

**U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION**

Office of Aerospace Medicine

**Archives and Modifications of the
Guide for Aviation Medical Examiners**

LAST UPDATE: September 17, 2008

Guide Version	Official Date	Revision Number	Description Of Change	Reason For Modification
2008	09/17/08	1.	Medical Policy	Change Applicant History, 18. v. Conviction and/or Administrative Action History to "History of Arrest(s), Conviction(s), and/or Administrative Action(s). Revise language within 18. v. to include reference to arrests.
		2.	Medical Policy	Revise Applicant History to create a new section, 18.y. Medical Disability Benefits.
		3.	Medical Policy	Revise Entire Guide to replace any usage of term "Urinalysis" with "Urine Test(s)."
2008	09/05/08	1.	Administrative	Change cover page to remove "Version V" title. Change title to reflect current calendar year.
		2.	Medical Policy	In General Information, Equipment Requirements, and in Examination Techniques Items 50, 51, and 54, revise acceptable vision testing equipment requirements.
		3.	Medical Policy	In Aerospace Medical Dispositions, Item 52., Color Vision, revise to provide guidance on Specialized Operational Medical Tests: the Operational Color Vision Test and the Medical Flight Test. Also, update list of acceptable and unacceptable color vision testing equipment.
V.	07/31/08	1.	Medical Policy	In General Information, Equipment Requirements, and in Examination Techniques (Items 50-52 and 54), revise acceptable

				vision testing equipment.
V.	07/16/08	1.	Medical Policy	In General Information, Validity of Medical Certificates, revise third-class duration standards for airmen under age 40.
		2.	Medical Policy	In General Information, Requests for Assistance, revise to remove references to international and military examiners.
		3.	Administrative	In General Information, Classes of Medical Certificates, revise to clarify "flying activities" to "privileges."
		4.	Medical Policy	In Special Issuances, revise to include language requiring airman to carry Authorization when exercising pilot privileges.
		5	Medical Policy	In Applicant History, Guidance for Positive Identification of Airmen, revise to include link to 14 CFR §67.4. Applicants must show proof of age and identity.
V.	04/1/2008	1.	Administrative	In General Information, Who May Be Certified, add guidance on ICAO standard for English Proficiency, Operational Level 4.
		2.	Medical Policy	In General information, Equipment Requirements, revise list of acceptable equipment, particularly acceptable substitute equipment for vision testing.
		3.	Medical Policy	In Exam Techniques, Item 50, Distant Vision, revise equipment list of acceptable substitutes.
		4.	Medical Policy	In Exam Techniques, Item 51. Near and Intermediate Vision, revise equipment

				table of acceptable substitutes.
		5.	Medical Policy	In Exam Techniques, Item 54. Heterophoria, revise equipment table of acceptable substitutes.
V.	02/01/2008	1.	Medical Policy	In Exam Techniques, Item. 52. Color Vision, revise Section E., which clarifies unacceptable tests.
V.	01/11/2008	1.	Medical Policy	In AME Assisted Special Issuance (AASI), add section on Warfarin (Coumadin) Therapy for Deep Venous Thrombosis, Pulmonary Embolism, and/or Hypercoagulopathies.
		2.	Medical Policy	Revise AASI coversheet to include box for Warfarin (Coumadin) Therapy for Deep Venous Thrombosis, Pulmonary Embolism, and/or Hypercoagulopathies.
V.	11/26/2007	1.	Administrative	In General Information, Validity of Medical Certificates, delete note for "Flight outside the airspace of the United States of America."
		2.	Administrative	In Disease Protocols, Conductive Keratoplasty (CK), revise description of CK procedure.
		3.	Errata	In Aerospace Medical Dispositions, Item 31. Eye, correct typographical error.
		4.	Medical Policy	In Pharmaceuticals, add "Malaria Medications."
		5.	Medical Policy	In Exam Techniques, Item 51. Near and Intermediate vision, add Keystone Orthoscope and Keystone Telebinocular.
		6.	Administrative	In Airman Certification Forms, add note regarding International Standards on

				Personnel Licensing.
		7.	Administrative	In General Information, Equipment Requirements, add note regarding the possession and maintenance of equipment.
		8.	Administrative	In General Information, Privacy of Medical Information, add note on the protection of privacy information.
		9.	Administrative	In General Information, Disposition of Applications, add note to include electronic submission by international AME's.

		10.	Medical Policy	In Exam Techniques and Criteria, 31-34 Eye, Refractive Procedures, revise to include Wavefront-guided LASIK.
V.	09/01/2007	1.	Administrative	Revise title of Disease Protocols, "Antihistamines" to "Allergies, Severe."
		2.	Administrative	In Pharmaceuticals, add "Acne Medications" and "Glaucoma Medications."
		3.	Medical Policy	Add policy regarding use of isotretinoin (Accutane) in Pharmaceuticals; Aerospace Medical Dispositions, Item 40. Skin; and Examination Techniques and Criteria for Qualification, Item. 40 Skin
		4.	Errata	Revise Protocol for Maximal Graded Exercise Stress Test Requirements to change "8 minutes" to "9 minutes."
		5.	Errata	In Aerospace Medical Dispositions, Item. 36. Heart – Atrial Fibrillation - change "CHD Protocol with ECHO and 24-hour Holter" to read "See CVE Protocol with EST, Echo, and 24-hour Holter."
		6.	Medical Policy	Revise Aerospace Medical Dispositions, Item 36. Heart - Syncope.
		7.	Medical Policy	Revise Examination Techniques and Criteria for Qualification, Item. 36 Heart – Auscultation.

