

SECTION 2 – ACCEPTABLE MEANS OF COMPLIANCE (AMC)/ INTERPRETATIVE EXPLANATORY MATERIAL (IEM)

1 GENERAL

1.1 This Section contains Acceptable Means of Compliance and Interpretative/Explanatory Material that has been agreed for inclusion in JAR-FCL 3.

1.2 Where a particular JAR paragraph does not have an Acceptable Means of Compliance or any Interpretative/Explanatory Material, it is considered that no supplementary material is required.

2 PRESENTATION

2.1 The Acceptable Means of Compliance and Interpretative/Explanatory Material are presented in full page width on loose pages, each page being identified by the date of issue or the Change number under which it is amended or reissued.

2.2 A numbering system has been used in which the Acceptable Means of Compliance or Interpretative/Explanatory Material uses the same number as the JAR paragraph to which it refers. The number is introduced by the letters AMC or IEM to distinguish the material from the JAR itself.

2.3 The acronyms AMC and IEM also indicate the nature of the material and for this purpose the two types of material are defined as follows:

Acceptable Means of Compliance (AMC) illustrate a means, or several alternative means, but not necessarily the only possible means by which a requirement can be met. It should however be noted that where a new AMC is developed, any such AMC (which may be additional to an existing AMC) will be amended into the document following consultation under the NPA procedure.

Interpretative/Explanatory Material (IEM) helps to illustrate the meaning of a requirement.

2.4 New AMC or IEM material may, in the first place, be made available rapidly by being published as a Temporary Guidance Leaflet (TGL). Licensing TGLs can be found in the Joint Aviation Authorities Administrative & Guidance Material, Section 5 – Personnel licensing, Part Three: Temporary Guidance. The procedures associated with Temporary Guidance Leaflets are included in the Licensing Joint Implementation Procedures, Section 5 – Personnel licensing, Part 2 Chapter 7.

Note: Any person who considers that there may be alternative AMCs or IEMs to those published should submit details to the Licensing Director, with a copy to the Regulation Director, for alternatives to be properly considered by the JAA. Possible alternative AMCs or IEMs may not be used until published by the JAA as AMCs, IEMs or TGLs.

2.5 Explanatory Notes not forming part of the AMC or IEM text appear in a smaller typeface.

2.6 New, amended or corrected text is enclosed within heavy brackets.

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AMC/IEM A – GENERAL REQUIREMENTS

IEM FCL 3.001

Abbreviations

A	Aeroplane
A/C	Aircraft
AMC	Acceptable Means of Compliance
AMC	Aeromedical Centre
AME	Authorised Medical Examiner
AMS	Aeromedical Section
ATC	Air Traffic Control
ATP	Airline Transport Pilot
ATPL	Airline Transport Pilot Licence
CFI	Chief Flying Instructor
CGI	Chief Ground Instructor
CPL	Commercial Pilot Licence
CRE	Class Rating Examiner
CRI	Class Rating Instructor
FCL	Flight Crew Licensing
F/E	Flight Engineer
FE	Flight Examiner
FI	Flight Instructor
FIE	Flight Instructor Examiner
FNPT	Flight and Navigation Procedures Trainer
FS	Flight Simulator
FTD	Flight Training Device
FTO	Flight Training Organisation
H	Helicopter
HT	Head of Training
ICAO	International Civil Aviation Conference
IEM	Interpretive and Explanatory Material
IFR	Instrument Flight Rules
IMC	Instrument Meteorological Conditions
IR	Instrument Rating
IRE	Instrument Rating Examiner
IRI	Instrument Rating Instructor
JAA	Joint Aviation Authorities
JAR	Joint Aviation Requirements
MCC	Multi Crew Co-operation
ME	Multi-engine
MEP	Multi-engine Piston
MET	Multi-engine Turbo-prop
MPA	Multi-pilot Aeroplane
MPH	Multi-pilot Helicopter

IEM FCL 3.001 (continued)

nm	Nautical Miles
OML	Operational Multicrew Limitation
OSL	Operational Safety Pilot Limitation
OTD	Other Training Devices
PF	Pilot Flying
PIC	Pilot-In-Command
PICUS	Pilot-in-Command Under Supervision
PNF	Pilot Not Flying
PPL	Private Pilot Licence
R/F	Radiotelephony
SE	Single-engine
SET	Single-engine (Turbo-prop)
SFE	Synthetic Flight Examiner
SFI	Synthetic Flight Instructor
SIM	Simulator
SPA	Single-pilot Aircraft
SPH	Single-pilot Helicopter
SPIC	Student Pilot-In-Command
STD	Synthetic Training Devices
TMG	Touring Motor Glider
TR	Type Rating
TRE	Type Rating Examiner
TRI	Type Rating Instructor
TRTO	Type Rating Training Organisation
VFR	Visual Flight Rules
VMC	Visual Meteorological Conditions

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IEM FCL 3.010**Licence requirements****STUDENT PILOT****JAR-FCL 1.085 Requirements**

- a. A student pilot shall meet requirements specified by the Authority in the State in which the student intends to train. In prescribing such requirements the Authority shall ensure that the privileges granted would not permit student pilots to constitute a hazard to air navigation.
- b. A student pilot shall not fly solo unless authorised by a flight instructor.

JAR-FCL 1.090 Minimum age

A student pilot shall be at least 16 years of age before the first solo flight.

JAR-FCL 1.095 Medical fitness

A student pilot shall not fly solo unless that student pilot holds a valid Class 1 or Class 2 medical certificate.

PRIVATE PILOT LICENCE – PPL**JAR-FCL 1.100 Minimum age**

An applicant for a PPL shall be at least 17 years of age.

JAR-FCL 1.105 Medical fitness

An applicant for a PPL shall hold a valid Class 1 or Class 2 medical certificate. In order to exercise the privileges of a PPL a valid Class 1 or Class 2 medical certificate shall be held.

COMMERCIAL PILOT LICENCE – CPL**JAR-FCL 1.140 Minimum age**

An applicant for a CPL shall be at least 18 years of age.

JAR-FCL 1.145 Medical fitness

An applicant for a CPL shall hold a valid Class 1 medical certificate. In order to exercise the privileges of the CPL a valid Class 1 medical certificate shall be held.

AIRLINE TRANSPORT PILOT LICENCE – ATPL**JAR-FCL 1.265 Minimum age**

An applicant for an ATPL shall be at least 21 years of age. In order to exercise the privileges of the ATPL a valid Class 1 medical certificate shall be held.

JAR-FCL 1.270 Medical fitness

An applicant for or the holder of an ATPL shall hold a valid Class 1 medical certificate. In order to exercise the privileges of the ATPL a valid Class 1 medical certificate shall be held.

IEM FCL 3.035**Carriage of safety pilots****Operational Safety Pilot Limitation (OSL) (Class 2 medical certificate only)**

(See JAR-FCL 3.035)

INTRODUCTION

1 A safety pilot is a pilot who is qualified to act as PIC on the class/type of aeroplane and carried on board the aeroplane for the purpose of taking over control should the person acting as a PIC holding a specific medical certificate restriction become incapacitated.

2 The following information should be provided to assist persons acting as safety pilots:

- a. the background for establishing the role of a safety pilot;
- b. the logging of flight time whilst acting as a safety pilot;
- c. the types of medical condition which restrict a particular pilot from flying solo;
- d. the safety pilot's role and responsibilities; and
- e. guidance material to assist the safety pilot in the conduct of this role.

3 Whenever a pilot licence holder with a safety pilot restriction renews or is issued with the related medical certificate, the holder should receive from the Authority an information sheet. This sheet will give advice to pilots utilised by the licence holder in the capacity of safety pilot. An example of this information sheet is shown below.

INFORMATION SHEET**General considerations**

4 The following are a few notes to help you in your role as a safety pilot. Your pilot has been assessed by the Medical Section of the Authority as unfit for solo private flying, but fit to fly with a safety pilot. Although this may sound medically rather alarming, the standards for such pilots are still high, and he/she would undoubtedly be passed fit to lead a 'normal life' on the ground. The chances of any problem occurring during the flight are therefore remote. Nevertheless, as with any aspect of flight safety, remote possibilities should be assessed and, as far as possible, eliminated. This is the purpose of the safety pilot limitation.

5 Unless you have to take over the controls you are supernumerary and cannot log any flying time. You should be checked out and current on the aircraft. It must have dual controls and you must be licensed to fly in the proposed airspace and conditions.

6 You should have some idea of your pilot's medical condition and the problems that might occur during the flight. These could be due to a sudden or subtle incapacitation in a pilot who is otherwise functioning perfectly normally. Alternatively, there may be some fixed problem that is always present (such as poor vision in one eye or an amputated leg) which might cause difficulties in special circumstances.

7 When flying with a pilot who might suffer some form of incapacitation, you should particularly monitor the critical stages of the flight (such as take-off and approach). It may be useful to use some form of question and answer routine as is done during commercial flights. If your pilot does become incapacitated, the two priorities are to fly the aeroplane and try to prevent him/her from compromising the controls. The greatest help in the latter situation is the continuous wearing of a fixed seat belt and shoulder harness (not an inertia reel). With a fixed disability it should be possible to anticipate when help may be needed (maximum braking for example) and to take appropriate action. Further points of consideration are as follows:

a. You should check the medical certificate of your intended PIC to see if the medical restriction is tied to an aeroplane with specially adapted controls, or to a specific type of aeroplane. If so, ensure your PIC is in compliance in this respect.

b. Before the flight, discuss with your PIC the circumstances under which you should intercede and take control of the aeroplane. During this discussion, also establish whether the PIC wishes you to conduct any flight crew ancillary tasks. If so, these should be clearly specified to avoid confusion between

IEM FCL 3.035 (continued)

the PIC and you during the flight. This is particularly important when events are moving quickly and the aeroplane is near the surface, for example, during take-off or final approach to landing.

c. Bear in mind that you are not just a passenger but may, at any time during the flight, be called upon to take over control. Therefore, you will need to remain alert to this possible situation at all times.

d. You should also keep in mind that accidents have occurred with two qualified pilots on board when both pilots thought the other was in control. A means of communication must be established between you and the PIC in order that both of you know who is in control of the aeroplane at any given time. The spoken words 'I have control' from one pilot and the response words 'you have control' from the other pilot is simple and appropriate for this purpose.

e. In order to avoid distraction or confusion to the PIC during the flight, you should keep your hands and feet away from the controls unless safety circumstances arise which require you to take over control of the aeroplane.

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IEM FCL 3.040**Use of medication, drugs, other treatments and alcohol**

(See JAR-FCL 3.040)

Medication

1 Accidents and incidents have occurred as a result of pilots flying while medically unfit and the majority have been associated with what have been considered relatively trivial ailments. Although the symptoms of colds, sore throats, diarrhoea and other abdominal upsets may cause little or no problem whilst on the ground they become dangerous in the flying environment by distracting the pilot and degrading performance in the various flying tasks. The in-flight environment may also increase the severity of symptoms which may be minor while on the ground. The effects may be compounded by the side effects of the medication prescribed or bought over the counter for the treatment of such ailments. The following are some widely used medicines which are normally considered incompatible with flying.

