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ANNEX IV

PART ATCO.MED

MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS

SUBPART *GENERAL REQUIREMENTS*

A

SECTION 1

General

ATCO.MED.Dpa.001 ~~ATCO.MED.Dpa.001~~ **Competent authority**

For the purpose of this Part, the competent authority shall be:

- (a) for aero-medical centres (AeMCs):
 - (1) the authority designated by the Member State where the AeMC has its principal place of business;
 - (2) the Agency, when the AeMC is located in a third country.
- (b) for aero-medical examiners (AMEs):
 - (1) the authority designated by the Member State where the AMEs have their principal place of practice;
 - (2) if the principal place of practice of an AME is located in a third country, the authority designated by the Member State to which the AME applies for the issue of the certificate.

ATCO.MED.Dpa.005 ~~ATCO.MED.Dpa.005~~

This Part, set out in this Annex, establishes the requirements for:

- (a) the issue, validity, revalidation and renewal of the medical certificate required for exercising the privileges of an air traffic controller licence or of a student air traffic controller licence with the exception of synthetic training device instructor; and
- (b) the certification of AMEs to issue class 3 medical certificates.

ATCO.MED.Dfin.001 ~~ATCO.MED.Dfin.001~~ **Definitions**

For the purpose of this Part, the following definitions apply:

- (a) ‘Accredited medical conclusion’ means the conclusion reached by one or more medical experts acceptable to the licensing authority, on the basis of objective and non-discriminatory criteria, for the purposes of the case concerned, in consultation with operational experts or other experts as necessary and including an operational risk assessment;
- (b) ‘Aero-medical assessment’ means the conclusion on the medical fitness of an applicant based on the evaluation of the applicant's medical history and aero-medical

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examinations as required in this Part and further examinations and medical tests as necessary;

- (c) ‘Aero-medical examination’ means inspection, palpation, percussion, auscultation or any other means of investigation especially for determining the medical fitness to exercise the privileges of the licence;
- (d) ‘Eye specialist’ means an ophthalmologist or a vision care specialist qualified in optometry and trained to recognise pathological conditions;
- (e) ‘Investigation’ means the assessment of a suspected pathological condition of an applicant by means of examinations and tests to verify the presence or absence of a medical condition;
- (f) ‘Licensing authority’ means the competent authority of the Member State that issued the licence, or to which a person applies for the issue of a licence, or, when a person has not yet applied for the issue of a licence, the competent authority in accordance with this Part;
- (g) ‘Limitation’ means a condition placed on the medical certificate that shall be complied with whilst exercising the privileges of the licence;
- (h) ‘Refractive error’ means the deviation from emmetropia measured in dioptres in the most ametropic meridian, measured by standard methods;
- (i) ‘Significant’ means a degree of a medical condition, the effect of which would prevent the safe exercise of the privileges of the licence.

ATCO.MED.A.015 Confidentiality

All persons involved in aero-medical examination, aero-medical assessment and certification shall ensure that medical confidentiality is respected at all times.

ATCO.MED.A.020 In medical fitness

- (a) Licence holders shall not exercise the privileges of their licence at any time when they:
 - (1) are aware of any decrease in their medical fitness which might render them unable to safely exercise those privileges;
 - (2) take or use any prescribed or non-prescribed medication which is likely to interfere with the safe exercise of the privileges of the licence;
 - (3) receive any medical, surgical or other treatment that is likely to interfere with the safe exercise of the privileges of the licence.
- (b) In addition, holders of a class 3 medical certificate shall, without undue delay and before exercising the privileges of their licence, seek aero-medical advice when they:
 - (1) have undergone a surgical operation or invasive procedure;
 - (2) have commenced the regular use of any medication;
 - (3) have suffered any significant personal injury involving any incapacity to exercise the privileges of the licence;
 - (4) have been suffering from any significant illness involving any incapacity to exercise the privileges of the licence;

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- (5) are pregnant;
- (6) have been admitted to hospital or medical clinic;
- (7) first require correcting lenses.

