

A stylized paper airplane icon is positioned above a dashed line that represents a flight path, curving upwards and then downwards. The background features large, light grey abstract shapes.

CIVIL AVIATION DIRECTIVES – 1004

MEDICAL⁺ REQUIREMENTS

CIVIL AVIATION AUTHORITY OF MALAYSIA

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Introduction

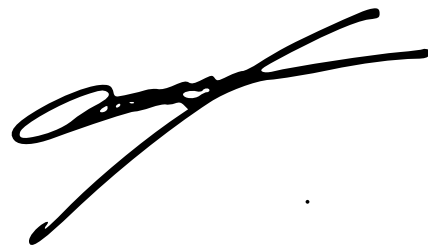
In exercise of the powers conferred by section 24O of the Civil Aviation Act 1969 [Act 3], the Chief Executive Officer makes this Civil Aviation Directive 1004 – Medical Requirements (CAD 1004 – MED), pursuant to Regulation 60, 62, 155, 156 and 157 of the Malaysian Civil Aviation Regulations (MCAIR 2016).

This CAD contains the standards and requirements and procedures pertaining to aviation medicine and is compliant with Malaysian Civil Aviation Regulations, CAD 1 – Personnel Licensing. The standards and requirements in this CAD are based mainly on the Standards and Recommended Practices (SARPs) contained in the International Civil Aviation Organisation (ICAO) Annex 1 – Personnel Licensing.

This Civil Aviation Directives 1004 – Medical Requirements (“CAD 1004 – MED”) is published by the Chief Executive Officer under Section 24O of the Civil Aviation Act 1969 [Act 3] and comes into operation on 1st April 2021.

Non-compliance with this CAD

Any person who contravenes any provision in this CAD commits an offence and shall on conviction be liable to the punishments under Section 24O (2) of the Civil Aviation Act 1969 [Act 3] and/or under Malaysia Civil Aviation Regulation 2016.



(Captain Chester Voo Chee Soon)
Chief Executive Officer
Civil Aviation Authority of Malaysia

Civil Aviation Directive components and Editorial practices

This Civil Aviation Directive is made up of the following components and are defined as follows:

Standards: Usually preceded by words such as “*shall*” or “*must*”, are any specification for physical characteristics, configuration, performance, personnel or procedure, where uniform application is necessary for the safety or regularity of air navigation and to which Operators must conform. In the event of impossibility of compliance, notification to the CAAM is compulsory.

Recommended Practices: Usually preceded by the words such as “*should*” or “*may*”, are any specification for physical characteristics, configuration, performance, personnel or procedure, where the uniform application is desirable in the interest of safety, regularity or efficiency of air navigation, and to which Operators will endeavour to conform.

Appendices: Material grouped separately for convenience but forms part of the Standards and Recommended Practices stipulated by the CAAM.

Definitions: Terms used in the Standards and Recommended Practices which are not self-explanatory in that they do not have accepted dictionary meanings. A definition does not have an independent status but is an essential part of each Standard and Recommended Practice in which the term is used, since a change in the meaning of the term would affect the specification.

Tables and Figures: These add to or illustrate a Standard or Recommended Practice and which are referred to therein, form part of the associated Standard or Recommended Practice and have the same status.

Notes: Included in the text, where appropriate, Notes give factual information or references bearing on the Standards or Recommended Practices in question but not constituting part of the Standards or Recommended Practices;

Attachments: Material supplementary to the Standards and Recommended Practices or included as a guide to their application.

It is to be noted that some Standards in this Civil Aviation Directive incorporates, by reference, other specifications having the status of Recommended Practices. In such cases, the text of the Recommended Practice becomes part of the Standard.

The units of measurement used in this document are in accordance with the International System of Units (SI) as specified in CAD 5. Where CAD 5 permits the use of non-SI alternative units, these are shown in parentheses following the basic units. Where two sets of units are quoted it must not be assumed that the pairs of values are equal and interchangeable. It may, however, be inferred that an equivalent level of safety is achieved when either set of units is used exclusively.

Any reference to a portion of this document, which is identified by a number and/or title, includes all subdivisions of that portion.

Throughout this Civil Aviation Directive, the use of the male gender should be understood to include male and female persons.



Record of revisions

Revisions to this CAD shall be made by authorized personnel only. After inserting the revision, enter the required data in the revision sheet below. The '*Initials*' has to be signed off by the personnel responsible for the change.

Rev No.	Revision Date	Revision Details	Initials



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1 General

1.1 Citation

1.1.1 These Directives are the Civil Aviation Directives 1004 – Medical Requirements (CAD 1004 – MED), Issue 01/Revision 00, and comes into operation on 1st April 2021.

1.1.2 This CAD 1004 – MED, Issue 01/Revision 00 will remain current until withdrawn or superseded.

1.2 Applicability

1.2.1 This CAD applies to:

- a) applicants and holders of a Malaysian flight crew licence granted under Regulation 57, 59 and 149 of the MCAR 2016, holders of a flight crew licence granted under law of any State for the purpose of Regulation 63 of the MCAR 2016, and Designated Medical Examiners granted stated in Regulation 60 of the MCAR 2016.
- b) cabin crew members as required by Regulation 51 of the MCAR 2016, and applicants for a cabin crew attestation.

1.3 Revocation

1.3.1 This CAD revokes CEO Directives – Medical Requirements Issue 2 Amendment 1 dated 17th July 2019.

1.4 Purpose

1.4.1 One of the functions of the Civil Aviation Authority of Malaysia is to issue 'licences' to Flight Crew and Air Traffic Controllers.

1.4.2 Besides knowledge and skill, the applicant must possess proper health conditions, physical and mental health, and functioning special senses to perform the task. Hence 'Medical Examination and Assessment' of the applicant forms an integral component and a regulatory requirement, before the licence is issued, whether it be an initial or a renewal. He also shall be free of condition or disease that may cause incapacitation jeopardizing the safety of flight while performing his duties.

1.4.3 CAD 1004 has been prepared as per the guideline of ICAO Annex-1, Doc 8984 and Doc 9379. It has been essentially prepared for the Medical Assessors and the Designated Aviation Medical Examiners, to provide policies and procedures in order to provide license requirements of Flight Crew and Air Traffic Controllers and assess their fitness in the presence/absence of medical condition, and to provide guidelines for medical information/standards.

1.4.4 CAD 1004 consists of mainly:

Policies and Procedures for Medical Examination and Assessments.
Medical Standards of Licencing Requirements.
Guidelines on Medical Conditions.

1.5 References

1.5.1 The following references have been used either wholly or partly in the preparation and compilation of this CAD 1004:

- a) MCAR 2016.
- b) ICAO Annex 1
- c) ICAO Doc 8984s
- d) CAAB CPD 1-10

1.6 Definitions

Accredited medical conclusion means the conclusion reached by one or more medical experts acceptable to the CAAM for the purposes of the case concerned, in consultation with flight operations or other experts as necessary.

Aeroplane means a power-driven heavier-than-air aircraft, deriving its lift in flight chiefly from aerodynamic reactions on surfaces which remain fixed under given conditions of flight.

Aircraft means any machine that can derive support in the atmosphere from the reactions of the air other than the reactions of the air against the earth's surface.

Aircraft-category means classification of aircraft according to specified basic characteristics, e.g. aeroplane, helicopter, glider, free balloon.

Aircraft certificated for single-pilot operation means a type of aircraft which the State of Registry has determined, during the certification process, can be operated safely with a minimum crew of one pilot.

Aircraft required to be operated with a co-pilot means a type of aircraft that is required to be operated with a co-pilot, as specified in the flight manual or by the air operator certificate.

Aircraft – type means all aircraft of the same basic design including all modifications thereto except those modifications which result in a change in handling or flight characteristics.

Balloon means a non-power-driven lighter-than-air aircraft.

Note – This definition applies to free balloons.

Co-pilot means a licensed pilot serving in any piloting capacity other than as pilot-in-command but excluding a pilot who is on board the aircraft for the sole purpose of receiving flight instruction.

Crew member means a person assigned by an operator to duty on an aircraft during flight time.

Decrease in Medical Fitness means it is a state or period when there is diminished medical fitness that may be attributable to illness, injuries, drugs or physical, physiological or mental stresses or finding outside the prescribed normal ranges, which lasts usually for certain period of time and is of temporary nature.

Designated Medical Examiner (DME) means a physician with training in aviation medicine and practical knowledge and experience of the aviation environment, who is designated by CAAM to conduct medical examinations of fitness of applicants for licences or ratings for which medical requirements are prescribed.

Flight crew member means a licensed crew member charged with duties essential to the operation of an aircraft during a flight duty period.

Flight duty period means the total time from the moment a flight crew member commences duty, immediately subsequent to a rest period and prior to making a flight or a series of flights, to the moment he is relieved of all duties having completed such flight or series of flights.

Flight time — aero planes means the total time from the moment an aero plane first moves for the purpose of taking off until the moment it finally comes to rest at the end of the flight.

Note. — Flight time as here defined is synonymous with the term “block to block” time or “chock to chock” time in general usage which is measured from the time an aero plane first moves for the purpose of taking off until it finally stops at the end of the flight.

Flight time — helicopters means the total time from the moment a helicopter’s rotor blades start turning until the moment the helicopter finally comes to rest at the end of the flight, and the rotor blades are stopped.

General aviation means all civil aviation operations other than scheduled air services and non-scheduled air transport operations for remuneration or hire.

Glider means a non-power-driven heavier-than-air aircraft, deriving its lift in flight chiefly from aerodynamic reactions on surfaces which remain fixed under given conditions of flight.

Helicopter means a heavier-than-air aircraft supported in flight chiefly by the reactions of the air on one or more power-driven rotors on substantially vertical axes.

Human performance means human capabilities and limitations which have an impact on the safety and efficiency of aeronautical operations.

Licensing Authority means the Civil Aviation Authority who is the designated authority by the state is responsible for the licensing of personnel.

Note – In the provision of this CAD, the CAAM is deemed to be given the following responsibilities by the State:

- a) *assessment of an applicant's qualifications to hold a licence or rating;*
- b) *issue and endorsement of licences and ratings;*
- c) *designation and authorization of approved persons;*
- d) *approval of training courses;*
- e) *approval of the use of flight simulation training devices and authorization for their use in gaining the experience or in demonstrating the skill required for the issue of a licence or rating; and*
- f) *validation of licences issued by other Contracting States.*

Likely means likely means with a probability of occurring that is unacceptable to the Medical Assessor.

Medical Assessment means the evidence issued by the CAAM that the licence holder meets specific requirements of medical fitness.

Medical Assessor (MA) means a physician appointed by CAAM, qualified and experienced in the practice of aviation medicine and competent in evaluating and assessing medical conditions of flight safety significance.

Note 1 – Medical Assessors evaluate medical reports submitted to CAAM by Medical Examiners.

Note 2 – Medical Assessors are expected to maintain the currency of their professional knowledge.

Medical Condition means Medical finding, physical or numerical, outside the normal range or standards of medical requirements.

Medical Flight Test means actual flight test done to help assess the applicant's ability to perform under normal as well as adverse flight conditions if there is suspicion or overt manifestation of decreased physical ability or functional limitation.

Night means the hours between the end of evening civil twilight and the beginning of morning civil twilight or such other period between sunset and sunrise, as may be prescribed by CAAM.

Note – Civil twilight ends in the evening when the center of the sun's disc is 6° below the horizon and begins in the morning when the center of the sun's disc is 6° below the horizon.

Pilot-in-command means the pilot designated by the operator, or in the case of general aviation, the owner, as being in command and charged with the safe conduct of a flight.

Pilot-in-command under supervision means a co-pilot performing, under the supervision of the pilot-in-command, the duties and functions of a pilot-in-command, in accordance with a method of supervision acceptable to the CAAM.

Problematic use of substances mean the use of one or more psycho-active substances by aviation personnel in a way that means constitutes a direct hazard to the user or endangers the lives, health or welfare of others; and/or causes or worsens an occupational, social, mental or physical problem or disorder.

Psychoactive substances mean alcohol, opioids, cannabinoids, sedatives and hypnotics, cocaine, other psychostimulants, hallucinogens, and volatile solvents, whereas coffee and tobacco are excluded.

Rated air traffic controller means an air traffic controller holding a licence and valid ratings appropriate to the privileges to be exercised.

Rating means an authorization entered on or associated with a licence and forming part thereof, stating special conditions, privileges or limitations pertaining to such licence.

Rendering (a licence) valid means the action taken by a Contracting State, as an alternative to issuing its own licence, in accepting a licence issued by any other Contracting State as the equivalent of its own licence.

Significant means to a degree or of a nature that is likely to jeopardize flight safety.



State Safety Programme (SSP) means an integrated set of regulations and activities aimed at improving safety.

Threat means events or errors that occur beyond the influence of an operational person, increase operational complexity and must be managed to maintain the margin of safety.

Threat management means the process of detecting and responding to threats with countermeasures that reduce or eliminate the consequences of threats and mitigate the probability of errors or undesired states.

2 Policies and procedures for medical examinations and assessments

2.1 Medical assessment requirements

Flight Crew Members and Air Traffic Controllers shall not exercise the privileges of their license/certificate unless they hold a current medical assessment appropriate to the license held as prescribed by the Civil Aviation Authority of Malaysia.

Note. – Medical requirements for Cabin Crew members are in Appendix 8.

2.1.1 Medical provisions – General

2.1.1.1 Applicants shall meet the prescribed licensing requirements of medical fitness for the issue of various types of licenses/certificates as mentioned in this CAD.

2.1.1.2 The CAAM shall issue the licence holder with the appropriate medical assessment, Class 1, Class 2 or Class 3.

2.1.1.3 The medical assessment shall be issued in the prescribed format.

2.1.1.4 The applicant for the medical assessment can choose his Medical Examiner (ME) from the list of CAAM Designated Medical Examiners (DMEs) The Medical Assessors of the CAAM can also act as a ME if desired by the applicant. The venue of the aviation medical examination shall be the approved medical professional practice site of the DME.

2.1.1.5 The ME shall only perform medical examinations at his medical professional practice site approved by the Chief Executive Officer. If the ME intends on performing medical examinations at a different location, he is required to submit a request in writing to the CAAM, for consideration by the Chief Executive Officer.

2.1.2 Medical assessment process

2.1.2.1 An applicant for a medical assessment must furnish adequate proof of his or her identity as a prerequisite for an assessment. The documentation required to verify identity must be the Malaysian identity card or Passport of the applicant. In case of a renewal, the current licence and last issued medical assessment shall be reviewed by the ME at each examination.

2.1.2.2 The actual assessment commences with the identified applicant providing the ME with a personally certified statement of medical facts concerning personal, familial and hereditary history. A reliable assessment requires that statement to be complete and accurate and the applicant should be advised that any false or misleading information in the statement could have far-reaching consequences. The statement of medical facts is included in the application form for a medical assessment.

- 2.1.2.3 The licence holders must be encouraged to maintain a healthy lifestyle and to avoid preventable disease or injuries by taking care of themselves.
- 2.1.2.4 After reviewing the medical history and completing the examination, the ME will either:
- a) issue a fit medical assessment if the applicant is found fit in all respects;
 - b) deny the application if the applicant is found unfit; or
 - c) defer the action to the CAAM Medical Assessors (MA's) if the applicant does not meet all the medical criteria to be assessed as fit but his or her condition is not considered by the ME to be detrimental to flight safety.
- 2.1.2.5 Whatever the outcome, a medical report shall be produced and be sent to the CAAM by the DME for the evaluation by the MAs and for recording and auditing purposes. All reports are required to be evaluated by a MA.
- 2.1.2.6 If an application for a medical assessment is denied, the applicant may:
- a) accept the decision; or
 - b) appeal the decision.
- 2.1.2.7 An appeal request shall be addressed to the CMA of the CAAM within the period of 60 days, with the latest medical reports and relevant supporting data. The CMA of the CAAM will convene a Civil Aviation Medical Board (consisting of relevant specialists) to come to a decision.
- 2.1.2.8 An applicant who does not meet all the medical criteria to be assessed as fit but whose condition is not considered by the CMA to be detrimental to flight safety may still be issued with a medical assessment with the necessary limitations.
- 2.1.2.9 In the case of relatively static physical conditions (e.g. poor function or absence of a limb, or deficiency of visual acuity or hearing), if the ME considers that the applicant's condition is not necessarily detrimental to flight safety, the CMA may recommend additional testing to assess the applicant's performance during a carefully-designed flight test with a flight examiner designated for that kind of specific flight test, in order to verify that the applicant is capable of safely performing duties under normal, non-normal and adverse conditions expected to be encountered in operations.
- 2.1.2.10 Finally, the CAAM may, for medical reasons justified and notified to the applicant, limit or deny a medical assessment. Also, if it is established that an applicant or an assessment holder has not met, or no longer meets the medical requirements, the CAAM can suspend or revoke a medical certificate that has been issued.

