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Solutions 



## APPLICATION FOR AN AVIATION MEDICAL ASSESMENT (INITIAL & RENEWAL)

### A) Issue of Medical Certificate (Initial & Renewal)

#### 1) Log into Customer Portal.

Open a web browser and go to the Oman CAA Customer Portal. On the sign-in page, select nonresident and enter your registered **Email** and **Password** and click **Sign in**.

If you don't yet have an account, click **Create New Account** on this page and complete the registration fields (name, contact info, etc.) before returning to log in.

#### 2) Select the Application Form.

After logging in, go to the list of available services.

Find and click on **“Issue of Medical Certificate”** – For Initial

#### [Issue of Medical Certificate](#)

Application for the issuance of a Medical Certificate for individuals performing duties related to the Flight Safety.

[Read more](#)

Find and click on **“Renewal of Medical Certificate”** – For Renewal

#### [Renewal of Medical Certificate](#)

This service is offered to Flight Crew wishing to renew their previously issued Medical Certificates.

[Read more](#)

### 3) Open the Service Page.

Once the customer clicks on the service, it loads the respective Guideline Page. A guideline page shows more details about the service to help the customer understand what the service is about and what the prerequisites are.

The screenshot shows the CAA Services Guide interface. At the top, there is a header with the CAA logo and 'Services Guide' text, and a 'LOG IN' button. Below the header, a dark blue navigation bar contains 'Services' and 'My Transactions'. The main content area is titled 'Issue of Medical Certificate' and includes a breadcrumb 'Home / Issue of Medical Certificate'. The page describes the application for a Medical Certificate for individuals performing duties related to Flight Safety. It features an 'ONLINE SERVICE' icon with a 30-minute timer, a warning that the application is for individuals whose duties affect aircraft safety, and a 'START' button. A sidebar on the left lists 'Applicant Profiles' (Individual), 'Application Requirements' (Anyone over 16 years of age), 'Guidance Notes' (Required documentation: recent photo, passport, supporting documents), and 'When Has To Be Performed?' (prerequisite for license). A 'START' button is also located at the bottom left of the main content area.

### 4) Complete Personal and Professional History.

After clicking **Start**, you will be taken to the **Personal and Professional History** section. Follow the steps below to complete the form.

*i.) Review your personal information.*

Some fields may already be filled in automatically, such as:

- Given Name
- Family Name
- ID/Passport Number
- Gender
- Email
- Telephone
- Date of Birth (DOB)

- Age
- Permanent Address

Check that the information is correct.

- If everything is correct, continue to the next section.
- If you need to make changes, tick the box:

**“Do you want to modify your Personal Information?”**

Then update the necessary fields.

ii.) Proceed to fill in the fields as displayed in the form. Kindly note, all the fields with Red Asterisks (\*) are mandatory.


Note: The fields below only apply to Pilots,


- Aircraft Flown – Leave Blank if not applicable
- Hours flown since last medical and total hours flown – Indicate Zero (0) if not applicable
- Type of Flight Intended - – Leave Blank if not applicable

|                       |                                  |                              |                         |
|-----------------------|----------------------------------|------------------------------|-------------------------|
| Operator Address      | Nationality *                    | Country of birth *           |                         |
| <input type="text"/>  | - Select -                       | - Select -                   |                         |
| Passport Issue Date * | Passport Expiry Date *           | Passport State of Issuance * |                         |
| <input type="text"/>  | <input type="text"/>             | - Select -                   |                         |
| Aircraft Flown        | Hours flown since last Medical * | Total Hours Flown *          | Type of Flight Intended |
| <input type="text"/>  | <input type="text"/>             | <input type="text"/>         | - None -                |
| Occupation / Rank *   |                                  |                              |                         |
| - Select -            |                                  |                              |                         |

iii.) Upload Recent passport photo that will be displayed in the Medical Certificate. Ensure the photo follows the defined requirements.


