

Democratic Socialist Republic of Sri Lanka



Civil Aviation Authority of Sri Lanka

Implementing Standards

(Issued under Sec. 120, Civil Aviation Act No. 14 of 2010)

Title: Compliance with Annex – 1 - Chapter 6 , Personnel Licensing Medical Requirements

Reference No: IS-01-06

S.N: 036

Date: 8th April 2020

Pursuant to Sec. 120 of the Civil Aviation Act No.14 of 2010, Director General of Civil Aviation has the power to issue, whenever he considers it necessary or appropriate to do so, such Implementing Standards for the purpose of giving effect to any of the provisions of the Civil Aviation Act, any regulations or rules made thereunder including the Articles of the Convention on International Civil Aviation which are specified in the Schedule to the Act.

Accordingly, the undersigned being the Director General of Civil Aviation do hereby issue the Implementing Standards on Personnel Licensing Medical Requirements as mentioned in the Attachment hereto (Ref: IS-01-06-Att.), for the purpose of giving effect to the provisions in the aforementioned Act and Standards & Procedures described under Article 37 of the Convention, which are specified in the Attachment hereto.

This Implementing Standard shall come into force with immediate effect and remain in force unless revoked.

This Implementing Standard shall be applicable to every person seeking a licence from DGCA to engage in aircraft related safety sensitive activities or personnel already engaged in safety sensitive activities of an aircraft under a licence issued by DGCA.

Attention is also drawn to Sec. 103 of the Civil Aviation Act No.14 of 2010, which states inter alia that failure to comply with Implementing Standards is an offence.

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Enclosure: Attachment No. IS-1-6-Att.

1. Notice to the Recipient

1.1. The requirements in this Implementing Standard are based on the Standards and Recommended Practices (SARPs) adopted by the International Civil Aviation Organization (ICAO) and incorporated in the Amendment No. 175 to Annex 01

1.2. In pursuance of the obligation cast under Article 38 of the Convention which requires the Contracting States to notify the ICAO of any differences between the national regulations of the States and practices and the International Standards contained in the respective Annex and any amendments thereto, the CAASL will be taking steps to notify ICAO of such differences relating to either a Standard or a Recommended Practice, if any. The CAASL will also keep the ICAO currently informed of any differences which may subsequently occur, or of the withdrawal of any differences previously notified. Furthermore, the CAASL will take steps for the publication of differences between the national regulations and practices and the related ICAO Standards and Recommended Practices through the Aeronautical Information Service, which is published in accordance with the provisions in the Annex-15 to the Convention.

1.3. Taking into account of the ICAO council resolution dated 13 April 1948 which invited the attention of Contracting States of the desirability of using in the State's national regulations, as far as is practicable, the precise language of those ICAO Standards that are of a regulatory character, to the greatest extent possible the CAASL has attempted to retain the ICAO texts in the Annex in drafting this Implementing Standard.

1.4. Status of ICAO Annex components in the Implementing Standard

Some of the components in an ICAO Annex are as follows and they have the status as indicated:

1.4.1. **Standard:** Any specification for physical characteristics, configuration, materiel, performance, personnel or procedure, the uniform application of which is recognized as necessary for the safety or regularity of international air navigation and to which Contracting States will conform in accordance with the Convention; in the event of impossibility of compliance, notification to the Council is compulsory under Article 38. The ICAO Standards are reflected in the Implementing Standards if they are locally implemented using the normal fonts and recipients are required to conform to such requirements invariably and the DGCA **will take appropriate enforcement action** when those requirements are not complied with.

1.4.2. **Recommended Practice:** Any specification for physical characteristics, configuration, materiel, performance, personnel or procedure, the uniform application of which is recognized as desirable in the interest of safety, regularity, efficiency or environmentally responsiveness of international air navigation, and to which Contracting States will endeavor to conform in accordance with the Convention. The ICAO Recommended Practices are reflected in the Implementing Standards in italic fonts and the Recipients are encouraged to implement them to the greatest extent possible. However, DGCA **will not take enforcement action** when a Recommended Practice is not satisfied by the recipient.

1.4.3. **Appendices:** Comprising material grouped separately for convenience but forming part of the Standards and Recommended Practices adopted by the Council. Enforcement action on such matters will be as in the case of Standards or Recommended Practices.

1.4.4. **Definitions:** A definition does not have 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.

1.4.5. **Tables and Figures :** 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.

Implementing Standards

IS-036 : Compliance with Annex – 1 - Chapter 6 , Personnel Licensing Medical Requirements

01. GENERAL:

- i.** Requirements contained in this document are based on the ICAO annex 1-“Personnel Licensing” Chapter 6 – Medical Provisions for Licensing
- ii.** This document supersedes the Implementing Standards (IS) - 036 1st Edition Rev 00 issued by the DGCA and IS – 036 1st Edition Rev 00 shall be treated as null and void.
- iii.** The document may be amended from time to time and the amendments will be reflected with the vertical line on the right side of the text.

02. APPLICABILITY:

The requirements contained in this document are applicable to

- 1.** Holders of Personnel Licences.
- 2.** Holders of a Licence for Air Transport Operations.
- 3.** Air Navigation Service Providers.
- 4.** Civil Aviation Medical Examiners.