2.2 Medical forms

Medical forms for the aviation medical examination and assessment of flight crew and air traffic controllers are shown as attachments at the end of this CAD, and are available at the CAAM or the approved personal medical professional practice site of the DME.

2.3 Medical history and declaration of truth

- 2.3.1 The applicant shall furnish personal information and information of illness, injury, disability or history pertaining to his medical fitness in the past as asked in the application form for an aviation medical certificate and submit it to the ME at the time of medical examination. He is required to sign in an appropriate place in the application form. An applicant must not give any false declaration to the ME. In case of a false declaration by an applicant to a ME the following actions shall be applied by the CAAM. At the first instance a written warning shall be offered. Repetition of the false declaration shall result in suspension of the license. All these actions shall be documented. The copies of the actions offered shall be preserved in the personal folder of the applicant. One copy of the actions offered shall be mailed to the employer of the applicant for their information and necessary actions.

2.4 Medical examination

- 2.4.1 The medical examination is done in the following four parts:

- a) Documented personal and family medical history,
- b) Physical and Mental Examination,
- c) Ear, Nose and Throat examination and Hearing, and
- d) Eye examination, Visual Acuity and Colour Perception.

- 2.4.2 Physical and mental requirements

An applicant for any class of medical assessment is required to be free from:

- a) any abnormality, congenital or acquired; or
- b) any active, latent, acute or chronic disability; or
- c) any wound, injury or sequelae from operation; or
- d) any effect or side-effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken,

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 and should be documented in the form.

- 2.4.3 Colour perception requirements
- 2.4.3.1 MEs shall use methods of examination that will guarantee reliable testing of colour perception such as Ishihara colour plates.
- 2.4.3.2 The applicant shall be required to demonstrate the ability to perceive readily those colours the perception of which is necessary for the safe performance of duties.
- 2.4.3.3 The applicant shall be tested for the ability to correctly identify a series of pseudoisochromatic plates in daylight or in artificial light of the same colour temperature such as that provided by CIE standard illuminants C or D₆₅ as specified by the International Commission on Illumination (CIE).
- 2.4.3.4 An applicant obtaining a satisfactory result as prescribed by the CAAM shall be assessed as fit. An applicant failing to obtain a satisfactory result in such a test shall be assessed as unfit unless able to readily distinguish the colours used in air navigation and correctly identify aviation coloured lights. Applicants who fail to meet these criteria shall be assessed as unfit except for Class 2 assessment with the following restriction: *valid daytime only*.
- 2.4.4 Hearing requirements
- 2.4.4.1 MEs shall use methods of examination that will guarantee reliable testing of hearing.
- 2.4.4.2 Applicants shall be required to demonstrate hearing performance sufficient for the safe exercise of their licence and rating privileges.
- 2.4.4.3 Applicants for Class 1 medical assessments shall be tested by pure-tone audiometry at first issue of the assessment, not less than once every five (5) years up to the age of 40 years, and thereafter not less than once every two (2) years. Alternatively, other methods providing equivalent results may be used.
- 2.4.4.4 Applicants for Class 2 medical assessments should be tested by pure-tone audiometry at first issue of the assessment and, after the age of 50 years, not less than once every two (2) years.
- 2.4.4.5 Applicants for Class 3 medical assessments shall be tested by pure-tone audiometry at first issue of the assessment, not less than once every four (4) years up to the age of 40 years, and thereafter not less than once every two (2) years.
- 2.4.4.6 At medical examinations, other than those mentioned above, where audiometry is not performed, applicants shall be tested in a quiet room by whispered and spoken voice tests.

Note.1 – For the purpose of testing hearing in accordance with the above requirements, a quiet room is a room in which the intensity of the background noise is less than 35 dB(A)

Note.2 – For the purpose of testing hearing in accordance with the above requirements, the sound level of an average conversational voice at 1 m from the point of output (lower lip of the speaker) is c. 60 dB(A) and that of a whispered voice c. 45dB(A). At 2 m from the speaker, the sound level is 6 dB(A) lower.

2.4.4.7 The reference zero for calibration of pure-tone audiometers is that of the pertinent standards of the current edition of the audiometric test methods, published by the International Organization for Standardization (ISO).

2.4.4.8 Private pilot licence holders requiring an instrument rating shall qualify for hearing acuity of Class 1 standard.

2.4.5 Investigations Requirements

For initial issue of a licence, Urine test (routine and microscopic), Blood test (Hb, ESR and Blood sugar), Chest X-ray PA view, Electrocardiogram and Audiogram are required, and then after Electrocardiogram, Audiogram and Chest X-ray are required periodically. These test requirements vary depending on Medical Assessment Class. Additional tests will be required after the 40th birthday, namely Blood sugar, Lipid profile, Urine Routine and Microscopic examination, Echocardiogram and Exercise ECG and repeated periodically then after every five (5) years in case of Class I Medical Assessment. In specific cases further examinations and tests may be required.

2.5 Medical assessment

2.5.1 In the Medical Assessment Form will record his opinion as to the medical fitness of the applicant and sign and the applicant also sign in appropriate space. If there is finding outside the standards or any deficit or defect, numerically or otherwise and that is unlikely to interfere with the safe exercise of the applicant's licence, the ME may assess him as medically fit and recommend certain limitation or endorsement if deemed necessary for the sake of flight safety. The CAAM must subsequently be informed of this for record purposes. The applicant who has passed the medical assessment is considered physically and mentally fit for performing his duties and also that he will remain so for the period of validity of his license.

2.6 Medical confidentiality

2.6.1 Medical confidentiality shall be respected at all times. All members of the Medical Assessor Office shall be aware of the importance of maintaining confidentiality of medical information. All medical records shall be stored at a secure location at the CAAM and be inaccessible to any person outside the Medical Assessor Office staff of the CAAM. However, limited medically related information may need to be

released to operational staff in order to enable an operational assessment to be made. The MA shall determine to what extent pertinent medical information is presented to relevant officials of the CAAM when justified by operational considerations. A confidentiality agreement is inserted at the foot of the medical declaration that is signed by the applicant during routine medical examinations, to cover such situations.

2.7 Medical fitness

2.7.1 The applicant shall satisfy the ME that he is medically fit to exercise the privilege of the license as per the medical standards for licensing. If there is any doubt in his medical fitness, further examinations, tests or opinions from the experts will be required

2.8 Decrease in medical fitness and licence holder responsibilities

2.8.1 Holders of licences shall not exercise the privileges of their licences and related ratings at any time when they are aware of any decrease in their medical fitness which might render them unable to safely and properly exercise these privileges. Decrease in medical fitness are assumed to be present in the following situations, but not limited to:

- a) After severe illness, injuries, accident, operation, invasive procedures or hospitalization,
- b) Incapacitation for more than 21 days,
- c) Problematic use of substances including alcohol or illicit drugs,
- d) Being pregnant,
- e) At least 24 hours after deep water diving or blood donation.

2.8.2 Licence holders shall understand the medical considerations that is relevant to flight safety. As some conditions, or treatments, or prescribed or non-prescribed medications may have significantly greater consequences in an aviation environment than in ordinary circumstances, common sense cannot be relied upon. Therefore, if a licence holder has any concerns that his or her condition could potentially affect flight safety, he shall consult, or seek clarification without delay from a DME of the CAAM before exercising licence privileges. Such matters can be discussed and investigated at routine medical examinations but the individual licence holder bears responsibility ensuring that he is fully fit when exercising licence privileges, should a medical condition first become known in between medical examinations (which is the usual case). A person who holds a current medical assessment shall not exercise licence privileges if he or she is aware of, or has reasonable grounds to suspect, any change in his or her medical condition or the existence of any previously undetected medical condition that may interfere with the safe exercise of the privileges to which his or her medical assessment relates. This obligation applies if there is a decrease in medical fitness

attributable to the effects of intercurrent disease, injury, alcohol or other psychoactive substances, medication or fatigue, which might render the holder of a licence or rating incapable of meeting the medical requirements of his licence or rating.

- 2.8.3 Licence holders must not exercise the privileges of their licences and ratings while under the influence of any psychoactive substance which might render them unable to safely and properly exercise these privileges.
- 2.8.4 Similarly, non-licensed crew and other persons whose output is safety-sensitive shall not operate while under the influence of any psychoactive substance which might render them unable to safely perform their functions and duties.
- 2.8.5 Aviation organisations shall have procedures in place to minimize the likelihood of such an occurrence.
- 2.8.6 While pregnancy is a natural event, it can result in physiological changes or medical complications that have the potential to affect aviation safety. Accordingly, pregnancy, including its consequences, is considered a medical condition and a licence holder who becomes pregnant must inform the MA of the CAAM immediately for assessment fitness for flying. Pursuant to Regulation 62 of the MCAR 2016, the flight crew licence shall be deemed suspended upon the pregnancy being diagnosed and shall remain suspended until the holder has been medically examined following confinement or termination of pregnancy and pronounced fit by a ME to resume her licence privileges.
- 2.8.7 Provided the puerperium is uncomplicated and full recovery takes place, she should be able to resume aviation duties four (4) to six (6) weeks after confinement.

2.9 Borderline medical finding

- 2.9.1 In case of finding which is outside the prescribed normal range or undesirable or indicative of early sign of disease process, but not necessarily likely to cause incapacitation or jeopardize the flight safety, the ME will inform the applicant or licence holder and may ask further tests /or opinion from experts or advise him to see his airline doctor or his doctor to take timely precautions.

2.10 Accredited medical opinion/conclusion

- 2.10.1 If the applicant for or the holder of a license does not meet the requirement or is found to have any condition due to illness, injury or operation or sequelae there from which causes or may cause incapacitation interfering with the performance of duties, further evaluation from the specialist and additional tests may be required. Such cases shall be referred to specialists or experts for their opinion by the MA of the CAAM. Opinion made from such special medical evaluation is called 'Accredited Medical Opinion/Conclusion'.

- 2.10.2 If accredited medical opinion certifies him medically fit, it indicates that applicant's or holder's failure to meet any requirement, is such that exercise of the privileges of the licence is not likely to jeopardize the flight safety. The relevant ability, skill and experience of the applicant and operational conditions are given due consideration in such evaluation. The licence is endorsed by the MA with limitation or restrictions if necessary, for the sake of flight safety.
- 2.10.3 In summary, if the medical standards prescribed for a particular licence are not met, the CAAM must be informed and the medical assessment must not be issued or renewed unless all of the following conditions are fulfilled:
- a) an accredited medical conclusion indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence applied for is not likely to jeopardize flight safety;
 - b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration; and
 - c) the licence is endorsed with any special limitation or limitations when the safe performance of the licence holder's duties is dependent on compliance with such limitation or limitations.

2.11 Medical flight test

- 2.11.1 In some case or where there is suspicion of overt manifestation of decreased physical ability or functional limitation, he may be tested in actual flight or a flight simulation training device to see if he can operate the aircraft without compromising the flight safety during routine and emergencies. This will be done under the supervision of an instructor pilot and the MA. The medical flight test can also be combined with pilot proficiency check.

2.12 Flexibility clause

- 2.12.1 If the applicant has deficit or defect, numerical or otherwise, that may cause a degree of functional incapacity, the MA of the CAAM can recommend for renewal of license, with the evidence that the applicant has already acquired and demonstrated ability, skill and experience which could compensate for the failure to meet the prescribed medical standard. Besides it is believed not to produce any hazard either of incapacity or of inability to perform his duty safely. However, this provision may be applied with endorsements e.g. operational limitation or restriction, assistance like glasses, additional tests in medical examination, frequent medical examination, etc. It will be done usually on 'accredited medical opinion'. This is popularly called as 'waiver' and assessed as 'fit' under 'flexibility clause' only after careful consideration of all aspects of the individual case.

2.13 Medically unfit or deferred medical assessment

- 2.13.1 If the applicant for the licence, whether it be initial or renewal, does not clearly meet the medical requirements or is found to have any condition due to illness, injury or operation or sequelae there from or influence of psycho-active substances or problematic use of substances or drugs, which causes or may cause incapacitation interfering with the performance of duties safely, he will not pass the medical assessment. He will be certified medically unfit. However, in case of doubt, medical assessment is deferred until further evaluation is done and then after only final certification is made whether medically fit or unfit.

2.14 Suspension of licence on medical reason

- 2.14.1 In case of licence holder on receiving notice in writing or through reliable source that he does not meet the medical requirement or is found to have any condition due to illness, injury or operation or sequelae there from or influence of psycho-active substances or problematic use of substances or drugs, which causes or may cause incapacitation interfering with the safe performance of duties, his licence may be suspended, until full medical examination and assessment is done later at pre-specified time or after he fully recovers. At that time, he must submit complete medical report with diagnosis, treatment and progress from the treating doctor. If it is going to take long time, they must submit the medical report periodically, usually not later than six months, so as to maintain their record and continuity.

2.15 Provision of appeal

- 2.15.1 If the licence is denied or suspended or deferred on medical grounds and the applicant for or holder of license is not satisfied, he has the right of appeal to the Chief Executive Officer of the CAAM within the period of 60 days in writing.
- 2.15.2 The Chief Executive Officer of the CAAM will convene a Civil Aviation Medical Board to perform re-examination of the applicant. The responsibility for the final medical decision rests with the Civil Aviation Medical Board. The Civil Aviation Medical Board has autonomy in making decision. The decision of the Civil Aviation Medical Board shall be the final. The applicant will be required to make necessary payments as required by the Perintah Fi Perubatan.

2.16 Expired licence due to medical reason

- 2.16.1 The flight crew or air traffic controller whose licence has expired due to medical reasons will have to undergo medical examination and assessment and be assessed medically fit for the reissue of the licence. During the medical examination he must submit full medical report of the treating physician with all the investigations and treatment and report that he has fully recovered from the medical condition.

2.17 Validation of foreign licence

- 2.17.1 Validation of foreign licences shall be done by the Flight Operations Division of the CAAM if the licence holder can provide the evidence that he has complied with equivalent requirements including medical assessment in the State of the issue of the licence.
- 2.17.2 Nevertheless, medical examination and assessment shall be required to all the foreign licence holder to ascertain his medical fitness and to comply with medical requirements of CAAM. The licence holder shall not refuse to undergo such examination.

2.18 Dispensation of medical examination and assessment

- 2.18.1 The CAAM has the discretion to defer a medical examination, on an exceptional basis, if a flight crew member is operating in an area distant from medical examination facilities. This deferral should not exceed:
- a) in the case of a flight crew member of an aircraft engaged in non-commercial operations, a single period of six (6) months;
 - b) in the case of a flight crew member of an aircraft engaged in commercial operations, two consecutive periods, each of three months, provided that in both cases a favourable medical report is provided to the CAAM after examination by an aviation ME of the State in which the applicant is located;
 - c) in the case of a private pilot, a single period not exceeding 24 months provided that a medical examination is carried out by an aviation Medical Examiner of the State in which the applicant is temporarily located, and a report is sent to the CAAM; and
 - d) as of 3 November 2022, two (2) consecutive periods each of three (3) months in the case of remote flight crew member.
- 2.18.2 Experience has shown that deferral of a medical examination is only rarely needed, and every effort must be made to provide access to a ME to enable the normal period of validity to be followed.

2.19 Aviation Medicine Section of the CAAM

- 2.19.1 The Chief Executive Officer of the CAAM employs/designates medical personnel (DMEs, MA(s) and Aviation Medical Assistant) to conduct aviation medical examinations for the issuance of medical assessments and to run all the functions of Aviation Medicine in the CAAM. The CAAM issues credentials to the MA, MEs and Aviation Medical Assistant for complete and uninterrupted access to an air operator's personnel, aircraft, operations, facilities, and associated records for the purpose of certification and continued surveillance. The CAAM will also utilize other physicians experienced in the practice of aviation medicine and other specialty if required to assist the CAAM with the recommendation of the MA of the CAAM.

2.20 Employment/designation process of medical personnel (Designated Medical Examiners, Medical Assessor and Aviation Medical Assistant)

2.20.1 The requirements of the medical personnel are published in the relevant chapters of this CAD. The selection of the medical personnel shall be done through a selection board. The composition of the selection board shall be as follows.

2.21 Composition of selection board for medical personnel

- a) President (Chief Executive Officer of the CAAM);
- b) Member (Director of Flight Operations);
- c) Member (Director of Air Navigation Services);
- d) Member (CMA of the CAAM, not during selection of the CMA) ;
- e) Member Others as desired by the President of the board.

2.22 Enforcement

2.22.1 CAAM shall, at any time with accordance with its procedures, revoke any authorization, if it has established that a DME has not met, or no longer meets the requirements of CAAM or relevant applicable regulations, practices or procedures or it is proved beyond doubt that a DME has not adhered to the procedures stipulated by this CAD when conducting medical examinations and issuing medical certificates.

