

AEROMEDICAL GUIDANCE MANUAL

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**Directorate General for Civil Aviation Regulation (DGCAR)**

Pursuant to ICAO Critical Element (5) “Technical Guidance, Tools and Provision of Safety Critical Information”, the Directorate General for Civil Aviation Regulation (DGCAR), hereby approves the

Aeromedical Guidance Manual**Effective on 14 /11/2023**

as a Guidance and Procedures to be followed by the Aeromedical Examiners (AME), Medical Assessors (MA) and the relevant Personal Licensing Inspector and staff.

Mr. Mubarak Saleh Al-Ghelani**Acting Director General of Civil Aviation Regulation**

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Corrigendum of Amendments

No.	Ref	Description
01	03	This manual has been fully revised and reissued
02	04	<p>The following amendments have been incorporated within this revision:</p> <p>1.1.2 Request for consideration (Appeal) of Medical Certificates</p> <p>1.1.3 paras (a)(1) and (c)(1) & (2) Medical Assessor (MAs)</p> <p>2.1.2 Fraudulent Entries/ Declarations</p> <p>2.9.3 Procedure for evaluation of aeromedical examination reports by the CAA</p> <p>3.1. Scope of designated AME and SAME</p> <p>3.4 Renewal of AME designation paras (c), (d) & (e)</p> <p>3.12. Amended heading to read - Guidelines for the AeMC, AME Conducting the Medical Examinations and Assessments for the Medical Certification of Pilots</p> <p>3.14 AeMC and AME Auditing procedures</p> <p>3.15 Audit findings and observations</p> <p>Appendix A with three (3) forms</p>
03	05	<p>The following amendments have been incorporated within this revision:</p> <p>1.1.2 paras (a) (2) to (9) and para (b)</p> <p>2.1.1 New paras (b) to (l)</p> <p>2.1.3 Inclusion of new paras (5) & (7)</p> <p>2.9.1 New para (b)</p> <p>2.9.3 New paras (c) to (f)</p> <p>2.9.4 New para and after renumbered</p> <p>2.9.5 Now reads as 15 days</p> <p>2.9.7 New para (b)(9) and para (b)(11) amended to read twelve (12) hours</p> <p>3.4 New paras (c)(2) and (3)</p> <p>3.5 New para (b)</p> <p>3.10 New para (c)</p> <p>3.11 now every year</p> <p>3.14 Rewritten</p> <p>3.15 New Risk Probability explanation table</p> <p>4.2 New para (c)</p> <p>4.4 Rewritten with new paras included</p> <p>Appendix A included with all forms</p> <p>Appendix B included with all forms</p>
04	06	<p>The following amendments have been incorporated within this revision:</p> <p>New Chapter 5 added</p> <p>Medical Declaration and Ophthalmology examination Forms are updated</p> <p>New Appendix B added (to support Chapter 5)</p>
05	07	<p>The following amendments have been incorporated within this revision:</p> <p>2.1.3. Medical confidentiality, item 06 removed;</p> <p>2.9.3. Procedure for the evaluation of Aeromedical examination reports by CAA, item (e) removed;</p> <p>2.9.4. Aeromedical filing system (FLS), has been amended.</p> <p>Appendix A: The Medical Application and Evaluation forms have been changed.</p> <p>Two new forms added as Appendix E (PELO631) & Appendix F (PELO630).</p>
06	08	Amending Para 2.9.5 regarding the confidentiality of the Medical reports and records and the exchange of Medical records between AMEs and MA through the dedicated secure portal.

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Glossary of Aviation Medical Terms and Abbreviations

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Abbreviation	Meaning
AASI	AME Assisted Special Issuance
AMCs	Aeromedical Certification System
AMB	Aeromedical Board
AME	Aeromedical Examiner
AeMC	Aeromedical Center
AMEB	Aeromedical Evaluation Board
ASD	Alcohol Screening device
ATCO	Air Traffic Controller
ATF	Alcohol testing form
ATPL	Airline Transport License
BAT	Breath Alcohol Technician
CAA	Civil Aviation Authority
CACI	Condition AME Can Issue
CPL	Commercial Pilot License
DAME	Designated Aviation Medical Examiner
EBTD	Evidential Breath testing device (Confirmatory breath test)
ICAO	International Civil Aviation Organization
DGCAR	Director General Civil Aviation Regulation
DCA	Director of Civil Aviation
DFS	Director flight Safety
GXT	Graded Exercise Test
MAS	Medical Assessor (MAs)
MFT	Medical flight test
PPL	Private Pilot License
SAME	Senior Aeromedical Examiner
SARPS	Standards and Recommended Practices
SI	Special Issuance
SODA	Statement of Demonstrated Ability
STT	Screening test technician
USC	Urine Specimen Collection

Accredited medical conclusion	Means the conclusion reached by one or more medical experts acceptable to the Director for the purposes of the case concerned, in consultation with flight operations or other experts as necessary
Adulteration	Means any process by which an individual knowingly interferes with (or attempts to interfere with) the processes of specimen collection, transport or analysis with the intention of avoiding a legitimate test result. The actions undertaken can include (but are not limited to) the addition of water or foreign substances to the specimen, specimen substitution, damaging bottle seals or packaging and the deliberate consumption of interfering substances or copious volumes of water prior to specimen collection;
Calibrator	Means a solution of known concentration used to calibrate a measurement procedure or to compare the response obtained with the response of a test sample/unknown sample. The concentration of the analyte of interest in the calibrator is known within limits ascertained during its preparation. Calibrators may be used as single point measurements or to establish a calibration curve over a range of interest;
Chain of Custody	Refers to procedures to account for each specimen by tracking its handling and storage from point of collection to final disposal. These procedures require that the donor identity is confirmed and that a chain of custody form is used from time of collection to receipt by the laboratory. Within the laboratory appropriate chain of custody records must account for the samples until disposal;
Chain of Custody Form	Means a form used to document the procedures from time of collection until receipt by the laboratory;
Cabin Crew member	Means a crew member licensed in terms of Part 64 who performs, in the interest of safety of passengers, duties assigned by the operator or the PIC of the aircraft, but who shall not act as a flight crew member;
Collection Site	Means a place where individuals present themselves for the purpose of providing a specimen for subsequent analysis;
Collection cup	Refers to a single-use container, made of plastic, large enough to easily catch and hold at least 45 mL of urine voided from the body. Must be individually wrapped in a sealed plastic bag or shrink wrapping; or must have a peelable, sealed lid or other easily visible tamper-evident system;
Confirmation Test	Means an analytical procedure to identify and quantify the presence of a specific drug or analyte which is independent of the initial test and which uses a different technique and chemical principle from that of the screen test in order to ensure reliability and accuracy;
Cut-off	Means a concentration level set to determine whether the sample is positive or negative for the presence of a drug;
Customer	Means the organization requesting the drug testing service;
Donor	Means the individual from whom a specimen is collected;
Flight crew member;	A licensed crew member charged with duties essential to the operation of an aircraft during flight time

Glider	Means a heavier-than-air aircraft, other than a hang-glider, that is supported in flight by the dynamic reaction of the air against its fixed, lifting surfaces, and whereof free flight does not depend on an engine;
Medical service provider	Means the person, associated with an air ambulance operator for the purposes of taking responsibility for the medical aspects of the operation and who is subject to the legislation administered by the Department of Health;
Laboratory	Means the facility that is approved by CAA National Accreditation Standard providing the analytical services to detect drugs of abuse;
(MRO)	Medical Review Officer: Means a medical physician responsible for receiving laboratory results from the drug-testing laboratory that has knowledge of substance abuse and has appropriate training or experience to interpret and evaluate an individual's positive test result, considering the declared information;
Negative result (screen)	Means a preliminary result established by screening test that indicates a drug possibly present in the sample is not detected above a specified cut-off
Negative result (confirmation)	Means a result reported by the laboratory that indicates that a suspected drug present in the sample is below a specified cut-off;
Non-negative result substituted or invalid;	Means a preliminary result established by screening test that indicates a drug possibly present in the sample is detected above a specified cut-off. A specimen that is reported as adulterated,
Positive result (confirmation)	Means a result reported by the laboratory as positive means that there is conclusive evidence that a drug is present in the sample tested at level greater than or equal to the confirmation cut-off concentration;
Pilot (to)	Means to manipulate the flight controls of an aircraft during flight time and may also be referred to as pilot flying (PF);
Psychoactive substances	Means any substance with psychotropic effects, excluding caffeine and tobacco
Sample	Means a representative portion of a specimen submitted to a laboratory for testing
Screen Test	Means a test to eliminate negative samples from further consideration and to identify the non-negative specimens that require confirmation testing;
Specimen	Means the portion of (normally) urine, blood or breath that is collected from a donor;
Valid	When used in connection with a license, rating, certificate, validation, authority, approval, or similar document means: <ul style="list-style-type: none">a) That the expiry date on the document, if any, has not been exceeded;b) That the document has been issued legally and properly to that approved person.

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Foreword

The Flight Safety Department – Licensing Section, have prepared this Aeromedical Guidance Manual.

This manual is for the use and guidance of DGCAR, *Licensing* - in the performance of their duties.

This manual outlines Directorate General of Civil Aviation Regulations policies and procedures for the oversight and management of the Aviation Medical Examiner (AME) system.

By applying the standards described within this manual in the manner stated will ensure continuity in the application of those standards and promote an overall general approach to maintaining the highest quality of safety standards within CAA and the aviation industry.

This manual contains information and instructions pertaining to the way those duties are performed. All personnel, directly or indirectly concerned with Aviation Medical Examiner system are required to use and apply the applicable procedures contained within this manual along with any other supporting documentation e.g. Civil Aviation Regulations (CARs).

Since the first edition of the Manual of Civil Aviation Medicine (Medical Manual), the medical science and aviation medicine have been continuously updated and improved based on the research, technology and practical experience which makes it necessary for the aviation medical expert to update the recommendations and standards to enable the guidance material to be implemented by CAA for the use by Aeromedical Medical Certification system, the AMB and designated AMEs and any other medical assessor to deal with medical assessment of aviation personnel.

Civil Aviation Authorities issues a medical certificate for applicants, and holders of airman medical certificates to determine whether or not they meet the required medical standards applicable to the issuance of an aviation medical certificate in accordance with the National Civil Aviation Medical Guidance material which is constantly being updated through valuable contributions provided by aviation medical specialists from ICAO Member States, based upon Annex 1 and supplementary SARPs, which specifies the minimum standards required.

Comments and recommendations to improve this manual will be forwarded to Directorate's Head of Department.

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1. Procedures for Aeromedical Oversight

1.1. Aeromedical Board

1.1.1. Establishment

- (a) The Civil Aviation Authority has established an Aeromedical Board (AMB) as the organizational element within the Authority responsible for the oversight and management of the Aviation Medical Examiner (AME) system, develop, and establish policies, procedures, standards, and regulations governing the AME system.
- (b) Aero medical Board will consist of:
 - (1) Assistant Director General
 - (2) Director Flight Safety
 - (3) Chief of licensing section
 - (4) Medical Assessor (MAs)
 - (5) Two Senior medical examiners.
 - (6) Representative from the operation department of the concerned operator.
- (c) Responsibilities of the Aeromedical Board:
 - (1) Oversight and management of the Aviation Medical Examiner (AME) system, develop, establish policies, procedures, standards, and regulations governing the AME system as per CAR-FCL 3 and CAA Medical Guidance requirements.
 - (2) Review on appeal (petition) Regarding the suspension, amendment, modification, revocation, or denial of any certificate or license issued by the CAA Administrator.
 - (3) Aeromedical board of the CAA may hold a formal hearing at which the Medical Assessor (MAs) will present documentary evidence and testimony by medical specialists supporting the denial decision. The petitioner will also be given an opportunity to present evidence and testimony at the hearing. The decision of the CAA Aeromedical board is subject to review by the DGCA for the Civil Aviation Authority.

1.1.2. Procedural Function of the Aeromedical Board

(a) Request for reconsideration (Appeal) of Medical Certification

- (1) The AME shall report to the Director of the Flight Safety any individual who fails to meet specific minimum standards or demonstrate any of the finding or diagnosis described in the CAR-FCL 3 disqualifying in his judgment. An AME denial of a medical certificate is not a final CAA denial.
- (2) An applicant may ask for reconsideration (appeal) of an AME's denial by submitting a request in writing to the CAA DFS within 60 days who may refer the case to the MAs for initial reconsideration. If the MAs indicates that applicant fail to meet any requirements, whether numerical or otherwise, an authorization for a special issuance of a medical certificate (authorization); i.e. a waiver, valid for a specified period, may be granted to a person who show to the satisfaction of the DFS that the duties authorized by the Class of medical certificate applied for can be performed without endangering flight safety during the period in which the authorization would be in force, or

- (3) At the discretion of the CAA Medical Assessor, a Statement of Demonstrated Ability (SODA) may be granted, instead of an Authorization, to a person whose disqualifying condition is static or non-progressive and who has been found capable of performing airman duties without endangering public safety. A SODA does not expire and authorizes a designated Examiner to issue a medical certificate of a specified class if the Examiner finds that the condition described on the SODA has not adversely changed.
- (4) If the MAs find that the applicant is not qualified, the applicant denied and referred for further reconsideration and appeal procedure by AMB as per the petition of the applicant.
- (5) The AMB decision is final which might be one of the following:
 - (i) Confirm the denial
 - (ii) The authorization for special issuance of a medical certificate is endorsed with any special limitation when the safe performance of permit or license holder duties is dependent on compliance with such limitation or restrictions.
 - (iii) May be granted a Statement of Demonstrated Ability (SODA) to a person whose disqualifying condition is static or non-progressive and who has been found capable of performing airman duties without endangering public safety.
- (6) For the purpose of completion of the process of appeal decision, the Aeromedical Board may recommend any of the following;
 - Special medical flight test
 - Practical test
 - Medical evaluation for this purpose
- (7) A medical certificate of the appropriate Class may be issued by the AME's to a person who does not meet the normal medical standard if that person possesses a valid authorization from the CAA and is otherwise eligible. A medical certificate issued in accordance with the special issuance shall expire no later than the end of the validity period or upon the withdrawal of the authorization upon which it is based.
- (8) In granting an authorization the AMB or MAs may consider the person's operational experience and any medical fact that may affect the ability of the person to perform flight duties including the combined effect on the person of failure to meet more than one requirement and the prognosis derived from professional consideration of all available information in granting an authorization.
- (9) At the discretion of the AMB, or MAs, a Statement of Demonstrated Ability (SODA) may be granted, instead of an Authorization, to a person whose disqualifying condition is static or non-progressive and who has been found capable of performing airman duties without endangering public safety. A SODA does not expire and authorizes a designated Examiner to issue a medical certificate of a specified class if the Examiner finds that the condition described on the SODA has not adversely changed.

(b) The AMB may do any of the following:

- (1) Specifies the Class of medical certificate to be issued
- (2) Limit the duration of authorization
- (3) Condition the granting of a new authorization (Special Issuance, or SODA) on the result of subsequent medical test, examination, or evaluation
- (4) State on the authorization, and any medical certificate based upon it, any operational limitation needed for safety.

(c) Withdrawal of Authorization

- (1) The AMB has the authority to withdraw the authorization granted to a person who does not meet the applicable medical standards, at any time if:
 - (i) There is deterioration in the holder's medical condition.
 - (ii) The holder fails to comply with a statement of functional limit stations or operational limitations issued as a condition of certification under the special issuance.
 - (iii) Flight safety would be endangered by the holder exercise of aircrew privileges.
 - (iv) The holder fails to provide medical information reasonably needed by the aero medical board (AMB)

Note: Paragraph (c) is only applicable if the decision was taken by the AMB

(d) Meeting and venue:

- (1) Aero medical board meetings should be conducted every three months, or when the need arises for cases of urgent decision. Place of meeting will be in the CAA Headquarters.

(e) Decisions:

- (1) Recommendations presented by the AMB members shall be submitted to the CAA for approval.

1.1.3. Medical Assessor (MAs)

Aeromedical Section of the Licensing Section is the organizational element within the CAA, run by Medical Assessor (MAs) responsible for oversight and management of the AME System. The Department develops and establishes regulations, policies, standards, and procedures, governing the AME System raise it to the AMB for approval. The Medical Assessor (MAs) is delegated the responsibility and:

(a) Responsibilities of Medical Assessor (MAs):

- (1) Supervise, monitoring and auditing all aviation medical issues related to issuance, renewal, referral, denial airman certificate, and making final assessment in borderline cases. based on the data, Documents, and investigation requested by him from the examiner and applicant to provide. (See Appendix A)
- (2) Responsible and manage the process of special issuance of airman medical certificate, and issue the medical certificate with implementation or removal of limitation(s) as necessary.

- (3) Establish medical standards for flying personnel and develop programs for medical support of contingency operation.
 - (4) Plan, develop and administer medical support programs in support with Aeromedical systems.
 - (5) Exercise surveillance through audit, spot check, inspection, and periodic meeting with operator and AMEs to ensure that they comply with Aeromedical regulation and requirements.
 - (6) Draft and propose amendment to rules and regulation related to personnel licensing and to make available personnel regulations or information circulars detailing requirements necessary for the issuance of license.
 - (7) Ensure implementation of aeromedical regulation guidelines for all licensed flight personnel in line with ICAO SARPS/ CAA and other international regulations.
 - (8) Define, designate and update standards and monitor license issuance and renewal of Aero-medical professionals.
 - (9) Responsible for granted Statement of Demonstrated Ability (SODA), instead of an Authorization.
 - (10) Responsible for Submitting sufficient medical information to the Licensing Authority to enable the Authority to Arrange for Medical Assessment audits.
 - (11) In charge of Accredited Medical Conclusions.
 - (12) Safeguarding of medical confidentiality.
 - (13) Chair AMB meeting.
 - (14) Responsible in appointment the member of review medical committee when required.
 - (15) Organize periodic orientation seminars and refresher courses on relevant issues in aviation medicine for AMEs, AME staff, air crew and airline operators.
 - (16) In charge for designation and renewal of AME. SAME, SPECIALIST, AeMC after reviewing the documents, performance, the facility, equipment personal interview with applicant.
 - (17) Monitor and audit Airlines food hygiene control procedures.
 - (18) Monitor and Audit Airlines Drugs abuse and alcohol procedures.
 - (19) Monitor and Audit crew first Aid syllabus and procedures.
 - (20) Monitor and Audit onboard first aid content.
 - (21) Liaise with government and other national and international agencies in Medical Aviation matters and issues concerning aviation industry.
 - (22) Advise CAA safety department on health hazards and suggests remedial action.
 - (23) Represent CAA on special aviation medical committees and societies whose regulatory power affect airlines operation.
 - (24) In coordination with safety department chair emergency preparedness and overall disaster plans committee.
- (b) Issue a conditional medical certificate or suspend medical certificate of a license holder to exercise the privilege of the permit, license, or rating to which the medical certificate relates.

