigen Behörde vor deren Umsetzung eine vollständige Beschreibung der alternativen Nachweisverfahren vor. Die Beschreibung enthält alle eventuell relevanten Änderungen von Handbüchern oder Verfahren sowie eine Bewertung, mit der nachgewiesen wird, dass die Verordnung (EG) Nr. 216/2008 und deren Durchführungsbestimmungen erfüllt werden.

Die Organisation kann diese alternativen Nachweisverfahren vorbehaltlich der vorherigen Genehmigung durch die zuständige Behörde und nach Eingang der gemäß ARA.GEN.120 Buchstabe d vorgeschriebenen Benachrichtigung umsetzen.

(b) When an organisation wishes to use an alternative means of compliance, it shall, prior to implementing it, provide the competent authority with a full description of the alternative means of compliance. The description shall include any revisions to manuals or procedures that may be relevant, as well as an assessment demonstrating that Regulation (EC) No 216/2008 and its Implementing Rules are met.

The organisation may implement these alternative means of compliance subject to prior approval by the competent authority and upon receipt of the notification as prescribed in ARA.GEN.120(d).

ORA.GEN.125 Zulassungsbedingungen und Rechte einer Organisation

Zertifizierte Organisationen halten den Aufgabenbereich und die Rechte ein, die in den Bedingungen der Zulassung festgelegt sind, die dem Zeugnis der Organisation beigelegt sind.

ORA.GEN.125 Terms of approval and privileges of an organisation

A certified organisation shall comply with the scope and privileges defined in the terms of approval attached to the organisation's certificate.

AMC1 ORA.GEN.125 Terms of approval and privileges of an organisation

MANAGEMENT SYSTEM DOCUMENTATION

The management system documentation should contain the privileges and detailed scope of activities for which the organisation is certified, as relevant to the applicable requirements. The scope of activities defined in the management system documentation should be consistent with the terms of approval.

ORA.GEN.130 Änderungen bei Organisationen

a) Bei Änderungen, die Folgendes betreffen:

1. den Aufgabenbereich des Zeugnisses oder die Bedingungen der Zulassung einer Organisation oder
2. eines der Elemente des Managementsystems der Organisation, wie in ORA.GEN.200 Buchstabe a Absatz 1 und Buchstabe a Absatz 2 vorgeschrieben, wird die vorherige Genehmigung der zuständigen Behörde eingeholt.

ORA.GEN.130 Changes to organisations

(a) Any change affecting:

- (1) the scope of the certificate or the terms of approval of an organisation; or
- (2) any of the elements of the organisation's management system as required in ORA.GEN.200(a)(1) and (a)(2), shall require prior approval by the competent authority.

GM1 ORA.GEN.130(a) Changes to organisations

GENERAL

(a) Typical examples of changes that may affect the certificate or the terms of approval are listed below:

- (1) the name of the organisation;
- (2) the organisation's principal place of business;
- (3) the organisation's scope of activities;
- (4) additional locations of the organisation;
- (5) the accountable manager;
- (6) any of the persons referred to in ORA.GEN.210 (a) and (b);
- (7) the organisation's documentation as required by this Part, safety policy and procedures;
- (8) the facilities.

(b) Prior approval by the competent authority is required for any changes to the organisation's procedure describing how changes not requiring prior approval will be managed and notified to the competent authority.

(c) Changes requiring prior approval may only be implemented upon receipt of formal approval by the competent authority.

GM2 ORA.GEN.130(a) Changes to organisations

CHANGE OF NAME OF THE ORGANISATION

A change of name requires the organisation to submit a new application as a matter of urgency.

Where this is the only change to report, the new application can be accompanied by a copy of the documentation previously submitted to the competent authority under the previous name, as a means of demonstrating how the organisation complies with the applicable requirements.

b) Bei Änderungen, die einer vorherigen Genehmigung gemäß der Verordnung (EG) Nr. 216/2008 und ihren Durchführungsbestimmungen bedürfen, beantragt die Organisation eine Genehmigung bei der zuständigen Behörde. Der Antrag wird vor der Umsetzung solcher Änderungen gestellt, um es der zuständigen Behörde zu ermöglichen, die fortgesetzte Einhaltung der Verordnung (EG) Nr. 216/2008 und ihrer Durchführungsbestimmungen zu überprüfen und, falls erforderlich, das Zeugnis als Organisation und damit zusammenhängende Zulassungsbedingungen zu ändern.

Die Organisation legt der zuständigen Behörde einschlägige Unterlagen vor.

Die Änderung darf erst nach der formellen Genehmigung der zuständigen Behörde gemäß ARA.GEN.330 umgesetzt werden.

Soweit möglich arbeitet die Organisation während solcher Änderungen gemäß den von der zuständigen Behörde vorgeschriebenen Bedingungen.