Guide Version	Official Date	Revision Number	Description Of Change	Reason For Modification
V.	09/01/2007	8.	Administrative	In Pharmaceuticals, Antihypertensive, V. Pharmaceutical Considerations – remove “D. AME Assisted – All Classes, Atrial Fibrillation.”
		9.	Administrative	In Pharmaceuticals, Antihistaminic, V. Pharmaceutical Considerations – add “C. Aerospace Medical Dispositions, Item 35. Lungs and Chest.”
		10.	Medical Policy	Revise Disease Protocols, Coronary Heart Disease to clarify requirements for consideration for any class of airman medical certification.
		11.	Errata	Revise Disease Protocols, Coronary Heart Disease to remove “Limited to Flight Engineer Duties.”
V.	04/25/2007	1.	Administrative	Move Leukemia, Acute and Chronic from Aerospace Medical Dispositions Item 48. General Systemic to Item 48. General Systemic, Blood and Blood-Forming Tissue Disease.

Guide Version	Official Date	Revision Number	Description Of Change	Reason For Modification
V.	04/25/2007	2.	Administrative	Revise Aerospace Medical Dispositions Item 48. General Systemic to include disposition table titled "Neoplasms."
		3.	Administrative	Move Breast Cancer from Aerospace Medical Dispositions Item 38. Abdomen and Viscera - Malignancies to Item 48. General Systemic, Neoplasms. Also, move Colitis (Ulcerative, Regional Enteritis or Crohn's disease) and Peptic Ulcer from Aerospace Medical Dispositions Item 38. Abdomen and Viscera – Malignancies to Item 38. Abdomen and Viscera and Anus Conditions.
		4.	Administrative	Update individual Pharmaceutical pages to include "Pharmaceutical Considerations."
V.	11/20/2006	1.	Medical Policy	Insert into Disease Protocols a new section on Cardiac Transplant for Class III certificates only.
		2.	Errata	Corrected AASI on Mitral or Aortic Insufficiency to read "mean gradient."

Guide Version	Official Date	Revision Number	Description Of Change	Reason For Modification
V.	08/23/2006	1.	Errata	INR values for mechanical valves should have read between 2.5 and 3.5, except for certain types of bileaflet valves in the aortic position.
		2.	Administrative	Clarified the Hypertension Protocol regarding initiation and change of medication and the suspension of pilot duties.
		3.	Errata	Maximal graded exercise stress test requirement for under age 60 corrected to 9 minutes.
		4.	Medical Policy	Remove prohibition on bifocal contact lenses or lenses that correct for near and/or intermediate vision in Items 31-34, Eyes; Section 5, Contact Lenses.
		5.	Medical Policy	Update Neurological Conditions Disposition Table and Footnote #21 with guidance on Rolandic Seizure.
		6.	Administrative	Clarified language in General Information, Item 9. Who May Be Certified; a. Age Requirements.

Archives and Modifications

Guide Version	Official Date	Revision Number	Description Of Change	Reason For Modification
V.	04/03/2006	1.	Administrative	Redesign the appearance and navigable format of the <i>Guide for Aviation Medical Examiners</i>
		2.	Administrative	Install a Search Engine located in the Navigation Bar
		3.	Administrative	Revise Heading Titles for Chapters 2, 3, and 4
		4.	Administrative	Insert a Special Issuances section located in the Navigation Bar and into the General Information section
		5.	Administrative	Insert a Policy Updates section to post new and revised Administrative and Medical Policies
		6.	Medical Policy	Insert into the AME Assisted Special Issuance (AASI) section a Testicular Carcinoma AASI
		7.	Medical Policy	Revise Atrial Fibrillation AASI
		8.	Medical Policy	Revise Asthma AASI
		9.	Medical Policy	Revise Hyperthyroidism and Hypothyroidism AASIs
		10.	Medical Policy	Insert a new AASI subsection containing Coronary Heart Disease and Single Valve Replacement applicable for Third-Class only

Archives and Modifications

Guide Version	Official Date	Revision Number	Description Of Change	Reason For Modification
V.	04/03/2006	11.	Medical Policy	Insert into the Disease Protocols section a new Coronary Heart Disease and Graded Exercise Stress Test Protocol, and revise the Valve Replacement Protocol
		12.	Administrative	Insert Items 49 – 58 into the Examination Techniques section
		13.	Medical Policy	Revise Item 35. Lungs and Chest, Asthma, Aerospace Medical Disposition Table
		14.	Medical Policy	Revise Item 36. Heart, Atrial Fibrillation, Aerospace Medical Disposition Table
		15.	Medical Policy	Revise Item 36. Heart, Coronary Heart Disease, Aerospace Medical Disposition Table
		16.	Medical Policy	Revise Item 36. Heart, Valvular Disease, Aerospace Medical Disposition Table
		17.	Medical Policy	Revise Item 48. General Systemic, Hyperthyroidism and Hypothyroidism, Aerospace Medical Disposition Table
		18.	Medical Policy	Revise all Oral Medications - Diabetes Mellitus, Type II references
		19.	Medical Policy	Revise FAA Form 8500-7, Report of Eye Evaluation

