

Democratic Socialist Republic of Sri Lanka



Civil Aviation Authority of Sri Lanka

Implementing Standard

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

Title: Requirements for Medical Examination of Cabin Crew Members

Reference No. : CA-IS-2018-OPS-097

Date: 06th September 2023

Pursuant to Section 120 of the Civil Aviation Act No.14 of 2010 which is hereinafter referred to as the CA Act, Director General of Civil Aviation (hereinafter referred as the DGCA) shall have 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 provision in the CA 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 CA Act.

Accordingly, I, being the DGCA do hereby issue the Implementing Standards on **Requirements for Medical Examination of Cabin Crew Members** as mentioned in the Attachment hereto (**Ref: CA-IS-2018-OPS-097-Att**), elaborating the requirements to be satisfied for the effective implementation of the International Standards & Recommended Practices on '**Requirements for Medical Examination of Cabin Crew Members**' contained in ICAO Annex 01.

This Implementing Standard shall be applicable to every person holding an Air Operator Certificate issued by the DGCA and employees of such AOC holders engaged in flight operations as per the applicability changed on the overleaf and shall come into force with immediate effect and remain in force unless revised/revoked.

This Implementing Standard shall replace and supersede IS 097 published on 25th January 2019.

Attention is also drawn to section 103 of the Civil Aviation Act, which states inter alia that failure to comply with Implementing Standard, issued by the DGCA is an offence. Further, if any standard stipulated in this Implementing Standard is not complied with or violated, an appropriate enforcement action will be taken as per the Aviation Enforcement Policy and Procedure Manual, SLCAP 0005 by the DGCA under section 102 of the Civil Aviation Act 14 of 2010.

Civil Aviation Authority of Sri Lanka
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P A Jayakantha
Director General of Civil Aviation
and Chief Executive Officer

Enclosure: Attachment No. CA-IS-2018-OPS-097-Att.

Preamble

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. 177 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, material, 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.
- 1.4.2. **Recommended Practice:** Any specification for physical characteristics, configuration, material, 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 endeavour 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.

- 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.

Record of Revision

Revision No.	Date Entered	Entered By
00	06 th September 2023	D.OPS

List of Effective Pages

Page No.	Revision No.	Effective Date
Page 01	00	06 th September 2023
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Abbreviation

AME	-	Aero Medical Examiner
AMS	-	Aeromedical Services
AMU	-	Airline Medical Unit
BF%	-	Body Fat Percentage
BMI	-	Body Mass Index
CAASL	-	Civil Aviation Authority of Sri Lanka
CCM	-	Cabin Crew Member
DGCA	-	Director General of Civil Aviation
ICAO	-	International Civil Aviation Organizations
IS	-	Implementing Standards

Implementing Standards

Title: Medical Requirements for Examination of Cabin Crew Members

1. Introduction

The operator shall ensure that each cabin crew member remains medically fit to discharge the duties specified in the Implementing standards relevant to Cabin Crew Members and other internal and regulatory manuals which governs their profession. This Implementing Standard is issued to maintain uniformity of requirements for medical fitness of cabin crew which are to be ensured by the Cabin Crew Members and the operators. This Implementing Standard is issued under the legal provisions in Implementing Standards 036, Subpart C, Implementing Standard 021, Chapter 12, para 4 (d) and ICAO Doc 10002, para 1.4.4. (e) & (g).

When conducting Aero-medical examinations and/or assessments of CCM, their medical fitness shall be assessed with particular emphasis on their Physical, Social, Mental and Spiritual ability to:

- (a) Handle and efficiently operate the aircraft systems and emergency equipment in the cabin which are used for safety and emergency procedures e.g. cabin management systems, doors/exits, escape devices, fire extinguishers, taking also into account the type of aircraft operated e.g. narrow-bodied or wide-bodied, single/multi deck, single/multi-crew operation;
- (b) Sustain continuity of the aircraft environment whilst performing duties, e.g. altitude, pressure, re-circulated air, noise; and the type of operations such as short/medium/long haul; where applicable and / or when called upon to do so.
- (c) Perform the required duties and responsibilities efficiently during normal and abnormal operations, and in an emergency situations and psychologically demanding circumstances e.g. assistance to crew members and passengers in case of decompression; stress management, decision-making, crowd control and effective crew coordination, management of disruptive passengers and of security threats. When relevant, operating with minimum, crew should also be taken into account when assessing the medical fitness of cabin crew; and
- (d) Create a good image, impression and also confidence to average passengers that they are in the safe hand of professional crew who are dynamic and agile enough to respond to any unlikely event of an emergency.