2.22.2 In the event it is found that integrity of a DME is in question or procedures adopted by him have not been acceptable, medical certificates issued during a considerable period may have to be re-scrutinized for any disparity or action shall be taken according to the enforcement system of the CAAM.



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3 Designated Medical Examiner (DME)

3.1 General

- 3.1.1 A DME is a physician with training and qualifications such as diploma in aviation medicine, practical knowledge and experience of the aviation environment, who is designated by the Civil Aviation Authority of Malaysia to conduct medical examinations of fitness of applicants for licences or ratings for which medical requirements are prescribed. The DMEs himself pursuant to Regulation 190 shall perform the medical examination in accordance with this CAD, CAD 1 – Personnel licensing and ICAO Doc 8984.
- 3.1.2 They must be thorough in all examinations. They must remain aware of the responsibility towards flight safety. DME can have access to aviation medical examination related documents of the applicant or licence holders from CAAM during the medical examination. The DMEs shall contact the Medical Assessor of CAAM for any clarification or guidance.
- a) The tenure of a DME will be a maximum of three (3) years. It may be renewed, provided the DME has maintained professional competence including familiarity and interest in aviation medicine and provides satisfactory service.
 - b) The tenure of a DME will not be extended or even revoked in the event of DME fails to demonstrate satisfactory performance. The DME shall perform at least five (5) medical assessments in a year to remain as an DME in CAAM. Incidents of unacceptable professional deficiency and contravention of the Malaysian Civil Aviation Regulations 2016 and any Civil Aviation Directives and guidelines set in this CAD, shall be reported to the CAAM.

3.2 Qualifications and training in aviation medicine requirements for employment as Designated Medical Examiner

- 3.2.1 To qualify as a CAAM DME, the following qualifications, training and job experience in aviation medicine are required:
- a) MBBS or equivalent Medical Degree;
 - b) Diploma in Aviation Medicine or a recognised aviation medicine course by the CAAM; and
 - c) 6 months on job training.

3.3 Knowledge required for a Designated Medical Examiner

- 3.3.1 All DMEs will be involved in making flying fitness decisions concerning medical conditions. To do this the DME must build on a sound understanding of the regulatory framework, responsibilities and accountabilities, including the process of flexibility. The DME shall have working knowledge in aviation medicine. The following summary is suggested as a reasonable basis of knowledge required to

function as an DME of the CAAM. This knowledge shall be imparted to the DMEs during refresher training for the DMEs and the CAAM Aviation Medical Assistant:

- a) Aviation physiology
 - 1) Cognition and aviation
 - 2) Decision making and communication in aviation
 - 3) Sleep and fatigue as related to commercial aviation
 - 4) Physics of the atmosphere; effects of altitude on trapped gas
 - 5) Effects of hypoxia
 - 6) Functional aspects of vision relevant to aviation
 - 7) Spatial disorientation
 - 8) Effects of acceleration

- b) Clinical aviation medicine
 - 1) Aspects of incapacitation in flight
 - 2) Effects of ageing as related to flight safety
 - 3) Cardiological conditions relevant to flight
 - 4) Neurological conditions relevant to flight
 - 5) Ophthalmological conditions relevant to flight
 - 6) Ear/nose/throat conditions relevant to flight
 - 7) Respiratory conditions relevant to flight
 - 8) Psychiatric conditions relevant to flight
 - 9) Metabolic/endocrine conditions relevant to flight
 - 10) Other conditions relevant to flight (especially gastro-enterological, haematological, urological, renal, gynaecological/obstetric, orthopaedic and oncological disease)
 - 11) Medication relevant to flight

- c) Public Health
 - 1) Introduction to the World Health Organization International Health Regulations (2005).
 - 2) Knowledge of ICAO SARPs related to public health.
 - 3) Annex 6 — Operation of Aircraft: On board medical supplies.
 - 4) Annex 9 — Facilitation: Public Health Emergency preparedness planning, Aircraft General Declaration.
 - 5) Annex 11 — Air Traffic Services: Aspects relevant to public health emergencies in contingency planning.
 - 6) Annex 14 — Aerodromes: Aspects relevant to public health emergencies in aerodrome emergency planning.
 - 7) Procedures for Air Navigation Services — Air Traffic Management: Part III, Chapter 18, Appendix.
 - 8) Annex 18 — The Safe Transport of Dangerous Goods by Air: Carriage of medical items by air e.g. radioactive materials and biological specimens.

- d) Regulatory medicine

- 1) Convention on International Civil Aviation and its Annexes
- 2) ICAO Standards and Recommended Practices, with focus on medically related SARPs
- 3) Licence types and differences in medical requirements between them
- 4) ICAO Annex 1: difference between “Licence” and “Medical Assessment”.
- 5) Validity periods of medical assessments
- 6) Application of “Flexibility Standard” 1.2.4.9 in ICAO Annex 1 and accredited medical conclusion.
- 7) Evaluation of evidence — critical appraisal of specialist reports and data
- 8) Decrease in medical fitness — administrative process for an “unfit” decision
- 9) Other medical regulations in the ICAO Annexes (psychoactive substances, fatigue, oxygen.)
- 10) Principles of risk management
- 11) Principles of safety management, as applied to aviation medicine.

3.4 Refresher training in aviation medicine for Medical Examiners

- 3.4.1 The MA of the CAAM shall arrange refresher training programmes in aviation medicine for all the MEs of the CAAM annually. In addition, MEs are to participate in international aviation health conferences at least once every three (3) years. The new medical-related provisions must be discussed during refresher training. The duration of the refresher training programme shall be at least one full working day. For the convenience of the MEs, the schedule of the refresher training programme shall be e-mailed to the participants at least two weeks before the refresher training. The documents showing the attendance of the participants and the subject matter discussed shall be preserved by the MA of the CAAM.

3.5 Authority delegated to the DMEs of the CAAM

- 3.5.1 The DMEs shall perform the medical examination in accordance with the this CAD, CAD 1 – Personnel licensing and ICAO Doc 8984.
- 3.5.2 They are authorized to perform all the Classes of Medical Assessment (Class 1 Medical Assessment, Class 2 Medical Assessment and Class 3 Medical Assessment) when the Medical Standards prescribed in this CAD, CAD 1 – Personnel licensing and ICAO Doc 8984 for a particular license type are met.
- 3.5.3 If the Medical Standards prescribed in his CAD, CAD 1 – Personnel licensing and ICAO Doc 8984 for a particular license type are not met the DMEs shall refer the applicant to the MA of the CAAM for medical assessment.

3.6 Documents provided to the DMEs

- 3.6.1 The MA of the CAAM shall provide necessary Medical Documents /Forms/ Guidelines including new medical-related provisions in hard/soft copy to the DMEs

to enable them to carry out their tasks smoothly. The following are a list of Medical Documents / Forms/Guidelines which shall be available with the DMEs:

- a) Civil Aviation Directives 1004 – Medical Requirements.
- b) Civil Aviation Directives 1 – Personnel Licensing
- c) ICAO Doc 8984 Manual of Civil Aviation Medicine
- d) Malaysian Civil Aviation Regulations 2016
- e) Application Form for an Aviation Medical Certificate
- f) Medical Examination Report Form
- g) Medical Certificate Form.

3.6.2 Updates on new medical related provisions by the CAAM can be found on the CAAM website.

3.7 Surveillance, supervision, control of the DMEs

3.7.1 The MA of the CAAM shall supervise and control the DMEs of the CAAM to resolve safety concerns of the DMEs. The DMEs shall be audited by the MA at least once every 3 years, followed by random unscheduled competency assessments to ensure the DMEs demonstrate of the use of the latest aviation medical rules/procedures, reports submitted within one week to the CAAM from the date of the medical examination and evidence to confirm effective implementation.

3.7.2 Competency Assessment audit process

- a) The MA will a conduct competency assessment on the DMEs at least once every 3 years.
- b) The MA will use the medical assessment audit form as Appendix 1 for the evaluation/assessment.
- c) The MA evaluate according to the criteria given in the Appendix 1.
- d) Once the assessment is completed, the MA shall get the signature from relevant DME in order to get the consent for the evaluation results.
- e) The MA shall place the signature and date in the relevant box confirming the assessment is completed
- f) If the Assessment is unsatisfactory, the MA shall recommend additional training, or the designation be revoked as stated in 2.22.
- g) A reassessment shall may be done by the MA after completion of the additional training received by the DME.

3.7.3 The MA shall conduct oversight the DMEs with importance of the following to resolve safety concerns:

- a) Premises must be clean, hygienic and acceptable to the MA.
- b) Equipment must be well maintained, clean and updated. The following are minimum equipment required for the DME:
 - 1) Weighing Machine
 - 2) Height Measuring System
 - 3) Stethoscope
 - 4) Sphygmomanometer
 - 5) Near Vision Testing System
 - 6) Distant Vision Testing System
 - 7) Colour Vision Testing System
- c) Medical Documents
 - 1) Civil Aviation Directives 1004 – Medical Requirements.
 - 2) Civil Aviation Directives 1 – Personnel Licensing
 - 3) ICAO Doc 8984 Manual of Civil Aviation Medicine
 - 4) Malaysian Civil Aviation Regulations 2016
 - 5) Application Form for an Aviation Medical Certificate
 - 6) Medical Examination Report Form
 - 7) Medical Certificate Form.
- d) Personal Documents
 - 1) MBBS/Medical Graduation Certificate
 - 2) Diploma in Aviation/Aerospace Medicine Certificate
 - 3) Annual Practising Certificate (APC) issued by Ministry of Health Malaysia or equivalent document from the State of the appointed DME.
 - 4) Up-to-date Refresher Training Certificate
 - 5) CAAM Certificate of Approval
 - 6) Medical reports submitted within one week to the CAAM from the date of the medical examination



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4 Chief Medical Assessor

4.1 General

4.1.1 The Chief Executive Officer of the Civil Aviation Authority of Malaysia shall appoint a full time Chief Medical Assessor (CMA) as the head of the Medical Section of CAAM. He should either be an Aviation Medicine Specialist with Post-Graduate qualification in Aviation Medicine and practicing only Aviation Medicine, or a practicing doctor with post-graduate qualification in his specialty and also in Aviation Medicine. Where possible, the CMA should have been part Aviation Medical Board for at least five (5) years, in addition to the requirements stated in paragraph 4.2.

4.2 Requirements for employment as CMA of CAAM

4.2.1 For employment as CMA in the CAAM the following qualifications, training and job experience in aviation medicine are prerequisite:

- a) MBBS or Equivalent Medical Degree;
- b) Post Graduate Diploma in Aviation Medicine or a recognised aviation medicine course by the CAAM;
- c) Minimum five (5) years of service as a DME of the CAAM, or previously appointed as an Assistant Medical Assessor of the CAAM;
- d) Experience in Administrative Medicine/Public Health/Occupational Health;
- e) Must have satisfactory experience of teaching Aviation Medicine/Aviation Psychology in any recognized Pilot Training Flying Academy, Flying Instructor's School, Aero Medical Institute, or equivalent;
- f) Must have adequate knowledge in Search and Rescue and Inflight Emergencies; and
- g) Must have adequate knowledge in handling / assisting in Aircraft Accident Investigations.

4.3 Responsibilities of the CMA of the CAAM

4.3.1 The responsibilities of the CMA of the CAAM are as follows:

- a) The CMA of the CAAM shall evaluate all the medical reports submitted to the Medical Assessors Office by the DMEs to perform medical assessment audits. After evaluation, the medical documents must be stamped/signed off;
- b) The Medical Assessor makes aeromedical decisions when a degree of flexibility is permitted, in situations where prescribed standards for a particular licence are not met.

- c) Sometimes a Civil Aviation Medical Board, including appropriate specialists, may need to be convened to assist in the process. In all cases, the CMA of the CAAM will be the head of the Civil Aviation Medical Board.
- d) The CMA shall ensure that DMEs are adequately trained, have practical knowledge and experience of the aviation environment in which the holders of licences and ratings carry out their duties, and that their competency is adequate. The CMA shall organise and participate DME orientation and training programmes including refresher training in Aviation Medicine and visits in towers and cockpit to orient and familiarise the DMEs in aviation medicine and working environments.
- e) The CMA is responsible for evaluating the competency of DMEs by the process of a Medical Audit.
- f) The CMA of the CAAM is responsible for the safeguarding of medical confidentiality, although pertinent medical information may be presented by the CMA to other officials of the CAAM when justified by operational concerns or when an accredited medical conclusion is sought.
- g) The CMA of the CAAM may act also as an ME in addition to his own duties and responsibilities.
- h) The CMA of the CAAM suggests policies, rules and regulations about medical standards and procedures and guidelines to CAAM.
- i) The CMA of the CAAM may be required to provide consultation to the Chief Executive Officer of the CAAM in Aviation matters related to health and safety.

4.3.2 Process of evaluating medical reports submitted by a ME:

- a) Applicant's medical file with duly completed medical assessment report by DME along with the routine investigations/reports and other reports if requested shall be submit to the MA.
- b) MA shall go through the medical assessment report and the investigation reports and shall initial each and every report to confirm that all are perused carefully.
- c) MA shall initial on the duly completed medical assessment form which was submitted by the DME.
- d) If medical assessment report and the investigation reports are as per the applicable medical Standards & Recommended Practices, MA shall approve the medical certificate by signing on the certificate.
- e) If any deviation/any abnormal reports detected or need more clarification, the MA shall make a minute in the medical file to ME for corrective actions prior to the approval of the Medical Certificate by MA.



- f) The ME shall take necessary steps to comply with the recommendations made by the MA and resubmit the file once completed or if further advice is needed (e.g. Accredited medical conclusion) regarding the certification.



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5 Assistant Medical Assessor

5.1 General

5.1.1 The Chief Executive Officer of the Civil Aviation Authority of Malaysia may appoint Assistant Medical Assessor(s) as part of the Medical Section of CAAM. He should either be an Aviation Medicine Specialist with Post-Graduate qualification in Aviation Medicine and practicing only Aviation Medicine, or a practicing doctor with post-graduate qualification in his specialty and also in Aviation Medicine. Where possible, the Assistant Medical Assessor should have been part Aviation Medical Board for at least five (5) years, in addition to the requirements stated in paragraph 5.2.

5.2 Requirements for employment as Assistant Medical Assessor of CAAM

5.2.1 For employment as an Assistant Medical Assessor in the CAAM the following qualifications, training and job experience in aviation medicine are prerequisite:

- a) MBBS or Equivalent Medical Graduation Degree;
- b) Post Graduate Diploma in Aviation Medicine or a recognised aviation medicine course by the CAAM;
- c) Minimum three (3) years of service as a DME of the CAAM;
- d) Experience in Administrative Medicine/Public Health/Occupational Health;
- e) Should have satisfactory experience of teaching Aviation Medicine/Aviation Psychology in any recognized Pilot Training Flying Academy, Flying Instructor's School, Aero Medical Institute, or equivalent;
- f) Should have adequate knowledge Search and Rescue and Inflight Emergencies;
- g) Should have adequate knowledge in handling / assisting in Aircraft Accident Investigations.

5.3 Responsibilities of the Assistant Medical Assessor of the CAAM

5.3.1 The responsibilities of the Assistant Medical Assessor of the CAAM are as follows:

- a) Assist the CMA in evaluating all the medical reports submitted to the Medical Assessors Office by the DMEs to perform medical assessment audits. After evaluation the medical documents must be stamped/signed off;
- b) Assist the CMA in making aeromedical decisions when a degree of flexibility is permitted, in situations where prescribed standards for a particular licence are not met.
- c) Participate in a Civil Aviation Medical Board, when required by the CMA.

- d) Assist the CMA in ensuring that DMEs are adequately trained, have practical knowledge and experience of the aviation environment in which the holders of licences and ratings carry out their duties, and that their competency is adequate.
- e) Assist the CMA with organising and participating in DME orientation and training programmes including refresher training in Aviation Medicine and visits in towers and cockpit to orient and familiarise the DMEs in aviation medicine and working environments.
- f) When required, assist the CMA in evaluating the competence of DMEs by the process of a Medical Audit.
- g) The Assistant Medical Assessor of the CAAM may act also as an ME in addition to his own duties and responsibilities.
- h) Assist in other medical areas required by the CMA.

Note. – Refer to 4.3.2 for the process of evaluating medical reports submitted by a Medical Examiner:



6 Aviation Medical Assistant(s) of CAAM (AvMed Assistant)

6.1 General

6.1.1 The Chief Executive Officer of the CAAM employs Aviation Medical Assistant(s) to assist the MA(s) of the CAAM.

6.2 Requirements for employment as Aviation Medical Assistant

6.2.1 For employment as Aviation Medical Assistant(s) of the CAAM the following qualifications, training and job experience are prerequisite:

- a) Relevant tertiary education qualification;
- b) Qualified Assistant Medical Officer or Medical Assistant;
- c) Has working experience in any Medical or Aeromedical Institute;
- d) Has good knowledge in checking and operating medical equipment applicable to aviation medicine;
- e) Competent in office management and working with applications such as Microsoft Word, Excel, etc.