Guide Version	Official Date	Revision Number	Description Of Change	Reason For Modification
IV.	07/31/2005	1.	Administrative	Redesign the appearance and navigable format of the <i>Guide for Aviation Medical Examiners</i>
		2.	Administrative	Revise Section 9., Refractive Surgery heading in Items 31-34. Eyes, to Refractive Procedures
		3.	Medical Policy	Insert Conductive Keratoplasty into Section 9, Items 31-34, Eyes, and into Item 31's Aerospace Medical Disposition Table
		4.	Administrative	Replace optometrist or ophthalmologist reference(s) to "eye specialist"
		5.	Medical Policy	Insert Pulmonary Embolism into Item 35, Lungs and Chest, Aerospace Medical Disposition Table
		6.	Medical Policy	Insert Deep Vein Thrombosis and Pulmonary Embolism into Item 37, Vascular System, Aerospace Medical Disposition Table
		7.	Medical Policy	Insert Deep Vein Thrombosis and Pulmonary Embolism into the Thromboembolic Protocol.

Guide Version	Official Date	Revision Number	Description Of Change	Reason For Modification
IV.	01/16/2006	8.	Medical Policy	Insert into the Disease Protocol section a Conductive Keratoplasty Protocol
		9.	Medical Policy	Delete a paragraph located in Item 31-34. EYE, Section 4. Monocular vision
		10.	Medical Policy	Insert into the Disease Protocol section a Binocular Multifocal and Accommodating Devices Protocol
		11.	Medical Policy	Insert into the AME Assisted Special Issuance (AASI) section the new Bladder, Breast, Melanoma, and Renal Carcinoma AASI's
III.	11/01/2004	1.	Medical Policy	Revise AASI Process to include First- and Second-class Airman Medical Certification
		2.	Administrative	Insert into General Information, a new Section 10 that provides Sport Pilot Provisions
		3.	Administrative	Update revised Title 14, Code of Federal Regulations, §61.53
		4.	Administrative	Insert a link to download a revised AME Letter of Denial
		5.	Administrative	Insert a link to download a printable AASI Certificate Coversheet

Guide Version	Official Date	Revision Number	Description Of Change	Reason For Modification
II.	02/13/2004	1.	Administrative	Install Search Engine located in the Navigation Bar
		2.	Administrative	Insert a WHAT'S NEW link located in the Navigation Bar
		3.	Administrative	The "Instructions" site of the 2003 Guide is deleted and incorporated into the "Introduction" and "Available Downloads" located in the Navigation Bar
		4.	Administrative	Insert an "Available Downloads" site located in the Navigation Bar
		5.	Administrative	Insert a Table of Contents and an Index into the pdf version of the 2004 Guide
		6.	Administrative	Insert a one-page synopsis of the Medical Standards located in the Navigation Bar
		7.	Medical Policy	Insert Section 6. Orthokeratology into Items 31-34. Eye
		8.	Administrative	Relocate Item 46. Footnote # 21 from Head Trauma to Footnote #19, Headaches
		9.	Administrative	Insert Attention Deficit Disorder into Item 47's, Aerospace Medical Disposition Table
		10.	Medical Policy	Revise Item 60; Comments on History and Findings
		11.	Medical Policy	Revise Item 63; Disqualifying Defects
		12.	Medical Policy	Delete from AASI's a History of Monocularity
		13.	Administrative	Insert an Archives located in the Navigation Bar
		09/16/2004	14.	Administrative
I.	09/24/2003	Introduction of the 2003 Guide for Aviation Medical Examiners Website		

The following changes are made to the 2008 Guide for Aviation Medical Examiners:

- 1. Revise Cover page.** Remove “Version V” title. Guide updated to reflect current calendar year.
- 2. General Information, Equipment Requirements, and in Examination Techniques Items 50, 51, and 54.** Revise sections to reflect acceptable vision testing equipment requirements.
- 3. Medical Dispositions, Item 52. Color Vision.** Revise to provide guidance on Specialized Operational Medical Tests: the Operational Color Vision Test and the Medical Flight Test. Also, update acceptable and unacceptable color vision testing equipment.
- 4. Applicant History, 18. v. Conviction and/or Administrative Action History.** Change to “History of Arrest(s), Conviction(s), and/or Administrative Action(s).” Revise language within 18.v. to reflect reference to arrest(s).
- 5. Applicant History, 18. y.** Add new section entitled “Medical Disability Benefits.”
- 6. Revise entire Guide.** Remove any use of the term Urinalysis. Change term to “Urine Test(s).”

The following changes are made to Version V. of the Guide for Aviation Medical Examiners:

- 1. Another “MAKEOVER” of the Guide for Aviation Medical Examiners.** The Office of Aerospace Medicine redesigned the Guide to provide an interactive method for navigating through the Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate, FAA Form 8500-8. The Guide is also available in traditional section format (PDF).
- 2. Search Engine.** Install a Search Engine. The “Search Guide” prompt is located in the left Navigation Bar of the Guide for Aviation Medical Examiners.
- 3. Revise Heading Titles.** Update Heading Titles as follows:

Previous Chapter 2: Application for Medical Certification
New Heading: Applicant History (Items 1 - 20)

Previous Chapter 3: Examination Techniques and Criteria for Qualification
New Heading: Examination Techniques (Items 21 – 58)

Previous Chapter 4: Examination Techniques and Criteria for Qualification
New Heading: Application Review (Items 59 – 64)

4. Special Issuances. Insert a new Special Issuances section located in the Navigation Bar and into the General Information section, page 5.