In these cases the AeMC or AME shall assess the medical fitness of the licence holder or student air traffic controller and decide whether they are fit to resume the exercise of their privileges.

ATCO.MED.A.025 Obligations of AeMC and AME

- (a) When conducting aero-medical examinations and assessments as required in this Part, the AeMC or AME shall:
 - (1) ensure that communication with the applicant can be established without language barriers;
 - (2) make the applicant aware of the consequences of providing incomplete, inaccurate or false statements on their medical history;
 - (3) notify the licensing authority if the applicant provides incomplete, inaccurate or false statements on their medical history;
 - (4) notify the licensing authority if the applicant withdraws the application for a medical certificate at any stage of the process.
- (b) After completion of the aero-medical examinations and assessments, the AeMC and AME shall:
 - (1) advise the applicant whether fit, unfit or referred to the licensing authority;
 - (2) inform the applicant of any limitation placed on the medical certificate; and
 - (3) if the applicant has been assessed as unfit, inform him/her of his/her right of a review of the decision; and
 - (4) submit without delay to the licensing authority a signed, or electronically authenticated, report containing the detailed results of the aero-medical examination and assessment for the medical certificate and a copy of the application form, the examination form and the medical certificate; and
 - (5) inform the applicant of their responsibility in the case of decrease in medical fitness as specified in ATCO.MED.A.020.
- (c) AeMCs and AMEs shall maintain records with details of aero-medical examinations and assessments performed in accordance with this Part and their results for a minimum period of 10 years, or for a period as determined by national legislation if this is longer.
- (d) AeMCs and AMEs shall submit to the medical assessor of the competent authority, upon request, all aero-medical records and reports, and any other relevant information when required for:
 - (1) medical certification;
 - (2) oversight functions.

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SECTION 2

Requirements for medical certificates

ATCO.MED.A.030 ~~ATCO.MED.A.030~~ **Medical certificates**

- (a) Applicants for and holders of an air traffic controller licence, or student air traffic controller licence, shall hold a class 3 medical certificate.
- (b) A licence holder shall not at any time hold more than one medical certificate issued in accordance with this Part.

ATCO.MED.A.035 ~~ATCO.MED.A.035~~ **Application for a medical certificate**

- (a) Applications for a medical certificate shall be made in a format established by the competent authority.
- (b) Applicants for a medical certificate shall provide the AeMC or AME with:
 - (1) proof of their identity;
 - (2) a signed declaration:
 - (i) of medical facts concerning their medical history;
 - (ii) as to whether they have previously applied for a medical certificate or have undergone an aero-medical examination for a medical certificate and, if so, by whom and with what result;
 - (iii) as to whether they have ever been assessed as unfit or had a medical certificate suspended or revoked.
- (c) When applying for a revalidation or renewal of the medical certificate, applicants shall present the most recent medical certificate to the AeMC or AME prior to the relevant aero-medical examinations.

ATCO.MED.A.040 ~~ATCO.MED.A.040~~ **Revalidation and renewal of medical certificates**

- (a) A medical certificate shall only be issued, revalidated or renewed once the required aero-medical examinations and assessments have been completed and the applicant has been assessed as fit.
- (b) Initial issue:
Initial class 3 medical certificates shall be issued by an AeMC.
- (c) Revalidation and renewal:
Class 3 medical certificates shall be revalidated or renewed by an AeMC or an AME.
- (d) The AeMC or AME shall only issue, revalidate or renew a medical certificate if:
 - (1) the applicant has provided them with a complete medical history and, if required by the AeMC or AME, results of aero-medical examinations and tests conducted by the applicant's physician or any medical specialists; and
 - (2) the AeMC or AME has conducted the aero-medical assessment based on the aero-medical examinations and tests as required to verify that the applicant complies with all the relevant requirements of this Part.