(b) For any changes requiring prior approval in accordance with Regulation (EC) No 216/2008 and its Implementing Rules, the organisation shall apply for and obtain an approval issued by the competent authority. The application shall be submitted before any such change takes place, in order to enable the competent authority to determine continued compliance with Regulation (EC) No 216/2008 and its Implementing Rules and to amend, if necessary, the organisation certificate and related terms of approval attached to it. The organisation shall provide the competent authority with any relevant documentation. The change shall only be implemented upon receipt of formal approval by the competent authority in accordance with ARA.GEN.330. The organisation shall operate under the conditions prescribed by the competent authority during such changes, as applicable.

c) Alle Änderungen, die keiner vorherigen Genehmigung bedürfen, werden gemäß dem von der zuständigen Behörde nach ARA.GEN.310 Buchstabe c festgelegten Verfahren behandelt und dieser mitgeteilt.

(c) All changes not requiring prior approval shall be managed and notified to the competent authority as defined in the procedure approved by the competent authority in accordance with ARA.GEN.310(c).

AMC1 ORA.GEN.130 Changes to organisations

APPLICATION TIME FRAMES

(a) The application for the amendment of an organisation certificate should be submitted at least 30 days before the date of the intended changes.

(b) In the case of a planned change of a nominated person, the organisation should inform the competent authority at least 10 days before the date of the proposed change.

(c) Unforeseen changes should be notified at the earliest opportunity, in order to enable the competent authority to determine continued compliance with the applicable requirements and to amend, if necessary, the organisation certificate and related terms of approval.

TEILABSCHNITT AeMC SUBPART AeMC
FLUGMEDIZINISCHE ZENTREN
AERO-MEDICAL CENTRES
SECTION I
Allgemeines General

ORA.AeMC.105 Anwendungsbereich

Dieser Teilabschnitt legt die zusätzlich einzuhaltenden Anforderungen fest, die eine Organisation für die Erteilung oder Verlängerung einer Zulassung als flugmedizinisches Zentrum (Aero-Medical Centre, AeMC) zur Ausstellung von Tauglichkeitszeugnissen, einschließlich Tauglichkeitszeugnissen der Klasse 1, erfüllen muss.

ORA.AeMC.105 Scope

This Subpart establishes the additional requirements to be met by an organisation to qualify for the issue or continuation of an approval as an aero-medical centre (AeMC) to issue medical certificates, including initial class 1 medical certificates.

ORA.AeMC.115 Antragstellung

Antragsteller für ein AeMC-Zeugnis müssen:

a) MED.D.005 erfüllen und

ORA.AeMC.115 Application

Applicants for an AeMC certificate shall:

(a) comply with MED.D.005; and

b) zusätzlich zu den Unterlagen für die Zulassung als Organisation, wie in ORA.GEN.115 vorgeschrieben, Einzelheiten zur Anbindung an ihrerseits bestimmte Krankenhäuser oder medizinische Einrichtungen zum Zweck fachärztlicher Untersuchungen vorlegen.

(b) in addition to the documentation for the approval of an organisation required in ORA.GEN.115, provide details of clinical attachments to or liaison with designated hospitals or medical institutes for the purpose of specialist medical examinations. EN 5.4.2012 Official Journal of the European Union L 100/55

AMC1 ORA.AeMC.115 Application

GENERAL

(a) The documentation for the approval of an AeMC should include the names and qualifications of all medical staff, a list of medical and technical facilities for initial class 1 aero-medical examinations and of supporting specialist consultants.

(b) The AeMC should provide details of clinical attachments to hospitals, medical institutions and/or specialists.

ORA.AeMC.135 Fortlaufende Gültigkeit

Das AeMC-Zeugnis wird auf unbefristet ausgestellt. Es bleibt gültig, solange der Inhaber und die flugmedizinischen Sachverständigen der Organisation:

a) MED.D.030 erfüllen und

ORA.AeMC.135 Continued validity

The AeMC certificate shall be issued for an unlimited duration. It shall remain valid subject to the holder and the aero- medical examiners of the organisation:

(a) complying with MED.D.030;and

b) ihre fortlaufende praktische Erfahrung sicherstellen, indem sie alljährlich eine ausreichende Anzahl medizinischer Untersuchungen der Klasse 1 durchführen.

(b) ensuring their continued experience by performing an adequate number of class 1 medical examinations every year.

AMC1 ORA.AeMC.135 Continued validity

EXPERIENCE

(a) At least 200 class 1 aero-medical examinations and assessments should be performed at the AeMC every year.

(b) In Member States where the number of aero-medical examinations and assessments mentioned in (a) cannot be reached due a low number of professional pilots, a proportionate number of class 1 aero-medical examinations and assessments should be performed.

(c) In these cases, the continuing experience of the head of the AeMC and aero-medical examiners on staff should also be ensured by them performing aero-medical examinations and assessments for:

- (1) class 2 medical certificates as established in Part-MED; and/or
- (2) third country class 1 medical certificates.

(d) Aero-medical research including publication in peer reviewed journals may also be accepted as contributing to the continued experience of the head of, and aero-medical examiners at, an AeMC.