This section provides guidance for the initial Authorization for Special Issuance of a Medical Certificate (Authorization) in accordance with Title 14 of the Code of Federal Regulations (14 CFR) §67.401, AME Assisted Special Issuances (AASI), and AASI's for Third-Class only.

5. Policy Updates. Insert a Policy Updates section to broadcast the latest revisions and updated Administrative and Medical Policies.

6. Introduction of a new AME Assisted Special Issuance (AASI). Insert a new AASI for applicants with a history of Testicular Carcinoma applicable for **ALL** classes.

7. Revise Atrial Fibrillation AME Assisted Special Issuance. This AASI was updated as a result of the advancement of medical technology.

8. Revise the Asthma AME Assisted Special Issuance (AASI). Insert the following provision into the Asthma AASI:

Note: If the applicant has mild symptoms that are infrequent, have not required hospitalization, or use of steroid medication, and no symptoms in flight, the Examiner may issue an airman medical certificate. See Item 35., Lungs and Chest, Aerospace Medical Disposition, page 59.

If the applicant does not meet the above criteria, the Examiner must follow the AASI process.

AME Assisted Special Issuance (AASI) is a process.....

9. Revise the Hyperthyroidism and Hypothyroidism AME Assisted Special Issuance (AASI). Insert the following provision into the Hyperthyroidism and Hypothyroidism AASI:

NOTE:

- The Examiner may issue an airman medical certificate if the applicant has demonstrated is now euthyroid, stable, and without other organ system involvement. See Item 48., General Systemic, Aerospace Medical Disposition, page 127.

- The Examiner must document the period of stability, laboratory evidence of euthyroid state and absence of other organ system in Item 60 of the FAA Form 8500-8

If Applicant does not meet the above criteria, the Examiner must follow the AASI process.

AME Assisted Special Issuance (AASI) is a process...

10. Introduction of a new AASI Subsection. The AASI subsection is applicable for **Third-class applicants only**. These particular medical conditions are initially disqualifying and must be deferred to the Aerospace Medical Certification Division or Regional Flight Surgeon. Following the grant of an Authorization for Special Issuance of a Medical Certificate by the AMCD or RFS, these AASI's permit an Examiner to reissue a Third-class airman medical certificate, provided the applicant meets disease/condition certification criteria and is otherwise qualified.

11. New Disease Protocols. Insert a new Coronary Heart Disease and Graded Exercise Stress Test Protocol, and revise the Valve Replacement Protocol.

12. Examination Techniques Section Revision. Insert Items 49 – 58 into the FAA Form 8500-8; Application Process and Examination Techniques, Examination Techniques section (Items 21 – 58).

13. Item 35. Lungs and Chest. Revise Asthma, Aerospace Medical Disposition table, page 59 as follows:

DISEASE/CONDITION	CLASS	EVALUATION DATA	DISPOSITION
Asthma			
Mild or seasonal asthmatic symptoms ⁸	All	Submit all pertinent medical information and current status report, include duration of symptoms, name and dosage of drugs, and side effects	If symptoms are infrequent, mild, have not required hospitalization or steroid medication, and no symptoms in flight – Issue

14. Item 36. Heart. Revise Atrial Fibrillation, Aerospace Medical Disposition table, page 70 as follows:

DISEASE/CONDITION	CLASS	EVALUATION DATA	DISPOSITION
Atrial Fibrillation			
Atrial Fibrillation: Chronic Paroxysmal/Lone	All	CHD Protocol with ECHO and 24-hour Holter	Initial Special Issuance - Requires FAA Decision Followup Special Issuance's - See AASI Protocol
Resolved History of Atrial Fibrillation >5 years ago	All	Document previous workup for CAD and structural heart disease	If no ischemia, history of emboli, or structural or functional heart disease - Issue Otherwise - Requires FAA Decision

15. Item 36. Heart. Revise Coronary Heart Disease Aerospace Medical Disposition table, page 71 as follows:

DISEASE/CONDITION	CLASS	EVALUATION DATA	DISPOSITION
Coronary Heart Disease			
Coronary Heart Disease: Angina Pectoris Atherectomy; Bracytherapy; Coronary Bypass Grafting; Myocardial Infarction; PTCA; Rotoblation; and Stent Insertion	1 st & 2 nd	See CHD Protocol	Requires FAA Decision
	3 rd		Initial Special Issuance - Requires FAA Decision Followup Special Issuance's - See AASI Protocol

16. Item 36. Heart. Revise Valvular Disease Aerospace Medical Disposition table, page 71 as follows:

Valvular Disease			
Single Valve Replacement (Tissue, Mechanical or Valvuloplasty)	1 st & 2 nd	See Valve Replacement	Requires FAA Decision
	3 rd		Initial Special Issuance - Requires FAA Decision Followup Special Issuance's - See AASI Protocol
Multiple Valve Replacement	All	Document history and findings, CVE Protocol, and submit any tests deemed appropriate	Requires FAA Decision

17. Item 48. General Systemic. Revise Hyperthyroidism and Hypothyroidism Aerospace Medical Disposition table and Footnote, page 127 as follows:

DISEASE/CONDITION	CLASS	EVALUATION DATA	DISPOSITION
Endocrine Disorders			
Hyperthyroidism ²³	All	Submit all pertinent medical records; current status to include names and dosage of medication(s) and side effects and current TFTs	If euthyroid and stable – Issue Otherwise, - Requires FAA Decision
Hypothyroidism ²³	All	Submit all pertinent medical records; current status to include names and dosage of medication(s) and side effects and current TFTs	If euthyroid and stable – Issue Otherwise, - Requires FAA Decision

18. Revise Oral Medications - Diabetes Mellitus, Type II references. Update Oral Medications – Diabetes Mellitus, Type II to Diabetes Mellitus – Type II, Medication Controlled. This change is required as a result of applicants treated with oral agents or incretin mimetic medications (exenatide).

