# CIVIL AVIATION SAFETY AUTHORITY OF PAPUA NEW GUINEA

# PNG

# Civil Aviation Rule

# Part 67

# Medical Standards and Certification

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## DESCRIPTION

Part 67 prescribes: -

- The procedure associated with the application for medical certificates by flight crew andair traffic controllers; and
- The currency requirements for medical certificates; and
- The applicable medical standards for flight crew and air traffic controllers.

# BULLETIN

This Part first came into force on 1 January 2004 and now incorporates the following amendments:

| Amendment | Applicable Date |
|---|---|
| Amendment 1 | 01 May 2016 |
| Amendment 2 | 13 November 2018 |
| Amendment 3 | 04 December 2019 |
| Amendment 4 | 03 November 2023 |
| Amendment 5 | 19 November 2025 |
| Amendment 6 | 26 November 2026 |

***Summary of amendments:***

*Amendment 06 aligns Part 67 with Amendment 179 of ICAO Annex 1*

**Amendment 6:**
(Docket26/17/CAR67-14)

**(a) New Rules**

(1) Add new rule to 67.105(c) to cater for Assessment of applicants for a class one who have undergone surgery affecting the refractive status of the eye.

(2) Add requirement for urine examination to form part of the medical examination of a class two medical in 67.107(b)(9).

**(b) Amendments**

Nil.

**(c) Editorial**

Nil.

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# Subpart A — General

## 67.1 Purpose

This Part prescribes rules concerning-

(1) the issue and holding of medical certificates required by flight crew and air traffic controllers;

(2) the medical standards for a medical certificate; and

(3) the certification and operating requirements of Designated Aviation Medical Examiners; and

(4) the requirements for determining suitably qualified medical examiners under section 64O of the Act.

## 67.3 Definitions and abbreviations

(a) In this Part:

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

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

**Cardiac pacemaker** includes automatic implantable cardiac defibrillator

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

**Indemnified act** means any of the following acts:

(1) Advising the Director that a person does not meet a relevant medical standard:

(2) Expressing to the Director, whether in writing or otherwise, an opinion that a person whom the practitioner has examined or treated may not be competent or medically fit to undertake a duty or exercise the privileges of the licence the person holds or has applied for because of:

(i) illness or bodily or mental infirmity, defect or incapacity suffered by the person; or

(ii) the effect on the person of treatment for any illness, infirmity, defect or incapacity;

(3) Stating to the Director, whether in writing or otherwise:

(i) the nature of a person's illness, infirmity, defect or incapacity; or

(ii) the effect on the person of treatment for any illness, infirmity, defect or incapacity.

**Licence holder** means a person who-

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

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

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

**Medical condition** includes

(1) any of the following:

(i) any illness or injury:

(ii) any bodily infirmity, defect or incapacity:

(iii) any mental infirmity, defect or incapacity:

(iv) any sequela of an illness, injury, infirmity, defect or incapacity stated in (a), (b) or (c):

(2) any abnormal psychological state or behavioural or cognitive disorder; and

(3) drug addiction and drug dependence; and

(4) for female, pregnancy and the physiological and psychological consequences of pregnancy or of termination of pregnancy.

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

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

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

### 67.4 Exemptions

(a) The Director may not grant an exemption from a requirement in Subpart C.

(b) To avoid doubt, paragraph (a) does not affect the power of the Director to rely on flexibility to issue a medical certificate to an applicant under section 64B (2) of the Act.

## Subpart B — Medical Certification

### 67.51 Purpose

This Subpart prescribes rules concerning-

(a) the forms and information required when-

(1) applying for a medical certificate; and

(2) assessing an application for a medical certificate; and

(b) the classification, effective date and duration of a medical certificate; and

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

### 67.53 Classification of medical certificates

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

(1) class 1;

(2) class 2;

(3) class 3;

## 67.55 Application

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

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

(1) produce one of the following documents as evidence of his or her identity;

(i) a current PNG or foreign passport;

(ii) a current PNG Driver Licence;

(iii) an equivalent form of photographic identification that is acceptable to the Director; and

(2) where applicable, produce for inspection,

(i) the licence that the applicant holds for which the medical certificate is required; and

(ii) the date, place and results of the most recent medical assessment; and

(iii) the most recent medical certificate held by the applicant; and

(3) provide a written declaration that—

(i) shall indicate to the Designated Aviation Medical Examiner whether a medical assessment has previously been refused, suspended or revoked and if so, the reason for such refusal, suspension or revocation; and

(ii) the information to be provided at the time of the medical examination or examinations for the issue of the medical certificate will be correct to the best of their knowledge; and

(iii) they will not withhold any relevant information; and

(4) disclose or authorise the disclosure to the Director and the Designated Aviation Medical Examiner of any information relating to the applicant's medical condition or history, including information concerning any conviction for an offence involving the possession or use of drugs or alcohol that the Director may reasonably require under section 64D (2) of the Act to determine whether the applicant satisfies the standards for a medical certificate.

(c) The requirements of paragraph (b) must be complied with before the Designated Aviation Medical Examiner undertakes the requested examination.

(d) Any false declaration provided to the Designated Aviation Medical Examiner in paragraph (b) shall be reported to the Director and the licensing Authority of the foreign issuing State Authority.