Photo \*



 REMOVE

(\*) Upload a recent photo with a blue background 4x4 front passport.  
[Upload requirements](#)

Employer

OMAN AIR - (Customer ID OMN-WY/2024) (278) 

| Staff Number | Crew Position | Employer Address |
|--------------|---------------|------------------|
| OM-001       | Captain       | Muscat           |

On the section for Employer, you should be able to search e.g. Oman Air, Salam Air etc, then proceed to fill the rest of the information as shown.

iv) On this section, choose what you are applying for,

Are you applying with \*

Foreign License (Conversion / Revalidation)

No license - (Student/Trainee (Pilots, ATC, Engineers) and newly hired Cabin Crew)

Omani License

Licence Sought / Held \*

Air Traffic Controller Licence(ATCL)

Aircraft Maintenance Engineer Licence

Airline Transport Pilot Licence (ATPL)

Cabin Crew Certificate

Commercial Pilot Licence (CPL)

Flight Engineer Licence


Helicopters Gyroplane Balloon Pilot Permit

Private Pilot Licence (PPL)

RPA Licence (Drones)

Student Pilot Permit (SPL)

Certificate Class



a) If you are applying with a Foreign License, choose the first option.

Are you applying with \*

Foreign License (Conversion / Revalidation)

No license - (Student/Trainee (Pilots, ATC, Engineers) and newly hired Cabin Crew)

Omani License

Licence Sought / Held \*

Air Traffic Controller Licence(ATCL)

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Flight Engineer Licence

Helicopters Gyroplane Balloon Pilot Permit

Private Pilot Licence (PPL)

RPA Licence (Drones)

Student Pilot Permit (SPL)

License No. \*

License Expiry Date \*

Type of License \*

Certificate Class \*

Any Limitation

State of Issue \*

b) For first time applicants, no license yet, choose “No License”.

c) For crew who already have licenses issued by Oman Civil Aviation Authority, choose “Omani License” and proceed to fill the required details

Are you applying with \*

Foreign License (Conversion / Revalidation)

No license - (Student/Trainee (Pilots, ATC, Engineers) and newly hired Cabin Crew)

Omani License

Licence Sought / Held \*

Air Traffic Controller Licence(ATCL)

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Private Pilot Licence (PPL)

RPA Licence (Drones)

Student Pilot Permit (SPL)

License No.

License Expiry Date

Last Medical Examination

Place

Certificate Class

v) On the part for License Sought / Held, choose the license you intend to apply for or the license you do already hold. Ensure you choose only one option. Based on the license type selected, the system will automatically determine the appropriate medical class.

Licence Sought / Held \*

Air Traffic Controller Licence(ATCL)

Aircraft Maintenance Engineer Licence

Airline Transport Pilot Licence (ATPL)

Cabin Crew Certificate

Commercial Pilot Licence (CPL)

Flight Engineer Licence

Helicopters Gyroplane Balloon Pilot Permit

Private Pilot Licence (PPL)

RPA Licence (Drones)

Student Pilot Permit (SPL)

xi.) At this point you are to decide to whom you want to submit your application for assessment. Either to an Aeromedical Centre or a specific Medical Examiner.

Choose one:

- **AeMC (Aviation Medical Center)**
- **AME (Aviation Medical Examiner)**

Please, select an option: \*  AeMC  AME

**AeMC \***

- Select -

Have you consulted a physician since your last aviation medical

For Medical Examiners (AME), you must select the state in which you want to be assessed, then the system will list all medical examiners in that state (if any) from which you can choose the AME you want to submit assessment to.

Aviation Medical Center (AeMC) or Aviation Medical Examiner (AME)

Please, select an option: \*  AeMC  AME

**Governorate/State \*** **Medical Examiner \***

- None - - None -

*xii) Medical History Questions.*

Answer all questions honestly by selecting **Yes** or **No**:

- Have you consulted a physician since your last medical?
- Have you ever had a medical assessment denied/suspended/revoked?
- Any aircraft accident or incident since last medical?
- Do you hold a Special Issuance letter?