2 Antibiotics such as the various Penicillins, Tetracyclines and others may have short term or delayed side effects which can affect pilot performance. More significantly, however, their use usually indicates that an infection is present and thus the effects of this infection will normally mean that a pilot is not fit to fly.

3 Tranquillisers, anti-depressants and sedatives. Inability to react due to the use of this group of medicines has been a contributory cause to fatal aircraft accidents. Again, as with antibiotics, the underlying condition for which these medications have been prescribed will almost certainly mean that a pilot's mental state is not compatible with the flying task.

4 Stimulants such as caffeine, amphetamines etc. (often known as "pep" pills) used to maintain wakefulness or suppress appetite are often habit forming. Susceptibility to different stimulants varies from one individual to another, and all may cause dangerous over confidence. Overdosage causes headaches, dizziness and mental disturbance. The use of "pep" pills while flying is not permitted. Where coffee intake does not offer sufficient stimulation, then an individual is not fit to fly. Remember that excessive coffee drinking has harmful effects including disturbance of the heart's rhythm.

5 Anti-histamines can cause drowsiness. They are widely used in "cold cures" and in treatment of hayfever, asthma and allergic rashes. They may be in tablet form or a constituent of nose drops or sprays. In many cases the condition itself may preclude flying, so that, if treatment is necessary, advice from the AMS, an AMC or an AME should be sought so that modern drugs, which do not degrade human performance, can be prescribed.

6 Certain drugs used to treat high blood pressure can cause a change in the normal cardiovascular reflexes and impair intellectual performance, both of which can seriously affect flight safety. If the level of blood pressure is such that drug therapy is required the pilot must be temporarily grounded and monitored for any side effects. Any treatment instituted should be discussed with the AMS, an AMC or an AME and a simulator assessment or line check may be appropriate before return to flying.

7 Following local, general, dental and other anaesthetics, a period of time should elapse before return to flying. The period will vary considerably from individual to individual, but a pilot should not fly for at least 12 hours after a local anaesthetic and for 48 hours after a general or spinal anaesthetic.

8 The more potent analgesics may produce a significant decrement in human performance. If such potent analgesics are required, the pain for which they are taken generally indicates a condition which precludes flying.

9 Many preparations are now marketed containing a combination of medicines. It is essential therefore that if there is any new medication or dosage, however slight, the effect should be observed by the pilot on the ground prior to flying. Although the above are the commonest medicines which adversely affect pilot performance, it should be noted that many other forms of medication, although not normally affecting pilot performance, may do so in individuals who are "oversensitive" to a particular preparation. Individuals are therefore advised not to take any medicines before or during flight unless they are completely familiar with their effects on their own bodies. In cases of doubt, pilots should consult an AME, an AMC or the AMS.

IEM FCL 3.040 (continued)

10 (a) If you are taking any medicine you should ask yourself the following three questions:

- Do I feel fit to fly?
- Do I really need to take medication at all?
- Have I given this particular medication a personal trial on the ground of at least 24 hours before flight to ensure that it will not have any adverse effects whatever on my ability to fly?

(b) Confirming the absence of adverse effects may well need expert advice and the assistance of the AMS, an AMC or an AME.

(c) If you are ill and need treatment it is vitally important that the doctor whom you consult knows that you are a member of air crew and whether or not you have recently been abroad.

Other Treatments

11 Alternative or complementary medicine, such as acupuncture, homeopathy, hypnotherapy and several other disciplines, is developing and gaining greater credibility. Some such treatments are more acceptable in some States than others. There is a need to ensure that "other treatments", as well as the underlying condition, are declared and considered by the AMS, an AMC or an AME when assessing fitness.

Alcohol

12 (a) Alcohol is a contributory factor in a number of aircraft accidents every year. It is now well established that even small amounts of alcohol in the blood produce a significant and measurable deterioration in the performance of skilled tasks. Research has shown that blood alcohol concentrations of 0.4 promille are associated with a highly significant increase in errors committed by both experienced and in-experienced pilots even in simple aircraft. This level may be produced after consuming two units of alcohol, e.g. 5cl of whiskey or 0.5L of beer.

(b) The number of units in an alcoholic drink is given by the volume of the drink in centilitres (cl) multiplied by the strength in % weight/volume (%w/v).

Examples:

- 50 cl (0.5L) of beer of 5%w/v contains 2.5 units. (5% of 50 = 2.5)
- 2.5 cl of whiskey of 40%w/v contains 1 unit. (40% of 2.5 = 1)
- 75 cl (1 bottle) of wine of 12%w/v contains 9 units. (12% of 75 = 9)

(c) Alcohol is removed from the body at a relatively constant rate (0.15 promille each hour) regardless of the concentration present. Pilots should not fly for at least 8 hours after taking small amounts of alcohol and proportionally longer if larger amounts are consumed. It should also be remembered that alcohol can have delayed effects on the blood sugar and the inner ear. The effects on the inner ear can be prolonged and increase susceptibility to disorientation and even motion sickness. It may be prudent for a pilot to abstain from alcohol at least 24 hours before flying.

(d) It must be remembered that alcohol's effects can be enhanced or prolonged significantly if it is taken by an individual who is suffering from an illness or who is taking medication.

(e) Attention is drawn to JAR-OPS 1.085(d) where a blood alcohol level of 0.2 promille is described as the upper limit for aircrew on duty as well as an 8 hour abstinence period prior to specified reporting time for flight duty.

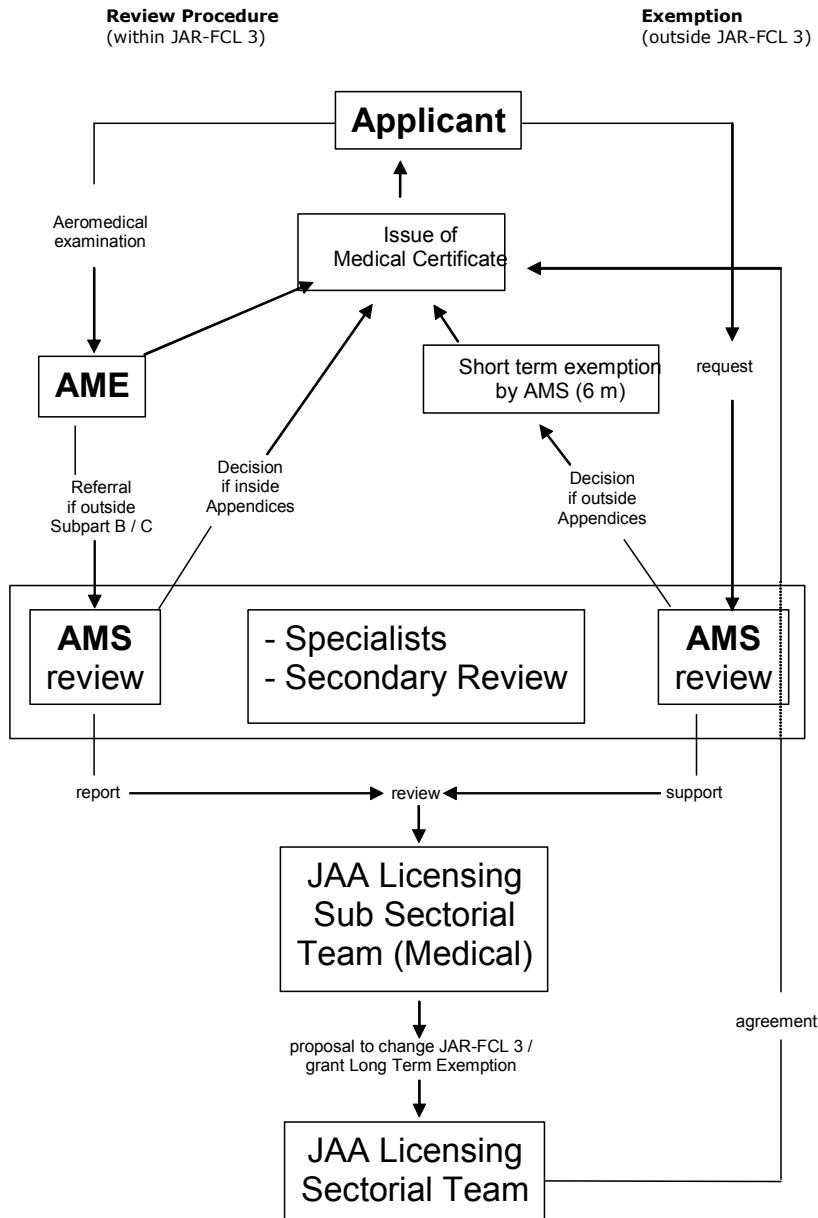
Psychotropic Drugs and Substance Abuse

13 The use of such drugs or substances has a basic effect of detaching the person from reality as well as more complex short and long term effects. These effects are not compatible with the control of an aircraft and individuals using such drugs or substances are not fit to be members of flight crew. Further details are given in:

- Appendix 10 to Sub Part B & C and IEM FCL A, B and C
- IEM FCL A, B and C - The JAA Manual of Civil Aviation Medicine - Aviation Psychiatry Chapter.

[Amdt.1, 01.12.00]

**IEM FCL 3.04 [] [6]
 Procedures for medical [] exemptions/[] [review procedures]
 [] [(See JAR-FCL 3.046, 3.125)]**



[Amdt.5, 01.12.06]

AMC FCL 3.090**Training course syllabi for authorised medical examiners**

(See JAR-FCL 3.090)

A	BASIC TRAINING IN AVIATION MEDICINE	60 HOURS
1	Introduction to Aviation Medicine	1 hour
	History of aviation medicine Specific aspects of civil aviation medicine Aspects of military aviation medicine and space medicine	
2	Physics of Atmosphere and Space	1 hour
	Atmosphere Space Gas and vapour laws and their physiological significance	
3	Basic aeronautical knowledge	3 hours
	Flight mechanisms Propulsion Instrumentation on board Conventional instruments – ‘glass cockpit’ Professional airline operations Military aviation Air traffic control Recreational flying Simulator/aircraft experience	
4	Aviation Physiology	
	ATMOSPHERE	
	Functional limits for humans in flight }	
	Divisions of the atmosphere }	
	Gas laws – physiological significance }	
	Physiological effects of decompression }	
	RESPIRATION }	
	Blood gas exchange }	
	Oxygen saturation }	
	HYPOXIA – signs and symptoms }	
	Average time of useful consciousness (TUC) }	
	Hyperventilation – signs and symptoms }	
	Barotrauma }	
	Decompression sickness }	4 hours
	ACCELERATION	
	G-Vector orientation }	
	Effects and limits of G-load }	
	Methods to increase gz-tolerance }	
	Positive/negative acceleration }	1 hour
	Acceleration and the vestibular system }	

AMC FCL 3.090 (continued)