## 67.57 Medical examination

(a) An applicant for a medical certificate must—

(1) undergo examination by a Designated Aviation Medical Examiner to establish that the applicant meets the relevant medical standard prescribed in Subpart C; and

(2) undergo any further examination or assessment required by the Director under section 64B(5)(b); and

(3) answer every question asked by a Designated Aviation Medical Examiner or Medical Assessor considered necessary by that person to determine whether or not the applicant

meets the prescribed standard.

(b) If the Director has reason to believe that a person who holds, or has applied for, a medical certificate has a condition that may endanger safety, the Director may require that person to submit to an appropriate examination or test by a person expert in the condition.

## 67.59 Issue of medical certificate

(a) Applicants who comply with the requirements of this Part and are found to meet the applicable medical standards are entitled to a medical certificate.

(b) Any restriction or condition necessary in the interests of safety may be endorsed on any medical certificate issued under this Part.

(c) A medical certificate may be endorsed with a condition that extension of validity or renewal shall only be granted by the Director.

(d) Issue of a new medical certificate renders any current certificate invalid.

## 67. 61 Effective date and duration of medical certificate

(a) The Director may issue -

(1) a class 1 medical certificate for a period of up to-

(i) 6 months, for single pilot air operations carrying passengers if the applicant is 40 years of age or more on the date that medical certificate is issued; or

(ii) 6 months, if the applicant is over 60 years of age on the date that the medical certificate is issued; or

(iii) 12 months, in all other cases;

(2) a class 2 medical certificate for a period up to-

(i) 60 months, if the applicant is less than 40 years of age on the date that the medical certificate is issued; or

(ii) 24 months, if the applicant is over 40 years of age on the date that the medical certificate is issued;

(3) a class 3 medical certificate for a period-

(i) 48 months, if the applicant is less than 40 years of age on the date that the medical certificate is issued; or

(ii) 24 months, where the applicant is over 40 years of age on the date that the medical certificate is issued;

(b) A medical certificate issued under paragraph (a)-

(1) takes effect on the date the medical examination is performed; and

(2) remains in force for as long as it is current, unless-

(i) it is withdrawn under section 64H(2) of the Act; or

(ii) a subsequent or replacement medical certificate is issued to the holder.

(c) The validity period entered on a medical certificate shall be the period prescribed in paragraph (a) after:

(1) for initial issue and renewal of an expired certificate, the date on which the applicant was determined by examination and otherwise to comply in all respects with the relevant medical standard; or

(2) for renewal of a certificate which has not expired, either—

(i) the date of expiry of the current certificate if the examination is conducted within 28 days prior to the date on which the current certificate is due to expire; or

(ii) the date on which the examination is conducted if that occurs earlier than 28 days before the current certificate is due to expire.

## 67.63 Extension of period

(a) Where the holder of a current medical certificate is operating in an area distant from a Designated Aviation Medical Examiner, that person may apply in writing for an extension of the period of validity stated on the certificate.

(b) The application provided for in paragraph (a) must be submitted—

(1) to the Director if the certificate is subject to a condition that its validity can only be extended by the Director; or

(2) a Designated Aviation Medical Examiner— and be accompanied by a report from medical physician.

(c) The person assessing the application for extension must be satisfied that extension of the validity period will not affect safety.

(d) A medical certificate may be extended for a period of up to 45 days as required under section 64E of the Act. —

(e) The period of extension shall be in writing.

## 67.65 Refusal to issue certificate

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

## 67.67 Requirements for preparing an examination report

For the purposes of completing a report under section 64D(1) of the Act, a Designated Aviation Medical Examiner -

(1) must-

(i) carry out a general medical examination of the applicant, having regard to the medical standards prescribed for the medical certificate applied for and any relevant general direction; and

(ii) complete the appropriate form specified in the general directions; and

(iii) submit a signed medical examination report to the Director, detailing the results of the examination and evaluating the findings with regards to medical fitness; and

(iv) submit the medical report to the Director, detailing adequate identification of the Designated Aviation Medical Examiner if the submission is in electronic format; and

(2) may not rely upon the results of any test, examination, or re-examination required under the Act for a period of more than 90 days from the date of the test, examination, or re-examination, unless any general direction provides otherwise.

## 67.69 RESERVED

## 67.71 Medical Assessment Reports

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

(b) The Director shall-

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

(2) provide a copy to the applicant.

## 67.73 Validity of reports and records

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

(1) in the case of general and specialist examination reports – for a period not exceeding 42 days:

(2) in the case of electrocardiograms, audiograms, or x-ray reports – for a period not exceeding 90 days.

## 67.75 Accredited medical conclusions

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

(1) the medical expert is a medical practitioner; and

(2) the medical expert is suitably qualified and experienced in,-

(i) aviation medicine; or

(ii) if the Director considers it necessary in a particular case, a branch of medicine that is relevant to the AMC.

## 67.77 Replacement of medical certificates

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

(1) lost, stolen, or destroyed; or

(2) so damaged that the details on the certificate are no longer legible.

(b) An applicant for a replacement certificate must submit to the Director payment of the appropriate application fee prescribed by regulations made under the Act with-

(1) a statutory declaration that his or her medical certificate has been lost, stolen or destroyed; or

(2) the damaged certificate.