2. Frequency of Medical Examination.

The Initial Medical Examination shall be conducted upon induction and every 05 years at CAASL till the age of 50 years and every 12 months thereafter. Subsequently CCMs shall undergo renewal medical examination done by a CAASL designated AME for at least Class II (Cabin Crew) Medical Certification once a year facilitated by the Airline Operator. The frequency of medical examinations at AMS, CAASL or at the AMU may be increased in case of specific CCM where a disease/condition has been detected and a more frequent follow up is required.

2.1 All CCMs shall undergo the following investigations/ records using form CAA/AMS//07.

Initial Medical Examination	<ul style="list-style-type: none"> (i) Record of height, weight & Body Mass Index (BMI) (ii) Urine full report (iii) Blood Group & Rh type (iv) Electrocardiogram (ECG) – Standard 12 lead with Rhythm strip & with reporting. (v) Radiograph Chest PA view and reporting. (vi) Blood Sugar Fasting (vii) Chest X-Ray with reporting (viii) Pure Tone Audiogram (ix) Thyroid Function Test (T3, T4 & TSH) (x) Clinical examination as per the Medical Examination Form CAA/AMS/02 by an AME (xi) Any other test deemed fit based on history/ clinical examination
Renewal Medical Examination	<ul style="list-style-type: none"> (i) Haemogram (Complete Blood Counts) (ii) Urine routine & microscopic examination (iii) Record of height, weight, BMI & BF% (iv) ECG* (v) Audiogram** (vi) Chest X-Ray** (vii) Blood Sugar Fasting (viii) Clinical examination as per the Medical Examination Form CAA/AMS/02 by an AME (ix) Any other test deemed fit based on history/ clinical examination <p><i>* ECG to be done only if clinically indicated in renewal medical examinations till the age of 50 years. After 50, it is to be done yearly.</i></p> <p><i>** Audiogram & Chest x-ray to be done every 05 years or if clinically indicated.</i></p>
BMI/ BF%	❖ Procedure for disposal for high BMI/ BF percentage cases is given in Appendix 1

- 2.2 The Investigations mentioned in above Section 2.1 shall be performed at a CAASL Designated Hospital. The AMU shall ensure that the prescription given to CCMs indicates the CAASL Designated Hospitals along with the Hospital Coordinator's Contact details.

Note 01: CAASL Designated Hospitals are published in CAASL website under the Aero Medical Services and will be updated from time to time.

Note 02: It is the responsibility of AMU to ensure, the CCMs are properly aware and guided on required medical investigation procedures laid down by this IS.

- 2.3 No CCM shall be accepted for rostering unless they have a valid Class II (Cabin Crew) Medical Certificate.

3. Procedure and General Requirements for Medical Examination.

- 3.1 The medical Units of scheduled airlines and the Operator of non-scheduled airlines shall maintain the individual medical records of all their CCMs. A yearly summary of the total number of renewal medical examinations conducted and their outcome shall be forwarded to the DGCA for scrutiny and retention. Any abnormal cases shall be reported to AMS, CAASL for further medical assessment and recommendations.
- 3.2 The medical Units of scheduled airlines and the Operator of non-scheduled airlines shall be responsible for maintaining a schedule to ensure timely conduct of medical examinations of all CCM.
- 3.3 Disposal of Cases - Following a medical examination at Aeromedical Services, CAASL or AMU, the AME shall inform CCM on his/her medical fitness status at the end of the medical examination.