Note: However, the AMB has the authority to revise and suspend the medical certificate, if in their opinion such authorization will likely affect the flight safety.

(c) CAA Review and Evaluation Medical Fitness Assessment

- (1) The CAA medical examination form completed and signed by Designated AME has to be submitted with all investigation and documents to the CAA for review, evaluation, monitoring, and auditing by MAs, within fifteen days from the date of completion the Examination and investigation required
- (2) The MAS has authority to assess any medical report submitted pursuant to the CAA standards to determine whether an applicant for the issuance or renewal of medical certificate meets the medical fitness requirements set out in the CAR-FCL 3 requirements.

Note: After the review the CAA shall, by personal service or by registered mail send to the AME for the renewal of a medical the outcome of the review and the decision of the Mas.

(d) Reconsideration of Assessment

Where the CAA delegates the assessment decision, regarding the medical fitness of the applicant for the renewal of a medical certificate that is assessed as not meeting the requirements, the MAS shall:

- (1) Take into consideration any additional information regarding the medical fitness of the applicant.
- (2) Immediately notify the CAA in writing of the result of the reconsideration of the assessment.

1.2. Aeromedical Evaluation Board

- (a) The board consists of members appointed by the Medical Assessor (MAs). The board evaluates medical cases, which, due to their complexity or uniqueness, warrant a comprehensive aeromedical evaluation. A Special Board of AME should not be requested merely to challenge a physical standard or disqualification without evidence of special circumstances., The Medical Assessor (MAs) will appoint three AME doctors to act as members of this board. The AME who have been dealing with the case and most involved should be member of the board.
- (b) The CAA will authorize the president to consult with other experts in the medical community to conduct a proper evaluation of the applicant's medical qualification.
- (c) The board members should meet and discuss the details of the case and the findings of the literature review with the objective of reaching an agreement on the conclusion and recommendations.
- (d) It is the responsibility of the treating AME to present all the clinical details and relevant investigations to the board members.
- (e) The pilot involved should attend the Board if deemed relevant.
- (f) The President of the board should compile a final report to the CAA that:
- (g) Presents the details of the clinical problem and the board recommendations.
 - (1) Outlines any investigations done.
 - (2) Includes all reports from external specialists.

- (3) Concludes if the members of the board agreed in reference to the recommendations regarding further investigations, treatment, continued licensing, restrictions in licensing and follow up by the supervising AME. If not in agreements the differences in opinion should be presented in the letter of recommendation.
 - (4) Should be signed by the president of the board.
 - (5) Copy of the president recommendation letter should be forwarded to the member of the board.
- (h) The Medical Assessor (MAs) will usually make conclusions based on the Medical Evaluation Board recommendation report received from the president. In case where there is a disagreement between the board members, the CAA will hold the final decision and the Medical Assessor (MAs) will issue of Medical certification with special authorization to the chief of Licensing and Aeromedical section. In recommending the Authorization, the Medical Assessor (MAs) specifies the Class of medical certificate authorized to be issued and may do any of the following:
 - (1) Issue a medical certificate with or without limitation/s.
 - (2) Issue an Authorization for Special issuance.
 - (3) Issue SODA.
 - (4) Revoke the certificate.
- (i) Follow up Action
 - (1) All applicants should follow the CAA requirement and/or recommendation for the medical certificate to be valid. The applicant must Refer to CAA endorsement letter to determine how frequently the required information must be submitted. The continuation request must include the applicant 's periodic medical exam, and all required additional information as specified by CAA letter and/or the pertinent section of the Licensing Section.
 - (2) A person who has been granted an Authorization based on a special medical flight or practical test need not take the test again during later physical examinations unless the CAA Medical Assessor (MAs) determines or has reason to believe that the physical deficiency has or may have degraded to a degree to require another special medical flight test or practical test.

2. Medical Certification

2.1. General Requirements

2.1.1. Decrease in medical fitness

- (a) License holders shall not exercise the privileges of their license and related ratings or certificates at any time when they:
 - (1) Are aware of any decrease in their medical fitness which might render them unable to safely exercise those privileges;
 - (2) Take or use any prescribed or non-prescribed medication which is likely to interfere with the safe exercise of the privileges of the applicable license;
 - (3) Receive any medical, surgical or other treatment that is likely to interfere with flight safety.
- (b) In addition, license holders shall, without undue delay, seek aero-medical advice when they:
- (c) have undergone a surgical operation or invasive procedure;
- (d) have commenced the regular use of any medication;
- (e) have suffered any significant personal injury involving incapacity to function as a member of the flight crew;
- (f) have been suffering from any significant illness involving incapacity to function as a member of the flight crew;
- (g) are pregnant;
- (h) have been admitted to hospital or medical clinic;
- (i) first require correcting lenses.
- (j) Transient Ischemic Attack
- (k) coronary angiography
- (l) abnormal heart rhythms including atrial fibrillation/flutter.
- (m) any loss of consciousness in these cases:
 - (1) The holders of Class 1 Class 2 and Class 3 medical certificates shall seek the advice of an AeMC or AME. The AeMC or AME shall assess the medical fitness of the license holder and decide whether they are fit to resume the exercise of their privileges;
 - (2) The holders of and Cabin crew medical certificates shall seek the advice of an AeMC or AME who signed the medical certificate. The AeMC, AME shall assess the medical fitness of the license holders and decide whether they are fit to resume the exercise of their privileges.

2.1.2. Fraudulent Entries/ Declarations

Prior to undertaking an aeromedical examination, AMEs should be satisfied that the candidate has the appropriate identification and shall inform the applicant about the possible legal consequences of a deliberate false statement made with the intention of obtaining a medical certificate.

Thereafter the AME shall obtain the applicant's signature prior to completion of the applicant statement and examiner certification form and record all relevant historical details obtained from the applicant.

A false declaration on a Medical Report shall be reported to the CAA as this will require further investigation and clarification of previous data recorded against the license held by the applicant. (See Appendix A para 11.2)

2.1.3. Medical confidentiality

- (1) It is important that All persons involved in medical examination, assessment and certification shall ensure that medical confidentiality is respected at all times.
- (2) Medical information is of a sensitive nature, and a person who has undergone a medical examination for issuance or renewal of his license has a right to expect that such information is kept confidential and disclosed only to medical officials.
- (3) Establishment a separate medical section is, either within the authority or attached to it, Medical confidentiality is best assured when this medical section, where the reports from the medical examiners are received and evaluated, is headed by a physician and has its own staff,
- (4) All medical reports and records shall be securely held with accessibility restricted to authorized personnel.
- (5) The medical reports including evaluation and sickness report shall be filed by the authority in the electronic format called FLS system which is secured with accessibility restricted to MAS and other authorized personnel, stored for ten (10) years.
- (6) When justified by operational considerations, the Medical Assessor (MAs) shall determine to what extent pertinent medical information is presented to relevant officials of the Licensing Authority, its own channels of communication, its own filing system.

2.2. Record Keeping

Designated AME should maintain records with details of medical examinations and assessments performed for the issue, revalidation or renewal of medical certificates and their results, for a minimum period of 10 years after the last examination date; and

- (a) keep all medical records in a way that ensures that medical confidentiality is respected at all times.
- (b) Records shall be stored in a manner that ensures protection from damage, alteration and theft.
- (c) The record-keeping system shall ensure that all records are accessible whenever needed within a reasonable time.
- (d) These records should be organized in a way that ensures traceability and available throughout the required retention period.
- (e) Computer filed records shall be backed-up daily and stored in a different physical location or within the *icloud*.

Note: The Authority will be using paperless storage of all medical records, hence all examination results shall be transmitted via email using the approved forms available on the CAA website to the Licensing Section of the CAA.

2.3. Release of information

Except in compliance with an order of a court of competent jurisdiction, or upon an applicant's written request, Examiners will not divulge or release copies of any reports prepared in connection with the examination to anyone other than the applicant or the CAA. A copy of the examination may be released to the applicant upon request. Upon receipt of a court subpoena or order, the Examiner shall notify the appropriate PMA. Other requests for information will be referred to:

Medical Assessor (MAs)
Civil Aviation Authority
Oman – Muscat

2.4. Aeromedical Certification System

2.4.1. General

Flight crew, ATC and cabin crew license are issued to applicants who have met the relevant technical and theoretical standards. A valid medical certificate appropriate for the Class of license must accompany the license for the license holder legally to exercise the privileges of the license.

2.4.2. Classes of Medical Assessment

Four Classes of Medical Assessment shall be established as follows;

(a) Class 1 Medical Assessment;

Applies to applicants for and holders of:

- Commercial pilot licenses aeroplane and helicopter.
- Multi-crew pilot licenses aeroplane
- Airline transport pilot licenses aeroplane and helicopter

(b) Class 2 Medical Assessment;

Applies to applicants for and holders of:

- Private pilot licenses aeroplane and helicopter
- Free balloon pilot licenses
- Student pilot license
- Flight engineer licenses

(c) Class 3 Medical Assessments;

Applies to applicants for, and holders of:

- Air traffic controller licenses.

(d) Cabin Crew Medical Assessment

Applies to applicants for and holders of

- Cabin Crew License.

2.4.3. Duration of Validity

The Medical assessment issued in accordance with CAA Civil Aviation Regulation - CAR FCL-3.110 shall be valid from the date of the examination for a period not greater than:

License type	Class	Validity
ATPL Under 40	1	12 months
ATPL Over 40	1	12 months
ATPL Over 60	1	06 months
ATPL Over 40 Single crew	1	06 months
CPL Under 40	1	12 months
CPL Over 40	1	12 months
Free balloon pilot license under 40	2	60 months
Free balloon pilot license over 40	2	24 months
ATCO UNDER 40	3	24 months
ATCO OVER 40	3	12 months
Flight Engineer	2	12 months
Cabin Crew under 40	Cabin crew	60 months
Cabin Crew over 40	Cabin Crew	24 months
Private Pilot under 40	2	60 months
Private Pilot over 40	2	24 months
Private Pilot over 50	2	12 months
Student Pilot	2	24 months

2.4.4. As the age of the license holder increases, these validity periods are shortened:

- When the holders of airline transport pilot license — airplane, helicopter and powered-lift, and commercial pilot license — airplane, airship, helicopter and powered-lift, who are engaged in single-crew commercial air transport operations carrying passengers, have passed their 60th birthday, the period of validity shall be reduced to six (6) months.
- When the holders of private pilot license — airplane, airship, helicopter and powered-lift, free balloon pilot licenses, glider pilot license have passed their 40th birthday, the period of validity shall be reduced to twenty-four (24) months.
- When the holders of private pilot license — airplane, airship, helicopter and powered-lift, free balloon pilot licenses, glider pilot license have passed their 50th birthday, the period of validity shall be reduced to twelve (12) months.
- When the holders of Air traffic controller have passed their 40th birthday, the period of validity shall be reduced to twelve (12) months.

2.4.5. Special consideration

- (a) The periods of validity listed above are based on the age of the applicant at the time of undergoing the medical examination.
- (b) Regardless of the validity periods stated above, the CAA Medical Assessor may in an individual case require this period to be shortened.
- (c) The period of validity of a Medical Assessment may be reduced when clinically indicated.
- (d) A medical condition, although compatible with licensing, may be of a nature where frequent medical check-ups are required. In such cases the period of validity of the Medical Assessment may be reduced so as to ensure adequate monitoring of the condition in question.

2.4.6. Issue, revalidation and renewal of medical certificates

A medical certificate shall only be issued, revalidated or renewed once the Applicant meet required medical standards and/or assessments including those pertaining to medical history unless otherwise authorized by the CAA.

- (a) After reviewing the medical history and completing the examination, Examiners may:
 - (1) Issue a medical certificate.
 - (2) Defer the action to the CAA Medical Assessor.
 - (3) Deny the application,
- (b) Initial issue:
 - (1) Class 1 medical certificates shall be issued by an AeMC.
 - (2) Class 2, 3 and Cabin Crew medical certificates shall be issued by an AeMC or an AME.
 - (3) Cabin Crew medical certificates shall be issued by an AeMC, an AME.
- (c) Revalidation and renewal:
 - (1) Class 1, Class 2, and Class 3 medical certificates shall be revalidated or renewed by an AeMC or an AME.
 - (2) Cabin crew medical certificates shall be revalidated or renewed by an AeMC, an AME.
- (d) The AeMC or AME Authorized to issue, revalidate or renew a medical certificate if:
 - (1) The applicant has complete medical history and, if he /she provided the AeMC and AME the required, results of medical examinations and investigations done by the applicant's doctor or any medical specialists; and
 - (2) The Applicant has passed the aero-medical assessment conducted by AeMC or AME based on the medical examinations and tests as required for the Class of the medical certificate to verify that the applicant complies with all the relevant requirements of this section.
- (e) The AME, AeMC may require the applicant to undergo additional medical examinations and investigations when clinically indicated before they issue, revalidate or renew a medical certificate.
- (f) In the case of referral, the licensing authority may require the applicant to undergo additional medical examinations and investigations when clinically indicated before they issue, revalidate or renew a medical certificate.
- (g) The licensing authority may issue or re-issue a medical certificate, as applicable, if:

- (1) In referral cases;
 - (2) It has identified that corrections to the information on the certificate are necessary.
- (h) The licensing Authority may request further investigation or information within thirty (30) days from the date of receiving the examination sent by the examiner, the examiner and or the applicant has to reply and submit all necessary information and investigation within thirty (30) days

2.5. Medical certificates

2.5.1. Requirements for medical assessments

- (a) An applicant for, or holder of, a medical certificate issued in accordance with CAR FCL-3 (Medical) shall be free from:
 - (1) any abnormality, congenital or acquired,
 - (2) any active, latent, acute or chronic disability,
 - (3) any wound, injury or sequela from operation, such as could entail a degree of functional incapacity which is likely to interfere with the safe operation of an aircraft or with the safe performance of duties.
- (b) An applicant for, or holder of, a medical certificate issued in accordance with CAR FCL-3 (Medical) shall not suffer from any disease or disability which could render him likely to become suddenly unable either to operate an aircraft safely or to perform assigned duties safely.

2.5.2. The following medical conditions are specifically disqualifying.

- (a) Abnormality, either congenital or acquired
- (b) Wound, injury or sequelae from operation;
- (c) Effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken.
- (d) Active, latent, acute or chronic disease or disability:
 - (1) Angina pectoris;
 - (2) Bipolar disorder;
 - (3) Cardiac valve replacement
 - (4) Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant.
 - (5) Diabetes mellitus requiring insulin or other hypoglycemic medication.
 - (6) Disturbance of consciousness without satisfactory medical explanation of the cause
 - (7) Epilepsy
 - (8) Heart replacement
 - (9) Myocardial infarction
 - (10) Permanent cardiac pacemaker
 - (11) Personality disorder that is severe enough to have repeatedly manifested itself by overt acts
 - (12) Psychosis

- (13) Substance abuse and dependence; and/or
- (14) Transient loss of control of nervous system function(s) without satisfactory medical explanation of cause.

2.5.3. Special issuance (SI) a Statement of Demonstrated Ability (SODA)

An airman who is medically disqualified for any reason may be considered by the CAA Medical Assessor (MAs) for an Authorization for Special Issuance of a Medical Certificate (Authorization). For medical defects, which are static or non-progressive in nature, a Statement of Demonstrated Ability (SODA) may be granted in lieu of an Authorization.

The Examiner always may **defer** the application to the CAA for action. In the interests of the applicant and of a responsive certification system, however, deferral is appropriate only if:

The standards are not met.

- if there is an unresolved question about the history.
 - The findings, the standards, or agency policy; if the examination is incomplete.
 - If further evaluation is necessary.
 - If directed by the CAA.
- (a) An applicant for a license, in accordance with Annex I (Part-FCL), shall hold a medical certificate issued in accordance with this Annex (Part-MED) and appropriate to the license privileges applied for.
 - (b) When exercising the privileges of a:
 - (1) Cabin Crew license shall hold a cabin Crew medical certificate
 - (2) light aircraft pilot license (LAPL), the pilot shall hold at least a valid LAPL medical certificate.
 - (3) Air traffic control shall hold at least a valid Class 3 medical certificate
 - (4) Private pilot license (PPL), a sailplane pilot license (SPL) or a balloon pilot license (BPL), the pilot shall hold at least a valid Class 2 medical certificate.
 - (5) SPL or a BPL involved in commercial sailplane or balloon flights, the pilot shall hold at least a valid Class 2 medical certificate;
 - (6) Commercial pilot license (CPL), a multi-crew pilot license (MPL) or an airline transport pilot license (ATPL), the pilot shall hold a valid Class 1 medical certificate.
 - (c) If a night rating is added to a PPL or LAPL, the license holder shall be color safe.
 - (d) If an instrument rating or en route instrument rating is added to a PPL, the license holder shall undertake pure tone audiometry examinations in accordance with the periodicity and the standard required for Class 1 medical certificate holders.
 - (e) A license holder shall not at any time hold more than one medical certificate issued in accordance with this Annex (Part-MED).

2.6. Application for a medical certificate

- (a) Applications for a medical certificate shall be made in a form and manner established by the CAA.
- (b) Applicants for a medical certificate shall provide the AeMC, SAME, and AME, as applicable, with:
 - (1) Proof of their identity;
 - (2) A signed declaration:
 - (i) Of medical facts concerning their medical history;
 - (ii) As to whether they have previously applied for a medical certificate or have undergone an aero-medical examination for a medical certificate and, if so, by whom and with what result;
 - (iii) as to whether they have ever been assessed as unfit or had a medical certificate suspended or revoked.
- (c) When applying for a revalidation or renewal of the medical certificate, applicants shall present the most recent medical certificate to the AeMC, AME or SAME, as applicable, prior to the relevant aero-medical examinations.

2.7. Issuance, revalidation and renewal of medical certificates

(a) Validity

An airman medical certificate is valid only with the original signature of the AME who performed the examination or with the digital signature of an authorized CAA physician.

- (1) An AME may only issue ONE originally signed certificate to an airman. Copies are NOT valid.
- (2) 1st, 2ND and 3rd Medical Certificate are valid for the remainder of the month of issue; plus
 - (i) Twelve (12) calendar months for operations requiring a first-Class medical certificate if the airman has not reached age forty (40) on or before the date of examination.
 - (ii) Six (6) calendar months for operations requiring a first-Class medical certificate if the airman is age 60 or over on or before the date of the examination, or plus
 - (iii) Twenty-four (24) calendar months for operations requiring a second-Class medical certificate, or plus. Student pilot
 - (iv) Twenty-four (24) calendar months for operations requiring a third-Class medical certificate, age 40 or plus.
 - (v) Twelve (12) calendar months for operations requiring a third-Class medical certificate if the airman has not reached age forty (40) years on or before the date of examination.
 - (vi) Third Class medical certificate required for ATCO.
 - (vii) Cabin Crew medical certificate required for Cabin Crew license.
 - (viii) Sixty (60) calendar months required for Cabin Crew if the c/c has not reached age forty (40) years.
 - (ix) Twenty-four (24) calendar months required for Cabin crew age forty (40) years or plus.

