



**Notice of Proposed Rule Making
NPRM 18-13
08 November 2018**

**Part 67
Medical Standards and Certification**

**Docket 18/CAR/67/05
2018 Rules Review**

Proposed Rule Applicable 8th November 2018

Background to the Civil Aviation Rules

The Civil Aviation Rules establish the minimum regulatory safety boundary for participants to gain entry into, operate within, and exit the Papua New Guinea civil aviation system. The Rules are structured in a manner similar to the Civil Aviation Rules of New Zealand and the Federal Aviation Regulations of the USA. Where practicable the Rules also align with the International Civil Aviation Organization Annexes and the regulatory code of the Civil Aviation Safety Authority of Australia.

Rules are divided into Parts and each Part contains a series of individual rules that relate to a particular aviation activity. Advisory Circulars accompany many rule Parts and contain information about standards, practices and procedures that the Director has established to be an Acceptable Means of Compliance (AMC) with the associated rule. An Advisory Circular may also contain guidance material (GM) to facilitate compliance with the rule requirements.

The objective of the Civil Aviation Rules system is to strike a balance of responsibility between, on the one hand, the State and regulatory authority (CASA) and, on the other hand, those who provide services and exercise privileges in the civil aviation system. This balance must enable the State and regulatory authority to set standards for, and monitor performance of, aviation participants while providing the maximum flexibility for the participants to develop their own means of compliance within the safety boundary.

Section 45 of the Civil Aviation Act 2000 prescribes general requirements for participants in the civil aviation system and requires, among other things, participants to carry out their activities safely and in accordance with the relevant prescribed safety standards and practices.

Section 69 of the Act allows the Minister to make ordinary rules for any of the following purposes:

- (a) The implementation of Papua New Guinea's obligations under the Convention;
- (b) To provide for a safe, sustainable, effective and efficient aviation services;
- (c) The provision of aviation meteorological services, search and rescue services and civil aviation security programmes and services;
- (d) Assisting aviation safety and security, including but not limited to personal security;
- (e) Assisting economic development;
- (f) Improving access and mobility;
- (g) Protecting and promoting public health;
- (h) Ensuring environmental sustainability; and
- (i) Any matter related or reasonably incidental to any of the following:
 - (1) The Minister's functions and role under section 8 of the Act;
 - (2) The Authority's general objects and functions under section 11 of the Act;
 - (3) The Authority's functions in relation to safety under section 12 of the Act; and
 - (4) The Director's functions and powers under section of 17 the Act
 - (5) The Director's powers under section 52A, 53 and 54 of the Act
- (j) Any other matter contemplated by any provision of the Act.

Contents

1. Purpose of this NPRM	4
2. Background to the Proposal	4
General Summary	4
NPRM Development	4
Key Stakeholders	5
3. Issues Addressed during Development	5
Consequential Amendments	5
Exemptions	5
ICAO SARPS and Level of Risk to Papua New Guinea Aviation Safety	5
Compliance Costs	5
Summary of Changes	5
4. Legislative Analysis	6
Power to Make Rules	6
Matters to be taken into account	7
5. Submissions on the NPRM	8
Submissions are invited	8
Examination of Submissions	8
Disclosure	8
How to make a submission	9
Final date for submissions	9
Availability of the NPRM:	9
Further information	9
Proposed Rule Amendments	10

1. Purpose of this NPRM

The purpose of this Notice of Proposed Rulemaking (NPRM) is to put forward for consideration the proposed amendments to Civil Aviation Rule (CAR) Part 67.

2. Background to the Proposal

2.1 General Summary

The last major amendment to Part 67 was amendment 1, dated 1 May 2016. This amendment is to align the rule with ICAO Annex 1 requirements, summarised as follows:

- Amend 67.55(b)(3) to replace the word “undertaking” with the word “declaration” to conform with ICAO Annex 1 paragraph 1.2.4.6.
- Amend 67.61(b)(1) to ensure that the period of validity of the medical certificate begins on the day the medical examination is performed and not on the date of issue.
- Amend 67.105(l) to ensure that the routine audiometry test performed to align with ICAO standards for Class 1 medicals.
- Amend 67.107(n) to ensure that the electrocardiography initial and recertification intervals align with ICAO standards for Class 2 medicals.
- Amend 67.157 to insert a new paragraph (d) for the duration of an aviation medical examiner certificate.
- Amend 67.157(b)(2) and 67.157(b)(3) to mandate requirements for continuation training for designated aviation medical examiners.
- Minor editorial amendment to 67.03(a).

2.2 NPRM Development

The ICAO audit team reviewed Part 67 and highlighted the following gaps in our current rule resulting in the proposed rule amendments in this NPRM:

- Update the rule to comply with the wording in ICAO Annex 1 paragraph 1.2.4.6.
- Update the rule to reflect the validity of DAME instrument of appointment for a period of up to 36 months. Currently this duration is not explicitly stated in the rule.
- Update the requirements for all designated aviation medical examiners to attend at least one refresher training in aviation medicine at intervals not exceeding 24 months.
- Update the requirements for all designated aviation medical examiners to attend at least one DAME workshop at intervals not exceeding 24 months.

As a signatory to the convention on international civil aviation, Papua New Guinea is committed to aligning its regulations to ICAO SARPS, where practicable. Therefore, international operations will need to remain consistent with the requirements of ICAO Annex 1.

This amendment does not impose any additional cost on operators.

2.3 Key Stakeholders

The Civil Aviation Safety Authority identifies the following as key stakeholders for the proposed rule amendments contained in this NPRM:

- The Civil Aviation Safety Authority
- The Minister for Transport
- The Ministry for Transport
- The Minister for Civil Aviation
- Aircraft operators

3. Issues Addressed during Development

The only issues addressed during the development of this NPRM is to include the requirements in the amendment to give clarity in identifying the persons or persons certifying release to service following maintenance on an aircraft component which are considered necessary for the continuing airworthiness and maintenance requirements of aircraft.

3.1 Consequential Amendments

There are no other consequential amendments in other Rule Parts.

3.2 Exemptions

There are no current Exemptions against this Rule Part.

3.3 ICAO SARPS and Level of Risk to Papua New Guinea Aviation Safety

The proposed rule amendments are intended to align, where practicable, with the SARPs contained in ICAO Annexes and are written in consultation with the following Annexes:

- Annex 1 – Personnel Licensing

This proposed rule amendment incorporates requirements for all designated aviation medical examiners to maintain a standard minimum content prescribed by ICAO.

3.4 Compliance Costs

The proposed amendments do not require aircraft operators and maintenance organisation to install new or additional equipment or component to the aircraft. Therefore, the proposal does not impose any compliance costs and has the potential to reduce costs in the future.

4. Summary of changes

Refer to paragraph 2.1 and 2.2 above for details.

5. Legislative Analysis

5.1 Power to Make Rules

The Minister may make ordinary rules under sections 69, 70, 71 and 72 of the Civil Aviation Act 2000, for various purposes including implementing Papua New Guinea's obligations under the Convention, assisting aviation safety and security, and any matter contemplated under the Act.

These proposed rules are made pursuant to:

- (a) Section 69(1)(a) which allows the Minister to make rules for the purpose of the implementation of Papua New Guinea's obligations under the Convention:
- (b) Section 69(b) which allows the Minister to make rules for the purpose of assisting aviation safety and security, including (but not limited to) personal security:
- (c) Section 69(5) which allows the Minister to make rules that provide for matters to be determined or approved by the Authority, the Director, or any other person or empower the Authority, the Director or any other person to impose requirements, or conditions on the performance of any activity including but not limited to procedures to be followed:
- (d) Section 70(c) which allows the Minister to make rules providing for general operating rules, air traffic rules, and flight rules, including but not limited to the following:
 - (1) the conditions under which aircraft may be used or operated, or under which any act may be performed in or from an aircraft:
 - (2) the prevention of aircraft endangering persons or property.
- (e) Section 72(a) which allows the Minister to make rules for the designation, classification, and certification of all or any of the following:
 - (1) aircraft:
 - (2) aircraft pilots:
 - (3) flight crew members:
 - (4) air traffic service personnel:
 - (5) aviation security service personnel:
 - (6) aircraft maintenance personnel:
 - (7) aviation examiners or medical examiners:
 - (8) air services:
 - (9) air traffic services:
 - (10) aerodromes and aerodrome operators:
 - (11) aeronautical navigation service providers:

- (12) aviation training organisations:
 - (13) aircraft design, manufacture, and maintenance organisations:
 - (14) aeronautical procedures:
 - (15) aviation security services:
 - (16) aviation meteorological services:
 - (17) aeronautical communication services:
 - (18) any other person who provides services in the civil aviation system, and any aircraft, aeronautical products, aviation related services, facilities, and equipment operated in support of the civil aviation system, or classes of such persons, aircraft, aeronautical products, aviation related services, facilities, and equipment operated in support of the civil aviation system:
- (f) Section 70(b) which allows the Minister to make rules for the setting of standards, specifications, restrictions, and licensing requirements for all or any of those persons or things specified in paragraph 70(a) including the specifications of standards of design, construction, manufacture, processing, testing, supply, approval, and identification of aircraft and aeronautical products:
 - (g) Section 70(c) which allows the Minister to make rules setting the conditions of operation of foreign aircraft and international flights to, from, or within Papua New Guinea:
 - (h) Section 70(d) which allows the Minister to make rules for the definitions, abbreviations, and units of measurement to apply within the civil aviation system.