Medical Provisions for Licensing

- Note 1** The requirements established in this Implementing Standard cannot, on their own, be sufficiently detailed to cover all possible individual situations of necessity; many decisions relating to the evaluation of medical fitness must be left to the judgment of the individual medical examiner. The evaluation must, therefore, be based on a medical examination conducted throughout in accordance with the highest standards of medical practice.
- Note 2** Predisposing factors for disease, such as obesity and smoking may be Important for determining whether further evaluation or investigation is necessary in an individual case.
- Note 3** In cases where the applicant does not fully meet the medical requirements and in complicated and unusual cases, the evaluation may have to be deferred and the case shall be submitted to the Assessor of the CAASL for final evaluation. In such cases due regard must be given to the privileges granted by the licence applied for or held by the applicant for the Medical Assessment, and the conditions under which the licence holder is going to exercise those privileges in carrying out assigned duties.
- Note 4** Current Edition of CAASL Medical Procedure Manual(SLCAP 3020) published by DGCA Sri Lanka and ICAO Manual of Civil Aviation Medicine (Doc 8984) published by ICAO shall be used as Guidance material. In the instances where ICAO Manual of Civil Aviation Medicine (doc 8984) has no specific descriptions. Medical Board may refer to EASA Part MED Requirements for reference & guidance. This guidance material also contains a discussion of the terms ‘likely’ and ‘significant’ as used in the context of the medical provisions in Chapter 6 of ICAO Annex 1.
- Note 5** Basic safety management principles, when applied to the medical Assessment Process can help ensure that aeromedical resources are utilized effectively.

1. Medical Assessments — General

1.1 Classes of Medical Assessment

Three classes of Medical Assessment shall be as follows:

1. Class 1 Medical Assessment;
 - applies to applicants for, and holders of
 - Commercial pilot licences - Aeroplane, Airship, Helicopter and Powered-lift.
 - Multi crew pilot licences - Aeroplane
 - Airline Transport Pilot Licences- Aeroplane, Helicopter and Powered-lift
2. Class 2 Medical Assessment;
 - applies to applicants for, and holders of:
 - Flight Navigator Licences
 - Flight Engineer Licences

- Private Pilot Licences - Aeroplane, Airship, Helicopter and Powered-lift
- Glider Pilot Licences
- Free Balloon Pilot Licences
- Cabin Crew Member Certificates (ref. IS 021)

3. Class 3 Medical Assessment;
applies to applicants for, and holders of:
- Air Traffic Controller Licences.
 - remote pilot licences (applicable after 3 November 2022).

1.2 The applicant for a Medical Assessment shall provide the medical examiner through designated application with a personally certified statement of medical facts concerning personal, familial and hereditary history. The applicant shall be aware of the necessity for giving a statement that is as complete and accurate as the applicant's knowledge permits, and any false statement will be dealt with in accordance with 1.2.4.7.1 of IS 050

1.3 The medical examiner shall report to DGCA Sri Lanka any individual case where ,in the examiner's judgment, an applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence being applied for, or held, is not likely to jeopardize flight safety. (1.2.4.10 of IS 050).

1.4 The level of medical fitness to be met for the renewal of Medical Assessment shall be the same as that for the initial assessment except where otherwise specifically stated.

Note The intervals between routine medical examinations for the purpose of renewing Medical Assessments are specified in 1.2.5.2 of IS 50.

2 Requirements for Medical Assessments

2.1 General

An applicant for a Medical Assessment issued in accordance with the terms of 1.2.4.1 of IS 50 all undergo a medical examination based on the following requirements:

- a) physical and mental;
- b) visual and color perception; and
- c) hearing.

2.2 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.

2.3 Visual Acuity Test Requirements

2.3.1 The methods in use for the measurement of visual acuity are likely to lead to differing evaluations. Therefore, equivalence in the methods of evaluation shall be maintained.

2.3.2 The following method shall be adopted for tests of visual acuity:

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

2.4 Colour Perception Requirements

2.4.1 The methods of examination to guarantee reliable testing of colour perception is given in **appendix I**.

2.4.2 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 by undergoing the Colour vision tests mentioned in appendix I.

2.4.3 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).

2.4.4 An applicant obtaining a satisfactory result as prescribed in appendix I 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 day time only.

Note Guidance on suitable methods of assessing colour vision is contained in the Manual of Civil Aviation Medicine (Doc 8984) and SLCAP 3020 Manual published by DGCA Sri Lanka.

2.4.4.1 Sunglasses worn during the exercise of the privileges of the licence or rating held shall be Non-polarizing and of a neutral grey tint.

2.5 Hearing Test Requirements

- 2.5.1** The methods of examination to guarantee reliable testing of hearing is given in appendix II.
- 2.5.2** Applicants shall be required to demonstrate a hearing performance sufficient for the safe exercise of their licence and rating privileges.
- 2.5.3** Applicants for Class1 Medical Assessments shall be tested by pure-tone audiometry at first issue of the Assessment, not less than once every five years up to the age of 40 years, not less than once every two years up to the age of 50 years and not less than once every six months over the age of 60 years.
- 2.5.3.1** Alternatively, other methods providing equivalent results may be used
- 2.5.4** Applicants for Class 2 Medical Assessment shall be tested by pure-tone audiometry at first issue of the Assessment and, after the age of 50 years, no less than once every two years.
- 2.5.4.1** Alternatively, other methods providing equivalent results may be used.
- 2.5.5** 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 years up to the age of 40 years, and thereafter not less than once every two years.
- 2.5.6** At medical examinations, other than those mentioned in 2. 5. 3, 2. 5. 4 and 2. 5. 5 where Audiometry is not performed, applicants shall be tested according to the appendix II, 1&2 by CAME.
- Note 1** 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).
- Note 2** For the purpose of testing hearing in accordance with the requirements, a Quiet room is a room in which the intensity of the background noise less than 35 dB(A).
- Note 3** For the purpose of testing hearing in accordance with the requirements, the sound level of an average conversational voice at 1m 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 2m from the speaker, the sound level is dB(A)lower.
- Note 4** Guidance on assessment of applicants who use hearing aids is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- Note 5** Attention is called to 7.1.3.1 of IS 051 on requirements for the issue of instrument rating to applicants who hold a private pilot licence.

