6.3.4 Hearing requirements

6.3.4.1 The applicant, when tested on a pure-tone audiometer, shall not have a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz.

6.3.4.1.1 An applicant with a hearing loss greater than the above may be declared fit provided that the applicant has normal hearing performance against a background noise that reproduces or simulates the masking properties of flight deck noise upon speech and beacon signals.

Note 1. — It is important that the background noise be representative of the noise in the cockpit of the type of aircraft for which the applicant’s licence and ratings are valid.

Note 2. — In the speech material for discrimination testing, both aviation-relevant phrases and phonetically balanced words are normally used.

6.3.4.1.2 Alternatively, a practical hearing test conducted in flight in the cockpit of an aircraft of the type for which the applicant’s licence and ratings are valid may be used.

6.4 Class 2 Medical Assessment

6.4.1 Assessment issue and renewal

6.4.1.1 An applicant for a private pilot licence — aeroplane, airship, helicopter or powered-lift, a glider pilot licence, a free balloon pilot licence, a flight engineer licence or a flight navigator licence shall undergo an initial medical examination for the issue of a Class 2 Medical Assessment.

6.4.1.2 Except where otherwise stated in this section, holders of private pilot licences — aeroplane, airship, helicopter or powered-lift, glider pilot licences, free balloon pilot licences, flight engineer licences or flight navigator licences shall have their Class 2 Medical Assessments renewed at intervals not exceeding those specified in 1.2.5.2.

6.4.1.3 When the Licensing Authority is satisfied that the requirements of this section and the general provisions of 6.1 and 6.2 have been met, a Class 2 Medical Assessment shall be issued to the applicant.

6.4.2 Physical and mental requirements

The medical examination shall be based on the following requirements.

6.4.2.1 The applicant shall not suffer from any disease or disability which could render that applicant likely to become suddenly unable either to operate an aircraft safely or to perform assigned duties safely.

6.4.2.2 The applicant shall have no established medical history or clinical diagnosis of:

a) an organic mental disorder;

b) a mental or behavioural disorder due to psychoactive substance use; this includes dependence syndrome induced by alcohol or other psychoactive substances;
c) schizophrenia or a schizotypal or delusional disorder;
d) a mood (affective) disorder;
e) a neurotic, stress-related or somatoform disorder;
f) a behavioural syndrome associated with physiological disturbances or physical factors;
g) a disorder of adult personality or behaviour, particularly if manifested by repeated overt acts;
h) mental retardation;
i) a disorder of psychological development;
j) a behavioural or emotional disorder, with onset in childhood or adolescence; or
k) a mental disorder not otherwise specified;
such as might render the applicant unable to safely exercise the privileges of the licence applied for or held.

6.4.2.2.1 Recommendation.— An applicant with depression, being treated with antidepressant medication, should be assessed as unfit unless the medical assessor, having access to the details of the case concerned, considers the applicant’s condition as unlikely to interfere with the safe exercise of the applicant’s licence and rating privileges.

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

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

6.4.2.3 The applicant shall have no established medical history or clinical diagnosis of any of the following:
a) a progressive or non-progressive disease of the nervous system, the effects of which are likely to interfere with the safe exercise of the applicant’s licence and rating privileges;
b) epilepsy;
c) any disturbance of consciousness without satisfactory medical explanation of cause.

6.4.2.4 The applicant shall not have suffered any head injury, the effects of which are likely to interfere with the safe exercise of the applicant’s licence and rating privileges.

6.4.2.5 The applicant shall not possess any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe exercise of the applicant’s licence and rating privileges.

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

*Note.*— *Guidance on cardiovascular evaluation is contained in the Manual of Civil Aviation Medicine (Doc 8984).*

6.4.2.6 Electrocardiography shall form part of the heart examination for the first issue of a Medical Assessment after the age of 40.

6.4.2.6.1 Electrocardiography shall be included in re-examinations of applicants after the age of 50 no less than every two years.

6.4.2.6.2 **Recommendation.**— *Electrocardiography should form part of the heart examination for the first issue of a Medical Assessment.*

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

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

6.4.2.7 The systolic and diastolic blood pressures shall be within normal limits.

6.4.2.7.1 The use of drugs for control of high blood pressure shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant’s licence and rating privileges.

*Note.*— *Guidance on the subject is contained in the Manual of Civil Aviation Medicine (Doc 8984).*

6.4.2.8 There shall be no significant functional nor structural abnormality of the circulatory system.

6.4.2.9 There shall be no disability of the lungs nor any active disease of the structures of the lungs, mediastinum or pleura likely to result in incapacitating symptoms during normal or emergency operations.