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- (e) The AME, AeMC or, in the case of referral, the licensing authority may require the applicant to undergo additional medical examinations and investigations when clinically indicated before the medical certificate is issued, revalidated or renewed.
- (f) The licensing authority may issue or reissue a medical certificate, as applicable, if:
 - (1) a case is referred;
 - (2) it has identified that corrections to the information on the certificate are necessary, in which case the incorrect medical certificate shall be revoked.

ATCO.MED.A.045 Revalidation and renewal of medical certificates

- (a) Validity:
 - (1) Class 3 medical certificates shall be valid for a period of 24 months.
 - (2) The period of validity of class 3 medical certificates shall be reduced to 12 months for licence holders who have reached the age of 40. A medical certificate issued prior to reaching the age of 40 shall cease to be valid when the licence holder reaches the age of 41.
 - (3) The validity period of a medical certificate, including any associated examination or special investigation, shall be:
 - (i) determined by the age of the applicant at the date when the aero-medical examination takes place; and
 - (ii) calculated from the date of the aero-medical examination in the case of initial issue and renewal, and from the expiry date of the previous medical certificate in the case of revalidation.

- (b) Revalidation:

Aero-medical examinations and assessments for the revalidation of a medical certificate may be undertaken up to 45 days prior to the expiry date of the medical certificate.

- (c) Renewal:
 - (1) If the holder of a medical certificate does not comply with point (b), a renewal aero-medical examination and assessment shall be required.
 - (2) If the medical certificate has expired for:
 - (i) less than 2 years, a routine revalidation aero-medical examination shall be performed;
 - (ii) more than 2 years, the AeMC or AME shall only conduct the renewal aero-medical examination after assessment of the aero-medical records of the applicant;
 - (iii) more than 5 years, the aero-medical examination requirements for initial issue shall apply and the assessment shall be based on the revalidation requirements.

ATCO.MED.A.046 Suspension or revocation of a medical certificate

- (a) Upon revocation of the medical certificate, the holder shall immediately return the medical certificate to the licensing authority.

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- (b) Upon suspension of the medical certificate, the holder shall return the medical certificate to the licensing authority on request of the authority.

ATCO.MED.B.050

If an applicant for a class 3 medical certificate is referred to the licensing authority in accordance with ATCO.MED.B.001, the AeMC or AME shall transfer the relevant medical documentation to the licensing authority.

SUBPART B REQUIREMENTS FOR AIR TRAFFIC CONTROLLER MEDICAL CERTIFICATES

SECTION 1

General

ATCO.MED.B.001 Limitations to medical certificates

- (a) Limitations to class 3 medical certificates:
- (1) If the applicant does not fully comply with the requirements for a class 3 medical certificate but is considered to be not likely to jeopardise the safe exercise of the privileges of the licence, the AeMC or AME shall:
 - (i) refer the decision on fitness of the applicant to the licensing authority as indicated in this Subpart; or
 - (ii) in cases where a referral to the licensing authority is not indicated in this Subpart, evaluate whether the applicant is able to perform their duties safely when complying with one or more limitations endorsed on the medical certificate, and issue the medical certificate with limitation(s) as necessary.
 - (2) The AeMC or AME may revalidate or renew a medical certificate with the same limitation without referring the applicant to the licensing authority.
- (b) When assessing whether a limitation is necessary, particular consideration shall be given to:
- (1) whether accredited medical conclusion indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence is not likely to jeopardise the safe exercise of the privileges of the licence;
 - (2) the applicant's experience relevant to the operation to be performed.
- (c) Operational limitations
- (1) The competent authority, in conjunction with the air navigation service provider, shall determine the operational limitations applicable in the specific operational environment concerned.
 - (2) Appropriate operational limitations shall only be placed on the medical certificate by the licensing authority.
- (d) Any other limitation may be imposed on the holder of a medical certificate if required to ensure the safe exercise of the privileges of the licence.

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- (e) Any limitation imposed on the holder of a medical certificate shall be specified therein.