19. Revise FAA Form 8500-7, Report of Eye Evaluation. Update Form to reflect latest vision procedures.

20. Revise AASI for Single Valve Placement. Correct to show INR values for mechanical valve should read 2.5 and 3.5, except for certain types of bileaflet valves in the aortic position.

21. Revise Protocol for Hypertension. Clarify regarding initiation and change of medication and the suspension of pilot duties.

²³ If the applicant was previously deferred for either hyperthyroidism or hypothyroidism and was granted an Authorization for Special Issuance of a Medical Certificate, see AASI for Hyperthyroidism and/or AASI for Hypothyroidism.

22. Revise Protocol for Maximal Graded Exercise Stress Test Requirements. Correct maximal graded exercise stress test requirement for under age 60 to read “9 minutes.”

23. Items 31-34. Eye, Section 5, Contact Lenses. Revise to remove prohibition on bifocal contact lenses or other lenses that correct for near and/or intermediate vision. Deleted the following paragraph:

“Bifocal contact lenses or contact lenses that correct for near and/or intermediate vision only are not considered acceptable for aviation duties.”

24. Item 46. Neurologic. Revise Neurologic Conditions Disposition Table and Footnote #21 to include guidance on Rolandic Seizure:

“Rolandic Seizure may be eligible for certification if the applicant is seizure free for 4 years and has a normal EEG. Consultation with FAA required.”

25. General Information, Item 9. Who May Be Certified; a. Age Requirements. Revise language to read:

“For issuance of the combined “Medical Certificate and Student Pilot Certificate,” the applicant must have reached his or her 16th birthday. If the applicant has not reached age 16 before the examination date, see Item 6. Date of Birth for alternate procedures.

26. Cardiac Transplant Disease Protocol. Insert into Disease Protocols section as follows:

PROTOCOL FOR CARDIAC TRANSPLANT

The Examiner must defer issuance. Issuance is considered for Third-class applicants only. FAA Cardiology Panel will review Applicants found qualified will be required to provide annual followup evaluations. All studies must be performed within 30 days of application.

Requirements for consideration...

27. AASI on Mitral or Aortic Insufficiency. Language corrected to read “mean gradient.”

28. Item 48. General Systemic. Move Leukemia, Acute and Chronic to Item 48. General Systemic, Blood and Blood-Forming Tissue Disease.

29. Item 48. General Systemic. Revise to create Aerospace Medical Disposition table titled “Neoplasms.”

DISEASE/CONDITION	CLASS	EVALUATION DATA	DISPOSITION
Neoplasms			
Breast Cancer	All	Submit all pertinent medical records, operative/ pathology reports, current oncological status report, including tumor markers and any other testing; include duration of symptoms, name, and dosage of drugs and side effects	Initial Special Issuance – Requires FAA Decision Followup Special Issuances – See AASI Protocol
<p>Also see:</p> <p>Accoustic Neuroma</p> <p>Colon/ Rectal Cancer and other Abdominal Malignancies</p> <p>G-U Systems Cancers</p> <p>Kaposi's Sarcoma</p> <p>Leukemias and Lymphomas</p> <p>Malignant Melanomas</p> <p>Eye Tumors</p>			

30. Item 38. Abdomen and Viscera Malignancies. Move Breast Cancer to Item 48. General Systemic, Neoplasms; move Colitis (Ulcerative, Regional Enteritis or Crohn's disease) and Peptic Ulcer to Item 38. Abdomen and Viscera and Anus Conditions.

31. Pharmaceutical Medications. Update individual pharmaceutical pages to include "Pharmaceutical Considerations."

32. Disease Protocols. Rename “Antihistamines” as “Severe Allergies.”

33. Pharmaceutical Medications. Create sections for Acne Medications and Glaucoma Medications.

34. Policy Update. Add policy regarding the use of isotretinoin (Accutane) to Pharmaceutical Medications; Examination Techniques and Criteria for Evaluation, Item 40. Skin; and Aerospace Medical Dispositions, Item 40. Skin.

35. Protocol for Maximal Graded Exercise Stress Test Requirements. Correct “8 minutes” to read “9 minutes.”

36. Item 36. Heart – Atrial Fibrillation. Change link in Dispositions table to read CVE Protocol with EST, ECHO, and 24-hour.

Paroxysmal/Lone	All	CVE Protocol with ECHO, EST, and 24-hour Holter	Initial Special Issuance - Requires FAA Decision Followup Special Issuance's - See AASI Protocol
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37. Item 36. Heart. Create section for Syncope:

**Guide for Aviation Medical Examiners
Decision Considerations**

**Aerospace Medical Dispositions
Item 36. Heart - Syncope**

Syncope			
Syncope*	All	CHD Protocol with ECHO and 24-hour Holter; bilatcarotid Ultrasound	Requires FAA Decision

NOTE: Syncope, recurrent or not satisfactorily explained, requires deferral (even though the syncope episode may be medically explained, an aeromedical certification decision may still be precluded). Syncope may involve cardiovascular, neurological, and psychiatric factors.