The proposed amendment of Part 43 complies with the requirements of the Civil Aviation Act and does not contravene the Constitution, the Aerodrome (Business Concession) Act, Civil Aviation (Aircraft Operator Liability) Act, Aircraft Charges Act, Airport Departure Tax Act, the Explosive Act, Firearms Act, Customs Act, Plant and Disease Control Act and the Environmental Act.

The proposed Rule has been checked for language and compliance with the legal conventions of Papua New Guinea.

5.2 Matters to be taken into account

The development of this NPRM and the proposed rule changes take into account the matters under section 75 of the Act that the Minister must take into account when making ordinary rules including the following:

5.2.1 ICAO Standards and Recommended Practices

The proposed rule amendments comply with applicable sections of the following International Civil Aviation Organization (ICAO) Annexes:

- Annex 1 – *Personnel Licensing*

5.2.2 Assisting Economic Development

The proposed rule amendments will have no detrimental impact on economic development, and in some cases will reduce costs incurred by the aviation industry.

5.2.3 Assisting Safety and Personal Security

The proposed rule amendments will maintain safety levels in respect to identifying the person or persons certifying release to service of an aircraft or aircraft component.

5.2.4 Improving Access and Mobility

The proposed rule amendments will have no impact on access and mobility.

5.2.5 Protecting and Promoting Public Health

The proposed rule amendments will have no impact on protecting and promoting public health.

5.2.6 Ensuring Environmental Sustainability

The proposed rule amendments will have no impact on environmental sustainability.

6. Submissions on the NPRM

6.1 Submissions are invited

Interested persons are invited to participate in the making of the proposed rules by submitting written data, views, or comments. All submissions will be considered before final action on the proposed rulemaking is taken. If there is a need to make any significant change to the rule requirements in this proposal as a result of the submissions received, then interested persons may be invited to make further submissions.

6.2 Examination of Submissions

All submissions will be available in the rules docket for examination by interested persons both before and after the closing date for submissions. A consultation summary will be published on the CAA web site and provided to each person who submits a written submission on this NPRM. Submissions may be examined by application to the Docket Clerk at the Civil Aviation Safety Authority Headquarter Building 1, Level 1, Morea Tobo Road, Six Mile, NCD Port Moresby between 8:30 am and 3:30 pm on weekdays, except statutory holidays.

6.3 Disclosure

Submitters should note that any information attached to submissions will become part of the docket file and will be available to the public for examination at the CASA office.

Submitters should state clearly if there is any information in their submission that is commercially sensitive or for some other reason the submitter does not want the information to be released to other interested parties.

7. How to make a submission

Submissions may be sent by the following methods:

by Mail: Docket Clerk (NPRM 18-13)
Civil Aviation Safety Authority
PO Box 1941
BOROKO
National Capital District

delivered: Docket Clerk (NPRM 18-13)
Civil Aviation Safety Authority
Morea-Tobo Road
Six Mile, Jacksons Airport
Port Moresby NCD

by Fax: Docket Clerk (NPRM 18-13)
3251789 / 325 1919

by Email: Docket Clerk (NPRM 18-13)
rules@casapng.gov.pg

7.1 Final date for submissions

Comments must be received before **3.30pm, Friday, 28th September 2018.**

7.2 Availability of the NPRM

Any person may obtain a copy of this NPRM from-

CASA web site: www.casapng.gov.pg

or at a cost from

Docket Clerk
Civil Aviation Safety Authority Headquarter
Building 1, Level 1
Morea-Tobo Road
Six Mile, Jacksons Airport
Port Moresby NCD

7.3 Further information

For further information contact:

Amanda Nambau (Ms)
Manager – Legal Services
CASA PNG
anambau@casapng.gov.pg

Ph: 325 7320

Mob: 70316205

Subpart A — General

67.01 Purpose

This Part prescribes rules concerning-

- (1) the issue and holding of medical certificates required by flight crew and air traffic controllers;
- (2) the medical standards for a medical certificate; and
- (3) the certification and operating requirements of medical examiners; and
- (4) the requirements for determining suitably qualified medical examiners under section 64O of the Act.

67.03 Definitions and abbreviations

(a) In this Part:

A medical condition is of **aeromedical significance** if, having regard to any relevant general direction, it interferes or is likely to interfere with the safe exercise of the privileges or the safe performance of the duties to which the relevant medical certificate relates.

Aviation Medical Transitional Criteria Notice means the notice issued by the Minister under section 64Q of the Act, as amended.

Cardiac pacemaker includes automatic implantable cardiac defibrillator

Director means the person who is for the time being the Director of Civil Aviation appointed under Section 37 of the Act:

Indemnified act means any of the following acts:

- (1) Advising the Director that a person does not meet a relevant medical standard:
- (2) Expressing to the Director, whether in writing or otherwise, an opinion that a person whom the practitioner has examined or treated may not be competent or medically fit to undertake a duty or exercise the privileges of the licence the person holds or has applied for because of:
 - (i) illness or bodily or mental infirmity, defect or incapacity suffered by the person; or
 - (ii) the effect on the person of treatment for any illness, infirmity, defect or incapacity;
- (3) Stating to the Director, whether in writing or otherwise:
 - (i) the nature of a person's illness, infirmity, defect or incapacity; or
 - (ii) the effect on the person of treatment for any illness, infirmity, defect or incapacity.

Licence holder means a person who-

- (1) holds an aviation document or is a pilot; and

- (2) holds, or is required under the rules to hold, a medical certificate.

Medical assessment report means the report of the Director under 67.67(b)

Medically condition includes

- (1) any of the following:
- (i) any illness or injury:
 - (ii) any bodily infirmity, defect or incapacity:
 - (iii) any mental infirmity, defect or incapacity:
 - (iv) any sequela of an illness, injury, infirmity, defect or incapacity stated in (a), (b) or (c):
- (2) any abnormal psychological state or behavioural or cognitive disorder; and
- (3) drug addiction and drug dependence; and
- (4) for female, pregnancy and the physiological and psychological consequences of pregnancy or of termination of pregnancy.

Medical Manual means the medical manual issued by the Director and includes any incorporated general direction issued by the Director under section 64G of the Act.

Psychoactive substances mean alcohol, opioids, cannabinoids, sedatives and hypnotics, cocaine, other psychostimulants, hallucinogens, and volatile solvents, but excludes coffee and tobacco.

- (b) To avoid doubt, a medical condition that causes or is likely to cause incapacitation, sudden or otherwise, is a medical condition of **aeromedical significance**.

67.4 Exemptions

- (a) The Director may not grant an exemption from a requirement in Subpart D.
- (b) To avoid doubt, paragraph (a) does not affect the power of the Director to rely on flexibility to issue a medical certificate to an applicant under section 64(2) of the Act.

Subpart B — Medical Certification

67.51 Purpose

This Subpart prescribes rules concerning-

- (a) the forms and information required when-
- (1) applying for a medical certificate; and
 - (2) assessing an application for a medical certificate; and
- (b) the classification, effective date and duration of a medical certificate; and

(c) the requirements and criteria for determining medical experts acceptable to the Director for the purpose of reaching an accredited medical conclusion.

67.53 Classification of medical certificates

The Director may issue the following classes of medical certificate under the Act:

- (1) class 1;
- (2) class 2;
- (3) class 3;

67.55 Application

(a) An applicant for issue of a medical certificate must complete form CAA 67/02 and submit it to the Designated Medical Examiner.

(b) An applicant for issue of a medical certificate must—

- (1) produce one of the following documents as evidence of his or her identity;
 - (i) a current PNG or foreign passport;
 - (ii) a current PNG Driver Licence;
 - (iii) an equivalent form of photographic identification that is acceptable to the Director; and
- (2) where applicable, produce for inspection,
 - (i) the licence that the applicant holds for which the medical certificate is required; and
 - (ii) the date, place and results of the most recent medical assessment; and
 - (iii) the most recent medical certificate held by the applicant; and
- (3) provide a written ~~undertaking~~ declaration that—
 - (i) shall indicate to the medical examiner whether a medical assessment has previously been refused, suspended or revoked and if so, the reason for such refusal, suspension or revocation; and
 - (ii) the information to be provided at the time of the medical examination or examinations for the issue of the medical certificate will be correct to the best of their knowledge; and
 - (iii) they will not withhold any relevant information; and
- (4) disclose or authorise the disclosure to the Director and the medical examiner of any information relating to the applicant's medical condition or history, including information concerning any conviction for an offence involving the possession or use of

drugs or alcohol that the Director may reasonably require under section 64D(2) of the Act to determine whether the applicant satisfies the standards for a medical certificate.