Provide additional details if required.

*xiii.) Flight Intention and Limitations.*

- **Type of Flying Intended** – Enter (e.g., Commercial Air Transport, Type Not Applicable where it's not Applicable)
- **Any Limitations on License/Medical Assessment** – Select Yes or No. If Yes, you must mention the Limitations.

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Aviation Medical Center (AeMC) or Aviation Medical Examiner (AME)

Please, select an option: \*  AeMC  AME

Governorate/State \*   Medical Examiner \*

Have you consulted a physician since your last aviation medical examination? if you have, provide the reason. \*

Yes  No

Have you ever had an aviation Medical Assessment denied, suspended or revoked by any licensing authority? If yes, discuss with medical examiner. \*

Yes  No

Any aircraft accident or reported incident since the last medical? \*

Yes  No

Do you hold a Special Issuance letter? \*

Yes  No

Type of flying intended \*

Any limitations on License/Medical Assessment \*

Yes  No

*xiv.) Proceed the Next Step.*

After completing all required fields:

Click “**Next Page >**” to continue your application.

### **Important Tips.**

- Fields marked with (\*) **are mandatory**
- Double-check all information before proceeding
- Ensure uploaded documents meet requirements

## 5. Medical Data.

After completing the **Personal and Professional History** section, the user will move to the **Medical Data** section. This part of the form is used to provide medical information and history.

### *i.) Family Physician Data.*

In this section, the user should enter the details of their family doctor or physician (if applicable, else leave blank).

On behalf of:  
Doe Jane - (ID 761249855)

Services My Transactions

Home / Application Form for an Aviation Medical Assessment

### Application Form for an Aviation Medical Assessment

1 Personal and Professional History 2 Medical Data 3 Preview 4 Complete

Family physician data

Physician Full Name Physician address

Email Telephone

ii.)

### *Medication and Habit History.*

The user should answer the following questions by selecting **Yes** or **No**:

- Are you currently using any medication, including medicine that was not prescribed? If yes, the system shows a section to provide the medical details which allows duplicate entry by clicking the Plus (+) icon and providing all medications as necessary.

Mention any medication you are currently using, including non-prescribed medications, if any \*

Yes  No

Medication \*

| Name | Dose | Purpose |
|------|------|---------|
|      |      |         |

+ -

- Do you drink alcoholic beverages?

Do you drink Alcoholic beverages? \*

Yes  No

Weekly Intake in units \*

• **Do you smoke Tobacco products?**

- Based on the selected option, different fields will show for you to fill.

Do you smoke Tobacco products? \*

Never  Previously  Currently

Date Stopped \*

Type of Tobacco products used \*

Number of years used \*

Do you smoke Tobacco products? \*

Never  Previously  Currently

Type of tobacco products used \*

Average Quantity \*

Number of years used \*

### iii.) Personal Medical History.

This section asks about the user's past and current medical conditions. The user should answer **Yes** or **No** for each condition listed. These may include:

#### Personal Medical History

Do you have, or have you ever had, any of the following conditions?  
Please tick YES or NO for each question. Provide details for all YES answers in the remarks section and discuss them with the medical examiner.

