

DEPARTMENT OF CIVIL AVIATION-MEDICAL REQUIREMENTS

INFORMATION AND POLICY REGARDING DCA AEROMEDICAL EXAMINER SYSTEM AND AEROMEDICAL CERTIFICATION

1. PURPOSE

This Department of Civil Aviation Medical examiner Handbook (DCAMEH) provides information regarding aero medical Examiner System and the DCA policy on the aero medical certification.

2. STATUS OF THIS DCAMEH

This is the first edition of DCAMEH, AEROMEDICAL and is dated 31 March 2008. It will remain current until withdrawn or superseded. This document involves the adoption of ICAO Annex 1 for airmen medical certificates; the issue of temporary medical certificates by the aero medical Examiners (AME) and the introduction of the fees by the DCA.

3. APPLICABILITY

This guidance and policy material applies to all Mauritius AMEs, aircraft operators, holders of flight and cabin crew licences, Air Traffic Controllers, and ATC Students. This DCAMEH will also apply to applicants, who graduate from an approved DCA flying school, and to holders of a foreign licence seeking reciprocal recognition.

4. REFERENCE

The Civil Aviation Regulation makes provision to have certificates, and describes the requirements for the issuance of medical certificates. It also prescribes the medical certification standards and certification procedures.

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PART I

AEROMEDICAL EXAMINER SYSTEM

1. PURPOSE

The purpose of this document is to provide guidelines for the administration of the aero medical Examiner System (AME System) including procedures for designating and terminating the designation of aero medical examiners (AMEs).

2. DELEGATION OF AUTHORITY

The Personnel Licensing Division of DCA is the unit responsible for oversight and management of the AME System. The Chief of Licensing and Aero medical Section develops and establishes policies, plans, procedures, standards, and regulations governing the AME System on the recommendation of the Aero medical Inspector:

- (a) Designates and terminates designation of local physicians as AMEs.
- (b) Designates and temporarily terminates the designations of physicians as AMEs who are located in foreign countries.
- (c) Monitors the AME System.
- (d) Provides administrative support for the AME system.

3. GENERAL

3.1 Responsibilities

AMEs assumes certain responsibilities directly related to the DCA safety programme. They serve in their communities to enforce and ensure aviation safety. They have a responsibility to ensure that only those applicants who are physically and mentally able to perform safely may exercise the privileges of their licences. To properly discharge the duties associated with these responsibilities, AMEs shall maintain familiarity with general medical knowledge applicable to aviation. They shall have detailed knowledge and understanding of DCA regulations, policies, and procedures related to medical certification. They should also be familiar with the Civil Aviation Regulations, JAR FCL 3, and this publication. AMEs must also possess acceptable equipment (Appendix 2) and adequate facilities necessary to carry out the prescribed examinations (Appendix 3).

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3.2 Selection and Retention of AMEs

In the selection and retention of AMEs, the DCA will designate only professionally qualified and appropriately licensed physicians who are interested in promoting aviation safety. Only those physicians who enjoy the fullest respect of their associates and members of the public whom they serve shall be designated and retained as AMEs.

3.3 Designation

For the designation of an AME to perform unrestricted Class One, Two, Three and Cabin Crew Aviation Medical Examinations the following criteria apply.

3.3.1 Qualifications and Training.

- (a) The applicant for designation as an AME with authority to perform examinations for first, second, third-class, and cabin crew medical certificates shall be a professionally qualified physician with at least five years of clinical practice out of which three should be in a field of medicine related to the functioning of the Aero medical examiner (e.g. General Practice, Internal Medicine etc. but not fields like orthopaedics, sport medicine, Gynaecology Obstetrics etc.) If in doubt a confirmation can always be obtained and one will be provided after an individual assessment of the candidate by the aero medical Inspector.
- (b) Qualification in Aerospace or Aviation Medicine or
- (c) Previous experience as an aero medical Examiner.
- (d) A graduate of the British Basic and Advanced courses in Aviation Medicine or
- (e) A graduate of Civil Aviation Medicine Course and the British Advanced Aviation Medicine Course. (JAR FCL 3.090, AMC FCL 3.090), or equivalent qualification acceptable to the Authority.
- (f) Of a good standing in his or her community.
- (g) The applicant must be engaged in the practice of medicine at an established office address.
- (h) The applicant's past professional performance and personal conduct shall be suitable for a position of responsibility and trust.
- (i) A final interview might be conducted by the Aero medical Inspector before a decision can be made in individual cases where the applicant has

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not held an AME designation before or is not aviation medicine qualified or experienced.

3.4 Distribution

There shall be a determined need for an AME , based on adequacy of coverage related to the pilot population and aviation activity levels, shall be considered when assessing the local needs for designation of additional AMEs.

3.5 Credentials

For the required credentials refer to Appendix 5 Checklist for AME application

4. CONDITIONS OF DESIGNATION

To be designated as an AME, the applicant must comply with the following conditions:

4.1 Credentials

The AME must notify the Personnel Licensing Division and Aero medical Section if at any time there is a change in status of licensure to practice medicine.

4.2 Professionalism

Be informed of the principles of aviation medicine; be thoroughly familiar with instructions as to techniques of examination, medical assessment, and certification of airmen, Familiar with and abide by the policies, rules, and regulations of the DCA.

4.3 Examinations

Personally conduct all medical examinations at an established office address. Paraprofessional medical personnel e.g., nurses, may perform limited parts of the examinations (e.g., measurement of visual acuity, hearing, phorias, blood pressure, and pulse, and conduct of urinalysis and electrocardiography) under the supervision of the AME. Cabin Crew Class renewal medicals can be performed by the dedicated nursing staff since a full systemic check is not indicated. However if the Cabin Crew is carrying limitations which have to do with any medical conditions **then** an AME has to perform the medical. The AME shall conduct the general physical examination, sign the DCA forms, and list his/her DCA designation identification number. In all cases, the AME shall review, certify, and assume responsibility for the accuracy and completeness of the total report of examination. In all cases the examining AME should be the one who issues the medical certificate. In no case **can** an AME sign for another AME.

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DCA medical examination fees charged by AMEs should, as a general rule, be equivalent to the fees generally charged for a comparable medical examination service.

4.4 Continuing Education

As a requirement for continued designation, an AME shall attend an AME refresher course every 3 years. Exceptions to this policy shall be based upon an AME's individual circumstances and mutual agreement between the AME and the DCA. Currently the refresher course can be taken with the FAA or UK CAA. Attendance at one of the Aerospace or Aviation Medicine annual meetings/conferences would be regarded as a refresher course.