### 67.79 Medical Manual

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

### 67.81 Medical confidentiality

(a) Subject to paragraphs (b) and (c), all information provided by or on behalf of an applicant for a medical certificate, which is personal medical information, shall be confidential to the applicant and shall be used only in respect of the medical certificate.

(b) Subject to paragraph (c), a Designated Aviation Medical Examiner shall ensure the protection of information referred to in paragraph (a), except that when medical information appears intentionally false or misleading, the Designated Aviation Medical Examiner shall release to the Director that information for appropriate investigation and action.

(c) Nothing in this rule shall derogate from any provision of any other enactment or from any rule of law relating to the confidentiality of medical information.

## Subpart C — Medical Standards

### 67.101 Purpose

This Subpart prescribes the medical standards for medical certificates.

### 67.103 General requirements

(a) **Impairment or sudden incapacity:** Applicants must be free from any risk factor, disease or disability which renders them either unable, or likely to become suddenly unable, to perform assigned duties safely. These may include adverse effects from the treatment of any condition and effects of drugs or substances of abuse.

(b) **Medical deficiency:** Applicants must be free from any of the following, that result in a degree of functional incapacity likely to interfere with the safe operation of an aircraft or with the safe performance of their duties:

(1) congenital or acquired abnormality:

(2) active, latent, acute or chronic disability, disease or illness:

(3) wound, injury, or outcome of surgical procedure.

### 67.105 Class 1 medical certificate

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

**Physical and mental standards**

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

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

(i) a psychosis, unless the psychosis was of toxic origin and there has been complete recovery:

(ii) alcohol abuse or dependence (defined as an intake of alcohol great enough to

damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning):

(iii) drug dependence:

(iv) character or behaviour disorder, severe enough to have resulted in an overt act:

(v) mental abnormality or psychoneurosis of a significant degree:

(2) **Neurological:** any disease or abnormality of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe use of the licence or cause sudden incapacity or impairment. In particular, the following are not acceptable:

(i) epileptic seizure:

(ii) any disturbance of consciousness without satisfactory medical explanation of the cause:

(iii) head injury or neurosurgical procedure.

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

(4) **Gastrointestinal:** any disease or abnormality, or result of disease or surgical procedure, affecting the digestive tract and its attachments, including the biliary system and hernial orifices, of a severity likely to cause obstruction, significant functional disorder or infection, or sudden incapacity:

(5) **Respiratory:** any disease or abnormality, or result of disease or surgical procedure, affecting the lungs, mediastinum, pleura, chest wall or respiratory passages of a severity likely to cause infection, functional disorder or sudden incapacity at altitude. Radiographic examinations are required for the initial issue of a class 1 medical certificate:

(6) **Cardiovascular:** any disease or abnormality, or result of disease or surgical procedure, which affects the heart or circulatory system and is of a severity likely to cause functional disorder or sudden incapacity. Evidence of myocardial ischaemia or infarction, or significant hypertension, shall be disqualifying unless acceptable and effective treatment has controlled any additional risk of functional disorder or sudden incapacity. Disorders of cardiac rhythm requiring a pacemaker shall be disqualifying. Applicants with evidence strongly suggestive of coronary artery disease, including the presence of excessive cardiovascular risk factors, shall be assessed as unfit unless normal myocardial perfusion can be demonstrated:

(7) **Metabolic:** any metabolic, nutritional or endocrine disorders likely to interfere with the safe use of the licence, or to cause sudden incapacity. Proven cases of diabetes mellitus may be assessed as unfit unless:

(i) the condition is satisfactorily controlled without the use of any anti-diabetic drug; or

(ii) if an oral anti-diabetic drug is used to control the condition, −

a) the condition is under on-going medical supervision and control; and

b) insulin is not used; and

c) having regard to any relevant general direction, the oral drugs used,

individually and in combination, do not, and are not likely to, interfere with the safe exercise of the privileges or the safe performance of the duties to which a class 1 medical certificate relates.

(8) **Haematologic and immunological:** any active disease of the lymphatic system or of the blood. Those with chronic diseases of these systems in a state of remission may be assessed as fit, provided appropriate specialist reports permit accredited medical conclusion that the condition is not likely to affect the safe use of the licence. Applicants with any infectious diseases, the effects of which are likely to impede the safe use of the licence or cause sudden incapacity, shall be assessed as unfit until such time as effective and acceptable treatment removes such effects:

(9) **Genitourinary:** Any disease or abnormality, or result of disease or surgical procedure, affecting the kidneys, urine, urinary tract, menstrual function or genital organs, to a degree likely to impede the safe use of the licence or cause sudden incapacity such that the applicant will be unable to safely use the licence.

**Visual standards**

(c) **General:** an applicant must not have:

(1) any condition or congenital abnormality of either eye or its attachments likely to impede the safe use of the licence:

(2) any abnormality of visual fields or significant defect of binocular function:

(3) any manifest squint, or large error of eye muscle balance (phoria). The acceptable limits for ocular muscle balance are 12 prism dioptres for exophoria, 6 dioptres for esophoria, and one dioptre for hyperphoria:

(4) any anatomical or functional monocularity or substandard vision in one eye at initial issue of a class 1 medical certificate. However, accredited medical conclusion may permit experienced licence holders who develop monocularity or substandard vision to be granted a medical certificate with appropriate restrictions following a period sufficient to permit adjustment to this condition.