|   | YES                   | NO                    |  | YES                   | NO                    |
|---|-----------------------|-----------------------|--|-----------------------|-----------------------|
| Eye disorders/eye surgery *   | <input type="radio"/> | <input type="radio"/> | Malaria or other tropical disease *                            | <input type="radio"/> | <input type="radio"/> |
| Spectacles and/or contact lenses ever worn *                          | <input type="radio"/> | <input type="radio"/> | Anaemia/Sickle cell trait/other blood disorders *              | <input type="radio"/> | <input type="radio"/> |
| Spectacle/contact lens prescriptions/change since last medical exam * | <input type="radio"/> | <input type="radio"/> | Heart or vascular disease *                                    | <input type="radio"/> | <input type="radio"/> |
| Hay fever, or another allergy *                                       | <input type="radio"/> | <input type="radio"/> | High or low blood pressure *                                   | <input type="radio"/> | <input type="radio"/> |
| Asthma, lung disease *  | <input type="radio"/> | <input type="radio"/> | Kidney stone or blood in urine *                               | <input type="radio"/> | <input type="radio"/> |
| Deafness, ear disease *   | <input type="radio"/> | <input type="radio"/> | Diabetes, hormone disorder *                                   | <input type="radio"/> | <input type="radio"/> |
| Nose or throat disease or speech disorder *                           | <input type="radio"/> | <input type="radio"/> | Stomach, liver or intestinal trouble *                         | <input type="radio"/> | <input type="radio"/> |
| Head injury or concussion *   | <input type="radio"/> | <input type="radio"/> | Sexually transmitted disease *                                 | <input type="radio"/> | <input type="radio"/> |
| Unconsciousness for any reason *                                      | <input type="radio"/> | <input type="radio"/> | Admission to hospital *  | <input type="radio"/> | <input type="radio"/> |
| Neurological disorders *  | <input type="radio"/> | <input type="radio"/> | Visit to medical practitioner since last medical examination * | <input type="radio"/> | <input type="radio"/> |
| Psychological/psychiatric trouble of any sort *                       | <input type="radio"/> | <input type="radio"/> | Any other illness or injury *                                  | <input type="radio"/> | <input type="radio"/> |
| Alcohol/drug/substance abuse *  | <input type="radio"/> | <input type="radio"/> | Dizziness or fainting spells *                                 | <input type="radio"/> | <input type="radio"/> |
| Attempted suicide *   | <input type="radio"/> | <input type="radio"/> | A positive HIV test *  | <input type="radio"/> | <input type="radio"/> |
| Motion sickness requiring medication *                                | <input type="radio"/> | <input type="radio"/> | Frequent or severe headaches *                                 | <input type="radio"/> | <input type="radio"/> |

If the user answers **Yes** to any item, they should provide the details in the remarks section and discuss them with the medical examiner.

Remarks for personal medical significant history \*

Ad ut dolorem enim a

*iv.) Female Questions.*

This section appears for female applicants only.

The user should answer the questions about:

- Pregnancy
- Gynaecological or menstrual problems

They should select **Yes** or **No** for each question.

*v.) Family Medical History.*

In this section, the user should indicate whether any close family member has had any of the listed conditions.

The user should choose **Yes** or **No** for each item.

### Family Medical History ▼

Has any close member of your family ever had any of the following conditions?  
Please tick YES or NO for each item. Provide details for all YES answers in the remarks section and discuss them with the medical examiner.

|  | YES                              | NO                               |
|--|----------------------------------|----------------------------------|
| 1. Family history of Tuberculosis *                                  | <input type="radio"/>            | <input checked="" type="radio"/> |
| 2. Family history of Epilepsy *                                      | <input type="radio"/>            | <input checked="" type="radio"/> |
| 3. Family history of heart disease/high blood pressure/high lipids * | <input type="radio"/>            | <input checked="" type="radio"/> |
| 4. Family history of Inherited disorders *                           | <input checked="" type="radio"/> | <input type="radio"/>            |
| 5. Family history of Diabetes *                                      | <input type="radio"/>            | <input checked="" type="radio"/> |
| 6. Family history of allergies/ asthma/ eczema *                     | <input checked="" type="radio"/> | <input type="radio"/>            |

Remarks for family medical significant history

Dignissimos ea maior

If any answer is **Yes**, the user should explain the details in the remarks box below.

### *vii.) Declaration and Consent.*

Before continuing, the user must read and accept the declaration.