In any case the travel costs and other expenses for the AME to attend the courses are the responsibility of the attendee.

For physicians in foreign countries and military flight surgeons, attendance at courses may be waived at the discretion of the DCA.

4.5 Office Address and Telephone Numbers

AMEs will be listed with each location and telephone number. The AME is required to promptly advise, in writing, the Licensing and the aero medical section of the DCA of any change in office location or telephone numbers. Movement of the location of practice may lead to termination or non-renewal of designation. Continuation of designation at a new location is contingent on need (see the text above).

4.6 Facilities and Equipment

The applicant shall have adequate facilities for performing the required examinations and possess or agree to obtain such equipment prior to conducting any DCA examinations. The AME Facility Survey Checklist is provided in Appendix 2 and the Checklist for required equipment is listed in Appendix 3.

4.7 Prohibited Practices

An AME may not perform a self examination for issuance of a medical certificate nor issue a medical certificate to self.

4.8 Type of Designation

Once a physician is approved as an AME he/she might be granted either a temporary or a permanent designation. Both the temporary and permanent designations may either be restricted (for certain classes of medical exams only)

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or unrestricted (for all classes). Whether an AME is granted a temporary or a permanent designation, or a restricted or unrestricted licence, will be based on the assessment by the aero medical Inspector. If the candidate is granted a temporary designation this will be for a minimum period of 90 days.

During this period the AME will be observed and their work assessed. Full access will be available to the Aero medical inspector as well as the other staff of the Licensing and Aero medical Section for any and every possible assistance. No official stamp is being issued to a temporary AME and no AME licensing fee is being charged. The status of temporary designation does not imply an automatic progression to a permanent status.

The transition from a temporary to a permanent designation would require the assessment based on the input through the concerned venues and authorities as performed by the DCA Aero medical authority.

4.9 Duration of Designation.

Designations of physicians as AMEs are effective for 2 years from the date of permanent designation unless terminated earlier by the Authority or the designee. For continued service as an AME, a new designation shall be made every two years. In the event of office relocation or change in practice, a designation shall terminate and may be reissued, on request to the office of the Chief of Licensing and Aero medical section. In respect to the relocation, a determination of adequacy of coverage shall be made as specified in this DCAMEH.

4.10 AME Certificate of Designation Fee

If accepted as the Authority designated AME, a nominal fee of Rupees 10,000 is charged for a period of two years.

4.11 Authority Delegated to a Designated AME

An AME is delegated by the authority to:

- (a) Accept applications for physical examinations necessary for issuing temporary medical certificates.
- (b) Personally conduct physical examinations in accordance with DCA guidance and practices.
- (c) Recommend the issuance or denial of the DCA airman medical certificates in accordance with the Civil Aviation Regulations, subject to reconsideration by the DCA Aero medical Inspector.

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- (d) Recommend the issuance or denial of a Combined Airman Medical/Student Pilot Certificates subject to reconsideration by the DCA Aero medical Inspector.
- (e) Defer a medical certification decision to the Authority when the AME does not have sufficient information, or is unsure of whether he/she should issue a medical certificate, or if deferral is recommended by the Authority regulations.

4.12 Designation of Medical Assessor

The DCA will designate among the approved medical examiners , one assessor who will have the responsibility to ensure that the requirements of this manual are properly implemented for the issuance of a medical certificate. The assessor will be required to submit a quarterly report to DCA on the adequacy of the facility being used and the designated medical examiners adherence to the stipulated procedures. The assessor will advise the DCA of any shortcoming requiring immediate attention and will assist the DCA to properly the standards and recommended practices of ICAO Annex 1 . The designation as assessor will be valid for three years and the assessor will have to undergo the refresher training as required to maintain the competency as an assessor.

5. APPLICATION PROCEDURES FOR DESIGNATION

5.1 Process

- (a) Expression of Intent. All applicants for the designation of AME shall apply in writing expressing the intent to practice as an AME and requesting to be licensed as a DCA designated AME. The application shall be made to the Chief of Licensing and Aero medical Section, Department of Civil Aviation,
- (b) First Correspondence from the Authority. On receipt of the informal application the requisite DCA AME designation application form (Appendix. 4) will be sent to the candidate along with the application checklist (Appendix. 1), checklist of required equipment (Appendix 2), and checklist for AME facility survey (Appendix 3), within a period of two working weeks.
- (c) Application. The applicant should fill the formal application form and return it to the Chief of Licensing and Aero medical, DCA, supplying all the necessary supporting documents.
- (d) Notification from DCA. After reviewing the documents the Chief of Licensing and Aero medical Section shall inform the applicant in writing

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of the disposal of his or her application. Provided all the pertinent documents are available the processing of an AME application will be normally completed within two weeks from the date of formal application.

- (e) Facility Survey. Provided the candidate is selected for designation the Licensing and Aero medical Section will inform the candidate and will setup a date and time for the facility survey (for the checklist of facility survey consult Appendix 3).
- (f) Requirements for the Overseas Facility Survey. For the approval of the overseas medical facilities the individual or the organization requesting the approval would be required to make all the necessary arrangements for the DCA official conducting the survey.

Note: Details can be obtained from the Licensing and the aero medical Section of the DCA. In case of individuals applying for designation as an AME the details will be provided from the DCA once the initial documents are approved.

- (g) Final Approval, once finally selected the following items shall be sent to the physician: Letter of approval from the DCA, Aero medical Examiner Designation Card, facility approval certificate and the forms and supplies that are outlined in Appendix 1 of this DCAMEH. AME Designation cards shall expire 2 years after the date issued. Designations of physicians in foreign countries may require the completion of a professional background check.

Note 1: The items enumerated in Appendix 5 shall be furnished to each designee upon initial designation by the aero medical Inspector. The designee shall be informed that misuse of the Temporary Medical Certificate, DCA Form 03/03, and Civil Aviation Medical Examination Report, DCA Form 02/03, could have a detrimental effect on air safety. Accordingly, these forms shall be afforded an appropriate degree of security, and any loss shall be reported immediately to the Chief of licensing and aero medical. Forms and supplies shall be made available on a continuing basis to AMEs through the Licensing and Aero medical Section.

Note 2: DCA forms and supplies may be obtained from the Licensing and Aero medical Section. Unless specifically approved, the use of any locally designed forms or certificates in lieu of those listed in this order is prohibited. Appendix 1 contains information on the list of all forms and supplies.