- (c) The requirements of paragraph (b) must be complied with before the Designated Aviation Medical Examiner undertakes the requested examination.
- (d) Any false undertaking provided to the medical examiner in paragraph (b) shall be reported to the Director and the licensing Authority of the foreign issuing State Authority.

67.57 Medical examination

- (a) An applicant for a medical certificate must—
 - (1) undergo examination by a Designated Aviation Medical Examiner to establish that the applicant meets the relevant medical standard prescribed in Subpart C; and
 - (2) undergo any further examination or assessment required by the Director under section 64B(5)(b); and
 - (3) answer every question asked by an examiner or assessor considered necessary by that person to determine whether or not the applicant meets the prescribed standard.
- (b) If the Director has reason to believe that a person who holds, or has applied for, a medical certificate has a condition that may endanger safety, the Director may require that person to submit to an appropriate examination or test by a person expert in the condition.

67.59 Issue of medical certificate

- (a) Applicants who comply with the requirements of this Part and are found to meet the applicable medical standards are entitled to a medical certificate.
- (b) Any restriction or condition necessary in the interests of safety may be endorsed on any medical certificate issued under this Part.
- (c) A medical certificate may be endorsed with a condition that extension of validity or renewal shall only be granted by the Director.
- (d) Issue of a new medical certificate renders any current certificate invalid.

67.61 Effective date and duration of medical certificate

- (a) Subject to paragraph (d), the Director may issue -
 - (1) a class 1 medical certificate for a period of up to-
 - (i) 6 months, for single pilot air operations carrying passengers if the applicant is 40 years of age or more on the date that medical certificate is issued; or
 - (ii) 6 months, if the applicant is over 60 years of age on the date that the medical certificate is issued; or
 - (iii) 12 months, in all other cases;
 - (2) a class 2 medical certificate for a periods up to-

- (i) 60 months, if the applicant is less than 40 years of age on the date that the medical certificate is issued; or
- (ii) 24 months, if the applicant is over 40 years of age on the date that the medical certificate is issued;
- (3) a class 3 medical certificate for a period-
 - (i) 48 months, if the applicant is less than 40 years of age on the date that the medical certificate is issued; or
 - (ii) 24 months, where the applicant is over 40 years of age on the date that the medical certificate is issued;
- (b) A medical certificate issued under paragraph (a)-
 - (1) takes effect on the date ~~it is issued~~ the medical examination is performed; and
 - (2) remains in force for as long as it is current, unless-
 - (i) it is withdrawn under section 64H(2) of the Act; or
 - (ii) a subsequent or replacement medical certificate is issued to the holder.
- (c) The validity period entered on a medical certificate shall be the period prescribed in paragraph (a) after:
 - (1) for initial issue and renewal of an expired certificate, the date on which the applicant was determined by examination and otherwise to comply in all respects with the relevant medical standard; or
 - (2) for renewal of a certificate which has not expired, either—
 - (i) the date of expiry of the current certificate if the examination is conducted within 28 days prior to the date on which the current certificate is due to expire; or
 - (ii) the date on which the examination is conducted if that occurs earlier than 28 days before the current certificate is due to expire.

67.63 Extension of period

- (a) Where the holder of a current medical certificate is operating in an area distant from a Designated Aviation Medical Assessor, that person may apply in writing for an extension of the period of validity stated on the certificate.
- (b) The application provided for in paragraph (a) must be submitted—
 - (i) to the Director if the certificate is subject to a condition that its validity can only be extended by the Director; or
 - (ii) a Designated Aviation Medical Examiner— andbe accompanied by a report from a medical physician.
- (c) The person assessing the application for extension must be satisfied that extension of the validity

period will not affect safety.

- (d) A medical certificate may be extended for a period of up to 45 days as required under section 64E of the Act. —
- (e) The period of extension shall be entered on the certificate.

67.65 Refusal to issue certificate

Where a Designated Aviation Medical Examiner determines that an applicant is not eligible for a medical certificate, the applicant must be advised of the refusal in writing and given the reasons why the certificate was not issued, including medical standards not met.

67.67 Requirements for preparing an examination report

For the purposes of completing a report under section 64D(1) of the Act, a medical examiner-

- (1) must-
 - (i) carry out a general medical examination of the applicant, having regard to the medical standards prescribed for the medical certificate applied for and any relevant general direction; and
 - (ii) complete the appropriate form specified in the general directions; and
 - (iii) submit a signed medical examination report to the Director, detailing the results of the examination and evaluating the findings with regards to medical fitness; and
 - (iv) submit the medical report to the Director, detailing adequate identification of the medical examiner if the submission is in electronic format; and
- (2) may not rely upon the results of any test, examination, or re-examination required under the Act for a period of more than 90 days from the date of the test, examination, or re-examination, unless any general direction provides otherwise.

67.69 Special medical assessment

- (a) Where a Designated Aviation Medical Examiner determines that an applicant is not eligible for a medical certificate, or imposes conditions not acceptable to the applicant, that person may seek a special medical assessment from the Principal Medical Officer.
- (b) An application for special medical assessment must be submitted to the Principal Medical Officer on form CAA 67/03 within 21 days of the applicant receiving notification that issue of a certificate has been refused or conditions have been imposed.
- (c) The Principal Medical Officer may conduct a special assessment of an applicant's fitness and may determine that an exemption from one or more applicable medical standards may be safely permitted.
- (d) Where the Principal Medical Officer denies an exemption to an applicant, that person shall not subsequently request a Designated Aviation Medical Examiner to issue him or her a medical certificate.
- (e) Where an applicant—

- (1) is denied an exemption under paragraph (d); or
- (2) is granted an exemption with any restrictions or conditions—

that applicant may require the Director of Civil Aviation to review any such denial, restrictions, or conditions.

67.71 Medical Assessment Reports

(a) Foreign medical reports, medical assessments or medical certificates issued by another Contracting State may be recognised by the Director for the purpose of validating an overseas licence or issuing a flight crew or an air traffic controller licence in Papua New Guinea.

(b) The Director shall-

- (1) record an assessment of an application for a medical certificate, including details of medical conditions considered and, if a medical certificate is issued, the surveillance requirements and endorsements imposed on the medical certificate, in a medical assessment report; and
- (2) provide a copy to the applicant.

67.73 Validity of reports and records

For the purpose of issue of a medical certificate, records of medical examinations shall begin on the day the medical examination was performed and be valid—

- (1) in the case of general and specialist examination reports – for a period not exceeding 42 days;
- (2) in the case of electrocardiograms, audiograms, or x-ray reports – for a period not exceeding 90 days.

67.75 Accredited medical conclusions

Before determining that a medical expert is acceptable for the purpose of reaching an AMC, the Director must be satisfied that-

- (1) the medical expert is a medical practitioner; and
- (2) the medical expert is suitably qualified and experienced in,-
 - (i) aviation medicine; or
 - (ii) if the Director considers it necessary in a particular case, a branch of medicine that is relevant to the AMC.

67.77 Replacement of medical certificates

(a) A person who holds a medical certificate may apply in writing to the Director for a replacement certificate, if the certificate is-

- (1) lost, stolen, or destroyed; or
- (2) so damaged that the details on the certificate are no longer legible.

- (b) An applicant for a replacement certificate must submit to the Director payment of the appropriate application fee prescribed by regulations made under the Act with-
- (1) a statutory declaration that his or her medical certificate has been lost, stolen or destroyed;
or
 - (2) the damaged certificate.

67.79 Medical Manual

The Director must issue a medical manual that incorporates any general direction issued under section 64G of the Act and that may include information relevant to the consideration of applications for medical certificates, including information and advisory material concerning clinical, administrative and legislative matters.

67.81 Medical confidentiality

- (a) Subject to paragraphs (b) and (c), all information provided by or on behalf of an applicant for a medical certificate, which is personal medical information, shall be confidential to the applicant and shall be used only in respect of the medical certificate.
- (b) Subject to paragraph (c), a Designated Aviation Medical Examiner shall ensure the protection of information referred to in paragraph (a), except that when medical information appears intentionally false or misleading, the Designated Aviation Medical Examiner shall release to the Director that information for appropriate investigation and action.
- (c) Nothing in this rule shall derogate from any provision of any other enactment or from any rule of law relating to the confidentiality of medical information.

Subpart C — Medical Standards

67.101 Purpose

This Subpart prescribes the medical standards for medical certificates.

67.103 General requirements

- (a) **Impairment or sudden incapacity:** Applicants must be free from any risk factor, disease or disability which renders them either unable, or likely to become suddenly unable, to perform assigned duties safely. These may include adverse effects from the treatment of any condition and effects of drugs or substances of abuse.
- (b) **Medical deficiency:** Applicants must be free from any of the following, that result in a degree of functional incapacity likely to interfere with the safe operation of an aircraft or with the safe performance of their duties:
- (1) congenital or acquired abnormality:
 - (2) active, latent, acute or chronic disability, disease or illness:
 - (3) wound, injury, or outcome of surgical procedure.