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

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

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

| Endorsement | Condition |
|---|---|
| *Protective spectacles must be worn (and if flying open cockpit aircraft, protective goggles not restricting visual field must be worn).* | This shall remain as a permanent restriction |
| *Any accompanying pilot must be made aware of the holder's monocular vision.* | This shall remain as a permanent restriction |

| | |
|---|---|
| *Not valid for flight as pilot-in-command by day or night until a satisfactory flight test has been completed with a flight examiner in each case* | This restriction may be removed at subsequent assessment, according to the results of the flight test, or amended to the endorsement below |
| *Not valid for flight as pilot-in-command by night until a satisfactory flight test has been completed with a flight examiner* | This restriction may be removed at subsequent assessment, according to the results of the flight test |

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

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

(5) undergone surgery affecting the refractive status of the eye. If they have, they shall be assessed as unfit, unless they are free from those sequelae which are likely to interfere with the safe exercise of their license and rating privileges.

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

*Half spectacles must be readily available.*

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

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

*Correcting lenses must be worn for distance vision.*

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

*Spare spectacles must be readily available.*

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

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

*Bifocal spectacles must be worn.*

or

*Trifocal spectacles must be worn.*

Where relevant, the following endorsement may be used:

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

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

*Half spectacles must be readily available.* and

*Spare bifocal spectacles must be readily available.*

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

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

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

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

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

*Contact lenses must be worn.*

and

*Spare spectacles must be readily available.*

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

**Colour perception standards**

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

(j) A medical certificate may be issued if accredited medical conclusion indicates that the applicant has a minor colour perception defect which is compatible with safe use of the licence.

**Ear, nose and throat and hearing standards**

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

(1) any pathological process, acute or chronic, of the internal ear or middle ear cavities:

(2) any unhealed (unclosed) perforation of the tympanic membranes, except that an applicant with a single dry perforation may be eligible for a certificate if the defect does not prevent compliance with the hearing standards:

(3) any chronic or serious recurrent obstruction of the Eustachian tubes:

(4) any serious or recurrent disturbance of the vestibular system:

(5) any obstruction to free nasal air entry on both sides:

(6) any serious malformation, or serious acute or chronic condition of the buccal cavity or upper respiratory tract: or

(7) any speech defect likely to interfere with the safe performance of duties in using a licence.

(l) Applicants must be free from any hearing defect which would interfere with the safe use of a licence. Routine audiometry shall form part of the ear, nose and throat examination for the initial issue of a Class 1 medical certificate, and at recertification, every 5 years up to the age of 40 and every two years thereafter. Applicants must not have a hearing loss at 500, 1000, 1500 and 2000 Hz which exceeds 35 dB at each frequency, or at 3000 Hz which exceeds 50 dB, in each ear separately. Applicants failing to comply with this standard in either ear may be assessed fit if the hearing loss for both ears when averaged at each frequency does not exceed the stated limit, and the applicant achieves 90 percent or better discrimination when speech audiometry is tested.

**Electrocardiographic standards**

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

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

**Obstetrical standards**

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

## 67.107 Class 2 medical certificate

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

**Physical and mental standards**

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

(1) **Psychiatric:** any of the following conditions that are of a severity which makes the applicant currently unable safely to use the licence, or makes it likely that within 2 years of the assessment the applicant will be unable safely to use the licence:

(i) a psychosis, unless the psychosis was of toxic origin and there has been complete recovery:

(ii) alcohol abuse or dependence (defined as an intake of alcohol great enough to damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning):

(iii) drug dependence:

(iv) character or behaviour disorder, severe enough to have resulted in an overt act:

(v) mental abnormality or psychoneurosis of a significant degree:

(2) **Neurological:** any disease or abnormality of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe use of the licence or cause sudden incapacity or impairment. In particular, the following are not acceptable:

(i) epileptic seizure:

(ii) any disturbance of consciousness without satisfactory medical explanation of the cause:

(iii) head injury or neurosurgical procedure:

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

(4) **Gastrointestinal:** any disease or abnormality or result of disease or surgical procedure affecting the digestive tract and its attachments, including the biliary system and hernial orifices, of a severity likely to cause obstruction, significant functional disorder or infection, or sudden incapacity:

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

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

(6) **Cardiovascular:** any disease or abnormality, or result of disease or surgical procedure which affects the heart or circulatory system and is of a severity likely to cause functional disorder or sudden incapacity. Evidence of myocardial ischemia or infarction, or significant hypertension, shall be disqualifying unless acceptable and effective treatment has controlled any additional risk of functional disorder or sudden incapacity. Disorders of cardiac rhythm requiring a pacemaker shall be disqualifying. Applicants with evidence strongly suggestive of coronary artery disease, including

the presence of cardiovascular risk factors, shall be assessed as unfit unless normal myocardial perfusion can be demonstrated:

(7) **Metabolic:** any metabolic, nutritional or endocrine disorders likely to interfere with the safe use of the licence, or to cause sudden incapacity. Proven cases of diabetes mellitus shown to be satisfactorily controlled without the use of any antidiabetic drug may be assessed as fit. Cases of diabetes mellitus shown to be satisfactorily controlled by the use of approved oral antidiabetic drugs may be assessed as fit, provided that these drugs are administered under conditions which permit appropriate medical supervision and control compatible with the safe use of the licence. In such cases, the drugs used shall be compatible with the safe use of the licence:

(8) **Haematologic and immunological:** any active disease of the lymphatic system or of the blood. Those with chronic diseases of these systems in a state of remission may be assessed as fit, provided appropriate specialist reports permit accredited medical conclusion that the condition is not likely to affect the safe use of the licence. Applicants with any infectious diseases, the effects of which are likely to cause functional impairment or sudden incapacity, shall be assessed as unfit until such time as effective and acceptable treatment removes such effects:

(9) **Genitourinary:** any disease or abnormality, or result of disease or surgical procedure, affecting the kidneys, urine, urinary tract, menstrual function or genital organs, to a degree likely to cause functional impairment or sudden incapacity such that the applicant will be unable to safely use the licence. Urine examination shall form part of the medical examination and abnormalities shall be adequately investigated.

**Visual standards**

(c) **General:** An applicant must not have:

(1) any condition or congenital abnormality of either eye or its attachments likely to impede the safe use of the licence:

(2) any abnormality of visual fields or binocular function:

(3) any manifest squint, or large errors of eye muscle balance (phoria). The acceptable limits for ocular muscle balance are 12 prism dioptres for exophoria, 6 dioptres for esophoria, and one dioptre for hyperphoria:

(4) any anatomical or functional monocularity or substandard vision in one eye at the initial issue of a class 2 medical certificate. However, accredited medical conclusion may permit experienced licence holders who develop monocularity or substandard vision to be granted a medical certificate with appropriate restrictions following a period sufficient to permit adjustment to this condition.

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

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

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

| Endorsement | Condition |
|---|---|
| *Protective spectacles must be worn (and if flying open cockpit aircraft, protective goggles not restricting visual field must be worn).* | This shall remain as a permanent restriction |
| *Any accompanying pilot must be made aware of the holder's monocular vision.* | This shall remain as a permanent restriction |

| | |
|---|---|
| *Not valid for flight as pilot-in-command by day or night until a satisfactory flight test has been completed with a flight examiner in each case* | This restriction may be removed at subsequent assessment, according to the results of the flight test, or amended to the endorsement below |

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

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

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

(5) undergone surgery affecting the refractive status of the eye. If they have, they 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.

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

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

*Half spectacles must be readily available.*

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

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

*Spectacles (distance vision) must be worn.*

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

*Spare spectacles must be readily available.*

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

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

*Bifocal spectacles must be worn.*

or

*Trifocal spectacles must be worn.*

Where relevant, the following endorsement may be used:

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

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

*Half spectacles must be readily available.*

and

*Spare bifocal spectacles must be readily available.*

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

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

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

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

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

*Contact lenses must be worn.*

and

*Spare spectacles must be readily available.*

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

**Colour perception standards**

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

(j) A medical certificate may be issued if accredited medical conclusion indicates that the applicant has a minor colour perception defect which is compatible with safe use of the licence provided the certificate is endorsed with the following limitations:

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

*Not valid for night flying.*

**Ear, nose and throat and hearing standards**

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

(1) any pathological process, acute or chronic, of the internal ear or middle ear cavities:

(2) any unhealed (unclosed) perforation of the tympanic membranes, except that an applicant with a single dry perforation may be eligible for a certificate if the defect does not prevent compliance with the hearing standards:

(3) any chronic or serious recurrent obstruction of the Eustachian tubes:

(4) any serious or recurrent disturbance of the vestibular system:

(5) any obstruction to free nasal air entry on both sides:

(6) any serious malformation, or serious acute or chronic condition of the buccal cavity or upper respiratory tract:

(7) any speech defect likely to interfere with the safe performance of duties in using a licence.

(l) Applicants must be free from any hearing defect which would interfere with the safe use of the licence. Applicants must be able to hear an average conversational voice in a quiet room using both ears at a distance of 2m from the examiner, and with the back turned to the examiner. Hearing aids are not acceptable. Applicants failing to meet this standard must be examined by an ear, nose and throat specialist or approved audiologist, in order to submit an audiogram recorded in a quiet room.

(m) Pilots with a private pilot licence instrument rating must have routine audiometry at intervals not exceeding 5 years under the age of 40 and every 4 years over 40 years of age. Applicants must not have a hearing loss at 500, 1000, 1500 and 2000 Hz which exceeds 35 dB at each frequency, or at 3000 Hz which exceeds 50 dB, in each ear separately. Applicants failing to comply with this standard in either ear may be assessed fit if the hearing loss for both ears when averaged at each frequency does not exceed the stated limit, and the applicant achieves 90 percent or better discrimination when speech audiometry is tested.