SECTION 2

Medical requirements for class 3 medical certificates

ATCO.MED.B.005

Applicants shall be free from any of the following that would entail a degree of functional incapacity which is likely to interfere with the safe performance of duties or could render the applicant likely to become suddenly unable to exercise the privileges of the licence safely:

- (1) abnormality, congenital or acquired;
- (2) active, latent, acute or chronic disease or disability;
- (3) wound, injury or sequelae from operation;
- (4) effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken.

ATCO.MED.B.010 ~~ATCO.MED.B.005~~ **Cardiovascular system**

- (a) Examination:
- (1) A standard 12-lead resting electrocardiogram (ECG) and report shall be completed at the examination for the initial issue of a medical certificate and then:
 - (i) every 4 years until the age of 30;
 - (ii) at all revalidation or renewal examinations thereafter; and
 - (iii) when clinically indicated.
 - (2) An extended cardiovascular assessment shall be completed:
 - (i) at the first revalidation or renewal examination after the age of 65;
 - (ii) every 4 years thereafter; and
 - (iii) when clinically indicated.
 - (3) Estimation of serum lipids, including cholesterol, shall be required at the examination for the initial issue of a medical certificate, at the first examination after having reached the age of 40, and when clinically indicated.
- (b) Cardiovascular system — General:
- (1) Applicants with any of the following conditions shall be assessed as unfit:
 - (i) aneurysm of the thoracic or supra-renal abdominal aorta before surgery;
 - (ii) significant functional or symptomatic abnormality of any of the heart valves;
 - (iii) heart or heart/lung transplantation.
 - (2) Applicants with an established history or diagnosis of any of the following conditions shall be referred to the licensing authority before a fit assessment may be considered:
 - (i) peripheral arterial disease before or after surgery;

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- (ii) aneurysm of the thoracic or supra-renal abdominal aorta after surgery;
 - (iii) aneurysm of the infra-renal abdominal aorta before or after surgery;
 - (iv) functionally insignificant cardiac valvular abnormalities;
 - (v) after cardiac valve surgery;
 - (vi) abnormality of the pericardium, myocardium or endocardium;
 - (vii) congenital abnormality of the heart, before or after corrective surgery;
 - (viii) recurrent vasovagal syncope;
 - (ix) arterial or venous thrombosis;
 - (x) pulmonary embolism;
 - (xi) cardiovascular condition requiring systemic anticoagulant therapy.
- (c) Blood pressure:
- (1) Blood pressure shall be recorded at each examination.
 - (2) The applicant's blood pressure shall be within normal limits.
 - (3) Applicants shall be assessed as unfit when:
 - (i) they have symptomatic hypotension; or
 - (ii) when their blood pressure at examination consistently exceeds 160 mmHg systolic and/or 95 mmHg diastolic, with or without treatment.
 - (4) The initiation of medication for the control of blood pressure shall require a period of temporary unfit assessment to establish the absence of significant side effects.
- (d) Coronary artery disease:
- (1) Applicants with any of the following conditions shall be assessed as unfit:
 - (i) symptomatic coronary artery disease;
 - (ii) symptoms of coronary artery disease controlled by medication.
 - (2) Applicants with any of the following conditions shall be referred to the licensing authority and undergo cardiological evaluation to exclude myocardial ischaemia before a fit assessment may be considered:
 - (i) suspected myocardial ischaemia;
 - (ii) asymptomatic minor coronary artery disease requiring no anti-anginal treatment.
 - (3) Applicants with a history or diagnosis of any of the following conditions shall be referred to the licensing authority and undergo a cardiological evaluation before a fit assessment may be considered:
 - (i) myocardial ischaemia;
 - (ii) myocardial infarction;