67.105 Class 1 medical certificate

(a) To be eligible for a Class 1 medical certificate an applicant must comply with 67.103 and paragraphs (b) to (n) of this rule.

Physical and mental standards

(b) Applicants must have no established medical history or clinical diagnosis of—

(1) **Psychiatric:** any of the following conditions that are of a severity which makes the applicant currently unable safely to use the licence, or makes it likely that within two years of the assessment the applicant will be unable safely to use the licence:

- (i) a psychosis, unless the psychosis was of toxic origin and there has been complete recovery:
- (ii) alcohol abuse or dependence (defined as an intake of alcohol great enough to damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning):
- (iii) drug dependence:
- (iv) character or behaviour disorder, severe enough to have resulted in an overt act:
- (v) mental abnormality or psychoneurosis of a significant degree:

Except that an applicant who has a history of alcohol abuse or dependence may apply for an exemption if the following circumstances exist:

- (i) the applicant has been under medical treatment for alcohol abuse and the medical practitioner concerned certifies that the applicant is free from the effects of alcohol abuse: and
 - (ii) the applicant provides the name of a sponsor who is prepared to certify that the applicant no longer takes alcohol in any form. Such a sponsor shall be a person acceptable to the Director for this purpose: and
 - (iii) the applicant signs an undertaking not to take alcohol while holding a current flight crew licence.
- (2) **Neurological:** any disease or abnormality of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe use of the licence or cause sudden incapacity or impairment. In particular, the following are not acceptable:
- (i) epileptic seizure:
 - (ii) any disturbance of consciousness without satisfactory medical explanation of the cause:
 - (iii) head injury or neurosurgical procedure.
- (3) **Musculoskeletal:** any active disease of the bones, joints, muscles, or tendons, or any

significant functional limitation from any previous congenital or acquired disease or injury. Functional abnormalities affecting the bones, joints, muscles, or tendons, compatible with the safe use of the certificate, may be assessed as fit, following an appropriate demonstration of ability via a flight test:

- (4) **Gastrointestinal:** any disease or abnormality, or result of disease or surgical procedure, affecting the digestive tract and its attachments, including the biliary system and hernial orifices, of a severity likely to cause obstruction, significant functional disorder or infection, or sudden incapacity:
- (5) **Respiratory:** any disease or abnormality, or result of disease or surgical procedure, affecting the lungs, mediastinum, pleura, chest wall or respiratory passages of a severity likely to cause infection, functional disorder or sudden incapacity at altitude. Radiographic examinations are required for the initial issue of a class 1 medical certificate:
- (6) **Cardiovascular:** any disease or abnormality, or result of disease or surgical procedure, which affects the heart or circulatory system and is of a severity likely to cause functional disorder or sudden incapacity. Evidence of myocardial ischaemia or infarction, or significant hypertension, shall be disqualifying unless acceptable and effective treatment has controlled any additional risk of functional disorder or sudden incapacity. Disorders of cardiac rhythm requiring a pacemaker shall be disqualifying. Applicants with evidence strongly suggestive of coronary artery disease, including the presence of excessive cardiovascular risk factors, shall be assessed as unfit unless normal myocardial perfusion can be demonstrated:
- (7) **Metabolic:** any metabolic, nutritional or endocrine disorders likely to interfere with the safe use of the licence, or to cause sudden incapacity. Proven cases of diabetes mellitus shown to be satisfactorily controlled without the use of any antidiabetic drug may be assessed as fit:
- (8) **Haematologic and immunological:** any active disease of the lymphatic system or of the blood. Those with chronic diseases of these systems in a state of remission may be assessed as fit, provided appropriate specialist reports permit accredited medical conclusion that the condition is not likely to affect the safe use of the licence. Applicants with any infectious diseases, the effects of which are likely to impede the safe use of the licence or cause sudden incapacity, shall be assessed as unfit until such time as effective and acceptable treatment removes such effects:
- (9) **Genitourinary:** Any disease or abnormality, or result of disease or surgical procedure, affecting the kidneys, urine, urinary tract, menstrual function or genital organs, to a degree likely to impede the safe use of the licence or cause sudden incapacity such that the applicant will be unable to safely use the licence.

Visual standards

- (c) **General:** an applicant must not have:
 - (1) any condition or congenital abnormality of either eye or its attachments likely to impede the safe use of the licence:
 - (2) any abnormality of visual fields or significant defect of binocular function:

- (3) any manifest squint, or large error of eye muscle balance (phoria). The acceptable limits for ocular muscle balance are 12 prism dioptres for exophoria, 6 dioptres for esophoria, and one dioptre for hyperphoria:
- (4) any anatomical or functional monocular vision or substandard vision in one eye at initial issue of a class 1 medical certificate. However, accredited medical conclusion may permit experienced licence holders who develop monocular vision or substandard vision to be granted a medical certificate with appropriate restrictions following a period sufficient to permit adjustment to this condition.

Monocular vision means that either an eye is absent, or its vision cannot be corrected to better than 6/60.

Substandard vision in one eye means central vision better than 6/60 but worse than 6/9, with normal visual fields.

For monocular vision, the appropriate minimum restrictions initially shall be as follows:

Endorsement	Condition
<i>Protective spectacles must be worn (and if flying open cockpit aircraft, protective goggles not restricting visual field must be worn).</i>	This shall remain as a permanent restriction
<i>Any accompanying pilot must be made aware of the holder's monocular vision.</i>	This shall remain as a permanent restriction
<i>Not valid for flight as pilot-in-command by day or night until a satisfactory flight test has been completed with a flight examiner in each case</i>	This restriction may be removed at subsequent assessment, according to the results of the flight test, or amended to the endorsement below
<i>Not valid for flight as pilot-in-command by night until a satisfactory flight test has been completed with a flight examiner</i>	This restriction may be removed at subsequent assessment, according to the results of the flight test

For substandard vision in one eye, the appropriate minimum restrictions shall be as follows:

Endorsement	Condition
<i>Any accompanying pilot must be made aware of the holder's substandard vision in one eye.</i>	This must remain as a permanent restriction
<i>Not valid for flight as pilot-in-command by night until a satisfactory flight test has been completed with a flight examiner</i>	This restriction may be removed at subsequent assessment, according to the results of the flight test

- (d) **Near and intermediate vision:** Applicants must be able to read N5 at a distance of 33 centimetres and N14 at a distance of 100 centimetres or have equivalent visual acuity for these distances (6/12, 20/40 at 33 cm; 6/24, 20/80 at 100 cm). An applicant who meets this standard only by use of spectacles may be granted a medical certificate provided this is endorsed with the limitation:

Half spectacles must be readily available.

This means that these spectacles must be available for immediate use when using the licence. This limitation may be satisfied by the availability of appropriate bifocal or trifocal spectacles which permit the reading of instruments and a chart or manual held in one hand, without impeding the use of distance vision through the windscreen when wearing the spectacles. Single-vision near correction (full lenses of one power only, appropriate to reading) are not acceptable, since wearing these significantly reduces distance visual acuity.

- (e) **Distance vision:** Applicants must have a distance visual acuity of not worse than 6/9 or its equivalent (20/30, 0.66) in each eye separately, with or without correcting lenses. When this standard can be met only by the use of correcting lenses, an applicant may be granted a medical certificate provided this is endorsed with the limitation:

Correcting lenses must be worn for distance vision.

An applicant with uncorrected distance visual acuity of 6/36 or its equivalent (20/120, 0.12) or worse in either eye shall also be subject to the limitation endorsed on the medical certificate:

Spare spectacles must be readily available.

In such cases the visual acuity, with and without correction, must be recorded at each re-examination.

- (f) **Combined distance and near vision correction:** Applicants requiring distance vision correction must have a near point of accommodation not greater than 33 centimetres, as measured while wearing the required distance vision correcting lenses. Suitable correction for near and intermediate range vision may be necessary in addition to distance vision correction. Applicants who are to be required to wear spectacles for combined near and distance vision defect must be issued a medical certificate bearing the endorsement:

Bifocal spectacles must be worn.

or

Trifocal spectacles must be worn.

Where relevant, the following endorsement may be used:

Trifocal spectacles must be worn (progressive focus lenses permitted).

Applicants authorised to wear contact lenses and in addition needing near vision correction shall, instead of the provisions of paragraph (g), be issued a Medical Certificate bearing the following endorsements:

Half spectacles must be readily available. and

Spare bifocal spectacles must be readily available.

except that when the correcting power of such contact lenses exceeds the dioptré limits specified in paragraph (h), certification shall only be under special medical assessment by the Principal Medical Officer.

- (g) **Contact lenses:** Accredited medical conclusion may permit acceptance of contact lenses where only distance vision correction is needed to meet this standard. The minimum endorsement on the medical certificate shall be:

Correcting lenses must be worn for distance vision (contact lenses permitted, provided distance spectacles are readily available).

Other appropriate endorsements may be required as provided in paragraph (f) where not only distance vision correction is needed.