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6. ONGOING SURVEILLANCE

- (a) Data on the adequacy of information on reports of medical examinations (DCA Form 06).
- (b) Error rate on reports of medical examinations (DCA Form 06).
- (c) AME interest and participation in aero medical programme areas.
- (d) Reports from the aviation community concerning the AME's professional performance and personal conduct as it may reflect on the DCA.
- (e) Information from local, state and Federal law enforcement agencies and court systems.
- (f) Compliance with AME Training requirements.

6.1 Evaluation

The DCA continuously evaluates the performance of each AME. The Licensing and the Aero medical Department is responsible for developing and administering evaluation procedures to supply Chief of Licensing and Aero medical section with data to assist him in designating only those physicians who have demonstrated satisfactory performance in the past and who continue to show an interest in the AME programme. In addition, those AMEs committing serious certification errors will be identified and reported to the Chief of Licensing and Aero medical section so that appropriate retraining or refresher courses are recommended for these AME's. Information collected by the Licensing and Aero medical Section includes but is not limited to the following:

6.2 AME Performance Reports

The Licensing and Aero medical Section shall use the following reports in evaluating AMEs:

- (a) AME Performance Summary. The annual summary report of AME performance shall include the number of exams performed by class, the types of errors identified and their frequency, the total number and percentage of exams with errors, the number of error letters sent to the AME, and the number of certificates issued incorrectly to applicants by the AME. Other information such as AME interest or disinterest and participation in aero medical programme areas, reports from the aviation community, and information from law enforcement and medical licensing authorities that relate to the performance of AME duties, and any other

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pertinent information shall be reported to the Chief of Licensing and Aero medical as soon as the data is compiled.

- (b) AME Training Summary. The early summary report of AME training shall include a listing of each AME who is due or past due for training.

6.3 Basis for Termination or Non-renewal of Designation

Termination or non-renewal of designation may be based in whole or in part on the following criteria:

- (a) No examinations performed after 24 months of initial designation.
- (b) Performance of less than ten examinations per year to maintain proficiency.
- (c) Disregard of, or failure to demonstrate the knowledge of DCA rules, regulations, policies, and procedures.
- (d) Careless or incomplete reporting of the results of medical certification examinations.
- (e) Failure to comply with the mandatory AME training requirements.
- (f) Movement of the location of practice.
- (g) Unprofessional office maintenance and appearance.
- (h) Unprofessional performance of examinations.
- (i) Failure to promptly mail reports of medical examinations to the DCA.
- (j) Loss, restriction, or limitation of a licence to practice medicine.
- (k) Any action that compromises public trust or interferes with the AME's ability to carry out the responsibilities of his or her designation.
- (l) Any illness or medical condition that may affect the physician's sound professional judgment or ability to schedule or perform examinations.
- (m) Arrest, indictment, or conviction for violation of a law.
- (n) Request by the physician for termination of designation.
- (o) Any other reason the Chief of Licensing and aero medical Section deems appropriate.

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7. RENEWAL PROCEDUES

7.1 General

Thirty days before expiration of designation, the AME should apply to the Licensing and Aero medical section, forwarding DCA Form 05/02 . AMEs who meets designation criteria, as certified by the Aero medical Inspector will be informed and will be sent the AME certificate. In case of disqualification for renewal a letter of regret will be dispatched to the physician within a period of two weeks. Physicians whose completed DCA Form 05/02 for re-designation is not received within 30 days will not be redesignated. The Chief of Licensing and Aero medical Section shall be notified of those physicians who decline or fail to be re-designated.

7.2 Procedures for AME Reinstatement

Reinstatement of a former AME or an AME relocating from one location to another, may be authorized at the discretion of the Chief of Licensing and Aero medical Section. However, the applicant shall meet the designation requirements including currency with AME training requirements.

8. TERMINATION OR NON-RENEWAL OF DESIGNATION

8.1 General

The Chief of Licensing and Aero medical section may terminate or not renew an AME designation. When it is determined that an AME's designation should be terminated or not renewed in accordance with the criteria detailed in paragraph 6.3, the following procedures are applicable:

- (a) The AME will be notified in writing, by certified mail, with return receipt requested, of the reason(s) for the proposed action. The reasons shall be specific and shall cite applicable regulations, policies, and orders. The reasons shall be supported by objective evidence, but the evidence need not be included in the letter.
- (b) The written notification shall give the AME the option to respond to the aero medical Inspector, in writing or in person and within 15 days of the date of the letter.
- (c) The decision regarding the proposed action shall be in writing from the Chief of Licensing and Aero medical Section, as appropriate. It shall be sent by certified mail, with return receipt requested. When the decision is made **not to** renew or to terminate a designation, the reasons shall be stated.

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- (d) In cases where an AME is suspected of fraud or any other activity for which immediate action is necessary, the Licensing Aero medical Inspector will direct the AME in writing, by certified mail, with return receipt requested, to cease all further examinations pending further DCA investigation, and the AME must comply. The investigation shall be conducted expeditiously. Upon investigation of the matter, the aero medical Inspector, will initiate termination action if such action is warranted in accordance with paragraphs (a) through (c) of this section.

8.2 Return of Material

Upon termination or non-renewal of designation, the AME shall return all DCA material (including identification card and Certificate of Designation) to the aero medical Inspector. The Aero medical Inspector shall take the necessary action if the material is not returned within a reasonable period of time.

8.3 Appeal Process

The AME can appeal to the Authority within 15 days of the decision to terminate the designation. An investigation will be conducted by an appointee from the Authority's office and a decision would be made whether or not to reverse the previous decision. During all this period the AME would not be eligible to practice his/her licence. They could however retain the DCA stamp and any other documents till the final outcome of the process.

9. REQUIRED AME TRAINING

9.1 General

The Aero medical Inspector is responsible for developing an AME training curriculum and lesson plan. In general, the curriculum shall include instruction on paperwork management, completion of forms, regulatory and policy administration, and review of other pertinent information. The Licensing and Aero medical Section, shall forward letters of invitation to AME Seminars to AMEs due for recurrent training. When training has been successfully completed, certificates of completion of training shall be issued to each attendee by the Licensing and Aero medical Section.

9.2 Aviation Medical Examiner Seminars

The purpose of AME Seminars is to develop aero medically knowledgeable and clinically proficient AMEs committed to aviation safety. They are also designed to provide standardization in the application of medical certification policies, procedures, and regulations.