3 Class 1 Medical Assessment

3.1 Assessment issue and renewal

3.1.1 An applicant for a commercial pilot licence - aeroplane, airship, helicopter or powered-lift, a multi - crew pilot licence – aeroplane , or an airline transport pilot licence aeroplane, helicopter or powered-lift shall undergo an initial medical examination for the issue of a Class1 Medical Assessment.

3.1.2 Except where otherwise stated in this section, holders of commercial pilot licences – aeroplane, airship, helicopter or powered- lift, multi crew pilot licences- aeroplane ,or airline transport pilot licences - aeroplane, helicopter, or powered - lift shall have their Class 1 Medical Assessments renewed at intervals not exceeding those specified in 1.2.5.2 of IS 050.

3.1.2.1 Recommendation–In alternate years, for Class1 applicants under 40 years of age, DGCA Sri Lanka may at his, discretion, allow medical examiners to omit certain routine examination items related to the assessment of physical fitness, whilst increasing the emphasis on health education and prevention of ill health.

Note Guidance to reduce the emphasis on detection on physical disease, whilst increasing the emphasis on health education and prevention of ill health, in applicants under 40 years of age, is contained in the Manual of Civil Aviation Medicine (Doc8984).

3.1.3 When the requirements of this section and the general provisions of 1 and 2 of this IS have been met, to the satisfaction of DGCA Sri Lanka a Class1 Medical Assessment shall be issued to the applicant.

3.2 Physical and mental requirements

3.2.1 The applicant shall 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.

3.2.2 The applicant shall have no established medical history or clinical diagnosis of:

- a) an organic mental disorder;
- b) 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 behavioral syndrome associated with physiological disturbances or physical factors;
- g) a disorder of adult personality or behavior, particularly if manifested by repeated over acts;
- h) mental retardation;

- i) a disorder of psychological development;
- j) a behavioral 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.

3.2.2.1 Recommendation - An applicant with depression, being treated with antidepressant medication should be assessed as unfit unless the medical assessor, 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 Manual of Civil Aviation Medicine (Doc 8984)

Note 2 Mental and behavioral disorders are defined in accordance with the Clinical descriptions and diagnostic guidelines of the World Health Organization as Given In the International Statistical Classification of diseases and Related Health Problems 10th Edition Classification of mental and behavioural disorders, WHO 1992.this document contains detailed descriptions of the diagnostic requirements which may be useful for their application to medical assessment.

3.2.3 The applicant shall 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.

3.2.4 The applicant shall 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.

3.2.5 The applicant shall 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.

3.2.5.1 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 shall 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.

3.2.5.2 An applicant with an abnormal cardiac rhythm shall be assessed as unfit unless the cardiac arrhythmia has been investigated and evaluated in accordance with the best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence orating privileges.

- Note** Guidance on cardiovascular evaluation is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- 3.2.6** Electrocardiography shall form part of the heart examination for the first issue of a Medical Assessment.
- 3.2.6.1** Electrocardiography shall be included in re-examinations of applicants below the age 40 no less frequently than every two years between the ages of 40 and 50 no less frequently than annually and over the age of 50 no less frequently than 06 months.
- 3.2.6.2** Recommendation.- Electrocardiography should be included in re-examinations of applicants between the ages of 30 and 50 no less frequently than every two years.
- Note 1** The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence to justify disqualification without further thorough cardiovascular investigation.
- Note 2** Guidance on resting and exercise electrocardiography is contained In the Manual of Civil Aviation Medicine (Doc 8984).
- 3.2.7** The systolic and diastolic blood pressures shall be within normal limits.
- 3.2.7.1** The use of drugs for control of high blood pressure shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.
- Note** Guidance on the subject is contained in the Manual of Civil Aviation Medicine (Doc 8984)
- 3.2.8** There shall be no significant functional nor structural abnormality of the Circulatory system.
- 3.2.9** There shall be neither acute disability of the lungs nor any active disease of the structures of the lungs, mediastinum or pleura likely to result in incapacitating symptoms during normal or emergency operation.
- 3.2.9.1** Chest radiography shall form part of the initial examination a re-examination shall be every 05 years.
- Note** Periodic chest radiography is usually not necessary but may be a necessity in situations where asymptomatic pulmonary disease can be expected.
- 3.2.10** Applicants with chronic obstructive pulmonary disease shall 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.
- 3.2.11** Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms during normal or emergency operations shall be assessed as unfit.

3.2.11.1 The use of drugs for control of asthma shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.

Note Guidance on hazards of medication and drugs is contained in the Manual of Civil Aviation Medicine (Doc 8984).

3.2.12 Applicants with active pulmonary tuberculosis, shall be assessed as unfit.

3.2.12.1 Applicants with quiescent or healed lesions which are known to be tuberculous or are presumably tuberculous in origin may be assessed as fit.

Note 1 Guidance on assessment of respiratory diseases is contained in the Manual of Civil Aviation Medicine (Doc 8984).

Note 2 Guidance on hazards of medications and drugs is contained in the Manual of Civil Aviation Medicine (Doc 8984).

3.2.13 Applicants with significant impairment of function of the gastrointestinal tract or its adnexa shall be assessed as unfit.

3.2.13.1 Applicants shall be completely free from those hernias that might give rise to incapacitating symptoms.

3.2.14 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 obstructions due to stricture or compression shall be assessed as unfit.

3.2.14.1 An applicant who has undergone a major surgical operation on the biliary Passages or the digestive track 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 medical assessor having access to the details of the operation concerned, considers that the effects of the operation are not likely to cause incapacitations in flight

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

3.2.16 Applicants with insulin treated diabetes mellitus shall be assessed as unfit.

Note Guidance on Assessment of Type 2 insulin treated diabetic applicants under the provisions of 1.2.4.10 of IS 050 is contained in the Manual of Civil Aviation Medicine (Doc 8984)

3.2.16.1 Applicants with non-insulin treated diabetes mellitus shall 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.

- Note** Guidance on assessment diabetic applicants is contained in the Manual of Civil Aviation Medicine(Doc 8984).
- 3.2.17** Applicants with diseases of the blood and/or the lymphatic system shall 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.
- 3.2.18** Applicants with renal or genito-urinary disease shall be assessed as unfit, unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.
- 3.2.18.1** Urine examination shall form part of the medical examination and abnormalities shall be adequately investigated.
- Note** Guidance on urine examination and evaluation of abnormalities is contained in the Manual of Civil aviation Medicine (Doc 8984).
- 3.2.19** Applicants with sequelae of disease of or surgical procedures on the kidneys or the Genitourinary tract, in particular obstructions due to stricture or compression, shall 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.
- 3.2.19.1** Applicants who have undergone nephrectomy shall be assessed as unfit unless the condition is well compensated.
- 3.2.20** Applicants who are seropositive for human immunodeficiency virus (HIV) shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed as not likely to interfere with the safe exercise of the applicant's licence or rating privileges.
- Note 1** Early diagnosis and active management of HIV disease with antiretroviral Therapy reduces morbidity and improves prognosis and thus increases the likelihood of the fit assessment.
- Note 2** Guidance on the assessment of applicants who are seropositive for human immunodeficiency virus (HIV) is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- 3.2.21** Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk uncomplicated pregnancy.
- 3.2.21.1** For applicants with a low - risk uncomplicated pregnancy, evaluated and supervised in accordance with 3.2.21, the fit assessment shall be limited to the period from the end of the 12th week until the end of the 26th week of gestation.

3.2.22 Following confinement or termination of pregnancy, the applicant shall 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.

3.2.23 The applicant shall 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.

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

3.2.25 There shall be:

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

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

Note Guidance on testing of the vestibular function is contained in Manual of Civil Aviation Medicine (Doc 8984).

3.2.26 There shall 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.

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

3.3 Visual requirements

The medical examination shall be based on the following requirements

3.3.1 The function of the eyes and their adnexa shall be normal. There shall be no active pathological condition, acute or chronic, nor 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.

3.3.2 Distant visual acuity with or without correction shall be 6/9 or better in each eye separately and binocular visual acuity shall 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 3.3.2 (b) is the subject of Standards in Annex 6, Part I (refer to IS 018, Section 5)

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 DGCA Sri Lanka. 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.

3.3.2.1 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.

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

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

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

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

Note 2 Guidance on the assessment on monocular applicant under the provisions of 1.2.4.10 of IS 050 is Contained in the manual of civil aviation manual (Doc 8984)

3.3.3 Applicants who have undergone surgery affecting the refractive status of the eye shall 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.

3.3.4 The applicant shall have the ability to read, while wearing the correcting lenses, if any, required by 3.3.2, 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 100cm. 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 3.3.2; if no such correction is prescribed, a pair of spectacles for near use shall be kept readily available during the exercise of the privileges of the licence. When near correction is required, the applicant shall 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 type face used. For further details, see the 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 multi focal 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 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.

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

3.3.5 The applicant shall be required to have normal fields of vision.

3.3.6 The applicant shall be required to have normal binocular function.

3.3.6.1 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.

3.4 Hearing requirements

3.4.1 The applicant, when tested on a pure - Tone audiometer, shall not have a hearing loss, in either ear separately, of more than 35dB at any of the frequencies 500, 1000 or 2000 Hz, or more than 50dB at 3000 Hz.

3.4.1.1 An applicant with a hearing loss greater than 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 is 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.

3.4.1.2 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.

4 Class 2 Medical Assessments

4.1 Assessment issue and renewal

4.1.1 An applicant for a private pilot licence - aeroplane, airship, helicopter or powered - lift, a glider pilot licence, a free balloon pilot licence, a flight engineer licence or flight navigator licence shall undergo an initial medical examination for the issue of a Class 2 Medical Assessment.

4.1.2 Except where otherwise stated in this section, holders of private pilot licences - aero plane, airship, helicopter or powered-lift, glider pilot licences, free balloon pilot licences, flight engineer licences or flight navigator licences shall have their Class 2 Medical Assessments renewed at intervals not exceeding those specified in 1.2.5.2 of IS 050.

4.1.3 When the requirements of this section and the general provisions of 1 and 2 have been met, to the satisfaction of DGCA Sri Lanka Class 2 Medical Assessment will be issued to the applicant.

4.2 Physical and mental requirements

The medical examination shall be based on the following requirements.

4.2.1 The applicant shall 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.

4.2.2 The applicant shall have no established medical history or clinical diagnosis of:

- a) an organic mental disorder;
- b) a mental or behavioral 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 behavioral syndrome associated with physiological disturbances or physical factors;
- g) a disorder of adult personality or behavior, particularly if manifested by repeated overt acts;
- h) mental retardation;
- i) a disorder of psychological development;
- j) a behavioral or emotional disorder, with on set 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.

4.2.2.1 An applicant with depression, being treated with anti-depressant medication, should be assessed as unfit unless the medical assessor, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicants licence and rating privileges.

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

Note 2 Mental and behavioral disorders are defined in accordance with the clinical descriptions and diagnostic guidelines of the World Health Organization as given in the International Statistical Classification of Diseases and Related Health Problems, 10th Edition - Classification of Mental and Behavioral Disorders, WHO 1992. This document contains, detailed descriptions of the diagnostic requirements, which may be useful for the application to medical assessment.

4.2.3 The applicant shall 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.

4.2.4 The applicant shall 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.

4.2.5 The applicant shall not possess any abnormality of the heart, Congenital or acquired, which is likely to interfere with the safe exercise of the applicant's and rating privileges.

4.2.5.1 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 shall 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 applicants licence or rating privileges.

4.2.5.2 An applicant with an abnormal cardiac rhythm shall 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 applicants licence or rating privileges.

- Note** Guidance on cardiovascular evaluation is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- 4.2.6** Electrocardiography shall form part of the heart examination for the first issue of a Medical Assessment.
- 4.2.6.1** Electrocardiography shall be included in re-examinations of applicants after the age of 50 no less than every two years.
- 4.2.6.2** Recommendation - Electrocardiography should form part of the heart examination for the first issue of a Medical Assessment.
- Note 1** The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence to justify disqualification without further thorough Cardiovascular Investigation.
- Note 2** Guidance on resting and exercise electrocardiography is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- 4.2.7** The systolic and diastolic blood pressures shall be within normal limits.
- 4.2.7.1** The use of drugs for control of high blood pressure shall be disqualifying except for those drugs, the use of which, is compatible with the safe exercise of the applicant's licence and rating privileges.
- Note** Guidance on the subject is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- 4.2.8** There shall be no significant functional nor structural abnormality of the circulatory system.
- 4.2.9** There shall 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.
- 4.2.9.1** Chest radiography shall form part of the initial examination and periodic examinations in cases where asymptomatic pulmonary disease can be expected.
- 4.2.10** Applicants with chronic obstructive pulmonary disease shall 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.
- 4.2.11** Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms during normal or emergency operations shall be assessed as unfit.
- 4.2.11.1** The use of drugs for control of asthma shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.
- Note** Guidance on hazards of medication and drugs is contained in the Manual of Civil Aviation Medicine (Doc 8984)

- 4.2.12** Applicants with active pulmonary tuberculosis shall be assessed as unfit.
- 4.2.12.1** Applicants with quiescent or healed lesions, known to be tuberculous or presumably tuberculous in origin, may be assessed as fit.
- Note 1** Guidance on assessment of respiratory diseases is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- Note 2** Guidance on hazards of medication and drugs is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- 4.2.13** Applicants shall be completely free from those hernias that might give rise to Incapacitating symptoms.
- 4.2.13.1** Applicants with significant impairment of the function of the gastrointestinal tract or its adnexa shall be assessed as unfit.
- 4.2.14** Applicants with sequelae of disease of or surgical intervention on any part of the digestive tract or its adnexa, likely to cause incapacitation flight, in particular any obstructions due to stricture or compression, shall be assessed as unfit.
- 4.2.14.1** 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 shall be assessed as unfit until such time as the medical assessor, having access to the details of the operation concerned, considers that the effects of the operation are not likely to cause incapacitation in flight.
- 4.2.15** Applicants with metabolic, nutritional or endocrine disorders that are likely to interfere with the safe exercise of their licence and rating privileges shall be assessed as unfit.
- 4.2.16** Applicants with insulin treated diabetes mellitus shall be assessed as unfit.
- Note** Guidance on assessment of Type 2 insulin treated diabetic applicants under the provisions 1.2.4.10 of IS 050 is contained in the Manual of Civil Aviation Medicine (Doc. 8984)
- 4.2.16.1** Applicants with non - insulin treated diabetes mellitus shall 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.
- Note** Guidance on assessment of diabetic applicants is contained in the Manual of Civil Aviation Medicine (Doc 8984)
- 4.2.17** Applicants with diseases of the blood and/or the lymphatic system shall 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 fit assessment

- 4.2.18** Applicants with renal or genito - urinary disease shall be assessed as unfit; unless adequately Investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.
- 4.2.18.1** Urine examination shall form part of the medical examination and abnormalities shall be adequately investigated.
- Note** Guidance on urine examination and evaluation of abnormalities is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- 4.2.19** Applicants with sequelae of disease of, or surgical procedures on, the kidneys or the genitourinary tract, in particular obstructions due to stricture or compression, shall 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.
- 4.2.19.1** Applicants who have undergone nephrectomy shall be assessed as unfit unless the condition is well compensated.
- 4.2.20** Applicants who are seropositive for human immune deficiency virus (HIV) shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed as not likely to interfere with the safe exercise of the applicant's licence or rating privileges.
- 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.
- Note 2** Guidance on the assessment of applicants who are seropositive for human immunodeficiency virus (HIV) is contained in the Manual of Civil Aviation Medicine (Doc 8984)
- 4.2.21** Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk uncomplicated pregnancy.
- 4.2.21.1** For applicants with a low - risk uncomplicated pregnancy, evaluated and supervised in accordance with 4.2.21, the fit assessment shall be limited to the period from the end of the 12th week until the end of the 26th week of gestation.
- 4.2.22** Following confinement or termination of pregnancy, the applicant shall 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.
- 4.2.23** The applicant shall not possess any abnormality of or the bones, joints, muscles, tendons 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.

4.2.24 The applicant shall 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.

4.2.25 There shall 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.

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

Note Guidance on testing of the vestibular function is contained in the Manual of Civil Aviation Medicine (Doc 8984).

4.2.26 There shall 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.

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

4.3 Visual requirements

The medical examination shall be based on the following requirements.

4.3.1 The function of the eyes and their adnexa shall be normal. There shall be no active pathological condition, acute or chronic, nor 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.

4.3.2 Distant visual acuity with or without correction shall be 6/12 or better in each eye separately, and binocular visual acuity shall 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 DGCA Sri Lanka. 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.

4.3.2.1 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 reexamination provided the history of their contact lens prescription is known.

4.3.2.2 Applicants with a large refractive error shall use contact lenses or high-index spectacle lenses

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

4.3.2.3 Applicants whose uncorrected distant visual acuity in either eye is worse than 6/60 shall be required to provide a full ophthalmic report prior to initial Medical Assessment and every five years thereafter to ascertain normal visual performance and to identify any significant pathology.

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

Note 2 Guidance on the assessment of monocular applicants under the provisions of 1.2.4.10 of IS 50 is contained in the Manual of Civil Aviation Medicine (Doc 8984).

4.3.3 Applicants who have undergone surgery affecting the refractive status of the eye shall 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.

4.3.4 The applicant shall have the ability to read, while wearing the correcting lenses, if any, required by 4.3.2, 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 correctional ready prescribed in accordance with 4.3.2; If no such correction is prescribed, a pair of spectacles for near use shall be kept readily available during the exercise of the privileges of the licence. When near correction is required, the applicant shall demonstrate That one pair of spectacles is sufficient to meet both distant and near visual requirements.

Note 1 N5 refers to the size of type face used. For further details; see the 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 wind screen, 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 air craft In which the applicant is likely to function.
- 4.3.4.1** When near correction is required in accordance with this paragraph, a second pair of near - correction spectacles shall be kept available for immediate use.
- 4.3.5** The applicant shall be required to have normal fields of vision.
- 4.3.6** The applicant shall be required to have normal binocular function.
- 4.3.6.1** 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.

4.4 Hearing requirements

- Note** Attention is called to 7.1.3.1 of IS 051 on requirements for the issue of instrument rating to applicants who hold a private pilot licence.
- 4.4.1** Applicants who are unable to hear an average conversational voice in a quiet room, using both ears, at a distance of 2m from the examiner and with the back turned to the examiner, shall be assessed as unfit.
- 4.4.2** When tested by pure - tone audiometry, an applicant with a hearing loss, in either ear separately of more than 35dB at any of the frequencies 500, 1000 or 2000 Hz, or more than 50 dB at 3000 Hz shall be assessed as unfit.
- 4.4.3** An applicant who does not meet the requirements in 4.4.1 or 4.4.2 shall undergo further testing in accordance with 3.4.1.1.

5 Class 3 Medical Assessments

5.1 Assessment issue and renewal

- 5.1.1** Until 2 November 2022, an applicant for an air traffic controller licence shall undergo an initial medical examination for the issue of a Class 3 Medical Assessment.
- 5.1.1** After 3 November 2022, an applicant for an air traffic controller licence or remote pilot licence shall undergo an initial medical examination for the issue of a Class 3 Medical Assessment.
- 5.1.2** Until 2 November 2022, except where otherwise stated in this section, holders of air traffic controller licenses shall have their Class 3 Medical Assessments renewed at intervals not exceeding those specified in 1.2.5.2 of IS 050.
- 5.1.2** After 3 November 2022, except where otherwise stated in this section, holders of air traffic controller licenses or remote pilot licence shall have their Class 3 Medical Assessments renewed at intervals not exceeding those specified in 1.2.5.2 of IS 050.

5.1.3 When the requirements of this section and the general provisions of 1 and 2 have been met, to the satisfaction of DGCA Sri Lanka a Class 3 Medical Assessment shall be issued to the applicant.

5.2 Physical and mental requirements

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

5.2.2 The applicant shall have no established medical history or clinical diagnosis of:

- a) an organic mental disorder;
- b) 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 behavioral syndrome associated with physiological disturbances or physical factors;
- g) a disorder of adult personality or behavior, particularly if manifested by repeated overtact;
- h) mental retardation;
- i) a disorder of psychological development;
- j) a behavioral or emotional disorder, with on set in child hood 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.

5.2.2.1 An applicant with depression, being treated with antidepressant medication, should be assessed as unfit unless the medical assessor, 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 Manual of Civil Aviation Medicine (Doc 8984)

Note 2 Mental and behavioral disorders are defined in accordance with the Clinical Descriptions and diagnostic guidelines of the World Health Organization as given in the International Statistical Classification of Diseases and Related Health Problems, 10th Edition Classification of Mental and Behavioral disorders, WHO 1992. This document contains detailed descriptions of the diagnostic requirements which may be useful for their application to medical assessment.

5.2.3 The applicant shall 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.

- 5.2.4** The applicant shall 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.
- 5.2.5** The applicant shall 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.
- 5.2.5.1** 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 shall 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.
- 5.2.5.2** An applicant with an abnormal cardiac rhythm shall 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.
- Note** Guidance on cardiovascular revaluation is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- 5.2.6** Electrocardiography shall form part of the heart examination for the first issue of a Medical Assessment.
- 5.2.6.1** Electrocardiography shall be included in re-examinations of applicants after the age of 50 no less frequently than every two years.
- Note 1** The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence to justify disqualification without further thorough cardiovascular investigation.
- Note 2** Guidance on resting and exercise electrocardiography is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- 5.2.7** The systolic and diastolic blood pressures shall be within normal limits.
- 5.2.7.1** 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.
- Note** Guidance on this subject is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- 5.2.8** There shall be no significant functional nor structural abnormality of the circulatory system.
- 5.2.9** There shall be neither disability of the lungs nor any active disease of the structures of the lungs, mediastinum or pleurae likely to result in incapacitating symptoms.
- Note** Chest radiography may be necessary in cases where asymptomatic pulmonary disease can be expected.
- 5.2.10** Applicants with chronic obstructive pulmonary disease shall 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.

- 5.2.11** Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms shall be assessed as unfit.
- 5.2.11.1** The use of drugs for control of asthma shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.
- Note** Guidance on hazards of medications is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- 5.2.12** Applicants with active pulmonary tuberculosis shall be assessed as unfit.
- 5.2.12.1** Applicants with quiescent or healed lesions, known to be tuberculous or presumably tuberculous in origin, may be assessed as fit.
- Note 1** Guidance on assessment of respiratory diseases is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- Note 2** Guidance on hazards of medication and drugs is contained in the Manual of Civil Aviation Medicine (Doc 8984).
- 5.2.13** Applicants with significant impairment of the function of the gastrointestinal tract or its adnexa, shall be assessed as unfit.
- 5.2.14** 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, shall be assessed as unfit.
- 5.2.14.1** 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 shall be assessed as unfit until such time as the medical assessor, having access to the de tails of the operation concerned, considers that the effects of the operation are not likely to cause in incapacitation.
- 5.2.15** Applicants with metabolic, nutritional or endocrine disorders that are likely to interfere with the safe exercise of their licence and rating privileges shall be assessed as unfit.
- 5.2.16** Applicants with insulin treated diabetes mellitus shall be assessed as unfit.
- Note** Guidance on assessment of Type 2 insulin treated diabetic applicants under the provisions of 1.2.5.10 of IS 050 is contained in the Manual of Civil Aviation Medicine (Doc 8984)
- 5.2.16.1** Applicants with non-insulin treated diabetes shall 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.
- Note** Guidance on assessment of diabetic applicants is contained in the Manual of Civil Aviation Medicine (Doc 8984)

- 5.2.17** Applicants with diseases of the blood and/or the lymphatic system shall be assessed as unfit, unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.
- 5.2.18** Applicants with renal or genito-urinary disease shall be assessed as unfit unless adequately investigated and their condition found unlikely to interfere with the safe exercise of their licence and rating privileges.
- 5.2.18.1** Urine examination shall form part of the medical examination and abnormalities shall be adequately investigated.
- Note** Guidance on urine examination and evaluation of abnormalities is contained in the Manual of Civil Aviation Medicine (Doc8984).
- 5.2.19** Applicants with sequel of disease of, or surgical procedures on the kidneys or the genito-urinary tract, in particular obstructions due to stricture or compression, shall 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.
- 5.2.19.1** Applicants who have undergone nephrectomy shall be assessed as unfit unless the condition is well compensated.
- 5.2.20** Applicants who are seropositive for human immune deficiency virus (HIV) shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed as not likely to interfere with the safe exercise of the applicant's licence or rating privileges.
- 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.
- Note 2** Guidance on the assessment of applicants who are seropositive for human immune deficiency virus (HIV) is contained in the Manual of Civil Aviation Medicine (Doc 8984)
- 5.2.21** Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk complicated pregnancy.
- 5.2.21.1** During the gestational period, precautions shall be taken for the timely relief of an air traffic controller in the event of early onset of labor or other complications.
- 5.2.21.2** For applicants with a low-risk uncomplicated pregnancy evaluated and supervised in accordance with 5.2.21, the fit assessment shall be limited to the period until the end of the 34th week of gestation.
- 5.2.22** Following confinement or termination of pregnancy the applicants shall 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.

5.2.23 The applicant shall not possess any abnormality of the bones, joints, muscles or, 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.

5.2.24 The applicant shall 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.

5.2.25 There shall be normal formation nor any disease of the nose, buccal cavity or upper respiratory track which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

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

5.3 Visual requirements

The medical examination shall be based on the following requirements.

5.3.1 The function of the eyes and their adnexa shall be normal. There shall be neither active pathological condition, acute or chronic, nor 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.

5.3.2 Distant visual acuity with or without correction shall be 6/9 or better in each eye separately, and binocular visual acuity shall 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 DGCA Sri Lanka. 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.

5.3.2.1 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.

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

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

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

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

Note 2 Guidance on the assessment of monocular applicants under the provisions of 1.2.4.10 of IS 050 is contained in the Manual of Civil Aviation Medicine (Doc 898 4)

5.3.3 Applicants who have undergone surgery affecting the refractive status of the eye shall 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.

5.3.4 The applicant shall have the ability to read, while wearing the correcting lenses, if any, required by 5.3.2, the N5 chart or its equivalent at a distance selected by that applicant in the range of 30 to 50cm and the ability to read the N14 chart or its equivalent at a distance of 100cm. 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 5.3.2; if no such correction is prescribed, pair of spectacles for near use shall be kept readily available during the exercise of the privileges of the licence. When near correction is required, the applicant shall 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 type face used. For further details, see the Manual of Civil Aviation Medicine (Doc 8984).

Note 2 Until 2 November 2022, 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 2** After 3 November 2022, 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 or remote pilot duties. However, it should be realized that single – vision near correction significantly reduces distant visual acuity.
- Note 3** Until 2 November 2022, 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.
- Note 3** After 3 November 2022, 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.
- 5.3.4.1** When near correction is required in accordance with this paragraph, a second pair of near-correction spectacles shall be kept available for immediate use.
- 5.3.5** The applicant shall be required to have normal fields of vision.
- 5.3.6** The applicant shall be required to have normal binocular function.
- 5.3.6.1** 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.
- 5.4 Hearing Requirements**
- 5.4.1** The applicant, when tested on a pure - tone audiometer, shall not have a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1000 or 2000 Hz, or more than 50 dB at 3 000 Hz.
- 5.4.1.1** Until 2 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 4800 Hz (speech frequency range)adequately represented.
- Note 2** In the speech material for discrimination testing, both aviation relevant phrases and phonetically balanced words are normally used.
- 5.4.1.1** After 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.

- Note 1** The frequency composition of the background noise is defined only to the extent that the frequency range 600 to 4800 Hz (speech frequency range) adequately represented.
- Note 2** In the speech material for discrimination testing, both aviation relevant phrases and phonetically balanced words are normally used.
- 5.4.1.2** 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.

Appendix I

The methods of examination to test colour perception

Tests of Colour vision fall into 3 categories

- Chromatic confusion plates or discs
- Colour lantern tests
- Anomaloscopes

Chromatic confusion plates or discs

This group includes pseudo-isochromatic plates (PIP) such as those designed by Ishihara which is widely available and accepted worldwide.

1. There are different criteria for “pass” or “fail” in each different series of test plates of Ishihara test. The Ishihara test is to be considered passed identified without error, without uncertainty or hesitation. (Doc 8984)
2. The plates are placed in front of the applicant at normal reading distance (approximately 50 cm, or 20 in). These plates shall be presented randomly under recommended lighting conditions according to ICAO Manual of Civil Aviation Medicine (Doc 8984) - Plates should be view in daylight (but not in sunshine) or with special light source as specified by International Commission on Illumination (CIE illuminant “C” or D₆₅).
3. The applicant should wear spectacles if these are normally used for reading at this distance, and his response to each coloured plate should be given without hesitation. Tinted lenses must not be used, and the use of “colour correcting” contact lenses is not allowed. (Doc 8984, 11.8.33)
4. A second attempt may be allowed if the examiner suspects carelessness or lack of concentration. (Doc 8984 11.8.33)

The above test is conducted by the Civil Aviation Medical Examiner in Aeromedical Centre, CAASL An applicant obtaining a satisfactory result of Ishihara test shall be assessed as fit.

An applicant failing the Ishihara test shall be assessed as unfit and for further evaluation and assessment CAME, CAASL will refer to a CAASL designated institution to perform the below mentioned tests.

1. Lantern testing with a Spectrolux, Beynes, Eldridge-green Lantern, the Fansworth Lantern, the Giles-Archer Lantern or Holmes-Wright lantern. This test is considered passed if the applicant passes without error a test with accepted lanterns.
2. Anomaloscopy (Nagel or equivalent). This test is considered passed if the colour match is trichromatic and the matching range is 4 scale units or less.

Or

3. A functional test to determine ability to readily distinguish the colours used in air navigation and correctly identify aviation coloured lights will be performed as per ICAO Annex 1, Chapter 6, 6.2.4.4

Appendix II

Methods of examination for hearing

1. The applicant should understand correctly conversational speech when tested with each ear at a distance of 2 metres from and with the applicant's back turned towards the CAME and shall be tested in a quiet room.
2. The applicant should understand correctly whispered voice when tested with each ear at a distance of 0.5 metres from and with the applicant's back turned towards the CAME and shall be tested in a quiet room.
3. The pure tone audiogram should cover the 500Hz, 1000Hz, 2000Hz and 3000Hz frequency thresholds. Pure tone audiogram shall be performed in a quiet room which the intensity of background noise less than 35 dB.
4. An applicant with hypoacusis (hearing impairment) shall be referred to a Consultant ENT Surgeon by CAME for further assessment/evaluation and recommendation for hearing aid if necessary.
A fit assessment can be made if a speech discrimination test or functional flight deck hearing test demonstrates satisfactory hearing ability. A vestibular function test may be appropriate.
5. If the hearing requirements can only be met with the use of hearing aids, the hearing aids should provide optimal hearing function, be well-tolerated and suitable for aviation purposes.