- (h) **Dioptré limits:** A need for correcting lenses for either eye within the range of plus or minus 3 dioptrés (spherical equivalent) may be accepted, provided that the distance visual acuity without correction is not worse than 6/60 or its equivalent (20/200, 0.1) in each eye separately. Spectacle lenses outside this range are not acceptable, but accredited medical conclusion may permit an applicant using contact lenses to be assessed as fit on production of satisfactory specialist reports. The medical certificate will be endorsed:

Contact lenses must be worn.

and

Spare spectacles must be readily available.

but the use of such spare spectacles is permitted only in emergencies.

Colour perception standards

- (i) Applicants must demonstrate ability to perceive readily those colours the perception of which is necessary for the safe performance of duties. The use of tinted lenses to obtain adequate colour perception is not permitted.
- (j) A medical certificate may be issued if accredited medical conclusion indicates that the applicant has a minor colour perception defect which is compatible with safe use of the licence provided the certificate is endorsed with the following limitations:

Not valid for night flying.

Not valid for—

- (i) *flight in the vicinity of a controlled aerodrome (unless the aircraft is in radio contact with aerodrome control), or*
- (ii) *air operations.*

Such endorsements may be removed only after special medical assessment.

Ear, nose and throat and hearing standards

- (k) Applicants must have no established medical history or clinical diagnosis of the following—
- (1) any pathological process, acute or chronic, of the internal ear or middle ear cavities:
 - (2) any unhealed (unclosed) perforation of the tympanic membranes, except that an applicant with a single dry perforation may be eligible for a certificate if the defect does not prevent compliance with the hearing standards:
 - (3) any chronic or serious recurrent obstruction of the Eustachian tubes:
 - (4) any serious or recurrent disturbance of the vestibular system:
 - (5) any obstruction to free nasal air entry on both sides:
 - (6) any serious malformation, or serious acute or chronic condition of the buccal cavity or upper respiratory tract: or
 - (7) any speech defect likely to interfere with the safe performance of duties in using a licence.
- (l) Applicants must be free from any hearing defect which would interfere with the safe use of a licence. Routine audiometry ~~is required at intervals not exceeding four years~~ shall form part of the ear, nose and throat examination for the initial issue of a Class 1 medical certificate, and at recertification, every 5 years up to the age of 40 and every two years thereafter. Applicants must not have a hearing loss at 500, 1000, 1500 and 2000 Hz which exceeds 35 dB at each frequency, or at 3000 Hz which exceeds 50 dB, in each ear separately. Applicants failing to comply with this standard in either ear may be assessed fit if the hearing loss for both ears when averaged at each frequency does not exceed the stated limit, and the applicant achieves 90 percent or better discrimination when speech audiometry is tested.

Electrocardiographic standards

- (m) Electrocardiography shall form part of the cardiovascular examination for the initial issue of a Class 1 medical certificate, and at recertification at the following intervals:

Between the ages of 30 and 40 every two years, and annually thereafter.

Obstetrical standards

- (n) If pregnant, the pregnancy is not likely to interfere with the safe exercise of privileges or performance of duties under the licence held. Following confinement or termination of pregnancy, the applicant must be reassessed as fit to exercise the privileges of the licence held.

67.107 Class 2 medical certificate

- (a) To be eligible for a Class 2 medical certificate an applicant must comply with 67.103 and paragraphs (b) to (o) of this rule.

Physical and mental standards

- (b) Applicants must have no established medical history or clinical diagnosis of—

- (1) **Psychiatric:** any of the following conditions that are of a severity which makes the applicant currently unable safely to use the licence, or makes it likely that within 2 years of the assessment the applicant will be unable safely to use the licence:
 - (i) a psychosis, unless the psychosis was of toxic origin and there has been complete recovery:
 - (ii) alcohol abuse or dependence (defined as an intake of alcohol great enough to damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning):
 - (iii) drug dependence:
 - (iv) character or behaviour disorder, severe enough to have resulted in an overt act:
 - (v) mental abnormality or psychoneurosis of a significant degree:

Except that an applicant who has a history of alcohol abuse or dependence may apply for an exemption under 67.15 if the following circumstances exist:

- (i) the applicant has been under medical treatment for alcohol abuse and the medical practitioner concerned certifies that the applicant is free from the effects of alcohol abuse:
 - (ii) the applicant provides the name of a sponsor who is prepared to certify that the applicant no longer takes alcohol in any form. Such a sponsor shall be a person acceptable to the Director for this purpose:
 - (iii) the applicant signs an undertaking not to take alcohol while holding a current flight crew licence.
- (2) **Neurological:** any disease or abnormality of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe use of the licence or cause sudden incapacity or impairment. In particular, the following are not acceptable:
 - (i) epileptic seizure:
 - (ii) any disturbance of consciousness without satisfactory medical explanation of the cause:
 - (iii) head injury or neurosurgical procedure:
 - (3) **Musculoskeletal:** any active disease of the bones, joints, muscles, or tendons, or any significant functional limitation arising from previous congenital or acquired disease or injury. Functional abnormalities affecting the bones, joints, muscles, or tendons, compatible with the safe use of the certificate, may be assessed as fit, following an appropriate demonstration of ability via flight test:
 - (4) **Gastrointestinal:** any disease or abnormality or result of disease or surgical procedure affecting the digestive tract and its attachments, including the biliary system and hernial orifices, of a severity likely to cause obstruction, significant functional disorder or infection, or sudden incapacity:

- (5) **Respiratory:** any disease or abnormality, or result of disease or surgical procedure, affecting the lungs, mediastinum, pleura, chest wall or respiratory passages of a severity likely to cause infection, functional disorder or sudden incapacity at altitude.

Radiographic examinations may be required for some applicants for the initial issue of a Class 2 medical certificate:

- (6) **Cardiovascular:** any disease or abnormality, or result of disease or surgical procedure which affects the heart or circulatory system and is of a severity likely to cause functional disorder or sudden incapacity. Evidence of myocardial ischemia or infarction, or significant hypertension, shall be disqualifying unless acceptable and effective treatment has controlled any additional risk of functional disorder or sudden incapacity. Disorders of cardiac rhythm requiring a pacemaker shall be disqualifying. Applicants with evidence strongly suggestive of coronary artery disease, including the presence of cardiovascular risk factors, shall be assessed as unfit unless normal myocardial perfusion can be demonstrated:
- (7) **Metabolic:** any metabolic, nutritional or endocrine disorders likely to interfere with the safe use of the licence, or to cause sudden incapacity. Proven cases of diabetes mellitus shown to be satisfactorily controlled without the use of any antidiabetic drug may be assessed as fit. Cases of diabetes mellitus shown to be satisfactorily controlled by the use of approved oral antidiabetic drugs may be assessed as fit, provided that these drugs are administered under conditions which permit appropriate medical supervision and control compatible with the safe use of the licence. In such cases, the drugs used shall be compatible with the safe use of the licence:
- (8) **Haematologic and immunological:** any active disease of the lymphatic system or of the blood. Those with chronic diseases of these systems in a state of remission may be assessed as fit, provided appropriate specialist reports permit accredited medical conclusion that the condition is not likely to affect the safe use of the licence. Applicants with any infectious diseases, the effects of which are likely to cause functional impairment or sudden incapacity, shall be assessed as unfit until such time as effective and acceptable treatment removes such effects:
- (9) **Genitourinary:** any disease or abnormality, or result of disease or surgical procedure, affecting the kidneys, urine, urinary tract, menstrual function or genital organs, to a degree likely to cause functional impairment or sudden incapacity such that the applicant will be unable to safely use the licence.

Visual standards

- (c) **General:** An applicant must not have:
- (1) any condition or congenital abnormality of either eye or its attachments likely to impede the safe use of the licence:
 - (2) any abnormality of visual fields or binocular function:
 - (3) any manifest squint, or large errors of eye muscle balance (phoria). The acceptable limits for ocular muscle balance are 12 prism dioptres for exophoria, 6 dioptres for esophoria, and one dioptre for hyperphoria:
 - (4) any anatomical or functional monocular vision or substandard vision in one eye at the initial

issue of a class 2 medical certificate. However, accredited medical conclusion may permit experienced licence holders who develop monocular or substandard vision to be granted a medical certificate with appropriate restrictions following a period sufficient to permit adjustment to this condition.

Monocular means that either an eye is absent, or its vision cannot be corrected to better than 6/60.

Substandard vision in one eye means central vision better than 6/60 but worse than 6/12, with normal visual fields.