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APPENDIX 1 CHECKLIST FOR AME APPLICATION INITIAL/RENEWAL

At the time of application for designation, the physician shall submit a completed DCA Form 05/03, aero medical Examiner Designation Application, and the following documents or copies thereof:

- (a) Diploma from medical school.
- (b) Certificate of any postgraduate professional training (e.g., internship, residency, fellowship).
- (c) Current detailed CV with photocopies of supporting documents.
- (d) Certificates of any Aviation Medicine courses.
- (e) If previously designated as an AME under any Civil Aviation Authority, a photocopy of the certificate.
- (f) In case of military service, the respective documents, any discharge certificate if applicable.
- (g) Licence(s) to practice medicine.
- (h) If pilot copy of licence held
- (i) Colour photographs with a blue background, passport size and three in number, front view, without glasses or headwear.

Note 1: In case of submission of foreign documents they should be in English and properly authenticated.

Note 2: It is the responsibility of the AME to obtain and submit to the Licensing and Aero medical Section the required documents in support of his/her [application](#).

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APPENDIX 2 CHECKLIST OF REQUIRED EQUIPMENT

All AMEs shall possess, in current calibration and good working order, all the necessary equipment to conduct an aero medical assessment, including but not limited to:

- (a) **Standard far and Near Vision Testing Equipment** utilizing standard printed eye charts or electronic vision testing equipment.
- (b) **Colour Vision Test Apparatus.** Ishihara, Concise 14 -, 24 -; or 38-plate editions; or Richmond (1983 edition, 15-plates).
- (c) **Standard physician diagnostic instruments and aids.**
- (d) **Electrocardiographic equipment.**
- (e) **Audiometric equipment.** All Aviation Medical Examiners must have access to audiometric equipment or a capability of referring applicants to other medical facilities for audiometric testing.

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APPENDIX 3 AME FACILITY SURVEY CHECKLIST

Every medical facility intended for use by the AME to conduct aero medical exams has to be certified by the DCA for the following. The certification will be for a period of two years and renewable every two years.

- (a) It should be a permanent medical facility within Mauritius, which is approved by the Ministry of Health standards.
- (b) There should be at least one Mauritius DCA designated AME available to function at each facility.
- (c) All the required equipment mentioned in Appendix 2 should be available in current calibration and good working order.
- (d) Laboratory equipment, facilities and trained laboratory staff should be available to perform the necessary testing for the routine aviation medicals namely blood and urine tests. Each test with control samples should be available to support the calibration of the test equipment. Additional laboratory facilities must either be available on the same premises or within a reasonable driving distance from the main facility.
- (e) X-Ray facilities with trained and certified technical staff must be available either on premises or within a reasonable driving distance from the main facility.
- (f) Drug screening facilities must either be available on premises or within a distance where drug screening sample can be sent and the report obtained within a reasonable time and with full drug screening protocol.

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APPENDIX 4

AEROMEDICAL EXAMINER DESIGNATION APPLICATION

INITIAL/ RENEWAL Mauritius /OVERSEAS.....

1. NAME (*Last, first, middle*)
2. DATE OF BIRTH (*Day/mo/yr*)
3. NATIONALITY
4. ADDRESS WHERE EXAMINATIONS WILL BE PERFORMED NAME OF CLINIC ADDRESS
5. OFFICE TELEPHONE NUMBER (with area code)
6. MEDICAL SPECIALTY
7. WERE YOU EVER DESIGNATED AN AEROMEDICAL EXAMINER
YES /NO
8. NUMBER OF POSTGRADUATE YEARS IN CLINICAL PRACTICE
9. QUALIFIED IN AEROSPACE/ AVIATION MEDICINE
YES /NO
10. MILITARY FLIGHT SURGEON EXPERIENCE
YES/_NO
11. AVIATION EXPERIENCE PILOT YES/_NO
ANY OTHER
12. LICENCE TO PRACTICE MEDICINE IN Mauritius/ OVERSEAS
MINISTRY OF HEALTH YES/_NO

CERTIFICATION:

I certify that the information provided hereon and in attachments is correct to the best of my knowledge and belief and if granted I hereby accept the authority, duties, and responsibilities as mentioned in the DCA DCAMEH and shall conduct such activities in compliance of the directives of the.

SIGNATURE

DATE

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APPENDIX 5

CHECKLIST OF FORMS AND SUPPLIES

- (a) DCA Civil Aviation Regulation , *Medical Provisions for Licensing*.
- (b) Civil Aviation Advisory Publication (CAAP)-Aero medical
- (c) Directory of Aero medical Examiners.
- (d) Directory of DCA approved facilities for Aviation Medical examinations.
- (e) Forms and supplies may be obtained from the Licensing and Aero medical Section. The use of any locally designed forms or certificates in lieu of those listed below is prohibited.
- (f) DCA Form no.02/03, Civil Aviation Medical Examination Report.
- (g) Temporary Medical Certificate form (DCA form 03/03).
- (h) Aero medical Examiners Information sheet.
- (i) A.M.E. Designation Card.
- (j) List of Website addresses of important Aviation Medicine sites.
- (k) AME stamp.
- (l) AME facility certificate.

DCA USE ONLY: APPROVED _ DISAPPROVED • UNRESTRICTED _
RESTRICTED _ Class. CHIEF OF LICENSING AND AEROMEDICAL DATE:
DCA Med. Form No.05/03

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PART II THE AEROMEDICAL CERTIFICATION SYSTEM

1. INTRODUCTION

The DCA Aero medical Certification System in its current form will be implemented on the 24th September 2007 and consists of two basic components:

- (a) Internal component: within the Licensing and Aero medical Section of the DCA.
- (b) External component: Outside the DCA, within the aviation community comprising of the DCA designated aero medical Examiners, this is to ensure the administration of the aero medical certification programme is being implemented at the highest possible standards.

Under the current aero medical certification system the DCA designated aero medical examiners would continue to perform the DCA medicals and issue temporary medical certificates to the successful candidates.