	VISUAL DISORIENTATION		
	Sloping cloud deck	}	
	Ground lights and stars – confusion	}	1 hour
	Visual autokinesis	}	
	VESTIBULAR DISORIENTATION		
	Anatomy of the inner ear	}	
	Function of the semicircular canals	}	2 hours
	Function of the otolith organs	}	
	The oculogyral and coriolis illusion	}	
	'Leans'	}	
	SIMULATOR ILLUSION		
	Forward acceleration illusion of 'nose up'	}	
	Deceleration illusion of 'nose down'	}	1 hour
	Motion sickness – causes and management	}	
	NOISE AND VIBRATION		
	Preventive measures	}	1 hour
5	Ophthalmology		
	including 1 hour demonstration and practical		4 hours
	Anatomy of the eye		
	Clinical examination of the eyes		
	Function testing (visual acuity, colour vision, visual fields etc.		
	Aspects of eye-pathology significant to aviation		
	JAA visual requirements		
6	Otorhinolaryngology		
	including 1 hour demonstration and practical		3 hours
	Anatomy of the systems		
	Clinical examination in ORL		
	Functional hearing tests		
	Equilibrium testing		
	Aero-deafness		
	Barotrauma – ears and sinuses		
	Aeronautical ORL – pathology		
	JAA hearing requirements		
7	Cardiology and General Medicine		10 hours
	Complete physical examination		
	Physical fitness and cardiovascular conditions		
	– respiratory conditions		
	– gastrointestinal disease		
	– renal disorders		
	– gynaecology		
	– glucose tolerance		
	– haematological disorders		
	– orthopaedic disorders		
	– pilots with disabilities		
	JAA requirements		

SECTION 2**JAR-FCL 3**

AMC FCL 3.090 (continued)

8	Neurology	2 hours
	Complete neurological examination Physical fitness and neurological disorders JAA requirements	
9	Psychiatry in Aviation Medicine	4 hours
	Psychiatric exploration Physical fitness and psychiatric conditions Drugs and alcohol JAA requirements	
10	Psychology	4 hours
	Introduction to psychology in aviation Behaviour Personality Flight motivation and suitability Group social factors Workload, ergonomics Psychological stress, fatigue Psychomotor functions and age Fear and refusal of flying AME/Flight Crew relationships Psychological selection criteria JAA requirements	
11	Dentistry	1 hour
	Dental examination Barodontalgia JAA requirements	
12	Accidents, Escape and Survival	4 hours
	Injuries Accident statistics – general, recreational aviation – commercial aviation – military aviation Aviation pathology, postmortem examination, identification Escape from aircraft in flight – aircraft on fire – aircraft in water – by parachute – by ejection	
13	Legislation, Rules and Regulations	6 hours
	ICAO Standards and Recommended Practices JAA provisions (Requirements, Appendices, AMCs and IEMs) AMS, AMC, AME	

AMC FCL 3.090 (continued)

14	Air Evacuation including 1 hour demonstration and practical	3 hours
	<ul style="list-style-type: none"> Organisation and logistics Disabled passengers Air ambulance flying Patients in respiratory distress Patients with cardiovascular disorders Psychiatric emergencies 	
15	Medication and Flying	2 hours
16	Concluding items	2 hours
	<ul style="list-style-type: none"> Final examination De-briefing and critique 	
B	ADVANCED TRAINING IN AVIATION MEDICINE	60 HOURS
1	Pilot working environment	2 hours
	<ul style="list-style-type: none"> Pressure cabin Fixed wing Helicopter Single-pilot/multi-crew 	
2	Aerospace physiology including 2 hours demonstration and practical	4 hours
	<ul style="list-style-type: none"> Brief review of basics in physiology (hypoxia, hyperventilation, acceleration, disorientation) 	
3	Ophthalmology including 2 hours demonstration and practical	5 hours
	<ul style="list-style-type: none"> Brief review of basics (visual acuity, refraction, colour vision, visual fields...) JAA Class 1 visual requirements Implications of refractive and other eye surgery Case review 	
4	Otorhinolaryngology including 2 hours demonstration and practical	4 hours
	<ul style="list-style-type: none"> Brief review of basics (barotrauma - ears and sinuses, functional hearing tests...) JAA Class 1 hearing requirements Case review 	
5	Cardiology and general medicine including 4 hours demonstration and practical	10 hours
	<ul style="list-style-type: none"> Complete physical examination and review of basics JAA Class 1 requirements Medication and flying Diagnostic steps in cardiology Clinical cases 	

AMC FCL 3.090 (continued)

6	Neurology/Psychiatry including 2 hours demonstration and practical	6 hours
	<p>Brief review of basics (neurological examination, psychiatric exploration) Drugs and alcohol JAA Class 1 requirements</p>	
7	Human Factors in aviation including 9 hours demonstration and practical	19 hours
	<p>a. Long haul flight operations</p> <ul style="list-style-type: none"> – flight time limitations – sleep disturbance – extended/expanded crew – jet lag/time zones – sleep disturbance <p>b. Human information processing and system design</p> <ul style="list-style-type: none"> – FMS, PFD, datalink, fly by wire – adaptation to the glass cockpit – CCC, CRM, LOFT etc. – simulator training – ergonomics – flight experience <p>c. Crew commonality</p> <ul style="list-style-type: none"> – flying under the same type rating e.g. B737–300, –400, –500 – flying under common type rating e.g. B757/767, A320/340 <p>d. Human factors in aircraft accidents</p> <ul style="list-style-type: none"> – analysis by and consequences for airlines – JAA requirements 	
8	Tropical medicine	2 hours
	<p>Endemicity of tropical disease Tropical pathology and aviation medicine Vaccination of flight crew and passengers International health regulations</p>	
9	Hygiene including 2 hours demonstration and practical	4 hours
	<p>Aircraft and transmission of diseases Disinfection in aviation Hygiene aboard aircraft Catering Crew nutrition</p>	
10	Space medicine	2 hours
	<p>Radiation Spacecraft</p>	

AMC FCL 3.090 (continued)

11 Concluding items 2 hours

Organisation, briefing
final examination and critique

Abbreviations	CCC	Crew Co-ordination Concept
	CRM	Crew Resource Management
	FMS	Flight Management System
	LOFT	Line Oriented Flight Training
	PFD	Primary Flight Display

C REFRESHER TRAINING IN AVIATION MEDICINE 20 HOURS**1 Refresher course supervised by the NAA (minimum 6 hours)****2 Agreed accreditation times for training:**

- a. Attendance at International Academy of Aviation and Space Medicine Annual Congresses (all 4 days – 10 hours)
- b. Attendance at Aerospace Medical Association Annual Scientific Meetings (all 4 days – 10 hours)
- c. Other scientific meetings, as organised or approved by AMS of Member State.*
- d. Flight deck experience (a maximum of 5 hours credit per 3 years)
 - i. jump seat (5 sectors – 1 hour credit)
 - ii. simulator (4 hours – 1 hour credit)
 - iii. aircraft piloting (4 hours – 1 hour credit)

All credited time must be agreed with the AMS.

* A minimum of 6 hours must be under the direct supervision of the AMS.

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IEM FCL 3.095(a) & (b)
Summary of minimum requirements

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

This Table summarises the principal requirements. Full requirements are detailed in [] [JAR-FCL] 3 Subparts B and C and Appendices 1 to 18.

Note: Any tests may be required at any time if clinically indicated (JAR-FCL 3.105(f)).

*AMC = Aeromedical Centre of a JAA Member State

*AME = Authorised Medical Examiner [Amdt.1, 01.12.00; Amdt.4, 01.08.05; Amdt.5, 01.12.06]

LOGO

CIVIL AVIATION ADMINISTRATION COUNTRY

[] [APPLICATION FORM FOR [AN] AVIATION MEDICAL CERTIFICATE

Complete this page fully and in block capitals - Refer to instructions pages for details.

MEDICAL IN

CONFIDENCE

(1) JAA State of licence issue:		(2) Class of medical certificate applied for 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Others <input type="checkbox"/>	
(3) Surname:		(4) Previous surname(s):	(12) Application Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/>
(5) Forenames:		(6) Date of birth:	(7) Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
(8) Place and country of birth:		(9) Nationality:	(13) Reference number:
(10) Permanent address: Country : Telephone No. : Mobile No. : e-mail :		(11) Postal address (if different) Country : Telephone No. :	(14) Type of licence applied for: (15) Occupation (principal) (16) Employer (17) Last medical examination Date: Place:
(18) Aviation licence(s) held (type): Licence number: State of issue:		(19) Any Limitations on Licence/ Med. Cert. No <input type="checkbox"/> Yes <input type="checkbox"/> Details:	
(20) Have you ever had an aviation medical certificate denied, suspended or revoked by any licensing authority? No <input type="checkbox"/> Yes <input type="checkbox"/> Date: Country: Details:		(21) Flight time hours total:	(22) Flight time hours since last medical:
(24) Any aircraft accident or reported incident since last medical? No <input type="checkbox"/> Yes <input type="checkbox"/> Date: Place: Details:		(23) Aircraft presently flown:	
(27) Do you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes, amount		(25) Type of flying intended:	
(29) Do you smoke tobacco? <input type="checkbox"/> No, never <input type="checkbox"/> No, date stopped: <input type="checkbox"/> Yes, state type and amount:		(26) Present flying activity: Single pilot <input type="checkbox"/> Multi pilot <input type="checkbox"/>	
		(28) Do you currently use any medication? No <input type="checkbox"/> Yes <input type="checkbox"/> State drug, dose, date started and why:	

General and medical history: Do you have, or have you ever had, any of the following? (Please tick).

Note: if revalidating at the same venue as last examination, tick only boxes relating to any medical/surgical/ophthalmic or other events or changes since last examined. If 'no change' state this in 'Remarks'.

Yes		No		Yes		No		Yes		No		Family history of:		Yes		No	
101 Eye trouble/eye operation			112 Nose, throat or speech disorder			123 Malaria or other tropical disease			170 Heart disease								
102 Spectacles and/or contact lenses ever worn			113 Head injury or concussion			124 A positive HIV test			171 High blood pressure								
103 Spectacle/contact lens prescriptions change since last medical exam.			114 Frequent or severe headaches			125 Sexually transmitted disease			172 High cholesterol level								
104 Hav fever, other allergy			115 Dizziness or fainting spells			126 Admission to hospital			173 Epilepsy								
105 Asthma, lung disease			116 Unconsciousness for any reason			127 Any other illness or injury			174 Mental illness								
106 Heart or vascular trouble			117 Neurological disorders; stroke, epilepsy, seizure, paralysis, etc			128 Visit to medical practitioner since last medical examination			175 Diabetes								
107 High or low blood pressure			118 Psychological/psychiatric trouble of any sort			129 Refusal of life insurance			176 Tuberculosis								
108 Kidney stone or blood in urine			119 Alcohol/drug/substance abuse			130 Refusal of flying licence			177 Allergy/asthma/eczema								
109 Diabetes, hormone disorder			120 Attempted suicide						178 Inherited disorders								
110 Stomach, liver or intestinal trouble			121 Motion sickness requiring medication			132 Medical rejection from or for military service			179 Glaucoma								
111 Deafness, ear disorder			122 Anaemia / Sickle cell trait/other blood disorders			133 Award of pension or compensation for injury or illness			Females only:								
									150 Gynaecological, menstrual problems								
									151 Are you pregnant?								