- (3) Aero-medical examinations and assessments, as applicable, for the revalidation of a medical certificate may be undertaken up to forty-five (45) days prior to the expiry date of the medical certificate.

(b) Renewal

- (1) If the holder of a medical certificate does not comply with paragraph (a), a renewal examination and assessment, as applicable, shall be required.
- (2) In the case of Class 1, 2 and 3 medical certificates:
 - (i) if the medical certificate has expired for less than two (2) years, a routine revalidation aero-medical examination shall be performed;
 - (ii) If the medical certificate has expired for more than two (2) years but less than five (5) years, the AeMC or AME shall only conduct the renewal aero-medical examination after assessment of the aero-medical records of the applicant;
 - (iii) If the medical certificate has expired for more than five (5) years, the aero-medical examination requirements for initial issue shall apply and the assessment shall be based on the revalidation requirements.
- (3) In the case of Cabin Crew medical certificates, the AeMC, AME shall assess the medical history of the applicant and perform the aero-medical examinations and assessments, as applicable, in accordance with CAA medical guidance.

2.8. Suspension or revocation of medical certificates

- (a) A medical certificate may be suspended or revoked by CAA.
- (b) Upon suspension of the medical certificate, the holder shall return the medical certificate to the licensing authority on request of that authority.
- (c) Upon revocation of the medical certificate, the holder shall immediately return the medical certificate to the licensing authority.

2.9. Referral

If an applicant for a Class 1, 2, 3 and Cabin Crew medical certificate is referred to the Medical Assessor of the licensing authority, or to the Director Flight Safety Department in accordance with CAR FCL-3, the AeMC or AME shall transfer the relevant medical documentation to the licensing authority.

2.9.1. Referral to the Licensing Authority

When an applicant who does not meet the established medical standards, the AeMC, or aero-medical examiner (AME) has referred the decision on the fitness of an applicant to the licensing authority:

- (a) The CAA Medical Assessor evaluate the relevant medical documentation and request further medical documentation, examinations and tests where necessary; and
- (b) The Medical Assessor shall determine the applicant's fitness by issuing either Special issuance authority, SODA with one or more limitation(s) as necessary, or denial of the certificate.
- (c) The licensing authority (CAA) should supply the AeMC or AME with all necessary information that led to the decision on aero-medical fitness.

- (d) The licensing authority should ensure that unusual or borderline cases are evaluated on a common basis.

2.9.2. Flexibility

The provision of a degree of flexibility must not lead to a situation where its use becomes the rule rather than the exception. It has been worded to make it clear that flexibility may be exercised only in the exceptional case. Failure to observe this requirement could result in routine approval of individuals not meeting specific medical requirements, such as visual standards, thus creating an abuse of the primary object of flexibility. When decisions to exercise flexibility are backed by an accredited medical conclusion it indicates that these decisions have not been regarded as a routine measure but that they have been taken following close examination and assessment of all the medical facts and their relationship to personal performance.

- (a) Special issuance (SI)
 - (1) If the applicant does not fully comply with the requirements for the relevant Class of medical certificate but is considered to be not likely to jeopardize the safe exercise of the privileges of the applicable license, the AeMC or AME shall, refer the decision on fitness of the applicant to the Medical Assessor of the licensing authority,
 - (2) At his/her discretion CAA Medical Assessor may grant an Authorization for Special Issuance of a Medical Certificate (Authorization), with a specified validity period, and specific limitation to the applicant certificate.
 - (3) CAA Medical Assessor may authorize a special medical flight test, practical test, or request for medical evaluation board for this purpose.
 - (4) An airman medical certificate issued under the provisions of an Authorization expires no later than the Authorization expiration date or upon its withdrawal.
 - (5) An airman must again show to the satisfaction of CAA Medical Assessor that the duties authorized by the Class of medical certificate applied for can be performed without endangering flying and public safety in order to obtain a new airman medical certificate/Authorization
 - (6) Relevant ability, skill and experience of the applicant and operational conditions have been given due consideration.
 - (7) The applicant license is endorsed with any special limitation or limitations when the safe performance of the license holder's duties is dependent on compliance with such limitation or limitations.
- (b) In granting an Authorization, the CAA Medical Assessor may consider the person's operational experience and any medical facts that may affect the ability of the person to perform airman duties including:
 - (1) The factors leading to and surrounding the episode
 - (2) The combined effect on the person of failing to meet one or more than one requirement of CAA medical Guidance
 - (3) The prognosis derived from professional consideration of all available information regarding the person.

Process of the issue

- (1) When the applicant's ability to meet the medical standards as prescribed in this guidance, has not been clearly demonstrated (complicated cases) , or where there has been a change to the existing physical condition of the candidate, the AME should not issue a medical certificate immediately.
- (2) The AME may:
 - (i) Deny the certification and defer the case to the CAA for decision along with the supporting documents, or
 - (ii) Recommend to convene Aeromedical Evaluation Board
 - (iii) Arrange for extended medical evaluation which may be consultation with specialist and any testing or investigation to prepare the Aeromedical summary (AME) for the applicant. This extended initial examination provides an expedient way to return a grounded aviator to flight status pending official CAA endorsement and granting of a Medical certificate by Licensing & Aeromedical Section. The AME must use the service -whenever applicable-of locally CAA recognized or designated specialists.
- (3) The AME then will prepare the request to the CAA Licensing & Aeromedical section, with the following items:
 - (i) Complete medical application form.
 - (ii) A detailed history, review of systems, and physical findings associated with the defect must be recorded on the physical exam
 - (iii) All supporting documentation required by the appropriate Aeromedical section of the Licensing Section (i.e. laboratory, radiology, consultant reports...)
 - (iv) AME's recommended disposition
 - (v) applicant's most recent flight Assessment check – if applicable
 - (vi) All information required for continuation of previous waivers/deviations – whenever applicable.
- (c) AME Assisted Special Issuance (AASI).
 - (1) AME Assisted Special Issuance (AASI) is a process that provides Examiners the ability to re-issue an airman medical certificate under the provisions of an Authorization to an applicant who has a medical condition that is disqualifying.
 - (2) Examiners may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the requisite medical information required for determination. Examiners may not issue initial Authorizations. An Examiner's decision or determination is subject to review by the CAA.
 - (3) Following the granting of an Authorization for Special Issuance of a Medical Certificate (Authorization) by the CAA Medical Assessor (MAs), an Examiner may reissue a medical certificate to an applicant with a medical history of an initially disqualifying condition once the AASI's specialized criteria is met and the applicant is otherwise qualified.
 - (4) The CAA Medical Assessor (MAs)(Advisor) will send AASI's along with authorization letter to be strictly adhere by the medical examiner, indicating nature of limitation if exist.
 - (5) An Authorization granted to a person who does not meet the applicable medical standards medical guidance may be withdrawn, at the discretion of the CAA Medical Assessor (MAs), at any time if:
 - (i) There is an adverse change in the holder's medical condition;

- (ii) The holder fails to comply with a statement of functional limitations or operational limitations issued as a condition of certification under the special issuance.
 - (iii) Flying and Public safety would be endangered by the holder's exercise of airman privileges;
 - (iv) The holder fails to provide medical information reasonably needed by the CAA Medical Assessor (MAs) for certification under the special issuance.
 - (v) The holder makes or causes to be made a statement or entry that is the basis for withdrawal of an Authorization under the falsification.
- (d) If an Authorization is withdrawn at any time, the following procedures apply:
 - (1) The holder of the Authorization will be served a letter of denial, stating the reason for the action;
 - (2) Within sixty (60) days after the issuing of the letter of denial, the holder of the Authorization may request, in writing, that the CAA Medical Assessor (MAs) requesting for review of the decision to withdraw. The request for review may be accompanied by supporting medical evidence;
 - (3) Within sixty (60) days of receipt of a request for review, a written final decision either affirming or reversing the decision to withdraw will be issued; and
 - (4) A medical certificate rendered invalid pursuant to a withdrawal, in accordance with the special issuance section shall be surrendered to the Administrator upon request.
 - (5) A medical certificate rendered invalid pursuant to a withdrawal, in accordance with the special issuance section shall be surrendered to the Administrator upon request.
- (e) Statement of Demonstrated Ability (SODA)
 - (1) At the discretion of the CAA Medical Assessor (MAs), a Statement of Demonstrated Ability (SODA) may be granted, instead of an Authorization, to a person whose disqualifying condition is static or non-progressive and who has been found capable of performing airman duties without endangering public and flying safety. A SODA does not expire and authorizes a designated Examiner to issue a medical certificate of a specified Class if the Examiner finds that the condition described on the SODA has not adversely changed.
 - (2) In granting a SODA, the CAA Medical Assessor (MAs) may consider the person's operational experience and any medical facts that may affect the ability of the person to perform airman duties including:
 - (i) The combined effect on the person of failure to meet more than one requirement.
 - (ii) The prognosis derived from professional consideration of all available information regarding the person.
 - (3) In granting a SODA under the special issuance section, the CAA specifies the Class of medical certificate authorized to be issued and may do any of the following:
 - (i) State on the SODA, and on any medical certificate based upon it, any operational limitation needed for safety; or,
 - (ii) Condition the continued effect of a SODA, and any second- or third-Class medical certificate based upon it, on compliance with a statement of functional limitations issued to the person in coordination with the Director of Flight Safety department.
 - (iii) In determining whether a SODA should be granted to an applicant for a second -Class medical certificate, the CAA Medical Assessor (MAs) considers the freedom of an airman, exercising the privileges of a private pilot certificate, to accept reasonable

risks to his or her person and property that are not acceptable in the exercise of commercial or airline transport pilot privileges, and, at the same time, considers the need to protect the safety of persons and property in other aircraft and on the ground.

(4) A SODA granted to a person who does not meet the applicable standards may be withdrawn, at the discretion of the CAA Medical Assessor (MAs)(Advisor), at any time if:

- There is adverse change in the holder's medical condition;
- The holder fails to comply with a statement of functional limitations or operational limitations issued under the special issuance section.
- Public safety would be endangered by the holder's exercise of airman privileges;
- The holder fails to provide medical information reasonably needed by the CAA Medical Assessor for certification under the special issuance section.
- The holder makes or causes to be made a statement or entry that is the basis for withdrawal of a SODA under the falsification.
- A person who has been granted a SODA under the special issuance section, based on a special medical flight or practical test need not take the test again during later medical examinations unless the CAA determines or has reason to believe that the physical deficiency has or may have degraded to a degree to require another special medical flight test or practical test.

If a SODA is withdrawn at any time, the following procedures apply:

- The holder of the SODA will be served a letter of withdrawal stating the reason for the action;
- By not later than 60 days after the service of the letter of withdrawal, the holder of the SODA may request, in writing, that CAA Medical Assessor (MAs) provide for review of the decision to withdraw. The request for review may be accompanied by supporting medical evidence;
- Within sixty (60) days of receipt of a request for review, a written final decision either affirming or reversing the decision to withdraw will be issued; and
- A medical certificate rendered invalid pursuant to a withdrawal, in accordance with the special issuance section shall be surrendered to the Administrator upon request.

(f) Denial of certificate

(1) Within sixty (60) days after a final CAA denial of an unrestricted airman medical certificate, an airman may petition the CAA Aeromedical Board for a review of that denial. The Aeromedical Board does not have jurisdiction to review the denial of a SODA or special issuance airman medical certificate.

(2) A petition for Aeromedical Board review must be submitted in writing to:

CAA SAFETY DEPARTMENT
Aeromedical Board
Oman-Muscat

2.9.3. Procedure for the evaluation of Aeromedical examination reports by CAA.

For the purpose to monitor the criteria of medical certification, CAA Aeromedical unit has implemented an Evaluation System as a mandatory procedure has to be followed by all AeMC, AME, SAME as follow:

- (a) All Aeromedical examination issues related to issuance, renewal, referral, or denial of an airman certificate has to be submitted to CAA MAS within fifteen (15) days from the date of examination for the purposes of Review, Evaluation, Monitoring and Auditing.
- (b) All AME must submit electronic or Hard copies of a completed and signed CAA medical Examination form with all documents and investigations required for the completion of the medical certification process as per the standards cited in the Aeromedical guidance manual within fifteen (15) days from the date of Examination, to the CAA Medical Assessor (MAs).
- (c) The MAs shall do the evaluation using an electronic evaluation form.
- (d) The medical reports including evaluation and sickness report shall be filed by the authority in the electronic format called FLS system which is secured with accessibility restricted to MAs and other authorized personnel, stored for 10 years.
- (e) The outcome of the evaluation will be relayed to the concerned AME to respond accordingly.
- (f) The MAs has authority to assess any medical report submitted pursuant to the CAA standards to determine whether an applicant for the issuance or renewal of medical certificate meets the medical fitness requirements set out in the CAR FCL-3 requirements for the issuance or renewal of the medical certificate. (See Appendix A – Medical Forms)
- (g) The MAs has the rights to request further investigations or addition information pertaining to the matter in question and based on the submitted evidence the final decision of issuance will be granted, or refer the matter for further evaluation through the Aeromedical Evaluation Board.
- (h) The MAs shall be responsible for the granting of implementation of limitations or the removal thereof of those limitations based on the recommendations and evaluations of the medical assessment and any other documents and investigation reports submitted by the AME.

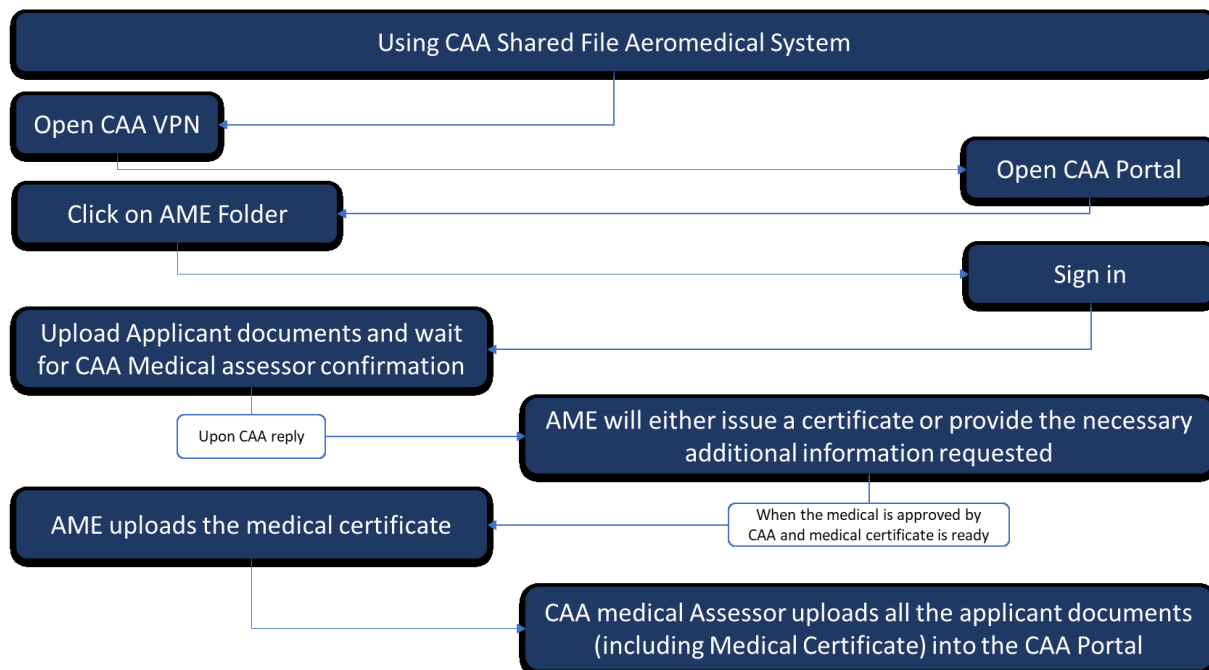
2.9.4. Aeromedical filing system (FLS)

All medical examination reports, aeromedical examination review and monitoring, sickness reports and any other medical documents related to the medical certification of the airman to privilege his /her flying license has to be filled in the electronic aeromedical system (FLS) secured by strict confidential system access only by authorized personnel.

2.9.5. PROCEDURE FOR THE SUBMISSION OF MEDICAL EXAMINATION REPORTS BY AVIATION MEDICAL EXAMINERS (AMEs) TO THE CAA AND EVALUATION OF THE REPORTS BY CAA MEDICAL ASSESSORS USING THE CAA SHARED FILE AEROMEDICAL SYSTEM

- (a) The completed medical examinations reports and relevant documents, unless otherwise directed by the CAA, shall be submitted electronically to the CAA Medical Assessor (MA) within Fifteen (15) days after completion of the examination
- (b) All Aviation Medical Examiners (AMEs) shall submit medical examination reports of aircrew medical examinations conducted by them through the secured CAA shared folder Aeromedical system.
- (c) All users (AMEs and CAA Medical Assessors) of the Aeromedical Portal shall be granted authorization to access the Aeromedical portal.
- (d) Aviation Medical Examiners (AMEs) shall be issued individualized login details by the CAA as follows:
 - a. A User name;

- a. A Password which will be updated every Three (3) months.
- b. AME cannot change or edit the username or password without the approval of the Authority.
- c. AME is to keep his/her login details confidential and safe.
- (e) AMEs shall access the Aeromedical Portal system through a VPN setting that will be issued to them by the CAA for the submission of Aircrew and Air Traffic Controllers Medical examinations conducted by them.
- (f) CAA Medical Assessors will evaluate the submitted Medical reports and either:
 - a) Approve the issue of a Medical certificate.
 - b) Deny the issue of a Medical certificate.
 - c) Place or remove a Limitation or restriction on the Medical certificate of the applicant.
 - d) Request for the conduct and submission of additional investigation reports.
 - e) Request for further evaluation by an approved Medical Consultant in the applicable field of Medicine or Surgery.
- (g) AMEs will receive the Aeromedical disposition of the CAA Medical Assessor through the secured CAA shared folder Aeromedical system and act upon it accordingly.
- (h) AMEs will communicate the aeromedical disposition of the CAA Medical Assessors to the concerned applicant.
- (i) Copies of Medical certificates of fitness issued to applicants and all other Medical documents shall be sent to the CAA for storage in the CAA Medical Section.
- (j) AMEs are to keep the records of all Medical examinations conducted by them.
- (k) (K) The procedure is as explained in the process below:



2.9.6. Protection and Destruction of Forms.

Forms are available in CAA Safety department. Examiners are accountable for all blank CAA forms they may have printed and are cautioned to provide adequate security for such forms or certificates to ensure that they do not become available for illegal use. Examiners are responsible for destroying any existing paper forms they may still have.