6.4.2.9.1 **Recommendation.**— *Chest radiography should form part of the initial and periodic examinations in cases where asymptomatic pulmonary disease can be expected.*

6.4.2.10 Applicants with chronic obstructive pulmonary disease shall be assessed as unfit unless the applicant’s condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant’s licence or rating privileges.

6.4.2.11 Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms during normal or emergency operations shall be assessed as unfit.

6.4.2.11.1 The use of drugs for control of asthma shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant’s licence and rating privileges.

*Note.*— *Guidance on hazards of medication and drugs is contained in the Manual of Civil Aviation Medicine (Doc 8984).*

6.4.2.12 Applicants with active pulmonary tuberculosis shall be assessed as unfit.

6.4.2.12.1 Applicants with quiescent or healed lesions, known to be tuberculous or presumably tuberculous in origin, may be assessed as fit.
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Note 1.— Guidance on assessment of respiratory diseases is contained in the Manual of Civil Aviation Medicine (Doc 8984).

Note 2.— Guidance on hazards of medication and drugs is contained in the Manual of Civil Aviation Medicine (Doc 8984).

6.4.2.13 Applicants shall be completely free from those hernias that might give rise to incapacitating symptoms.

6.4.2.13.1 Applicants with significant impairment of the function of the gastrointestinal tract or its adnexa shall be assessed as unfit.

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

6.4.2.14.1 Recommendation.— An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexa with a total or partial excision or a diversion of any of these organs should be assessed as unfit until such time as the medical assessor, having access to the details of the operation concerned, considers that the effects of the operation are not likely to cause incapacitation in flight.

6.4.2.15 Applicants with metabolic, nutritional or endocrine disorders that are likely to interfere with the safe exercise of their licence and rating privileges shall be assessed as unfit.

6.4.2.16 Applicants with insulin-treated diabetes mellitus shall be assessed as unfit.

Note.— Guidance on assessment of Type 2 insulin-treated diabetic applicants under the provisions of 1.2.4.9 is contained in the Manual of Civil Aviation Medicine (Doc 8984).

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


6.4.2.17 Applicants with diseases of the blood and/or the lymphatic system shall be assessed as unfit unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.

Note.— Sickle cell trait and other haemoglobinopathic traits are usually compatible with fit assessment.

6.4.2.18 Applicants with renal or genitourinary disease shall be assessed as unfit unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.

6.4.2.18.1 Urine examination shall form part of the medical examination and abnormalities shall be adequately investigated.

Note.— Guidance on urine examination and evaluation of abnormalities is contained in the Manual of Civil Aviation Medicine (Doc 8984).

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

6.4.2.20 Applicants who are seropositive for human immunodeficiency virus (HIV) shall be assessed as unfit unless the applicant’s condition has been investigated and evaluated in accordance with best medical practice and is assessed as not likely to interfere with the safe exercise of the applicant’s licence or rating privileges.

Note 1.— Early diagnosis and active management of HIV disease with antiretroviral therapy reduces morbidity and improves prognosis and thus increases the likelihood of a fit assessment.

Note 2.— Guidance on the assessment of applicants who are seropositive for human immunodeficiency virus (HIV) is contained in the Manual of Civil Aviation Medicine (Doc 8984).

6.4.2.21 Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk uncomplicated pregnancy.

6.4.2.21.1 Recommendation.— For applicants with a low-risk uncomplicated pregnancy, evaluated and supervised in accordance with 6.4.2.21, the fit assessment should be limited to the period from the end of the 12th week until the end of the 26th week of gestation.

6.4.2.22 Following confinement or termination of pregnancy, the applicant shall not be permitted to exercise the privileges of her licence until she has undergone re-evaluation in accordance with best medical practice and it has been determined that she is able to safely exercise the privileges of her licence and ratings.

6.4.2.23 The applicant shall not possess any abnormality of the bones, joints, muscles, tendons or related structures which is likely to interfere with the safe exercise of the applicant’s licence and rating privileges.

Note.— Any sequelae after lesions affecting the bones, joints, muscles or tendons, and certain anatomical defects will normally require functional assessment to determine fitness.

6.4.2.24 The applicant shall not possess any abnormality or disease of the ear or related structures which is likely to interfere with the safe exercise of the applicant’s licence and rating privileges.

6.4.2.25 There shall be:

a) no disturbance of the vestibular function;

b) no significant dysfunction of the Eustachian tubes; and

c) no unhealed perforation of the tympanic membranes.

6.4.2.25.1 A single dry perforation of the tympanic membrane need not render the applicant unfit.

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

6.4.2.26 There shall be:

a) no nasal obstruction; and

b) no malformation nor any disease of the buccal cavity or upper respiratory tract

which is likely to interfere with the safe exercise of the applicant’s licence and rating privileges.
6.4.2.27 Applicants with stuttering and other speech defects sufficiently severe to cause impairment of speech communication shall be assessed as unfit.