(30) Remarks: If previously reported and no change since, so state.

(31) Declaration: I hereby declare that I have carefully considered the statements made above and to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statements. I understand that if I have made any false or misleading statements in connection with this application, or fail to release the supporting medical information, the Authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under national law. CONSENT TO RELEASE OF MEDICAL INFORMATION: I hereby authorise the release of all information contained in this report and any or all attachments to the Aeromedical Section and where necessary the Aeromedical Section of another JAA Member State, recognising that these documents or electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times.

Date

Signature of applicant

Signature of AME (Witness)

IEM FCL 3.095(c)(2)

**INSTRUCTION [] PAGE FOR COMPLETION OF THE APPLICATION FORM
FOR [AN] AVIATION MEDICAL CERTIFICATE**

This Application Form, all attached Report Forms and Reports are required in accordance with ICAO Instructions and will be transmitted to the [] [Aeromedical section]. Medical Confidentiality shall be respected at all times.

The Applicant must personally complete in full all questions (boxes) on the Application Form. Writing must be in Block Capitals using a ball-point pen and be legible. Exert sufficient pressure to make legible copies. If more space is required to answer any question, use a plain sheet of paper bearing the information, your signature and the date signed. The following numbered instructions apply to the numbered headings on the application form.

NOTICE: Failure to complete the application form in full or to write legibly will result in non-acceptance of the application form. The making of False or Misleading statements or the Withholding of relevant information in respect of this application may result in criminal prosecution, denial of this application and/or withdrawal of any medical certificate(s) granted.

1. JAA STATE APPLIED TO: State name of Country this application is to be forwarded to.	17. LAST MEDICAL APPLICATION: State date (day, month, year) and [] [place] (town, country)[] [Initial] applicants state 'NONE'.
2. CLASS OF MEDICAL CERTIFICATE: Tick appropriate box. Class 1: Professional Pilot Class 2: Private Pilot Others: All other uses, e.g. ATC, Cabin Crew	18. AVIATION LICENCE HELD: State type of licences held as answered in Question 14. Enter licence number and [] [State] of issue for each licence. If no licences are held, state 'NONE'.
3. SURNAME: State Surname/ Family name.	19. ANY [] LIMITATIONS [] ON THE LICENCE / MEDICAL CERTIFICATE: Tick appropriate box and give details of any [] limitations [] on your licences / medical certificates, e.g. vision, colour vision, safety pilot, etc.
4. PREVIOUS SURNAME(S): If your surname or family name has changed for any reason, state previous name(s).	20. MEDICAL CERTIFICATE DENIAL OR REVOCATION: Tick 'YES' box if you have ever had a medical certificate denied or revoked even if only temporary. If 'YES', state date (DD/MM/YYYY) and Country where occurred.
5. FORENAMES: State first and middle names (maximum three).	21. PILOT FLIGHT TIME TOTAL: State total number of hours flown.
6. DATE OF BIRTH: Specify in order Day(DD), Month(MM), Year(YYYY) in numerals, e.g. 22-08-1950.	22. PILOT FLIGHT TIME SINCE LAST MEDICAL: State number of hours flown since your last medical examination.
7. SEX: Tick appropriate box.	23. AIRCRAFT PRESENTLY FLOWN: State name of principal aircraft flown, e.g. Boeing 737, Cessna 150, etc.
8. PLACE OF BIRTH: State Town and Country of birth.	24. AIRCRAFT ACCIDENT/INCIDENT: If 'YES' box ticked, state Date (DD/MM/YYYY) and Country of Accident/Incident.
9. NATIONALITY: State name of country of Citizenship.	25. TYPE OF FLYING INTENDED: State whether airline, charter, [single-pilot commercial air transport carrying passengers,] agriculture, pleasure, etc.
10. PERMANENT ADDRESS: State permanent postal address and country. Enter telephone area code as well as number.	26. PRESENT FLYING ACTIVITY: Tick appropriate box to indicate whether you fly as the SOLE pilot or not.
11. POSTAL ADDRESS: If different from permanent address, state full current postal address including telephone number and area code. If the same, enter 'SAME'.	[] [27. DO YOU DRINK ALCOHOL?] Tick applicable box. If yes, state weekly alcohol consumption e.g. 2 litres beer.
12. APPLICATION: Tick appropriate box.	28. DO YOU CURRENTLY USE ANY MEDICATION: If 'YES', give full details - name, how much you take and when, etc. Include any non-prescription medication.
13. REFERENCE NUMBER: State Reference Number allocated to you by your National Aviation Authority. Initial Applicants enter 'NONE'.	[] [29. DO YOU SMOKE TOBACCO?] Tick applicable box. Current smokers state type (cigarettes, cigars, pipe) and amount (e.g. 2 cigars daily; pipe – 1 oz. weekly)
14. TYPE OF LICENCE DESIRED: State type of licence applied for from the following list: Aeroplane Transport Pilot Licence [] [Commercial Pilot Licence/Instrument Rating] [Commercial Pilot Licence] Private Pilot Licence/Instrument Rating [] [Private Pilot] [And whether] Fixed Wing / Rotary Wing / Both Other – Please specify	GENERAL AND MEDICAL HISTORY All items under this heading from number 101 to [] [179] inclusive must have the answer 'YES' or 'NO' ticked. You MUST tick 'YES' if you have ever had the condition in your life and describe the condition and approximate date in the 30. REMARKS box. All questions asked are medically important even though this may not be readily apparent. Items numbered [] [170] to [] [179] relate to immediate family history whereas items numbered [] [150] to [] [151] must be answered by female applicants [only]. If information has been reported on a previous application form and there has been no change in your condition, you may state 'Previously Reported, No Change Since'. However, you must still tick 'YES' to the condition. Do not report occasional common illnesses such as colds.
15. OCCUPATION: Indicate your principal employment.	31. DECLARATION AND CONSENT TO OBTAINING AND RELEASING INFORMATION: Do not sign or date these declarations until indicated to do so by the AME who will act as witness and sign accordingly.
16. EMPLOYER: If principal occupation is pilot, then state employer's name or if self-employed, state 'self'.	

[AN APPLICANT HAS THE RIGHT TO REFUSE ANY TEST AND TO REQUEST REFERRAL TO THE AUTHORITY (AMS). HOWEVER, THIS MAY RESULT IN TEMPORARY DENIAL OF MEDICAL CERTIFICATION]

[Amdt.5, 01.12.06]

IEM FCL 3.095(c)(3)

[]AME MEDICAL EXAMINATION GUIDELINES

BEFORE STARTING THE MEDICAL EXAMINATION, CHECK BOTH THE LICENCE AND THE PREVIOUS MEDICAL CERTIFICATE. The licence is checked to verify the identity of the applicant. Should an applicant not have his/her licence or previous medical certificate, you should contact the Authority (Aeromedical Section) to check prior details and requirements. If the applicant is an initial applicant, you should have him/her satisfactorily establish their identity by other means.

The previous medical certificate is checked for limitations. The limitation 'Special Instructions – contact AMS' requires you to contact the relevant AMS for special instructions which may even require the applicant to be examined at a designated location or centre. [If a pilot has been outside the limits of JAR-FCL 3, Section 1, Subparts B or C, but has been certified after review procedure by the AMS, the limitation 'REV - Medical certificate issued after review procedure, special instructions may apply, AMS may be contacted' indicates that special instructions may apply. It allows any AME to be aware of that and to contact the AMS for more information if deemed necessary. However, the holder of the medical certificate should present the written report of the AMS concerning the review procedure to the AME to allow quicker processing (Reference JAR-FCL 3.125).]

You should then check the previous medical certificate to establish what tests are required for that medical, i.e. ECG.

Hand the applicant the Application Form and the guidelines for its completion. Instruct the applicant to complete the form but NOT to sign it until instructed. You should go over the form with the applicant elucidating further information as necessary to determine the significance of any entry and asking further questions as an aide-memoire. When you are satisfied that the form is complete and legible, request the applicant to sign and date the form and then sign yourself as witness. If the applicant refuses to complete the application form fully or refuses to sign the declaration consent to release of medical information, you must inform the applicant that you may not issue a medical certificate regardless of the result of the clinical examination; also that you must refer the complete documentation of that examination to the relevant AMS for a decision. This AMS is expected to state that their application for a medical certificate is incomplete and not acceptable.

Perform the medical examination and complete the Medical Examination Report Form as per instructions. Review all tests required and confirm all performed. If an Extended Medical Examination is being performed, confirm completion and receipt of ORL and Ophthalmology report forms.

Review all forms for correctness of answers and results. If you are satisfied that the applicant meets the JAA Standards, issue a new certificate of the appropriate class. When completing the certificate, verify that all the required information is entered and in particular that all limitations, conditions, variations and their corresponding codes are entered on Page 4. Dates of future examinations and tests can be completed at the option of the AME. Ask the applicant to then sign the certificate after your signature.

If all the JAA medical standards are not clearly met, or if a doubt exists about the fitness of the applicant for the class of medical certificate applied, either refer the decision to the AMS or deny issuance of a certificate. []He/she must be informed of their right to review by the AMS and it should be explained to them why a certificate is being denied.

Complete all forms as soon as possible and certainly within 5 days. Forward them to your national AMS (or supervisory AMS if you are an AME based in a non-JAA State). If a medical certificate has been denied or decision referred, documentation must be forwarded immediately by post and preferably also by fax.

[Amdt.5, 01.12.06]

INTENTIONALLY LEFT BLANK

[] MEDICAL EXAMINATION REPORT

(201) Examination Category Initial <input type="checkbox"/> Reval/Renewal <input type="checkbox"/> Extended <input type="checkbox"/> Special referral <input type="checkbox"/>	(202) Height (cm)	(203) Weight (kg)	(204) Colour Eye	(205) Colour Hair	(206) Blood Pressure-seated (mmHg)		(207) Pulse - resting	
					Systolic	Diastolic	Rate (bpm)	Rhythm reg <input type="checkbox"/> irreg <input type="checkbox"/>

Clinical exam: Check each item		Normal	Abnormal	Normal	Abnormal
(208) Head, face, neck, scalp				(218) Abdomen, hernia, liver, spleen	
(209) Mouth, throat, teeth				(219) Anus, rectum	
(210) Nose, sinuses				(220) Genito - urinary system	
(211) Ears, drums, eardrum motility				(221) Endocrine system	
(212) Eyes - orbit & adnexa; visual fields				(222) Upper & lower limbs, joints	
(213) Eyes - pupils and optic fundi				(223) Spine, other musculoskeletal	
(214) Eyes - ocular motility; nystagmus				(224) Neurologic - reflexes, etc.	
(215) Lungs, chest, breasts				(225) Psychiatric	
(216) Heart				(226) Skin, identifying marks and lymphatics	
(217) Vascular system				(227) General systemic	
(228) Notes: Describe every abnormal finding. Enter applicable item number before each comment.					