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- (iii) revascularisation and stenting for coronary artery disease.
- (e) Rhythm/Conduction disturbances:
- (1) Applicants for a class 3 medical certificate with any significant disturbance of cardiac conduction or rhythm, intermittent or established shall be referred to the licensing authority and undergo cardiological evaluation with satisfactory results before a fit assessment may be considered. These disturbances shall include any of the following:
- (i) disturbance of supraventricular rhythm, including intermittent or established sinoatrial dysfunction, atrial fibrillation and/or flutter and asymptomatic sinus pauses;
 - (ii) complete left bundle branch block;
 - (iii) Mobitz type 2 atrioventricular block;
 - (iv) broad and/or narrow complex tachycardia;
 - (v) ventricular pre-excitation;
 - (vi) asymptomatic QT prolongation;
 - (vii) Brugada pattern on electrocardiography.
- (2) Applicants with any of the conditions listed in points (i) to (viii) may be assessed as fit in the absence of any other abnormality and subject to satisfactory cardiological evaluation:
- (i) incomplete bundle branch block;
 - (ii) complete right bundle branch block;
 - (iii) stable left axis deviation;
 - (iv) asymptomatic sinus bradycardia;
 - (v) asymptomatic sinus tachycardia;
 - (vi) asymptomatic isolated uniform supra-ventricular or ventricular ectopic complexes;
 - (vii) first degree atrioventricular block;
 - (viii) Mobitz type 1 atrioventricular block.
- (3) Applicants with a history of any of the following conditions shall be referred to the licensing authority and undergo cardiological evaluation with satisfactory results before a fit assessment may be considered:
- (i) ablation therapy;
 - (ii) pacemaker implantation.
- (4) Applicants with any of the following conditions shall be assessed as unfit:
- (i) symptomatic sinoatrial disease;
 - (ii) complete atrioventricular block;

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- (iii) symptomatic QT prolongation;
- (iv) an automatic implantable defibrillating system;
- (v) a ventricular anti-tachycardia pacemaker.

ATCO.MED.Br.015 respiratory system

- (a) Applicants with significant impairment of pulmonary function shall be referred to the licensing authority for the aero-medical assessment. A fit assessment may be considered once pulmonary function has recovered and is satisfactory.
- (b) Examination:
Pulmonary function tests are required at the initial examination and on clinical indication.
- (c) Applicants with a history or established diagnosis of asthma requiring medication shall undergo a satisfactory respiratory evaluation. A fit assessment may be considered if the applicant is asymptomatic and treatment does not affect safety.
- (d) Applicants with a history or established diagnosis in any of the following shall be referred to the licensing authority and undergo respiratory evaluation with a satisfactory result before a fit assessment may be considered:
 - (1) active inflammatory disease of the respiratory system;
 - (2) active sarcoidosis;
 - (3) pneumothorax;
 - (4) sleep apnoea syndrome;
 - (5) major thoracic surgery;
 - (6) chronic obstructive pulmonary disease;
 - (7) lung transplantation.

ATCO.MED.Br.020 digestive system

- (a) Applicants with any sequelae of disease or surgical intervention in any part of the digestive tract or its adnexa likely to cause incapacitation, in particular any obstruction due to stricture or compression, shall be assessed as unfit.
- (b) Applicants shall be free from herniae that might give rise to incapacitating symptoms.
- (c) Applicants with disorders of the gastrointestinal system, including those in points (1) to (5) may be assessed as fit subject to a satisfactory gastroenterological evaluation after successful treatment or full recovery after surgery:
 - (1) recurrent dyspeptic disorder requiring medication;
 - (2) pancreatitis;
 - (3) symptomatic gallstones;
 - (4) an established diagnosis or history of chronic inflammatory bowel disease;

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- (5) after surgical operation on the digestive tract or its adnexa, including surgery involving total or partial excision or a diversion of any of these organs.

ATCO.MED.B.025 and endocrine systems

- (a) Applicants with metabolic, nutritional or endocrine dysfunction may be assessed as fit subject to demonstrated stability of the condition and satisfactory aero-medical evaluation.
- (b) Diabetes mellitus:
- (1) Applicants with diabetes mellitus requiring insulin shall be assessed as unfit.
- (2) Applicants with diabetes mellitus requiring medication other than insulin for blood sugar control shall be referred to the licensing authority. A fit assessment may be considered if it can be demonstrated that blood sugar control has been achieved and is stable.