This confirms that:

- The information provided is correct
- No important information has been left out
- The user agrees to the release and use of medical information for the assessment

The user should tick the checkbox to continue.

**DECLARATION:** I hereby declare that I have carefully considered the statements made above and that, 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 Civil Aviation Authority (CAA) may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under the Sultanate of Oman law.

**CONSENT TO RELEASE OF MEDICAL INFORMATION:** I hereby authorize the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of my Civil Aviation Authority, to the medical assessor of the competent authority of my AME and to relevant medical professionals for the purpose of completion of all aero-medical assessment or a secondary review, recognizing 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 Civil Aviation Authority, providing that I or my physician may have access to them according to the Sultanate of Oman Law.

**NOTIFICATION OF DISCLOSURE OF PERSONAL DATA:** I hereby declare that I have been informed and I understand that the data contained in my medical certificate according to CAA Regulations, may be electronically stored and made available to my AME in order to provide historical data required and to the Medical Assessor of the Civil Aviation Authority.

Note: Medical Confidentiality shall be respected at all times.

< PREVIOUS

👁️ PREVIEW

### *viii.) Preview of the Information.*

After completing all fields, the user should click **Preview**.

This allows the user to review all entered information before submitting it.

### *ix.) Go back if needed.*

If the user needs to make changes, they can click **Previous** to return to the earlier page and edit the information.

## 6. Review your Information.

When the user clicks on the preview button, the system will redirect them to a page where they get to review the information they have provided. The user will see sections such as;

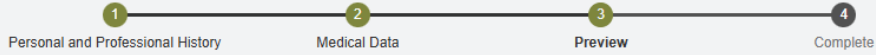
- **Personal and Professional History**
- **Medical Data**
- **Medication and Habit History**
- **Personal Medical History**
- **Family Medical History**

Go through each section and confirm:

- Your **name, ID, and contact details** are correct
  - Your **license and aviation details** are accurate
  - Your **medical answers** are correct
- ✓ Expand sections if needed.
- Some sections can be **expanded or collapsed (▼ icon)**
  - Click on them to **view more details**
- ✓ Check your photo – Make sure your uploaded photo is clear and correct.
- ✓ Look for mistakes.
- If you find any incorrect information:
- Click the “< **Previous**” **button** (bottom left)
  - Go back and **edit the incorrect section**
- ✓ Confirm medical answers
- Ensure all **Yes/No answers** reflect your actual condition
  - Double-check sensitive items like:
    - Medical history
    - Medication use
    - Previous medical issues

Please review your submission. Your submission is not complete until you press the "Submit" button!

## Application Form for an Aviation Medical Assessment



▼ Personal and Professional History

Personal and Professional History

---

▼ Medical Data

Medication and Habit History

---

Personal Medical History

---

Family Medical History

---

< PREVIOUS

SUBMIT

### 7. Submit your application.

Once everything is correct:

- Click the **“Submit” button** (bottom right)

### Application Form for an Aviation Medical Assessment

1 Personal and Professional History    2 Medical Data    3 Preview    4 Complete

▼ Personal and Professional History

Personal and Professional History

---

▼ Medical Data

Medication and Habit History

---

Personal Medical History

---

Family Medical History

---

**Important:**

Your application is **NOT submitted until you click “Submit.”**

Upon clicking the submit button, the user will be redirected to the following page displaying the following information;

- An email to the Medical Examiner has been sent.
- Your request has been received successfully.

Services
My Transactions

Home / Application Form for an Aviation Medical Assessment / Application Form for an Aviation Medical Assessment

An email to the Medical Examiner has been sent. ✕

### Application Form for an Aviation Medical Assessment

1 Personal and Professional History    2 Medical Data    3 Preview    4 Complete

**Your request has been received successfully.**

You must make an appointment with the selected AMEC or AME to be able to continue with the process.

You can also stay informed of the progress of this request through the page [My Transactions](#) tab.

Click [here](#) to return to the Home page containing the list of Services.