The following disposals may be granted:

- (a) Fit
 - (b) Fit with Restrictions
 - (b) Decreased Medical Fitness
 - (c) Permanent Unfit
- 3.4 Disposal of Fit with Restrictions – Cases may be declared “Fit with Restrictions” only after obtaining an Accredited medical conclusions as per below section 3.8
- 3.5 Disposal of Decreased Medical Fitness – Cases may be declared the status of Decreased Medical Fitness and such cases disqualify to engage in flying duties as a CCM. The AME shall indicate the disease/ condition with specific annotation regarding the next review and guidance on the investigations/ opinion/ treatment required before next review.
- 3.6 Disposal of Permanent Unfit – Cases requiring to be placed “Permanently Unfit”, AMEs at an AMU shall refer them to the Aeromedical Services,

CAASL for further assessment, to decide on such case's medical fitness and for the decision of permanent disposal.

- 3.7 Disposal of contentious cases & arbitration – the first level of dealing with such cases would be the AMU itself. In cases where the matter is not resolved, the same shall be referred to the Aeromedical Services, CAASL, for further investigations/ opinions/ fresh medicals at before finalizing the case.
- 3.8 If the medical standards prescribed for Class II (Cabin Crew) Medical Examination and those Aeromedical requirements laid down by the DGCA are not met, the Medical Fitness Certificate shall not be issued or renewed unless the following conditions are fulfilled:
 - (a) Accredited medical conclusion of AMS, CAASL indicates that in special circumstances the applicant's failure to meet any requirements, whether numerical or otherwise, is such that exercise of the duties 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 medical fitness granted by AMS, CAASL is endorsed with any special restriction or restrictions when the safe performance of the CCM duties are dependent on compliance with such restriction or restrictions.

4. Procedure for Appeal Medical Examination.

- 4.1. In the event of a CCM being declared "Decreased Medical Fitness" for more than three months at a stretch or in aggregate or Permanently Unfit by an AME of AMU, the applicant may appeal to the DGCA, for a review of the medical assessment within a period of 90 days from the date of applicant having been declared unfit.
- 4.2. The appeal shall be addressed to the Director General of Civil Aviation, No. 152/1, Minuwangoda Road, Katunayake. The appeal shall be sent by registered post with acknowledgement due or by speed post or through a reputed courier company or may be delivered in person to the DGCA's office. The appeal must be accompanied by the following documents;
 - (a) All documents in original obtained by the applicant from reputed Medical Institutions/ Specialists clearly certifying that the applicant is fit for duties as a CCM, with specific reference to the cause of unfitness stated in the medical assessment issued by the AME of AMU. The Medical Practitioner/ Specialist certifying the fitness in such a case should give sound reasons justifying their opinions.
 - (b) Reports of the medical examination and results of investigations, in original, conducted by the Medical Practitioner/ Specialist giving the aforesaid certificate.

- 4.3 The appeal shall be considered by the DGCA, and if found justified, it may be referred to the AMS, CAASL. The Medical records of the concerned CCM shall be summoned from the AMU by the Head of AMS, CAASL. If adequate medical evidence is provided for medical review, Head of AMS, CAASL may hold a fresh medical assessment at AMS, CAASL followed by a Medical Board to grant the accredited medical conclusion. In case the appeal for medical review is not found justified, Head of AMS, CAASL will inform the DGCA on the same justifying the reasons and the concerned CCM & the AMU shall be informed accordingly.
- 4.4 The DGCA would afford an opportunity to the operator's opinion and concerns considering the appeal of a CCM before, any ruling is given.

5. Maintenance of records

- 5.1 The records of the medical examination of CCMs shall be maintained and securely kept under the Airline Medical Officers custody and these records shall be retained at the AMU until the retirement, termination or resignation of any CCM and shall be preserved for a period of 02 years even after cessation of the active duties of the CCM.
- 5.2 Medical records of the CCMs will be subjected to auditing during the AMS inspections at AMUs by CAASL Inspectors.