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7 Civil Aviation Medical Board (CAMB)

7.1 General

7.1.1 A Civil Aviation Medical Board convenes to come to a decision on difficult medical matters in various situations. If an applicant submits an appeal for an aviation medical examination, the Chief Executive Officer of the CAAM should convene a Civil Aviation Medical Board to come to a decision. The Chief Executive Officer of the CAAM should also convene a Civil Aviation Medical Board if it is recommended by the CMA of the CAAM for any reason.

7.2 CAMB Members

7.2.1 The Civil Aviation Medical Board are composed of the following:

- a) President: CMA or Assistant Medical Assessor of the CAAM.
- b) Member 1: The Director of the Institute of Aviation Medicine (RMAF), who must be a DME.
- c) Member 2: A DME of the CAAM.

7.2.2 The MA or the ME, for whose opinion an appeal for an aviation medical examination is applied by the applicant, must not be a president or a member of the Civil Aviation Medical Board. Other experts or specialists can be invited in the CAMB for their opinion when required.

7.2.3 Function of the CAMB is to come to a decision on the medical status of the applicant or licence holder upon finding a deviation, deficit, abnormality or disease state during medical examination. The CAMB will also formulate or endorse policies, rules and regulations and procedures regarding medical standards.



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8 Medical Assessments

8.1 Classes of Medical Assessments

8.1.1 As stated in 6.1.1 of CAD 1, the different medical requirements to safely exercise the privileges of different licences have been recognised by providing three classes of medical assessment as follows:

a) Class 1 medical assessments, which applies to applicants for, and holders of:

- 1) Commercial Pilot Licences (CPL) (aeroplane / helicopter);
- 2) Multi-crew Pilot Licences (MPL) (aeroplane); and
- 3) Airline Transport Pilot Licences (ATPL) (aeroplane / helicopter).
- 4) From 3 November 2022, Remote Pilot Licences (RePL).

b) Class 2 medical assessments, which applies to applicants for, and holders of:

- 1) Private Pilot Licences (aeroplane / helicopter);
- 2) Student Pilot Licences (SPL) (aeroplane / helicopter); and
- 3) Free Balloon Pilot Licences (BPL)

c) Class 3 medical assessments, which applies to applicants for, and holders of:

- 1) Air Traffic Controller Licences and student air traffic controllers receiving instruction in an operating environment.
- 2) From 3 November 2022, Remote Pilot Licences (RePL).

Note. – From 3 November 2022, the medical requirements for the issue of a Remote Pilot Licence will subject to the type of operation being conducted.

8.1.2 For each of the above classes of medical assessments, the two basic principles when assessing an applicant's medical fitness for aviation duties are that:

- a) the applicant shall be physically and mentally capable of performing the duties of the licence or rating applied for or held; and
- b) there shall be no medical reason which makes the applicant liable to incapacitation while performing duties.

8.2 Validity periods of medical assessments

8.2.1 The validity period of a medical assessment always commences from the day on which the regulatory medical examination was conducted. If there is a postponement in the issue of the medical assessment (e.g. awaiting laboratory tests results or specialist evaluation) the validity period still commences from the day on which the regulatory medical examination was conducted.

8.2.2 The validity period is based on the age at which the examination is undertaken. This is important if an examination is undertaken near the age at which the validity period changes. For example, if an examination for a Class 2 medical assessment for a Private Pilot Licence holder is undertaken when the applicant is 39 years of

age, the validity would not be greater than sixty (60) months, whereas if he is 40 years old on the day of examination, the validity would be not greater than twenty four (24) months.

8.2.3 If a licence holder undergoes a medical examination to renew his or her medical assessment no more than 45 days before it expires, the validity period of renewed medical assessment may be extended by a corresponding amount. This allows the medical assessments to expire on a constant date every year. It also allows licence holders and MEs a sufficient period of time to arrange an examination without disrupting work schedules.

8.2.4 Subject to an extension of up to 45 days as described above, the maximum periods of validity of the medical assessment for various categories of licence holders are as follows:

a) Class 1 medical assessment is valid for a period not greater than:

- 1) 12 months; or
- 2) 6 months if:
 - i) the applicant is engaged in single-crew commercial air transport operations carrying passengers and, on the date of the medical examination, is more than 40 years old; or
 - ii) the applicant is engaged in commercial air transport operations in multi-crew operation and, on the date of the medical examination, is more than 60 years old.
- 3) 48 months for RePL holder.

b) Class 2 medical assessment is valid for a period not greater than:

- 1) 60 months for a Private Pilot Licence or Balloon Pilot Licence; or
- 2) for the licences stated in 8.2.4 b) 1), 24 months if, on the date of the medical examination, the applicant is more than 40 years old and less than 50 years old; or
- 3) for the licences stated in 8.2.4 b) 1), 12 months if, on the date of the medical examination, the applicant is 50 years of age or older.
- 4) 24 months for a Student Pilot Licence.

c) Class 3 medical assessment is valid for a period not greater than:

- 1) For an Air Traffic Controller Licence, 48 months; or
- 2) 24 months if, on the date of the medical examination, the applicant is more than 40 years old and less than 50 years old; or
- 3) 12 months if, on the date of the medical examination, the applicant is 50 years of age or older.
- 4) 48 months for a RePL holder.

8.2.5 The period of validity of a medical assessment may be reduced when clinically indicated. For example, a medical condition, although compatible with licensing,



may be of a nature where medical check-ups are required at a frequency greater than normal. In such cases, the period of validity of the medical assessment may be reduced so as to ensure adequate monitoring of the medical condition.



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9 Medical standards for licensing requirements

9.1 Medical assessment issue and renewal

9.1.1 Class 1 Medical Assessment standards

9.1.1.1 An applicant for a CPL — aeroplane / helicopter, a MPL — aeroplane, an ATPL — aeroplane / helicopter and from 3 November 2022, subject to the type of operation, a RePL, will undergo an initial medical examination for the issue of a Class 1 Medical Assessment.

9.1.1.2 Except where otherwise stated in chapter 9.1, holders of CPL — aeroplane / helicopter, MPL— aeroplane, or ATPL — aeroplane / helicopter will have their Class 1 Medical Assessments renewed at intervals not exceeding those specified in 8.1.

9.1.1.3 When the MA is satisfied that the requirements of chapter 9.1 and the general provisions of 2.4 have been met, a Class 1 Medical Assessment may be issued to the applicant.

9.1.2 Class 2 Medical Assessment standards

9.1.2.1 An applicant for a SPL, PPL— aeroplane / helicopter and a free balloon pilot licence will undergo an initial medical examination for the issue of a Class 2 Medical Assessment.

9.1.2.2 Except where otherwise stated in this section, holders of a SPL, PPL— aeroplane / helicopter or a free balloon pilot licence will have their Class 2 Medical Assessments renewed at intervals not exceeding those specified in 8.1. When the MA is satisfied that the requirements of this section and the general provisions of 2.4 have been met, a Class 2 Medical Assessment may be issued to the applicant.

9.1.3 Class 3 Medical Assessment standards

9.1.3.1 An applicant for an air traffic controller licence and from 3 November 2022, subject to the type of operation, a RePL, will undergo an initial medical examination for the issue of a Class 3 Medical Assessment.

9.1.3.2 Except where otherwise stated in this section, holders of air traffic controller licences will have their Class 3 Medical Assessments renewed at intervals not exceeding those specified in 8.1.

9.1.3.3 When the MA is satisfied that the requirements of this section and the general provisions of 2.4 have been met, a Class 3 Medical Assessment may be issued to the applicant.

9.2 Physical and mental requirements

9.2.1 Class 1 Medical Assessment standards

9.2.1.1 General

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

9.2.1.2 Mental health and behavioural disorder

9.2.1.2.1 The applicant will have no established medical history or clinical diagnosis of:

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

9.2.1.2.2 An applicant with depression, being treated with antidepressant medication, will be assessed as unfit unless the MA, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's licence and rating privileges.

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

9.2.2 Class 2 Medical Assessment standards

9.2.2.1 General

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

9.2.2.2 Mental health and behavioural disorder

9.2.2.2.1 The applicant will have no established medical history or clinical diagnosis of:

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

such as might render the applicant unable to safely exercise the privileges of the licence applied for or held.

9.2.2.2.2 An applicant with depression, being treated with antidepressant medication, will be assessed as unfit unless the MA, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's licence and rating privileges.

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

9.2.3 Class 3 Medical Assessment standards

9.2.3.1 General

9.2.3.1.1 The applicant will not suffer from any disease or disability which could render that applicant likely to become suddenly unable to perform duties safely.

9.2.3.2 Mental health and behavioural disorder

9.2.3.2.1 The applicant will have no established medical history or clinical diagnosis of:

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

such as might render the applicant unable to safely exercise the privileges of the licence applied for or held

9.2.3.2.2 An applicant with depression, being treated with antidepressant medication, will be assessed as unfit unless the MA, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's licence and rating privileges.

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

9.3 Neurological

9.3.1 Class 1 Medical Assessment standards

9.3.1.1 The applicant will have no established medical history or clinical diagnosis of any of the following:

- a) a progressive or non-progressive disease of the nervous system, the effects of which are likely to interfere with the safe exercise of the applicant's licence and rating privileges;
- b) epilepsy; or
- c) any disturbance of consciousness without satisfactory medical explanation of cause.

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

9.3.2 Class 2 Medical Assessment standards

9.3.2.1 The applicant will have no established medical history or clinical diagnosis of any of the following:

- a) a progressive or non-progressive disease of the nervous system, the effects of which are likely to interfere with the safe exercise of the applicant's licence and rating privileges;
- b) epilepsy;
- c) any disturbance of consciousness without satisfactory medical explanation of cause.

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

9.3.3 Class 3 Medical Assessment standards

9.3.3.1 The applicant will have no established medical history or clinical diagnosis of any of the following:

- a) a progressive or non-progressive disease of the nervous system, the effects of which are likely to interfere with the safe exercise of the applicant's licence and rating privileges;
- b) epilepsy; or
- c) any disturbance of consciousness without satisfactory medical explanation of cause.

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

9.4 Cardiovascular

9.4.1 Class 1 Medical Assessment standards

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

- a) An applicant who has undergone coronary bypass grafting or angioplasty (with or without stenting) or other cardiac intervention or who has a history of myocardial infarction or who suffers from any other potentially incapacitating cardiac condition will be assessed as unfit unless the applicant's cardiac condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.
- b) An applicant with an abnormal cardiac rhythm will be assessed as unfit unless the cardiac arrhythmia has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges. Electrocardiography will form part of the heart examination for the first issue of a Medical Assessment.
- c) Electrocardiography will be included in re-examinations of applicants between the ages of 30 and 50 no less frequently than every two (2) years.
- d) Electrocardiography will be included in re-examinations of applicants over the age of 50 no less frequently than annually.

Note 1. — The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence, in isolation, to justify an 'unfit' medical assessment. The results of further cardiovascular examination and / or investigation should be considered before any Medical Assessment decision is based on an abnormal routine electrocardiography result.

- e) The systolic and diastolic blood pressures will be within normal limits. The use of drugs for control of high blood pressure will be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.
- f) There will be no significant functional or structural abnormality of the circulatory system.

9.4.2 Class 2 Medical Assessment standards

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

- a) An applicant who has undergone coronary by-pass grafting or angioplasty (with or without stenting) or other cardiac intervention or who has a history of myocardial infarction or who suffers from any other potentially

incapacitating cardiac condition will be assessed as unfit unless the applicant's cardiac condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.

- b) An applicant with an abnormal cardiac rhythm will be assessed as unfit unless the cardiac arrhythmia has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges. Electrocardiography will form part of the heart examination for the first issue of a Medical Assessment
- c) Electrocardiography will be included in re-examinations of applicants after the age of 40 no less than every two (2) years.
- d) Electrocardiography will form part of the heart examination for the first issue of a Medical Assessment after the age of 40.

Note 1.— The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence, in isolation, to justify an 'unfit' medical assessment. The results of further cardiovascular examination and / or investigation should be considered before any Medical Assessment decision is based on an abnormal routine electrocardiography result.

- e) The systolic and diastolic blood pressures will be within normal limits. The use of drugs for control of high blood pressure will be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges. There will be no significant functional or structural abnormality of the circulatory system.

9.4.3 Class 3 Medical Assessment standards

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

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

privileges. Electrocardiography will form part of the heart examination for the first issue of a Medical Assessment.

- c) Electrocardiography will be included in re-examinations of applicants after the age of 40 no less frequently than every two (2) years.

Note 1.— The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence, in isolation, to justify a Medical Assessment decision is based on an abnormal routine electrocardiography result. 'unfit' medical assessment. The results of further cardiovascular examination and / or investigation should be considered before any Medical Assessment decision is based on an abnormal routine electrocardiography result.

- d) The systolic and diastolic blood pressures will be within normal limits. The use of drugs for control of high blood pressure is disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence privileges.
- e) There will be no significant functional or structural abnormality of the circulatory system.

9.5 Respiratory

9.5.1 Class 1 Medical Assessment standards

9.5.1.1 There will be no acute disability of the lungs or any active disease of the structures of the lungs, mediastinum or pleurae likely to result in incapacitating symptoms during normal or emergency operations.

- a) Chest radiography will form part of the initial examination.
- b) Chest radiography will form part of examinations, other than the initial examination, when asymptomatic pulmonary disease can be expected.

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

9.5.1.3 Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms during normal or emergency operations will be assessed as unfit. The use of drugs for control of asthma will be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.

9.5.1.4 Applicants with active pulmonary tuberculosis will be assessed as unfit. Applicants with quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, may be assessed as fit.

9.5.2 Class 2 Medical Assessment standards

- 9.5.2.1 There will be no disability of the lungs or any active disease of the structures of the lungs, mediastinum or pleura likely to result in incapacitating symptoms during normal or emergency operations.
- a) Chest radiography will for part of the initial examination, and other examinations, when asymptomatic pulmonary disease can be expected.
- 9.5.2.2 Applicants with chronic obstructive pulmonary disease will be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.
- 9.5.2.3 Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms during normal or emergency operations will be assessed as unfit.
- 9.5.2.4 The use of drugs for control of asthma will be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.
- 9.5.2.5 Applicants with active pulmonary tuberculosis will be assessed as unfit. Applicants with quiescent or healed lesions, known to be tuberculous or presumably tuberculous in origin, may be assessed as fit.
- 9.5.3 Class 3 Medical Assessment standards
- 9.5.3.1 There will be no disability of the lungs or any active disease of the structures of the lungs, mediastinum or pleurae likely to result in incapacitating symptoms.
- a) Chest radiography will form part of the initial examination.
- b) Chest radiography will form part of examinations, other than the initial examination, when asymptomatic pulmonary disease can be expected.
- 9.5.3.2 Applicants with chronic obstructive pulmonary disease will be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.
- 9.5.3.3 Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms will be assessed as unfit.
- 9.5.3.4 The use of drugs for control of asthma will be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.
- 9.5.3.5 Applicants with active pulmonary tuberculosis will be assessed as unfit. Applicants with quiescent or healed lesions, known to be tuberculous or presumably tuberculous in origin, may be assessed as fit.

9.6 Gastrointestinal

9.6.1 Class 1 Medical Assessment standards

- 9.6.1.1 Applicants with significant impairment of function of the gastrointestinal tract or its adnexa will be assessed as unfit.
- 9.6.1.2 Applicants will be completely free from those hernias that might give rise to incapacitating symptoms.
- 9.6.1.3 Applicants with sequelae of disease of, or surgical intervention on, any part of the digestive tract or its adnexa, likely to cause incapacitation in flight, in particular any obstruction due to stricture or compression, will be assessed as unfit.
- 9.6.1.4 An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexa with a total or partial excision or a diversion of any of these organs should be assessed as unfit until such time as the MA, having access to the details of the operation concerned, considers that the effects of the operation are not likely to cause incapacitation in flight.

9.6.2 Class 2 Medical Assessment standards

- 9.6.2.1 Applicants with significant impairment of the function of the gastrointestinal tract or its adnexa will be assessed as unfit.
- 9.6.2.2 Applicants will be completely free from those hernias that might give rise to incapacitating symptoms
- 9.6.2.3 Applicants with sequelae of disease of or surgical intervention on any part of the digestive tract or its adnexa, likely to cause incapacitation in flight, in particular any obstruction due to stricture or compression, will be assessed as unfit.
- 9.6.2.4 An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexa with a total or partial excision or a diversion of any of these organs should be assessed as unfit until such time as the MA, having access to the details of the operation concerned, considers that the effects of the operation are not likely to cause incapacitation in flight.