Visual acuity

(229) Distant vision at 5m/6m	Spec-	Contact
	uncorrected	Tacles lenses
Right eye	Corr. to	
Left eye	Corr. to	
Both eyes	Corr. to	

(230) Interm. vision	Uncorrected	Corrected
N14 at 100 cm	Yes No	Yes No
Right eye		
Left eye		
Both eyes		

(231) Near vision	Uncorrected	Corrected
N5 at 30-50 cm	Yes No	Yes No
Right eye		
Left eye		
Both eyes		

(232) Glasses		(233) Contact lenses	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type:		Type:	
Refraction	Sph	Cyl	Axis
Right eye			
Left eye			

(2313) Colour perception	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Pseudo-isochromatic plates	Type:Ishihara (24 plates)	
No of plates:	No of errors:	

(234) Hearing (when 241 not performed)	Right ear	Left ear
Conversational voice test (2 m) back turned to examiner	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Audiometry		
Hz	500	1000
		2000
		3000
Right		
Left		

(249) Medical examiner's declaration:

I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

(250) Place and date:	Examiner's Name and Address:(Block Capitals)	AME Stamp with AME No.:
Authorised Medical Examiners Signature:	E-mail: Telephone No.: Telefax No.:	

(236) Pulmonary function	(237) Haemoglobin
FEV ₁ /FVC _____ %	_____ (unit)
Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
	Normal <input type="checkbox"/>
	Abnormal <input type="checkbox"/>

(235) Urinalysis	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Glucose	Protein	Blood
		Other

Accompanying Reports	
	Normal
	Abnormal / Comment
(238) ECG	
(239) Audiogram	
(240) Ophthalmology	
(241) ORL (ENT)	
(243) Blood lipids	
(243) Pulmonary functions	
(244) Pulmonary function	
(246) Other (what?)	

(247) **Aviation medical examiner's recommendation**

Name of applicant: _____ Date of birth: _____

Fit Class _____

Medical certificate issued by undersigned (copy attached) class _____

Unfit class _____ (JAR-FCL 3 para _____)

Deferred for further evaluation. If yes, why and to whom?

(248) **Comments, restrictions, limitations**

IEM FCL 3.095(c) (5)

AME INSTRUCTIONS FOR COMPLETION OF THE MEDICAL EXAMINATION REPORT FORM

All questions (boxes) on the Medical Examination Report Form must be completed in full. If an Otorhinolaryngology Examination Report Form is attached, then Questions 209, 210, 211, and 234 may be omitted. If an Ophthalmology Examination Report Form is attached then Questions 212, 213, 214, 229, 230, 231, 232, and 233 may be omitted.

Writing must be in BLOCK CAPITALS using a ball-point pen and be legible. Exert sufficient pressure to make legible copies. Completion of this form by typing/printing is both acceptable and preferable. If more space is required to answer any question, write on a plain sheet of paper the applicant's name, the information, your signature and the date signed. The following instructions apply to the same numbered headings on the Medical Examination Report Form.

NOTICE – Failure to complete the medical examination report form in full as required or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of False or Misleading statements or the withholding of relevant information by an AME may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

201 EXAMINATION CATEGORY – Tick appropriate box.

Initial – Initial examination for either Class 1 or 2; also initial exam. for upgrading from Class 2 to 1 (notate 'upgrading' in Section 248).

Renewal / Revalidation – Subsequent ROUTINE examinations.

Extended Renewal / Revalidation – Subsequent ROUTINE examinations which include comprehensive Ophthalmological and ORL examinations.

202 HEIGHT – Measure height without shoes in centimetres to nearest cm.

203 WEIGHT – Measure weight in indoor clothes in kilograms to nearest kg.

204 EYE COLOUR – State colour of applicants eyes from the following list: brown, blue, green, hazel, grey, multi.

205 HAIR COLOUR – State colour of applicants hair from the following list: brown, black, red, fair, bald.

206 BLOOD PRESSURE – Blood Pressure readings should be recorded as Phase 1 for Systolic pressure and Phase 5 for Diastolic pressure. The applicant should be seated and rested. Recordings in mm Hg.

207 PULSE (RESTING) – The pulse rate should be recorded in beats per minute and the rhythm should be recorded as regular or irregular. Further comments if necessary may be written in Section 228, 248 or separately.

SECTION 208 – 227 inclusive constitute the general clinical examination and each of the sections must be checked as Normal or Abnormal.

208 HEAD, FACE, NECK, SCALP – To include appearance, range of neck and facial movements, symmetry, etc.

209 MOUTH, THROAT, TEETH – To include appearance of buccal cavity, palate motility, tonsillar area, pharynx and also gums, teeth and tongue.

210 NOSE, SINUSES – To include appearance and any evidence of nasal obstruction or sinus tenderness on palpation.

IEM FCL 3.095(c)(5) (continued)

211 EARS, DRUMS, EARDRUM MOTILITY – To include otoscopy of external ear, canal, tympanic membrane. Eardrum motility by valsalva manoeuvre or by pneumatic otoscopy.

212 EYES – ORBIT AND ADNEXA, VISUAL FIELDS – To include appearance, position and movement of eyes and their surrounding structures in general, including eyelids and conjunctiva. Visual fields check by campimetry, perimetry or confrontation.

213 EYES – PUPILS AND OPTIC FUNDI – To include appearance, size, reflexes, red reflex and funduscopy. Special note of corneal scars.

214 EYES – OCULAR MOTILITY, NYSTAGMUS – To include range of movement of eyes in all directions; symmetry of movement of both eyes; ocular muscle balance; convergence; accommodation; signs of nystagmus.

215 LUNGS, CHEST, BREAST – To include inspection of chest for deformities, operation scars, abnormality of respiratory movement, auscultation of breath sounds. Physical examination of female applicants breasts should only be performed with informed consent.

216 HEART – To include apical heart beat, position, auscultation for murmurs, carotid bruits, palpation for thrills.

217 VASCULAR SYSTEM – To include examination for varicose veins, character and feel of pulse, peripheral pulses, evidence of peripheral circulatory disease.

218 ABDOMEN, HERNIA, LIVER, SPLEEN – To include inspection of abdomen; palpation of internal organs; check for inguinal hernias in particular.

219 ANUS, RECTUM – Examination only with informed consent.

220 GENITO-URINARY SYSTEM – To include renal palpation; inspection palpation male/female reproductive organs only with informed consent.

221 ENDOCRINE SYSTEM – To include inspection, palpation for evidence of hormonal abnormalities/imbalance; thyroid gland.

222 UPPER AND LOWER LIMBS, JOINTS – To include full range of movements of joints and limbs, any deformities, weakness or loss. Evidence of arthritis.

223 SPINE, OTHER MUSCULOSKELETAL – To include range of movements, abnormalities of joints.

224 NEUROLOGIC – REFLEXES ETC. To include reflexes, sensation, power, vestibular system – balance, romberg test, etc.

225 PSYCHIATRIC – To include appearance, appropriate mood/thought, unusual behaviour.

226 SKIN, LYMPHATICS, IDENTIFYING MARKS – To include inspection of skin; inspection, palpation for lymphadenopathy, etc. Briefly describe scars, tattoos, birthmarks, etc. which could be used for identification purposes.

227 GENERAL SYSTEMIC – All other areas, systems and nutritional status.

228 NOTES – Any notes, comments or abnormalities to be described – extra notes if required on paper, signed and dated.

229 DISTANT VISION AT 5/6 METRES – Each eye to be examined separately and then both together. First without correction, then with spectacles (if used) and lastly with contact lenses, if used. Record visual acuity in appropriate boxes. Visual acuity to be tested at either 5 or 6 metres with the appropriate chart for the distance.

IEM FCL 3.095(c)(5) (continued)

230 INTERMEDIATE VISION AT 1 METRE – Each eye to be examined separately and then both together. First without correction, then with spectacles if used and lastly with contact lenses if used. Record visual acuity in appropriate boxes as ability to read N14 at 100 cm (Yes/No).

231 NEAR VISION AT 30–50 CMS. – Each eye to be examined separately and then both together. First without correction, then with spectacles if used and lastly with contact lenses, if used. Record visual acuity in appropriate boxes as ability to read N5 at 30–50 cm (Yes/No).

Note: Bifocal contact lenses and contact lenses correcting for near vision only are not acceptable.

232 SPECTACLES – Tick appropriate box signifying if spectacles are or are not worn by applicant. If used, state whether unifocal, bifocal, varifocal or look-over.

233 CONTACT LENSES – Tick appropriate box signifying if contact lenses are or are not worn. If worn, state type from the following list; hard, soft, gas-permeable or disposable.

[313 COLOUR PERCEPTION – Tick appropriate box signifying if colour perception is normal or not. If abnormal state number of plates of the first 15 of the pseudo-isochromatic plates (Ishihara 24 plates) have not been read correct.]

234 HEARING – Tick appropriate box to indicate hearing level ability as tested separately in each ear at 2 m.

235 []URINALYSIS – State whether result of urinalysis is normal or not by ticking appropriate box. If no abnormal constituents, state NIL in each appropriate box.

236 []FEV1/FVC – When required or on indication, state actual value obtained in [][%] and state if normal or not with reference to height, age, sex and race.

237 HAEMOGLOBIN – Enter actual haemoglobin test result [][and state units used]. Then state whether normal value or not by ticking appropriate box.

238–246 ACCOMPANYING REPORTS – One box opposite each of these sections must be ticked. If the test is not required and has not been performed, then tick the NOT PERFORMED box. If the test has been performed (whether required or on indication) complete the normal or abnormal box as appropriate. In the case of question 246, the number of other accompanying reports must be stated.

247 MEDICAL EXAMINER'S RECOMMENDATION – Enter name of applicant in Block Capitals and then tick appropriate box with applicable class of Medical Certificate. If a fit assessment is recommended, please indicate whether a Medical Certificate has been issued or not. An applicant may be recommended as Fit for Class 2 but also deferred or recommended as Unfit for Class I. If an Unfit recommendation is made, applicable JAR Med. Para No(s) must be entered. If an applicant is deferred for further evaluation, indicate the reason and the doctor to whom applicant referred.

248 COMMENTS, RESTRICTIONS, LIMITATIONS, ETC. – Enter here your findings and assessment of any abnormality in the history or examination. State also any limitation required.

249 MEDICAL EXAMINERS DETAILS – In this section the AME must sign the declaration, complete his name and address in block capitals, contact telephone number (and fax if available) and lastly stamp the relevant box with his designated AME stamp incorporating his AME number.

250 PLACE AND DATE – Enter the place (town or city) and the date of examination. The date of examination is the date of the general examination and not the date of finalisation of form. If the medical examination report is finalised on a different date, enter date of finalisation in Section 248 as 'Report finalised on'.