NOTE: Forms should not be shared with other Examiners.

2.9.7. License Holder Rights and Responsibilities

As the candidates applying for the CAA medical certificate have certain responsibilities they also have certain rights. Every candidate for medical examination should be aware of all these rights before being subjected to a medical examination or a board. In all clinics designated for Aeromedical examination a copy of this information regarding the rights of the applicants should be present on the patient notice board in clear view. A copy of this information should also be readily available in the files of the AMEs to be presented to the candidates if they ask for this information.

(a) Pilots Rights Concerning Their Medical Status

- (1) You have the right to expect that the AME will examine you to the best of his ability and based on CAA Regulations and requirements. The AME must be up to date of Medical knowledge and any changes in the regulations and be able to advise you about the best option for you and discuss each procedure in details and discuss the effectiveness of any medications and possible implications on health and flight safety.
- (2) You have the right to expect that good management techniques will be implemented within the clinic considering effective use of your time and to avoid your personal discomfort.
- (3) The candidates have the right to be examined by any of the CAA designated Aeromedical examiners at any of the designated clinics.
- (4) If a candidate is not satisfied with the decision given by an AME they have the right to apply to the CAA. The CAA after careful assessment of their case will give the decision and if found necessary might send the candidate to be examined by another AME. The expenses in such a case will be borne by the candidate.
- (5) If a candidate is not satisfied with the test results of one laboratory they have the right to ask the AME to get the same test repeated. The expenses for such repeat testing will be borne by the candidate and the results of both or all tests have to be submitted to the CAA.
- (6) If a candidate is not satisfied regarding their fitness concluded by an AME or the limitations imposed on him during the course of a routine medical or through a board they have the right to discuss this with the AME and ask for an explanation. If they are not satisfied they have the right to petition to the CAA.
- (7) The limitations imposed on the Medical Certificate of an individual are to be lifted at the earliest possible time once there is no need for the limitation. Since a limitation can only be removed by the CAA it is mandatory for the AME to request the CAA to remove the limitation once it is no more required. If the AME fails to do it and it is noticed by the candidate, they have the right to ask the AME to request the CAA for the removal of the limitation. In case of the AME not complying the candidate has the right to directly apply to the CAA to look into the matter.

- (8) You have the right to expect that treatment records are confidential. Your records are only disclosed as required by law and CAA. When the clinic releases records to others, it emphasizes that the records are confidential.
 - (9) You have the right to privacy. The clinic staff and others caring for you will protect your privacy as much as possible.
 - (10) You have the right to express a complaint concerning your CAA Medical and receive a response without your care being compromised. Any complaints must be forwarded to the CAA Customers unit.
- (b) Pilots Responsibilities Concerning their Medical Status
- (1) To treat the AME with courtesy and respect.
 - (2) To present accurate identifying information.
 - (3) To inform the Clinic of any changes to name, address, telephone number or e-mail address. It is essential that we are able to contact you in case of an emergency.
 - (4) To present details of illness or complaint in a direct and straight forward manner including information about your health, including past illnesses, hospital stays, and the use of medicine.
 - (5) To keep renewal of CAA Medical Certificate on time.
 - (6) To comply with the any recommendations for regular follow up and blood tests provided by the AME.
 - (7) To ask questions when you do not understand questions in CAA form.
 - (8) Responsible for recognizing the effect of life-style on his personal health. Pilot health depends not just on the clinic care, but in the long term, on the decisions he make in his daily life.
 - (9) Has to complete his medical examination with first AME who initiate the examination, otherwise in case of any urgent, unpredictable situation or any unsatisfied issues, the AME and/or the applicant has to inform the CAA in writing with full justification
 - (10) You must not perform duties on an airplane while under the influence of any drug that may affect flight safety.
 - (11) you must not Consume alcohol less than twelve (12) hours prior to the specified reporting time for flight duty or the commencement of standby; and not to Consume alcohol during the flight duty period or whilst on standby.
 - (12) License holders or student pilots must not exercise the privileges of their license, rating or authorization at any time when they are aware of any decrease in their medical fitness. Which might render them unable to safely exercise those privileges and they must seek the advice of the CAA or an AME when becoming aware of:
 - (i) Surgical operation or invasive procedure
 - (ii) All procedures requiring the use of a general or spinal anesthetic (no flying for at least 48 hours)
 - (iii) All procedures requiring local or regional anesthetic e.g. a visit to dentist requiring an injection (no flying for at least twelve (12) hours)
 - (iv) The regular use of medication
 - (v) The need to regularly use correcting lenses has to check with the AME to implement the limitation.

(vi) Hospital or clinic admission for more than twelve (12) hours

2.9.8. Holders of medical certificates who are aware of:

- (a) Any significant personal injury involving incapacity to function as a member of a flight crew or
- (b) Any illness involving incapacity to function as a member of a flight crew throughout a period of twenty (20) days or more; or
- (c) Being pregnant, shall inform the CAA in writing of such injury or pregnancy, and as soon as the period of twenty-one (21) days has elapsed in the case of illness. The medical certificate shall be deemed to be suspended upon the occurrence of such injury or the elapse of such period of illness or the confirmation of the pregnancy.

3. Designation Aviation Medical Examiner and Senior AME (SAME).

Medical examiners shall have practical knowledge and experience of the conditions in which the holders of licenses and ratings carry out their duties.

NOTE: *Examples of practical knowledge and experience are flight experience, simulator experience, on-site observation or any other hands-on experience deemed by the Licensing Authority to meet this requirement*

RECOMMENDATION: The competence of a medical examiner should be evaluated periodically by the medical assessor.

3.1. Scope of Designated AME and SAME

- (1) Issue, revalidate, revoke or renew Class, 1, 2, 3 and Cabin Crew medical certificates and to conduct the relevant medical examinations and assessments.
- (2) Issue or denial of the CAA medical certificates in accordance with CAR-FCL3 subject to evaluation and reconsideration by the CAA.
- (3) Issue or denial of a Combined Medical/Student Pilot Certificates subject to evaluation and reconsideration by the CAA Medical Assessor (MAs).
- (4) Defer a medical certification decision to the CAA when the AME does not have sufficient information, or is unsure of whether he/she should issue a medical certificate, deferral is recommended by CAA regulations.

3.2. Qualifications and Training Required for Initial Designation of an AME

- (1) They have successfully completed a basic training course in aviation medicine, including practical training in the examination methods and aero-medical assessments;
- (2) Medical examiners shall have practical knowledge and experience of the conditions in which the holders of licenses and ratings carry out their duties.
- (3) They have demonstrated to the CAA that they:
 - (a) have adequate facilities, equipment, procedures, documentation and functioning equipment suitable for aero-medical examinations;
 - (b) have in place the necessary procedures and conditions to ensure medical confidentiality.
- (4) The basic training course for AMEs should consist of sixty (60) hours theoretical and practical training, including specific examination techniques. The advanced training course required for SAMEs designation should consist of another sixty (60) hours of theoretical and practical training, including specific written examination techniques.
- (5) Examples of practical knowledge and experience should cover at least the following subjects:
 - (a) Introduction to aviation medicine
 - (b) Physics of atmosphere and space;
 - (c) Basic aeronautical knowledge
 - (d) Aviation physiology; including demonstration and practical;
 - (e) Ophthalmology, including demonstration and practical
 - (f) Otorhinolaryngology, including demonstration and practical;
 - (g) Cardiology and general medicine; including demonstration and practical;
 - (h) Neurology; including demonstration and practical;
 - (i) Psychiatry in aviation medicine; including demonstration and practical;

- (j) Psychology;
- (k) Dentistry;
- (l) Accidents, escape and survival
- (m) Legislation, rules and regulations;
- (n) Air evacuation, including demonstration and practical;
- (o) Medication and flying
- (p) Pilot working environment;
- (q) Human factors in aviation, including demonstration and practical;
- (r) Tropical medicine;
- (s) Hygiene, including demonstration and practical;
- (t) Space medicine.
- (6) The above should include flight experience, simulator experience, on-site observation or any other hands-on experience deemed by the Licensing Authority to meet this requirement.
- (7) After completion the Aviation medical course and the process of designation practical training in an AeMC should be under the guidance and supervision of the head of the AeMC.
- (8) After the successful completion of the practical training, a report of successful competency should be issued

3.3. Request for designation as an AME.

- (a) Applicant who are practicing medicine as general practice, or specialist in sultanate of Oman wishes to be authorized by CAA as an AME shall apply in writing to Director of safety department requesting to be licensed as a CAA designated AME.
- (b) The CAA Safety Department will send an AME application designation form to the candidate along with a list of required equipment within fifteen (15) working days.
- (c) The applicant should fill the formal application form and return it to CAA Safety Department, along with all the necessary supporting documents.
- (d) After receiving and reviewing the document CAA Medical Assessor (MAs) will set up a date with applicant for facility survey and formal interview.
- (e) Provided that the document, the survey and the interview are satisfactory, a designation letter will be sent to the applicant after he/she make all necessary payment.

3.3.1. The Designation Letter will be sent to the physician along with following:

- (a) Certificate of approval from CAA.
- (b) Aeromedical Examiner Designation Card including a specific number assigned for the AME.
- (c) AME stamp and the official CAA forms, or (one-time password and user name when online E-medical available).
- (d) CAA aeromedical guidance will be available on line (Pdf format)

- (e) AME Designation cards shall expire two (2) years after the date issued. Facility approval shall expire one (1) year after the date issued. The Medical Assessor (MAs) should arrange for a training for the designated examiner on the use of E-Medical system.
- (f) The steps for designation an overseas AME will be the same as mentioned above, with requirement to make all the necessary arrangements for the CAA official conducting the survey.
- (g) In case the AME leave the business or his service is terminated his/her number will be blocked and cannot be used by other AME. Each stamp is intended for the exclusive use of the individual examiner to whom it is issued and must not be used by any other practitioner.
- (h) In case of lost stamp or Designated AME Card, the AME is responsible to inform the CAA immediately.

Note: The above will be applied for AME, SAME, and, AeMC.

3.4. Renewal AME Designation

- (a) The AME designation will spontaneously renewed if the following is satisfactory:
 - (1) The AME shall apply in written to the CAA safety department and Medical Assessor (MAs) one month before expiration along with renewal fee.
 - (2) Continuous Training in aviation medicine as the following:
 - (i) During the period of authorization, an AME should attend fifteen (15) hours of continuous medical education with at least five (5) hours/annually related to aviation medicine.
 - (ii) A proportionate number of refresher training hours should be provided by, or conducted under the direct supervision of the CAA or the Medical Assessor (MAs).
 - (iii) Attendance at scientific meetings, congresses and flight deck experience may be approved by the CAA for a specified number of hours against the training obligations of the AME.
 - (3) The applicant done the required number of airman examination per Class.
 - (4) The performance was satisfactory during last designation as per the report of CAA Medical Assessor (MAs) based on AME record,
 - (5) In case the performance report is unsatisfactory Formal interview with the Medical Assessor (MAs) or exam may be required for some AMEs who meets designation criteria.
 - (6) Alter of regret will be sent to the Applicant for renewal along the required fee if he/she were disqualified within fifteen (15) days.
 - (7) Physicians who continue to work as CAA AME with expired designation will be subjected to penalties, which may vary from warning letter to termination the designation.

(b) Equipment Requirements

CAA REQUIERD the AME prior to practice his/her designation, shall have adequate and decent facilities for performing the required medical examinations and assessment, and shall be equipped with medico-technical facilities adequate to perform aero-medical examinations necessary for the exercise of the privileges, Examiners shall notify at the time of designation, re-designation, or upon request from the CAA Medical Assessor (MAs) that they possess and maintain the required equipment.

- (1) The facility shall be approved by the Ministry of health.
- (2) Each facility should have at least one AME designated by CAA available.

- (3) Standard Snellen Test Types for visual acuity (both near and distant) and appropriate eye lane.
- (4) external eye, anatomy, media and funduscopy.
- (5) Color Vision Test Apparatus. Ishihara, twenty-four (24) plate editions.
- (6) Visual fields;
- (7) Refraction; and
- (8) Heterophoria.
- (9) 12-lead resting ECG, All Examiners must have access to digital electrocardiographic equipment with electronic transmission capability.
- (10) Pure-tone audiometer, All Examiners must have access to audiometric equipment or a capability of referring applicants to other medical facilities for audiometric testing
- (11) Otoscopy.
- (12) Rhinoscopy.
- (13) Tympanometry or equivalent.
- (14) Clinical assessment of vestibular system.
- (15) Spirometry. Pulmonary function test machine (Spirometry) and Peak expiratory flow rate, these machine should be an available within all the facilities.
- (16) Laboratory facility which should be available within the facility include those for routine aviation medicals namely blood and urine tests. Other required tests to be done in the clinic laboratory by a trained technician or if not available, at another laboratory within a reasonable driving distance from the main facility.
- (17) X-Ray facilities and Drug screening facilities must either be available on premises or within a reasonable driving distance from the main facility.
- (18) A suitable computer, document scanner, modem and software package for communication with CAA as the process of e-medical will be established for data transfer to the CAA in the coming year.

(c) **"Alternate" Examiners Designated**

- (1) The airman medical assessment and examination has to be conducted, completed, and signed by the assigned medical examiners at their designated address only, and it's not permitted for other AMEs to handover or replace the assigned AME for completion the Examination and certification process.
- (2) Whenever an applicant is requested by an AME for further investigation or requirements to be submitted, the applicant shall not change the examiner unless authorized to do so by the CAA. In such conditions, the applicant is required to submit a written justification to the Authority for granting approval to change the examiner.
- (3) The AME shall send to the CAA within fifteen days a list of all applicants who attended their clinic for the examination for medical certification and did not complete the process.
- (4) An Examiner is not permitted to conduct examinations at a temporary address and is not permitted to name an alternate approved Examiner.
- (5) During an Examiner's absence from the permanent office, applicants for airman medical certification shall be referred by the CAA to another approved Examiner in the area.

(d) **Falsification and Negligence**

- (1) Cases of falsification is illegal act. This is true whether the false statement is made by the applicant, the Examiner, or both. In view of the pressures sometimes placed on the Examiners by their regular patients to ignore a disqualifying physical defect that the physician knows to exist. It is important that all Examiners be aware of possible consequences of such conduct.
 - (2) Any negligence or wrongful certification, which would permit medically unfit pilot or ATCO to take the controls of an aircraft, might create a serious safety hazard for the public, for the Government, and for the Examiner. If the examination is fast and the Examiner fails to find a disqualifying medical illness that should have been discovered during a thorough and careful examination, **the Examiner may bear the responsibility for the consequences of such action.**
- (e) **Consequences of Falsification and Negligence**
- The case of Falsification and/or Negligence is an illegal act which might Create flying safety hazard and serious effect for public, such an act requires CAA Safety Department to conduct an immediate thorough investigation and take one of the following actions:
1. Draft a letter of attention
 2. Issue a Warning letter
 3. Temporary suspension the flying license
 4. Revoke the flying license
 5. Temporary suspension of AME Designation
 6. Permanent Termination of AME Designation

3.5. Responsibilities of Designated Aviation Medical Examiner (AME).

- (a) Hundreds of applications for Pilots, student pilots, Cabin Crew, and ATCO medical certification are received by CAA safety department and processed each year.
- (b) The medical examinations conducted and performed by physicians in private practice who have been designated to represent the CAA for this purpose, has to send complete and signed CAA medical examination form with all documents and investigation to Aeromedical Licensing Inspector for further review and monitoring within fifteen days from the issuance of medical certificate
- (c) An Examiner is a designated representative of the CAA Administrator with important duties and responsibilities. It is essential that Examiners recognize the responsibility associated with their appointment.
- (d) When the pilot, Student pilot, cabin Crew, and ATCO may not have an established treating physician and the Examiner may choose to fulfill this role. He must consider his responsibility in his capacity as an Examiner as well as the potential conflicts that may arise when performing in this dual duty.
- (e) Any negligence or wrongful certification, which would permit medically unfit pilot or ATCO to take the controls of an aircraft, might create a safety hazard and serious for the public, for the Government, and for the Examiner. If the examination is fast and the Examiner fails to find a disqualifying medical illness that should have been discovered by a thorough and careful examination, **the Examiner may bear the responsibility for the consequences of such action.**
- (f) If the examiner intentionally ignores to report a disqualifying medical illness either observed during the examination process or otherwise known to exist. **In this case, both the**

Airman/ATCO and the Examiner issuing the medical certificate may be found to have committed a violation of the law.

- (g) Cases of falsification is an illegal act. This is true whether the false statement is made by the applicant, the Examiner, or both. In view of the pressures sometimes placed on Examiners by their regular patients to ignore a disqualifying physical defect that the physician knows to exist, it is important that all Examiners be aware of possible consequences for such conduct.
- (h) Not to Perform self-examinations for issuance of a medical certificate to themselves or to an immediate family member.
- (i) Not to edit their own medical status reports. Reports regarding the medical status of an airman should be generated by their treating physician. A report completed by an airman will NOT be accepted, even if that airman is a physician.

3.6. Privileges of Aeromedical examiner (AME)

- (a) The Duty of the designated aero-medical examiner (AME) are to examine initial applicant for and holder of, airman medical certificate to determine whether or not they meet the CAA medical standards for Class 2, and 3, and LAPL.
- (b) Issue, revalidate, defer, or deny airman medical certificates Class 1, 2, and 3 to holders of such certificates whether or not they meet the CAA medical standards.
- (c) Issue, revalidate, defer, or deny airman medical certificates Class 2, and 3 to applicant or holders of such certificates whether or not they meet the CAA medical standards.
- (d) A medical certificate issued by an Examiner is considered to be affirmed as issued unless, within sixty (60) days after date of issuance (date of examination), it is reversed by the CAA Medical Assessor (MAs). However, if the CAA requests additional information from the applicant within sixty (60) days after the issuance, the above-named officials have sixty (60) days after receipt of the additional information to reverse the issuance.

3.7. Requirements for the AME to extend privileges to act as an SAME.

- (a) Conducted at least forty (40) examinations for the issue, revalidation or renewal of Class 2, and 3, medical certificates or equivalent over a period of no more than one (1) year prior to submission of the application;
- (b) Successfully completed an advanced training course in aviation medicine, including practical training in the examination methods and aero-medical assessments;
- (c) Have successfully completed practical training of a duration of at least five (5) days, by head of an AeMC or SAME under the supervision of the CAA Medical Assessor (MAs).
- (d) During the period of authorization, an AME should attend six (6) hours/annually of continuous medical education approved by CAA Medical Assessor (Mas).