9.6.3 Class 3 Medical Assessment standards

- 9.6.3.1 Applicants with significant impairment of the function of the gastrointestinal tract or its adnexa will be assessed as unfit.
- 9.6.3.2 Applicants with sequelae of disease of or surgical intervention on any part of the digestive tract or its adnexa, likely to cause incapacitation, in particular any obstructions due to stricture or compression, will be assessed as unfit.

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

9.7 Metabolic, nutritional, and endocrine

9.7.1 Class 1 Medical Assessment standards

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

- 9.7.1.2 Effective 1 July 2021, applicants who are morbidly obese (BMI more than 35) may require further medical evaluation by the DME and may not meet the standards of a Class 1 Medical Assessment.

- 9.7.1.3 Applicants with insulin-treated diabetes mellitus will be assessed as unfit.

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

9.7.2 Class 2 Medical Assessment standards

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

- 9.7.2.2 Applicants with insulin-treated diabetes mellitus will be assessed as unfit.

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

9.7.3 Class 3 Medical Assessment standards

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

- 9.7.3.2 Applicants with insulin-treated diabetes mellitus will be assessed as unfit.

- 9.7.3.3 Applicants with non-insulin-treated diabetes will be assessed as unfit unless the condition is shown to be satisfactorily controlled by diet alone or by diet

combined with oral anti-diabetic medication, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.

9.8 Blood and lymphatic

9.8.1 Class 1 Medical Assessment standards

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

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

9.8.2 Class 2 Medical Assessment standards

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

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

9.8.3 Class 3 Medical Assessment standards

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

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

9.9 Renal and genitourinary

9.9.1 Class 1 Medical Assessment standards

9.9.1.1 Applicants with renal or genito-urinary disease will be assessed as unfit, unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.

9.9.1.2 Urine examination will form part of the medical examination and abnormalities will be adequately investigated.

9.9.1.3 Applicants with sequelae of disease of or surgical procedures on the kidneys or the genito-urinary tract, in particular obstructions due to stricture or compression, will be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.

9.9.1.4 Applicants who have undergone nephrectomy will be assessed as unfit unless the condition is well compensated.

9.9.2 Class 2 Medical Assessment standards

9.9.2.1 Applicants with renal or genito-urinary disease will be assessed as unfit unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.

9.9.2.2 Urine examination will form part of the medical examination and abnormalities will be adequately investigated.

9.9.2.3 Applicants with sequelae of disease of, or surgical procedures on, the kidneys or the genito-urinary tract, in particular obstructions due to stricture or compression, will be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.

9.9.2.4 Applicants who have undergone nephrectomy will be assessed as unfit unless the condition is well compensated.

9.9.3 Class 3 Medical Assessment standards

9.9.3.1 Applicants with renal or genito-urinary disease will be assessed as unfit unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.

9.9.3.2 Urine examination will form part of the medical examination and abnormalities will be adequately investigated.

9.9.3.3 Applicants with sequelae of disease of, or surgical procedures on the kidneys or the genito-urinary tract, in particular obstructions due to stricture or compression, will be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.

9.9.3.4 Applicants who have undergone nephrectomy will be assessed as unfit unless the condition is well compensated.

9.10 Human Immunodeficiency Virus

9.10.1 Class 1 Medical Assessment standards

9.10.1.1 Applicants who are seropositive for human immunodeficiency virus (HIV) will be assessed as unfit unless full investigation provides no evidence of HIV-associated diseases likely to give rise to incapacitating symptoms.

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

9.10.2 Class 2 Medical Assessment standards

9.10.2.1 Applicants who are seropositive for human immunodeficiency virus (HIV) will be assessed as unfit unless full investigation provides no evidence of HIV-associated diseases likely to give rise to incapacitating symptoms.

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

9.10.3 Class 3 Medical Assessment standards

9.10.3.1 Applicants who are seropositive for human immunodeficiency virus (HIV) will be assessed as unfit unless full investigation provides no evidence of HIV-associated diseases likely to give rise to incapacitating symptoms.

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

9.11 Reproductive

9.11.1 Class 1 Medical Assessment standards

9.11.1.1 Applicants with reproductive system disorders that are likely to interfere with the safe exercise of their licence and rating privileges will be assessed as unfit.

9.11.1.2 Applicants who are pregnant will be assessed as unfit.

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

9.11.2 Class 2 Medical Assessment standards

9.11.2.1 Applicants with reproductive system disorders that are likely to interfere with the safe exercise of their licence and rating privileges will be assessed as unfit.

9.11.2.2 Applicants who are pregnant will be assessed as unfit.

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

9.11.3 Class 3 Medical Assessment standards

- 9.11.3.1 Applicants with reproductive system disorders that are likely to interfere with the safe exercise of their licence and rating privileges will be assessed as unfit.
- 9.11.3.2 Applicants who are pregnant will be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk uncomplicated pregnancy.
- 9.11.3.3 During the gestational period, precautions should be taken for the timely relief of an air traffic controller in the event of early onset of labour or other complications.
- 9.11.3.4 For applicants with a low-risk uncomplicated pregnancy, evaluated and supervised in accordance with 9.11.3.2 the fit assessment should be limited to the period until the end of the 34th week of gestation.
- 9.11.3.5 Following confinement or termination of pregnancy the applicant will not be permitted to exercise the privileges of her licence until she has undergone re-evaluation in accordance with best medical practice and it has been determined that she is able to safely exercise the privileges of her licence and ratings.

9.12 Musculoskeletal

9.12.1 Class 1 Medical Assessment standards

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

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

9.12.2 Class 2 Medical Assessment standards

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

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

9.12.3 Class 3 Medical Assessment standards

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

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

9.13 Ear, nose and throat

9.13.1 Class 1 Medical Assessment standards

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

9.13.1.2 There will be:

- a) no disturbance of vestibular function;
- b) no significant dysfunction of the Eustachian tubes; and
- c) no unhealed perforation of the tympanic membranes.

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

9.13.1.4 There will be:

- a) no nasal obstruction; and
- b) no malformation nor any disease of the buccal cavity or upper respiratory tract which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

9.13.1.5 Applicants with stuttering or other speech defects sufficiently severe to cause impairment of speech communication will be assessed as unfit.

9.13.2 Class 2 Medical Assessment standards

9.13.2.1 The applicant will not possess any abnormality or disease of the ear or related structures which is likely to interfere with the safe exercise of the applicant's licence and rating privileges. There will be:

- a) no disturbance of the vestibular function;
- b) no significant dysfunction of the Eustachian tubes; and
- c) no unhealed perforation of the tympanic membranes.

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

9.13.2.3 There will be:

- a) no nasal obstruction; and

- b) no malformation nor any disease of the buccal cavity or upper respiratory tract which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

9.13.2.4 Applicants with stuttering and other speech defects sufficiently severe to cause impairment of speech communication will be assessed as unfit.

9.13.3 Class 3 Medical Assessment standards

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

9.13.3.2 There will be no malformation or any disease of the nose, buccal cavity or upper respiratory tract which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

9.13.3.3 Applicants with stuttering or other speech defects sufficiently severe to cause impairment of speech communication will be assessed as unfit.

9.14 Vision (Visual Requirements)

9.14.1 Class 1 Medical Assessment standards

9.14.1.1 The function of the eyes and their adnexa will be normal. There will be no active pathological condition, acute or chronic, or any sequelae of surgery or trauma of the eyes or their adnexa likely to reduce proper visual function to an extent that would interfere with the safe exercise of the applicant's licence and rating privileges.

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

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

Note 1.— 9.14.1.2 b) is the subject of Standards in CAD 6, Part I.

Note 2.— An applicant accepted as meeting these provisions is deemed to continue to do so unless there is reason to suspect otherwise, in which case an ophthalmic report is required at the discretion of the MA. Both uncorrected and corrected visual acuity are normally measured and recorded at each re-examination. Conditions which indicate a need to obtain an ophthalmic report include: a substantial decrease in the uncorrected visual acuity, any decrease

in best corrected visual acuity, and the occurrence of eye disease, eye injury or eye surgery.

- 9.14.1.3 Applicants may use contact lenses to meet this requirement provided that:
- a) the lenses are monofocal and non-tinted;
 - b) the lenses are well tolerated; and
 - c) a pair of suitable correcting spectacles is kept readily available during the exercise of the licence privileges.
- Note. — Applicants who use contact lenses may not need to have their uncorrected visual acuity measured at each re-examination provided the history of their contact lens prescription is known.*
- 9.14.1.4 Applicants with a large refractive error will use contact lenses or high-index spectacle lenses.
- Note. — If spectacles are used, high-index lenses are needed to minimize peripheral field distortion.*
- 9.14.1.5 Applicants whose uncorrected distant visual acuity in either eye is worse than 6/60 will be required to provide a full ophthalmic report prior to initial Medical Assessment and every five (5) years thereafter.
- 9.14.1.6 Visual acuity tests shall be conducted in an environment with a level of illumination that corresponds to ordinary office illumination (30-60 cd/m²)
- 9.14.1.7 Visual acuity shall be measured by means of a series of Landolt rings or similar optotypes, placed at a distance from the applicant appropriate to the method of testing adopted.
- Note. — The purpose of the required ophthalmic examination is (1) to ascertain normal visual performance, and (2) to identify any significant pathology.*
- 9.14.1.8 Applicants who have undergone surgery affecting the refractive status of the eye will be assessed as unfit unless they are free from those sequelae which are likely to interfere with the safe exercise of their licence and rating privileges.
- 9.14.1.9 The applicant will have the ability to read, while wearing the correcting lenses, if any, required by 9.14.1.2, the N5 chart or its equivalent at a distance selected by that applicant in the range of 30 to 50 cm and the ability to read the N14 chart or its equivalent at a distance of 100 cm. If this requirement is met only by the use of near correction, the applicant may be assessed as fit provided that this near correction is added to the spectacle correction already prescribed in accordance with 9.14.1.2; if no such correction is prescribed, a pair of spectacles for near use will be kept readily available during the exercise of the privileges of the licence. When near correction is required, the applicant will demonstrate that one pair of spectacles is sufficient to meet both distant and near visual requirements.

Note 1. — N5 and N14 refer to the size of typeface used. For further details, see the ICAO Manual of Civil Aviation Medicine (Doc 8984).

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

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

- 9.14.1.10 When near correction is required in accordance with this paragraph, a second pair of near-correction spectacles will be kept available for immediate use.
- 9.14.1.11 The applicant will be required to have normal fields of vision.
- 9.14.1.12 The applicant will be required to have normal binocular function.
- 9.14.1.13 Reduced stereopsis, abnormal convergence not interfering with near vision, and ocular misalignment where the fusional reserves are sufficient to prevent asthenopia and diplopia need not be disqualifying.

9.14.2 Class 2 Medical Assessment standards

- 9.14.2.1 The function of the eyes and their adnexa will be normal. There will be no active pathological condition, acute or chronic, or any sequelae of surgery or trauma of the eyes or their adnexa likely to reduce proper visual function to an extent that would interfere with the safe exercise of the applicant’s licence and rating privileges.
- 9.14.2.2 Distant visual acuity with or without correction will be 6/12 or better in each eye separately, and binocular visual acuity will be 6/9 or better. No limits apply to uncorrected visual acuity. Where this standard of visual acuity can be obtained only with correcting lenses, the applicant may be assessed as fit provided that:
- a) such correcting lenses are worn during the exercise of the privileges of the licence or rating applied for or held; and
 - b) in addition, a pair of suitable correcting spectacles is kept readily available during the exercise of the privileges of the applicant’s licence.

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

in best corrected visual acuity, and the occurrence of eye disease, eye injury or eye surgery.

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

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

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

9.14.2.4 Applicants with a large refractive error will use contact lenses or high-index spectacle lenses.

Note 1. — If spectacles are used, high-index lenses are needed to minimize peripheral field distortion.

Note 2. — Applicants whose uncorrected distant visual acuity in either eye is worse than 6/60 should be required to provide a full ophthalmic report prior to initial Medical Assessment and every five (5) years thereafter.

9.14.2.5 Applicants who have undergone surgery affecting the refractive status of the eye will be assessed as unfit unless they are free from those sequelae which are likely to interfere with the safe exercise of their licence and rating privileges.

9.14.2.6 Visual acuity tests shall be conducted in an environment with a level of illumination that corresponds to ordinary office illumination (30-60 cd/m²)

9.14.2.7 Visual acuity shall be measured by means of a series of Landolt rings or similar optotypes, placed at a distance from the applicant appropriate to the method of testing adopted.

9.14.2.8 The applicant will have the ability to read, while wearing the correcting lenses, if any, required by 9.14.2.2, the N5 chart or its equivalent at a distance selected by that applicant in the range of 30 to 50 cm. If this requirement is met only by the use of near correction, the applicant may be assessed as fit provided that this near correction is added to the spectacle correction already prescribed in accordance with 9.14.2.2; if no such correction is prescribed, a pair of spectacles for near use will be kept readily available during the exercise of the privileges of the licence. When near correction is required, the applicant will demonstrate that one pair of spectacles is sufficient to meet both distant and near visual requirements.

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

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

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

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

9.14.2.10 The applicant will be required to have normal fields of vision.

9.14.2.11 The applicant will be required to have normal binocular function.

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

9.14.3 Class 3 Medical Assessment standards

9.14.3.1 The function of the eyes and their adnexa will be normal. There will be no active pathological condition, acute or chronic, or any sequelae of surgery or trauma of the eyes or their adnexa likely to reduce proper visual function to an extent that would interfere with the safe exercise of the applicant’s licence and rating privileges.

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

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

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

- 9.14.3.3 Applicants may use contact lenses to meet this requirement provided that:
- a) the lenses are monofocal and non-tinted;
 - b) the lenses are well tolerated; and
 - c) a pair of suitable correcting spectacles is kept readily available during the exercise of the licence privileges.

Note 1. — Applicants who use contact lenses may not need to have their uncorrected visual acuity measured at each re-examination provided the history of their contact lens prescription is known.

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

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

- 9.14.3.4 Applicants whose uncorrected distant visual acuity in either eye is worse than 6/60 will be required to provide a full ophthalmic report prior to initial Medical Assessment and every five (5) years thereafter.

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

- 9.14.3.5 Applicants who have undergone surgery affecting the refractive status of the eye will be assessed as unfit unless they are free from those sequelae which are likely to interfere with the safe exercise of their licence and rating privileges.

- 9.14.3.6 Visual acuity tests shall be conducted in an environment with a level of illumination that corresponds to ordinary office illumination (30-60 cd/m²)

- 9.14.3.7 Visual acuity shall be measured by means of a series of Landolt rings or similar optotypes, placed at a distance from the applicant appropriate to the method of testing adopted.

- 9.14.3.8 The applicant will have the ability to read, while wearing the correcting lenses, if any, required by 9.14.3.2, the N5 chart or its equivalent at a distance selected by that applicant in the range of 30 to 50 cm and the ability to read the N14 chart or its equivalent at a distance of 100 cm. If this requirement is met only by the use of near correction, the applicant may be assessed as fit provided that this near correction is added to the spectacle correction already prescribed in accordance with 9.14.3.2; if no such correction is prescribed, a pair of spectacles for near use will be kept readily available during the exercise of the privileges of the licence. When near correction is required, the applicant will demonstrate that one pair of spectacles is sufficient to meet both distant and near visual requirements.

Note 1. — N5 and N14 refer to the size of typeface used. For further details, see the ICAO Manual of Civil Aviation Medicine (Doc 8984).

Note 2.— An applicant who needs near correction to meet the requirement will require “look-over”, bifocal or perhaps multi-focal lenses in order to read radar screens, visual displays and written or printed material and also to make use of distant vision, through the windows, without removing the lenses. Single vision near correction (full lenses of one power only, appropriate for reading) may be acceptable for certain air traffic control duties. However, it should be realized that single vision near correction significantly reduces distant visual acuity.

Note 3. — Whenever there is a requirement to obtain or renew correcting lenses, an applicant is expected to advise the refractionist of reading distances for the air traffic control duties the applicant is likely to perform.

- 9.14.3.9 When near correction is required in accordance with this paragraph, a second pair of near-correction spectacles will be kept available for immediate use.
- 9.14.3.10 The applicant will be required to have normal fields of vision.
- 9.14.3.11 The applicant will be required to have normal binocular function.
- 9.14.3.12 Reduced stereopsis, abnormal convergence not interfering with near vision, and ocular misalignment where the fusional reserves are sufficient to prevent asthenopia and diplopia need not be disqualifying.