For monocular, the appropriate minimum restrictions initially shall be as follows:

Endorsement	Condition
<i>Protective spectacles must be worn (and if flying open cockpit aircraft, protective goggles not restricting visual field must be worn).</i>	This shall remain as a permanent restriction
<i>Any accompanying pilot must be made aware of the holder's monocular vision.</i>	This shall remain as a permanent restriction
<i>Not valid for flight as pilot-in-command by day or night until a satisfactory flight test has been completed with a flight examiner in each case</i>	This restriction may be removed at subsequent assessment, according to the results of the flight test, or amended to the endorsement below

Endorsement	Condition
<i>Not valid for flight as pilot-in-command by night until a satisfactory flight test has been completed with a flight examiner</i>	This restriction may be removed at subsequent assessment, according to the results of the flight test

For substandard vision in one eye, the appropriate minimum restrictions initially shall be as follows:

Endorsement	Condition
<i>Any accompanying pilot must be made aware of the holder's substandard vision in one eye.</i>	This must remain as a permanent restriction
<i>Not valid for flight as pilot-in-command by night until a satisfactory flight test has been completed with a flight examiner</i>	This restriction may be removed at subsequent assessment, according to the results of the flight test

- (d) **Near and intermediate vision:** Applicants must be able to read N5 at a distance of 33 centimetres and N14 at a distance of 100 centimetres or have equivalent visual acuity for these distances (6/12, 20/40 at 33 cm; 6/24, 20/80 at 100 cm). An applicant who meets this standard

only by use of spectacles may be granted a medical certificate provided this is endorsed with the limitation:

Half spectacles must be readily available.

This means that these must be available for immediate use when using the licence. This limitation may be satisfied by the availability of appropriate bifocal or trifocal spectacles which permit the reading of instruments and a chart or manual held in one hand, without impeding the use of distance vision through the windscreen when wearing the spectacles. Single vision near correction (full lenses of one power only, appropriate to reading) shall not be acceptable, since wearing these significantly reduces distance visual acuity.

- (e) **Distance vision:** Applicants must have distance visual acuity of not worse than 6/12 or its equivalent (20/40, 0.5) in each eye separately, with or without correcting lenses. When this standard can be met only by the use of correcting lenses, an applicant may be assessed as fit but the medical certificate shall bear the endorsement:

Spectacles (distance vision) must be worn.

An applicant with uncorrected distance visual acuity of 6/36 or its equivalent (20/120, 0.12) or worse in either eye shall also be subject to the limitation endorsed on the medical certificate:

Spare spectacles must be readily available.

In such cases the visual acuity, with and without correction, shall be recorded at each re-examination.

- (f) **Combined distance and near vision correction:** Applicants requiring distance vision correction must have a near point of accommodation not greater than 33 centimetres, as measured while wearing the required distance vision correcting lenses. Suitable correction for near and intermediate range vision may be necessary in addition to distance vision correction. Applicants who are to be required to wear spectacles for combined near and distance vision defect shall be issued a medical certificate bearing the endorsement:

Bifocal spectacles must be worn.

or

Trifocal spectacles must be worn.

Where relevant, the following endorsement may be used:

Trifocal spectacles must be worn (progressive focus lenses permitted).

Applicants authorised to wear contact lenses and in addition needing near vision correction shall, instead of the provisions of paragraph (g), be issued a Medical Certificate bearing the following endorsements:

Half spectacles must be readily available.

and

Spare bifocal spectacles must be readily available.

except that when the correcting power of such contact lenses exceeds the dioptré limits specified in paragraph (h), certification shall only be under special medical assessment by the Principal Medical Officer.

- (g) **Contact lenses:** Accredited medical conclusion may permit acceptance of contact lenses where only distance vision correction is needed to meet this standard. The minimum endorsement on the medical certificate shall be:

Correcting lenses must be worn for distance vision (contact lenses permitted, provided distance spectacles are readily available).

Other appropriate endorsements may also be required as provided in paragraph (f) where not only distance vision correction is needed.

- (h) **Dioptré limits:** A need for correcting lenses for either eye within the range of plus or minus 5 dioptrés (spherical equivalent) may be accepted, provided that the visual acuity without correction is not worse than 6/60 or its equivalent (20/200, 0.1) in each eye separately. Spectacle lenses outside this range are not acceptable, but accredited medical conclusion may permit an applicant using contact lenses to be assessed as fit on production of satisfactory specialist reports. The medical certificate will be endorsed:

Contact lenses must be worn.

and

Spare spectacles must be readily available.

but the use of such spare spectacles is permitted only in emergencies.

Colour perception standards

- (i) Applicants must demonstrate ability to perceive readily those colours the perception of which is necessary for the safe performance of duties. The use of tinted lenses to obtain adequate colour perception is not permitted.
- (j) A medical certificate may be issued if accredited medical conclusion indicates that the applicant has a minor colour perception defect which is compatible with safe use of the licence provided the certificate is endorsed with the following limitations:

Not valid for flight in the vicinity of a controlled aerodrome (unless the aircraft is in radio contact with aerodrome control).

Not valid for night flying.

Such endorsements may be removed only after special medical assessment.

Ear, nose and throat and hearing standards

- (k) Applicants must have no established medical history or clinical diagnosis of the following:
- (1) any pathological process, acute or chronic, of the internal ear or middle ear cavities:
 - (2) any unhealed (unclosed) perforation of the tympanic membranes, except that an applicant with a single dry perforation may be eligible for a certificate if the defect does not prevent

compliance with the hearing standards:

- (3) any chronic or serious recurrent obstruction of the Eustachian tubes:
 - (4) any serious or recurrent disturbance of the vestibular system:
 - (5) any obstruction to free nasal air entry on both sides:
 - (6) any serious malformation, or serious acute or chronic condition of the buccal cavity or upper respiratory tract:
 - (7) any speech defect likely to interfere with the safe performance of duties in using a licence.
- (l) Applicants must be free from any hearing defect which would interfere with the safe use of the licence. Applicants must be able to hear an average conversational voice in a quiet room using both ears at a distance of 2m from the examiner, and with the back turned to the examiner. Hearing aids are not acceptable. Applicants failing to meet this standard must be examined by an ear, nose and throat specialist or approved audiologist, in order to submit an audiogram recorded in a quiet room.
- (m) Pilots with a private pilot licence instrument rating must have routine audiometry at intervals not exceeding 5 years under the age of 40 and every 4 years over 40 years of age. Applicants must not have a hearing loss at 500, 1000, 1500 and 2000 Hz which exceeds 35 dB at each frequency, or at 3000 Hz which exceeds 50 dB, in each ear separately. Applicants failing to comply with this standard in either ear may be assessed fit if the hearing loss for both ears when averaged at each frequency does not exceed the stated limit, and the applicant achieves 90 percent or better discrimination when speech audiometry is tested.

Electrocardiographic standards

- (n) Electrocardiography shall form part of the cardiovascular examination for the initial issue of a Class 2 medical certificate and at recertification at the following intervals:
- at the first examination ~~after~~ between the ages of 40 and 50, and every ~~5~~ 2 years thereafter.

Obstetrical standards

- (o) If pregnant, the pregnancy is not likely to interfere with the safe exercise of privileges or performance of duties under the licence held. Following confinement or termination of pregnancy, the applicant must be reassessed as fit to exercise the privileges of the licence held.

67.109 Class 3 medical certificate

- (a) To be eligible for a Class 3 medical certificate an applicant must comply with 67.103 and paragraphs (b) to (m) of this rule.

Physical and mental standards

- (b) Applicants must have no established medical history or clinical diagnosis of—
- (1) **Psychiatric:** any of the following conditions that are of a severity which makes the applicant currently unable safely to use the licence, or makes it likely that within 2 years of the assessment the applicant will be unable safely to use the licence:

- (i) a psychosis, unless the psychosis was of toxic origin and there has been complete recovery:
- (ii) alcohol abuse or dependence (defined as an intake of alcohol great enough to damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning):
- (iii) drug dependence:
- (iv) character or behaviour disorder, severe enough to have resulted in an overt act:
- (v) mental abnormality or psychoneurosis of a significant degree:

Except that an applicant who has a history of alcohol abuse or dependence may apply for an exemption under 67.15 if the following circumstances exist:

- (i) the applicant has been under medical treatment for alcohol abuse and the medical practitioner concerned certifies that the applicant is free from the effects of alcohol abuse:
 - (ii) the applicant provides the name of a sponsor who is prepared to certify that the applicant no longer takes alcohol in any form. Such a sponsor shall be a person acceptable to the Director for this purpose:
 - (iii) the applicant signs an undertaking not to take alcohol while holding an air traffic controller licence.
- (2) **Neurological:** any disease or abnormality of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe use of the licence or cause sudden incapacity or impairment. In particular, the following are not acceptable:
- (i) epileptic seizure:
 - (ii) any disturbance of consciousness without satisfactory medical explanation of the cause:
 - (iii) head injury or neurosurgical procedure:
- (3) **Musculoskeletal:** any active disease of the bones, joints, muscles, or tendons, or any significant functional limitation arising from previous congenital or acquired disease or injury:
- (4) **Gastrointestinal:** any disease or abnormality, or result of disease or surgical procedure, affecting the digestive tract and its attachments including the biliary system and hernial orifices of a severity likely to cause obstruction, significant functional disorder or infection, or sudden incapacity:
- (5) **Respiratory:** any disease or abnormality, or result of disease or surgical procedure, affecting the lungs, mediastinum, pleura, chest wall or respiratory passages of a severity likely to cause infection, functional disorder or sudden incapacity. radiographic examinations may be required for the initial issue of a class 3 medical certificate:

- (6) **Cardiovascular:** any disease or abnormality, or result of disease or surgical procedure, which affects the heart or circulatory system and is of a severity likely to cause functional disorder or sudden incapacity. Evidence of myocardial ischaemia or infarction, or significant hypertension, shall be disqualifying unless acceptable and effective treatment has controlled any additional risk of functional disorder or sudden incapacity. Disorders of cardiac rhythm requiring a pacemaker shall be disqualifying. Applicants with evidence strongly suggestive of coronary artery disease, including the presence of cardiovascular risk factors, shall be assessed as unfit unless normal myocardial perfusion can be demonstrated:
- (7) **Metabolic:** any metabolic, nutritional or endocrine disorders likely to interfere with the safe use of the licence, or to cause sudden incapacity. Proven cases of diabetes mellitus shown to be satisfactorily controlled without the use of any antidiabetic drug may be assessed as fit:
- (8) **Haematologic and immunological:** any active disease of the lymphatic system or of the blood. Those with chronic diseases of these systems in a state of remission may be assessed as fit, provided appropriate specialist reports permit accredited medical conclusion that the condition is not likely to affect the safe use of the licence. Applicants with any infectious diseases, the effects of which are likely to cause functional impairment or sudden incapacity, shall be assessed as unfit until such time as effective and acceptable treatment removes such effects:
- (9) **Genitourinary:** any disease or abnormality or result of disease or surgical procedure affecting the kidneys, urine, urinary tract, menstrual function or genital organs, to a degree likely to cause functional impairment or sudden incapacity such that the applicant will be unable to safely use the licence.

Visual standards

- (c) **General:** An applicant must not have:
 - (1) any condition or congenital abnormality of either eye or its attachments likely to impede the safe use of the licence:
 - (2) any abnormality of visual fields or binocular function:
 - (3) any manifest squint, or large errors of eye muscle balance (phoria). The acceptable limits for ocular muscle balance are 12 prism dioptres for exophoria, 6 dioptres for esophoria, and one dioptre for hyperphoria:
 - (4) any anatomical or functional monocularity at the initial issue of a Class 3 medical certificate. However, accredited medical conclusion may permit experienced licence holders who become anatomically or functionally monocular to be granted a medical certificate with appropriate restrictions, following a period sufficient to permit adjustment to the monocular state.

Monocularity means that either an eye is absent, or its vision cannot be corrected to better than 6/60.

- (d) **Near and intermediate vision:** Applicants must be able to read N5 at a distance of 33 centimetres and N14 at a distance of 100 centimetres or have equivalent visual acuity for these

distances (6/12, 20/40 at 33 cm; 6/24, 20/80 at 100 cm). An applicant meeting the standard only by use of spectacles may be granted a medical certificate provided this is endorsed with the limitation:

Half spectacles must be readily available.

This means that these must be available for immediate use when using the licence. This limitation may be satisfied by the availability of appropriate bifocal or trifocal spectacles which permit the reading of displays and a chart or manual held in one hand, without impeding the use of distance vision when wearing the spectacles. The wearing of single vision near correction (full lenses of one power only, appropriate to reading) significantly reduces distance visual acuity, and shall not be acceptable in a control tower. Nevertheless, full lenses

may be acceptable in a radar room (as provided in the employer's operations manual) in which case the medical certificate shall be endorsed:

Half spectacles must be readily available (full lenses permitted in radar room).

to indicate this option has been permitted. Whenever there is a requirement to obtain or renew correcting lenses, an applicant must advise the refractionist of reading distances for the work station in which the applicant is likely to function.

- (e) **Distance vision:** Applicants must have distance visual acuity of not worse than 6/9 or its equivalent (20/30, 0.66) in each eye separately, with or without correcting lenses. When this standard can be obtained only by the use of correcting lenses, an applicant may be assessed as fit subject to the endorsement on the medical certificate:

Spectacles (distance vision) must be worn.

This endorsement shall mean that these spectacles shall be worn when the applicant uses the licence (except as provided in the employer's operations manual).

An applicant with uncorrected distance visual acuity of 6/36 or its equivalent (20/120, 0.12) or worse in either eye shall also be subject to the limitation endorsed on the medical certificate:

Spare spectacles must be readily available.

In such cases the visual acuity, with and without correction, shall be recorded at each examination.

- (f) **Combined distance and near vision correction:** Applicants requiring distance vision correction must have a near point of accommodation not greater than 33 centimetres, as measured while wearing the required distance vision correcting lenses. Suitable correction for near and intermediate range vision may be necessary in addition to distance vision correction, and the applicant will be required to wear spectacles for combined near and distance vision defect which shall be indicated by the endorsement:

Bifocal spectacles must be worn.

or

Trifocal spectacles must be worn.

on the medical certificate.

Where relevant, the following endorsement may be used:

Trifocal spectacles must be worn (progressive focus lenses permitted).

A controller requiring near visual correction who is authorised to wear contact lenses and in addition needing near vision correction shall, instead of the provisions of paragraph (g), be issued a medical certificate bearing the following endorsements:

Half spectacles must be readily available.

and

Spare bifocal spectacles must be readily available.

except that when the correcting power of such contact lenses exceeds the dioptré limits specified in paragraph (h), certification shall only be under special medical assessment by the Principal Medical Officer.

- (g) **Contact lenses:** Accredited medical conclusion may permit acceptance of contact lenses where only distance vision correction is needed to meet this standard. The minimum endorsement on the medical certificate shall be:

Correcting lenses must be worn for distance vision (contact lenses permitted, provided distance spectacles readily available).

Other appropriate endorsements may also be required as provided in paragraph (f) where not only distance vision correction is needed.

- (h) **Dioptré limits:** A need for correcting lenses for either eye within the range of plus or minus 3 dioptrés (spherical equivalent) may be accepted, provided that the visual acuity without correction is not worse than 6/60 or its equivalent (20/200, 0.1)
- (i) In each eye separately. Spectacle lenses outside this range are not acceptable, but accredited medical conclusion may permit an applicant using contact lenses to be assessed as fit on production of satisfactory specialist reports. The medical certificate will be endorsed:

Contact lenses only must be worn.

and

Spare spectacles shall be readily available.

but the use of such spare spectacles is permitted only in emergencies.

Colour perception standards

- (j) Applicants must demonstrate ability to perceive readily those colours the perception of which is necessary for the safe performance of duties. The use of tinted lenses to obtain adequate colour perception is not permitted.

Ear, nose and throat and hearing standards

- (k) Applicants must have no established medical history or clinical diagnosis of the following—

- (1) any pathological process, acute or chronic, of the internal ear or middle ear cavities:
 - (2) any unhealed (unclosed) perforation of the tympanic membranes, except that an applicant with a single dry perforation may be eligible for a certificate if the defect does not prevent compliance with the hearing standards:
 - (3) any serious or recurrent disturbance of the vestibular system:
 - (4) any serious malformation, or serious acute or chronic condition of the buccal cavity or upper respiratory tract:
 - (5) any speech defect likely to interfere with the safe performance of duties in using a licence.
- (l) Applicants must be free from any hearing defect which would interfere with the safe use of the certificate. Routine audiometry is required at intervals of not less than every 4 years. Applicants must not have a hearing loss at 500, 1000, 1500 and 2000 Hz which exceeds 35 dB at each frequency, or at 3000 Hz which exceeds 50 dB, in each ear separately. Applicants failing to comply with this standard in either ear may be assessed fit if the hearing loss for both ears when averaged at each frequency does not exceed the stated limit, and the applicant achieves ninety percent or better discrimination when speech audiometry is tested.

Electrocardiographic standards

- (m) Electrocardiography shall form part of the cardiovascular examination for the initial issue of a Class 3 medical certificate and at the first examination after the age of 40 and every five years thereafter.

Obstetrical standards

- (n) If pregnant, the pregnancy is not likely to interfere with the safe exercise of privileges or performance of duties under the licence held. Following confinement or termination of pregnancy, the applicant must be reassessed as fit to exercise the privileges of the licence held.

Subpart D - Designated Aviation-Medical Examiners

67.151 Purpose

This Subpart prescribes rules relating to-

- (1) The designation of medical examiners; and
- (2) The determination of suitably qualified medical examiners under section 64O(2) of the Act.

67.153 Aviation Medical examiner certification requirements

- (a) The Director may appoint a person as a Designated Aviation Medical Examiner if that person:
- (1) is a medical practitioner registered with the Medical Board of Papua New Guinea or the medical board of the Contracting State in which they propose to function as a Designated Aviation Medical Examiner; and
 - (2) has successfully completed aviation medicine training or holds the Australian Certificate in

- Aviation Medicine or an equivalent qualification acceptable to the Director; and
- (3) demonstrates an awareness of the aviation regulatory medicine and the conditions in which applicants for medical certificates are employed; and
 - (4) has access to clinical, administrative and communication facilities adequate for the purpose of carrying out medical examinations to the required standard in accordance with the medical manual; and
 - (5) has a reasonable ability to communicate effectively in English; and
 - (6) meets the fit and proper person requirements of the Act.