3.7.1. Designation of a Senior Aeromedical Examiners (SAME) certificate

- (a) Applicants for a SAME certificate with the privileges for the initial issue, revalidation and renewal of Class 1 medical certificates shall:
 - (1) Fully qualified and licensed for the practice of medicine and hold a Certificate of Completion of specialist training related to aviation medicine;
 - (2) Have a Diploma in Aviation medicine/or equivalent;
 - (3) Five years' experience in aviation medicine.
 - (4) Two years' experience as CAA designated Examiner for Class 1 medical certificate.
- (b) Demonstrate to the CAA that they
 - (1) Have adequate facilities, procedures, documentation and functioning equipment suitable for aero-medical examinations; and
 - (2) Have in place the necessary procedures and conditions to ensure medical confidentiality.
 - (3) Have adequate knowledge and skills necessary for examination and assessment for Class 1.
 - (4) Acceptable level of competency in assessment and examination for Class 1 medical certificate.

3.7.2. Privileges of Senior Aeromedical examiner (SAME)

- (a) The Duty of the designated senior aero-medical examiner (SAME) are to examine initial applicant for and holder of, airman medical certificate to determine whether or not they meet the CAA medical standards for Class 1, Class 2, and Class 3, and for over age of 60 certificate.
- (b) Issue, revalidate, defer, or deny airman medical certificates to initial applicant for or holders of such certificates whether or not they meet the CAA medical standards.

3.8. Advance course in Aviation Medicine include the following:

- Pilot working environment
- Aerospace physiology
- Cardiovascular system
- Neurology
- Psychiatry/psychology
- Visual system and color vision
- Otorhinolaryngology
- Dentistry
- Human factors in aviation, including 8 hours' demonstration and practical experience
- Tropical medicine
- Final examination
- De-briefing and critique.

3.9. Continuous training in aviation medicine.

- (a) During the period of authorization, an AME should attend fifteen (15) hours of continuous medical education with at least five (5) hours/annually related to aviation medicine.
- (b) A proportionate number of refresher training hours should be provided by, or conducted under the direct supervision of the CAA or the Medical Assessor (MAs).
- (c) Attendance at scientific meetings, congresses and flight deck experience may be approved by the CAA for a specified number of hours against the training obligations of the AME.

3.9.1. Scientific meetings that should be accredited by the CAA are:

- (a) International Academy of Aviation and Space Medicine Annual Congresses;
- (b) Aerospace Medical Association Annual Scientific Meetings; and
- (c) Other scientific meetings, as organized or approved by the CAA Medical Assessor (MAs).
- (d) Other refresher training approved by the CAA may consist of:
 - (1) flight deck experience;
 - (2) jump seat experience;
 - (3) simulator experience; and
 - (4) aircraft piloting.

3.10. Designation medical specialist.

- (a) Reference to the international practice in Aviation Industry, CAA shall designate two Medical physician specialized in different branches of medical science who holding unrestricted license to practice medicine in the geographical area in which the designation is sought, issued by Health Authority of the area that he/she practice his business to evaluate the fitness of an Airman who suffer from acute or chronic illness in coordination between the Medical Assessor (MAs) and AME.
- (b) The specialist must attend a course in Aviation medicine before the approval of his/her designation.
- (c) Upon the discretion of the DFS a Limited period of exception not exceeding six months to allow the approved specialist to practice his/her designation before the attendance an aviation medicine course subject to be under direct supervision of CAA Medical Assessor.
- (d) The specialist must practice his profession in an established clinic, hospital, or Medical center.
- (e) The Medical Assessor (MAs) must evaluate all documents, conduct an interview, and survey the office, hospital, Medical center, and his/her past professional performance and personal conduct.
- (f) Provide the above requirement are satisfactory A letter of designation along with CAA designation certificate and ID with specific number, and CAA stamp shall be delivered to his/her office within two weeks after pay the requested fee.
- (g) The designation shall be satisfactory for a position of responsibility and trust.
- (h) The designation expires two (2) years after the date issued and will only be renewed if the specialist is up to date with the CME requirements of a designated aero-medical examiner and the performance was satisfactory during last designation as per the report of CAA Medical Assessor (MAs) based on his/her record.

3.10.1. Privilege of Approved Specialist.

- (a) Airman physical examination must be done by the specialist personally in accordance the best practices.
 - (1) Thorough Investigation the medical case, and if appropriate treat the pilots with problems.
 - (2) Recommend the issuance or denial of the CAA medical certificates in accordance with the current medical guidance subject to reconsideration by the CAA Medical Assessor (MAs) based on the recommendation of the review committee assigned by the PAC Medical Assessor (MAs) if necessary.
 - (3) If the Specialist does not have sufficient information, or is unsure of whether he/she should recommend the issue of a medical certificate, he/she may refer the case to another Specialist in the same field, but final report must be submitted through the approved specialist.
 - (4) The Approved Specialist may be involved in medical review committee upon the request of CAA Medical Assessor (MAs) as a member of, to review medical assessment for a particular airman if the medical standards are not met in his particular fields.
 - (5) Upon the request of CAA Some Approved Specialist may be involved in giving lectures on medical subjects related to their field of specialists.

3.10.2. The performance report of the specialist will be based on the following criteria:

- (a) Designated specialist must attend fifteen (15) hours approved continuous medical education, related directly to his Specialist.; at least 5 hours/ annually related to Aviation medicine to keep familiarity with general medical knowledge applicable to aviation.
- (b) The competency to the knowledge an understanding of Oman and CAA regulations, policies, and procedures related to medical certification, and CAA medical guidance and the publication.
- (c) The ability and capability to follow thoroughly the instruction regarding the technique of examination, medical assessment, and certification of the airman.

3.10.3. Obligations of Approved Specialist.

- (a) During the assessment of an Airman, the AME find the airman suffer from Medical problem that required further investigated and to be examined by specialist he/she has to refer him and inform CAA Medical Assessor (MAs) by writing within 48 hours.
 - (1) Airman physical examination must be done by the specialist personally in accordance the best practices.
 - (2) Thorough Investigation of the medical case, and if appropriate treat the pilot's problems.
 - (3) Recommend the issuance or denial of the CAA medical certificates in accordance with the current medical guidance subject to reconsideration by the CAA medical review committee assigned by the CAA Medical Assessor (MAs).
 - (4) If the Specialist does not have sufficient information, or is unsure of whether he/she should recommend the issue of a medical certificate, he may refer the case to another Specialist in the same field, but final report must be submitted through the approved specialist.

- (5) The Approved Specialist may be involved in medical review committee upon the request of CAA Medical Assessor (MAs) as a member of, to review medical assessment for a particular airman if the medical standards are not met in his particular fields.
- (6) Upon the request of the CAA some Approved Specialist may be involved in giving lectures on medical subjects related to their field of specialists.

3.11. AeMC – Aero-Medical Centres

Aeromedical centers (AeMCs) will be designated and authorized, or reauthorized, at the discretion of the Authority for a period not exceeding one (1) year.

Additional requirements to be qualified for the issue medical certificates, including initial Class 1 medical certificates and age over sixty (60) years.

3.11.1. Application for Aero-medical Centre (AeMC)

- (a) Medical Organization who are practicing medicine in sultanate of Oman wishes to be authorized by CAA as an AeMC shall apply in writing to Director of safety department requesting to be licensed as a CAA designated AeMC.
- (b) The CAA Flight Safety Department will send an AeMC application designation form to the candidate along list of required equipment within fifteen (15) working days.
- (c) The applicant should fill the formal application form and send it to CAA Flight Safety Department, along with all the necessary supporting documents:
 - (1) The documentation for the approval of an AeMC should include the names and qualifications of all medical staff, a list of medical and technical facilities for initial Class 1 aero-medical examinations and of supporting specialist consultants.
 - (2) Documentation demonstrating that they comply with the requirements including evidence of successful completion of the training course in aviation medicine appropriate to the privileges they apply for.
 - (3) A written declaration that, once the AeMC designation approved, the AeMC will issue medical certificates on the basis of the requirements of this Medical Manual.
- (d) After receiving and reviewing the document the CAA Medical Assessor (MAs) will set up a date with applicant for a facility survey and formal interview.
- (e) Provided that the document, the survey, and the interview are satisfactory, a designation letter will be sent to the applicant after making all necessary payments.

3.11.2. AeMC Requirements:

- (a) The availability of at least one SAME designated as Head of aeromedical center in the medical organization approved as an aeromedical center by CAA is a must to conduct the airman certification for Class 1 and Age above sixty (60) years.
- (b) The availability of at least one or more AME in the AeMC can conduct Class 1 certificate under direct supervision by SAME (Head of aero medical center).
- (c) Availability of SAME qualified to deputies the Head of aero-medical center on his absence is a must.
- (d) Presence of internal detailed Standards Operation Procedure (SOP).

3.11.3. Head of Aeromedical Center

Shall be SAME qualified, of more than three (3) years' experience as aviation medical examiner of excellent performance report in CAA record, holding diploma in aviation medicine or attend advance course in aviation medicine, performing more than one hundred (100) Class 1 medicals in one year, of good understanding to the local law and regulation of aviation medicine.

3.11.3.1. Duties of Head of aeromedical center.

- (a) Supervise the steps of aeromedical examination and assessment done by the AME.
- (b) Supervise the performance of other staff who are involved with the airman examination and assessment process at the AeMC as per CAA SOP.
- (c) Keep all medical records in a way that ensures that medical confidentiality is respected at all times.
- (d) Provides training for AMEs and other staff involved in Aeromedical examination process on CAA rules, regulation, and SOP.
- (e) Scheduled follow up with AMEs and the CAA, and when problems arise, looks at the pattern of mistakes and the documentation.
- (f) Monitor and review the re-instatement forms personally.
- (g) To identify high performers as well as the few whose performance is unacceptable or low.
- (h) Releasing the Reinstatements for all license holders.
- (i) Issuing of any changes under the CAA Aeromedical certificate and inserting or removal of any limitation on medical certificate.
- (j) The central point between AeMC and CAA Medical Assessor (MAs).

3.11.3.2. The Head of AeMC is responsible to develop an internal Audit procedure to confirm:

- (a) The presence of an approved internal SOP.
- (b) Audit the Performance of AVMED Nurses involved in special investigation part of the CAA examination.
- (c) All AMEs strictly adhere with the CAA medical standards and regulations, and
- (d) Monitor the performance AeMC staff involved in CAA examinations are strictly adhering with the code of conduct.
 - (1) The Head of AeMC should verify each activity within the Center on periodic review and document the audit reports securely within the facility for CAA review.
 - (2) The Head of AeMC will continuously update, and improve the processes where necessary and detail these in the report provided to the CAA Medical Assessor (MAs) for review and approval
 - (3) The nurse and other administration staff should have a sufficient training on examination, assessment, documentation, and record keeping.
 - (4) The duty nurse is qualified to conduct Aeromedical examinations for the following:
 - (i) Height, weight, neck circumflex, waste measurement and BMI.
 - (ii) Blood pressure and pulse measurement
 - (iii) Visual acuity testing for near and far vision.
 - (iv) Color vision by Ishihara plates test.

- (v) Urine dipstick test.
 - (vi) Collecting urine for drug of abuse testing.
 - (vii) ECG
 - (viii) SPEROMETRY / PEF
 - (ix) Audiogram.
- (5) Administration staff should have knowledge about the CAA Medical examination procedure.
- (6) Presence of sufficient number of good performer AMEs who will be permitted to do Classes 1 and /or 2, and 3 and Cabin Crew certificates.

3.11.4. SOP

Uniformity of the performance of a specific function, to perform the task of CAA examination and assessment the same way each time is highly important and clearly published as Standard Operation Procedures (SOP) which are detailed, written instructions within the premises of the AeMC to be followed by the staff who are involved in the CAA airman medical certificate, and used to:

- (a) Train staff (new AME, Admin assistance, Nurses) on the processes.
- (b) Describe the step of each function, and the duty of each staff, and identify the person for each task.
- (c) Training chart for all staff who are part of examination and assessment possess.

3.11.4.1. Benefit of SOP

Protect the rights for all license holders attending CAA examination, by satisfying them that all CAA Aviation medicine activities conducted within the AeMC follows the rules, Regulation, and standard, in Aviation medicine and the CAA medical guidance & policies.

3.11.5. Internal Management and verification system

It's important to create an internal management and verification system for any designated AeMC to ensure the compliance of all Examiner and staff who are involved in the assessment, and airman certification with the current approved medical guidance in relation to all CAA Examination, assessment, diagnosis and management before making any fitness decisions.

3.11.6. Equipment Requirements AeMC

- (a) CAA require the AeMC prior to practice designation, shall have adequate and decent facilities for performing the required medical examinations and assessment, and shall be equipped with medico-technical facilities adequate to perform aero-medical examinations necessary for the exercise of the privileges. The Head of AeMC shall notify at the time of designation, re-designation, or upon request from the CAA Medical Assessor (MAs) that they possess and maintain the required equipment.
 - (1) The facility shall be approved by the Ministry of health.
 - (2) Each facility should have at least two SAME one of them act as head of AeMC and the other as his/her deputy, AME designated by CAA available with suitable number of trained AVMED nurses and administration staff.
 - (3) Standard Snellen Test Types for visual acuity (both near and distant) and appropriate eye lane.

- (4) external eye, anatomy, media and funduscopy.
- (5) Color Vision Test Apparatus. Ishihara, 24 plate editions.
- (6) Visual fields;
- (7) Refraction; and
- (8) Heterophoria.
- (9) A 12-lead resting ECG, All Examiners must have access to digital electrocardiographic equipment with electronic transmission capability.
- (10) Pure-tone audiometer, All Examiners must have access to audiometric equipment or a capability of referring applicants to other medical facilities for audiometric testing
- (11) Otoscopy.
- (12) Rhinoscopy.
- (13) Tympanometry or equivalent.
- (14) Clinical assessment of vestibular system.
- (15) Spirometry. Pulmonary function test machine (Spirometry) and Peak expiratory flow rate, these machine should be an available within all the facilities.
- (16) Laboratory facility which should be available within the facility include those for routine aviation medicals namely blood and urine tests. Other required tests to be done in the clinic laboratory by a trained technician or if not available, at another laboratory within a reasonable driving distance from the main facility. X-Ray facilities and Drug screening facilities must either be available on premises or within a reasonable driving distance from the main facility.
- (17) Other more sophisticated equipment must either be available on premises or within a reasonable driving distance from the main facility.
- (18) A suitable computer, document scanner, modem and software package for communication with the CAA as the process of e-medical will be established for data transfer to the CAA in the coming year.

3.12. Guidelines for the AeMC, AME Conducting the Medical Examinations and Assessments for the Medical Certification of Pilots, ATC and Cabin Crew.

3.12.1. Before performing the medical examination, the AeMC, AME:

- (a) Verify the applicant's identity by checking their identity card, passport, driving license or other official document containing a photograph of the applicant;
- (b) Except for initial If the applicant's flight license not available with him, the examiner can obtain details from the CAA Medical Assessor (MAs);
- (c) In the case of a specific medical examination(s) (SIC) limitation on the existing medical certificate, obtain details of the specific medical condition and any associated instructions from the Medical Assessor (MAs) of the applicant's licensing authority. This could include, for example, a requirement to undergo a specific examination or test;
- (d) Except for initial applicants, ascertain, from the previous medical certificate, which routine medical test(s) should be conducted, for example electrocardiography (ECG);

- (e) Provide the applicant with the application form for a medical certificate and the instructions for completion and ask the applicant to complete the form but not to sign it yet;
- (f) Go through the form with the applicant and give information to help the applicant understand the significance of the entries and ask any questions which might help the applicant to recall important historical medical data;
- (g) Verify that the form is complete and legible, ask the applicant to sign and date the form and then sign it as well. If the applicant declines to complete the application form fully, inform the applicant that it may not be possible to issue a medical certificate regardless of the outcome of the clinical examination and assessment.

3.12.2. Who May Be Certified

- (a) Age Requirements
 - (1) There is no age restriction or aviation experience requirement for medical certification.
 - (2) Any applicant who qualifies medically may be issued a Medical Certificate regardless of age.
 - (3) There are, however, minimum age requirements for the various airman certificates Pilots and Flight Instructors, and Ground Inspectors as follows:
 - (i) Airline transport pilot (ATP) certificate: twenty-one (21) years
 - (ii) Commercial pilot certificate(CPL): eighteen (18) years
 - (iii) Multi-crew pilot license (MPL): eighteen (18) years
 - (iv) Private pilot certificate: powered aircraft – seventeen (17) years;
 - (v) Gliders and balloons – sixteen (16) years

3.13. Obligations of the AeMC, AME, SAME,

- (a) When conducting aero-medical examinations and aero-medical assessments as required in this medical guidance, the AeMC, AME. Shall.
 - (1) Ensure that communication with the applicant can be established without language barriers
 - (2) Make the applicant aware of the consequences of providing incomplete, inaccurate or false statements on their medical history.
 - (3) Notify the licensing authority, or, in the case of cabin crew attestation holders, notify the competent authority, if the applicant provides incomplete, inaccurate or false statements on their medical history.
 - (4) Notify the licensing authority if an applicant withdraws the application for a medical certificate at any stage of the process.
- (b) After completion of the aero-medical examinations and assessments, the AeMC, AME shall.
 - (1) Inform the applicant whether he or she is fit, unfit or referred to the Medical Assessor (MAs) of the licensing authority, AeMC or AME, as applicable;
 - (2) Inform the applicant of any limitation that may restrict flight training or the privileges of his or her license, as applicable;

- (3) If the applicant has been assessed as unfit, inform his /her right to have the decision reviewed in accordance with the procedures of the competent authority;
 - (4) In the case of applicants for a medical certificate, submit without delay to the CAA Medical Assessor (MAs) a signed, or electronically authenticated, report containing the detailed results of the aero-medical examinations and assessments as required for the Class of medical certificate and a copy of the application form, the examination form, and the medical certificate;
 - (5) Inform the applicant of his or her responsibilities in the case of decrease in medical fitness.
- (c) AeMCs, AMEs, shall submit to the CAA Medical Assessor, upon request, all aero-medical records and reports, and any other relevant information, when required for:
- (1) medical certification;
 - (2) oversight functions.
- (d) **Evidence of medical fitness**
- (1) The various ways in which Contracting States provide license holders with evidence that they meet the medical requirements are outlined as follows:
 - (i) To satisfy the licensing requirements of medical fitness for the issue of various types of licenses.
 - (ii) The applicant must meet certain appropriate medical requirements which are specified as FOUR Classes of Medical Assessment.
 - (iii) The Licensing Authority issues the license holder with the appropriate Medical Assessment, being Class 1, Class 2, Class 3 and Cabin Crew.
 - (2) Two basic principles are essential when assessing an applicant's medical fitness for aviation duties as specified in Annex 1, Chapter 6, "Medical Provisions for Licensing," namely:
 - (i) The applicant shall be physically, psychologically and mentally capable of performing the duties of the license or rating applied for or held.
 - (ii) There shall be no medical reasons which make the applicant liable to incapacitation while performing duties.
 - (3) The main objective of the CAA Medical Manual is to provide guidance material and present concepts on how to achieve these principles by assessing symptoms and signs that occur commonly in medical examinations for the aviation licenses but which have not been or cannot be included in detail in Annex 1.
 - (4) It is also envisaged that the guidance material will help ensure international uniformity in the implementation of the SARPs.