6.4.3 Visual requirements

The medical examination shall be based on the following requirements.

6.4.3.1 The function of the eyes and their adnexa shall be normal. There shall be no active pathological condition, acute or chronic, nor any sequelae of surgery or trauma of the eyes or their adnexa likely to reduce proper visual function to an extent that would interfere with the safe exercise of the applicant’s licence and rating privileges.

6.4.3.2 Distant visual acuity with or without correction shall be 6/12 or better in each eye separately, and binocular visual acuity shall be 6/9 or better. No limits apply to uncorrected visual acuity. Where this standard of visual acuity can be obtained only with correcting lenses, the applicant may be assessed as fit provided that:

   a) such correcting lenses are worn during the exercise of the privileges of the licence or rating applied for or held; and
   b) in addition, a pair of suitable correcting spectacles is kept readily available during the exercise of the privileges of the applicant’s licence.

Note.— An applicant accepted as meeting these provisions is deemed to continue to do so unless there is reason to suspect otherwise, in which case an ophthalmic report is required at the discretion of the Licensing Authority. Both uncorrected and corrected visual acuity are normally measured and recorded at each re-examination. Conditions which indicate a need to obtain an ophthalmic report include: a substantial decrease in the uncorrected visual acuity, any decrease in best corrected visual acuity, and the occurrence of eye disease, eye injury or eye surgery.

6.4.3.2.1 Applicants may use contact lenses to meet this requirement provided that:

   a) the lenses are monofocal and non-tinted;
   b) the lenses are well tolerated; and
   c) a pair of suitable correcting spectacles is kept readily available during the exercise of the licence privileges.

Note.— Applicants who use contact lenses may not need to have their uncorrected visual acuity measured at each reexamination provided the history of their contact lens prescription is known.

6.4.3.2.2 Applicants with a large refractive error shall use contact lenses or high-index spectacle lenses.

Note.— If spectacles are used, high-index lenses are needed to minimize peripheral field distortion.

6.4.3.2.3 Recommendation.— Applicants whose uncorrected distant visual acuity in either eye is worse than 6/60 should be required to provide a full ophthalmic report prior to initial Medical Assessment and every five years thereafter.

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

Note 2.— Guidance on the assessment of monocular applicants under the provisions of 1.2.4.9 is contained in the Manual of Civil Aviation Medicine (Doc 8984).

6.4.3.3 Applicants who have undergone surgery affecting the refractive status of the eye shall be assessed as unfit unless they are free from those sequelae which are likely to interfere with the safe exercise of their licence and rating privileges.
6.4.3.4 The applicant shall have the ability to read, while wearing the correcting lenses, if any, required by 6.4.3.2, the N5 chart or its equivalent at a distance selected by that applicant in the range of 30 to 50 cm. If this requirement is met only by the use of near correction, the applicant may be assessed as fit provided that this near correction is added to the spectacle correction already prescribed in accordance with 6.4.3.2; if no such correction is prescribed, a pair of spectacles for near use shall be kept readily available during the exercise of the privileges of the licence. When near correction is required, the applicant shall demonstrate that one pair of spectacles is sufficient to meet both distant and near visual requirements.

Note 1.— N5 refers to the size of typeface used. For further details, see the Manual of Civil Aviation Medicine (Doc 8984).

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

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

6.4.3.4.1 When near correction is required in accordance with this paragraph, a second pair of near-correction spectacles shall be kept available for immediate use.

6.4.3.5 The applicant shall be required to have normal fields of vision.

6.4.3.6 The applicant shall be required to have normal binocular function.

6.4.3.6.1 Reduced stereopsis, abnormal convergence not interfering with near vision, and ocular misalignment where the fusional reserves are sufficient to prevent asthenopia and diplopia need not be disqualifying.

6.4.4 Hearing requirements

Note.— Attention is called to 2.7.1.3.1 on requirements for the issue of instrument rating to applicants who hold a private pilot licence.

6.4.4.1 Applicants who are unable to hear an average conversational voice in a quiet room, using both ears, at a distance of 2 m from the examiner and with the back turned to the examiner, shall be assessed as unfit.

6.4.4.2 When tested by pure-tone audiometry, an applicant with a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, shall be assessed as unfit.

6.4.4.3 Recommendation.— An applicant who does not meet the requirements in 6.4.4.1 or 6.4.4.2 should undergo further testing in accordance with 6.3.4.1.1.

6.5 Class 3 Medical Assessment

6.5.1 Assessment issue and renewal

6.5.1.1 An applicant for an air traffic controller licence shall undergo an initial medical examination for the issue of a Class 3 Medical Assessment.