APPENDIX 1

Disposal of High BMI Cases

1. BMI can be calculated by the following formula:

$$\text{BMI} = \frac{\text{Weight (in kilograms)}}{\text{Height in meters squared}}$$

2. The range of BMI is as follows:

BMI	NORMAL	OVERWEIGHT	OBESE
Male	18.5-24.99	≥25	≥30
Female	18.5-24.99	≥25	≥30

3. CCM with weight above normal range will undergo clinical examination to look for features of secondary obesity due to endocrine diseases (hypothyroidism, Cushing's disease, insulin resistance, hypothalamic dysfunction, hormonal disorders, etc..) and associated lipid abnormalities (xanthema/xanthelesma) or any other medical ailment. Presence of non-communicable diseases of any CCM shall be carefully investigated for any other complications and to be evaluated and treated. Evaluation of cases of overweight and Obese will include the following investigations:

- (a) Biochemical screening:
 - (i) Blood Glucose (Fasting & 2hur after 75g glucose stress, HbA1C);
 - (ii) Lipid Profile;
 - (iii) Liver Function test
 - (iv) Thyroid Function test and;
 - (v) Ultra Sound Scan of Abdomen
- (b) ECG – Resting, 2D ECHO Cardiogram
- (c) Screening for Endocrine disorders
- (d) For Obese cases, the risk assessment tool shall be used as per the **Figure 3**, below.
- (e) Or any other investigations prescribed by AMS, if indicated.

4. DISPOSAL OF CASES OF HIGH BMI

- (a) A CCM who is found to be overweight/Obese (based on BMI), the CCM shall be examined and investigated.
 - (i) If the investigations are normal, Body fat percentage (BF %) of said CCM shall be done at the AMU. If the BF% is higher

than the average level (refer to **Figure 1 & 2**) the CCM shall be given a period of 03 months to reduce weight to acceptable levels (Average normal BF%), failing which the CCM would be declared “Decreased Medical Fitness” for cabin crew duties.

- (ii) If the investigations are abnormal, the CCM shall be declared “Decreased Medical Fitness” for cabin crew duties for a period of 03 months/or a period decided by the AMU, CCM shall refer to a relevant Designated Consultant for further investigations/ diagnosis of the ailment and shall get the recommendation on his or her fitness. The CCM shall be re-assessed once the Specialist recommendations are received or after “Decreased Medical Fitness” period is over. If BF% and investigations have normalized and the medical ailment is cured or controlled, CCM can be made “Fit” for duty. If not, the CCM would be declared “Decreased Medical Fitness” for cabin crew duties for another period of 03 months.

After the additional 3 months, if BF% is within the average normal range, CCM can be made “Fit” for duty. If not, CCM shall be referred to Head of AMS, CAASL for assessment and further management.

Note: Drastic weight reduction plans, medication and surgery for weight reduction have drawbacks which may affect the CCM adversely and to be avoided by the AMUs.

- (b) The AMS, CAASL will assess the CCMs referred by the AMU according to above point (a) and will re-evaluate medically and functionally (ability to engage in flying duties as a CCM with obesity without jeopardizing flight safety will be assessed by performing a functional test by the AMS, CAASL team) to decide on CCMs fitness to exercise the privileges of Class II (Cabin Crew) Medical Certificate.
- (c) If a CCM medically and functionally “Fit” following AMS,CAASL evaluation, he/she will be granted “Fit” certification to engage in flying duties as a CCM.
- (d) If a CCM found to be medically and functionally “Unfit” to engage in flying duties as a CCM, he/she will be merited “Permanent Unfit” and the Medical Certificate will be suspended. This decision shall be taken by the DGCA with the recommendations of Head of AMS, CAASL.
- (e) BMI is used as a screening tool to select the CCMs who need reduction of weight but not as a diagnostic criteria to confirm fitness of CCMs to perform their duties.
- (f) BF% shall be used in all cases as the diagnostic tool to confirm the obesity of CCMs if the other medical ailments are excluded.