38. Item 36. Heart. Update policy regarding Auscultation to include:

“Examiner must defer to the AMCD or Region if the treating physician or Examiner reports the murmur is moderate to severe (Grade III or IV).”

39. Pharmaceutical Medications – Antihypertensive. Revise to remove “D. AME Assisted – All Classes, Atrial Fibrillation” from Pharmaceutical Considerations.

40. Pharmaceutical Medications – Antihistaminic. Revise to include “C. Aerospace Medical Dispositions, Item 35. Lungs and Chest” in Pharmaceutical Considerations.

41. Disease Protocols, Coronary Heart Disease. Clarify requirements for consideration for any class of airman medical certification:

1. Recovery periods before consideration can be given for medical certification:
 - a. 6 months: after angina, infarction, bypass surgery, angioplasty, stenting, rotoblation, or atherectomy
 - b. 3 months: after ablation or valve replacement
 - c. None: after supraventricular tachycardia, atrial fibrillation, and syncope. NOTE: if any of these conditions required any cardiac intervention that is listed in subparagraphs a and b above, then the applicable waiting periods do apply.

42. Disease Protocols, Coronary Heart Disease. Remove language that states “Limited to Flight Engineer Duties.”

43. General Information, Validity of Medical Certificates. Delete note that reads:

“Note: Flight Outside the Airspace of the United States of America (U.S.A.)

A pilot who is issued a medical certificate under the age of 40 may not exercise the privileges of a private pilot certificate outside the U.S.A. after the 24 months of validity of that medical certificate except as permitted by a foreign country(s) where the flight occurs. The maximum validity of a private pilot medical certificate is 24 months under the standards of the International Civil Aviation Organization.”

44. Disease Protocols, Conductive Keratoplasty (CK). Revise description of CK procedure to read: “Conductive Keratoplasty (CK) is acceptable for aeromedical certification as a refractive error correction method for review by the FAA.”

45. Medical Dispositions, Item 31. Eye. Revise to correct typographical error.

46. Pharmaceutical Medications. Create section for Malaria Medications.

47. Examination Techniques, Item 51. Near and Intermediate Vision. Revise to include Keystone Orthoscope and Keystone Telebinocular.

48. Airman Certification Forms. Add note that reads:

"The international Standards on Personnel Licensing are contained in Annex 1 – *Personnel Licensing* to the Convention on International Civil Aviation. The FAA maintains an updated, hard copy of all the ICAO Annexes and also an on-line subscription. The FAA makes copies of Annex 1 available at seminars and can provide Examiner's access upon request. See Convention on International Civil Aviation at http://www.icao.int/icaoet/arch/doc/7300/7300_ed.pdf"

49. General Information, Equipment requirements. Add note regarding AME possession and maintenance of equipment.

50. General Information, Privacy of Medical Information. Add note regarding AME protection of privacy information.

51. General Information, Disposition of Applications. Add note to include electronic submission by international AME's.

52. Exam Techniques, Item 31-34 Eye. Revise to include Wavefront-guided LASIK.

53. AME Assisted Special Issuances. Add section on Warfarin (Coumadin) Therapy for Deep Venous Thrombosis, Pulmonary Embolism, and/ or Hypercoagulopathies.

54. AME Assisted Special Issuances (AASI) Revise AASI coversheet to include Warfarin (Coumadin) Therapy for Deep Venous Thrombosis, Pulmonary Embolism, and/ or Hypercoagulopathies

55. General Information, Who May Be Certified. Add guidance for ICAO standard for English Proficiency, Operational Level 4.

56. General Information, Equipment Requirements. Revise list of acceptable equipment, particularly acceptable equipment substitutes for vision testing.

57. Exam Techniques, Item 50, Distant Vision. Revise equipment list of acceptable substitutes.

- 58. Exam Techniques, Item 51, Near and Intermediate Vision.** Revise equipment table of acceptable substitutes.
- 59. Exam Techniques, Item 54, Heterophoria.** Revise equipment table of acceptable substitutes.
- 60. General Information, Validity of Medical Certificates.** Revise third-class duration standard for airmen under 40 to 60 months.
- 61. General Information, Requests for Assistance.** Revise to remove reference to international and military examiners and military facilities.
- 62. General Information, Classes of Medical Certificates.** Revise to change “flying activities” to “privileges” of a private pilot certificate.”
- 63. Special Issuances.** Revise to include language to include “Individuals granted an Authorization (or SODA) must carry that documentation with them when exercising pilot privileges.”
- 64. In Applicant History, Guidance for Positive Identification of Airmen.** Revise to include link to 14 CFR §67.4 and language stating applicants must show proof of age and identity.
- 65. In General Information, Equipment Requirements.** Revise to include Titmus i400 as acceptable vision test equipment. Also, in **Examination Techniques, (Items 50- 52 and Item, 54)**, add Titmus i400 to lists of acceptable vision test equipment.