9.15 Colour perception requirements

9.15.1 Class 1 Medical Assessment standards

- 9.15.1.1 The applicant will be tested for his ability to correctly identify a series of pseudo-isochromatic plates in day light or in artificial light of the same colour temperature such as that provided by CIE standard illuminant "C" or "D₆₅" as specified by International Commission of Illumination (CIE).
- 9.15.1.2 An applicant failing to obtain a satisfactory score in such a test may nevertheless be assessed as 'fit' provided the applicant is able to readily and correctly identify 'aviation colour lights' displayed by means of recognized Colour Perception Lantern.
- 9.15.1.3 The applicant shall be required to demonstrate to perceive readily those colours the perception of which is necessary for the safe performance of the duties.
- 9.15.1.4 The applicant shall be tested for the ability to correctly identify a series of isochromatic plates in daylight or in artificial light.
- 9.15.1.5 An applicant obtaining a satisfactory result shall be assessed as fit. An applicant failing to obtain a satisfactory result in such a test shall be assessed as unfit. He may be assessed further in lantern test where he may be assessed as fit if the defect is found to be defective safe, otherwise unfit if found defective unsafe. Sunglasses worn during the exercise of the privileges of the licence

shall be used only in day light and shall not be used in night time. It will neither be non-polarizing nor polychromatic.

9.15.2 Class 2 Medical Assessment standards

9.15.2.1 The applicant will be tested for his ability to correctly identify a series of pseudo-isochromatic plates in day light or in artificial light of the same colour temperature such as that provided by CIE standard illuminant "C" or "D₆₅" as specified by International Commission of Illumination (CIE).

9.15.2.2 An applicant failing to obtain a satisfactory score in such a test may nevertheless be assessed as 'fit' provided the applicant is able to readily and correctly identify 'aviation colour lights' displayed by means of recognized Colour Perception Lantern.

9.15.2.3 The applicant shall be required to demonstrate to perceive readily those colours the perception of which is necessary for the safe performance of the duties.

9.15.2.4 The applicant shall be tested for the ability to correctly identify a series of isochromatic plates in daylight or in artificial light.

9.15.2.5 An applicant obtaining a satisfactory result shall be assessed as fit. An applicant failing to obtain a satisfactory result in such a test shall be assessed as unfit. He may be assessed further in lantern test where he may be assessed as fit if the defect is found to be defective safe, otherwise unfit if found defective unsafe.

9.15.2.6 Sunglasses worn during the exercise of the privileges of the licence shall be used only in day light and shall not be used in night time. It will neither be non-polarizing nor polychromatic.

9.15.3 Class 3 Medical Assessment standards

9.15.3.1 The applicant will be tested for his ability to correctly identify a series of pseudo-isochromatic plates in day light or in artificial light of the same colour temperature such as that provided by CIE standard illuminant "C" or "D₆₅" as specified by International Commission of Illumination (CIE).

9.15.3.2 An applicant failing to obtain a satisfactory score in such a test may nevertheless be assessed as 'fit' provided the applicant is able to readily and correctly identify 'aviation colour lights' displayed by means of recognized Colour Perception Lantern.

9.15.3.3 The applicant shall be required to demonstrate to perceive readily those colours the perception of which is necessary for the safe performance of the duties.

9.15.3.4 The applicant shall be tested for the ability to correctly identify a series of isochromatic plates in daylight or in artificial light.

- 9.15.3.5 An applicant obtaining a satisfactory result shall be assessed as fit. An applicant failing to obtain a satisfactory result in such a test shall be assessed as unfit. He may be assessed further in lantern test where he may be assessed as fit if the defect is found to be defective safe, otherwise unfit if found defective unsafe.
- 9.15.3.6 Sunglasses worn during the exercise of the privileges of the licence shall be used only in day light and shall not be used in night time. It will neither be non-polarizing nor polychromatic.

9.16 Hearing requirements

9.16.1 Class 1 Medical Assessment standards

- 9.16.1.1 The applicant, when tested on a pure-tone audiometer, will not have a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz.
- 9.16.1.2 An applicant with a hearing loss greater than the above may be declared fit provided that the applicant has normal hearing performance against a background noise that reproduces or simulates the masking properties of flight deck noise upon speech and beacon signals.
- Note 1. — It is important that the background noise be representative of the noise in the cockpit of the type of aircraft for which the applicant's licence and ratings are valid.*
- Note 2. — In the speech material for discrimination testing, both aviation-relevant phrases and phonetically balanced words are normally used.*
- 9.16.1.3 Alternatively, a practical hearing test conducted in flight in the cockpit of an aircraft of the type for which the applicant's licence and ratings are valid may be used.

9.16.2 Class 2 Medical Assessment standards

Note. — Attention is called to 9.16.1.1 on requirements for the issue of instrument rating to applicants who hold a private pilot licence.

- 9.16.2.1 Applicants who are unable to hear an average conversational voice in a quiet room, using both ears, at a distance of 2 m from the examiner and with the back turned to the examiner, will be assessed as unfit.
- 9.16.2.2 When tested by pure-tone audiometry, an applicant with a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, will be assessed as unfit.
- 9.16.2.3 An applicant who does not meet the requirements in 9.16.2.2 should undergo further testing in accordance with 9.16.1.2.

9.16.3 Class 3 Medical Assessment standards

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

9.16.3.2 Until 3 November 2022, an applicant with a hearing loss greater than the above may be declared fit provided that the applicant has normal hearing performance against a background noise that reproduces or simulates that experienced in a typical air traffic control working environment.

Note 1.— The frequency composition of the background noise is defined only to the extent that the frequency range 600 to 4 800 Hz (speech frequency range) is adequately represented.

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

Note 3. – As of 3 November 2022, an applicant with a hearing loss greater than the above may be declared fit provided that the applicant has normal hearing performance against a background noise that reproduces or simulates that experienced in a typical air traffic control or remote pilot working environment.

9.16.3.3 Alternatively, a practical hearing test conducted in an air traffic control environment representative of the one for which the applicant's licence and ratings are valid may be used.

9.17 Rare Medical Conditions

9.17.1 When a case of rare medical condition is encountered, the DME shall communicate to the CMA for further evaluation.

9.17.2 The CMA will evaluate the case based on other Civil Aviation Authority Aviation Medical practices (FAA, CAAUK, CASA etc.) and apply the necessary medical decisions.

9.17.3 A CAMB may be convened to address these cases.

10 Responsibilities of the Applicant

10.1 Information to be provided and Applicant's Medical history

10.1.1 Applicants for which medical fitness is prescribed shall sign and furnish to the ME a declaration stating whether they have previously undergone such an examination and, if so, the date, place and result of the last examination. They shall indicate to the examiner whether a medical assessment has previously been refused or suspended and, if so, the reason for such refusal or suspension.

10.2 Declaration

10.2.1 The applicant for initial issue or renewal of a medical certificate shall produce proof of identification (NRIC, Passport, or Flying License as applicable) to the DME and a declaration of medical facts concerning personal, family and hereditary history. The Application form CAAM/MED/1 contains the declaration, including a statement of whether the applicant has previously undergone such an examination and, if so, with what result. The applicant shall be made aware by the DME, of the necessity for giving a statement that is as complete and accurate as the applicant's knowledge permits.

10.2.2 False information or declaration

10.2.2.1 DME conducting a medical examination on an applicant for issuance of a medical assessment must be satisfied that either the declaration or statement or both made by the applicant in the form CAAM/MED/1 is true, false or inaccurate with intent to deceive the DME.

10.2.2.2 Any declaration made with intent to deceive shall be reported by the DME to the MA. On receipt of such information the CAAM shall take such action as stipulated in the CAAM Enforcement Manual.

10.2.2.3 DME shall adopt the following procedure:

- a) inform the applicant regarding the deferment of the medical assessment;
- b) advise applicant that he will receive further instruction from CAAM;
- c) submit the report to the MA of CAAM;
- d) update the individual medical file accordingly.



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11 Appendices

11.1 Appendix 1 – Medical Assessment Audit on DME: Form CAAM/MED/6



MEDICAL ASSESSMENT AUDIT ON DME

Instructions:	
1.	The MA/FOI should check the DME's certificates in accordance to the CAAM CAD's before commencing the audit. They should be valid with no expired dates.
2.	The completed report is to be submitted to the CAAM for record keeping purposes.
3.	The competencies are set at 3 levels as follows:
Satisfactory:	Theoretical knowledge of the subject only
Practiced:	Actual practical experience such that the person could operate under supervision
Good:	The person can operate without supervision
Very good:	the person can operate without supervision and could supervise others

A. MEDICAL EXAMINER DETAILS						
Full Name:						
NRIC/Passport No:						
Address of Medical Practice:						
Tel (Mobile):				Tel (Clinic):		
Malaysian Medical Council (MMC) number:		DME Number:		DME expiry date:		
B. COMPETENCY ASSESSMENT						
	Date of Competency Assessment					
	Description	Level of Competency	Level of Competency	Level of Competency	Level of Competency	Level of Competency
1	Apply clinical skills to accurately diagnose and evaluate conditions and situations that have the potential to interact adversely with the aviation environment by utilizing: <ul style="list-style-type: none"> Clinical history taking Physical and mental examination Further investigations or consultant reviews (whether performed or arranged by Medical Examiner) Diagnostic skills 					
2	Identify aspects of an applicant's medical condition or situation that may cause the applicant to interact adversely with the aviation environment					
3	Access additional information, such as journals, scientific research, internet resources, colleagues, and specialist advisors, to support the assessment of an applicant's suitability and safety to operate in an aviation environment.					
4	Determine and analyses the legislation, regulations, and medicolegal considerations relating to the safety and suitability of an applicant to operate within the aviation environment.					
5	Effectively communicate: <ul style="list-style-type: none"> Information concerning the relevant legislation and regulations to applicants With colleagues, consultants, and others as necessary for the purposes of obtaining additional information, advice, and guidance. 					
Signature of Medical Examiner						
Signature of MA/AvMed Assistant:						



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11.2 Appendix 2 – Application Form for Aviation Medical Certificate: Form CAAM/MED/1



**CIVIL AVIATION AUTHORITY OF MALAYSIA
APPLICATION FORM FOR AVIATION MEDICAL CERTIFICATE**

Complete this page fully using a black ball point pen and in block letters

MEDICAL IN CONFIDENCE

(1) FULL NAME:		(2) Licence Number: File Number:	
(3) Type of licence applied for: ATPL <input type="checkbox"/> CPL <input type="checkbox"/> RePL <input type="checkbox"/> PPL <input type="checkbox"/> SPL <input type="checkbox"/> ATC <input type="checkbox"/>			(4) Class of certificate applied for: 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/>
(5) NRIC/Passport Number:	(6) Date of Birth:	(7) Age:	(8) Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
		(9) Application: Initial <input type="checkbox"/> Renewal <input type="checkbox"/>	
(10) Place and country of birth:	(11) Nationality:	(12) Occupation (principal):	
(13) Permanent address: Country: Telephone No:	(14) Postal address (if different) Country: Telephone No:	(15) Employer:	
		(16) Last medical examination Date: Place:	
		(17) Aviation licence(s) held (type): Licence number: Country of issue:	
(18) GP Name: Address: Telephone Number:		(19) Any Conditions/Limitations/Variations on the Licence/Medical Certificate? NO <input type="checkbox"/> YES <input type="checkbox"/> Details:	
(20) Have you ever had an aviation medical certificate denied, suspended or revoked by any licensing authority? If yes, discuss with DME. YES <input type="checkbox"/> NO <input type="checkbox"/> Date: Place: Details:		(21) Flight time total: N/A <input type="checkbox"/>	(22) Flight time since last medical: N/A <input type="checkbox"/>
(23) Any aviation accident or reported incident since last medical examination? Date: Place: Details:		(24) Aircraft Class /Type(s) presently flown: N/A <input type="checkbox"/>	
		(25) Type of flying intended (1): N/A <input type="checkbox"/>	
(26) Type of flying intended (2): Single pilot <input type="checkbox"/> Multi pilot <input type="checkbox"/>		ATCO Activity intended: ADI <input type="checkbox"/> APS <input type="checkbox"/> ACS <input type="checkbox"/>	
(27) Alcohol – state average weekly intake in units:			
(28) Do you smoke tobacco? NEVER <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Date stopped: State type, amount & number of years:			
(29) Do you currently use any medication? NO <input type="checkbox"/> YES <input type="checkbox"/> If YES, state medication, dose, date started and why.			



**CIVIL AVIATION AUTHORITY OF MALAYSIA
APPLICATION FORM FOR AVIATION MEDICAL CERTIFICATE**

MEDICAL IN CONFIDENCE

Complete this page fully using a black ball point pen and in block letters

General and medical history: Do you have, or have you ever had, any of the following? YES or NO (or as indicated) must be ticked after each question. Elaborate YES answers in the remarks section.

	Yes	No		Yes	No		Yes	No		Yes	No
(30) Eye trouble/eye operation			(41) Nose, throat or speech disorder			(52) Malaria or other tropical disease			Females only:		
(31) Spectacles and/or contact lenses ever worn			(42) Head injury or concussion			(53) A positive HIV test			(64) Gynecological, menstrual problems		
(32) Spectacle/contact lens prescriptions/change since last medical exam			(43) Frequent or severe headaches			(54) Sexually transmitted disease			(65) Are you pregnant?		
(33) Hay fever, other allergies			(44) Dizziness or fainting spells			(55) Admission to hospital			Family history of:		
(34) Asthma, lung disease			(45) Unconsciousness for any reason			(56) Any other illness or injury			(66) Heart disease		
(35) Heart or vascular trouble			(46) Neurological disorders; stroke, epilepsy, seizure, paralysis, etc			(57) Visit to medical practitioner since last medical examination			(67) High blood pressure		
(36) High or low blood pressure			(47) Psychological/psychiatric trouble of any sort			(58) Sleep Apnea			(68) High cholesterol level		
(37) Kidney stone or blood in urine			(48) Alcohol/drug/substance abuse			(59) Musculoskeletal illness			(69) Epilepsy		
(38) Diabetes, hormone disorder			(49) Attempted suicide			(60) Refusal of Life insurance			(70) Mental illness		
(39) Stomach, liver or intestinal trouble			(50) Motion sickness requiring medication			(61) Refusal of Flying licence / ATCO licence			(71) Diabetes		
(40) Deafness, ear disorder			(51) Anemia/Sickle cell trait/other blood disorders			(62) Medical rejection from or for military service			(72) Tuberculosis		
						(63) Award of pension or compensation for injury or illness			(73) Allergy/asthma/eczema		
									(74) Inherited disorders		
									(75) Glaucoma		

(76) **Remarks:** If previously reported and no change since, so state.

(77) **Declaration:** I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statement. I understand, that if I have made any false or misleading statements in connection with this application, or fail to release the supporting medical information, the CAAM may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under national law.

I hereby authorize the release of all information contained in this report and any or all its attachments and all information which I have provided to the CAAM and that relates to me to my DME and, where necessary, to:

- i. the Medical Assessor of CAAM; and
- ii. the Medical Assessor of the competent authority of my DME; and
- iii. other health professionals and administration staff

as part of the medical assessment process. I recognize that these documents or electronically stored data are to be used for completion of a medical assessment and for oversight purposes, providing that I or my physician may have access to them according to national law. The medical record will become and remain the property of the CAAM. Medical confidentiality will be respected at all times.



Date

Signature of applicant

Signature of DME (Witness)

INSTRUCTION PAGE FOR COMPLETION OF THE APPLICATION FORM FOR AN AVIATION MEDICAL ASSESSMENT

This Application Form, all attached Report Forms and Reports are required in accordance with Malaysian Civil Aviation Regulations and Civil Aviation Directives 1 – Personnel Licensing and will be transmitted to the Medical Assessor of the CAAM. Medical confidentiality will be respected at all times.

The Applicant must personally complete in full all questions (boxes) on the Application Form. Writing must be in Block letters with a black ballpoint pen and must be legible. Exert sufficient pressure to make legible copies. If more space is required to answer any question, use a plain sheet of paper with the additional information, your signature and the date. The following numbered instructions apply to the numbered headings on the application form.

NOTICE.— Failure to complete the application form in full or to write legibly will result the application form not being accepted. The making of False or Misleading statements or the Withholding of relevant information in respect of this application may result in criminal prosecution, refusal of this application and/or withdrawal of any Medical Assessment(s) previously granted.