[Amdt.5, 01.12.06]

IEM FCL 3.095(c) (6)

[] [OPHTHALMOLOGY EXAMINATION REPORT

Complete this page fully and in block capitals – Refer to instructions pages for details

JAA STATE

MEDICAL IN CONFIDENCE

Applicant's details

(1) JAA State applied to:		(2) Class of medical certificate applied for 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Others <input type="checkbox"/>	
(3) Surname:		(4) Previous surname(s):	(12) Application Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/>
(5) Forenames:		(6) Date of birth:	(7) Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
(8) Place and country of birth:		(9) Nationality:	(13) Reference number:
(14) Type of licence desired:			
(301) Consent to release of medical information: I hereby authorise the release of all information contained in this report and any or all attachments to the Aeromedical Examiner, the Authority and where necessary the Aeromedical Section of another State, recognising that these documents or any other electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times.			
Date: _____ Signature of the applicant: _____ Signature of medical examiner (witness): _____			

(302) Examination Category Initial <input type="checkbox"/> Reval/Renewal <input type="checkbox"/> Special referral <input type="checkbox"/>	(303) Ophthalmological history:
---	---------------------------------

Clinical examination		Normal	Abnormal
Check each item			
(304) Eyes, external & eyelids			
(305) Eyes, Exterior (slit lamp, ophth.)			
(306) Eye position and movements			
(307) Visual fields (confrontation)			
(308) Pupillary reflexes			
(309) Fundi (Ophthalmoscopy)			
(310) Convergence	cm		
(311) Accommodation	D		

(312) *Ocular muscle balance* (in prisme dioptres)

Distant at 5/6 metres	Near at 30–50 cm
Ortho	Ortho
Eso	Eso
Exo	Exo
Hyper	Hyper
Cyclo	Cyclo
Tropia Yes No	Phoria Yes No
Fusional reserve testing Not performed	Normal Abnormal

(313) *Colour perception*

Pseudo-Ischromatic plates	Type:
No of plates:	No of errors:
Advanced colour perception testing indicated Yes No	
Method:	
Colour SAFE	Colour UNSAFE

Visual acuity

(314) *Distant vision at 5 m /6 m* Spectacles Contact lenses

uncorrected	Corrected to		
Right eye			
Left eye			
Both eyes			

(315) *Intermediate vision at 1 m* Spectacles Cont. lens.

uncorrected	Corrected to		
Right eye			
Left eye			
Both eyes			

(316) *Near vision at 30–50 cm* Spectacles Cont. lens.

uncorrected	Corrected to		
Right eye			
Left eye			
Both eyes			

(317) *Refraction*

	Sph	Cylinder	Axis	Near (add)
Right eye				
Left eye				
Actual refraction examined	Spectacles prescription based			

(318) *Spectacles* (319) *Contact lenses*

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Type:

(320) *Intra-ocular pressure*

Right (mmHg)	Left (mmHg)
Method	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>

(321) **Ophthalmological remarks and recommendation:**

(322) **Examiner's declaration:**

I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

(323) Place and date:	Ophth Examiner's Name and Address:(Block Capitals)	AME or Specialist Stamp with No:
Authorised Medical Examiner's Signature:	Telefax No.:	
	Telefax No.:	

1

[Amdt.5, 01.12.06]

IEM FCL 3.095(c) (7)

INSTRUCTIONS FOR COMPLETION OF THE OPHTHALMOLOGY EXAMINATION REPORT FORM

Writing must be in Block Capitals using a ball-point pen and be legible. Exert sufficient pressure to make legible copies. Completion of this form by typing or printing is both acceptable and preferable. If more space is required to answer any question, use a plain sheet of paper bearing the applicant's name, the information, your signature and the date signed. The following numbered instructions apply to the numbered headings on the Medical Examination Report Form.

NOTICE – Failure to complete the medical examination report form in full as required or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of False or Misleading statements or the withholding of relevant information by an authorised examiner may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

GENERAL – The AME or Ophthalmology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3, 4, 5, 6, 7, 12 and 13 on the form and then sign and date the **consent to release of medical information** (Section 301) with the examiner countersigning as witness.

302 EXAMINATION CATEGORY – Tick appropriate box.

Initial – Initial examination for either Class 1 or 2; also initial exam. for upgrading from Class 2 to 1 (notate 'upgrading' in Section 303).

[] Renewal / Revalidation – Subsequent [] comprehensive Ophthalmological examinations [(due to refractive error)].

Special Referral – NON Routine examination for assessment of an ophthalmological symptom or finding.

303 OPHTHALMOLOGY HISTORY – Detail here any history of note or reasons for special referral.

CLINICAL EXAMINATION – SECTIONS 304-309 INCLUSIVE – These sections together cover the general clinical examination and each of the sections must be checked as Normal or Abnormal. Enter any abnormal findings or comments on findings in Section 321.

310 CONVERGENCE – Enter near point of convergence in cms. as measured using RAF Near Point Rule or equivalent. Please also tick whether Normal or Abnormal and enter abnormal findings and comments in Section 321.

311 ACCOMMODATION – Enter measurement recorded in Dioptres using RAF Near Point Rule or equivalent. Please also tick whether Normal or Abnormal and enter abnormal findings and comments in Section 321.

312 OCULAR MUSCLE BALANCE – Ocular Muscle Balance is tested at Distant 5 or 6 ms and Near at 30-50 cms and results recorded. Presence of Tropia or Phoria must be entered accordingly and also whether Fusional Reserve Testing was NOT performed and if performed whether normal or not.

313 COLOUR PERCEPTION – Enter type of Pseudo-Isochromatic Plates (Ishihara) as well as number of plates presented with number of errors made by examinee. State whether Advanced Colour Perception Testing is indicated and what methods used (which Colour Lantern or Anomaloscopy) and finally whether judged to be Colour Safe or Unsafe. Advanced Colour Perception Testing is usually only required for initial assessment unless indicated by change in applicant's colour perception.

314-316 VISUAL ACUITY TESTING AT 5/6 ms, 1 m and 30-50 cms. – Record actual visual [] [acuity] obtained in appropriate boxes. If correction not worn nor required, put line through corrected vision boxes. Distant visual acuity to be tested at either 5 or 6 metres with the appropriate chart for that distance.

IEM FCL 3.095(c)(7) (continued)

317 REFRACTION – Record results of refraction. Indicate also whether for Class 2 applicants, refraction details are based upon spectacle prescription.

318 SPECTACLES – Tick appropriate box signifying if spectacles are or are not worn by applicant. If used, state whether unifocal, bifocal, varifocal or look-over.

319 CONTACT LENSES – Tick appropriate box signifying if contact lenses are or are not worn. If worn, state type from the following list; hard, soft, gas-permeable, disposable.

320 INTRA-OCULAR PRESSURE – Enter Intra-Ocular Pressure recorded for right and left eyes and indicate whether normal or not. Also indicate method used – applanation, air etc.

321 OPHTHALMOLOGY REMARKS AND RECOMMENDATIONS – Enter here all remarks, abnormal findings and assessment results. Also enter any limitations recommended. If there is any doubt about findings or recommendations the examiner may contact the AMS for advice before finalising the report form.

322 OPHTHALMOLOGY EXAMINERS DETAILS – In this section the Ophthalmology examiner must sign the declaration, complete his name and address in block capitals, contact telephone number (and fax if available) and lastly stamp the report with his designated stamp incorporating his AME or specialist number.

323 PLACE AND DATE – Enter the place (town or city) and the date of examination. The date of examination is the date of the clinical examination and not the date of finalisation of form. If the Ophthalmology examination report is finalised on a different date, enter date of finalisation on Section 321 as 'Report finalised on'.
[Amdt.5, 01.12.06]

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IEM FCL 3.095(c)(8)

[]OTORHINOLARYNGOLOGY EXAMINATION REPORT

Complete this page fully and in block capitals – Refer to instructions pages for details.

JAA STATE

MEDICAL IN CONFIDENCE

Applicant's details

(1) JAA State applied to:		(2) Class of medical certificate applied for		1st	2nd	Others
(3) Surname:		(4) Previous surname(s):			(12) Application Initial <input type="checkbox"/>	
					Rvalidation/Renewal <input type="checkbox"/>	
(5) Forenames:		(6) Date of birth:	(7) Sex	(13) Reference number:		
			Male			
			Female			
<p>(401) Consent to release of medical information: I hereby authorise the release of all information contained in this report and any or all attachments to the Aeromedical Examiner, the Authority and where necessary the Aeromedical Section of another State, recognising that these documents or any other electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times.</p>						
Date:		Signature of the applicant:		Signature of medical examiner (witness)		

(402) Examination Category	(403) Otorhinolaryngology history:
Initial <input type="checkbox"/>	
Special referral <input type="checkbox"/>	

Clinical examination

Check each item	Normal	Abnormal
(404) Head, face, neck, scalp		
(405) Buccal cavity, teeth		
(406) Pharynx		
(407) Nasal passages and naso-pharynx (incl. anterior rhinoscopy)		
(408) Vestibular system incl. Romberg test		
(409) Speech		
(410) Sinuses		
(411) Ext acoustic meati, tympanic membranes		
(412) Pneumatic otoscopy		
(413) Impedance tympanometry including Valsalva manoeuvre (initial only)		

(419) Pure tone audiometry

dB HL (hearing level)

Hz	Right ear	Left ear
250		
500		
1000		
2000		
3000		
4000		
6000		
8000		

(420) Audiogram

o = Right - - - = Air
x = Left = Bone

dB/HL	250	500	1000	2000	3000	4000	6000	8000
-10								
0								
10								
20								
30								
40								
50								
60								
70								
80								
90								
100								
110								
120								
Hz	250	500	1000	2000	3000	4000	6000	8000

Additional testing (if indicated)	Not performed	Normal	Abnormal
(414) Speech audiometry			
(415) Posterior rhinoscopy			
(416) EOG; spontaneous and positional nystagnus			
(417) Differential caloric test or vestibular autorotation test			
(418) Mirror or fibre laryngoscopy			

(421) Otorhinolaryngology remarks and recommendation:

(422) Examiner's declaration:

I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

(423) Place and date:	ORL Examiner's Name and Address:(Block Capitals)	AME or Specialist Stamp with No:
Authorised Medical Examiner's Signature:	Telephone No.:	
	Telefax No.:	

]

[Amdt.5, 01.12.06]

IEM FCL 3.095(c)(9)

**INSTRUCTIONS FOR COMPLETION OF THE OTORHINOLARYNGOLOGY EXAMINATION
REPORT FORM**

Writing must be in Block Capitals using a ball-point pen and be legible. Exert sufficient pressure to make legible copies. Completion of this form by typing or printing is both acceptable and preferable. If more space is required to answer any question, use a plain sheet of paper bearing the applicant's name, the information, your signature and the date signed. The following numbered instructions apply to the numbered headings on the Otorhinolaryngology Examination Report Form.

NOTICE – Failure to complete the medical examination report form in full as required or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of False or Misleading statements or the withholding of relevant information by an authorised examiner may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

GENERAL – The AME or Otorhinolaryngology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3, 4, 5, 6, 7, 12 and 13 on the form and then sign and date the **consent to release of medical information** (section 401) with the examiner countersigning as witness.

402 EXAMINATION CATEGORY – Tick appropriate box.

Initial – Initial examination for Class 1; also initial exam. for upgrading from Class 2 to 1 (notate upgrading' in Section 403)

[]

Special Referral – NON Routine examination for assessment of an ORL symptom or finding

403 OTORHINOLARYNGOLOGY HISTORY – Detail here any history of note or reasons for special referral.

CLINICAL EXAMINATION – SECTIONS 404-413 INCLUSIVE – These sections together cover the general clinical examination and each of the sections must be checked as Normal or Abnormal. Enter any abnormal findings and comments on findings in Section 421.