ABSCHNITT II SECTION II
Management Management
ORA.AeMC.200 Managementsystem

Ein AeMC muss ein Managementsystem einrichten und aufrechterhalten, das neben den in ORA.GEN.200 genannten Elementen Verfahren einschließt für:

- a) Tauglichkeitsentscheidungen in Übereinstimmung mit Teil-MED und

ORA.AeMC.200 Management system

The AeMC shall establish and maintain a management system that includes the items addressed in ORA.GEN.200 and, in addition, processes:

- (a) for medical certification in compliance with Part-MED; and

- b) für die jederzeitige Sicherstellung der medizinischen Vertraulichkeit.

- (b) to ensure medical confidentiality at all times.

GM1 ORA.AeMC.200 Management system

RESEARCH

If aero-medical research is conducted at an AeMC, its management system should include processes to conduct that research and publish the results.

ORA.AeMC.210 Anforderungen an das Personal

- a) Das AeMC muss:

1. einen flugmedizinischen Sachverständigen (AME), der zur Ausstellung von Tauglichkeitszeugnissen der Klasse 1 berechtigt ist und ausreichend Erfahrung in der Flugmedizin zur Ausübung seiner Aufgaben besitzt, als Leiter des AeMC benennen und
2. über eine ausreichende Anzahl von Mitarbeitern aus umfassend qualifizierten AME und sonstiger technischen Mitarbeitern und Fachleuten verfügen.

ORA.AeMC.210 Personnel requirements

- (a) The AeMC shall:

- (1) have an aero-medical examiner (AME) nominated as head of the AeMC, with privileges to issue class 1 medical certificates and sufficient experience in aviation medicine to exercise his/her duties; and
- (2) have on staff an adequate number of fully qualified AMEs and other technical staff and experts.

- b) Der Leiter des AeMC ist für die Koordinierung der Beurteilung von Untersuchungsergebnissen und die Unterzeichnung von Berichten, Zeugnissen und erstmalig erteilten Tauglichkeitszeugnissen der Klasse 1 verantwortlich.

- (b) The head of the AeMC shall be responsible for coordinating the assessment of examination results and signing reports, certificates, and initial class 1 medical certificates.

AMC1 ORA.AeMC.210 Personnel requirements

GENERAL

- (a) The aero-medical examiner (AME) should have held class 1 privileges for at least 5 years and have performed at least 200 aero-medical examinations for a class 1 medical certificate before being nominated as head of an AeMC.

(b) The AeMC may provide practical AME training for persons fully qualified and licensed in medicine.

ORA.AeMC.215 Anforderungen an die Einrichtung

Das AeMC muss eine medizinisch-technische Ausstattung vorweisen, die für die Durchführung flugmedizinischer Untersuchungen, die sich aus der Ausübung der Rechte der Zulassung ergeben, erforderlich ist.

ORA.AeMC.215 Facility requirements

The AeMC shall be equipped with medico-technical facilities adequate to perform aero-medical examinations necessary for the exercise of the privileges included in the scope of the approval.

AMC1 ORA.AeMC.215 Facility requirements

MEDICAL-TECHNICAL FACILITIES

The medical-technical facilities of an AeMC should consist of the equipment of a general medical practice and, in addition, of:

(a) Cardiology

Facilities to perform:

- (1) 12-lead resting ECG;
- (2) stress ECG;
- (3) 24-hour blood pressure monitoring; and
- (4) 24-hour heart rhythm monitoring.

(b) Ophthalmology

Facilities for the examination of:

- (1) near, intermediate and distant vision;
- (2) external eye, anatomy, media and funduscopy;
- (3) ocular motility;
- (4) binocular vision;
- (5) colour vision (anomalouscopy or equivalent);
- (6) visual fields;
- (7) refraction; and
- (8) heterophoria.

(c) Hearing

- (1) pure-tone audiometer

(d) Otorhinolaryngology

Facilities for the clinical examination of mouth and throat and:

- (1) otoscopy;
- (2) rhinoscopy;
- (3) tympanometry or equivalent; and
- (4) clinical assessment of vestibular system.

(e) Examination of pulmonary function

- (1) spirometry

(f) The following facilities should be available at the AeMC or arranged with a service provider:

- (1) clinical laboratory facilities; and
- (2) ultrasound of the abdomen.

ORA.AeMC.220 Führung von Aufzeichnungen

Zusätzlich zu den gemäß ORA.GEN.220 erforderlichen Aufzeichnungen muss ein AeMC:

a) Aufzeichnungen mit Einzelheiten zu medizinischen Untersuchungen und Beurteilungen, die für die Ausstellung, Verlängerung oder Erneuerung von Tauglichkeitszeugnissen durchgeführt wurden, und über deren Ergebnisse für einen Zeitraum von mindestens 10 Jahren nach dem letzten Untersuchungstermin aufbewahren und

ORA.AeMC.220 Record-keeping

In addition to the records required in ORA.GEN.220, the AeMC shall:

(a) maintain records with details of medical examinations and assessments performed for the issue, revalidation or renewal of medical certificates and their results, for a minimum period of 10 years after the last examination date; and

b) alle medizinischen Akten in einer Weise aufbewahren, die sicherstellt, dass jederzeit die medizinische Vertraulichkeit gewährleistet ist.“

(b) keep all medical records in a way that ensures that medical confidentiality is respected at all times.