The following changes are made to Version IV. of the Guide for Aviation Medical Examiners:

1. The Guide for Aviation Medical Examiner’s “MAKEOVER.”

The Office of Aerospace Medicine was tasked to redesign the Guide’s website to conform with the DOT and the FAA’s National Policy concerning Web Management.

2. Items 31-34. Eye. Revise Section 9. Refractive Surgery heading to “Refractive Procedures.”

3. Items 31-34. Eye. Insert Conductive Keratoplasty into Section 9.A.of Items 31-34. Eye, located on page 51, and in Item 31. Eyes, General aerospace medical disposition table, page 54, as follows:

- A. Conductive Keratoplasty (CK): CK is used for correction of farsightedness. As this procedure is not considered permanent and there

is expected regression of visual acuity in time, the FAA may grant an Authorization for special issuance of a medical certificate under 14 CFR 67.401 to an applicant who has had CK.

The FAA evaluates CK procedures on an individual basis following a waiting period of 6 months. The waiting period is required to permit adequate adjustment period for fluctuating visual acuity. The Examiner can facilitate FAA review by obtaining all pre- and post-operative medical records, a Report of Eye Evaluation (FAA Form 8500-7) from a treating or evaluating eye specialist with comment regarding any adverse effects or complications related to the procedure.

DISEASE/CONDITION	CLASS	EVALUTION DATA	DISPOSITION
Eyes, General			
Conductive Keratoplasty - Farsightedness	All	See Conductive Keratoplasty Protocol	Requires FAA Decision

4. Eye Specialist. Replace optometrist or ophthalmologist reference(s) with “eye specialist.”

5. Item 35. Lungs and Chest. Insert Pulmonary Embolism into the aerospace medical disposition table, page 60, as follows:

DISEASE/CONDITION	CLASS	EVALUTION DATA	DISPOSITION
Disease of the Lungs, Pleura, or Mediastinum			
Pulmonary Embolism	All	See Thromboembolic Disease Protocol	See Thromboembolic Disease Protocol

6. Item 37. Vascular System. Insert Deep Vein Thrombosis and Pulmonary Embolism into the aerospace medical disposition table, page 76, as follows:

DISEASE/CONDITION	CLASS	EVALUTION DATA	DISPOSITION
Vascular Conditions			
Phlebothrombosis or Thrombophlebitis; Deep Vein Thrombosis; Pulmonary Embolism	1 st & 2nd	See Thromboembolic Disease Protocol	Requires FAA Decision
	3rd	Document history and findings See Thromboembolic Disease Protocol	A single episode resolved, not currently treated with anticoagulants, and a negative evaluation - Issue If history of multiple episodes - Requires FAA Decision

7. Thromboembolic Disease Protocol. Insert into the Disease Protocol section as follows:

PROTOCOL FOR THROMBOEMBOLIC DISEASE

An applicant with a history of thromboembolic disease, ex: Deep Vein Thrombosis, Pulmonary Embolism; must submit the following if consideration for medical certification is desired...

8. Conductive Keratoplasty (CK) Disease Protocol. Insert into the Disease Protocol section as follows:

PROTOCOL FOR CONDUCTIVE KERATOPLASTY

Conductive Keratoplasty (CK) is acceptable for aeromedical certification as a refractive error correction method for review by the FAA.

The following criteria are necessary for initial certification ...

9. Items 31-34. EYE, Section 4. Monocular Vision. Deleted the following paragraph:

Bifocal contact lenses or contact lenses that correct for near and/or intermediate vision only are **not** considered acceptable for aviation duties.

10. Binocular Multifocal and Accommodating Devices Protocol. Insert into the Disease Protocol section as follows:

PROTOCOL FOR BINOCULAR MULTIFOCAL AND ACCOMMODATING DEVICES

This Protocol establishes the authority for the Examiner to issue an airman medical certificate to binocular applicants using multifocal or accommodating ophthalmic devices.

Devices acceptable for aviation-related duties must be FDA approved and...

11. AME Assisted Special Issuance. Insert into this section a new Bladder, Breast, Melanoma and Renal Carcinoma AASI.

The following changes are made to Version III. of the Guide for Aviation Medical Examiners:

1. AASI Process now covers First- and Second-Class Airman Medical Certification in addition to Third-class. Revise the 19 approved conditions for AASI as follows:

Examiners are authorized to reissue an airman medical certificate to **ALL CLASSES**, provided the applicant meets the specific certification decision-making criteria, and is otherwise qualified.

NOTE: If this is a **first-time issuance** for a disqualifying disease/condition covered under the AASI process and the applicant has all of the requisite medical information necessary for a determination, the Examiner **must defer** and submit all of the documentation to the AMCD or contact the RFS. Following the granting of an Authorization for Special Issuance of a Medical Certificate (Authorization) by the AMCD or RFS's office, an Examiner may reissue an airman medical certificate provided the applicant is otherwise qualified.

2. General Information, Section 10. Insert a new Section 10, entitled *Operations Not Requiring a Medical Certificate*. The section provides Glider, Free Balloon, and "Sport" Pilot provisions.

Renumbered the sections following Section 10 under General Information.

3. Title 14 Code of Federal Regulations (CFR), §61.53. Update the revised (July 27, 2004) 14 CFR part 61.53 by adding subparagraph (c) as follows:

(c) Operations requiring a medical certificate or a U.S. driver's license. For operations provided for in Sec. 61.23(c), a person must meet the provisions of--

(1) Paragraph (a) of this section if that person holds a valid medical certificate issued under part 67 of this chapter and does not hold a current and valid U.S. driver's license.