**Electrocardiographic standards**

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

**Obstetrical standards**

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

## 67.109 Class 3 medical certificate

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

**Physical and mental standards**

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

(1) **Psychiatric:** any of the following conditions that are of a severity which makes the applicant currently unable safely to use the licence, or makes it likely that within 2 years of the assessment the applicant will be unable safely to use the licence:

(i) a psychosis, unless the psychosis was of toxic origin and there has been complete recovery:

(ii) alcohol abuse or dependence (defined as an intake of alcohol great enough to damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning):

(iii) drug dependence:

(iv) character or behaviour disorder, severe enough to have resulted in an overt act:

(v) mental abnormality or psychoneurosis of a significant degree:

(2) **Neurological:** any disease or abnormality of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe use of the licence or cause sudden incapacity or impairment. In particular, the following are not acceptable:

(i) epileptic seizure:

(ii) any disturbance of consciousness without satisfactory medical explanation of the cause:

(iii) head injury or neurosurgical procedure:

(3) **Musculoskeletal:** any active disease of the bones, joints, muscles, or tendons, or any significant functional limitation arising from previous congenital or acquired disease or injury:

(4) **Gastrointestinal:** any disease or abnormality, or result of disease or surgical procedure, affecting the digestive tract and its attachments including the biliary system and hernial orifices of a severity likely to cause obstruction, significant functional disorder or infection, or sudden incapacity:

(5) **Respiratory:** any disease or abnormality, or result of disease or surgical procedure, affecting the lungs, mediastinum, pleura, chest wall or respiratory passages of a severity likely to cause infection, functional disorder or sudden incapacity. radiographic examinations may be required for the initial issue of a class 3 medical certificate:

(6) **Cardiovascular:** any disease or abnormality, or result of disease or surgical procedure, which affects the heart or circulatory system and is of a severity likely to

cause functional disorder or sudden incapacity. Evidence of myocardial ischaemia or infarction, or significant hypertension, shall be disqualifying unless acceptable and effective treatment has controlled any additional risk of functional disorder or sudden incapacity. Disorders of cardiac rhythm requiring a pacemaker shall be disqualifying. Applicants with evidence strongly suggestive of coronary artery disease, including the presence of cardiovascular risk factors, shall be assessed as unfit unless normal myocardial perfusion can be demonstrated:

(7) **Metabolic:** any metabolic, nutritional or endocrine disorders likely to interfere with the safe use of the licence, or to cause sudden incapacity. Proven cases of diabetes mellitus be assessed as unfit unless the condition is satisfactorily controlled without the use of any anti-diabetic drug; or if an oral anti-diabetic drug is used to control the condition,−

(i) the condition is under on-going medical supervision and control; and

(ii) insulin is not used; and

(iii) having regard to any relevant general direction, the oral drugs used, individually and in combination, do not, and are not likely to, interfere with the safe exercise of the privileges or the safe performance of the duties to which a class 3 medical certificate relates.

(8) **Haematologic and immunological:** any active disease of the lymphatic system or of the blood. Those with chronic diseases of these systems in a state of remission may be assessed as fit, provided appropriate specialist reports permit accredited medical conclusion that the condition is not likely to affect the safe use of the licence. Applicants with any infectious diseases, the effects of which are likely to cause functional impairment or sudden incapacity, shall be assessed as unfit until such time as effective and acceptable treatment removes such effects:

(9) **Genitourinary:** any disease or abnormality or result of disease or surgical procedure affecting the kidneys, urine, urinary tract, menstrual function or genital organs, to a degree likely to cause functional impairment or sudden incapacity such that the applicant will be unable to safely use the licence.

**Visual standards**

(c) **General:** An applicant must not have:

(1) any condition or congenital abnormality of either eye or its attachments likely to impede the safe use of the licence:

(2) any abnormality of visual fields or binocular function:

(3) any manifest squint, or large errors of eye muscle balance (phoria). The acceptable limits for ocular muscle balance are 12 prism dioptres for exophoria, 6 dioptres for esophoria, and one dioptre for hyperphoria:

(4) any anatomical or functional monocularity at the initial issue of a Class 3 medical certificate. However, accredited medical conclusion may permit experienced licence holders who become anatomically or functionally monocular to be granted a medical certificate with appropriate restrictions, following a period sufficient to permit adjustment to the monocular state.

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

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

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

*Half spectacles must be readily available.*

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

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

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

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

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

*Spectacles (distance vision) must be worn.*

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

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

*Spare spectacles must be readily available.*

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

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 5 years thereafter.

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

*Bifocal spectacles must be worn.*

or

*Trifocal spectacles must be worn.*

on the medical certificate.

Where relevant, the following endorsement may be used:

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

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

*Half spectacles must be readily available.*

and

*Spare bifocal spectacles must be readily available.*

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

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

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

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

(h) **Dioptre limits:** A need for correcting lenses for either eye within the range of plus or minus 3 dioptres (spherical equivalent) may be accepted, provided that the visual acuity without correction is not worse than 6/60 or its equivalent (20/200, 0.1)

(i) In each eye separately. Spectacle lenses outside this range are not acceptable, but accredited medical conclusion may permit an applicant using contact lenses to be assessed as fit on production of satisfactory specialist reports. The medical certificate will be endorsed:

*Contact lenses only must be worn.*

and

*Spare spectacles shall be readily available.*

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

**Colour perception standards**

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

**Ear, nose and throat and hearing standards**

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

(1) any pathological process, acute or chronic, of the internal ear or middle ear cavities:

(2) any unhealed (unclosed) perforation of the tympanic membranes, except that an applicant with a single dry perforation may be eligible for a certificate if the defect does not prevent compliance with the hearing standards:

(3) any serious or recurrent disturbance of the vestibular system:

(4) any serious malformation, or serious acute or chronic condition of the buccal cavity or upper respiratory tract:

(5) any speech defect likely to interfere with the safe performance of duties in using a licence.