2. RESPONSIBILITIES OF THE AME IN CERTIFICATION PROCESS

Designated Medical Examiners are delegated by the DCA, and are responsible to the DCA, for the discharge of their responsibilities in accordance with Mauritius Civil Aviation Regulations and these guidance procedures: In particular, they are responsible for:

- (a) Ensuring that the medical examinations required by the Civil Aviation Regulations are conducted in accordance with those provisions;
- (b) Proper completion of all medical examination reports and certificates;
- (c) Re-evaluation of medical examination assessments, in cooperation with another AMEs if appropriate, where the medical examination results indicate marginal or undeclared fitness;
- (d) Referral to the DCA of all medical assessments, along with the copy of the temporary medical certificate along with a coloured photograph.
- (e) Conducting Aero medical Boards, as requested;

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3. REFERENCE MATERIAL

AMEs should refer to the ICAO Manual of Civil Aviation Medicine and JAR FCL-3.

The DCA shall use the JAR FCL-3 as a guide to regulatory issues or matters not addressed by the ICAO Manual. For example, the JAR FCL-3 document should be consulted to determine the time off from flying duties after a surgical procedure, admission to hospital or clinic for more than 12 hours, or regular use of medication as well as for the assessment of medical conditions requiring a waiver.

4. MEDICAL ASSESSMENT REQUIREMENTS

4.1 AME Conduct of Assessments

The AME shall be responsible for the conduct of all Class 1, 2 and 3 medical assessments and the completion of the medical certificates. The AME shall be responsible for the conduct of the initial CABIN CREW assessments but may delegate renewals to appropriately qualified and experienced nursing staff. The AME shall sign the medical certificate in all cases as attesting to the conduct and completeness of the assessment in accordance with the CAR's, and ICAO Annex 1

4.2 Tests and Investigations Required

In addition to the vision and urine testing which are required routinely at every aero medical assessment the following investigations are being conducted periodically at the prescribed times.

- (a) Drug Screening
- (b) Chest X-Ray
- (c) ECG
- (d) Audiometry/Hearing test

4.3 Vision Testing

Vision test should be performed at every examination and can be conducted by a trained nurse under the supervision of the AME. The AME should enter all the findings.

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4.4 Urine Testing

Urine testing is required at every examination to test for Proteins, Sugar, Blood or any other abnormal contents. If any abnormal contents are found in the urine the result should be interpreted in the proper perspective (e.g., the finding of blood in the urine of a menstruating female crew). However the test should be repeated after a suitable interval (Dip test) and results noted. If a simple urinary tract infection is diagnosed without any other complications treatment should be instituted. There is no need to delay the candidate's documents waiting for the infection to clear up however a note should be made to the effect that a U.T.I was diagnosed which was non-consequential to the fitness of the candidate and treatment was dispensed. The required testing can be performed in the laboratory however the AME should be satisfied with the authenticity of the results.

4.5 Drug Screening

Currently the Drug Screening is performed only for the initial assessments for candidates in all classes. It can be done in any recognized laboratory, however the AME is personally responsible to make sure that the required protocol for collection of the specimen and its transport to the laboratory have been followed, and the confidentiality of the candidate has been protected. (For details of drug screening and the guidelines on prevention of problematic use of substances in Aviation workplace see Part III). The medical certificate can be issued normally without waiting for the test result of the drug screening.

4.6 Positive Result of Drug Testing

Should an AME receive notification of a positive result, he/she should notify the candidate involved that the urine has tested positive and enquire whether there might be a genuine and legitimate reason for the positive testing (for e.g. certain medications which might be available in certain countries as "over the counter" but might have one or more of the substances which might test positive.) The DCA should be informed about the complete details and a repeat test can be performed if it can be justified within a reasonable period of time. If a second test is also positive the following steps should immediately be taken by the AME.

- (a) Notify the person involved that the medical certificate is suspended.
- (b) Notify the DCA.
- (c) Notify the appropriate authorities if illegal substances are involved.
- (d) Notify the regulatory authority which issued the foreign licence.

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4.7 Appeal

In the event that the person involved has a legitimate reason for the use of the drug, such as a medical prescription or the use of specific over the counter medicines, the AME may request a Board be convened to review the medical certificate suspension.

4.8 Periodic Tests

Chest X-Ray, E.C.G, and Audiometry/Hearing tests are performed at different times for the different classes of medicals and for the two different age groups namely, those below 40 years of age and those above 40 years of age. The following schedule is followed.

4.9 Class 1 Medical Assessment Chest X-Ray

Initial assessment, thereafter when clinically indicated until age 40, thereafter every five years. **ECG** Initial assessment, thereafter annually. **Audiometry** Initial assessment, thereafter every five years up to the age of 40, thereafter every three years.

4.10 Class 2 Medical Assessment Chest X-Ray

Initial assessment, thereafter when clinically indicated until age 40, thereafter every five years. **ECG** Initial assessment, thereafter annually, **Audiometry** Initial assessment, thereafter every five years up to the age of 40, thereafter every three years.

4.11 Class 3 Medical Assessment Chest X-Ray

Initial assessment, thereafter when clinically indicated until age 40, thereafter every five years. **ECG** Initial assessment, thereafter annually after age 40. **Audiometry** Initial assessment, thereafter every five years up to the age of 40, thereafter every three years.

4.12 Cabin Crew Medical Assessment Chest X-Ray

Initial assessment, thereafter when clinically indicated. **ECG** Initial assessment at age 40, thereafter every five years. **Audiometry** Is not required unless hearing loss suspected, instead a voice test (v.t) to be conducted at every renewal (every 36 months for under 40 and every 18 months for over 40).

Note.1. ECG, Chest X-Rays and Audiograms may be out of phase with the Licence renewal requirements.

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4.13 Cabin Crew Medical Certification

The medical certification of Cabin crew is classified in a separate class labelled “*CABIN CREW*” since March 2008. The initial examination has to be conducted by an AME but the renewal medical exams can be conducted by a staff nurse dedicated to the aero medical clinic, under the supervision of an AME. It would still be the AME who bears the final responsibility for the exam and puts his/her signature at the conclusion. The only exception to this would be instances where the Cabin Crew is carrying some limitation or seems to be suffering from some condition detrimental to certification, in which case an AME should perform the medical.

It should be noted that regulations recognize a Class I, II, or III medical assessment as meeting the Cabin Crew medical assessment so that pilots, who also operate as Cabin Crew, do not require a separate “*CABIN CREW*” Medical Certificate.