(2) Paragraph (b) of this section if that person holds a current and valid U.S. driver's license.

4. Aviation Medical Examiner Letter of Denial. Insert a link to download a revised Aviation Medical Examiner Letter of Denial.

(NOTE: This denial letter supercedes former Form 8500-2).

5. Aviation Medical Examiner Assisted Special Issuance Certificate Coversheet. Insert a link to download a printable AASI Certificate Coversheet.

The following changes are made to Version II. of the Guide for Aviation Medical Examiners:

1. Search Engine. Installed a Search Engine at the top of the Navigation Bar of the 2004 Guide for Aviation Medical Examiner's (Guide).

2. WHAT'S NEW. A "What's New" link is inserted in the Navigation Bar of the 2004 Guide. This link provides important airmen medical certification decision-making revisions or items of significance.

3. Instructions site. The "Instructions" site located in the Navigation Bar of the 2003 Guide is deleted and incorporated into the "Introduction" and the newly developed "Available Downloads" sites of the 2004 Guide.

4. "Available Downloads" site. In the Navigation Bar of the 2004 Guide is an "Available Downloads" site, where you can access, download, and print copies of the 2004 Guide (236 pages); synopsis of the Medical Standards (one page); Preambles of Title 14 of the Code of Federal Regulations part 67 Medical Standards and Certification (98 pages); and/or 14 CFR Part 67 (18 pages).

5. Insert a Table of Contents and an Index into the pdf version of the 2004 Guide. In the printable version of the 2004 Guide, insert a Table of Contents and an Index for easier access to pertinent regulations, examination procedures, case disposition guidelines, and disease protocol necessary to obtain medical certification information and guidance.

6. Synopsis of the Medical Standards. In the Navigation Bar insert a one-page synopsis of the medical standards for first-, second-, and third-class airman medical certification.

7. Items 31-34. Eye. Insert Section 6. Orthokeratology into Items 31-34, Eye, located on page 48, as follows:

6. Orthokeratology is acceptable for medical certification purposes, provided the airman can demonstrate corrected visual acuity in accordance with medical standards defined in 14 CFR Part 67. When corrective contact lenses are required to meet vision standards, the medical certificate must have the appropriate limitation annotated. Advise airmen that they must follow the prescribed or proper use of orthokeratology lenses to ensure

compliance with 14 CFR 61.53. Airmen should consider possible rotation, changes, or extensions of their work schedules when deciding on orthokeratology retainer lens use.

8. Item 46. Neurologic. In Item 46. Neurologic, Head Trauma aerospace medical disposition table on page 110 of the 2003 Guide, relocate Footnote #21 link and attach link to Item 46. Neurologic, Headaches aerospace medical disposition table on page 108, as Footnote #19, in the 2004 Guide.

9. Item 47. Psychiatric. In Item 47. Psychiatric, Psychiatric Conditions aerospace medical disposition table, page 117 of the 2004 Guide, insert Attention Deficit Disorder as follows:

DISEASE/CONDITION	CLASS	EVALUATION DATA	DISPOSTION
Psychiatric Conditions			
Attention Deficit Disorder	All	Submit all pertinent medical information and clinical status report to include documenting the period of use, name and dosage of any medication(s) and side-effects	Requires FAA Decision

10. Item 60. Comments on History and Findings

Revise Item 60 as follows: Comments on all positive history or medical examination findings must be reported by Item Number. Item 60 provides the Examiner an opportunity to report observations and/or findings that are not asked for on the application form. Concern about the applicant's behavior, abnormal situations arising during the examination, unusual findings, unreported history, and other information thought germane to aviation safety should be reported in Item 60. The Examiner should record name, dosage, frequency, and purpose for all currently used medications.

If possible, all ancillary reports such as consultations, ECG's, x-ray release forms, and hospital or other treatment records should be attached. If the delay for those items would exceed 14 days, the Examiner should forward all available data to the AMCD, with a note specifying what additional information is being prepared for submission at a later date.

If there are no significant medical history items or abnormal physical findings, the Examiner should indicate this by checking the appropriate block.

11. Item 63. Disqualifying Defects

Revise Item 63 as follows: List all disqualifying defects, diagnoses, or conditions by **ITEM NUMBER** that serve as the basis for **denial** or **deferral** in Item 63. Comments or discussion of specific observations or findings may be reported in Item 60 or submitted on a separate sheet of paper.

If the Examiner denies the applicant, the Examiner must issue a Letter of Denial, FAA Form 8500-2 to the applicant, and report the issuance of the denial in Item 60.

12. AME Assisted Special Issuance (AASI). In the AASI section, delete AASI for History of Monocularity

13. Archives. Insert in the 2004 Guide an Archive site, which delineates each modification, its effective date, a description, and the reason for modification.

14. Item 37. Vascular Conditions. In Item 37, Vascular System aerospace medical disposition table, Arteriosclerotic Vascular Disease/Condition, page 74 of Version II. of the Guide, insert CAD US if applicable as follows:

DISEASE/CONDITIONS	CLASS	EVALUATION DATA	DISPOSITION
Vascular Conditions			
Arteriosclerotic Vascular disease with evidence of circulatory obstruction	All	Submit all documentation in accordance with CVE Protocol, and include a GXT, and CAD US if applicable	Requires FAA Decision