3.14. Procedure for Auditing AeMC and AME Performance Evaluation

- (a) The purpose of such auditing is to ensure that AeMC and medical examiners meet applicable standards for good medical practice and aeromedical risk assessment.
- (b) CAA delegates the Audit and Performance Evaluation responsibility to the Medical Assessor (MAs) and a representative from Licensing Section.

- (c) Auditing the AeMC and AME shall be conducted Annually, with a three (3) month over-run allowed, by booking in advance a convenient date with the Accountable Manager (AM) of the AeMC and AME, two months prior to the actual Audit Date.
- (d) The AM and AME are responsible to arrange all documents and the facility as requested by the CAA Audit Team.
- (e) The Objective of the Auditing process has to be directed mainly toward Risk Assessment, performance capability, quality of Services, Adherence to the Rules, Regulation and Standards mentioned in the CAA Aeromedical Guidance Manual, which Include the following:
 - (1) Annual performance Rating which depends on:
 - (i) No examinations performed after twenty-four (24) months of initial designation.
 - (ii) Performance of less than ten examinations per year to maintain proficiency.
 - (iii) Knowledge of Sultanate of Oman rules, regulations, CAA policies, and procedures.
 - (iv) Number and seriousness of Mistakes and Negligence
 - (v) Any negligence or wrongful certification, which would permit medically unfit pilot or ATCO to perform their assigned duties (flying or controlling), that might create a safety hazard and serious for the public, for the Government, and for the Examiner. If the examination is fast and the Examiner fails to find a disqualifying medical illness that should have been discovered by a thorough and careful examination, **the Examiner may bear the responsibility for the consequences of such action.**
 - (vi) The percentage of accurate and completed examination reports.
 - (vii) The medical examinations conducted and performed by physicians in private practice who have been designated to represent the CAA for this purpose has to send complete and signed CAA medical examination form with all documents and investigation to Aeromedical Licensing Inspector for further review and monitoring
 - (viii) The number of intentionally ignore to report a disqualifying medical illness.
 - (ix) If an examiner intentionally ignores to report a disqualifying medical illness either observed during the examination process or otherwise known to exist. **In this case, both the Airman/ATCO and the Examiner issuing the medical certificate may be found to have committed a violation of the law.**
 - (x) Cases of falsification is an illegal act. This is true whether the false statement is made by the applicant, the Examiner, or both. In view of the pressures sometimes placed on Examiners by their regular patients to ignore a disqualifying physical defect that the physician knows to exist, it is important that all Examiners be aware of possible consequences of such conduct.
 - (xi) Perform self-examinations for issuance of a medical certificate to themselves or to an immediate family member.
 - (xii) Number of genuine complaints received by CAA against the AME
 - (xiii) Continuous medical education /annum
 - (xiv) Careless or incomplete reporting of the results of medical certification examinations.

- (xv) Failure to comply with the mandatory AME training requirements.
 - (xvi) Failure to promptly email reports of medical examinations to the CAA
 - (xvii) Any action that compromises public trust or interferes with the AME's ability to carry out the responsibilities of his or her designation.
- (2) Facility and Equipment as per CAA Standard which include:
- (i) Availability of Required Equipment necessary for conducting Aeromedical Examination
 - (ii) The Periodic maintenance and calibration of the medical Equipment.
 - (iii) Quality of the facility assigned for conducting the Aeromedical Assessment including the reception area.
 - (iv) The Availability of trained administrative staff and other equipment e.g. computer
 - (v) The Availability of Trained Medical Staff.
- (3) The quality of conducting medical examination process.
- (4) Confidentiality and Record keeping facility and procedures.

Note: Refer to AGM-Form 3 for auditing procedures on pages 59/60/61

3.15. Audit Findings and Observations and AME Performance Evaluation

- (a) On completion of the audit conducted by the MAs a full debrief shall be given on areas of significant findings with an applicable resolution date if considered to be of extreme concern.
- (b) Hazards (or Risks) shall be categorized according to their source or location. Objective prioritization of hazards/risks may require categorizations according to the severity/likelihood of their projected consequences whereby these factors will facilitate the prioritization of risk mitigation strategies such that one uses limited resources in the most effective manner, resulting in elimination of or the controlling of that risk at an acceptable level of consequence.

Risk Probability	Risk Severity				
	Catastrophic A	Hazardous B	Major C	Minor D	Negligible E
Frequent (5)	5A	5B	5C	5D	5E
Occasional (4)	4A	4B	4C	4D	4E
Remote (3)	3A	3B	3C	3D	3E
Improbable (2)	2A	2B	2C	2D	2E
Extremely Improbable (1)	1A	1B	1C	1D	1E

Risk Probability	Meaning	Value	Disciplinary
Frequent 5A, 5B, 5C	Likely to occur many times (has occurred frequently)	5	Warning with corrective action plan

<u>Occasional</u> 4A, 4B	Likely to occur sometimes (has occurred infrequently)	4	Interview with MAs assessor with exam
<u>Remote</u> 3A	Unlikely to occur, but possible (has occurred rarely)	3	Interview with MAs
<u>Improbable</u> 2A, 2B, 2C	Very unlikely to occur (not known to have occurred)	2	Draw to attention with the auditee
<u>Extremely improbable</u>	Almost inconceivable that the event will occur	1	Add to file for future evaluation

- (c) Based on the above matrix, risks can be categorised according to an assessment of their potential severity and probability. In the above matrix example, risks reflected as being unacceptable (red or yellow categories) must be mitigated so as to reduce the severity and/or probability. The organisation shall consider suspension of any activities that continue to expose the organisation to intolerable safety risks in the absence of mitigating actions that will either eradicate or reduce the risk to a manageable and acceptable level (green).
- (d) A full audit report will be provided to the AeMC or AME within seven (7) days, which will include those areas previously discussed and any other lesser findings or observations made during the course of the audit with applicable dates for resolution action.
- (e) All findings will be followed up prior to the closing date of action required and if extensions are required by the auditee, these will be requested in writing stating the reason for the extension, date extension, mitigating action that will ensure compliance standards are maintained. (E.g. extension due to equipment not being delivered by the expected date.)



AUDITING OF AEROMEDICAL CENTRES AND AME'S

Date: 01 FEB – 2020

Rev: 01

CAA AUDITORS/INSPECTORS

START DATE

END DATE

1-

2-

Audit Checklist for Aeromedical Centres and AMEs

Organisation Name:								
Address:								
Phone:		Email:						
Accountable Manager:					Phone:		Email:	
Total Staff:		Date of Designation	AME NO	Number of Medicals conducted/year	Phone	Medicals requiring more evidence	CME Hours/year	Remark/Findings
Doctors Name:								
Doctors Name:								
Doctors Name:								
Doctors Name:								
Doctors Name:								
Nurses Name		Date of employment	Number of Medicals conducted/year		Years of Experience		CME Hours/year	Remark/Findings
CAA Certification granted	Yes	No						
MoH Certification	Yes	No						
Internal Audit Processes	Yes	No						
Audit Subjects		Remarks						Corrective Action Plan
Equipment Maintenance and Calibration								

	Yes	No		
	Yes	No		
	Yes	No		
	Yes	No		
Audit Subjects			Remarks	Corrective Action Plan
	Yes	No		
	Yes	No		
	Yes	No		
	Yes	No		
Training of Nurses				
Nurses have completed Med examination course	Yes	No		
Continuous Training Programme established	Yes	No		
Document Control Procedures	Yes	No		
SOPs have been implemented	Yes	No		
Established filing of medical reports	Yes	No		
Standard examination forms covering the following:	Yes	No		
Standard Snellen Test Types for visual acuity	Yes	No		
external eye, anatomy, media and funduscopy.	Yes	No		
Color Vision Test Apparatus. Ishihara, 24 plate editions	Yes	No		
Visual fields	Yes	No		
Refraction & Heterophoria	Yes	No		
12-lead resting ECG	Yes	No		
Octoscopy	Yes	No		
Rhinoscopy	Yes	No		
Tympanometry or equivalent	Yes	No		
Clinical assessment of vestibular system.	Yes	No		
Spirometry. Pulmonary function test machine (Spirometry) and Peak expiratory flow rate	Yes	No		
Laboratory facility which should be available	Yes	No		
Sufficient IT Equipment available	Yes	No		
Audit of Nursing Staff conducting the following:				
Height, weight, neck circumflex , waste measurement and BMI.	Yes	No		
Blood pressure and pulse measurement	Yes	No		
Visual acuity testing for near and far vision.	Yes	No		
Audit of Nursing Staff conducting the following:				

Color vision by Ishihara plates test. Urine dipstick test.	Yes	No		
Collecting urine for drug of abuse testing.	Yes	No		
ECG	Yes	No		
Audit Subjects			Remarks	Corrective Action Plan
SPEROMETRY / PEF	Yes	No		
Audiogram.	Yes	No		
Other Findings	Yes	No		

CAA LEAD AUDITOR NAME	DATE	SIGN

AGM-Form: 03 – Audit Form (Rev: 01 – 20/02/2020)

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4. Aeromedical Certification Requirements

4.1. Introduction

- (a) Two basic principles are essential when assessing an applicant's medical fitness for aviation duties as specified in ICAO Annex 1, Chapter 6, "Medical Provisions for Licensing," namely:
 - (1) The applicant shall be physically, Psychologically and mentally capable of performing the duties of the license or rating applied for or held.
 - (2) There shall be no medical reasons which make the applicant liable to incapacitation while performing duties.
- (b) The main objective of the Manual of Civil Aviation Medicine is to provide guidance material and present concepts on how to achieve these principles by assessing symptoms and signs that occur commonly in medical examinations for the aviation licenses but which have not been or cannot be included in detail in ICAO Annex 1.
- (c) It is also envisaged that the guidance material will help ensure international uniformity in the implementation of the ICAO SARPs.
- (d) The foregoing two basic principles are explicitly detailed in the general, all-embracing paragraph 6.2.2 of ICAO Annex 1, Chapter 6:

4.2. Physical, psychological and mental requirements

- (a) An applicant for any Class of Medical Assessment shall be required to be free from:
 - (1) Any abnormality, congenital or acquired; or
 - (2) Any active, latent, acute or chronic disability; or
 - (3) Any wound, injury or sequelae from operation; or
 - (4) Any effect or side-effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken;
 - (5) Any psychological or psychiatric illness which might affect the performance and awareness, Cognition, and Behavior might be affecting flying and public safety.
- (b) Such as would entail a degree of functional incapacity which is likely to interfere with the safe operation of an aircraft or with the safe performance of duties.

Note: Use of herbal medication and alternative treatment modalities requires particular attention to possible side-effects.
- (c) The provisions of Annex 1, 1.2.6.1, would apply if there is a decrease in medical fitness attributable to the effects of inter-current disease, injury, alcohol or other psychoactive substances, medication, fatigue, sleep disturbances due to time zone changes, adverse climatic conditions and disrupted regular work/rest schedules which might render the holder of a license or rating incapable of meeting the medical requirements of his license or rating.
- (d) Incapacitation: In this manual, the term "incapacitation" means any reduction in medical fitness to a degree or of a nature that is likely to jeopardize flight safety.

4.3. The requirements for medical assessments in ICAO Annex 1, Chapter 6, are listed under subheadings as follows:

- (a) Physical, psychological and mental requirements, covering matters of a general medical certification nature which apply to all types of licenses.

- (b) Visual acuity test requirements, detailing general visual acuity test requirements applicable to all categories of license.
- (c) Colour perception requirements, detailing general colour perception requirements applicable to all categories of licenses.
- (d) Hearing test requirements, detailing general hearing requirements applicable for all categories of licenses.
- (e) **Class 1 Medical Assessment**, covering matters applicable to applicants for a “professional license” such as a commercial pilot license — airplane or helicopter, an airline transport pilot license, airplane or helicopter, multi-crew pilot license, a flight engineer or a flight navigator license.
- (f) **Class 2 Medical Assessment**, covering matters applicable to applicants for a private pilot license — airplane or helicopter, a glider pilot license, a free balloon pilot license or a flight radio operator license.
- (g) **Class 3 Medical Assessment**, covering matters applicable to applicants for an air traffic controller license,
- (h) **Cabin crew Assessment**, covering matters applicable to applicant for cabin crew license.

4.4. General Medical Requirements

- (a) The Standards and Recommended Practices established in any medical guidance, on their own, be sufficiently detailed to cover all possible individual situations, of necessity.
- (b) Many decisions relating to the evaluation of medical fitness must be left to the judgement of the individual medical examiner.
- (c) The evaluation must, therefore, be based on a medical examination conducted throughout in accordance with the highest standards of medical practice.
- (d) Predisposing factors for disease, such as obesity and smoking, may be important for determining whether further evaluation or investigation is necessary in an individual case.
- (e) In cases where the applicant does not fully meet the medical requirements and in complicated and unusual cases, the evaluation may have to be deferred and the case submitted to the medical assessor of the Licensing Authority for final evaluation. In such cases due regard must be given to the privileges granted by the license applied for or held by the applicant for the Medical Assessment, and the conditions under which the license holder is going to exercise those privileges in carrying out assigned duties.
- (f) Basic safety management principles, when applied to the medical assessment process, can help ensure that aeromedical resources are utilized effectively.
- (g) The applicant for a Medical Assessment shall provide the medical examiner with a personally certified statement of medical facts concerning personal, familial and hereditary history. The applicant shall be made aware of the necessity for giving a statement that is as complete and accurate as the applicant’s knowledge permits, and any false statement shall be dealt with as falsification.
- (h) The level of medical fitness to be met for the renewal of a Medical Assessment shall be the same as that for the initial assessment except where otherwise specifically stated.
- (i) The purpose of the medical examination is to determine that no physical or mental condition exists which may reduce the applicant’s medical fitness to a significant A-degree during the period of validity of the Medical Assessment.
- (j) The medical requirements of Annex 1 are not concerned with social considerations or medical conditions of importance for employment, nevertheless, on initial issue of a Medical Assessment, it would be poor medical practice to encourage an applicant to pursue flight

training if the minimum requirements of Annex 1 are barely met, especially in cases where further deterioration might be expected or is likely to occur. Likewise, it would be poor practice to disregard the preventive aspects of the regulatory examination for renewal.

4.5. Application Process for Medical Certification

4.5.1. General Information - Replacement of Medical Certificates

Medical certificates that are lost or accidentally destroyed may be replaced upon proper application provided such certificates have not expired. The request should be sent to:

Medical Assessor Desk
Civil Aviation Authority
Oman – Muscat

The airman's request for replacement must be accompanied by a remittance of five (5) OMR (cheque or money order) made payable to the CAA. This request must include the following:

- (1) Airman's full name and date of birth;
- (2) Class of certificate
- (3) Place and date of examination;
- (4) Name of the Examiner; and
- (5) Circumstances of the loss or destruction of the original certificate.

The replacement certificate will be prepared in the same manner as the missing certificate and will bear the same date of examination regardless of when it is issued.

4.5.2. Operational limitation codes.

- (a) Operational multi-pilot limitation (OML – Class 1 only)
 - (1) When the holder of a CPL, ATPL or MPL does not fully meet the requirements for a Class 1 medical certificate and has been referred to a Medical Assessor (MAs) of the licensing authority, that Medical Assessor (MAs) shall assess whether the medical certificate may be issued with an OML 'valid only as or with qualified co-pilot'.
 - (2) The holder of a medical certificate with an OML shall only operate an aircraft in multi-pilot operations when the other pilot is fully qualified on the relevant Class and type of aircraft, is not subject to an OML and has not attained the age of sixty (60) years.
 - (3) The OML for Class 1 medical certificates shall be initially imposed and only removed by the Medical Assessor (MAs) of the licensing authority.
- (b) Operational safety pilot limitation (OSL – Class 2 and LAPL privilege)
 - (1) The holder of a medical certificate with an OSL shall only operate an aircraft if another pilot fully qualified to act as pilot-in-command on the relevant Class and type of aircraft is carried on board, the aircraft is fitted with dual controls and the other pilot occupies a seat at the controls.
 - (2) The OSL for Class 2 medical certificates may be imposed and removed either by the Medical Assessor (MAs) of the licensing authority, or by an AeMC or an AME in consultation with the Medical Assessor (MAs) of the licensing authority.
 - (3) The OSL for LAPL medical certificates may be imposed and removed by the Medical Assessor (MAs) of the licensing authority, an AeMC or an AME.
- (c) Operational passenger limitation (OPL – Class 2 and LAPL privileges)

- (1) The holder of a medical certificate with an OPL shall only operate an aircraft without passengers on board.
 - (2) The OPL for Class 2 medical certificates may be imposed and removed either by the Medical Assessor (MAs) of the licensing authority, or by an AeMC or an AME in consultation with the Medical Assessor (MAs) of the licensing authority.
 - (3) The OPL for LAPL medical certificates may be imposed and removed by the Medical Assessor (MAs) of the licensing authority, an AeMC or an AME.
- (d) Operational pilot restriction limitation (ORL – Class 2 and LAPL privileges)
- (1) The holder of a medical certificate with an ORL shall only operate an aircraft if one of the two following conditions have been met:
 - (i) Another pilot fully qualified to act as pilot-in-command on the relevant Class and type of aircraft is on board the aircraft, the aircraft is fitted with dual controls and the other pilot occupies a seat at the controls;
 - (ii) There are no passengers on board the aircraft.
 - (2) The ORL for Class 2 medical certificates may be imposed and removed either by the Medical Assessor (MAs) of the licensing authority, or by an AeMC or AME in consultation with the Medical Assessor (MAs) of the licensing authority.
 - (3) The ORL for LAPL medical certificates may be imposed and removed by the Medical Assessor (MAs) of the licensing authority, an AeMC or an AME.
- (e) Special restriction as specified (SSL)

The SSL on a medical certificate shall be followed by a description of the limitation.