67.155 Application for certificates

- (a) A person who applies to become a Designated Aviation Medical Examiner certificate must complete form CAA 67/01 and submit the form to the Director accompanied by copies of the following documents:
- (1) the certificate of registration as a medical practitioner in Papua New Guinea or the Contracting State in which the person proposes to function as a Designated Aviation Medical Examiner; and
 - (2) either—
 - (i) a certificate of successful completion of a course of study in aviation medicine acceptable to the Director; or
 - (ii) documents that are evidence of demonstrated competence in aviation medicine.
- (b) A person applying for the renewal of a Designated Aviation Medical Examiner certificate must complete the appropriate form prescribed in paragraph (a), and submit it to the Director not less than 30 working days before the renewal date specified in the certificate or, if no such date is specified, not less than 30 working days before the certificate expires.

67.157 Issue of Aviation medical examiner certificates

- (a) Subject to section 49 of the Act, the Director must issue a medical examiner certificate to a person who has applied under 67.155, if the Director is satisfied that he or she meets the requirements prescribed in 67.153.
- (b) A Designated Aviation Medical Examiner's appointment is subject to that person—
- (1) continuing to observe the Code of Ethics of the Medical Association of the Contracting State in which the person is registered as a medical practitioner; and
 - (2) undertaking continuing training in aviation medicine, within the immediately preceding 24 months and in a manner acceptable to the Director; ~~and~~ or
 - (3) have successfully completed a regulatory awareness workshop conducted by the Director within the immediately preceding 24 months; and
 - (4) continuing to meet the fit and proper person requirements of the Act.

- (c) The Director may impose conditions, restrictions or limitations on the appointment of a person as a Designated Aviation Medical Examiner.
- (d) A Designated Aviation Medical Examiner's appointment may be granted or renewed for a period of up to three years unless cancelled, suspended or revoked by the Director.

67.159 Privileges of aviation medical examiner certificate holders

A Designated Aviation Medical Examiner may conduct medical examination for the purpose of issuing a medical certificate in accordance with Subpart B.

67.161 Exposition

- (a) A person applying for a medical examiner certificate must provide the Director with an exposition containing-
- (1) a statement signed by the person confirming that the exposition-
 - (i) accurately describes the person's aviation medical practice and demonstrates the person's means and methods of ensuring ongoing compliance with 67.153; and
 - (ii) will comply with the person and any personnel involved in the person's aviation medical practice, at all times; and
 - (2) a description of the scope of the person's aviation medical practice; and
 - (3) the titles and names of any of the personnel involved in the person's aviation medical practice; and
 - (4) the duties and responsibilities of personnel referred to in paragraph (a)(3); and
 - (5) list of locations at which the person will practise aviation medicine; and
 - (6) details demonstrating that the person has access to clinical, administrative and communication facilities that are adequate for the purpose of carrying out aviation medical examinations to the required standard in accordance with the medical manual; and
 - (7) procedures for communicating with the Director, including-
 - (i) the referral of applications for medical certificates to the Director for assessment; and
 - (ii) where applicable, the reporting of changes in medical condition of a person who holds a medical certificate, or the existence of any previously undetected medical condition in a person who holds a medical certificate, that may interfere with the safe exercise of the privileges to which that person's medical certificate relates; and
 - (iii) the prior notification of every proposed change to any of the details specified in paragraphs (a)2,(a)(3), (a)(4) or (a)(5); and
 - (8) details of systems and procedures to ensure the adequate-
 - (i) control, inspection, testing, and calibration of medical equipment; and

- (ii) control and amendment of documentation relevant to the person's aviation medical practice; and
 - (iii) identification, collection, indexing, storage, maintenance and disposal of records; and
 - (iv) training, assessment and authorisation of any personnel to carry out the functions in (9)(1), (9)(ii), and (9)(iii); and
- (9) details of procedures for identifying and managing any conflict of interest arising out of the person's professional obligations; and
- (10) details of an annual internal quality assurance audit programme to ensure conformity of the person's aviation medical practice with the procedures in the exposition; and
- (11) details of the person's means of ensuring that the continued compliance requirements specified in 67.203 will be met; and
- (12) details of procedures to-
- (i) control and amend the exposition; and
 - (ii) ensure that it meets the applicable requirements of this Part; and
 - (iii) ensure that the Director is provided with a copy of every amendment to the exposition as soon as practicable after its incorporation into the exposition; and
 - (iv) distribute the exposition to personnel.
- (b) The person's exposition must be acceptable to the Director.

67.163 Cancellation and revocation of appointment

- (a) The Director shall cancel a person's appointment as a Designated Aviation Medical Examiner upon receipt of a request in writing from that person to cancel the appointment.
- (b) The Director shall revoke a person's appointment as a Designated Aviation Medical Examiner if that person—
- (i) contravenes a condition specified in the instrument of appointment; or
 - (ii) fails to meet the reporting requirements of 67.163; or
 - (iii) ceases to be a fit and proper person in accordance with the Act; or
 - (iv) ceases to be a registered medical practitioner.

67.165 Obligation to report

If the holder of a medical certificate informs a Designated Aviation Medical Examiner of a medical condition that reduces the ability of the certificate holder to exercise the privileges of a licence held or applied for, the Designated Aviation Medical Examiner must advise the Director of the condition within 5 working days.

67.167 Indemnification of medical reporting

- (a) Designated Aviation Medical Examiner shall not be subject to any civil or criminal liability for doing any indemnified act in good faith in the course of carrying out functions under this Part.
- (b) A person or organisation specified in paragraph (c) shall not be subject to any civil or criminal liability for doing any indemnified act in good faith in the course of answering any question put to that person by the Director that:
- (i) concerns an applicant for, or the holder of, a medical certificate; and
 - (ii) that is relevant to any action the Director may take under this Part.
- (c) Paragraph (b) applies to:
- (i) a medical practitioner;
 - (ii) a specialist psychiatrist or clinical psychologist;
 - (iii) an ophthalmologist;
 - (iv) any person or organisation that has made a physical, psychological or psychiatric examination of the person;
 - (v) any person or organisation that has treated the person for a medically significant condition.

67.169 Release of information

The Director may disclose to the authority of a Contracting State that designates medical examiners, information about the performance and competence of a person who is a Designated Aviation Medical Examiner under this Part.

67.171 Register

The Director shall maintain a register of Designated Aviation Medical Examiners.

67.173 Designated Aviation Medical Examiner Competencies

To be eligible for the issue of a medical examiner certificates, an applicant must, in addition to satisfying other general requirements, demonstrate competence in performing the functions required under the Act of a medical examiner.

Subpart E — Operating Requirements for Designated Aviation Medical Examiners

67.201 Purpose

This Subpart prescribes rules relating to the operating requirements of medical examiners.

67.203 Continued Compliance

- (a) A person who holds a medical examiner certificate must-
- (1) hold at least one complete and current copy of the certificate holder's exposition at each location of the practice specified in the exposition; and
 - (2) comply with all procedures, systems and programmes detailed in the certificate holder's exposition, including those relating to conflicts of interest; and
 - (3) make every applicable part of the exposition available to personnel who require it to carry out their duties; and
 - (4) continue to meet and comply with the requirements prescribed for medical examiner certification under Subpart D; and
 - (5) attend ongoing training courses in aviation medicine and aviation regulation, as may reasonably be required by the Director; and
 - (6) comply with the general directions and emergency directives issued under section 64G of the Act; and
 - (7) hold an up-to-date copy of the medical manual; and
 - (8) ensure that an accurate record is kept of every examination of every applicant for a medical certificate; and
 - (9) notify the Director of any change of address for service telephone number, or facsimile number within 28 days of the change.
- (b) The Director may prescribe conditions under which a person who holds a medical examiner certificate may operate during or following any of the changes specified in 67.161(a)(7)(iii).
- (c) A person who holds a medical examiner certificate must-
- (1) comply with any conditions prescribed under paragraph (b); and
 - (2) where any of the changes referred to in paragraph (b) require an amendment to the certificate holder's medical examiner certificate, forward the certificate to the Director as soon as practicable; and
 - (3) make such amendments to the certificate holder's exposition as the Director considers necessary in the interest of aviation safety.

Subpart F - Responsibilities of medical certificate holders

67.251 Purpose

This Subpart prescribes the requirements for the holders of flight crew and air traffic controller medical certificates.

67.253 Changes in medical conditions

(a) The holder of a class 1 medical certificate who has a medically significant condition which continues for longer than 7 days must advise the Director or a Designated Aviation Medical Examiner of that condition as soon as practicable after the end of the 7 days.

(b) The holder of a class 2 or class 3 medical certificate who has a medically significant condition which continues for longer than 30 days must advise the Director or a Designated Aviation Medical Examiner of that condition as soon as practicable after the end of the 30 days.

67.255 Continuance of functions

If the holder of a medical certificate has a medically significant condition, that person must not carry out any function authorised by a flight crew licence or air traffic controller licence for which the certificate is required until a Designated Aviation Medical Examiner certifies that the holder can safely carry out those functions.

~~Subpart G – Transitional Arrangements~~

~~67.301 Transition provisions~~