1. FULL NAME <i>State first name and surname / family name</i>	15. EMPLOYER (principal): <i>State principal employer.</i>
2. LICENCE NUMBER <i>Current licence number (if not initial application)</i>	16. LAST MEDICAL EXAMINATION: <i>State date (dd/mm/yyyy) and place (city/town and country) of last aviation medical examination. Initial applicants state "NONE".</i>
3. TYPE OF LICENCE APPLIED FOR (if initial application): <i>if applying for the first issuance of a licence to the CAAM, please state type of licence applied for.</i>	17. AVIATION LICENCE(S) HELD (TYPE). LICENCE NUMBER(S), COUNTRY(IES) OF ISSUE: <i>Provide information concerning licences already held.</i>
4. CLASS OF MEDICAL CERTIFICATE APPLIED FOR: <i>Tick appropriate box</i>	18. GENERAL PRACTITIONER NAME AND ADDRESS (if applicable) <i>Provide contact details of family physician.</i>
5. NRIC/PASSPORT NUMBER (where applicable): <i>State your NRIC number or passport number of your country of citizenship.</i>	19. ANY LIMITATION ON THE LICENCE/MEDICAL ASSESSMENT: <i>Tick appropriate box and provide details of any limitations on your licence(s) and/or medical certificate(s), e.g. correcting lenses, valid day-time only, multi-pilot operations only.</i>
6. DATE OF BIRTH <i>Specify in order (DD/MM/YYYY) in numerals.</i>	20. HAVE YOU EVER HAD AN AVIATION MEDICAL ASSESSMENT DENIED, SUSPENDED OR REVOKED BY ANY LICENSING AUTHORITY? IF YES, DISCUSS WITH THE MEDICAL EXAMINER: <i>Tick "Yes" if you have ever had a Medical Assessment denied, suspended or revoked, even if temporarily. Provide the date, place and details, and discuss with the Medical Examiner.</i>
7. AGE: <i>State your age.</i>	21. TOTAL FLIGHT TIME (HOURS): <i>For pilots, state total number of hours flown in an operating capacity. Non-pilots state "Not applicable".</i>
8. SEX <i>Tick appropriate box.</i>	22. FLIGHT TIME (HOURS) SINCE LAST MEDICAL EXAMINATION: <i>State number of hours flown in an operating capacity since last aviation medical examination.</i>
9. APPLICATION <i>Tick appropriate box. Tick "initial" if this is your first application to CAAM, even if you hold other similar licences issued by another Authority.</i>	23. ANY AIRCRAFT ACCIDENT OR REPORTED INCIDENT SINCE LAST MEDICAL EXAMINATION? <i>If "Yes" provide details.</i>
10. PLACE AND COUNTRY OF BIRTH <i>State city/town and country of birth.</i>	24. AIRCRAFT CURRENTLY FLOWN: <i>State the name of aircraft currently flown e.g. Boeing 737, Airbus A 330, Cessna 150.</i>
11. NATIONALITY <i>State name of country of citizenship</i>	25. TYPE OF FLYING INTENDED (1): <i>Provide details of intended flying e.g. commercial air transport, flying instruction, private.</i>
12. OCCUPATION (principal): <i>State principal occupation.</i>	26. TYPE OF FLYING INTENDED (2) / ATCO ACTIVITY INTENDED: <i>Tick appropriate box(es).</i>
13. PERMANENT ADDRESS: <i>State main place of residence, with contact details, telephone number(s) and e-mail address.</i>	27. IF YOU DRINK ALCOHOLIC BEVERAGES STATE AVERAGE WEEKLY INTAKE IN UNITS: <i>State weekly intake e.g. 12 units (beer and wine). Note: 1 unit ~ 12 g alcohol; this corresponds to the amount of alcohol in a standard (0.34L) can or bottle of beer, a glass of wine, etc.</i>
14. POSTAL ADDRESS (if different from Permanent Address): <i>If relevant, state postal address and telephone number.</i>	28. DO YOU SMOKE TOBACCO PRODUCTS? <i>Tick applicable box. Current smokers should state type and</i>

	<i>amount e.g. 20 cigarettes per day; pipe, 30 grams weekly.</i>
--	--

<p>29. DO YOU CURRENTLY USE ANY MEDICATION INCLUDING NON-PRESCRIBED MEDICATION? <i>State medications prescribed by a medical practitioner and also non-prescribed medication e.g. herbal remedies, medications bought without prescription (“over the counter”). If “Yes” is ticked, provide details: name of medication, date treatment was commenced, daily/weekly dose and the condition or problem for which the medication is taken.</i></p>	<p>30. GENERAL AND MEDICAL HISTORY: <i>All items under this heading from number 30 to 75 inclusive must have the answer ‘YES’ or ‘NO’ ticked. You MUST tick ‘YES’ if you have ever had the condition in your life and describe the condition and approximate date in the REMARKS box. All questions asked are medically important even though this may not be readily apparent. Items numbered 66 to 75 relate to immediate family history. If information has been reported on a previous application form to the Medical Examiner issuing the Medical Assessment applied for and there has been no change in your condition, you may state ‘Previously Reported, Unchanged’. However, you must still tick YES’ to the condition. Do not report occasional common self-limiting illnesses such as colds.</i></p>
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77. DECLARATION AND CONSENT TO RELEASE OF MEDICAL INFORMATION:
Do not sign or date this section until indicated to do so by the Medical Examiner who will act as witness and sign accordingly.

AN APPLICANT HAS THE RIGHT TO REFUSE ANY EXAMINATION AND TEST AND TO REQUEST REFERRAL TO THE CIVIL AVIATION AUTHORITY OF MALAYSIA. HOWEVER, THIS MAY ENTAIL TEMPORARY DENIAL OF MEDICAL CERTIFICATION.

11.3 Appendix 3 – Medical Examination Report: Form CAAM/MED/2



CIVIL AVIATION AUTHORITY OF MALAYSIA

MEDICAL IN CONFIDENCE

MEDICAL EXAMINATION REPORT

Reference number:

(1) Examination Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/>	(2) Height cm	(3) Weight Kg BMI	(4) Eye Colour	(5) Hair Colour	(6) Blood Pressure – seated mmHg Systolic Diastolic	(7) Pulse – resting Rate(bpm) Rhythm Reg <input type="checkbox"/> Irreg <input type="checkbox"/>
--	------------------	-------------------------	----------------	-----------------	--	--

Clinical examination: Check each item Normal Abnormal Normal Abnormal

(8) Head, face, neck, scalp			(18) Abdomen, hernia, liver, spleen		
(9) Mouth, throat, teeth			(19) Anus, rectum		
(10) Nose, sinuses			(20) Genito-urinary system		
(11) Ears, drums, eardrum motility			(21) Endocrine system		
(12) Eyes - orbit & adnexa; visual fields			(22) Upper & lower limbs, joints		
(13) Eyes - pupils and optic fundi			(23) Spine, other musculoskeletal		
(14) Eyes - ocular motility; nystagmus			(24) Neurologic - reflexes, etc.		
(15) Lungs, chest, breasts			(25) Psychiatric		
(16) Heart			(26) Skin, identifying marks and lymphatics		
(17) Vascular system			(27) General systemic		

(28) Notes: Describe every abnormal finding. Enter applicable item number before each comment.	(29) Identifying marks, tattoos, scars etc.
---	---

Visual acuity

(30) *Distant vision at 6m* Glasses Contact lenses

	Uncorrected	Corrected to		
Right eye				
Left eye				
Both eyes				

(31) *Intermediate vision* Uncorrected Corrected

N14 at 100 cm Yes No Yes No

Right eye				
Left eye				
Both eyes				

(32) *Near vision* Uncorrected Corrected

N5 at 30–50 cm Yes No Yes No

Right eye				
Left eye				
Both eyes				

(33) *Glasses* (34) *Contact lenses*

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type:		Type:	
Refraction	Sph	Cyl	Axis Add
Right Eye			
Left Eye			

(35) **Colour perception** Normal Abnormal

Pseudo-isochromatic plates Type: Ishihara (24 plates)

No of plates: No of errors

(40) **Hearing** (when (41) not performed)

	Right ear	Left ear
Conversational voice test at 2 m back turned to examiner	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

(41) **Audiometry screening**

Hz	500	1000	2000	3000
Right				
Left				

(50) Urinalysis	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
Glucose	Protein	Blood Other	
(60) Mental health aspects of fitness discussed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
(61) Behavioural aspects of fitness discussed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
(62) Physical aspects of fitness discussed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
(61) Preventive health advice given? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Accompanying Reports	Normal	Abnormal / Comment	Not performed
(70) ECG			
(71) Audiogram			
(72) Other			

(80) **DME recommendation:**

Name of applicant:	Date of Birth:
<input type="checkbox"/> Fit Class: _____ <input type="checkbox"/> Medical certificate issued by undersigned: _____	
Signature: _____	State reason:
<input type="checkbox"/> Unfit class _____	
Deferred for further evaluation. If yes, why and to whom?	
(81) Comments, limitations:	



(82) Medical Examiner declaration: I hereby certify that I have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.		
(83) Place and date:	Examiner's Name and Address: (Block Capitals)	DME certificate number:
Medical Examiner's signature:	E-mail: Telephone No.: Telefax No.:	

11.4 Appendix 4 – Assessments Required for all classes (Initial / Renewal)

MEDICAL CERTIFICATE	CLASS 1	CLASS 2	CLASS 3
LICENCE TYPE	ATPL, CPL, CPL/IR, RePL	BPL, PPL, SPL	ATCO, RePL
INITIAL ISSUE (AGE LIMIT)	Initial Medical Examination required for all Classes. (SPL ≥ 17, CPL ≥ 18, ATPL ≥ 21, RePL ≥ 18.)		
VALIDITY	Below 60 yrs: 12 months 60 and over: 6 Months 40 and over (single pilot): 6 Months RePL: 48 months	Up to 39 yrs: 60 months 40 and above until below 50: 24 months Above 50: 12 months SPL: 24 months	Below 40: 4 years 40 and Over: 2 years RePL: 48 months
Ophthalmological Examination	At initial under 40: 5 years 40 and over: 2 years Colour vision: Initial for all classes	At initial. Periodic if vision corrected	At initial then below 40: 5 years. 40 and above: 2 years
VISUAL	EVERY YEAR		
Hemoglobin and Urinalysis	EVERY YEAR		
Lipid	Initial for all classes, then once again when 40 years old		
ECG	Initial for all classes		
	Under 30: 5 years 30 and above: 2 years 40 and above: 1 year	Below 50: 2 years 50 and above: 1 year	Below 40: 5 years 41 – 49: 2 years 50 and above: 1 year
	ECG tracings to be reported and attached to form CAAM/MED/1 Doubtful cases will need cardiologist evaluation and report		
Audiogram	At initial examination for all cases		
	Below 40: 5 years 40 and above: 2 years	Below 40: 5 years 40 and above: 2 years	Below 40: 4 years 40 and above: 2 years
Chest X-Ray	Chest x-ray at initial examination for all cases At 5-year intervals if clinically indicated. Specialist report on chest x-ray must be attached together with form CAAM/MED/1		
Spirometry	Initial examination for all cases		
	If indicated for class 2 and class 3 if there are risk factors (smoking, asthma, h/o pneumothorax, surgery)		
Stress Test	Stress Test or other cardiac evaluation will be subject to the clinical risk factors present on applicants such as abnormal ECG, uncontrolled blood pressure, uncontrolled diabetes, high cholesterol, smoking and may not be age dependant		

Note. – In cases under OML, the validity and type of test required may be subjected to the requirements by the CMA.



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11.5 Appendix 5 – Medical Certificate: Form CAAM/MED/3



CAAM/MED/3

**CIVIL AVIATION AUTHORITY OF MALAYSIA
MEDICAL CERTIFICATE**

I, the undersigned, being the person approved by the Civil Aviation Authority of Malaysia certify that _____
has undergone medical examination on _____
and meets the standard for CLASS - _____ Medical Certificate and is **FIT** for the purpose of renewal of (*Licence Type / Number*)
valid up to: _____.

Remarks / limitations (if any):

Examiner's
Stamp:

Medical Examiner's Name and Address:



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11.6 Appendix 6 – Application Form for Medical Examiner: Form CAAM/MED/4

CAAM/MED/4

**CIVIL AVIATION AUTHORITY OF MALAYSIA**
APPLICATION FOR APPOINTMENT / RE-APPOINTMENT DESIGNATED MEDICAL EXAMINER AVIATION OPHTHALMOLOGIST

FOR FLIGHT CREW, CABIN CREW AND ATCO LICENSING DECISIONS OF CAA MALAYSIA

Full Name: (as in NRIC or Passport)			
Date of Birth (dd/mm/yy):		Nationality:	
Address of Medical (Practice)/ Consulting Rooms:			
Telephone:	Office:	Clinic:	Mobile:
Email:			Fax:
Postal Address (if different from above)			
University of medical school at which qualified, qualification obtained			
Higher qualifications (if any)			
Registered as Medical Practitioner in Malaysia - MMC No.			
Type of practice and/or registered specialty			
Qualifications and Experience in aviation medicine practice			
Membership/Affiliation(s) with aero/ space Medical Associations/ Organisations			
Experience in aviation (flying, gliding, parachuting, etc.) licence held (in the past or now)	Licence No:		Validity Date (dd/mm/yy):
	Hours:		
	Rating:		
	Other Flight Crew Experience:		
Attendance of aero/space Medicine/ Scientific Meetings in the last three years	Date (dd/mm/yy)	Organisation/Location	

Part III: CLINIC FACILITIES

S/NO	EQUIPMENTS	AVAILABILITY		IF YES, STATE 1) TYPE (digital/analog/method/standards/make/e tc) 2) LAST CALIBRATED (if applicable)
		YES (state quantity)	NO	
01	Blood pressure apparatus			
02	Weighing machine			
03	Height measuring scale			
04	Visual Acuity Chart			
05	Near vision N5 & N14			
06	Colour Vision Test Plates			
07	Colour Lantern Test			
08	Stereovision Chart			
09	Eye convergence ruler			
10	Distant phoria			
11	Near phoria			
12	12-Lead ECG*			
13	Treadmill ECG*			
14	Audiometer*			
List Eye and ENT clinical examination equipment:				
Communications and IT facilities :				
01	Computer PC			
02	Document scanner			
03	Modem including wifi capability			
04	Software package for communicating with CAAM			
05	Access to other local specialist for referrals			
06	Provide any other information, e.g. other equipment / facilities available, other procedures in place, documentation and any policies			
07	Photocopier and fax machine			

* Maintenance and calibration documents and records to be made available on request or during clinic visit.

Have you ever had a DME appointment limited, suspended or revoked by any Aviation Authority?

Yes No

Have you ever been investigated, counseled, censured, or any form of action taken against you, by the Malaysian Medical Council (MMC) for any reasons? Yes No

CONDITIONS OF APPOINTMENT AS A DESIGNATED MEDICAL EXAMINER

1. Approval/Designation of Medical Examiner is for a period of up three (3) years (unless terminated earlier). Designation is renewable on reapplication to the CAAM.
2. Designation does not extend to the DME's partner/s, assistants or locums unless the Assistant or locum is:-
 - 2.1 a DME, and
 - 2.2 has obtained prior written permission from the CAAM.
3. The DME is required:
 - 3.1 to conduct himself in a professional manner and in accordance with the Malaysian Medical Association's Code of Ethics (detail of which are available from the MMC/MMA web page www.MMA.com.my);
 - 3.2 to be satisfied as to the identity of each applicant i.e. check NRIC and or Pilots License;
 - 3.3 to devote such time and skill to the examination of applicants as is necessary to elicit a careful Medical history and to conduct a full and thorough Clinical examination and also report on the required periodic investigation;
 - 3.4 at the conclusion of each medical examination the DME is to forward all relevant completed forms and reports to CAAM as stated in CAD 1004.
 - 3.5 if the holder of a medical certificate informs the DME about a medical ailment that may have is relevant to aviation safety, or on long term treatment (even if on supplements) the DME must inform the CAAM of the condition and or medicines/chemicals being taken, within 5 working days;
 - 3.6 to be familiar with and follow the relevant standard, techniques and administrative procedures associated with medical examinations of Flight Crew and ATCOs detailed in this CAD.
 - 3.7 to undertake continuing refresher/update training in Aviation Medicine & Clinical medicine acceptable to CAAM;
 - 3.8 to notify the CAAM if absent from active practice for more than 4 weeks;
 - 3.9 to notify the CAAM of any change of address, of contact details, or of cessation of practice;
 - 3.10 on cessation of practice/appointment as a DME, to return the DME stamp and to destroy or return any unused examination forms to the CAAM;
 - 3.11 to acknowledge the CAAM's right to terminate a doctors' designation should the DME conduct him in a manner that is detrimental to the interests of the CAAM or breach any of these Conditions of Appointment;
 - 3.12 to effect and maintain membership of Malaysian Medical Association or relevant professional Associations and/or other approved aviation medical/scientific organisation;
 - 3.13 to authorise the CAAM to publish in the CAAM website the DME's cessation of practice, resignation of appointment as a DME or termination of appointment as a DME by the CAAM;
 - 3.14 to authorise the regulatory authority of any ICAO Contracting State that designated or designates the DME to disclose to the CAAM information about the DME's performance and competence as a Medical Examiner;
 - 3.15 to authorise the CAAM to disclose to the regulatory authority of another ICAO Contracting State that designates Medical Examiners for that State that has designated the DME or to which the DME/DAO has applied to be designated, information about the DME's performance as an Examiner; and
 - 3.16 to provide medical examination at the address and location for which he is designated as



4. Facilities required at a DME's place of practice. To provide that following facilities and equipment:
 - 4.1 a suitable consulting/clinical examination room, equipped with couch and general diagnostic equipment, including an accurate sphygmomanometer;
 - 4.2 simple urine testing facilities plus equipment/arrangements for Special Tests/Investigations as and when required or clinically indicated;
 - 4.3 Ishihara pseudo isochromatic chart (24 plate) for colour vision testing;
 - 4.4 visual acuity chart(s) for use at 6 meters;
 - 4.5 N series test types for near vision testing chart/cards;
 - 4.6 Ophthalmoscope;
 - 4.7 Auroscope
 - 4.8 height measuring scale (cm);
 - 4.9 weighing scale (kg);
 - 4.10 an electrocardiograph machine which complies with the acceptable Clinical Practice Standard, or a reliable local source for obtaining ECG's when required. (A specimen tracing on a normal subject from this machine may be required);
 - 4.11 audiometer and audiometric booth with currency of Calibration of both. If not in Clinic, such hearing test facilities/service should be readily available; and
 - 4.12 before long a suitable computer, document scanner, modem and software package for communicating electronically with CAAM (details will be notified from time to time).