Note 1: *Any other limitation may be imposed on the holder of a medical certificate by the Medical Assessor (MAs) of the licensing authority, AeMC, AME or GMP, as applicable, if required to ensure flight safety.*

Note 2: *Any limitation imposed on the holder of a medical certificate shall be specified therein.*

4.5.3. Limitations to medical certificates (B)

(a) GENERAL

- (1) An AeMC or AME and SAME may refer the decision on fitness of an applicant to the Medical Assessor (MAs) of the licensing authority in borderline cases or where fitness is in doubt.
- (2) In cases where a fit assessment may only be considered with a limitation, the AeMC, AME, and SAME or the Medical Assessor (MAs) of the licensing authority should evaluate the medical condition of the applicant in consultation with flight operations and other experts, if necessary.
- (3) Initial application of limitations
 - (i) The limitations TML, VDL, VML, VNL and VCL, (as listed in scale), may be imposed by a SAME, AME or an AeMC for Class 1, Class 2, and 3 and LAPL medical certificates.
 - (ii) All other limitations listed in the scale should only be imposed:
 - A. For Class 1 medical certificates, by the Medical Assessor (MAs) of the licensing authority where a referral is required according to the scale
 - B. For Class 2 medical certificates, by the AME or AeMC in consultation with the Medical Assessor (MAs) of the licensing authority where consultation is required according to scale.
 - C. For LAPL medical certificates, by an AME or AeMC.

(4) Removal of limitations

- (i) For Class 1 medical certificates, all limitations should only be removed by the Medical Assessor (MAs) of the licensing authority.
- (ii) For Class 2 and 3 medical certificates, limitations may be removed by the Medical Assessor (MAs) of the licensing authority or by an AeMC or AME in consultation with the Medical Assessor (MAs) of the licensing authority.
- (iii) For LAPL medical certificates, limitations may be removed by an AeMC or AME, and SAME

4.5.4. Limitation Codes

The following abbreviations for limitations codes should be used on the medical certificates as applicable:

CODE	Limitation
TML	Limited period of validity of the medical certificate
VDL	Valid only with correction for defective distant vision
VML	Valid only with correction for defective distant, intermediate and near vision
VNL	Valid only with correction for defective near vision
CCL	Correction by means of contact lenses
VCL	Valid by day only
RXO	Specialist ophthalmological examination(s)
SIC	Specific medical examination(s)
HAL	Valid only when hearing aids are worn
APL	Valid only with approved prosthesis
AHL	Valid only with approved hand controls
OML	Valid only as, or with, a qualified co-pilot
OCL	Valid only as a qualified co-pilot
OSL	Valid only with a safety pilot and in aircraft with dual controls
OPL	Valid only without passengers
ORL	Valid only with a safety pilot if passengers are carried
OAL	Restricted to demonstrated aircraft type
SSL	Special restriction(s) as specified

The abbreviations for the limitation codes should be explained to the holder of a medical certificate by the examining medical officer.

5. Medical Certification Requirements (Over Sixty (60))

In addition to the change in frequency of medical examinations stated in CAR FCL-3.250, when an applicant for a medical certificate has passed their 60th birthday the following requirements for all classes of medicals are to be implemented with immediate effect.

5.1. Initial issuance of over 60th birthday medical certificate requirements.

- (a) All initial over 60 medical certifications shall be done at the approved AeMC.
- (b) In addition to the usual medical assessment required by the class of medical over 40 years, the first medical assessment at age of 60 years should include:
 - (1) A psychological evaluation, which shall be conducted by a psychologist who has the privileges to conduct the neurocognitive assessment.
 - (2) Medical examination by a SAME or SAME equivalent which should include alcohol screening test *[See paragraph (5.3) for alcohol screening]*.
 - (3) An extended eye examination by an ophthalmologist.
 - (4) Fasting blood glucose and a glucose tolerance test in cases where the initial test is abnormal.
 - (5) Lipid profile.
 - (6) Cardiac evaluation by stress ECG.
 - (7) Haemoglobin.
 - (8) Prostate test (either USG or PSA)

5.2. Revalidation Requirements.

Renewal of over 60 medical certificates can be conducted at any recognised AeMC. The license holder will undergo, in addition to the usual medical assessment requirements;

- (a) Every 6 months;
 - (1) An ECG.
 - (2) Fasting blood Glucose
 - (3) Lipid profile
 - (4) Haemoglobin
- (b) Every 12 months;
 - (1) Ophthalmology consultation
 - (2) Audiogram
 - (3) Stress ECG

5.3. Alcohol screening tests

5.3.1. Indications

- (a) Screening as part of over 60 medical certifications.
- (b) As part of the medical evaluation determined by the AME during the regulatory medical examination.
- (c) New cases of cardiac arrhythmias especially Atrial Fibrillation, Insomnia, Mood disorders, Liver function derangement, Isolated Hyper triglyceridemic.
- (d) Newly diagnosed Hypertension,
- (e) Newly diagnosed Diabetes,
- (f) Suspicious Musculoskeletal injuries e.g. Rib fractures or Metacarpal fractures or Road Traffic Accidents,
- (g) New onset of Gout.
- (h) Any elevated MCV, isolated elevated GGT, elevated ferritin and elevated CDT detected on routine testing not related with clinical findings and investigated appropriately.
- (i) Referral following an aviation incident or work related issues.
- (j) Third party notifications for suspected Drug or Alcohol misuse.
- (k) Drink/Drug drive arrests whether local or international

5.3.2. Screening tools:

5.3.2.1. A detailed interview and system review should be conducted with emphasis on the following:

- (a) Alcohol intake – amount /type/how often
- (b) Smoking history
- (c) Family history of substance misuse
- (d) Physical dependence – withdrawal symptoms
- (e) Sickness absence record – pattern of frequent, short term, last minute leave is often seen with substance use disorder
- (f) Neurological issues
- (g) Cardiac – arrhythmias/hypertension
- (h) Gastroenterology – Gastritis/GORD
- (i) Injuries- recurrent or unexplained
- (j) Legal and social problems
- (k) Marital disharmony
- (l) Psychological problems

Note: See Appendix B for assessment forms.

5.3.2.2. Examination

- (a) Physical dependence – signs of withdrawal (e.g. irritability, restlessness, apprehension etc.)
- (b) General appearance – complexion
- (c) Liver damage – spider naevi, hepatomegaly
- (d) Hypertension
- (e) Pancreatitis
- (f) Cardiomegaly, arrhythmias

5.3.2.3. Questionnaire

- (a) AUDIT (Alcohol Use Disorders Identification Test) – score of eight (8) or more suggests that there could be a problem with alcohol.
- (b) It should be correlated with history and clinical examination and blood tests.

5.3.3. Laboratory testing

- (a) **GGT (Gamma-Glutamyl Trasferase):** Is raised in about 80% of heavy drinkers, but is not a completely specific marker for harmful use of alcohol.
- (b) **MCV (mean Corpuscular Volume):** The MCV is raised above normal values in about 60% of alcohol dependent people and, like GGT, is not a completely specific marker. The value takes 1-3 months to return to normal following abstinence.
- (c) **CDT (Carbohydrate Deficient Transferring):** CDT has similar properties to GGT in so far its use as a screening test is concerned. It is more specific to heavy drinking than GGT, but perhaps less sensitive to intermittent “binge” drinking. In persons who consume significant quantities of alcohol (> 4 or 5 standard drinks per day for two weeks or more), CDT will increase and is an important marker for alcohol –use disorder. CDT usually increases within one week of the onset of heavy drinking and recovers 1 to 3 weeks after cessation of drinking. Any elevation of CDT requires immediate grounding, plus a liver ultrasound to assess for biliary disease and a full report from a substance abuse specialist must be provided to the PACA medical assessing officer regarding the alcohol intake.
- (d) **Others if indicated** (e.g. LFTs, Triglycerides, Ferritin, Liver Ultrasound, Urine EtG/ PeTH) will be considered when making the final evaluation report.

5.3.4. Laboratory evaluation

In the presence of a high index of suspicion, the AME will without delay, evaluate the applicant against all the assessments as per the PACA Alcohol Use Disorder Form and then the AME should refer the case to the SAME and/or PACA Medical Assessor for further evaluation and recommendation.

6. APPENDIX A – MEDICAL FORMS

Form No.:



APPLICATION FORM FOR AN AVIATION MEDICAL ASSESSMENT

PELO/111.1 (10-11)

(TO BE COMPLETED BY THE APPLICANT)

MEDICAL IN CONFIDENCE

1. Type of Medical Application:		2. Class of Medical Certificate:	
3. Date of Application:		4. AME Name	

5. First Name	6. Middle Name	7. Last Name	8. Gender
9. Date of Birth	10. Age	11. Nationality	12. Place/Country of Birth
13. Passport Issue Date	14. Passport Expiry Date	15. Employer	16. Staff Number
17. License Number	18. Occupation/Rank	19. Aircraft Flown	20. Last Medical Expiry Date
21. Hours flown last 6 months	22. Permanent Address	23. Telephone Number	24. Email

25. Type of License Applying				
26. Foreign license details (if applicable)				
Type of License	License Number	State of Issue	Class	

27. Statement of Demonstrated Ability (SODA):				
Date		Serial Number		

28. Authorization for Special Issuance				
--	--	--	--	--

29. Have you ever had an aviation Medical Assessment denied, suspended or revoked by any licensing authority?				
Date		Place		
Details				

30. Any aircraft accident or reported incident since last medical					
Date		Place		Details	

31. Do you drink Alcoholic beverages?		32. Do you smoke tobacco products?		33. Mention any medication you are currently using, including non-prescribed medications, if any?	
				Name	
If yes, weekly intake in units		If yes, No. of cigarettes/days		Dose	
				Purpose	

Remarks for items (1) to (33):					
--------------------------------	--	--	--	--	--

Applicant Name			Applicant License Number :					
2. Weight (kg)	3. BMI	4. Chest Dimension Inspiration Expiration	5. Waist	6. Colour Hair	7. Pulse (resting) Rate (bpm) Rhythm			
8. Blood pressure Systolic Diastolic		9. Physical Impression	10. Dental Records		11. Identifying marks, scars, tattoos or deformity			
12. ECG Previous Next Date	13. CXR Previous Date Next Date	14. AUDIO Previous Date Next Date		15. Other Comments				
16. Clinical Examination								
Examined System	Normal	Abnormal	Examined System	Normal	Abnormal			
Head, Face, Neck, Scalp	<input type="checkbox"/>	<input type="checkbox"/>	Anus, Rectum	<input type="checkbox"/>	<input type="checkbox"/>			
Mouth, Throat, Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Genito-Urinary System	<input type="checkbox"/>	<input type="checkbox"/>			
Nose, Sinuses	<input type="checkbox"/>	<input type="checkbox"/>	Endocrine System	<input type="checkbox"/>	<input type="checkbox"/>			
Ears, Drums, Eardrum Motility	<input type="checkbox"/>	<input type="checkbox"/>	Upper & Lower Limbs, Joints	<input type="checkbox"/>	<input type="checkbox"/>			
Eyes – Orbit & Adnexa; Visual Fields	<input type="checkbox"/>	<input type="checkbox"/>	Spine	<input type="checkbox"/>	<input type="checkbox"/>			
Eyes – Pupils and Optic Fundi	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>			
Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	Neurologic - Reflexes, Etc	<input type="checkbox"/>	<input type="checkbox"/>			
Lungs, Chest, Breasts	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>			
Heart	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>			
Abdomen, Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Lymphatics	<input type="checkbox"/>	<input type="checkbox"/>			
Liver, Spleen ,Glands	<input type="checkbox"/>	<input type="checkbox"/>	General Systemic	<input type="checkbox"/>	<input type="checkbox"/>			
Describe every abnormal finding (attach additional sheets if necessary).								
17. Laboratory and Clinical tests								
Tests	Normal	Abnormal	Tests	Normal	Abnormal	Tests	Normal	Abnormal
A- Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>	E- ECG	<input type="checkbox"/>	<input type="checkbox"/>	I- ENT	<input type="checkbox"/>	<input type="checkbox"/>
B- Peak Expiratory Flow (L/min)	<input type="checkbox"/>	<input type="checkbox"/>	F- Audiogram	<input type="checkbox"/>	<input type="checkbox"/>	J- Blood Lipids	<input type="checkbox"/>	<input type="checkbox"/>
C- Haemoglobin	<input type="checkbox"/>	<input type="checkbox"/>	G- Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	K- Pulmonary Function	<input type="checkbox"/>	<input type="checkbox"/>
D- Tympanic	<input type="checkbox"/>	<input type="checkbox"/>	H- Name of Other Tests (if applicable)				<input type="checkbox"/>	<input type="checkbox"/>
Comments on Abnormal Findings								

Visual Acuity	18. If The Candidate Possesses Glasses	Distant	Right	S	C	A	Left	S	C	A
		Near								
	19. Distant Vision At 5m/6m	Right		Uncorrected	Corrected to with glasses		Corrected to with Contact lenses			
		Left								
	20. Near Vision At N5 To 50 Cm	Right		Uncorrected	Corrected to with glasses		Corrected to with Contact lenses			
		Left								
	21. Colour Perception	<input type="radio"/> Normal <input type="radio"/> Abnormal								
	22. Pseudoisochromatic Plates	Type: Ishihara /24								
	23. Advanced Colour Test									
	24. Corrective Eye Surgery		Type		Date		Any Complications			
Auditory acuity	25. Conversational voice test at 2m back turned to examiner	Right								
		Left								
	26. Audiometry	Frequency	500	1000	2000	3000	4000			
		Right								
		Left								
Max Permitted Loss		35				50	60			
Other Comments										

AME Recommendations				
		Limitations	Class of License issue	Next Medical Examination

AME Declaration: I thereby declare that I have carefully considered the statement above, and to the best of my belief, they are complete and correct, and I have not withheld any relevant information or made any misleading statements.

AME Name and NUM		AME Email		Date
Expiry DATE		AME's address		AME Stamp
AME Signature <i>Draw your signature</i>		AME Contact No.		

Submit

Clear



OPHTHALMOLOGY EXAMINATION REPORT FORM

APPLICANT'S DETAILS

MEDICAL IN CONFIDENCE

First Name	Middle Name:	Last Name	License number
Date of birth (dd/mm/yyyy)		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Application: <input type="checkbox"/> Initial <input type="checkbox"/> Renewal
State applied to:		Medical certificate applied for:	

Consent to release medical information: I hereby authorise 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 the licensing authority, 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 licensing 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 AME:

Examination Category	<input type="checkbox"/>	Ophthalmological history:	Current spectacles	SPH	CYL	AXIS	VA
Initial	<input type="checkbox"/>		Right eye				
Renewal / Revalidation	<input type="checkbox"/>		Left eye				
Special referral	<input type="checkbox"/>						

Clinical Examination

Check each item	Normal	Abnormal
Eyes, external & eyelids		
Eyes, External (alt lamp, ophth.)		
Eye position and movements		
Visual fields (confrontation)		
Pupillary reflexes		
Fundus (Ophthalmoscopy)		
Convergence	cm	
Accommodation	D	

Visual acuity

Distant vision at 5 m/16 m		Spectacles	Contact lenses
Uncorrected			
Right eye	Corrected to		
Left eye	Corrected to		
Both eyes	Corrected to		

Intermediate vision at 1m

Uncorrected		Spectacles	Contact lenses
Right eye	Corrected to		
Left eye	Corrected to		
Both eyes	Corrected to		

Near vision at 30-50 cm

Uncorrected		Spectacles	Contact lenses
Right eye	Corrected to		
Left eye	Corrected to		
Both eyes	Corrected to		

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

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

Intra-ocular pressure

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

Ocular muscle balance (In prism dioptres)

Distant at 5m/16m		Near at 30/50 cm	
Ortho		Ortho	
Eso		Eso	
Exo		Exo	
Hyper		Hyper	
Cyclo		Cyclo	
Tropia: Yes <input type="checkbox"/> No <input type="checkbox"/>		Phoria: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fusional reserve testing Not performed <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>			

Colour perception

Pseudo-isochromatic plates	Type:
No. of plates:	No. of errors:
Advanced colour perception testing indicated	Yes <input type="checkbox"/> No <input type="checkbox"/>
Method:	
Colour SAFE <input type="checkbox"/>	Colour UNSAFE <input type="checkbox"/>

Refractory Surgery

Type of Surgery	Date:
	Complication or side effect:

Ophthalmic remarks and recommendations:

(Remarks):

(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 & Address: (Block Capitals)	AME or Specialist Stamp & No.:
AME signature:	Telephone No.:	
	Telefax No.:	



OTORHINOLARYNGOLOGY EXAMINATION REPORT

PELO 111.3

APPLICANT'S DETAILS

MEDICAL IN CONFIDENCE

First Name	Middle Name:	Last Name	License number
Date of birth (dd/mm/yyyy)		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Application <input type="checkbox"/> Initial <input type="checkbox"/> Renewal
State applied to		Medical certificate applied for	

Consent to release medical information: I hereby authorise 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 the licensing authority, 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 licensing 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 AME: _____

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

Clinical examination

Check each item	Normal	Abnormal
Head, face, neck, scalp		
Buccal cavity, teeth		
Pharynx		
Nasal passages and nasopharynx (incl. anterior rhinoscopy)		
Vestibular system incl. Romberg test		
Speech		
Sinuses		
Ext acoustic meati, tympanic membranes		
Pneumatic otoscopy		
Impedance tympanometry including Valsalva maneuver (initial only)		

Additional testing (if indicated)	Not performed	Normal	Abnormal
Speech audiometry			
Posterior rhinoscopy			
EDG; spontaneous and positional nystagmus			
Differential caloric test or vestibular auto-rotation test			
Mirror or fibre laryngoscopy			

Otorhinolaryngology remarks and recommendation:

--

Remarks

Pure tone audiometry

Hz	dB HL (hearing level)	
	Right ear	Left ear
250		
500		
1000		
2000		
3000		
4000		
6000		
8000		

Audiogram

Average 2011									
dB HL	o = Right				— = air				
	x = Left			 = bone				
-10									
0									
10									
20									
30									
40									
50									
60									
70									
80									
90									
100									
110									
120									
Hz	250	500	1000	2000	3000	4000	6000	8000	

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.		
Place and date:	ORL examiner's name and address: (Block capitals)	AME or specialist stamp with no.:
AME signature:	Telephone No.:	
	Telefax No.:	

Otorhinolaryngology (Class 1&2) – Assessment Form



Medical in Confidence

Civil Aviation Authority

FUNCTIONAL HEARING ASSESSMENT/SPEECH DISCRIMINATION TEST

Based on ICAO guidance, hearing loss greater than the requirements may be acceptable, provided that there is normal hearing performance against a background noise that reproduces or simulates the masking properties of the flight deck noise in the cockpit upon speech and beacon signals. This test should be conducted where background noise is representative of the noise in the cockpit of the type of aircraft for which the pilot's license and ratings are valid. Both aviation-related phrases and phonetically balanced words should be used in the speech material for discrimination testing.