ADDITIONAL TESTING – SECTIONS 414-418 INCLUSIVE – These tests are only required to be performed if indicated by history or clinical findings and are not routinely required. For each test one of the boxes must be completed – if the test is not performed then tick that box – if the test has been performed then tick the appropriate box for a normal or abnormal result. All remarks and abnormal findings should be entered in section 421.

419 PURE TONE AUDIOMETRY – Complete figures for dB HL (Hearing Level) in each ear at all listed frequencies.

420 AUDIOGRAM – Complete Audiogram from figures as listed in Section 419.

421 OTORHINOLARYNGOLOGY REMARKS AND RECOMMENDATIONS – Enter here all remarks, abnormal findings and assessment results. Also enter any limitations recommended. If there is any doubt about findings or recommendations the examiner may contact the AMS for advice before finalising the report form.

422 OTORHINOLARYNGOLOGY EXAMINERS DETAILS – In this section the Otorhinolaryngology examiner must sign the declaration, complete his name and address in block capitals, contact telephone number (and fax if available) and lastly stamp the report with his designated stamp incorporating his AME or specialist number.

423 PLACE AND DATE – Enter the place (town or city) and the date of examination. The date of examination is the date of the clinical examination and not the date of finalisation of form. If the ORL examination report is finalised on a different date, enter date of finalisation in Section 421 as 'Report finalised on'.
[Amdt.1, 01.12.00; Amdt.5, 01.12.06]

IEM FCL 3.100 (a)

[] Medical certificate Class 1/2

MEDICAL CERTIFICATION		
MINIMUM PERIODIC REQUIREMENTS		
ABBREVIATED TEXT		
For Full text see JAR-FCL 3.105, Subpart B and C and Appendices 1 to 18, IEM FCL 3.095(a) & (b)		
INITIAL EXAMINATION	<i>CLASS 1 CPL ATPL AMC</i>	<i>CLASS 2 PPL AMC or AME</i>
Validity of Medical Certificate (max. 45 days before revalidation)	Under 40 - 12 months 40 plus - 6 months Flight engineer - 12 months	Under 40 - 60 months 40 - 49 - 24 months 50 and over - 12 months
No extensions		
Haemoglobin	Every examination	If indicated
Electrocardiogram	Under 30 - 5 yearly 30-39 - 2 yearly 40-49 - Annually 50 and over - All reval/ renewal	40 - 49 - 2 yearly 50 and over - Annually
Audiogram	Under 40 - 5 yearly 40 and over - 2 yearly	Initial Instrument Rating Under 40 - 5 yearly 40 and over - 2 yearly
Comprehensive ORL	Initial then if indicated -	If indicated
Ophthalmology	Initial - specialist If refr. error > +/- 3dptr - specialist If refr. error > +3 to +5 dptr or > -3 to -6 dptr - specialist rep. 5 yearly If refr. error > -6 dptr - specialist rep. 2 yearly	Initial then if indicated
Lipid profile	Initial then age 40	If 2 or more risk factors initial and at age 40
Pulmonary Function Test	Initial then if indicated	If indicated
Urinalysis	Every examination	Every examination
<i>Any test may be required at any time if clinically indicated</i>		
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">PERTAINING TO A FLIGHT CREW LICENCE</p> </div> <div style="text-align: center;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">NATIONAL LANGUAGE 1/2 MEDICAL CERTIFICATE CLASS 1/2</p> </div> <div style="text-align: center;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">NAME OF NATIONAL AUTHORITY</p> </div> <div style="text-align: center;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">LOGO</p> </div> </div>		

IEM FCL 3.100 (a) (continued)

I	Nat. lang./State of Issue	II	Nat. Lang./* Medical Certificate Class 1/2 (Class of certificate)
III	Nat. lang./JAA Licence No(s) (if Held) and/or NAA licence/reference No(s) (if applicable)	IX	National lang./** Expiry date: Class 1 (dd/mm/yyyy); Class 2 (dd/mm/yyyy);
IV	National language/ Last and first name of holder:	XIII	National lang./Limitations: *** Code Description :
XIV	National lang./Date of birth: (dd/mm/yyyy)	X	Nat. lang./**** Date of issue: (dd/mm/yyyy)
VI	National lang./Nationality:	XI	National lang./Stamp:
VII	National language/ Signature of holder:		Signature of issuing officer:

IX: Nat. lang./ Expiry date of this certificate	I	II	Class 1 (dd/mm/yyyy)	Class 2 (dd/mm/yyyy)
Nat. lang./ Examination date: (dd/mm/yyyy)				
Nat. lang./Expiry date of previous Medical Certificate				
Nat. lang./ Advisory Information	Most recent (dd/mm/yyyy)	Next (dd/mm/yyyy)		
Nat. lang./ECG				
Nat. lang./ Audiogram/ extended ENT				
Nat. lang./ Ophthalmology (when required)				
Nat. lang./Peak flow				

* Need not be included here if already on front page
 ** If the Class 1 expiry date is included in the table at the end of the certificate, along with the other dates, it needs not be included here
 *** Either the code plus the written description is placed in this section, or just the code. If just the code, a written description (in English) of what the code means needs to be included elsewhere on the certificate
 **** Date of issue is date the certificate is issued and signed
]
 [Amdt. 4, 01.08.05; Amdt.5, 01.12.06]

IEM FCL 3.100 (b)
[Medical Certificate Class 2

MEDICAL CERTIFICATION		
<i>MINIMUM PERIODIC REQUIREMENTS</i>		
ABBREVIATED TEXT		
For full text see JAR-FCL 3.105, Subpart B and C Appendices 1 to 18, IEM FCL 3.095(a) & (b)		
INITIAL EXAMINATION	<i>CLASS 1 CPL ATPL AMC</i>	<i>CLASS 2 PPL AMC or AME</i>
Validity of Medical Certificate (max. 45 days before revalidation)	Under 40 - 12 months 40-59, single-pilot comm. airtr. carry pax - 6 months	Under 40 - 60 months 40 - 49 - 24 months 50 and over - 12 months
No extensions	40-59, other comm. airtr. - 12 months 60 and over - 6 months	
Haemoglobin	Every examination	If indicated
Electrocardiogram	Under 30 - 5 yearly 30-39 - 2 yearly 40-49 - Annually 50 and over - all reval/renewal	40 - 49 - 2 yearly 50 and over - Annually
Audiogram	Under 40 - 5 yearly 40 and over - 2 yearly	Initial Instrument Rating Under 40 - 5 yearly 40 and over - 2 yearly
Comprehensive ORL	Initial then if indicated	If indicated
Ophthalmology	Initial - specialist If refr. error > +/- 3dptr - specialist If refr. error > +3 to +5 dptr or > -3 to -6 dptr - specialist rep. 5 yearly If refr. error > -6 dptr - specialist rep. 2 yearly	Initial then if indicated
Lipid profile	Initial then age 40	If 2 or more risk factors initial and at age 40
Pulmonary Function Test	Initial then if indicated	If indicated
Urinalysis	Every examination	Every examination
<i>Any test may be required at any time if clinically indicated</i>		
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">PERTAINING TO A FLIGHT CREW LICENCE</p> </div> <div style="text-align: center;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">NATIONAL LANGUAGE 2 MEDICAL CERTIFICATE CLASS 2</p> </div> <div style="text-align: center;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">NAME OF NATIONAL AUTHORITY</p> </div> <div style="text-align: center;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">LOGO</p> </div> </div>		

IEM FCL 3.100 (b) (continued)

<p>I Nat. lang./State of Issue</p>	<p>II Nat. Lang./** Medical certificate Class 2 (Class of certificate)</p>	<p>IX: National language /Expiry date of this certificate Class 2: (dd/mm/yyyy)</p> <table border="1"> <tr> <td data-bbox="1002 1332 1074 1731"> <p>Nat. lang./ Examination date: (dd/mm/yyyy)</p> </td> <td data-bbox="1074 1332 1121 1731"></td> </tr> </table>	<p>Nat. lang./ Examination date: (dd/mm/yyyy)</p>	
<p>Nat. lang./ Examination date: (dd/mm/yyyy)</p>				
<p>III Nat. lang./JAA Licence No(s) (if held) and/or NAA licence/reference No(s) (if applicable):</p>	<p>IX National lang./** Expiry date Class 2 (dd/mm/yyyy):</p>			
<p>IV National language/ Last and first name of holder:</p>	<p>XIII National lang./Limitations: *** Code, Description:</p>	<table border="1"> <tr> <td data-bbox="762 1332 834 1731"> <p>Nat. lang./ Expiry date of previous Medical Certificate</p> </td> <td data-bbox="834 1332 882 1731"></td> </tr> </table>	<p>Nat. lang./ Expiry date of previous Medical Certificate</p>	
<p>Nat. lang./ Expiry date of previous Medical Certificate</p>				
<p>XIV National lang./Date of birth: dd/mm/yyyy)</p>	<p>X National lang./*** Date of issue (dd/mm/yyyy)</p>			
<p>VI National lang./Nationality:</p>	<p>XI signature/ issuing officer: National lang./Stamp:</p>	<table border="1"> <tr> <td data-bbox="523 1332 595 1731"> <p>Nat. lang./ Advisory Information (dd/mm/yyyy y)</p> </td> <td data-bbox="595 1332 643 1731"> <p>Next (dd/mm/yyyy y)</p> </td> </tr> </table>	<p>Nat. lang./ Advisory Information (dd/mm/yyyy y)</p>	<p>Next (dd/mm/yyyy y)</p>
<p>Nat. lang./ Advisory Information (dd/mm/yyyy y)</p>	<p>Next (dd/mm/yyyy y)</p>			
<p>VII National language/ Signature of holder:</p>				
<p>2</p>	<p>3</p>	<p>4</p>		

* Need not be included here if already on front page
 ** If the Class 1 expiry date is included in the table at the end of the certificate, along with the other dates, it needs not be included here
 *** Either the code plus the written description is placed in this section, or just the code. If just the code, a written description (in English) of what the code means needs to be included elsewhere on the certificate
 **** Date of issue is date the certificate is issued and signed
 1
 [Amdt. 4, 01.08.05; Amdt.5, 01.12.06]

IEM FCL 3.100 (c)

[LIMITATIONS, CONDITIONS AND VARIATIONS]

LIMITATIONS, []