(l) Applicants must be free from any hearing defect which would interfere with the safe use of the certificate. Routine audiometry shall form part of the ear, nose and throat examination for the initial issue of a Class 3 medical certificate, and at recertification, every 4 years up to the age of 40 and every 2 years thereafter. Applicants must not have a hearing loss at 500, 1000, 1500 and 2000 Hz which exceeds 35 dB at each frequency, or at 3000 Hz which exceeds 50 dB, in each ear separately. Applicants failing to comply with this standard in either ear may be assessed fit if the hearing loss for both ears when averaged at each frequency does not exceed the stated limit, and the applicant achieves ninety percent or better discrimination when speech audiometry is tested. 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.

**Electrocardiographic standards**

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

**Obstetrical standards**

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

## Subpart D - Designated Aviation Medical Examiners

### 67.151 Purpose

This Subpart prescribes rules relating to-

(1) The designation of medical examiners;

### 67.153 Aviation Medical examiner certification requirements

(a) The Director may appoint a person as a Designated Aviation Medical Examiner if that person:

(1) is a medical practitioner registered with the Medical Board of Papua New Guinea or the medical board of the Contracting State in which they propose to function as a Designated Aviation Medical Examiner; and

(2) has successfully completed aviation medicine training acceptable to the Director; and

(3) demonstrates an awareness of the aviation regulatory medicine and the conditions in which applicants for medical certificates are employed; and

(4) has access to clinical, administrative and communication facilities adequate for the purpose of carrying out medical examinations to the required standard in accordance with the medical manual; and

(5) has a reasonable ability to communicate effectively in English; and

(6) meets the fit and proper person requirements of the Act.

## 67.155 Application for certificates

(a) A person who applies to become a Designated Aviation Medical Examiner certificate must complete form CA 67/01 and submit the form to the Director accompanied by copies of the following documents:

(1) the certificate of registration as a medical practitioner in Papua New Guinea or the Contracting State in which the person proposes to function as a Designated Aviation Medical Examiner; and

(2) either—

(i) a certificate of successful completion of a course of study in aviation medicine acceptable to the Director; or

(ii) documents that are evidence of demonstrated competence in aviation medicine.

(b) A person applying for the renewal of a Designated Aviation Medical Examiner certificate must complete the appropriate form prescribed in paragraph (a), and submit it to the Director not less than 30 working days before the renewal date specified in the certificate or, if no such date is specified, not less than 30 working days before the certificate expires.

## 67.157 Issue of Aviation medical examiner certificates

(a) Subject to section 49 of the Act, the Director must issue a medical examiner certificate to a person who has applied under 67.155, if the Director is satisfied that he or she meets the requirements prescribed in 67.153.

(b) A Designated Aviation Medical Examiner's appointment is subject to that person—

(1) continuing to observe the Code of Ethics of the Medical Association of the Contracting State in which the person is registered as a medical practitioner; and

(2) undertaking continuing training in aviation medicine, within the immediately preceding 24 months and in a manner acceptable to the Director; or

(3) have successfully completed a regulatory awareness workshop conducted by the Director within the immediately preceding 24 months; and

(4) continuing to meet the fit and proper person requirements of the Act.

(c) The Director may impose conditions, restrictions or limitations on the appointment of a person as a Designated Aviation Medical Examiner.

(d) A Designated Aviation Medical Examiner’s appointment may be granted or renewed for a period of up to three years unless cancelled, suspended or revoked by the Director.

## 67.159 Privileges of aviation medical examiner certificate holders

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

## 67.161 Exposition

(a) A person applying for a Designated Aviation Medical Examiner certificate must provide the Director with an exposition containing-

(1) a statement signed by the person confirming that the exposition-

(i) accurately describes the person’s aviation medical practice and demonstrates

the person's means and methods of ensuring ongoing compliance with 67.153; and

(ii) will comply with the person and any personnel involved in the person's aviation medical practice, at all times; and

(2) a description of the scope of the person's aviation medical practice; and

(3) the titles and names of any of the personnel involved in the person's aviation medical practice; and

(4) the duties and responsibilities of personnel referred to in paragraph (a)(3); and

(5) list of locations at which the person will practice aviation medicine; and

(6) details demonstrating that the person has access to clinical, administrative and communication facilities that are adequate for the purpose of carrying out aviation medical examinations to the required standard in accordance with the medical manual; and

(7) procedures for communicating with the Director, including-

(i) the referral of applications for medical certificates to the Director for assessment; and

(ii) where applicable, the reporting of changes in medical condition of a person who holds a medical certificate, or the existence of any previously undetected medical condition in a person who holds a medical certificate, that may interfere with the safe exercise of the privileges to which that person's medical certificate relates; and