1. PERSONAL DETAILS				
Name:		CAA License No.:		
Place of Test:		Aircraft / Simulator / Other		
2. DETAILS OF TEST		YES	NO	N/A
1. Can the subject hear adequately in the Aircraft / Simulator / Other (Please state) During all phases of flight?				
2. Does his/her hearing loss interfere with the ability to communicate with Air Traffic Control and/or other flight crew members during all phases of flight?				
3. Can he/she accurately identify non-routine R/T phraseology?				
4. Can he/she identify accurately the identification signals of the navigation beacons?				
5. In your opinion, does his/her hearing loss interfere with flight safety?				
6. Have you any other observations or comments?				
(Please state)				
Name: (SAME/AME)		Signature:		SAME/AME No.:
3. SUBMISSION INSTRUCTIONS				
Please return the completed for to:		Civil Aviation Authority, Medical Assessor Office, Licensing Section, Flight Safety Department.		
CAA Form: OTORHINO-2 (Rev-2 – 10/10/21)				

7. APPENDIX B – ALCOHOL ASSESSMENT FORMS

Form 3 – Self Test Version

The Alcohol Use Disorders Identification Test: Self-Report Version					
<p>PATIENT: Because alcohol use can affect your health and can interfere with certain medication and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest.</p> <p>Place an X in one box that best describes your answer to each question.</p>					
Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	NO		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	NO		Yes, but not in the last year		Yes, during the last year
					Total

Form 4 – Interview Version

The Alcohol Use Disorders Identification Test: Interview Version	
Read questions as written. Record answers carefully. Begin the AUDIT by saying “Now I am going to ask you some questions about your use of alcoholic beverages during this past year.” Explain what is meant by “alcoholic beverages” by using local examples of beer, wine, vodka, etc. Code answers in terms of “standard drinks”. Place the correct answer number in the box at the right.	
1. How often do you have a drink containing alcohol? (0) Never [Skip to Qs 9-10] (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week	6. How often during the last year have you needed first drink in the morning to get yourself going after a heavy drinking session? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily
2. How many drinks containing alcohol do you have on a typical day when you are drinking? (0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more	7. How often during the last year have you had a feeling of guilt or remorse after drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily
3. How often do you have six or more drinks on one occasion? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily <i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i>	8. How often during the last year have you been unable to remember what happened the night before because you had been drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily	9. Have you or someone else been injured as a result of your drinking? (0) No (2) Yes, but not in the last year (4) Yes, during the last year
5. How often during the last year have you failed to do what was normally expected from you because of drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily	10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down? (0) No (2) Yes, but not in the last year (4) Yes, during the last year
Record total of specific items here	
If total is greater than recommended cut-off, consult User's Manual.	

Form 5 – Alcohol Evaluation Form


CAA ALCOHOL USE EVALUATION FORM


Applicant Name	License Num.	Class	Rank	Date of birth
AME NAME and Number				Nationality
Interview and system review				Yes No
Alcohol intake – amount /type/how often				
Smoking history				
Family history of substance misuse				
Physical dependence – withdrawal symptoms				
Sickness absence record-pattern of frequent, short term, last minute leave is often seen with substance-use disorder Neurological issues				
Cardiac – arrhythmias/hypertension				
Gastroenterology – Gastritis/GORD				
Injuries- recurrent or unexplained				
Legal and social problems				
Marital disharmony				
Psychological problems				
Details of the interview and System review if answer positive				
Examination				NORMAL ABNORMAL
Physical dependence – signs of withdrawal (e.g. irritability, restlessness, apprehension ...)				
General appearance- complexion				
Liver damage – spider naevi, hepatomegaly				
Hypertension				
Pancreatitis				
Cardiomegaly, arrhythmias				

Laboratory test	Result
GGT (Gamma-Glutamyl Trasferase)	
MCV (mean Corpuscular Volume)	
CDT (Carbohydrate Deficient Transferring)	
Others if indicated (LFTs, Triglycerides, Ferritin, Liver Ultrasound, Urine EtG/ PeTH)	

In the presence of high index of suspicion, the AME will without delay evaluate the applicant to all the assessments as per CAA Alcohol Use Disorder Form and then the AME should refer the case to the SAME and/or CAA for further evaluation recommendation.

8. APPENDIX C – APPLICATION FOR AEROMEDICAL EXAMINER DESIGNATION

SECTION:	PERSONNEL LICENSING AEROMEDICAL FORMS			 CAA هيئة الطيران المدني PEL 501 Rev: 02 - Nov/21
TITLE:	APPLICATION FOR AEROMEDICAL EXAMINER DESIGNATION			
1. APPLICATION TYPE				
<input type="checkbox"/> Initial issue <input type="checkbox"/> Renewal <input type="checkbox"/> Change of facility address				
2. FACILITY INFORMATION				
Name of the Facility:		Trading Name (if applicable):		
Facility Address (main location and postal number):		Facility Telephone No.:		
3. APPLICANT DETAILS				
First Name:		Middle Name:		Last Name:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Nationality:		CAA FILE No (if available):		
Name of Employer:		CAA Authorization (designation) Number (if applicable)		
Mobile Number:		OMAN National ID Number (if available)		
Facsimile No. (if any)		Tel. No. (Office):		
OMAN Postal Address:		Email:		
Medical Specialty:				
Number of post graduate years in clinical practice:				
Do you hold qualification in Aerospace/Aviation medicine? <input type="checkbox"/> YES <input type="checkbox"/> NO Qualification: _____				
Do you have military flight surgeon experience? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please state the details.				
Do you have Aviation experience as a pilot? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Other: _____				
Do you hold a license to practice medicine in OMAN? • OMAN Ministry of Health (MOH) <input type="checkbox"/> YES <input type="checkbox"/> NO				

SECTION:	PERSONNEL LICENSING AEROMEDICAL FORMS		 CAA هيئة الطيران المدني PEL 501 Rev: 02 - Nov/21
TITLE:	APPLICATION FOR AEROMEDICAL EXAMINER DESIGNATION		
Do you hold a license to practice medicine overseas? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please state the details.			
For Renewal only: Number of medical tests conducted: CLASS I: CLASS II: CLASS III: CLASS Cabin Crew: Others:			Number of medical Evaluation boards conducted: As president: As member:
4. CME RECORDS (APPROVED AEROMEDICAL REFRESHER TRAINING DURING LAST DESIGNATION PERIOD)			
Date (dd/mm/yyyy)	Activity	CME Hours	


APPLICANT DECLARATION

I certify that the information provided hereon and in attachments is correct to the best of my knowledge and belief and if granted I hereby accept the authority, duties, and responsibilities, and shall conduct such activities in compliance with CAR FCL-3, and the directives of the Civil Aviation Authority.

Signature of Applicant:


NAME OF APPLICANT: _____ Date: _____


Note: All fields are mandatory and must be completed in English.


SECTION:	PERSONNEL LICENSING AEROMEDICAL FORMS	 CAA هيئة الطيران المدني PEL 501 Rev: 02 - Nov/21
TITLE:	APPLICATION FOR AEROMEDICAL EXAMINER DESIGNATION	
CAA USE ONLY-APPROVAL		
<input type="checkbox"/> Recommended for all classes <input type="checkbox"/> Not Recommended <input type="checkbox"/> Recommended with Restricted class: _____		
Aeromedical Inspector Name: Signature: _____ Date: / /		
Aeromedical Assessor Name: Signature: _____ Date: / /		
<u>CHECKLIST</u>		
<input type="checkbox"/> Request Letter from the Examiner		
<input type="checkbox"/> Passport size photo with white background		
<input type="checkbox"/> Passport copy with visa page (if applicable)		
<input type="checkbox"/> Copy of the Applicant's qualifications <i>(for Initial only)</i>		
<input type="checkbox"/> Copy of the Aviation Medicine Certificate <i>(for Initial only)</i>		
<input type="checkbox"/> Copy of the CME records for the past two years <i>(for renewal only)</i>		
<input type="checkbox"/> Copy of Oman license		
<input type="checkbox"/> Copy of the CAA medical facility approval		
<input type="checkbox"/> Applicant's Resume stating the applicant's clinical experience.		
<input type="checkbox"/> Fees of OMR /..... should be submitted with Initial and/or renewal applications		
<input type="checkbox"/> Fast Track Application – additional OMR..... (Within ten working days)		


Notes: All fields are mandatory and must be completed in English.


9. APPENDIX D – MEDICAL REVIEW OFFICER (MRO) EVALUATION FORM


SECTION:	LICENSING AEROMEDICAL FORMS	 LIF-MED-040
TITLE:	MRO EVALUATION FORM	
SECTION I:		
1. Review Type		
<input type="checkbox"/> Pre-employment <input type="checkbox"/> Random testing <input type="checkbox"/> Reasonable suspicion <input type="checkbox"/> Post incident <input type="checkbox"/> Follow up <input type="checkbox"/> Others		
2. Consent obtained		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Applicant Information		
Name (as per passport or ID):		Telephone Number:
Residential Address:		Company:
Staff ID:		CAA License number (if applicable):
Occupation <input type="checkbox"/> Pilot <input type="checkbox"/> ATC <input type="checkbox"/> Cabin crew <input type="checkbox"/> Cadet <input type="checkbox"/> others:		
Nationality:		
Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Referred by:		Referral date:
4. Breath Alcohol Test *Must attach copy of test result		
Initial result		
Second result		
5. Urine Drug testing		
Date Sample collected:		
Place of the test:		


SECTION:	LICENSING AEROMEDICAL FORMS	 LIF-MED-040
TITLE:	MRO EVALUATION FORM	
Within the set temperature limit: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Validity test: Creatinine <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal PH <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Specific gravity <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		
Other abnormal findings (e.g. unusual odor, excessive foaming when shaken, smell of bleach, abnormal color). Details:		
Screening urine test non-negative for: <input type="checkbox"/> Cannabis (Marijuana) and its metabolites <input type="checkbox"/> Cocaine and its metabolites <input type="checkbox"/> Opiates with Morphine and metabolites. <input type="checkbox"/> Amphetamines <input type="checkbox"/> Barbiturates <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Methadone <input type="checkbox"/> Phencyclidine (PCP) <input type="checkbox"/> SSRI <input type="checkbox"/> TCA <input type="checkbox"/> MDMA		

SECTION:	LICENSING AEROMEDICAL FORMS	 LIF-MED-040
TITLE:	MRO EVALUATION FORM	
<p>Was the medication declared on the form before performing the test?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please specify:</p>		
<p>Result of the initial screening test:</p> <p> <input type="checkbox"/> Negative <input type="checkbox"/> Negative- dilute, with numerical values for creatinine and specific gravity <input type="checkbox"/> Non-negative, with drug(s)/metabolite(s) noted <input type="checkbox"/> Non-negative, with drug(s)/metabolite(s) noted-dilute <input type="checkbox"/> Adulterated, with numerical values (when applicable), with remark(s) <input type="checkbox"/> Substituted, with numerical values for creatinine and specific gravity <input type="checkbox"/> Refusal of testing, with remark(s) </p>		
<p>6. Blood testing requested (If applicable)</p>		
<p><input type="checkbox"/> For Alcohol <input type="checkbox"/> For Drugs</p> <p>Reason (e.g. insufficient urine sample, shy bladder, etc.):</p>		
<p>7. Hair Test requested (if applicable)</p>		
<p><input type="checkbox"/> For Alcohol <input type="checkbox"/> For Drugs</p> <p>Reason:</p>		

SECTION:	LICENSING AEROMEDICAL FORMS	 LIF-MED-040
TITLE:	MRO EVALUATION FORM	
8. Urine collection under direct supervision		
<input type="checkbox"/> Yes <input type="checkbox"/> No Reason: Result (please use the same specification in row No.) 		
9. Confirmatory urine drug testing result		
* Attach copy of test result		
Date test performed: Date result received: Split specimen done <input type="checkbox"/> Yes <input type="checkbox"/> No Sample analyzed by GC/MS or LC/MS <input type="checkbox"/> Yes <input type="checkbox"/> No Chain of Custody and control available <input type="checkbox"/> Yes <input type="checkbox"/> No (copy should be attached) Result: <input type="checkbox"/> Positive, for <input type="checkbox"/> Negative, for <input type="checkbox"/> Others,		

SECTION:	LICENSING AEROMEDICAL FORMS	 LIF-MED-040
TITLE:	MRO EVALUATION FORM	
SECTION II:		
1. MRO interview checklist		
Type of interview		
<input type="checkbox"/> Telephone <input type="checkbox"/> Clinic <input type="checkbox"/> Skype		
Date of initial contact with employee:		
Initial contact made by:		
<input type="checkbox"/> Date & Time of interview: <input type="checkbox"/> Employee refused to discuss test result, declined interview with MRO		
2. Medication History		
* Attach copy of test prescribed medicine * Attach copy of declaration form for correlation		
<input type="checkbox"/> Prescribed medicine (Type, dose, last ingestion, prescription attached) <input type="checkbox"/> Over-the-counter medicine (Type, reason of taking it, dose, time of ingestion) <input type="checkbox"/> Medical or dental procedure (Time performed, drugs given) <input type="checkbox"/> Food ingestion (type, quantity, time of ingestion)		
Medication History:		
<input type="checkbox"/> Compatible with flying duties <input type="checkbox"/> AME informed about it <input type="checkbox"/> Incompatible with flying duties <input type="checkbox"/> AME was not informed		

SECTION:	LICENSING AEROMEDICAL FORMS		 LIF-MED-040
TITLE:	MRO EVALUATION FORM		
3. Any other relevant information			
4. Date test of split specimen ordered (if applicable):			
Result and date received:			
Date employee notified of verified result:		Time:	
Date employer notified of verified result:		Time:	
5. Medical examination conducted (if applicable)			
* Attach copy of test medical examination report			
Date medical examination conducted: Time: Examining physician's name: Address: Telephone:			
6. Conclusion of MRO interview			
General comments			


SECTION:	LICENSING AEROMEDICAL FORMS	 LIF-MED-040
TITLE:	MRO EVALUATION FORM	
Verification decision: <input type="checkbox"/> Verified Negative <input type="checkbox"/> Verified Positive (specify drug) <input type="checkbox"/> Test Cancelled (reason for test cancellation)		
Date CAA notified of verified result:		

MRO – EMPLOYEE INTERVIEW Guidelines

- If the employee is taking medication or declare on the form before testing that he had taken any medication, please inform him before the interview to obtain the documentation listed below for the purpose of completion of the interview:
 - Document showing all alternative non-banned medication has been tried.
 - A letter from his/her Doctor stating the need for the use of the medication.
 - What the diagnosis is and how it was reached - include test results.
 - What the course of treatment is.
 - The employee medical history.
 - A copy of the prescription showing dosage and frequency of use.
- Identify yourself as a physician serving as the Medical Review Officer (MRO) for (Employer), with the duty of receiving and reviewing drug test results. Clearly state that you have been designated the MRO for (Employer's) drug testing program.
- Establish identity of the employee (i.e. full name, employee identification number/License, date of birth).
- Inform employee that medical information discussed during the interview is confidential, and may only be disclosed under very special circumstances. Identify those circumstances.
- If the employee holds a CAA medical certificate, advise the employee that information regarding drug test results and information supplied by the employee will be provided to the CAA as required by appropriate regulation.
- Tell the employee you are calling about the specific drug test he/she underwent on the specific date and at the specific location. Inform the employee for what drug(s) the specimen tested is positive.
- Briefly explain the testing process, discussing screening and confirmation testing, and laboratory reporting.
- If the employee requests the quantitative levels of the confirmed results, provide them if available. If the quantitative levels are not available, the MRO should request them; however, the MRO should not delay the verification decision pending receipt of the quantitative data.
- Ask for recent medical history, when appropriate.
- Prescription drugs.

- Over-the-counter drugs.
- Medical or dental procedures.
- Food ingestion.
- Request the employee to provide medical records or documentation of prescription for controlled substance when appropriate. Set a specific deadline for receipt of the medical records.
- Request the employee to undergo a medical examination or evaluation, when appropriate. Arrange for medical evaluation.
- Notify the employee that he or she may request a split specimen test, and explain this process. Provide information about payment for this test in accordance with employer's policy, if appropriate. Tell the employee that a split specimen test will not delay verification of the initial test result.
- If the verification process is complete, inform the employee that the appropriate employer official will be notified.
- Offer to answer any further questions.
- Give your name and telephone number in case the employee has any further questions.


10. APPENDIX E – AVIATION MEDICAL EXAMINERS (AMEs) DECLARATION OF NO CONFLICT OF INTEREST FORM

	<p align="center">OMAN CIVIL AVIATION AUTHORITY</p> <p align="center">AVIATION MEDICAL EXAMINERS (AMEs) DECLARATION OF NO CONFLICT OF INTEREST FORM</p>
<p>The Oman Civil Aviation Authority (CAA), require that Aviation Medical Examiners (AMEs) designated by the Authority clearly state their position on important subjects like equality, ethics, contracts, conflict of interest and duty of care in line with CAR FCL-3.130 (c) and CAR FCL-3.145.</p> <p>I, with AME No: , hereby make this declaration of No Conflict of Interest in the discharge of my duties as an Aviation Medical Examiner (AME) to the Oman CAA.</p> <p>I promise to abide by the code of ethics of the Medical Profession, and provisions of CAR FCL-3.130(c) and CAR FCL-3.145 in the discharge of my duties as an Aviation Medical Examiner (AME).</p>	
AME NAME:	
AME NUMBER	
AME ADDRESS:	
SIGNATURE	
DATE	

Form No: PELO 631

Rev. 00

11. APPENDIX F – MEDICAL CONFIDENTIALITY STATEMENT

	OMAN CIVIL AVIATION AUTHORITY MEDICAL CONFIDENTIALITY STATEMENT		
<p>The Oman Civil Aviation Authority requires that non - medical staff of CAA Aeromedical Department and Aviation Medical Examiner's (AMEs) maintain the highest level of medical confidentiality as contained in CAR FCL-3.133 with respect to the medical information of Aircrew and Air Traffic Controllers that they may become acquainted with in the discharge of their duties.</p>			
<p>I _____ Understand that in the course of my duties, I may have access to medical records of Aircrew and ATCO applicants/License holders, I do hereby undertake to hold all information known to me with the highest degree of medical confidentiality.</p> <p>I shall indemnify the CAA in the event of a breach of this undertaking.</p>			
<p>Name: _____</p> <p>Organization: _____</p> <p>Signature: _____ Date: _____</p>			
<u>WITNESS</u>			
<p>Name: _____</p> <p>Organization: _____</p> <p>Signature: _____ Date: _____</p>			
PELO 630	MEDICAL CONFIDENTIALITY STATEMENT	15 th July 2023	Rev. 01