CODE	LIMITATION, CONDITION, VARIATION	IMPOSED BY	REMOVED BY
TML	VALID ONLY FOR MONTHS	AME/AMC/AMS	AMS
VDL	SHALL WEAR CORRECTIVE LENSES AND CARRY A SPARE SET OF SPECTACLES	AME/AMC/AMS	AMS
VML	SHALL WEAR MULTIFOCAL LENSES AND CARRY A SPARE SET OF [] [SPECTACLES]	AME/AMC/AMS	AMS
VNL	SHALL HAVE AVAILABLE CORRECTIVE SPECTACLES FOR NEAR VISION AND CARRY A SPARE SET OF SPECTACLES	AME/AMC/AMS	AMS
VCL	VALID BY DAY ONLY	AMS[**]	AMS
OML	VALID ONLY AS OR WITH QUALIFIED CO-PILOT	AMS[*]	AMS[*]
[OFL]	[CLASS 1 VALID FOR FLIGHT ENGINEER DUTIES ONLY]	[AMS]	[AMS]
OCL	VALID ONLY AS CO-PILOT	AMS	AMS
OSL	VALID ONLY WITH SAFETY PILOT AND IN AIRCRAFT WITH DUAL CONTROLS	AMS	AMS
OAL	RESTRICTED TO DEMONSTRATED AIRCRAFT TYPE	AMS	AMS
OPL	VALID ONLY WITHOUT PASSENGERS	AMS	AMS
APL	VALID ONLY WITH APPROVED PROSTHESIS	AMS	AMS
AHL	VALID ONLY WITH APPROVED HAND CONTROLS	AMS	AMS
AGL	VALID ONLY WITH APPROVED EYE PROTECTION	AMS	AMS
SSL	(SPECIAL RESTRICTIONS AS SPECIFIED)	AMS	AMS
SIC	SPECIAL INSTRUCTIONS – CONTACT AMS	AMS	AMS
AMS	RECERTIFICATION OR RENEWAL ONLY BY AMS	AMS	AMS
[REV]	[MEDICAL CERTIFICATE ISSUED AFTER REVIEW PROCEDURE, SPECIAL INSTRUCTIONS MAY APPLY, AMS MAY BE CONTACTED]	[AMS]	[AMS]
RXO	REQUIRES SPECIALIST OPHTHALMOLOGICAL EXAMINATIONS	AME/AMC/AMS	AMS
[FEV]	[FOR F/E DUTIES VALID FOR AN ADDITIONAL PERIOD OF 6 MONTHS]	[AME/AMC/AMS]	[AMS]

* **in case of pregnancy by AMS, AMC, AME**
 ** **in case of colour deficient Class 2 applicants by AMS, AMC, AME**

IEM FCL 3.100 (c) (continued)

LIMITATION TML

- **TML** **'VALID ONLY FOR _____ MONTHS'**

EXPLANATION:

The period of validity of your medical certificate has been limited to the duration as shown above for the reasons explained to you by your Authorised Medical Examiner. This period of validity commences on the date of your medical examination. Any period of validity remaining on your previous medical certificate is now no longer valid. You should present for re-examination when advised and follow any medical recommendations. (Reference JAR-FCL 3.105(e)).

LIMITATION VDL

- **VDL** **'SHALL WEAR CORRECTIVE LENSES AND CARRY A SPARE SET OF SPECTACLES'**

EXPLANATION:

In order to comply with the vision requirements of your licence, you are required to wear those spectacles or contact lenses that correct for defective distant vision as examined and approved by an Authorised Medical Examiner whilst exercising the privileges of your licence. You must also carry with you a similar set of spectacles. Should you wear contact lenses, you must carry a spare set of spectacles as approved by an AME. You may not wear contact lenses whilst exercising the privileges of your licence until cleared to do so by an AME. You must also carry a spare set of spectacles. (Reference JAR-FCL 3.220(h) and JAR-FCL 3.3440(f)).

LIMITATION VML

- **VML** **'SHALL WEAR MULTIFOCAL SPECTACLES AND CARRY A SPARE SET OF SPECTACLES'**

EXPLANATION:

In order to comply with the vision requirements of your licence, you are required to wear those spectacles that correct for defective distant, intermediate and near vision as examined and approved by the Authorised Medical Examiner whilst exercising the privileges of your licence. Contact lenses or full frame spectacles, when either correct for near vision only, may not be worn. You must also carry a spare set of spectacles.

LIMITATION VNL

- **VNL** **'SHALL HAVE AVAILABLE CORRECTIVE SPECTACLES FOR NEAR VISION AND CARRY A SPARE SET OF SPECTACLES'**

EXPLANATION:

In order to comply with the vision requirements of your licence, you are required to carry with you those spectacles that correct for defective near vision as examined and approved by an Authorised Medical Examiner whilst exercising the privileges of your licence. Contact lenses or full frame spectacles, when either correct for near vision only, may not be worn. You must also carry a spare set of spectacles. (Reference JAR-FCL 3.220(h) and JAR-FCL 3.340(f)).

LIMITATION VCL

- **VCL** **'VALID BY DAY ONLY'**

IEM FCL 3.100 (c) (continued)

EXPLANATION:

This limitation applies to private pilots and can therefore only be applied to a Class 2 medical certificate. This allows private pilots with varying degrees of colour deficiency to operate within specified circumstances. (Reference JAR-FCL 3.345(e)).

LIMITATION OML

- **OML** **'VALID ONLY AS OR WITH QUALIFIED CO-PILOT'**

EXPLANATION:

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

[LIMITATION OFL for F/E

- **OFL** **'CLASS 1 VALID FOR FLIGHT ENGINEER DUTIES ONLY'**

EXPLANATION:

This applies to flight engineers who do not fully meet the medical requirements for a Class 1 medical certificate, but are fit for F/E duties in multi-pilot operations.]

LIMITATION OCL

- **OCL** **'VALID ONLY AS CO-PILOT'**

EXPLANATION:

This limitation is a further extension of the OML limitation and is applied when, for some well defined medical reason, the individual is assessed as safe to operate in a co-pilot role but not in command. (Reference JAR-FCL 3.100(e)).

LIMITATION OSL

- **OSL** **'VALID ONLY WITH SAFETY PILOT AND IN AIRCRAFT WITH DUAL CONTROLS'**

EXPLANATION:

This limitation requires that the aircraft have dual flying controls. The Safety Pilot must be qualified as PIC on the class/type of aircraft and rated for the flight conditions. He must occupy a control seat, be aware of the type(s) of possible incapacity that you may suffer and be prepared to take over the aircraft controls during flight. (Reference JAR-FCL 3.035 and IEM FCL 3.035).

LIMITATION OAL

- **OAL** **'RESTRICTED TO DEMONSTRATED AIRCRAFT TYPE'**

EXPLANATION:

This limitation may apply to a pilot who has a limb deficiency or some other anatomical problem which had been shown by medical flight test or flight simulator testing to be acceptable but to require a restriction to a specific type of aircraft. (Reference JAR-FCL 3.200 and 3.320 – particularly Appendix 9 Paragraph 2).

IEM FCL 3.100(c) (continued)

LIMITATION OPL

- **OPL** **‘VALID ONLY WITHOUT PASSENGERS’**

EXPLANATION:

This limitation may be considered when a pilot with a musculo-skeletal 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.

LIMITATION APL

- **APL** **‘VALID ONLY WITH APPROVED PROTHESIS’**

EXPLANATION:

This is similar in application to Limitation OPL and revolves around cases of limb deficiency. (Reference JAR-FCL 3.200 and 3.320, Appendix 9 Paragraph 2).

LIMITATION AHL

- **AHL** **‘VALID WITH APPROVED HAND CONTROLS’**

EXPLANATION:

(Reference JAR-FCL 3.320, Appendix 9 Paragraph 2).

LIMITATION AGL

- **AGL** **‘VALID ONLY WITH APPROVED EYE PROTECTION’**

EXPLANATION:

(Reference JAR-FCL 3.215, 3.220, 3.335, 3.340 and, in particular, Appendix 13 Paragraph 3).

LIMITATION SSL

- **SSL** **‘SPECIAL RESTRICTIONS AS SPECIFIED’**

EXPLANATION:

This limitation is for use in cases that are not clearly defined in JAR-FCL Part 3 (Medical) but where a limitation is considered to be appropriate by the AMS. (Reference JAR-FCL 3.125).

LIMITATION SIC

- **SIC** **‘SPECIAL INSTRUCTIONS – AME TO CONTACT AMS’**

EXPLANATION:

This limitation requires the AME to contact the AMS 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. (Reference JAR-FCL 3.100(e)).

LIMITATION AMS

- **AMS** **‘RECERTIFICATION OR RENEWAL ONLY BY AMS’**

IEM FCL 3.100 (c) (continued)

EXPLANATION:

The AMS, as the duly empowered part of the National Aviation Authority with overall responsibility for medical certification, has the right to determine that a certificate shall be issued by the AMS only and not by an AMC or an AME, if the medical circumstances so require. (Reference JAR-FCL 3.125(b) (c)).

[LIMITATION REV

- **REV** **‘MEDICAL CERTIFICATE ISSUED AFTER REVIEW PROCEDURE, SPECIAL INSTRUCTIONS MAY APPLY, AMS MAY BE CONTACTED’**

EXPLANATION:

If a pilot has been outside the limits of JAR-FCL 3, Section 1, Subparts B or C, but has been certified after review procedure by the AMS, this annotation allows any AME to be aware of the previous AMS review procedure and to contact the AMS for more information if deemed necessary. Special instruction(s) not mentioned on the medical certificate might apply. However, the holder of the medical certificate should present the written report of the AMS concerning the review procedure to the AME to allow quicker processing (Reference JAR-FCL 3.125).]

[LIMITATION RXO

- **RXO** **‘REQUIRES SPECIALIST OPHTHALMOLOGICAL EXAMINATIONS’**

EXPLANATION:

Where specialist ophthalmological examinations are required for any significant reason, the medical certificate is to be marked with the limitation “Requires specialist ophthalmological examinations – RXO”. Such a limitation may be applied by an AME but only be removed by the AMS. (Reference JAR-FCL 3.215(h))]

[LIMITATION FEV

- **FEV** **‘For F/E DUTIES VALID FOR AN ADDITIONAL PERIOD OF 6 MONTHS’**

EXPLANATION:

The validity of a medical certificate Class 1 is reduced from 12 to 6 months over age 40. This does not apply for flight engineers. In those over age 40, who hold a pilot licence and an additional flight engineer licence the medical certificate has a validity of 6 months for pilot duties and for an additional period of 6 months (altogether 12 months) for flight engineers.]

[Amdt.5, 01.12.06

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IEM FCL 3.100 (d)

Reference No. :		
Name:		
<p>NOTIFICATION OF INITIAL PLACING OF LIMITATION ON MEDICAL CERTIFICATE</p> <p>The below-mentioned limitation, (conditions or restriction) has been recommended to the AMS to be placed on your medical certificate. Should you require further clarification or explanation of this limitation, you should contact the AMS of the JAA State under which your medical certificates are issued. Should you disagree with the applicability of this limitation, you should apply in writing to the same AMS to have the limitation reviewed. If the decision with which you disagree has been made by the AMS, you will be advised of the procedures, if any, required in order to obtain a further review.</p>		
LIMITATION PLACED:		
(Limitation Number, Code, Wording)		
EXPLANATION:		
Date:	AME Signature:	AME Number:

[Amdt. 1, 01.12.00; Amdt 2, 01.06.02; Amdt. 3, 01.06.03, Amdt. 4, 01.08.05; Amdt.5, 01.12.06]

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