5. MEDICAL ASSESSMENT CHECKLIST

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	CLASS 1	CLASS 2	CLASS 3	CABIN CREW
FREQUENCY (Months)	ATPL CPL F/E	ATC PPL SPL	ATC	
Under 40	12, 12, 12	12 ,24, 24	12	36
Over 40	6, 6 ,12	12 ,12 ,24	12	18
INITIAL MEDICAL	ECG, X-Ray, Eye, Audio	ECG, X-Ray, Eye, Audio	ECG, X-Ray, Eye, Audio	X-Ray, Eye,V/T, ECG> 40
RENEWAL UNDER 40				
ECG	Every 12 months	Every 12 months	Not Required	Not Required
X-RAY	When clinically indicated	When clinically indicated	When clinically indicated	When clinically indicated
EYE	Every Renewal	Every Renewal	Every Renewal	Every Renewal
AUDIO	Every 5 years	Every 5 years	Every 5 years	Voice test only
RENEWAL OVER 40				
ECG	Every 12 months	Every 12 months	Every 12 months	After 40 then every 5 years
X-RAY	Every 5 years	Every 5 years	Every 5 years	When clinically indicated
EYE	Every Renewal	Every Renewal	Every Renewal	Every Renewal
AUDIO	Every 3 years	Every 3 years	Every 3 years	Voice test only

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6. COMPLETION OF MEDICAL EXAMINATION REPORT

6.1 General

All DCA Aero medical examiners must ensure a proper, detailed and comprehensive examination of the candidate is performed according to this requirements 5 and the results properly recorded in the official Civil Aviation Medical Examination Report form (Appendix.1) The form when completely filled and duly signed by the candidate on page 1 and the AME on page 2 and stamped with the official DCA stamp is regarded as complete, this is to be sent to the DCA within 72 working hours of the examinations.

6.2 Legibility

International Civil Aviation Law and the CAR's requires all air crew members to carry a valid medical certificate which contains the class of medical, date of issue, licence number, state of issue and the doctors signature, all of which must be legibly entered. DCA AME's must ensure all required information entered on the DCA medical certificate issued to each crew member is type written.

6.3 Date

The date that the assessment is completed is extremely important as there are many date formats utilised within the international community. The DCA has determined the format which will best serve the air crew member and the aero medical certification programme is as follows: day, month, and year (*eg: 19 January, 2000*). The month must be spelled, a number will not suffice.

6.4 Number

If the applicant has not been issued with a DCA licence number, the word "PENDING" should be entered. Otherwise, enter the DCA licence number contained on page one of his licence.

6.5 Official Stamps

Official DCA Aero medical Examiner stamps are being provided to all the DCA approved AMEs. Official Aero medical stamps from foreign countries are not to appear on DCA medical certificates.

6.6 Student Pilot Medicals

The DCA has developed a system by which special Medical Certificates issued to the Student Pilots also serve as the Student Pilot licence. After an applicant has met the aero medical standards for the class of medical certificate he/she has requested, the AME should issue to applicants who are beginning their flight training (not to individuals who already hold a DCA pilot licence) a medical

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certificate, which bears the Student Pilot Endorsement stamp. When properly endorsed by an authorized flight instructor, this Medical Certificate/Student Pilot Endorsement will serve as the Student Pilot Licence. Inquiries from Student pilots who currently hold valid medical certificates which do not bear the Student Pilot Endorsement stamp should be referred to the DCA.

These individuals should be advised to post their medical certificate to the DCA accompanied by a short letter requesting the Student Pilot Endorsement stamp. If the medical certificate is valid and current, the DCA will accommodate the request.

6.7 Limitations

Normally, the only time an AME will place a limitation on the medical certificate is when the standard of visual acuity can only be obtained with the use of correcting lenses. Other deficiencies requiring a limitation may require a waiver to be issued and the AME should consult with the DCA. Please refer to JAR FCL-3 for wording to be placed on the Certificate. When placing a visual limitation the certificate holder should always be advised to possess spare set of correcting glasses. Contact lenses are being allowed however the user must always be advised to carry spare set of glasses.

As soon as it is ascertained by the A.M.E that a limitation is no longer required the A.M.E should immediately inform the DCA and the DCA will determine whether the limitation can be removed and whether there is a need for the conduction of a board for this purpose. A limitation which has been imposed by an A.M.E can be removed by the DCA at any time on or without the request of the AME.

A limitation can also be placed on a candidate's medical certificate if after the assessment of the medical examination papers and the accompanying documents the Aero medical Inspector determines that one is necessary. In case such a limitation is placed by the DCA either the applicant or the employer will be informed forthwith. A limitation thus placed can be considered for removal if at a future date the A.M.E decides that the fitness of the candidate has improved regarding that limitation and applies to the DCA regarding the same. Once it is determined that a limitation is no longer required it should be removed at the earliest possible opportunity.

6.9 Copies

When an AME completes an aero medical assessment, the Medical Report form must be forwarded to the DCA accompanied by a photocopy of the Temporary Medical Certificate issued to the applicant. The photocopy of the Medical Certificate not only provides the DCA with a means of validating the documents presented by the applicant for licence renewal or issue.

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6.10 Frequent Mistakes

The importance of completing all the information on the Medical Report and the Medical Certificate cannot be stressed enough neither can be the requirement of the AME being familiar with the DCA regulations and the ICAO Annex I Standards. Some of the more frequently noticed mistakes have been the visual limitation being imposed without advising to carry an extra pair of glasses, not entering the details of the items marked with a positive finding, not entering the limitation required.

6.11 Fraudulent Entries/Declarations

Unfortunately, several cases of fraudulent entries (on the part of a licence holder) on the medical certificate have arisen. Hence, AMEs must make every effort to minimise the opportunities for fraudulent entries by thoroughly completing the medical certificate. Several cases have surfaced whereby crew members have attempted to obtain licences using falsified medical certificates or by having another person sit the medical examination. AMEs should be satisfied that the candidate has appropriate identification. Each designated AME is issued with an ample supply of [Mauritius](#) medical certificates which, of course, is the only medical certificate authorized to be used in the aero medical programme for [Mauritius](#). A false declaration on a Medical Report shall be reported to the DCA.

6.12 Security

The security of blank medical certificates can be a problem in the future and AMEs have the responsibility to supervise the distribution and handling of Certificates provided to them by the DCA. Blank Medical Certificates shall on no occasion be provided to an individual by a DCA AME. In addition, valid identification must be produced by the candidate and AMEs must ensure that all tests conducted on licence holders remain under their control.

6.13 Document submission

AMEs must ensure the prompt and timely submission of aero medical reports to the DCA. All examination reports, including those using an approved electronic format, should be sent to the DCA within 72 working hours of the completion of the examination. Untimely posting of the reports could delay the licensing process at the DCA. Aero medical reports should be sent to the DCA, SSR International Airport Plaisance.

7. DCA DOCUMENT PROCESSING

7.1 General

7.2

Once the documents reach the Licensing and the aero medical Section of the DCA they are being reviewed. If all the requirements are fulfilled and the DCA agrees

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with the decision of the examining AME an approval is being granted for the issue of the Permanent Medical Certificate if there is a disagreement due to any entries or for the requirement of any further investigations the AME is so informed through an explanation sheet (Appendix 3). Seven working days are being granted for the submission of the required explanation and/or documents/investigations.

7.2 Medical Certificates

. The Medical Certificate includes the following information.

(a) Front Side

Number (The Licence Number)
Class (Medical Class I, II, III, or Cabin Crew)
Name Last name first
Nationality
Date of Birth
Last Medical
Date of last medical
Current Medical
Date of current medical
Expiry Date of Expiry
Authority

Authority under which the medical certificate was issued

Note. 1. When the Licence Number is not available (as in the initial medicals) PENDING is inserted.

Note. 2. All dates are written in the following order. Day first then month then year.

Note. 3. The issuing authority always remains that of the Chief of Licensing and Aero medical

(b) Rear Side

Limitations
The following 4 statements

A Class I Medical Certificate included in a professional aircrew licence shall be valid for the privileges of ATPL, CPL, or PPL in accordance with ICAO Annex 1 and JAR FCL 3.

For Student Pilots the medical certificate is the only document required to exercise their privileges.

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The medical certificate should be securely attached to the licence. It should be renewed at least 30 days before the expiry date.

Licence holders are required to notify the DCA of any incapacitating injury or illness for a period of 20 consecutive days or more, or the confirmation of pregnancy. Any such event will automatically result in a temporary suspension of the licence.

The following special examinations shall be completed on or before the end of the month as indicated.

Electrocardiogram
Chest X-Ray
Audiogram
Holders Signature

7.3 Medical Certificate Validity

The following validity periods for the different medical classes have been extracted from ICAO Annex 1.

- Note 1: Cabin Crew will be issued with a Medical Certificate with “CABIN CREW” instead of Class.
- Note 2: Medical Certificates are valid until the last day of the month of the validity period.
- Note 3: A drug screening test shall be conducted as part of the medical assessment for the initial issue of all DCA licences.
- Note 4: Once a licence holder turns 40 years of age he/she is required to undergo a medical examination within the revised validity period.

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Note 5: Apart from the above licence holders DCA also requires the ATC trainees to undergo a formal DCA medical examination to qualify for class II. (The trainees do not possess any licence).

7.3 Candidates turning 40 years of Age

Candidates who at the time of their current medical exam are less than 40 but are going to be 40 years of age before the next medical, the date of their next medical will be calculated as follows;

Example:

Licence Type	Class	Validity
Airline Transport Pilot under 40	1	12 months
Airline Transport Pilot over 40	1	06 months
Commercial Pilot under 40	1	12 months
Commercial Pilot over 40	1	06 months
Commercial Balloon Pilot under 40	2	24 months
Commercial Balloon Pilot over 40	2	12 months
Air Traffic Controller	2	12 months
Flight Engineer	1	12 months
Cabin Crew under 40	Cabin crew	36 "
Cabin Crew over 40	Cabin Crew	18 "
Private Pilot under 40	2	24 "
Private Pilot over 40	2	12 "
Student Pilot	2	24 "

If a Class ONE ATPL holder is having a renewal aero medical examination conducted on the 14 August 2003 with a Date of Birth as 05 Nov 1963, the candidate is still not 40 so he/she does not require to undergo the next medical within the next 6 months, however he/she will turn 40 on the 05 Nov 2003 and according to regulation the validity of the medical certificate will be reduced from 12 to 06 months.

In other words from the date of 05 Nov 2003 the candidate would require to have a medical within 6 months, this would render the date of expiry of the present medical as 05 May 2004.

As DCA allows the medical certificate to be valid till the last day of the month in question so the actual day of the expiry of this medical certificate would be 31 May 2004. This would mean that this candidate would require the next medical on or before the 31st of May 2004.

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The tests and investigations required would also apply as for Class ONE over 40.

7.5 Reserved

7.6 Validation of Medical Certificates

Unlike foreign licences medical certificates issued from outside Mauritius cannot be validated. In order to use a validated foreign licence the candidate must possess a current DCA Medical Certificate which can only be issued after actual examination and assessment.

7.7 Deterioration in Medical Fitness

AME's must be aware that under Civil Aviation Regulations, a licence holder shall not exercise the privileges of their licence and related ratings at any time when they are aware of any deterioration in their medical fitness, which may render them unable to safely exercise these privileges.

7.8 Incapacity of a Licence Holder

Under Civil Aviation Regulations, every flight or cabin crew licence holder is required to notify the DCA of any incapacitating illness or injury in excess of 20 days or notification of pregnancy. AMEs, who are aware that a licence holder has undergone a surgical procedure, should refer to JAR FCL-3 to determine the time away from flying duties. Should the guidance material be inappropriate, the AME should refer the matter to the DCA for consideration.

7.9 Suspension of Licence

Any injury or illness, which prevents the licence holder from performing his/her duties for a continuous period of 20 days or more, shall be deemed to have that licence automatically suspended. AMEs who become aware of this situation are obliged to notify the DCA. The suspension can only be lifted by the DCA Aero medical Section and may require the convening of an aero medical Evaluation Board.

7.10 Fitness and Medication with High Blood Pressure/ Hypertension.

Once a licence holder is diagnosed as a case of high blood pressure (a diastolic pressure of more than 90 or a systolic pressure of more than 150 as measured on at-least 3 different occasions minimum 30 minutes apart he/she would require detailed Cardiovascular and other related investigations to determine the cause of the high blood pressure and also to determine the management. If the blood

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pressure is mild and can be controlled through non-therapeutic measures and there are no other complicating factors involved the applicant can be considered as FIT. If the high blood pressure needs medication to be controlled, one single (JAR approved) medication should be tried in the lowest possible dosage a trial period (minimum 14 days) of antihypertensive treatment should be given. If the blood pressure is brought under control and there are no adverse side effects reported return to normal performance of duties can be considered without any limitations imposed.

An Aero medical Board may or may not be convened at the discretion of the DCA. Throughout this period the candidate will be grounded and the medical certificate temporarily suspended. Candidates who will need more than one medication to control their blood pressure will need a longer trial period (minimum four weeks), at the end of which they can resume their normal duties however, for Class I ATPL a limitation of "As or with co-pilot" will be imposed. This limitation will remain as long as it is determined that the candidate needs more than one medication to control the blood pressure. If at some point it can be proved that the blood pressure can be controlled with one single medication and on repeated recordings remains normal over a period of four weeks the limitation "As or with Co-pilot" imposed earlier can be removed. A board may or may not be needed for this purpose at the discretion of the DCA. The finding of high blood pressure should never be labelled as "White Coat Hypertension" unless the other causes of hypertension have been ruled out.

7.11 Body Mass Index and Obesity

Body mass index or BMI is body weight (in Kilograms) divided by height (in meters). This is one of the reliable methods of estimating obesity. For adults ages 20-29, the 85th percentile for BMI is roughly 27.8 for males and 27.3 for females. A 20 percent increase in BMI above the 85th percentile for young adults constitutes a health risk. The health risks most commonly associated with a high BMI include nutritional, metabolic, and endocrinological disorders. An applicant with any of these disorders shall be assessed as unfit. It is suggested that The BMI for all applicants for all classes of medical certificates should be calculated and the following guidelines should be followed.

- (a) When the candidate has a BMI of between 27 and 30 he/she would require counselling from the AME regarding diet, exercise and behavioural changes.
- (b) A BMI of between 30 and 35 should require an additional battery of tests to exclude the nutritional, metabolic, and endocrinological disorders before the candidate can be deemed fit. The minimum tests required would be Lipid profile, Fasting Blood Sugar, and Thyroid Function Tests.

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- (c) A BMI of above 35 should require the minimum additional testing as for (b) but also may need the candidate to successfully qualify a medical flight simulator testing and a cardiovascular assessment
- (d) For a BMI of 40 and above a limitation of “Multi-pilot,” or “As or with Co-pilot might be required for the flight crew and could thus disqualify a newcomer into the system. This could depend on the presence of any additional risk factors and it would entirely be at the discretion of the DCA.

8. AEROMEDICAL EVALUATION BOARDS

8.1 Reserved

8.2 Medicals Where Board Is Not Required

A Medical Evaluation Board may not be convened by the DCA, if in the opinion of the AME, the illness, injury, disability, or further treatment does not affect the applicant's licence and rating privileges. The DCA must be consulted and give approval to waive the Board prior to the issuance of a medical certificate. In certain cases the AME might recommend a board but the DCA Aero medical authority might decide that there is no need for one and might decide the case.

9. OVER 60 MEDICAL ASSESSMENTS

9.1 Pilots

9.1.1 Policy.

The DCA may permit pilots, flying on either domestic commercial or private transport operations, to operate over the age of 60 years up to the day preceding their 65th birthday. After application from the operator, the DCA will appoint an aero medical Evaluation Board.

9.1.2 Assessment Requirements.

The additional aero medical testing requirements are as follows;

- (a) A psychological evaluation, which may be conducted by either the AME or consultant psychologist/psychiatrist.
- (b) A complete neurological consultation.
- (c) A complete eye consultation.
- (d) Audiometry assessment.

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- (e) Chest X-Ray.
- (f) Simple glucose tolerance test.
- (g) Lipid profile.
- (h) Hepatic profile.
- (i) CBS, ESR, stools for occult blood.
- (j) Abdominal ultrasonography.
- (k) Cardiac consultation with EKG stress testing, echo cardiography and cardia enzymes.

9.1.3 Renewal Requirements.

The pilot will undergo, in addition to the usual medical assessment;

- (a) Every 6 months;
 - (i) An ECG with cardiac enzyme testing.
- (b) Every 12 months;
 - (i) Ophthalmology consultation.
 - (ii) Lipid profile.
 - (iii) Hepatic profile.
 - (iv) CBS, stools for occult blood.
 - (v) Cardiac consultation with stress testing and cardiac enzymes accomplished by the same cardiac consultant or AME.

9.2 Flight Engineers

9.2.1 Policy.

The DCA may permit Flight Engineers flying on private transport operations to operate over the age of 60 years up to the day preceding their 65th Birthday.

9.2.2 Assessment Requirements.

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Unless in the opinion of the AME additional tests should be conducted, it is not a requirement for the Flight Engineer to undergo any supplemental tests in addition to the usual Class II medical assessment requirements.

9.2.3 Renewal Requirements.

The Flight Engineer must undergo a medical renewal within 6 months after reaching 60 years and thereafter renew the Class II medical assessment every 6 months.

9.2.4 Aero medical Board.

As there is no need for the DCA to issue a waiver, an Aero medical Board is not required provided the Flight Engineer meets all normal Class II medical requirements.

10. RIGHTS OF APPLICANTS FOR MEDICAL CERTIFICATES

As the candidates applying for the DCA medical certificate have certain responsibilities they also have certain rights. The candidates have the right to be examined by any of the DCA designated aero medical examiners at any of the designated clinics. If a candidate is not satisfied with the decision given by an AME they have the right to apply to the DCA. The DCA after careful assessment of their case will give the decision and if found necessary might send the candidate to be examined by another AME. The expenses in such a case will be borne by the candidate. If a candidate is not satisfied with the test results of one laboratory they have the right to ask the AME to get the same test repeated. The expenses for such repeat testing will be borne by the candidate and the results of both or all tests have to be submitted to the DCA.

If a candidate is not satisfied regarding their fitness or the medical category concluded by an AME or the limitations imposed on him during the course of a routine medical or through a board they have the right to discuss this with the AME and ask for an explanation. If they are not satisfied they have the right to petition to the DCA.

The DCA will look into the matter and after careful assessment of the case will either uphold the original decision or will send the candidate to another DCA designated AME or might ask for another board whichever it deems fit. (All expenses incurred in any of the arrangements made will be borne by the candidate). In cases where an AME sends the request to the DCA for the withdrawal of the medical certificate and the suspension of the licence of an individual the request must be accompanied by all the supporting documents.

The limitations imposed on the Medical Certificate of an individual are to be lifted at the earliest possible time once there is no need for the limitation. Since a limitation can only be removed by the DCA it is mandatory on the AME to request the DCA to remove the limitation once it is no more required. If the AME fails to do it and it is noticed by the candidate they have the right to ask the AME

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to request the DCA for the removal of the limitation. In case of the AME not complying the candidate has the right to directly apply to the DCA to look into the matter. There is no reason to wait till the next medical of the candidate for the removal of a limitation which is no more required.

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

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