(iii) the prior notification of every proposed change to any of the details specified in paragraphs (a)(2), (a)(3), (a)(4) or (a)(5); and

(8) details of systems and procedures to ensure the adequate-

(i) control, inspection, testing, and calibration of medical equipment; and

(ii) control and amendment of documentation relevant to the person's aviation medical practice; and

(iii) identification, collection, indexing, storage, maintenance and disposal of records; and

(iv) training, assessment and authorisation of any personnel to carry out the functions in (9)(1), (9)(ii), and (9)(iii); and

(9) details of procedures for identifying and managing any conflict of interest arising out of the person's professional obligations; and

(10) details of an annual internal quality assurance audit programme to ensure conformity of the person's aviation medical practice with the procedures in the exposition; and

(11) details of the person's means of ensuring that the continued compliance requirements specified in 67.203 will be met; and

(12) details of procedures to-

(i) control and amend the exposition; and

(ii) ensure that it meets the applicable requirements of this Part; and

(iii) ensure that the Director is provided with a copy of every amendment to the exposition as soon as practicable after its incorporation into the exposition;

and

(iv) distribute the exposition to personnel.

(b) The person's exposition must be acceptable to the Director.

## 67.163 Cancellation and revocation of appointment

(a) The Director shall cancel a person's appointment as a Designated Aviation Medical Examiner upon receipt of a request in writing from that person to cancel the appointment.

(b) The Director shall revoke a person's appointment as a Designated Aviation Medical Examiner if that person—

(1) contravenes a condition specified in the instrument of appointment; or

(2) fails to meet the reporting requirements of 67.163; or

(3) ceases to be a fit and proper person in accordance with the Act; or

(4) ceases to be a registered medical practitioner.

## 67.165 Obligation to report

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

## 67.167 Indemnification of medical reporting

(a) Designated Aviation Medical Examiner shall not be subject to any civil or criminal liability for doing any indemnified act in good faith in the course of carrying out functions under this Part.

(b) A person or organisation specified in paragraph (c) shall not be subject to any civil or criminal liability for doing any indemnified act in good faith in the course of answering any question put to that person by the Director that:

(1) concerns an applicant for, or the holder of, a medical certificate; and

(2) that is relevant to any action the Director may take under this Part.

(c) Paragraph (b) applies to:

(1) a medical practitioner:

(2) a specialist psychiatrist or clinical psychologist:

(3) anopthamologist:

(4) any person or organisation that has made a physical, psychological or psychiatric examination of the person:

(5) any person or organisation that has treated the person for a medically significant condition.

## 67.169 Release of information

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

### 67.171 Register

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

### 67.173 Designated Aviation Medical Examiner Competencies

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

## Subpart E — Operating Requirements for Designated Aviation Medical Examiners

### 67.201 Purpose

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

### 67.203 Continued Compliance

(a) A person who holds a Designated Aviation Medical Examiner certificate must-

(1) hold at least one complete and current copy of the certificate holder's exposition a teach location of the practice specified in the exposition; and

(2) comply with all procedures, systems and programmes detailed in the certificate holder's exposition, including those relating to conflicts of interest; and

(3) make every applicable part of the exposition available to personnel who require it to carry out their duties; and

(4) continue to meet and comply with the requirements prescribed for medical examiner certification under Subpart D; and

(5) attend ongoing training courses in aviation medicine and aviation regulation, as may reasonably be required by the Director; and

(6) comply with the general directions and emergency directives issued under section 64G of the Act; and

(7) hold an up-to-date copy of the medical manual; and

(8) ensure that an accurate record is kept of every examination of every applicant for a medical certificate; and

(9) notify the Director of any change of address for service telephone number, or facsimile number within 28 days of the change.

(b) The Director may prescribe conditions under which a person who holds a Designated Aviation Medical Examiner certificate may operate during or following any of the changes specified in 67.161(a)(7)(iii).

(c) A person who holds a Designated Aviation Medical Examiner certificate must-

(1) comply with any conditions prescribed under paragraph (b); and

(2) where any of the changes referred to in paragraph (b) require an amendment to the certificate holder's medical examiner certificate, forward the certificate to the Director as soon as practicable; and

(3) make such amendments to the certificate holder's exposition as the Director considers necessary in the interest of aviation safety.

## Subpart F - Responsibilities of medical certificate holders

### 67.251 Purpose

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

### 67.253 Changes in medical conditions

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

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

### 67.255 Continuance of functions

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

## Subpart G – Requirements for Delegations by the Director

### 67.257 Purpose

This prescribes the determination of suitably qualified designated aviation medical examiners under section 64O (2) of the Act.

### 67.259 Determining suitably qualified designated aviation medical examiners

For the purposes of a delegation under section 64O(2) of the Act, a person is a suitably qualified designated aviation medical examiner, if−

(1) the Director is satisfied that the person−

(i) has the necessary skills and experience; and

(ii) comprehends aviation medical certification policy and procedures; and

(2) the person undertakes to attend ongoing training courses in aviation medicine and aviation regulation, as may reasonably be required by the Director; and

(3) the Director is satisfied that the person has adopted and applies suitable procedures for the identification of conflicts of interest.