Declaration by Applicant

I have read the Conditions of Appointment set out above and, if designated, I agree to accept these Conditions of Appointment.


Applicant's Signature: _____ Date (dd/mm/yy): _____

Name: _____ Mobile No: _____

Address: _____



11.7 Appendix 7 – Surveillance & Supervision Checklist on Medical Examiner (ME) Premises: Form CAAM/MED/5

		CIVIL AVIATION AUTHORITY OF MALAYSIA		
SURVEILLANCE & SUPERVISION CHECKLIST ON MEDICAL EXAMINER (DME) PREMISES				
<input type="checkbox"/> INITIAL / <input type="checkbox"/> RENEWAL				
A. ORGANISATION DETAILS				
Full Name: (as in NRIC or Passport)				
NRIC No:		Passport No:		
DME Certificate No:		Expiry Date:		
Address of Medical Practice:				
Telephone:	Clinic:	Mobile:		
Date Appointed as DME:		Inspection Date:		
B. INSPECTION DETAILS				
<i>*S – Satisfactory U – Unsatisfactory</i>		S	U	FINDINGS/OBS
1. ORGANIZATION				
1.1 Annual practicing certificate (APC) or State equivalent				
1.2 Medical degree/certificate				
1.3 CAAM Designated ME certificate				
1.4 Adequate staffing				
1.5 Reports submitted within one week from the date of the medical examination				
2. CLINIC/OFFICE FACILITY – adequate, suitable				
2.1 Cleanliness of premises (general)				
2.2 Consulting / Clinical examination room				
2.3 Patient reception area / waiting room				
2.4 Toilets for male and female				
3. CLINIC EQUIPMENT – adequate, functioning, suitable				
3.1 Accurate sphygmomanometer				
3.2 General diagnostic equipment				
3.3 Urine testing equipment				
3.4 Ishihara pseudo isochromatic chart (24 plate) for colour vision testing				



3.5 Visual acuity chart(s) for use at 6 meters			
3.6 N series test type for near vision testing chart / cards			
3.7 Ophthalmoscope			
3.8 Auroscope			
3.9 Blood testing arrangement:			
a. Haemoglobin – type/brand of machine and calibration.			
b. Lipids – type/brand of machine and calibration.			
3.10 X-ray machine			
3.11 Height measurement equipment			
3.12 Weighing scale machine			
3.13 An electrocardiograph machine which complies with the acceptable Clinical Practice Standard, or a reliable local source for obtaining ECG's when required. (A specimen tracing on a normal subject from this machine may be required)			
3.14 Audiometer and audiometric booth with currency of Calibration of both. If not in Clinic, such hearing test facilities / service should be readily available			
4. COMMUNICATION AND IT FACILITIES			
4.1 Computer PC			
4.2 Document scanner			
4.3 Modem including wifi capability			
4.4 Access to other local specialist for referrals			
4.5 Provide any other information, e.g. other equipment / facilities available, other procedures in place, documentation and any policies (in remarks section)			
5. MANUALS AND DOCUMENTS			
5.1 Civil Aviation Regulations 2016			
5.2 CAD 1004 – Civil Aviation Medical Requirements			
5.3 CAD 1 – Personnel Licensing			
5.4 ICAO DOC 8984 – Manual of Civil Aviation Medicine			
5.5 Application Forms for an Aviation Medical Certificate			
5.6 Medical Examination Report Form			
5.7 Medical Certificate Form			
6. RECORDS KEEPING			
6.1 Patient medical records			
6.2 Safe keeping of medical records			
6.3 Hardcopy / electronic copy			
6.4 Accessibility of medical records			



7. TRAINING PROGRAM / RECORD – 3 to 5-years interval			
7.1 Aviation medicine refresher training			
7.2 Aviation medicine seminar or conference			
RESULT			
REMARKS			
Signature:			Date:
Inspection carried out by Name: Designation:			



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11.8 Appendix 8 – Medical fitness requirements for Cabin Crew**1. General**

Cabin crew members shall only perform the duties and responsibilities subject to compliance with requirements stipulated in Appendix 8.

2. Medical assessments

2.1 Cabin crew members shall undergo medical assessments to verify that they are free from any physical or mental illness which might lead to incapacitation or an inability to perform their assigned safety duties and responsibilities.

2.2 Each cabin crew member shall undergo a medical assessment before being first assigned to duties on an aircraft, and after that at intervals of a maximum of 60 months.

2.3 Medical assessments shall be conducted by an DME.

3. Requirements for medical assessments for cabin crew

3.1 Cabin crew members shall be free from any:

- a) abnormality, congenital or acquired;
- b) active, latent, acute or chronic disease or disability;
- c) wound, injury or sequelae from operation; and
- d) effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken that would entail a degree of functional incapacity which might lead to incapacitation or an inability to discharge their safety duties and responsibilities.

4. Content of medical assessments

4.1 An initial cabin crew medical assessment shall include at least:

- a) Self-declared medical questionnaire and an assessment of the applicant cabin crew member's medical history; and
- b) a clinical examination of the following:
 - i) cardiovascular system;
 - ii) respiratory system;
 - iii) musculoskeletal system;
 - iv) ear, nose and throat;
 - v) visual system; and
 - vi) colour vision.
- c) the examinations stated in 4.1 (b) of Appendix 8 shall follow Class 2 medical standards as specified in Chapter 9.

4.2 Each subsequent medical assessment shall include:

- a) Self-declared medical questionnaire and an assessment of the applicant cabin crew member's medical history; and
 - b) a clinical examination if deemed necessary in accordance with medical best practice.
- 4.3 For the purpose of 4.1 and 4.2, in case of any doubt or if clinically indicated, a cabin crew member's medical assessment shall also include any additional medical examination, test or investigation that are considered necessary by the DME.

5. Cabin Crew Medical Application and Examination Report: Form CAAM/MED/7

- 5.1 The application form CAAM/MED/7 contains the declaration, including a statement of whether the cabin crew has previously undergone such an examination and, if so, with what result. The cabin crew shall be made aware by the DME, of the necessity for giving a statement that is as complete and accurate as the applicant's knowledge permits.
- 5.2 The second page of this form is to be used by the DME when conducting the cabin crew medical examination.
- 5.3 A sample of the form is contained in Appendix 9 of this CAD and on the CAAM website.

6. Medical Certificate: Form CAAM/MED/3

- 6.1 After completion of each medical assessment, applicants for, and holders of, a cabin crew attestation:
- a) shall be provided with a Medical Certificate: Form CAAM/MED/3, and
 - b) shall provide the related information, or a copy of the medical certificate to the operator(s) employing their services.
- 6.2 A cabin crew medical report shall indicate the date of the medical assessment, whether the cabin crew member has been assessed fit or unfit, the date of the next required medical assessment and, if applicable, any limitation(s). Any other elements shall be subject to medical confidentiality in accordance with 2.6 of this CAD.
- 6.3 Since cabin crew do are not required to be licenced by CAAM, the DME shall insert the Malaysian identity card (MyKad) number, or passport number for non-MyKad holders, instead of the licence number in the relevant section of the certificate.

Note. – Sample of Cabin Crew attestation can be found in CAD 6009 – CC.

7. Limitations

- 7.1 If holders of a cabin crew attestation do not fully comply with the medical requirements specified in part 3 and part 5 of Appendix 8, the DME shall consider



whether they may be able to perform cabin crew duties safely if complying with one or more limitations.

- 7.2 Any limitation(s) to the exercise of the privileges granted by the cabin crew attestation shall be specified on the cabin crew medical report and shall only be removed by a DME.



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11.9 Appendix 9 – Application and Report Form for Cabin Crew Medical Certificate (CAAM/MED/7)

11.9.1 See next page.



**CIVIL AVIATION AUTHORITY OF MALAYSIA
CABIN CREW MEDICAL APPLICATION AND EXAMINATION
REPORT**

MEDICAL IN CONFIDENCE

(1) Full Name:			(2) Staff No:		
(3) Number of Years as Cabin Crew:			(4) IFME Training Date:		
(5) NRIC/Passport No:	(6) DOB:	Age:	(7) Sex Male: <input type="checkbox"/> Female: <input type="checkbox"/>	(8) Application Initial: <input type="checkbox"/> Renewal: <input type="checkbox"/>	
(9) Place & Country of Birth:	(10) Nationality:		(11) Occupation (principal)		
(12) Permanent Address: Country: Telephone No:	(13) Postal Address: (If different) Country: Telephone No:		(14) Employer:		
			(15) Last Cabin Crew medical examination: Date: Place:		
			(16) Any Conditions/Limitations/Variations on the Licence/Medical Cert: No: <input type="checkbox"/> Yes: <input type="checkbox"/>		
(17) If Yes to (16) please provide details:			(18) GP Name: Address: Telephone No:		
(19) Have you ever had an aviation medical certificate denied, suspended or revoked by any licensing authority? If yes, discuss with the Doctor No: <input type="checkbox"/> Yes: <input type="checkbox"/> Date: _____ Place: _____ Details:			(20) Total flight time hours:		(21) Flight time hours since last medical:
			(22) Aircraft type presently flying:		
(23) Any aircraft accident or incident since last medical? No: <input type="checkbox"/> Yes: <input type="checkbox"/> Date: _____ Place: _____ Details: _____					
(24) Do you drink alcohol? No <input type="checkbox"/> Yes: <input type="checkbox"/> If Yes, state average weekly intake in units: _____					
(25) Do you smoke? No: <input type="checkbox"/> Yes: <input type="checkbox"/> Amount of Sticks per day: _____ No of Years: _____ Stopped: <input type="checkbox"/>					
(26) Do you currently use any medication: No: <input type="checkbox"/> Yes: <input type="checkbox"/> If Yes, state name of drug, dose, date started and why					

General and Medical History: Do you have, or have you ever had, any of the following? NO or YES (or as indicated) must be ticked after each question. Elaborate YES answers in the remarks in the remark section.

	No		Yes		No		Yes		No		Yes		FEMALE ONLY		No		Yes		
(27) Eye trouble/operation			(36) Nose, throat or speech disorder			(46) Malaria or other tropical disease			(56) Gynaecology or menstrual problems										
(28) Spectacles/contact lens ever worn			(37) Head injury or concussion			(47) Tuberculosis			(57) Pregnant. If Yes LMP.										
(29) Hay fever, allergy			(38) Frequent or severe headaches or migraine			(48) Skin diseases			FAMILY HISTORY OF:										
(30) Asthma, lung disease			(39) Black out for any reason			(49) Admission to hospital			(58) Heart disease										
(31) Heart or vascular trouble			(40) Stroke, epilepsy, fits, paralysis, body weakness			(50) Any other illness or injury			(59) High blood pressure										
(32) High or low blood pressure			(41) Psychological, psychiatric problem			(51) Visit to Doctor since last medical			(60) Diabetes										
(32) Kidney stone or blood in urine			(42) Alcohol/drug/ Substance abuse			(52) Refusal of life insurance			(61) Epilepsy										
(33) Diabetes, thyroid or hormone problem			(43) Attempted suicide			(53) Refusal of medical certificate for cabin crew			(62) Mental Illness										
(34) Stomach, liver or gastro-intestinal problem			(44) Motion sickness requiring medication			(54) Medical rejection from or military service			(63) Tuberculosis										
(35) Deafness or ear disorder			(45) Anaemia, sickle cell, blood disorder			(55) Award for pension or compensation for injury			(64) Others										

(65) **Remarks:** If previously reported and no change since, so state.

(66) **Declaration:** I hereby declare that I have carefully considered the statements made above and to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statements. I understand that if I have made any false or misleading statements in connection with this application, or fail to release the supporting medical information, the Doctor may refuse to grant me a medical certificate or withdraw any medical certificate granted, without prejudice to any other action applicable under national law.

CONSENT TO RELEASE OF MEDICAL INFORMATION: I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statement. I understand, that if I have made any false or misleading statements in connection with this application, or fail to release the supporting medical information, the CAAM may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under national law. I hereby authorize the release of all information contained in this report and any or all its attachments and all information which I have provided to the CAAM and that relates to me to my DME and, where necessary, to:

- iv. the Medical Assessor of CAAM; and
- v. the Medical Assessor of the competent authority of my DME; and
- vi. other health professionals and administration staff

as part of the medical assessment process. I recognize that these documents or electronically stored data are to be used for completion of a medical assessment and for oversight purposes, providing that I or my physician may have access to them according to national law. The medical record will become and remain the property of the CAAM. Medical confidentiality will be respected at all times.

Date: Signature of Applicant:..... Signature of Doctor:



**CIVIL AVIATION AUTHORITY OF MALAYSIA
CABIN CREW MEDICAL EXAMINATION REPORT**

MEDICAL IN CONFIDENCE

Name:		Date of Birth:	MyKad No:					
Examination Category: Initial <input type="checkbox"/>		Height: cm	BMI:	Hair colour:	Blood Pressure:		Pulse – resting	
Renewal <input type="checkbox"/>		Weight: kg	Waist Circ: cm	Eye colour:	Systolic	Diastolic	Rate	Rhythm

Clinical examination: Check each item		Normal	Abnormal	Normal	Abnormal
Head, neck, face, scalp				Abdomen, hernia, live, spleen	
Mouth throat, teeth				Anus, rectum	
Nose, sinuses				Genito-urinary system	
Ears, drums, eardrum mobility				Endocrine system	
Eyes – orbit, adnexa, visual field				Upper and lower limbs & joint	
Eyes – pupils and optic fundi				Spine, other musculo-skeletal	
Eyes – ocular motility, nystagmus				Neurological	
Lungs, chest, breaths				Psychiatric	
Heart				Skin, marks, lymphatic	
Vascular system				General systemic	
Describe every abnormal finding (attach separate paper if required).					Marks, scars, tattoo

Visual Acuity

Distant vision	Uncorrected	Corrected
Right Eye		
Left Eye		
Both Eyes		

Intermediate vision N14
at 100cm

	Uncorrected	Corrected
	Yes	No
Right Eye		
Left Eye		
Both Eyes		

Near vision N5 at
30-50cm

	Uncorrected	Corrected
	Yes	No
Right Eye		
Left Eye		
Both Eyes		

Glasses		Contact Lenses	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:		Type:	
Colour Vision		Fail <input type="checkbox"/>	
Pseudo-Isochromatic: Pass		Unfit <input type="checkbox"/>	
Additional Test (if necessary)			

Hearing

Conversational voice test at 2m back turned to examiner	Right Ear	Left Ear
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>

Urinalysis	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
Glucose	Protein	Blood	
		Others	g/dl
		Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Other tests	Not Done	Date Done	Normal
			Abnormal
Fasting Blood Sugar			
Fasting Blood Lipids			
Chest X-Ray			
Audiogram			
Urine For Drugs			
Other Test			

Blood Group	
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CMA / DME recommendation:

Name of applicant: _____

Fit Temporary Unfit Unfit

If Temporary Unfit, state why

Referred to:

If Unfit, state why

Comments, restrictions, limitations:	Due dates of next medical and tests:
	Medical: _____
	Urine: _____
	FBS: _____
	FSL: _____
	CXR: _____
	Audio: _____
MEDICAL EXAMINER'S DECLARATION: I hereby certify that I 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:	CMA/DME Name and Address:
CMA/DME Signature:	For Official Use:
Telephone No:	Fax No:

