CERTIFICATION ISSUES

Updates and Common Errors in Medical Certification

Warren Silberman, DO
Policy & Standards AAM-220
CAMA Seminar Sept. 2019
Objectives - Updates 2018-2019

- Exam updates
- Dispo table updates
- New/updated CACIs
  - CKD
- Drug & Alcohol updates
- ADHD updates
- Protocols
  - TAVR allowed
  - NOAC/DOAC
- Pharmaceuticals/Rx
Objectives - Common Errors

- **Deferred applications**
  - Tell us specifically WHY you deferred in comments box

- **CACI**

- **AASI/SI**
  - Mail the reports to AMCD
  - If its time limited, it needs reports be sent in
MEDICAL CERTIFICATION GUIDELINES

Exam Updates
Exam updates—eyes

### Visual Acuity Standards:
- As listed below or better;
- Each eye separately;
- Snellen equivalent; and
- With or without correction. If correction is used, it should be noted and the correct limitation applied.

<table>
<thead>
<tr>
<th></th>
<th>First or Second Class</th>
<th>Third Class</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Distant Vision</strong></td>
<td>20/20</td>
<td>20/40</td>
</tr>
<tr>
<td><strong>Near Vision</strong></td>
<td>20/40</td>
<td>20/40</td>
</tr>
<tr>
<td>Measured at 16 inches</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intermediate Vision</strong></td>
<td>20/40</td>
<td>No requirement</td>
</tr>
<tr>
<td>Measured at 32 inches; Age 50 and over only</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Updated 05/29/2019)
Exam updates—eyes Item 50/51

- **Examination Techniques:**
  - 1. Each eye will be tested separately, and both eyes together.
  - Do not need to test WITH and WITHOUT lenses
  - Record in correct column to add correct limitation
No exams on Family Members

The Examiner may NOT:

• Perform self-examinations for issuance of a medical certificate to themselves*;
• **Issue a medical certificate to themselves or to an immediate family member***; or
• Generate or author their own medical status reports. Reports regarding the medical status of an airman should be written by their treating provider. A report completed by an airman will **NOT** be accepted, even if that airman is a physician.

*For more information, see FAA Order 8000.95 Designee Management Policy.
MEDICAL CERTIFICATION GUIDELINES

AME GUIDE Dispo tables
# Disposition Tables

## Old version

<table>
<thead>
<tr>
<th>DISEASE/CONDITION</th>
<th>CLASS</th>
<th>EVALUATION DATA</th>
<th>DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acromegaly</td>
<td>All</td>
<td>Submit all pertinent medical records current status to include names and dosage of medication(s) and side effects</td>
<td>Requires FAA Decision</td>
</tr>
<tr>
<td>Addison's Disease</td>
<td>All</td>
<td>Submit all pertinent medical records current status to include names and dosage of medication(s) and side effects</td>
<td>Requires FAA Decision</td>
</tr>
<tr>
<td>Cushing's Disease or Syndrome</td>
<td>All</td>
<td>Submit all pertinent medical records current status to include names and dosage of medication(s) and side effects</td>
<td>Requires FAA Decision</td>
</tr>
</tbody>
</table>

## New

### Neoplastic Disorders/Cancer

#### Bladder Cancer

<table>
<thead>
<tr>
<th>DISEASE/CONDITION</th>
<th>EVALUATION DATA</th>
<th>DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Non metastatic and treatment completed 5 or more years ago</td>
<td>No recurrence or ongoing treatment</td>
<td>ISSUE Summarize this history in Block 60.</td>
</tr>
<tr>
<td>B. Non metastatic and treatment completed less than 5 years ago</td>
<td>See CACI worksheet. Local recurrence within the bladder only. Follow CACI - Bladder Cancer Worksheet</td>
<td></td>
</tr>
<tr>
<td>C. Metastatic disease, muscle invasion, or Recurrent disease that has spread outside the bladder</td>
<td>Information that needs to be submitted to the FAA for review.</td>
<td>DEFER</td>
</tr>
</tbody>
</table>

### Notes:
- Initial issuance - Submit the information to the FAA.
- Followup issuance - Will be per the armament's authorization letter.

### Low Risk

- Neoplasm (benign or malignant) of the bladder

### High Risk

- Carcinoma of the bladder
### Does the condition need SI?

#### Endocrine Disorders

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Class</th>
<th>Evaluation Data</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acromegaly</td>
<td>All</td>
<td>Submit all pertinent medical records; current status to include names and dosage of medication(s) and side effects.</td>
<td>Requires FAA Decision</td>
</tr>
<tr>
<td>Addison's Disease</td>
<td>All</td>
<td>Submit all pertinent medical records; current status to include names and dosage of medication(s) and side effects.</td>
<td>Requires FAA Decision</td>
</tr>
<tr>
<td>Cushing's Disease or Syndrome</td>
<td>All</td>
<td>Submit all pertinent medical records; current status to include names and dosage of medication(s) and side effects.</td>
<td>Requires FAA Decision</td>
</tr>
</tbody>
</table>

#### Neoplastic Disorders/Cancer

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Evaluation Data</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Non-metastatic and treatment completed 5 or more years ago</td>
<td>No recurrence or ongoing treatment.</td>
<td>ISSUE</td>
</tr>
<tr>
<td>B. Non-metastatic and treatment completed less than 5 years ago</td>
<td>See CACI worksheet.</td>
<td>Follow the CACI-Bladder Cancer Worksheet.</td>
</tr>
<tr>
<td>C. Metastatic disease, muscle invasion, or recurrent disease that has spread outside the bladder</td>
<td>Information that needs to be submitted to the FAA for review.</td>
<td>DISER</td>
</tr>
<tr>
<td></td>
<td>- Current status report from oncologist describing treatment plan and prognosis.</td>
<td>Followup issuance - Will be per the claimant's authorization letter.</td>
</tr>
<tr>
<td></td>
<td>- List of medications with attention to agents that were used.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Treatment responses including clinic notes or summary letter describing initial staging and treatment course.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Operative notes and discharge summary (if applicable).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Pathology reports (if applicable) and M/R/C/T or PET scan reports (in some cases, the actual CDs will be required in DICOM format for FAA review).</td>
<td></td>
</tr>
</tbody>
</table>

Notes: If the claim is currently on radiation or chemotherapy, the treatment course must be completed prior to medical certification being considered.
AME Guide Disposition table

• Skin cancer, AME may issue:
  • Basal cell cancer (BCC)
  • Squamous cell cancer (SCC)
  • Melanoma <0.75mm
  • Melanoma in Situ
  • Uncomplicated skin only. No organ involvement
# Skin Cancer

## All Classes

Updated 08/26/2015

<table>
<thead>
<tr>
<th>DISEASE/CONDITION</th>
<th>EVALUATION DATA</th>
<th>DISPOSITION</th>
</tr>
</thead>
</table>
| **Unknown pathology** | If unable to verify pathology, have airman collect:  
  - Medical records describing the diagnosis and treatment; and  
  - Pathology report(s) | **More info needed**  
  Once reports are received, refer to the appropriate skin cancer diagnosis in this section. |
| **Basal cell cancer (BCC)** | AME interview and exam findings consistent with uncomplicated local BCC or SCC completely treated (excised, destroyed, or Mohs procedure) and resolved. | **ISSUE**  
  Note BCC or SCC treated in block 60.  
  If complicated lesion, see below. |
| **Squamous cell cancer (SCC)** |  | |
| Uncomplicated skin only  
No organ involvement |  | |
| **SCC or BCC** | Submit the following for FAA review:  
  - Medical records describing the diagnosis and treatment;  
  - Pathology report(s);  
  - Operative notes;  
  - Current status summary report that includes current or planned future treatment & prognosis; and  
  - Copies of any imaging performed (CT/MRI) | **DEFER**  
  Submit reports to FAA for review.  
  Follow-up certification - based on Special Issuance Authorization. |
| Complicated lesion  
Metastatic  
lymph node or deep tissue involvement, aggressive pathology or other abnormalities | Also see [ENT section](#) | |
# Melanoma

<table>
<thead>
<tr>
<th>Melanoma</th>
<th>Review:</th>
<th>ISSUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 0.75 mm in depth</td>
<td>□ Medical records describing the diagnosis and treatment; and □ Pathology report(s)</td>
<td>If complete resection with clear margins, no recurrence, no metastatic disease, and favorable reports. Document in block 60 AND submit reports to FAA for retention in the file.</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melanoma in Situ</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Melanoma</th>
<th>Review and submit the following:</th>
<th>DEFER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equal to 0.75 mm or greater in depth</td>
<td>□ Medical records describing the diagnosis and treatment; □ Pathology report(s); □ Operative notes; □ Current status report that includes if any additional lesions, any metastatic disease, any current or future treatment planned; and □ Current MRI brain</td>
<td>Submit reports to FAA for review. Follow-up certification - based on Special Issuance Authorization.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic Melanoma</th>
<th>Submit the following for FAA review:</th>
<th>DEFER</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR</td>
<td>□ Info from Melanoma greater than 0.75 mm above; □ PET scan; and □ Copies of any additional testing performed by your treating physician not listed above</td>
<td>Submit supporting documents for FAA review.</td>
</tr>
</tbody>
</table>

| Melanoma of Unknown Primary Origin | | |

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Certification Issues

Federal Aviation Administration
## What’s new---What do you do?

### CLL

<table>
<thead>
<tr>
<th>Leukemia, Acute and Chronic</th>
<th>All</th>
<th>Submit a current status report and all pertinent medical reports</th>
<th>Requires FAA Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leukemia, Acute and Chronic – All Types</td>
<td>All</td>
<td>Submit a current status report and all pertinent medical reports</td>
<td>Requires FAA Decision</td>
</tr>
</tbody>
</table>
| Chronic Lymphocytic Leukemia | All | Submit a current status report and all pertinent medical reports | **Initial Special Issuance** - Requires FAA Decision  
**Followup Special Issuances** - See AASI Protocol |
### What's do you do?

#### Acoustic Neuroma

<table>
<thead>
<tr>
<th>DISEASE/CONDITION</th>
<th>EVALUATION DATA</th>
<th>DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Treated 5 or more years ago With • Surgery OR • Stereotactic radiation</td>
<td>The AME should review a current status report from the treating physician. If no symptoms or current problems, no ongoing treatment or surveillance needed.</td>
<td>ISSUE Summarize history in Block 60. Submit documents to the FAA for retention in the file.</td>
</tr>
<tr>
<td>B. Treated 5 or more years ago With • Observation ONLY</td>
<td>Submit the following to the FAA for review: - Current status report from the treating physician with treatment plan and prognosis;   - It should identify all treatment used, size of the tumor at diagnosis, and current size; - List of medications and side effects, if any; - Operative notes and discharge summary, if applicable; and - Copies of most recent imaging report(s) (MRI).</td>
<td>DEFER Submit the information to the FAA for a possible Special Issuance. Follow up Issuance Will be per the airmen’s authorization letter.</td>
</tr>
<tr>
<td>C. Treated less than 5 years ago With ANY of the following: • Observation, • Surgery, OR • Stereotactic radiation</td>
<td>Submit the following to the FAA for review: - Current status report from the treating physician (ENT or neurosurgeon) with   - Treatment plan, prognosis, and adherence to treatment;   - It should indicate the presence or absence of any residual tumor and any complications; - List of medications and side effects, if any; - Operative notes and discharge summary (if applicable); SEE NEXT PAGE</td>
<td>DEFER Submit the information to the FAA for a possible Special Issuance. Follow up Issuance Will be per the airmen’s authorization letter.</td>
</tr>
</tbody>
</table>
## What’s do you do?

### Head Injury

**Most mild**
- 6 months

**Most severe**
- 5 years

### Certification Issues

<table>
<thead>
<tr>
<th>Presence of any neurological condition or disease that potentially may incapacitate an individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Trauma associated with:</td>
</tr>
<tr>
<td>Epidural or Subdural Hematoma;</td>
</tr>
<tr>
<td>Focal Neurologic Deficit;</td>
</tr>
<tr>
<td>Depressed Skull Fracture;</td>
</tr>
<tr>
<td>or</td>
</tr>
<tr>
<td>Any loss of consciousness, alteration of consciousness, or amnesia, regardless of duration</td>
</tr>
<tr>
<td>All</td>
</tr>
<tr>
<td>Submit all pertinent medical records, current status report, to include pre-hospital and emergency department records, operative reports, neurosurgical evaluation, name and dosage of medication(s) and side effects</td>
</tr>
<tr>
<td>Requires FAA Decision</td>
</tr>
</tbody>
</table>
I can’t find it in the Guide, What’s do I do?

If concerning condition---defer
ex: PTSD

If low risk, no concerns---call RFS/AMCD

Guidance on what to do---call RFS/AMCD

Email to add to guide
EKG in the Guide—60 DAYS

ITEM 58. ECG

(Updated 11/30/2016)

<table>
<thead>
<tr>
<th>MM (Date)</th>
<th>DD</th>
<th>YYYY</th>
</tr>
</thead>
</table>

I. Code of Federal Regulations

First-Class: 14 CFR 67.111(b)(c)

(a) A person applying for first-class medical certification must demonstrate an absence of myocardial infarction and other clinically significant abnormality on electrocardiographic examination:

1. At the first application after reaching the 35th birthday; and
2. On an annual basis after reaching the 40th birthday.

(b) An electrocardiogram will satisfy a requirement of paragraph (b) of this section if it is dated no earlier than 60 days before the date of the application it is to accompany and was performed and transmitted according to acceptable standards and techniques.
EKG in the Guide—performed outside office

- Non-AME transmissions:
  - ECGs must be electronically attached to an 8500-8 by the AME.
  - It is not possible for a medical department or any other physician to transmit a current ECG directly to the FAA 8500-8 exam.
  - If an ECG was done outside the AME’s office, the AME must verify that the ECG belongs to the airman, it is less than 60 days old, and is of suitable quality before it is attached to the 8500-8.
  - The image must be of good quality. Stress test or ECG images that have been faxed do not have enough clarity/definition for adequate review. In most cases, they will not be acceptable.

- Applicant refuses ECG - If an ECG is due and the airman refuses, the examiner will be unable to transmit the exam. The AME should call the AMCS Support Desk at (405) 954-3238 AND note in Block 60 that the airman refused the required ECG.

FAA can accept, but not preferred
EKG normal variants

- **Normal Variants** - The following common ECG findings are considered normal variants and are not cause for deferment unless the airman is symptomatic or there are other concerns. Airmen who have these findings may be certified, if otherwise qualified:
  - Early repolarization
  - Ectopic atrial rhythm
  - First-degree AV (atrioventricular) block with PR interval less than 0.21 in age < 51
  - Incomplete Right Bundle Branch Block (IRBBB)
  - Indeterminate axis
  - Intraventricular conduction delay (IVCD)
  - Left atrial abnormality
  - Left axis deviation, less than or equal to -30 degrees
  - Left ventricular hypertrophy by voltage criteria only
  - Low atrial rhythm
  - Low voltage in limb leads (May be a sign of obesity or hypothyroidism)
  - Premature Atrial Contraction (PAC) – multiple, asymptomatic
  - Premature Ventricular Contraction (PVC) - single only; 2 or more on ECG require evaluation.
  - Short QT – if no history of arrhythmia
  - Sinus arrhythmia
  - Sinus bradycardia. Up to age 49 if heart rate is >44; Age 50 and older if heart rate is >48
  - Sinus tachycardia – heart rate < 110
  - Wandering atrial pacemaker
MEDICAL CERTIFICATION GUIDELINES

AME GUIDE CACI
CACI’s

• AME can issue if the worksheet criteria are met
• Worksheets Do NOT need to be submitted to FAA
• Current conditions:

CACI CONDITIONS

(Updated 09/27/2017)

Conditions AMEs Can Issue (CACI) is a series of conditions which allow AMEs to regular issue if the applicant meets the parameters of the CACI Condition Worksheet. The worksheets provide detailed instructions to the examiner and outline condition-specific requirements for the applicant.

1. Review the disposition table BEFORE the CACI worksheet to verify a CACI is required.
2. If all the CACI criteria are met and the applicant is otherwise qualified, the AME may issue on the first exam or the first time the condition is reported to the AME without contacting AMCD/RFS. Document the appropriate notes in Block 60 and keep the supporting documents in your files; they do not need to be submitted to the FAA at this time.
3. If the requirements are not met, the AME must defer the exam and send the supporting documents to the FAA.

CACIs with Certification Worksheets:

<table>
<thead>
<tr>
<th>CACI Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARTHRITIS</td>
</tr>
<tr>
<td>ASTHMA</td>
</tr>
<tr>
<td>BLADDER CANCER</td>
</tr>
<tr>
<td>BREAST CANCER</td>
</tr>
<tr>
<td>CHRONIC KIDNEY DISEASE</td>
</tr>
<tr>
<td>COLITIS</td>
</tr>
<tr>
<td>COLON CANCER</td>
</tr>
<tr>
<td>GLAUCOMA</td>
</tr>
<tr>
<td>HEPATITIS C – CHRONIC</td>
</tr>
<tr>
<td>HYPERTENSION</td>
</tr>
<tr>
<td>HYPOTHYROIDISM</td>
</tr>
<tr>
<td>RETAINED KIDNEY STONE(S)</td>
</tr>
<tr>
<td>MIGRAINE AND CHRONIC HEADACHE</td>
</tr>
<tr>
<td>MITRAL VALVE REPAIR</td>
</tr>
<tr>
<td>PRE-DIABETES</td>
</tr>
<tr>
<td>PROSTATE CANCER</td>
</tr>
<tr>
<td>RENAL CANCER</td>
</tr>
<tr>
<td>TESTICULAR CANCER</td>
</tr>
</tbody>
</table>
CACI WORKSHEET

Directions

Required parameters

AME must note in BLOCK 60

---

**CACI - Arthritis Worksheet**

The Examiner must review a current status report by the treating physician and any supporting documents to determine the applicant’s eligibility for certification. If the applicant meets ALL the acceptable certification criteria listed below, the Examiner can issue. Applicants for first- or second-class must provide this information annually; applicants for third-class must provide the information with each required exam.

<table>
<thead>
<tr>
<th>AME MUST REVIEW/</th>
<th>ACCEPTABLE CERTIFICATION CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treating physician finds the condition stable on current regimen and no changes recommended</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Symptoms</td>
<td>[ ] None or mild to moderate symptoms with no significant limitation due to climate, lifestyle, or activities</td>
</tr>
<tr>
<td>Cause of Arthritis</td>
<td>Acceptable causes are limited to:</td>
</tr>
<tr>
<td></td>
<td>[ ] Rheumatoid arthritis, osteoarthritis, or other causes</td>
</tr>
<tr>
<td>Acceptable Medications</td>
<td>[ ] One or more of the following:</td>
</tr>
<tr>
<td></td>
<td>Opioid which does not exceed equivalent of prednisone 30 mg/day (e.g., oxycodone or hydrocodone) or non-opioids, including NSAIDs</td>
</tr>
<tr>
<td>Complete blood count (CBC) and complete metabolite panel</td>
<td>[ ] Within 90 days</td>
</tr>
<tr>
<td></td>
<td>[ ] Normal CBC, Liver Function Test, and Creatinine</td>
</tr>
<tr>
<td>FAA Report of the Evaluation from SSOP-7 if required to [ ] SSOP-7 Favorable and no concerns</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] N/A</td>
</tr>
</tbody>
</table>

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified arthritis.
[ ] Not CACI qualified arthritis. Issued per valid S/AAAS. (Submit supporting documents.)
[ ] NOT CACI qualified arthritis. I have deferred. (Submit supporting documents.)
Who uses the CACI worksheets?

1. AMEs
to be able to issue a medical certificate
(or know when to defer)

2. Airman
as a guide for what info is required

3. Treating physician
to better understand what the FAA needs in
a letter or status report
# Hypertension (HTN)

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Evaluation Data</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. No medication</td>
<td>If airman meets standards:</td>
<td>ISSUE</td>
</tr>
<tr>
<td>(If treating physician discontinued medications 30 days ago or longer.)</td>
<td></td>
<td>Summarize this history in Block 60.</td>
</tr>
<tr>
<td>B. Treated with 3 or fewer* acceptable medications.</td>
<td>See CACI – Hypertension Worksheet For additional information, see Hypertension FAQs</td>
<td>Follow the CACI – Hypertension Worksheet Annotate Block 60.</td>
</tr>
<tr>
<td>C. Any of the following:</td>
<td>Submit the following to the FAA for review:</td>
<td>DEFER</td>
</tr>
<tr>
<td>• Treated with 4 or more* acceptable medications;</td>
<td>□ Current status report from treating physician with treatment plan, prognosis and how long the condition</td>
<td>Submit the information to the FAA for a possible Special</td>
</tr>
</tbody>
</table>

*Acceptable medications include: ACE inhibitors, ARBs, diuretics, beta-blockers, calcium channel blockers.
### HTN

<table>
<thead>
<tr>
<th>C. Any of the following:</th>
<th>Submit the following to the FAA for review:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Treated with 4 or more* acceptable medications;</td>
<td>□ Current status report from treating physician with treatment plan, prognosis and how long the condition has been stable;</td>
</tr>
<tr>
<td>• HTN is clinically uncontrolled;</td>
<td>□ Specific mention if there is a secondary cause for HTN or any evidence of a co-morbid condition (e.g., diabetes or OSA), or end organ damage (e.g., renal insufficiency, kidney disease, eye disease, MI, CVA heart failure, etc); and</td>
</tr>
<tr>
<td>• Unacceptable medications are used;</td>
<td>□ List of medications, dates started and stopped, and any side effects.</td>
</tr>
<tr>
<td>• Side effects are present;</td>
<td></td>
</tr>
<tr>
<td>• Medical status of the airman is unclear; or</td>
<td></td>
</tr>
<tr>
<td>• Certification has been specifically reserved to the FAA</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:** *Number of medications counts each component. (Example: lisinopril/HCTZ is 2 medications.)*

If this airman is new to you or you are not certain of their HTN control, you may request a current status report from the treating physician for your review.

If the airman did not meet standards on exam, See [Item 55. Blood Pressure](#).
HTN—what is an acceptable med?

V. PHARMACEUTICAL CONSIDERATIONS
- Seven-day (7) no fly/ground trial is required when starting a new hypertension (HTN) medication to verify no side effects.
- AME should issue (if otherwise qualified) if the airmen is on 3 or fewer medications.
- Uses of beta-adrenergic blockers ARE allowed with insulin, meglitinides, or sulfonylureas.

<table>
<thead>
<tr>
<th>ACCEPTABLE HTN Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>(when certification criteria are met)</td>
</tr>
<tr>
<td>✓ Alpha adrenergic blockers</td>
</tr>
<tr>
<td>✓ Angiotensin converting enzyme (ACE) inhibitors</td>
</tr>
<tr>
<td>✓ Angiotensin II receptor antagonists (ARBs)</td>
</tr>
<tr>
<td>✓ Beta-adrenergic blockers</td>
</tr>
<tr>
<td>✓ Calcium channel blockers</td>
</tr>
<tr>
<td>✓ Direct renin inhibitors</td>
</tr>
<tr>
<td>✓ Direct vasodilators</td>
</tr>
<tr>
<td>✓ Diuretics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UNACCEPTABLE HTN Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>(as a single agent or in any combination product)</td>
</tr>
<tr>
<td>DO NOT ISSUE</td>
</tr>
<tr>
<td>• Clonidine (ex. Catapres/Clorpres)</td>
</tr>
<tr>
<td>• guanabenz</td>
</tr>
<tr>
<td>• guanfacine/Tenex</td>
</tr>
<tr>
<td>• methyl/dopa</td>
</tr>
<tr>
<td>• Nitrates (ex. nitroglycerin/isosorbide dinitrate/isosorbide mononitrate)</td>
</tr>
<tr>
<td>• resperine</td>
</tr>
</tbody>
</table>
HTN -- CACI

• HTN is the only CACI where a current status from the treating doctor is not required
## HTN -- CACI

<table>
<thead>
<tr>
<th>AME MUST REVIEW</th>
<th>ACCEPTABLE CERTIFICATION CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treating physician or the AME finds the condition stable on current regimen for at least 7 days and no changes recommended</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Symptoms</td>
<td>[ ] None</td>
</tr>
<tr>
<td>Blood pressure in office</td>
<td>[ ] Less than or equal to 155 systolic and 95 diastolic</td>
</tr>
<tr>
<td></td>
<td>(Although 155/95 is acceptable for certification, the airman should be referred to their primary provider for further management, if the blood pressure is above clinical practice standards)</td>
</tr>
<tr>
<td>Acceptable medication(s)</td>
<td>[ ] Combinations of up to 3 of the following: Alpha blockers, Beta-blockers, calcium channel blockers, diuretics, ACE inhibitors, ARBs, direct renin inhibitors, and/or direct vasodilators are allowed.</td>
</tr>
<tr>
<td>See <a href="#">Pharmaceuticals</a></td>
<td><strong>NOT acceptable</strong>: Centrally acting antihypertensives (ex: clonidine)</td>
</tr>
<tr>
<td>Side effects from medications</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>
HTN—when should AME Defer

• RARELY
• Look for help in the HTN FAQs

• Defer if:
  – they do not meet the 155/95 and they have not done any mitigating strategies to correct this
  – The cause is unknown
  – Defer if 4 meds or more and not on Special Issuance
HTN---does not meet standards

- See the HTN FAQ Item 55. Blood Pressure
- If the airman’s blood pressure is elevated in clinic, you have any of the following options:
  - Recheck the blood pressure. If the airman meets FAA specified limits on the second attempt, note this in Block 60 along with both readings.
  - Have the airman return to clinic 3 separate days over a 7-day period. If the airman meets FAA specified limits during these re-checks, note this and the readings in Block 60. Also note if there was a reason for the blood pressure elevation.
HTN---does not meet standards

- Send the airman back to his/her treating physician for re-evaluation. If medication adjustment is needed, a 7-day no-fly period applies to verify no problems with the medication. If this can be done within the 14 day exam transmission period, you could then follow the HTN Disposition Table.

- The Examiner must defer issuance of a medical certificate to any applicant whose hypertension has not been evaluated, who uses unacceptable medications, whose medical status is unclear, whose hypertension is uncontrolled, who manifests significant adverse effects of medication, or whose certification has previously been specifically reserved to the FAA.
CACI pearls
Dilution is the solution, unless it is a CACI

<table>
<thead>
<tr>
<th>AME MUST REVIEW</th>
<th>ACCEPTABLE CERTIFICATION CRITERIA</th>
</tr>
</thead>
</table>
| Symptoms: Stable and well-controlled (either on or off medication) | Yes for all of the following:  
- Frequency of symptoms - no more than 2 days per week  
- Use of inhaled short-acting beta agonist (rescue inhaler) - no more than 2 times per week  
- Use of oral corticosteroids for exacerbations - no more than 2 times per year  
- In the last year:  
  - No in-patient hospitalizations  
  - No more than 2 outpatient visits for exacerbations with symptoms fully resolved |
| Acceptable Medications | On or more of the following:  
- Inhaled long-acting beta agonist  
- Inhaled long-acting beta agonist (e.g., salmeterol)  
- Inhaled cromolyn  
- Inhaled levalbuterol/antigенный, e.g., montelukast (Singulair) |
| Pulmonary Function Tests | COPD if required, the only treatment is PFT or use on one or two days a week of a short-acting beta agonist (e.g., salbutamol) |

AME MUST NOTE in Block 60 one of the following:  
- CACI qualified asthma  
- Not CACI qualified asthma  
- NOT CACI qualified asthma, I have deferred (Submit supporting documentation)
What does the CACI qualified statement mean?

from the previous “Airman meets certification criteria for ________”.

1. You followed the worksheet
2. Reviewed the required documents
3. They were all within the allowed parameters for the CACI program
What happens if you (AME) does not put the correct CACI statement in block 60?

If no statement, we don’t know you worked the process
— airmen will get a request for the CACI information (status reports, labs, etc)
Kidney Stones @

- Retained, stable kidney stones
- No underlying conditions, or problems with kidneys.

- Not CACI – condition not yet stable or any complications or recent symptoms
AME GUIDE CACI

Mitral Valve repair

• More than 5 yrs, s/p surgery
• Stable

• No other cardiac condition
# MITRAL VALVE REPAIR

<table>
<thead>
<tr>
<th><strong>DISEASE/CONDITION</strong></th>
<th><strong>EVALUATION DATA</strong></th>
<th><strong>DISPOSITION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.</strong> 5 or more years ago and no co-morbid conditions*</td>
<td>See CACI – Mitral Valve Repair Worksheet</td>
<td>Follow the CACI – Mitral Valve Repair Worksheet Annotate block 60.</td>
</tr>
<tr>
<td><strong>B.</strong> Less than 5 years ago OR Any of the co-morbid conditions below*</td>
<td>After a 3 month recovery period, submit the following to the FAA for review:</td>
<td>DEFER Follow up Issuance Submit the information to the FAA for review. Will be per the airmans authorization letter</td>
</tr>
<tr>
<td></td>
<td>- Hospital admission history and physical; - Operative report/surgical report; - Hospital discharge summary; - Current status report from the treating cardiologist which should describe the type of repair, any complications, current treatment needed, and follow up plan;</td>
<td></td>
</tr>
</tbody>
</table>

* Certification Issues
### MITRAL VALVE REPAIR - CACI

<table>
<thead>
<tr>
<th>AME MUST REVIEW</th>
<th>ACCEPTABLE CERTIFICATION CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>The airman had Mitral Valve Repair surgery 5 or more years ago for primary mitral valve disease (not secondary MR or functional MR due to coronary heart disease, MI, ischemic disease, or cardiomyopathy).</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>A current status report from the treating cardiologist verifies the airman:</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>• Is asymptomatic and stable;</td>
<td></td>
</tr>
<tr>
<td>• Has no other current cardiac conditions;</td>
<td></td>
</tr>
<tr>
<td>• Has not developed any new conditions, arrhythmias, or complications that would affect cardiac function;</td>
<td></td>
</tr>
<tr>
<td>• Requires no more than a routine annual follow-up; and</td>
<td></td>
</tr>
<tr>
<td>• No additional surgery is anticipated or recommended.</td>
<td></td>
</tr>
<tr>
<td>The airman has NO history of:</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>• Connective tissue disorder (Marfan’s or Ehlers-Danlos, etc.);</td>
<td></td>
</tr>
<tr>
<td>• Lung disease: COPD (moderate or higher), or pulmonary HTN; or</td>
<td></td>
</tr>
<tr>
<td>• Other cardiac disease (e.g. Congestive Heart Failure, ischemia, other valve disease, etc.)</td>
<td></td>
</tr>
<tr>
<td>The most recent echo was performed within the last 24 months shows:</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>• Mitral valve regurgitation (if present) is classified as mild;</td>
<td></td>
</tr>
<tr>
<td>• No other abnormalities on echo such as:</td>
<td></td>
</tr>
<tr>
<td>• Dilated aorta greater than 4 cm;</td>
<td></td>
</tr>
<tr>
<td>• Hypertrophic cardiomyopathy or other cardiomyopathy;</td>
<td></td>
</tr>
<tr>
<td>• Left Atrial Enlargement;</td>
<td></td>
</tr>
<tr>
<td>• Regurgitation of any valve moderate or higher; or</td>
<td></td>
</tr>
<tr>
<td>• Structural abnormalities (dilated ventricle, atria, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- If any valve other than mitral was involved, the information must be submitted to the FAA for review.
- An annual echo is not required for each FAA exam for this CACI.
- Anticoagulation is not routinely required for mitral valve repair. If Coumadin or other anticoagulation (other than ASA) is required for a cardiac condition, the AME should defer.
- *Atrial fibrillation treated with ablation and resolved is allowable.*
If NOT CACI qualified

- See what info to submit
- Middle column
- Possible AASI or SI

This is an example from the Renal cancer worksheet in the current AME to determine if the airman’s history of renal cancer meets the CACI requirements or if the AME should defer. (AME Guide 2017, page 113)

<table>
<thead>
<tr>
<th>C. Metastatic disease</th>
<th>Submit the following to the FAA for review:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurrence of disease</td>
<td>- Current status report from oncologist describing treatment plan and prognosis;</td>
</tr>
<tr>
<td></td>
<td>- List of medications with attention to any chemotherapy agents and dates used;</td>
</tr>
<tr>
<td></td>
<td>- Treatment records including clinic notes or summary letter describing disease course and initial staging;</td>
</tr>
<tr>
<td></td>
<td>- Operative notes and discharge summary (if applicable);</td>
</tr>
<tr>
<td></td>
<td>- Pathology report(s) (if applicable);</td>
</tr>
<tr>
<td></td>
<td>- MRI/CT or PET scan reports (in some cases, the actual CDs will be required in DICOM format for FAA review); AND</td>
</tr>
<tr>
<td></td>
<td>- Serum tumor markers results (if applicable).</td>
</tr>
</tbody>
</table>

**DEFER**

Submit the information to the FAA for a possible Special Issuance.
## WHAT's NEW---Colon Cancer

<table>
<thead>
<tr>
<th>DISEASE/CONDITION</th>
<th>EVALUATION DATA</th>
<th>DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Non metastatic - treatment completed</td>
<td>If no recurrence or ongoing treatment:</td>
<td><strong>ISSUE</strong></td>
</tr>
<tr>
<td>5 or more years ago</td>
<td></td>
<td>Summarize this history in Block 60.</td>
</tr>
<tr>
<td>B. Pedunculated cancerous polyp</td>
<td>Review a status report. If it shows:</td>
<td><strong>ISSUE</strong></td>
</tr>
<tr>
<td>(Adenocarcinoma) removed by colonoscopy</td>
<td></td>
<td>Summarize this history in Block 60.</td>
</tr>
<tr>
<td>Less than 5 years ago</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Non metastatic and no High Risk features*</td>
<td>Follow CACI worksheet.</td>
<td>Follow the <a href="#">CACI-Colon Cancer Worksheet</a></td>
</tr>
<tr>
<td>Treatment completed</td>
<td></td>
<td>Note in Block 60</td>
</tr>
<tr>
<td>Less than 5 years ago</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WHAT’s NEW---Colon Cancer

*Notes: High Risk features for FAA purposes include the following.

These DO NOT CACI qualify:

- CEA increase or CEA did not decrease with colectomy;
- Chemotherapy ever (including neoadjuvant);
- Familial Adenomatous Polyposis (FAP);
- High risk pathology per the treating oncologist;
- Incomplete resection or positive margins;
- Lynch syndrome;
- Metastatic disease (Refers to distant metastatic disease such as: lung, liver, lymph nodes, peritoneum, brain)
- Pathology of any type other than adenoma (ex: lymphoma, GIST, carcinoid)
- Radiation therapy;
- Recurrence; and or
- Sessile polyp with invasive cancer surgically treated only, no additional chemo/radiation.
WHAT’s NEW---Colon Cancer

<table>
<thead>
<tr>
<th>AME MUST REVIEW</th>
<th>ACCEPTABLE CERTIFICATION CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A current status report from the treating physician verifies the condition is stable with no concerns and the airman is back to full daily activities with no treatment needed.</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>High Risk – any evidence of the following features ever:</td>
<td>[ ] None</td>
</tr>
<tr>
<td>• CEA increase or CEA did not decrease with colectomy;</td>
<td></td>
</tr>
<tr>
<td>• Chemotherapy ever (including neoadjuvant);</td>
<td></td>
</tr>
<tr>
<td>• Familial Adenomatous Polyposis (FAP);</td>
<td></td>
</tr>
<tr>
<td>• High-risk pathology per the treating oncologist;</td>
<td></td>
</tr>
<tr>
<td>• Incomplete resection or positive margins;</td>
<td></td>
</tr>
<tr>
<td>• Lynch syndrome;</td>
<td></td>
</tr>
<tr>
<td>• Metastatic disease - refers to distant metastatic disease such as lung, liver, lymph nodes, peritoneum, brain, etc.;</td>
<td></td>
</tr>
<tr>
<td>• Pathology of any type other than adenoma (ex: lymphoma, GIST, carcinoid);</td>
<td></td>
</tr>
<tr>
<td>• Radiation therapy;</td>
<td></td>
</tr>
<tr>
<td>• Recurrence;</td>
<td></td>
</tr>
<tr>
<td>• Recurrence; and/or</td>
<td></td>
</tr>
<tr>
<td>• Sessile polyp with invasive cancer surgically treated only, no additional chemo/radiation.</td>
<td></td>
</tr>
<tr>
<td>Recurrence - any evidence or concern based on colonoscopy or imaging studies per acceptable current practice guidelines.</td>
<td>[ ] No</td>
</tr>
<tr>
<td>Metastatic disease ever (distant to liver, lung, lymph nodes, peritoneum, brain, etc.) or symptoms such as:</td>
<td>[ ] None</td>
</tr>
<tr>
<td>• Headache or vision changes;</td>
<td></td>
</tr>
<tr>
<td>• Focal neurologic dysfunction;</td>
<td></td>
</tr>
<tr>
<td>• Gait disturbance ; and/or</td>
<td></td>
</tr>
<tr>
<td>• Cognitive dysfunction, including memory problems and mood or personality changes.</td>
<td></td>
</tr>
<tr>
<td>TNM stage at diagnosis was 0, I, II or III.</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>CEA at diagnosis was less than 5 ng/ml.</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>CEA within the last 90 days is normal and has no increase from previous levels.</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>CBC within the last 90 days shows a hemoglobin greater than 11 and no other significant abnormalities.</td>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>
WHAT’s NEW---Colon Cancer

• BRAIN MRI removed unless mets

• Previously we required annual brain MRI x 5 years if Duke C or above.

• This requirement was removed based on new literature showing that brain mets are unlikely and when they occur, it is after mets to lung or liver and they will have neurologic symptoms.
## CACI--Breast Cancer

<table>
<thead>
<tr>
<th>DISEASE/CONDITION</th>
<th>EVALUATION DATA</th>
<th>DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Non metastatic – treatment completed 5 or more years ago</td>
<td>If no recurrence, current problems, or ongoing treatment:</td>
<td>ISSUE</td>
</tr>
<tr>
<td></td>
<td>Continued hormone treatment is allowed (tamoxifen, aromatase inhibitor)</td>
<td>Summarize this history in Block 60.</td>
</tr>
<tr>
<td>B. Non metastatic – treatment completed Less than 5 years ago</td>
<td>See CACI worksheet</td>
<td>Follow the CACI – Breast Cancer Worksheet. Annotate Block 60.</td>
</tr>
<tr>
<td>C. All others</td>
<td>Submit the following to the FAA for review:</td>
<td>DEFER</td>
</tr>
<tr>
<td></td>
<td>□ Status report or treatment records from treating oncologist that provides the following information:</td>
<td>Submit the information to the FAA for a possible Special issuance.</td>
</tr>
<tr>
<td></td>
<td>□ Initial staging,</td>
<td>Follow up Issuance Will be per the airman’s authorization letter.</td>
</tr>
<tr>
<td></td>
<td>□ Disease course including recurrence(s),</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Location(s) of metastatic disease (if any),</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Treatments used,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ How long the condition has been stable,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ If any upcoming treatment change is planned or expected and prognosis;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Medication list, Dates started and stopped. Description of side effects, if any;</td>
<td></td>
</tr>
</tbody>
</table>
### AME MUST REVIEW

<table>
<thead>
<tr>
<th>THE PATHOLOGY SHOWNED</th>
<th>ACCEPTABLE CERTIFICATION CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carcinoma in Situ (Tis); Stage 0; Ductal Carcinoma in Situ (DCIS); Lobular Carcinoma in Situ (LCIS); Paget disease of the breast (Tis)</td>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A CURRENT STATUS REPORT FROM THE TREATING PHYSICIAN FINDS THE CONDITION:</th>
<th>ACCEPTABLE CERTIFICATION CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stable with no spread or reoccurrence and no evidence of disease (NED).</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>2. Radiation therapy (if any) is completed</td>
<td></td>
</tr>
<tr>
<td>3. If surgery has been performed, the airman is off all pain medication(s), has made a full recovery, and has been released by the surgeon.</td>
<td></td>
</tr>
<tr>
<td>4. The airman is back to full, unrestricted activities and no new treatment is recommended at this time.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ANY EVIDENCE OF:</th>
<th>ACCEPTABLE CERTIFICATION CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Stage IA or higher</td>
<td>[ ] No</td>
</tr>
<tr>
<td>• Invasive or metastatic disease</td>
<td></td>
</tr>
<tr>
<td>• Use of chemotherapy for this condition at any time</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CURRENT MEDICATION(S):</th>
<th>ACCEPTABLE CERTIFICATION CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved medications include: tamoxifen (NoIvadex); Aromatase inhibitors: anastrozole (Arimidex), letrozole (Femara), or exemestane (Aromasin)</td>
<td>[ ] None; or</td>
</tr>
<tr>
<td>[ ] An approved medication that is being well tolerated with no side effects</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:** If it has been 5 or more years since the airman has had any treatment (surgery or radiation) for this condition, has no history of metastatic disease, and no reoccurrence, CACI is not required. Note this in Block 60.
<table>
<thead>
<tr>
<th>DISEASE/CONDITION</th>
<th>EVALUATION DATA</th>
<th>DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. eGFR 45 to 59</td>
<td>No symptoms or complications and the underlying cause is not disqualifying.</td>
<td>ISSUE</td>
</tr>
<tr>
<td></td>
<td>Summarize this history in block 60.</td>
<td></td>
</tr>
<tr>
<td>B. eGFR 35 to 44</td>
<td>See CACI worksheet.</td>
<td>Follow the CACI – Chronic Kidney Disease Worksheet annotate block 60.</td>
</tr>
<tr>
<td></td>
<td>Single kidney – DO NOT CACI</td>
<td></td>
</tr>
<tr>
<td>C. eGFR 34 or less</td>
<td>Submit the following to the FAA for review:</td>
<td>DEFER</td>
</tr>
<tr>
<td>OR Symptoms or complications with any eGFR</td>
<td>□ Current status report from the treating physician. It should note if the condition is stable or if additional treatment or dialysis is recommended;</td>
<td>Submit the information to the FAA for a possible Special Issuance.</td>
</tr>
<tr>
<td>OR Proteinuria 2+ or higher</td>
<td>□ List of medications and side effects, if any;</td>
<td>Followup Special</td>
</tr>
<tr>
<td></td>
<td>□ Recent lab (within last 90 days)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Renal function studies(creatinine, BUN and eGFR):</td>
<td></td>
</tr>
</tbody>
</table>
AASI **CACIs came from the AASIs**

- **ARTHRITE and/or PSORIASIS**
- **ASTHMA**
- **ATRIAL FIBRILLATION**
- **BLADDER CANCER**
- **BREAST CANCER**
- **CHRONIC KIDNEY DISEASE**
- **CHRONIC LYMPHOCYTIC LEUKEMIA**
- **CHRONIC OBSTRUCTIVE PULMONARY DISEASE**
- **COLITIS** (Ulcerative or Crohn’s Disease) or Irritable Bowel Syndrome
- **COLON CANCER**
- **DEEP VENOUS THROMBOSIS (DVT),**
  - **PULMONARY EMBOLISM (PE), and/or**
  - **HYPERCOAGULOPATHIES**
- **DIABETES MELLITUS – TYPE II**
- **Medication Controlled (Not Insulin)**
- **GLAUCOMA**
- **HEPATITIS C**
- **HYPERTENSION**
- **HYPERTHYROIDISM**
- **HYPOTHYROIDISM**
- **LYMPHOMA and HODGKIN’S DISEASE**
- **MELANOMA**
- **MIGRAINE HEADACHES**
- **MITRAL and AORTIC INSUFFICIENCY**
- **PAROXYSMAL ATRIAL TACHYCARDIA**
- **PROSTATE CANCER**
- **RENA L CALCULI**
- **RENA L CANCER**
- **SLEEP APNEA**
- **TESTICULAR CANCER**
Previously reported no change

- we see on 1\textsuperscript{st} exam ever
- 1\textsuperscript{st} time condition ever reported
- after a change in condition

\[ PRNC = WNL \]
Policy UPDATEs
INSPIRE device for OSA

May be allowed on case by case basis
PROTOCOL FOR THROMBOEMBOLIC DISEASE
(Updated 10/21/2018)

An applicant with a history of thromboembolic disease must submit the following if consideration for medical certification is desired:

1. Hospital admission and discharge summary

2. Current status report including:
   - Detailed family history of thromboembolic disease
   - Neoplastic workup, if clinically indicated
   - PT/PTT
   - Protein S & C
   - Leiden Factor V
   - If still anticoagulated with warfarin (Coumadin), submit all (no less than monthly) INRs from time of hospital discharge to present

**Warfarin (Coumadin):** For applicants who are just beginning warfarin (Coumadin) treatment the following is required:
   - Minimum observation time of 6 weeks after initiation of warfarin therapy;
   - Must also meet any required observation time for the underlying condition; AND
   - 6 INRs, no more frequently than 1 per week

**NOAC/DOACs:** For applicants who are just beginning treatment the following is required:
   - Minimum observation time of 2 weeks after initiation of therapy; AND
   - Must also meet any required observation time for the underlying condition.
**NOAC/DOAC**

---

**AASI FOR ATRIAL FIBRILLATION**

(Updated 03/27/2019)

- A report of a current 24-hour Holter monitor performed within the last 90 days;
- If using Coumadin (Warfarin), obtain a minimum of monthly International Normalized Ratio (INR) results for the immediate prior 6 months (see below*).
- If using other types of anticoagulants such as NOAC/DOAC (i.e., Xarelto, Eliquis, Pradaxa, Savaysa, etc.), the airman should obtain a statement from their treating/prescribing physician with details of the underlying condition, tolerance of the medication to include the presence or absence of side effects, any bleeding episodes requiring medical attention, and any occurrence/recurrence of deep vein thrombosis or pulmonary embolism.

*See below for details.
What’s new---Diabetes

• 1st class on ORAL meds
  – Previously required status report every 6 months
  – Now every 12

Status Report
• DIABETES or HYPERGLYCEMIA ON ORAL MEDICATIONS
  STATUS REPORT (Updated 08/30/2017)
DIABETES or HYPERGLYCEMIA ON ORAL MEDICATIONS
STATUS REPORT
(Updated 03/29/2017)

Name ___________________________ Birthdate _______________________
Applicant ID# ____________________ PI# _____________________________

Please have the provider who treats your diabetes enter the information in the space below. Return the completed form to your AME or to the FAA at:

Using US Postal Service: or Using special mail (UPS, FedEx, etc.)
Federal Aviation Administration Aerospace Medical Certification Division AM 300
Aerospace Medical Certification Division AM 300
Federal Aviation Administration
Mike Monroney Aeronautical Center Aerospace Medical Institute, Bldg. 13
PO BOX 25062 Civil Aerospace Medical Institute, Bldg. 13
Oklahoma City, OK 73125 6700 S. MacArthur Blvd, Room 308

1. Provider printed name _______________ and phone # _______________
2. Date of last clinical encounter for diabetes _________________________
3. Date of most recent DIABETES MEDICATION change ________________
4. Hemoglobin A1C lab value ___________________ and date ______________
   (A1C lab value must be taken more than 30 days after medication change and within 50 days of re/certification)
5. List ALL current medications (for any condition) *
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

If YES is circled on any of the questions below, please attach narrative, tests, etc.
6. Any side effects from medications Yes No
7. ANY episode of hypoglycemia in the past year Yes No
8. Any evidence of progressive diabetes induced end organ disease
   Cardiac…………………………………………………………… Yes No
   Neurological…………………………………………………… Yes No
   Ophthalmological……………………………………………… Yes No
   Peripheral neuropathy………………………………………… Yes No
   Renal disease…………………………………………………… Yes No
9. Does this patient take ANY form of insulin Yes No
10. Any clinical concerns? Yes No

Treating Provider Signature ______________________ Date ________________

Note: Acceptable Combinations of Diabetes Medications and copies of this form for future follow-ups can be found at www.faa.gov/go/diabetic.
What's new---Diabetes—IDDM @

- New diagnosis or identification of IDDM—Any class AME should defer
  - Will need Initial IDDM info

- Recerts. Some by AME
- 3rd class--AASI

- 1st and 2nd class
  - Upgrades reviewed at FAS
What’s new---Diabetes status Report

Insulin

Certification Issues

Federal Aviation Administration
TAVR

Transcatheter Aortic Valve Replacement (TAVR) procedure

- Follow the VALVE Replacement
- May be considered for any class
- AME should defer
- Requires SI

- 1st and 2nd class go to FAS cardiology
TAVR

Information to submit:

- All hospital and procedure reports
- CVE with EST
- Holter
- 2D & M-Mode Echo
TAVR

• Requires a note from the cardiologist specifically explaining why the TAVR procedure was chosen (risk factors, conditions making open procedure not acceptable, etc).
• 6-month recovery period required before 1st and 2nd class consideration.
• Recommended but not required for 3rd class
• Does not require every 6 months follow up in most cases
PACEMAKERS

• Cardiologist completes pacer worksheet **every 6 months**
• Narrative summary due based on battery life

<table>
<thead>
<tr>
<th>Estimated battery life</th>
<th>Frequency of Cardiology report</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 months or more</td>
<td>Annual</td>
</tr>
<tr>
<td>6-18 months</td>
<td>Every 6 months</td>
</tr>
</tbody>
</table>
PACEMAKER FOLLOW-UP WORKSHEET

Please take the following form to your cardiologist and have them enter the requested information in the space provided.

1. Date Pacer Data below was obtained ______________________
2. Pacer Manufacturer and Model _____________________________:____________________
3. Date Pacer (or generator) implanted _________________________
4. Does the Pacer have a Defib circuit that is ENABLED? Yes No (Circle one)
5. Estimated battery longevity (years:months) _______:_______
6. Pacer Mode (DDDR, VVIR, etc) _____________________________
7. Current atrial output (pacer impulse – volts) _________________
8. Current ventricular output (pacer impulse – volts) RV_______LV_______
9. Current atrial impedance (in Ohms) _________________________
10. Previous atrial impedance (in Ohms) _________________________
11. Current ventricular impedance (in Ohms)  
   RV_______LV_______

12. Previous ventricular impedance (in Ohms)  
   RV_______LV_______

13. Is the airman pacer dependent (Class 1 & 2 only)?  
   Yes  No  
   ANNUAL: obtain 3 min strip, sitting, pacer reset to 30:  
   Dependent: If remains paced, becomes symptomatic, or BP drops  
   (Circle one)

14. In the past 6 months has the pacemaker functioned  
   normally with no significant abnormality in cardiac  
   response?  IF LEADS OR GENERATOR REPLACED – CIRCLE NO!  
   Yes  No  
   (Circle one)

15. To your knowledge, have there been any lead or  
   generator recalls?  
   Yes  No  
   (Circle one)

_____________________________  _____________________  
Cardiologist Signature  Date
ADHD
## ADHD----Disposition Table

| Attention Deficit Disorder | All | Submit all pertinent medical information and clinical status report to include documenting the period of use, name and dosage of any medication(s), and side-effects. If submitting neurocognitive test data, the applicant must have a drug screen for ADHD/ADD medications done within 24 hours of the neurocognitive testing and submit the results. See [Disease Protocols, ADHD/ADD](https://www.faa.gov). | Requires FAA Decision |
What's new---ADHD --- Protocol Section

AME should defer
History---current OR previous meds
Dates stopped and started
any prior testing performed

Information for the airman
Information for the neuropsychologist
--initial battery for all
--supplemental only if abnormal or concerns
--info required on report
--reference info on testing
What's new---ADHD --- Protocol Section

SPECIFICATIONS FOR NEUROPSYCHOLOGICAL EVALUATIONS FOR ADHD/ADD

Decision Considerations Disease Protocols - Attention Deficit/Hyperactivity Disorder (Updated 04/25/2018)

Why is a neuropsychological evaluation required?
Attention-Deficit/Hyperactivity Disorder (ADHD), formerly called Attention Deficit Disorder (ADD), and medications used for treatment may result in cognitive deficits that would make an airman unsafe to perform pilot duties.

What testing is required?
There are two test batteries:
   a. INITIAL BATTERY - performed on everyone; and
   b. SUPPLEMENTAL BATTERY - performed when the Initial Battery indicates a potential problem.

Why is a CogScreen-Aeromedical Edition (CogScreen-AE) required?
CogScreen-AE is a neurocognitive test developed to assist the FAA in the evaluation of the domains of neurocognitive performance most important for safety of flight.

Who may perform the neuropsychological evaluation?
A licensed clinical psychologist with experience in Aerospace Neuropsychology who is either board-certified or "board eligible" in clinical neuropsychology. "Board eligible" for FAA purposes means that the clinical neuropsychologist has the education, training, and clinical practice experience that would qualify him or her to sit for board certification with the American Board of Clinical Neuropsychology or the American Board of Professional Neuropsychology.
What's new---ADHD---Airman Info

Information for the AIRMAN

(Updated 04/25/2018)

1. Work with your AME to obtain any necessary evaluations and documentation.

2. Arrange for required testing and evaluation by a neuropsychologist. The neuropsychologist must have experience with aeromedical neuropsychology (not all neuropsychologists have this training). See the Aeromedical Neuropsychologist List to find one in your area.

3. PRIOR to your appointment: Before going for testing, please ensure the following:
   - Verify with the neuropsychologist’s office that they have the ability to obtain a urinalysis for ADHD medication the day of the exam or within 24 hours after the exam.
     a. If they do not, then you will need to have your AME or primary care physician write an order for the lab or arrange urinalysis testing.
How do I find a neuropsychologist?

Information for the AIRMAN – ADHD/ADD Evaluation

(Updated 12/13/2018)

1. Work with your AME to obtain any necessary evaluations and documentation. If you have stopped taking ADHD/ADD medication(s), you must be off the medication(s) for 90 days before testing and evaluation.

2. Arrange for required testing and evaluation by a neuropsychologist. The neuropsychologist must have experience with aeromedical neuropsychology (not all neuropsychologists have this training). See the FAA HIMS Neuropsychologist List to find one in your area.

3. **PRIOR to your appointment:** Before going for testing, please ensure the following:
What’s new---ADHD ---info for the Neuropsychologist

Information for the NEUROPSYCHOLOGIST:

TESTING REQUIREMENTS

The following evaluation is the minimum recommended evaluation for the presence of aeromedically significant ADHD/ADD by a neuropsychologist. Results of each of these sections must be included in the final report. If the neuropsychologist believes there are any concerns* with the evaluation results, a Supplemental Battery must also be conducted.

INITIAL BATTERY:

1. Comprehensive background review.

2. Possible interview of collateral sources of information such as parent, school counselor/teacher, employer, flight instructor, etc.

3. Administration of the following tests or questionnaires (using the most recent edition of each test):
   a. CogScreen-AE;
   b. COWAT or D-KEFS Verbal Fluency;
What’s new---ADHD ---info for the Neuropsychologist

4. Urine drug screening test for ADHD medications, including psychostimulant medications. It should include testing for amphetamine and **methylphenidate**. The sample must be collected at the conclusion of the neurocognitive testing or within 24 hours after testing.
What's new---ADHD ---info for the Neuropsychologist

If the airman stopped taking ADHD/ADD medication(s), they must be off the medication(s) for 90 days before testing and evaluation.
D & A
Drug and Alcohol

Guide for Aviation Medical Examiners

AMCS Login
Search Guide
NavAids - Alternative Navigation for the AME Guide
Application Process
Decision Considerations
Pharmaceuticals
Special Issuances

Substances
Dependence/Abuse
Synopsis of Medical Standards

FAA Home ▶ Offices ▶ Aviation Safety ▶ Offices ▶ Aerospace Medicine ▶ Aviation Medical Examiners

Guide for Aviation Medical Examiners

Current revision date - September 27, 2017

The Guide provides pertinent information and guidance needed to perform the duties and responsibilities of an Aviation Medical Examiner.

Methods to navigate through the Guide

- NavAids - Alternative Browsing for the AME Guide (PDF)
- NavAids FAQs (PDF)
- FAA Form 8500-3: Application Process and Examination Techniques
  - General Information
  - Applicant History (Items 1-20)
  - Examination Techniques (Items 21-59)
  - Application Review (Items 59-64)
- Aeromedical Decision Considerations
  - Aerospace Medical Dispositions
  - CACI Certification Worksheets
  - Disease Protocols
  - Pharmaceuticals
  - Special Issuances
    - Substances of Dependence/Abuse
    - Synopsis of Medical Standards
Drug and Alcohol - Main Page

SUBSTANCES OF DEPENDENCE/ABUSE
(Updated 09/27/2017)

General Information for All AMEs

- DUI/DWI/Alcohol Incidents - Disposition Table
- Alcohol Event Status Report for the AME
- Drug Use - Past or Present - Disposition Table
- FAA Certification Aid - Drug and Alcohol INITIAL
- Security Notification/ Reporting Events
- Substances of Dependence/Abuse FAQs

FAA Drug and/or Alcohol Monitoring Program and the HIMS Program:

Airmen who have a regulatory diagnosis of alcohol dependence or abuse may require evaluation and monitoring before they can obtain a medical certificate. If an airman requires monitoring they should establish with a HIMS (Human Intervention Motivation Study) trained AME (HIMS AME) to help them work through the FAA process.

- Drug and/or Alcohol monitoring - Initial Certification
  - HIMS-Trained AME Checklist – Drug and Alcohol INITIAL
Drug and Alcohol--TOOLS

Substances of Dependence/Abuse (Drugs and Alcohol)

As an Examiner, you are required to be aware of the regulations and Agency policy and have a responsibility to inform airman of the potential adverse effects of medications and to counsel airman regarding their use. There are numerous conditions that require the chronic use of medications that do not compromise aviation safety and, therefore, are permissible. Airman who develop short-term self-limited illnesses are best advised to avoid performing aviation duties while medications are used.

Aeromedical decision-making guidance includes an analysis of the underlying disease or condition and treatment. The underlying disease has an equal and often greater influence upon the determination of aeromedical certification.

**General Information for all AMEs**

- [DUI/DWI/Alcohol Incidents - Disposition Table (PDF)]
- [Alcohol Event Status Report for the AME (PDF)]
- [Drug Use - Past or Present - Disposition (PDF)]
- [FAA Certification Aid - Drug and Alcohol (PDF)]
- [Security Vulnerabilities Reporting Events (SVR)]
- [Substances of Dependence/Abuse FAQs (PDF)]

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>EVALUATION DATA</th>
<th>DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. History of alcohol related event(s) OR alcohol dependence Previously reported to FAA and written proof from the FAA that monitoring is not required.</td>
<td>The airman should bring his/her letter(s) from the FAA (for this condition) for the AME to review. The AME should review the letter and obtain any additional history necessary from the airman to verify no subsequent events have occurred. If the airman is required to remain abstinent, the AME, based on their clinical assessment, should note in Block 60 if the airman is adhering to this requirement.</td>
<td>Annote Block 60 with the mmm/yyyy of the most recent event and if there have been no further events or changes in condition. If changes, consult with AMCD/RFS or defer.</td>
</tr>
<tr>
<td>B. Single event For more years ago with Blood Alcohol Content (BAC) less than 0.15</td>
<td>The AME should gather information regarding the incident including date, events surrounding the incident, history of other events, or any prior treatment programs (it is highly recommended that the AME obtain all items on the AIRMAN Drug and Alcohol Personal Statement). If the AME determines, through exam and interview, there is no current or historical evidence of a substance abuse or dependence problem.</td>
<td>Summarize this history, annotate Block 60 including date (mmm/yyyy) of the offense. Submit AIRMAN Drug and Alcohol Personal Statement and copy of BAC (if available) to the FAA for retention in the file.</td>
</tr>
<tr>
<td>C. Single event Less than 5 years ago OR Single event at any time with Unknown BAC, Refused BAC breathalyzer or BAC 0.15 or above</td>
<td>The AME must complete the Alcohol Event Status Report for the AME OR write a summary report that includes all of the items on the Alcohol Event Status Report. If the single event was 10 or more years ago, the BAC or court records are unavailable, and the AME has no concerns, call AMCD at 405-964-4821 or the NTSB to discuss. Follow the instructions on the Alcohol Event Status Report for the AME. Submit the information to the FAA for review. Follow up issuance will be per the airman’s authorization letter.</td>
<td></td>
</tr>
<tr>
<td>D. Two or more events in the airman’s lifetime OR History of dependence or substance use disorder</td>
<td>Submit the following for FAA review: - Airman’s personal statement - The Alcohol Event Status Report for the AME along with the supporting information used to review. Additional information may be required after review of this documentation.</td>
<td>Submit the information to the FAA for review. Follow up issuance will be per the airman’s authorization letter.</td>
</tr>
</tbody>
</table>

Certification Issues
### B.  Single event 5 or more years ago

**with Blood Alcohol Content (BAC) less than 0.15**

The AME should gather information regarding the incident including date, events surrounding the incident, history of other events, or any prior treatment programs (it is highly recommended that the AME obtain all items on the Airman Drug and Alcohol Personal Statement.

If AME determines, through exam and interview, there is no current or historical evidence of a substance abuse or dependence problem.

<table>
<thead>
<tr>
<th>ISSUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summarize this history, annotate Block 60 including date (mm/yyyy) of the offense.</td>
</tr>
<tr>
<td>Submit <a href="#">Airman Drug and Alcohol Personal Statement</a> and copy of BAC (if available) to the FAA for retention in the file.</td>
</tr>
</tbody>
</table>

Certification Issues
**FAA CERTIFICATION AID – Drug and Alcohol INITIAL (Page 1 of 6)**

(Updated 06/27/2017)

The following information is to assist your treating physician/provider who may be unfamiliar with FAA medical certification requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on an airman medical certificate. You should strongly consider taking a copy to each evaluator so they understand what specific information is needed in their report to the FAA. If each item is not addressed by the corresponding provider there may be a delay in the processing of your medical certification until that information is submitted. Additional information such as clinic notes or explanations should also be submitted as needed. All reports must be CURRENT (within the last 90 days) for FAA purposes.

<table>
<thead>
<tr>
<th>REPORT FROM</th>
<th>MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (Drug and Alcohol)</th>
</tr>
</thead>
</table>
| AIRMAN Drug and alcohol (D&A) Personal statement | 1. Detailed typed personal statement from you that describes the offense(s):
   a. What type of offense occurred?
   b. What substance(s) were involved?
   c. State or locality or jurisdiction where the incident occurred
   d. Date of the arrest, conviction and/or administrative action,
   e. Description of circumstances surrounding the offense,
   f. Describe the above for each alcohol incident. If no other incidents, this should be stated.
| 2. Your past, present and future plans for alcohol or drug use
  a. When did you start drinking? How much? How often?
  b. How much, how often were you drinking at the time of the incident(s)
  c. How much, how often do you drink now? If abstinent, state date.
  d. Any negative consequences (legal complications, medical complications such as blackouts, pancreatitis or ER visits)
  e. Include any other alcohol or drug offenses, (arrests, convictions, or administrative actions) even if they were later reduced to a lower sentence.
| 3. Treatment programs you attended ever in your life (if none, this should be stated)
  a. Dates of treatment
  b. Inpatient, outpatient other
  c. Name of treatment facility
| 4. Current recovery program (if any) If you attend AA or other, please list and frequency. If no recovery program, this should be stated. |
## DUI/DWI - UPDATES—what's New

| C. Single event less than 5 years ago | The AME must complete the [Alcohol Event Status Report for the AME](#) OR write a summary report that includes all of the items on the Alcohol Event Status Report.

If the single event was 10 or more years ago, the BAC or court records are unavailable, and the AME has no concerns, call AMCD at 405-954-4821 or the [RFS](#) to discuss.

| Follow the instructions on the [Alcohol Event Status Report for the AME](#).

Submit the information to the FAA for review.

Follow up issuance will be per the airman’s authorization letter. |

---

Certification Issues

Federal Aviation Administration

81
Drug and Alcohol - Status Report

Alcohol Event Status Report for the AME

Name ____________________________ Date ____________

Airmen - See the FAA Certification Aid - Drug and Alcohol INITIAL to identify what information you should give the AME.

AME Instructions:
- Address the following items based on your in-office exam and documentation review:
- Submit this Checklist (it must be signed and dated by the AME), and
- Submit the supporting documentation reviewed to complete this checklist within 14 days to:

Federal Aviation Administration
Civil Aerospace Medical Institute, Bldg. 13
Aerospace Medical Certification Division, AM-313
PO Box 20042, Oklahoma City, OK 73122-0042

1. List DATE(s) of any arrest, conviction or administrative action here: ________________

2. Number of alcohol-related events in the airmen’s lifetime? ________________

3. AIRMAN’s STATEMENT Do you find any evidence of current or previous alcohol abuse, dependence or other concerning behaviors? ________________

4. BLOOD/BREATH ALCOHOL CONTENT (BAC) from all offenses:
   - Did the airmen ever REFUSE TO TEST? ________________
   - Missing records of test performed (per the airmen)? ________________
   - Any SAC in the records of 0.15 g/dl or HIGHER? ________________
   - List the highest BAC found on report(s) here: ________________

5. COURT RECORD(s) AND ARREST RECORD(s) (including military records):
   - Did the airmen fail to provide a copy of the narrative police/investigative report from all offenses and complete copies of all court records associated with the offense(s) including court-ordered education? ________________

6. DRIVING RECORD: AME must review a complete Department of Motor Vehicles (DMV) record. List all states the airmen held a driver’s license for the past 10 years.
   1. ________________
   2. ________________
   3. ________________
   4. ________________
   Any additional driving offenses involving alcohol or other concerns not listed in #1? ________________

7. EVIDENCE OF TREATMENT: Did the airmen attend any Inpatient or outpatient rehabilitation or treatment? (Do not include court-ordered education program.) ________________

8. Is there any history or evidence of any CRUG (Iliot, Rxi, etc.) offense at any time? ________________

9. Do you have ANY concerns regarding this airmen? If yes, note in Block #00 ________________

AME Signature ____________________________ Date of evaluation ____________

If ALL items fall into the clear column, the AME may issue with notes in Block #00 but must submit all documents to the FAA.

If ANY single item falls into the shaded column, or the actual records are not available to review, the AME MUST DEFER.
The AME report should note what aspect caused the deferral and explain any answers in the shaded column.

Remind the airmen to report any new event to Security.
What’s new---What do you do?

- Airman reporting Drug and Alcohol events
- Security and Investigations Division
- Previously AMC-700
- organization’s new name, AXE-700.

- Remind a/m to report to security AND to medical
HIMS is specific to commercial pilots and coordinates the identification, treatment and return to the cockpit of impaired aviators. It is an industry-wide effort in which companies, pilot unions, and FAA work together to preserve careers and further air safety.

HIMS Basic Education Seminar 2019
Denver, Colorado
September 23-25
HIMS AME - updated info

FAA Drug and/or Alcohol Monitoring Program and the HIMS Program:

Airmen who have a regulatory diagnosis of alcohol dependence or abuse may require evaluation and monitoring before they can obtain a medical certificate. If an airman requires monitoring they should establish with a HIMS (Human Intervention Motivation Study) trained AME (HIMS AME) to help them work through the FAA process.

- **Drug and/or Alcohol monitoring - Initial Certification**
  - HIMS-Trained AME Checklist – Drug and Alcohol INITIAL
  - HIMS-Trained AME Data Sheet
  - FAA Certification Aid - Drug and Alcohol INITIAL
  - Specifications for Neuropsychological Evaluations for Substance Abuse/Dependence

- **Drug and/or Alcohol monitoring – Recertification**
  - HIMS-Trained AME Checklist Drug and Alcohol Monitoring Recertification
  - FAA Certification Aid - Drug and Alcohol Monitoring Recertification

- **Monitoring/HIMS FAQs**

For information on the Industry Drug and Alcohol Testing Program see: Aviation Industry Antidrug and Alcohol Misuse Prevention Programs
HIMS AME--Data sheet

HIMS-TRAINED AME DATA SHEET
(Updated 04/24/2019)

NOTE:

The HIMS-TRAINED AME DATA SHEET is now a PDF fillable form that can be submitted electronically.

• BEFORE filling out the DATA SHEET, review the directions on the HIMS DATA Sheet Instruction Page on how to complete and submit the DATA Sheet according to your computer system.

• After you have reviewed the instructions in the link above, go to the HIMS-Trained AME DATA SHEET.
TABLE 4

**HIMS AME -- Data Sheet**

<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>AME #</td>
<td></td>
</tr>
<tr>
<td>Airman Unique ID</td>
<td></td>
</tr>
<tr>
<td>Resubmit Initial Deferred</td>
<td></td>
</tr>
<tr>
<td>Date of exam</td>
<td></td>
</tr>
<tr>
<td>PI #</td>
<td></td>
</tr>
<tr>
<td><strong>Demographic Information</strong></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Select years</td>
</tr>
<tr>
<td>Age of pilot</td>
<td></td>
</tr>
<tr>
<td>Organization size # of pilots only</td>
<td>Select</td>
</tr>
<tr>
<td>Family HX of substance use/ disorder</td>
<td>If yes, Select Diagnosis, Other Substance</td>
</tr>
<tr>
<td><strong>Treatment Information</strong></td>
<td></td>
</tr>
<tr>
<td>Treatment Date</td>
<td>Date entered this treatment:</td>
</tr>
<tr>
<td>Name of Treatment Center</td>
<td>Select</td>
</tr>
<tr>
<td>Relapse?</td>
<td>Select</td>
</tr>
<tr>
<td>Total number of relapse(s)</td>
<td>Total lifetime relapses</td>
</tr>
<tr>
<td>Date of last relapse</td>
<td>Date resumed use (not date treated)</td>
</tr>
<tr>
<td>Number of relapse(s)</td>
<td>Relapses only after being on a Special Issuance Authorization for substance abuse/dependence disorder</td>
</tr>
<tr>
<td>What caused them to be treated this episode? Check all that apply</td>
<td>DUI (off duty), Company positive test, HIMS AME positive test, Self-referral, Other legal event</td>
</tr>
<tr>
<td>Type of Treatment</td>
<td>Inpatient, IOP, Monitored Abstinence, Self-directed</td>
</tr>
</tbody>
</table>

**Notes:**
- **Ver 2.0 04/19**
- **Click Here to Submit Completed Form**
SSRI
SSRI—can AME issue??

- Stable
- Resolved
- No disturbance of thought
- No recurrence
- 6 months or less of meds
- Off x 3 months
- **BEREAVEMENT**
- **DYTHYMIC**
- **MINOR DEPRESSION**

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Class</th>
<th>Evaluation Data</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bipolar Disorder</td>
<td>All</td>
<td>Submit all pertinent medical information and clinical status report. Also see 3. below.</td>
<td>Requires FAA Decision</td>
</tr>
</tbody>
</table>
| Bereavement; Dysthymic; or Minor Depression | All | Submit all pertinent medical information and clinical status report. | If stable, resolved, no associated disturbance of thought, no recurrent episodes, and:  
  a). psychotropic medication(s) used for less than 6 months and discontinued for at least 3 months – Issue  
  b). No use of psychotropic medication(s) - Issue  
  Otherwise - Requires FAA Decision |
SSRI—can AME issue??

- Stable
- Resolved
- No DOT
- Not recurrent
- Rx 6 months or less
- 3 months resolved
- ADJUSTMENT DISORDER
<table>
<thead>
<tr>
<th>Condition</th>
<th>Group</th>
<th>Requirement</th>
<th>FAA Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression requiring the use of antidepressant medications</td>
<td>All</td>
<td>Submit all pertinent medical information and clinical status report. See Use of Antidepressant Medication Policy and Disease Protocols, Specifications for Neuropsychological Evaluations for Treatment with SSRI Medications.</td>
<td>Requires FAA Decision</td>
</tr>
<tr>
<td>Personality Disorders</td>
<td>All</td>
<td>Submit all pertinent medical information and clinical status report. Also see 1. below.</td>
<td>Requires FAA Decision</td>
</tr>
</tbody>
</table>
HIMS AME---Airman Info SSRI

Airman Information - SSRI INITIAL Certification (Updated 04/07/2017)

If you are an FAA ATCS: See the FAA ATCS HOW TO GUIDE – SSRI below and contact your RFS

If you are an AIRMAN:

1. See your treating physician/therapist and/or psychiatrist and get healthy.

2. Do not fly in accordance with 14 CFR 61.53 until you have an Authorization from the FAA.

3. Select and contact a Human Intervention Motivation Study Aviation Medical Examiner (HIMS AME) to work with you through the FAA process.
   a. Provide the HIMS AME with a copy of ALL of your treatment records (no matter how many years have passed) from the time you:
      1. Sought treatment for any condition that required an SSRI or psychiatric medication or
      2. Had symptoms but were NOT on an SSRI
   b. Have a copy of your complete FAA file sent to the HIMS AME AND to a board certified psychiatrist if your treating physician is not a board certified psychiatrist. See Release of Information on how to request a copy of your file.
   c. At this time, make sure you also tell your HIMS AME about any other medical conditions you may have. They should be able to help you identify and collect the information that will be needed for a CACI/Special Issuance for these other conditions.

4. Print a copy of the FAA CERTIFICATION AID – SSRI INITIAL Certification/Clearance
   a. Review what reports, providers, or testing will be required.
5. When you have been stable with no symptoms or side effects and on the same dose of medication for **6 months** (this must be documented), you should meet with your HIMS AME to determine if it is appropriate to submit an INITIAL SSRI Special Issuance packet for FAA review.

   ***Remember to bring all documents to this evaluation, including information on any other condition you may have that requires a CACI or Special Issuance.***

6. When your HIMS AME determines you are ready to submit a Special Issuance package they will:
   a. Review and complete the HIMS AME checklist;
   b. Complete a new 8500-8 exam;
   c. Place notes in Block 60 stating that the SSRI evaluation is complete;
   d. Place notes in Block 60 regarding any other conditions the airman may have (Special Issuance/CACI);
   e. Submit the SSRI information and information on any other condition that may require a Special Issuance to the FAA.

7. When submitting information:
   - The AME must submit your exam as DEFERRED.
   - Coordinate with your AME to make sure that ALL ITEMS LISTED on the AME Checklist and a COMPLETE package is sent to the FAA at the address below WITHIN 14 DAYS.
   - Partial or incomplete packages WILL NOT BE REVIEWED and will cause a DELAY IN CERTIFICATION.

   **AIRMAN - Initial Certification**
   Federal Aviation Administration
   Medical Appeals Branch -- AAM-240
   800 Independence Ave SW, Building 10A, Room 801
   Washington DC 20591

   For **RECERTIFICATION**, see the [HIMS AME Checklist – SSRI Recertification/ Follow up Clearance](#).
The following information is to assist your treating physician/provider who may be unfamiliar with FAA medical certification/clearance requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on a medical certificate for airmen or clearance for FAA ATCS. You should strongly consider taking a copy to each evaluator so they understand what specific information is needed in their report to the FAA. If each item is not addressed by the corresponding provider, there may be a delay in the processing of your medical certification or clearance until that information is submitted. Additional information such as clinic notes or explanations should also be submitted as needed. All reports must be CURRENT (within the last 90 days) for FAA purpose.

<table>
<thead>
<tr>
<th>REPORT FROM</th>
<th>MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (SSRI INITIAL Certification/Clearance Evaluation)</th>
</tr>
</thead>
</table>
| AIRMAN or FAA ATCS | 1. A typed statement, in your own words, describing your mental health history, antidepressant use, and any other treatment. At a minimum, you must include the following information:  
   b. List all providers you have seen for any mental health condition(s) and dates.  
   c. List all medications you have taken, dates they were started and stopped, whether they helped or not.  
   d. List any other treatment(s) you have utilized, dates they were started and stopped, if they helped or not.  
   e. List dates and locations of any hospitalizations due to any mental health condition. If you have not had any, that must be stated.  
   f. Describe your current status: current medication dose, how long you have been on it, and how you function both on and off the medication.  
  2. Sign and date your statement.  
  3. Provide copies of all of your medical/treatment records related to your mental health history (to include any treatment records for past related symptoms where you were NOT on SSRI as well as from the date you began treatment to the present) and a signed two release forms* for the FAA to release a complete copy of your FAA medical file to your HIMS AME and to a board certified psychiatrist (if your treating physician is not a psychiatrist).  
   *For ATCS release form information, contact your RFS office. |

HIMS AME  
Must be in letter/report format. Due to length and detail required, we cannot accept Block 60 notes for this section.  
1. Evaluation MUST be a face-to-face, in person, and this must be noted in your report.  
2. Record review verification: Verify that you have reviewed (a) complete copy of the airman/FAA ATCS’s Agency medical file, (b) the treating physician and/or psychiatrist reports (as required), and (c) neuropsychologist report (see below). If you reviewed additional clinical and mental health records provided by the airman/FAA ATCS, the reports should be noted as reviewed and submitted to the FAA.  
3. Medication verification  
   a. Verify the current medication name, dose, and how long has the airman/ FAA ATCS been on this medication at this dosage.  
   b. When was the most recent change in medication (discontinuation, dose, or change in medication type)?  
   c. Are additional changes in dose or medication recommended or anticipated?  
4. Summarize your aero medical impression and evaluation as a HIMS AME based on the face-to-face evaluation and review of the supporting documents.  
   a. If you do not agree with the supporting documents, or if you have additional concerns not noted in the documentation, please discuss your observations or concerns.
FAA CERTIFICATION AID – SSRI INITIAL Certification (Page 3 of 5)
(Updated 03/29/2017)

The following information is to assist your treating physician/provider who may be unfamiliar with FAA medical certification/medical clearance requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on a medical certificate for airman or medical clearance for FAA ATCS. You should strongly consider taking a copy to each evaluator so they understand what specific information is needed in their report to the FAA. If each item is not addressed by the corresponding provider, there may be a delay in the processing of your medical certification or clearance until that information is submitted. Additional information such as clinic notes or explanations should also be submitted as needed. All reports must be CURRENT (within the last 90 days) for FAA purposes.

<table>
<thead>
<tr>
<th>REPORT FROM</th>
<th>MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (SSRI INITIAL Certification/Clearance Evaluation)</th>
</tr>
</thead>
</table>
| PSYCHIATRI ST | A Current detailed evaluation report that summarizes clinical findings and status of how the airman/FAA ATCS is doing. At a minimum, it must include the following:  
1. Qualifications: State your board certifications, specialty, and any other pertinent qualifications.  
2. Records review: What documents were reviewed?  
   a. Specify if using your own clinic notes and/or notes from other providers or hospitals.  
   b. Verify if you were provided with and reviewed a complete copy of the airman/FAA ATCS’s FAA medical file.  
3. History:  
   a. Review the overall symptom and treatment history, with a timeline of evaluations and treatments (including start and stop dates).  
   b. Discuss the severity of the condition and any relapse/recurrence.  
   c. Each of the FAA SSRI “Rule-Outs” below MUST be individually addressed. The report must specifically detail if there have been any symptoms or any history of the following: |
| (If your treating physician is a board certified psychiatrist, you should submit this section.) |  

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>FAA SSRI “RULE-OUTS”</th>
<th>Any prior SYMPTOMS?</th>
<th>Any prior HISTORY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Affective instability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>Bipolar spectrum disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>Electroconvulsive therapy (ECT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>Psychiatric hospitalization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>Psychosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VI</td>
<td>Suicidal ideation or attempts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VII</td>
<td>Treatment with multiple antidepressants concurrently</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIII</td>
<td>Treatment with multi-agent drug protocol use (prior use of other psychiatric drugs in conjunction with antidepressant medications)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IX</td>
<td>Any additional symptoms not listed above</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Medication:  
   a. Current name and dose of medication.  
   b. How long has the airman/FAA ATCS been on this medication at this dosage?
<table>
<thead>
<tr>
<th>Certification Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIMS AMEs Check list</strong></td>
</tr>
<tr>
<td><strong>HIMS AME Checklist - SSRI INITIAL Certification/Clearance (Updated 03/29/17)</strong></td>
</tr>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td><strong>Airmen MID or PI#:</strong></td>
</tr>
<tr>
<td><strong>Submit information for INITIAL SSRI consideration within 14 days of deferred exam to:</strong></td>
</tr>
<tr>
<td><strong>AIRMAN</strong></td>
</tr>
<tr>
<td>Federal Aviation Administration Medical Appeals Branch - AAM-240 220 Independence Ave SW, Building 10A, Room 801 Washington DC 20591</td>
</tr>
<tr>
<td><strong>FAA ATCS Regional Flight Surgeon (RFS) office</strong></td>
</tr>
<tr>
<td><strong>All numbered (1) items below refer to the corresponding section of the FAA CERTIFICATION AID - SSRI INITIAL Certification/Clearance:</strong></td>
</tr>
<tr>
<td><strong>1. Airman/FAA ATCS statement and records</strong></td>
</tr>
<tr>
<td>- Addressed/Describes ALL items in FAA Certification Aid</td>
</tr>
<tr>
<td>- Is signed and dated</td>
</tr>
<tr>
<td>- Provides all medical/treatment records related to mental health history</td>
</tr>
<tr>
<td><strong>2. HIMS AME FACE-TO-FACE, IN-OFFICE EVALUATION:</strong></td>
</tr>
<tr>
<td>- Describes ALL items in #1.7 of &quot;HIMS AME&quot; checklist</td>
</tr>
<tr>
<td>- Verifies the airman/FAA ATCS has been on the same medication at the same dose for a minimum of 6 months</td>
</tr>
<tr>
<td>- Is signed and dated</td>
</tr>
<tr>
<td>- Copies of all reports have been submitted to the FAA or are endorsed with this checklist</td>
</tr>
<tr>
<td>- Any other conditions that would require Special Issuance (SIS)/Special Consideration (SC). Do not include CACI qualified condition(s)</td>
</tr>
<tr>
<td>o List conditions:</td>
</tr>
<tr>
<td><strong>3. TREATING PHYSICIAN (non-psychiatric) REPORT</strong> (If the treating physician is a Board Certified Psychiatrist, check NA and skip to #4)</td>
</tr>
<tr>
<td>- Verifies the airman/FAA ATCS has been on the same medication at the same dose for a minimum of 6 months</td>
</tr>
<tr>
<td>- Is signed and dated</td>
</tr>
<tr>
<td><strong>4. Board Certified PSYCHIATRIST REPORT:</strong></td>
</tr>
<tr>
<td>- Describes ALL items in #1-8 of PSYCHIATRIST requirements (including FAA SSRI &quot;Rule-Outs&quot;)</td>
</tr>
<tr>
<td>- Verifies the airman/FAA ATCS has been on the same medication at the same dose for a minimum of 6 months</td>
</tr>
<tr>
<td>- Is signed and dated</td>
</tr>
<tr>
<td><strong>5. NEUROPSYCHOLOGIST REPORT:</strong></td>
</tr>
<tr>
<td>- Describes ALL items in #1-8 of the NEUROPSYCHOLOGIST requirements</td>
</tr>
<tr>
<td>- CogScreen-AE computerized report is attached</td>
</tr>
<tr>
<td>- Additional neuropsychological testing (if performed or required) gift summary sheet is attached</td>
</tr>
<tr>
<td>- Is signed and dated</td>
</tr>
<tr>
<td><strong>6. ADDITIONAL REPORTS</strong></td>
</tr>
<tr>
<td>- Chief Pilot Report (for Commercial pilots requesting 1st or 2nd class certificates, 3rd class NWA) or ATC for FAA ATCS</td>
</tr>
<tr>
<td>- SSR related (drug testing, therapy reports, etc.)</td>
</tr>
<tr>
<td>- Reports from other providers or for non-SSRI conditions that may require SIS or SC</td>
</tr>
</tbody>
</table>

**HIMS AME Signature**

**Date of Evaluation**

*IF ANY ITEMS ARE MISSING OR ARE INCOMPLETE, CERTIFICATION WILL BE DELAYED.*
HIMS
AMEs

• SSRI cases
• You can do the recert if all checklist criteria are met

Pearls

• Issue 6 months
• Submit all info to the FAA for review

• If checklist not met--defer
What’s new---What do you do? SSRI--HIMS AME change request

USE OF ANTIDEPRESSANT MEDICATIONS
(Updated 02/28/2018)

If you are an AIRMAN taking an SSRI – see Airman Information - SSRI INITIAL Certification

If you are an ATCS taking an SSRI – see FAA ATCS How to Guide

Recertification/ Follow Up Clearance:

- Airman SSRI Follow Up Path for the HIMS AME
- FAA ATCS SSRI Follow Up Path for the HIMS AME
- HIMS AME Checklist - SSRI Recertification/ Follow Up Clearance
- FAA Certification Aid - SSRI Recertification/ Follow Up Clearance
- **HIMS AME Change Request**
- Specifications for Neuropsychological Evaluations for Treatment with SSRI Medications
What's new---What do you do? SSRI--HIMS AME change request

HIMS AME Change Request
(Updated 07/25/2018)

The Authorization for Special Issuance requires that airmen DO NOT change his/her HIMS AME without prior FAA approval.

In rare cases in which the HIMS AME listed on the Authorization Letter is no longer available to the airman (ex: HIMS AME retires, is no longer a HIMS AME, is deceased, or the airman or HIMS AME relocates to a new state, etc.), a change request is required.

The FAA requires the following to consider any request:

1. CURRENT HIMS AME - must write a closeout, current status report describing why the change is requested and agree to release monitoring/sponsorship to the new HIMS AME (list the name of new HIMS AME). The closeout report must note if there are any concerns regarding the airman’s compliance.

If the HIMS AME is deceased, his/her office staff should contact AAM-200 Manager, Medical Specialties in Washington, DC at 202-267-8035.
What's new---What do you do?

SSRI--HIMS AME change request

2. NEW HIMS AME - must review the airman's records and, in writing, agree to sponsor/monitor the airman in accordance with the terms of the FAA SI Authorization Letter.

3. The AIRMAN must send a written request to the FAA describing why there is a requirement to work with a new HIMS AME.

The FAA will review the submitted information, and IF the change is approved*, will send an updated Authorization Letter with the new HIMS AME information to the airman.

Submit requests to:

Federal Aviation Administration
Civil Aerospace Medical Institute, Bldg. 13
Aerospace Medical Certification Division, AAM-313
PO Box 25082, Oklahoma City, OK 73125-9867

*NOTE: Submission of a HIMS AME Change Request does not automatically guarantee approval of the request.
Records request
What’s new---Airman records requests

7. Release of Information
(Updated 09/27/2018)

Except in compliance with an order of a court of competent jurisdiction, or upon an applicant’s written request, **Examiners will not divulge or release copies of any reports prepared in connection with the examination to anyone other than the applicant or the FAA.** A copy of the examination may be released to the applicant upon request. (See: Request for Airman Medical Records Form 8065-2). **Upon receipt of a court subpoena or order, the Examiner shall notify the appropriate RFS.**
What's new—Request airman records
Request for Airman Medical Records Form 8065-2
Request for Airman Medical Records Form 8065-2

Non Certified Copy --- USE THIS ONE

Certified Copy --- used for LEGAL cases
MEDICAL CERTIFICATION GUIDELINES

PHARMACEUTICALS
Pharmaceuticals

OTC meds or Rx

Concern is

condition for which they are taking side effects of the meds
drug reaction or combination meds
Pharmaceuticals

- Diabetes:
- Medication combinations: **Acceptable Combinations of Diabetes Medications**

Status report form in the AME guide: [Diabetes or Hyperglycemia on Oral Medications Status Report](#)
ACCEPTABLE COMBINATIONS OF DIABETES MEDICATIONS
(Updated 06/26/2019)

The chart on the following page outlines acceptable combinations of medications for treatment of diabetes.

Please note:

• **Use no more than one medication from each group (A-E);**

• Fixed-dose combination medications **count as 2 medications**;

• **Up to 3 medications total are considered acceptable for routine treatment according to generally accepted standards of care for diabetes (American Diabetes Association, American Association of Clinical Endocrinologists);**

• For applicants receiving complex care (e.g., 4-drug therapy), refer the case to AMCD;

• Initial certification of all applicants with diabetes mellitus (DM) requires FAA decision;

• For applicants on AASI for diabetes mellitus, follow the [AASI](#); and

• Consult with FAA for any medications not on listed on the chart.
ACCEPTABLE COMBINATIONS OF DIABETES MEDICATIONS

(Updated 06/26/2010)

Biguanide
- Metformin (e.g. Glucophage, Fortamet, Glucetza, Riomet)

Thiazolidinediones (TZD)
- pioglitazone (Actos)
- rosiglitazone (Avandia)

GLP-1 mimetics
- dulaglutide (Trulicity)
- exenatide (Byetta)
- exenatide-ED (Bydureon)
- lixisenatide (Victoza)
- albiglutide (Tanzeum)
- semaglutide (Ozempic)
- lixisenatide (Adlyxin)

DPP-4 inhibitors
- sitagliptin (Januvia)
- saxagliptin (Onglyza)
- linagliptin (Tradjenta)
- alogliptin (Nesina)

Alpha-glucosidase inhibitors
- acarbose (Precose)
- miglitol (Glyset)

Sulfonylureas (SFU)
- chlorpropamide (Diabenase)
- glyburide (Diabeta)
- glimepiride (Amary)
- glipizide (Glucotrol)
- tolbutamide (Orinase)
- tolazamide (Tolinase)
- gliclazide (Diamicolon - International)

Meglitinides
- repaglinide (Prandin)
- nateglinide (Starlix)

Insulin
- All forms
  - Initial certification requires FAA decision

PRECAUTIONS

Group C not allowed with Meglitinides

Meglitinides not allowed with Group C

Groups A, B, C, D, E
What about the SGLT-2?

- Canagliflozin (Invokana)
- Dapagliflozin (Farxiga)
- Empagliflozin (Jardiance)

Currently under re-review by P & T
New Meds Updates

- **Xiidra** for dry eye
- **Taltz, Orenzia** — SI and no fly time
- **Eliquis/Pradaxa/Xarelto**— 12 month c/s (was 6). **Savaysa** now allowed
- **Harvoni, Epclusa**— SI and ground trial
- **Cardiac meds**
  - Corlanor—condition may be DQ
  - Entresto-SI for the condition
**SLIT—now allowed**

Allergy Shots: warn to not operate aircraft until **four hours after** each injection.

Sublingual immunotherapy (SLIT) used for allergic rhinitis is acceptable.

- **24-hour no fly** after the **first dose each season** AND;
- **4-hour no fly** after each **subsequent dose**.
- **Not** allowed in airmen 65 or older who have a diagnosis of asthma which does not meet CACI criteria.
- Airman should confirm with the treating physician that the airman is not taking any other medication(s) that would impair the effectiveness of epinephrine, should it be needed, or increase the risk of heart rhythm disturbances.
Where an I find info about a medication

DNI DNF
Pharmaceutical section
Medications & Flying brochure
CACI worksheets
Do Not Issue. AMEs should not issue airmen medical certificates to applicants who are using these classes of medications or medications.

- Angina medications
  - nitrates (nitroglycerin, isosorbide dinitrate, imdur),
  - ranolazine (Ranexa).
- Anticholinergics (oral)
  - e.g.: atropine, benztropine (Cogentin)
- Cancer treatments including chemotherapeutics, biologics, radiation therapy, etc., whether used for induction, “maintenance,” or suppressive therapy.
- Controlled Substances (Schedules I – V). An open prescription for chronic or intermittent use of any drug or substance.
  - This includes medical marijuana, even if legally allowed or prescribed under state law.

AME should not issue Pain meds—need frequency
**Do Not Fly.** Airmen should not fly while using any of the medications in the Do Not Issue section above or while using any of the medications or classes/groups of medications listed below without an acceptable wait time after the last dose. All of these medications may cause sedation (drowsiness) and impair cognitive function, seriously degrading pilot performance. This impairment can occur even when the individual feels alert and is apparently functioning normally - in other words, the airman can be “unaware of impair.”

For aviation safety, airmen should not fly following the last dose of any of the medications below until a period of time has elapsed equal to:
- 5-times the maximum pharmacologic half-life of the medication; or
- 5-times the maximum hour dose interval if pharmacologic half-life information is not available. For example, there is a 30-hour wait time for a medication that is taken every 4 to 6 hours (5 times 6)

AME may issue if rare use of meds. Document in block 60 with required down time
Frazier, Judith (FAA), 8/3/2019
Pharmaceuticals

Most ED meds are 8 hours; Cialis is now 24 (was 36 hrs). Daily is now allowed.

<table>
<thead>
<tr>
<th>Trade Name</th>
<th>Generic Name</th>
<th>Required minimum waiting time after last dose before resuming pilot duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cialis (daily use)</td>
<td>Tadalafil</td>
<td>2.5 or 5 mg daily is allowed if no side effects after 7 days</td>
</tr>
<tr>
<td>Cialis (prn use)</td>
<td>Tadalafil</td>
<td>24 hours</td>
</tr>
<tr>
<td>Levitra</td>
<td>Vardenafil</td>
<td>8 hours</td>
</tr>
<tr>
<td>Staxyn</td>
<td>Vardenafil</td>
<td>8 hours</td>
</tr>
<tr>
<td>Stendra</td>
<td>Avanafil</td>
<td>8 hours</td>
</tr>
<tr>
<td>Viagra</td>
<td>Sildenafil</td>
<td>8 hours</td>
</tr>
<tr>
<td>Surgery for condition in last 6 weeks</td>
<td>[ ] No</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>Medications for condition</td>
<td>[ ] One or more of the following:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Oral steroid which does not exceed equivalent of prednisone 20 mg/day (see <a href="link">steroid conversion calculator</a>)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Imuran or Sulfasalazine</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mesalamine (5-aminosalicylic acid such as Asacol, Pentasa, Lialda, etc.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Steroid foams or enemas/ budesonide enema</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Loperamide less than or equal to 16 mg a day and no side effects</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hyoscyamine - use 1-2 times a week with no side effects and no-fly 48 hours after use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Use of infliximab, use of hyoscyamine greater than 2 times per week, Prednisone greater than 20 mg/day, or Loperamide greater than 16 mg per day is NOT acceptable</td>
<td></td>
</tr>
</tbody>
</table>
Pharmaceuticals

- **Sleep Meds**: Sleep Aids
- “for occasional or limited use” examples:
  - Ambien (zolpidem) 24 hours
  - Sonata (zaleplon) 6 hours
# AME GUIDE - MED HELP

<table>
<thead>
<tr>
<th>Trade Name</th>
<th>Generic Name</th>
<th>Required minimum waiting time after last dose before resuming pilot duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambien</td>
<td>zolpidem*</td>
<td>24 hours</td>
</tr>
<tr>
<td>Ambien CR</td>
<td>zolpidem (extended release)</td>
<td>24 hours</td>
</tr>
<tr>
<td>Edluar</td>
<td>zolpidem (dissolves under the tongue)</td>
<td>36 hours</td>
</tr>
<tr>
<td>Intermezzo</td>
<td>zolpidem (for middle of the night awakening)</td>
<td>36 hours</td>
</tr>
<tr>
<td>Lunesta</td>
<td>eszopiclone</td>
<td>30 hours</td>
</tr>
<tr>
<td>Restoril</td>
<td>temazepam</td>
<td>72 hours</td>
</tr>
<tr>
<td>Rozerem</td>
<td>ramelteon</td>
<td>24 hours</td>
</tr>
<tr>
<td>Sonata</td>
<td>zaleplon</td>
<td>6 hours</td>
</tr>
<tr>
<td>Zolpimist</td>
<td>zolpidem (as oral spray)</td>
<td>48 hours</td>
</tr>
</tbody>
</table>

* NOTE: The different formulations of zolpidem have different half-lives, thus different wait times.
Pharmaceuticals—Antihypertensive

- AME can determine stable clinically
- blood pressure control on the current antihypertensive medication for at least 7 days
- AME can issue (see CACI Worksheet or FAQ).
- Lab and EKG no longer required for FAA purposes
# HYPERTENSION (HTN)—PHARMACEUTICAL SECTION

## ACCEPTABLE HTN Medications

<table>
<thead>
<tr>
<th>Medication Type</th>
<th>Example Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha adrenergic blockers</td>
<td></td>
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<tr>
<td>Angiotensin converting enzyme (ACE) inhibitors</td>
<td></td>
</tr>
<tr>
<td>Angiotensin II receptor antagonists (ARBs)</td>
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</tr>
<tr>
<td>Beta-adrenergic blockers</td>
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<tr>
<td>Calcium channel blockers</td>
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<tr>
<td>Direct renin inhibitors</td>
<td></td>
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<tr>
<td>Direct vasodilators</td>
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<tr>
<td>Diuretics</td>
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</tbody>
</table>

When certification criteria are met.

## UNACCEPTABLE HTN Medications

<table>
<thead>
<tr>
<th>Medication</th>
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<tbody>
<tr>
<td>Clonidine (ex. Catapres/Clorpres)</td>
</tr>
<tr>
<td>guanabenz</td>
</tr>
<tr>
<td>guanfacine/Tenex</td>
</tr>
<tr>
<td>methylldopa</td>
</tr>
<tr>
<td>Nitrates (ex. nitroglycerin/isosorbide dinitrate/isosorbide mononitrate)</td>
</tr>
<tr>
<td>resperine</td>
</tr>
</tbody>
</table>

As a single agent or in any combination product, DO NOT ISSUE.
AME Guide Help--HTN

• AASI

• Treated with 4 or more medication components (lisinopril/hctz = 2)

• Mention any secondary cause, and any evidence of a co-morbid condition (diabetes sleep apnea), or end organ damage (renal insufficiency, kidney disease, eye disease, MI, CVA heart failure, etc)
MEDICAL CERTIFICATION GUIDELINES

Reminders
ITEM 60/BLOCK 60 ETIQUETTE

AMCS:
What AMEs will see

DIWS block 60:
What FAA will see

17a: NORMAL FINDINGS.
18c: NORMAL FINDINGS, PREVIOUSLY REPORTED.
18d: NORMAL FINDINGS, PREVIOUSLY REPORTED.
18e: NORMAL FINDINGS, PREVIOUSLY REPORTED.
18f: NORMAL FINDINGS, PREVIOUSLY REPORTED.
18h: NORMAL FINDINGS.
18i: NORMAL FINDINGS, PREVIOUSLY REPORTED.
18m: NORMAL FINDINGS, PREVIOUSLY REPORTED.
18u: NORMAL FINDINGS, PREVIOUSLY REPORTED.
18x: NORMAL FINDINGS, PREVIOUSLY REPORTED.
19: NORMAL FINDINGS.
ITEM 60 / BLOCK 60.
TELL the FAA WHY:

• Not CACI qualified
• “Hypothyroid on meds. TSH last month was 10.5. No symptoms, favorable report from PCP. Not CACI qualified due to elevated TSH.”
ITEM 60 / BLOCK 60.
TELL the FAA WHY:

• AME recommends consult

• “airman wheezing in clinic. Smoked 2 ppd x 30 years. No meds, has not been evaluated. d/w airmen needs to see PCP or pulmo for eval.”
ITEM 60 / BLOCK 60.
Comments/ TELL the FAA WHY

- Deferred
- “Airman has SI for CABG. Brought in cards eval, stress test and echo. Stress test was 5 minutes and concerns for ischemia. Deferred to FAA. Discussed with a/m additional info may be requested by the FAA. “
- “a/m with new DUI 1/2/2019. Alcohol status report, 2nd DUI requires I defer.”
Verbal Authorization--Initial SI

• Expedites NON COMPLEX cases

• Use if airman is very stable with favorable reports for an SI condition and you have no concerns
VERBAL AUTHORIZATION

• Any RFS or AMCD physician
• Write down who you spoke with and what they told you to do
  – Ex: Time limit the certificate if instructed
• Submit all the required documents
VERBAL AUTHORIZATION

• We must have a transmitted exam in DIWS to be able to put notes

• If first EXAM, ever
• DEFER with notes in block 60
Verbal Authorization – Block 60

- a/m with hx of RA previously on MTX and 10 mg prednisone daily. Treating doc added Humira 8 weeks ago. No Side Effects from meds. Good strength, ROM and function of joints. No concerns with operation of controls. a/m’s doc notes him to be stable with good prognosis. I spoke with Dr. Frazier at AMCD and she authorized a t/l 1 year certificate. I will send documents to FAA to review.
Initial SI -- Verbal Authorization

Errors to Avoid

No paperwork/documentation from treating doctors
Calling on complex or multiple cases
Calling before referencing the AME guide
Not leaving a cell phone
   OKC may call back after 1630 CST
No documentation in Block 60
Issuing a time limited certificate w/o talking to the FAA
Initial SI -- Verbal Authorization

Be honest
Be complete
Have the documents
Review the documents—make sure they are legible and not on an Rx pad

Avoid doctor shopping for the answer you want
AME GUIDE
ITEM 60 / BLOCK 60.
Comments on History and Findings:

• AME identified a risk factor, noted in block 60—advise airman that: AMCD may follow up with a letter to the a/m for that purpose and tests deemed necessary

• meds ---- current meds that airman is taking (or when stopped)

• meds ---- ‘PRN’ --- what is frequency.
PAPERWORK PEARLS

Try and send a complete package

Explain EMR concerns or physical exams findings

- CDs need to be in DICOM format if sent
  - With name and type of test on CD (not jacket)
  - Usually neuro or cardiac cases
PAPERWORK PEARLS

• Give you airmen a copy of the exam for his/her records. It will help remember what they put last time
• If the airmen has no conditions, there should not be anything else you have to turn in
• Your airman may not get any further correspondence from FAA unless reviewed as part of the QA process
AME should NOT issue a recert when
AME should NOT issue a recert when

1. The condition worsens or changes.

2. The Authorization letter says, “the Medical Appeals Section may then grant you a new Authorization for an additional period.”

3. The auth letter specifically states the AME cannot issue (even with favorable reports).
AME should NOT issue a recert when

4. New condition that will require an SI
5. Airman did not bring the info or it does not meet requirements
6. You as the AME have concerns about the airman—note in block 60
7. You talk to AMCD or RFS and they instruct you to defer
Dear [Mr. or Ms.]:

I have reviewed the information submitted by you in support of your request for an airman medical certificate. The medical evidence reveals a history of ____________________________________________________________________________, requiring (type one: mitral or aortic) valve replacement. You are ineligible for {first, second, or third}-class medical certification under Title 14 of the Code of Federal Regulations (CFRs), Section 67.111(a)(4), 67.211(d), and 67.311(d). However, based on the complete review of the available medical evidence, I have determined that you may be granted authorization for special issuance (1st, 2nd, limited 2nd, or 3rd) -class airman medical certificate under Title 14 of the CFRs, Section 67.401. Enclosed is your medical certificate. It is not valid for any class after ________________ and requires your signature. This certificate supersedes any previously issued certificates.

This authorization expires on _____________________________.

Consideration for a new Authorization will be contingent upon the following, (performed in accordance with the enclosed specifications):

On or about ____________________, and at subsequent 12-month intervals, a current status report of cardiac valve replacement.

On or about ____________________, and at subsequent 12-month intervals, a current M-mode, 2-dimensional, and Doppler echocardiogram.

On or about ____________________, and at subsequent 12-month intervals, a current standard ECG.
SI---AME may not issue follow up

If there have been no significant adverse changes in your medical status, you have complied with all conditions of certification described in your Authorization, and we are satisfied that the duties permitted by the medical certificate can be performed without endangering public safety, the Medical Appeals Section may then grant you a new Authorization for an additional period. You will still be required to have your regular {first, second, or third}-class physical examinations at the frequency prescribed under the provisions of Title 14 of the CFRs, Section 61.23. Your next {first, second, or third}-class FAA physical examination will be due in ______________.

In order to avoid a lapse in certification, the necessary testing should be completed near the date noted above and forwarded in one package to the following office:

<table>
<thead>
<tr>
<th>REGULAR MAIL</th>
<th>SPECIAL MAIL</th>
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<tbody>
<tr>
<td>Medical Appeals Section, AAM-313</td>
<td>Medical Appeals Section, AAM-313</td>
</tr>
<tr>
<td>Aerospace Medical Certification Division</td>
<td>Aerospace Medical Certification Division</td>
</tr>
<tr>
<td>Post Office Box 26200</td>
<td>6700 S MacArthur Blvd., Room 308</td>
</tr>
<tr>
<td>Oklahoma City, OK  73126</td>
<td>Oklahoma City, OK  73169</td>
</tr>
</tbody>
</table>

You must promptly report any adverse changes in your medical condition or medications to the FAA Medical Appeals Section, AAM-313. You are cautioned to abide by Title 14 of the Code of Federal Regulations (CFRs), Section 61.53, relating to physical deficiency, medication, or treatment. Because of your ____________________________________________________________________________________, operation of aircraft is prohibited at any time new symptoms or adverse changes occur or if you experience side effects, or require a change in medication.

You must present this Authorization to your AME at the time of each FAA medical application.
When a/m does not meet the requirements of the Authorization Letter?

- Defer and send in the info you have.
- Note that you deferred and **what did not meet requirements** in block 60.
- Minor change only and stable
  - contact AMCD/RFS
  - example: change in DMARD
Special Issuance – Recert
AME may issue the follow up:

1. The condition reverts to a regular issuance (ex. most cancer after 5 years)
2. The condition becomes CACI qualified
3. The Authorization letter says the AME can issue the follow up if x, y and z are true (and x, y and z are true and the airmen brings in the documentation to verify).
If the AME is able to conclude that there is no significant adverse change in your medical condition and that you have not developed any additionally disqualifying medical condition, he or she may issue you a new medical certificate with a time limiting restriction. Any certificate issued by the AME is not to be valid for a period greater than the interval specified between required follow-up reports indicated on page one of this letter (i.e., “Not Valid for any class following (Month) (last day of month), (year) or the normal expiration date of the class of certificate issued. The appropriate expiration date must be placed on the certificate.

Since review of your medical records and issuance of a new certificate are time consuming, the AME will likely find it necessary to charge you a fee for these services. If you wish to avoid such a fee, you may submit your follow-up reports to the Aerospace Medical Certification Division yourself without contacting your AME. You must include the following:

1. The current status report(s).
2. The AME coversheet (enclosed).
3. A copy of your previously issued medical certificate.

Please forward the aforementioned in one mailing to:
General Review Section, AAM-311
Aerospace Medical Certification Division
FAA Civil Aerospace Medical Institute
Post Office Box 25082
Oklahoma City OK 73125-9867
MEDICAL CERTIFICATION GUIDELINES

Reminders
MEDICAL CERTIFICATION

Pitfalls to avoid

Issue without authorization, no pre-auth letter or documented verbal authorization
MEDICAL CERTIFICATION

Pitfalls to avoid

Issue without authorization, no pre-auth letter or documented verbal authorization
MEDICAL CERTIFICATION GUIDELINES

We really DO have some great folks out there on the pointy end of the spear doing the exams and helping to guide the Airmen along the best path to certification. And we couldn’t do what we do without them.
How do I keep up??
Guide for Aviation Medical Examiners

Current revision date: July 31, 2019

The Guide provides pertinent information and guidance needed to perform the duties and responsibilities of an Aviation Medical Examiner.

NOTE: Updates to the AME Guide are posted on the last Wednesday of each month, usually before 9:00 a.m. CT. For specific dates, please see the 2019 update schedule. Refer to the Archives (PDF) document for a description of changes posted each month.

Methods to navigate through the Guide

- NAVAd - Alternative Navigation for the AME Guide (PDF)
- NAVAd FAQs (PDF)
- FAA Form 8500-8; Application Process and Examination Techniques
Updates--Last Wed of each month

Update Schedule for the Guide for Aviation Medical Examiners

Updates to the AME Guide are posted on the last Wednesday of each month, normally before 9:00 a.m. CT. Please refer to the Archives (PDF) document for a description of changes posted each month.

<table>
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<th>2019 AME Guide Update Schedule</th>
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<td>January 30 *</td>
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<td>March 27</td>
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<td>April 24</td>
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<td>November 27</td>
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<td>December (TBD)</td>
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<tr>
<td>Guide Version</td>
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<td>2017</td>
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ARCHIVES AND UPDATES

Guide for Aviation Medical Examiners

Current date of revision to the Guide for Aviation Medical Examiners - June 19, 2013

The Guide provides pertinent information and guidance needed to perform the duties and responsibilities of an Aviation Medical Examiner.

Methods to navigate through the Guide:

- NavAids - Alternative Browsing for the AME Guide (PDF)
- NavAids FAQs (PDF, 26 KB)
- FAA Form 8500-3, Application Process and Examination Techniques
  - General Information
  - Applicant History (Items 1-20)
  - Examination Techniques (Items 21-58)
  - Application Review (Items 59-64)
- Aeromedical Decision Considerations
- Aerospace Medical Dispositions
- Certification Worksheets
- Disease Protocols
- Pharmaceuticals
- Special issuances
- Substances of Dependence/Abuse
- Synopsis of Medical Standards

Resources

- AME Guide - Download, Print, or View the Complete AME Guide (PDF, 1.54 MB)
- Archives and Updates of the Guide for Aviation Medical Examiners (PDF, 341 KB)
- Aviation Medical Examiner System - Order 8520.2G (PDF, 113 KB)
- Forms
- Glossary
How do I keep up?
AME minute

Microlearning for Aviation Medical Examiners
Dr. Warren Silberman, DO explains how to document Conditions AMEs Can Issue (CACI) in Block 60 to streamline regular issuance for applicants who meet the criteria. (Running time: 60 seconds)

The AME Minute is presented by the Aerospace Medical Education, a Division of the Civil Aerospace Medical Institute & FAA Media Solutions Division
How do I keep up?
AME minute

FAA TV: AME Minute: Documenting Conditions AMEs Can Issue (CACI) using specific verbiage

A CACI is a condition AMEs can Issue.
Send us your comments

• What info do you need in the AME guide?
• What would make your job easier?
• How do we make this better?

• Judith.Frazier@FAA.gov