BODY FAT % MEASUREMENT CHART FOR MEN																		
AGE	18-20	2.0	3.9	6.2	8.5	10.5	12.5	14.3	16.0	17.5	18.9	20.2	21.3	22.3	23.1	23.8	24.3	24.9
	21-25	2.5	4.9	7.3	9.5	11.6	13.6	15.4	17.0	18.6	20.0	21.2	22.3	23.3	24.2	24.9	25.4	25.8
	26-30	3.5	6.0	8.4	10.6	12.7	14.6	16.4	18.1	19.6	21.0	22.3	23.4	24.4	25.2	25.9	26.5	26.9
	31-35	4.5	7.1	9.4	11.7	13.7	15.7	17.5	19.2	20.7	22.1	23.4	24.5	25.5	26.3	27.0	27.5	28.0
	36-40	5.6	8.1	10.5	12.7	14.8	16.8	18.6	20.2	21.8	23.2	24.4	25.6	26.5	27.4	28.1	28.6	29.0
	41-45	6.7	9.2	11.5	13.8	15.9	17.8	19.6	21.3	22.8	24.7	25.5	26.6	27.6	28.4	29.1	29.7	30.1
	46-50	7.7	10.2	12.6	14.8	16.9	18.9	20.7	22.4	23.9	25.3	26.6	27.7	28.7	29.5	30.2	30.7	31.2
	51-55	8.8	11.3	13.7	15.9	18.0	20.0	21.8	23.4	25.0	26.4	27.6	28.7	29.7	30.6	31.2	31.8	32.2
	56 & UP	9.9	12.4	14.7	17.0	19.1	21.0	22.8	24.5	26.0	27.4	28.7	29.8	30.8	31.6	32.3	32.9	33.3
LEAN IDEAL AVERAGE ABOVE AVERAGE																		

Figure 1

BODY FAT % MEASUREMENT CHART FOR WOMEN																		
AGE	18-20	11.3	13.5	15.7	17.7	19.7	21.5	23.2	24.8	26.3	27.7	29.0	30.2	31.3	32.3	33.1	33.9	34.6
	21-25	11.9	14.2	16.3	18.4	20.3	22.1	23.8	25.5	27.0	28.4	29.6	30.8	31.9	32.9	33.8	34.5	35.2
	26-30	12.5	14.8	16.9	19.0	20.9	22.7	24.5	26.1	27.6	29.0	30.3	31.5	32.5	33.5	34.4	35.2	35.8
	31-35	13.2	15.4	17.6	19.6	21.5	23.4	25.1	26.7	28.2	29.6	30.9	32.1	33.2	34.1	35.0	35.8	36.4
	36-40	13.8	16.0	18.2	20.2	22.2	24.0	25.7	27.3	28.8	30.2	31.5	32.7	33.8	34.8	35.6	36.4	37.0
	41-45	14.4	16.7	18.8	20.8	22.8	24.6	26.3	27.9	29.4	30.8	32.1	33.3	34.4	35.4	36.3	37.0	37.7
	46-50	15.0	17.3	19.4	21.5	23.4	25.2	26.9	28.6	30.1	31.5	32.8	34.0	35.0	36.0	36.9	37.6	38.3
	51-55	15.6	17.9	20.0	22.1	24.0	25.9	27.6	29.2	30.7	32.1	33.4	34.6	35.6	36.6	37.5	38.3	38.9
	56 & UP	16.3	18.5	20.7	22.7	24.6	26.5	28.2	29.8	31.3	32.7	34.0	35.2	36.3	37.2	38.1	38.9	39.5
LEAN IDEAL AVERAGE ABOVE AVERAGE																		

Figure 2

LOW Aeromedical Risk HIGH			
BMI >30 below age of 40	BMI >30 over age of 40	BMI >35	BMI >40
Clinical Assessment, History of any Incident/Accident (Aircraft or Motor vehicle)			
Body Fat percentage (BF%) required rangers are indicted in Figure 01 & 02			
HbA1C, Lipid Profile, Blood Glucose	HbA1C, Lipid Profile, Blood Glucose + Cardiovascular assessment		
Sleep study if Epworth score more than 8		Sleep study	
			Functional Test to be done to determine the ability to function as a CCM during normal, abnormal and emergency situations.

Figure 3