ATCO.MED.B.030

- (a) Blood testing, if any, shall be determined by the AME or AeMC taking into account the medical history and following the physical examination.
- (b) Applicants with a haematological condition, such as:
- (1) coagulation, haemorrhagic or thrombotic disorder;
- (2) chronic leukaemia;
- (3) abnormal haemoglobin, including, but not limited to, anaemia, erythrocytosis or haemoglobinopathy;
- (4) significant lymphatic enlargement;
- (5) enlargement of the spleen;
- shall be referred to the licensing authority. A fit assessment may be considered subject to satisfactory aero-medical evaluation.
- (c) Applicants suffering from acute leukaemia shall be assessed as unfit.

ATCO.MED.B.035

- (a) Urinalysis shall form part of every aero-medical examination. The urine shall contain no abnormal element considered to be of pathological significance.
- (b) Applicants with any sequelae of disease or surgical procedures on the genitourinary system or its adnexa likely to cause incapacitation, in particular any obstruction due to stricture or compression, shall be assessed as unfit.
- (c) Applicants with a genitourinary disorder, such as:
- (1) renal disease;
- (2) one or more urinary calculi;
- may be assessed as fit subject to satisfactory renal/urological evaluation.
- (d) Applicants who have undergone:

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- (1) a major surgical operation in the genitourinary system or its adnexa involving a total or partial excision or a diversion of its organs; or
- (2) major urological surgery;

shall be referred to the licensing authority for an aero-medical assessment after full recovery before a fit assessment may be considered.

ATCO.MED.Bi040 disease

- (a) Applicants who are HIV positive shall be referred to the licensing authority and may be assessed as fit subject to satisfactory specialist evaluation and provided the licensing authority has sufficient evidence that the therapy does not compromise the safe exercise of the privileges of the licence.
- (b) Applicants diagnosed with or presenting symptoms of infectious disease such as:
 - (1) acute syphilis;
 - (2) active tuberculosis;
 - (3) infectious hepatitis;
 - (4) tropical diseases;

shall be referred to the licensing authority for an aero-medical assessment. A fit assessment may be considered after full recovery and specialist evaluation provided the licensing authority has sufficient evidence that the therapy does not compromise the safe exercise of the privileges of the licence.

ATCO.MED.Bi045 and gynaecology

- (a) Applicants who have undergone a major gynaecological operation shall be assessed as unfit until full recovery.
- (b) Pregnancy:

In the case of pregnancy, if the AeMC or AME considers that the licence holder is fit to exercise her privileges, he/she shall limit the validity period of the medical certificate to the end of the 34th week of gestation. The licence holder shall undergo a revalidation aero-medical examination and assessment after full recovery following the end of the pregnancy.

ATCO.MED.Bi050 skeletal system

- (a) Applicants shall have satisfactory functional use of the musculoskeletal system to enable them to safely exercise the privileges of the licence.
- (b) Applicants with static or progressive musculoskeletal or rheumatologic conditions likely to interfere with the safe exercise of the licence privileges shall be referred to the licensing authority. A fit assessment may be considered after satisfactory specialist evaluation.

ATCO.MED.Bi055

- (a) Applicants with a mental or behavioural disorder due to alcohol or other use or misuse of psychoactive substances, including recreational substances with or without dependency, shall be assessed as unfit until after a period of documented sobriety

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or freedom from psychoactive substance use or misuse and subject to satisfactory psychiatric evaluation after successful treatment. Applicants shall be referred to the licensing authority.

(b) Applicants with a psychiatric condition such as:

- (1) mood disorder;
- (2) neurotic disorder;
- (3) personality disorder;
- (4) mental or behavioural disorder;

shall undergo satisfactory psychiatric evaluation before a fit assessment may be considered. Applicants shall be referred to the licensing authority for the assessment of their medical fitness.

(c) Applicants with a history of a single or repeated acts of deliberate self-harm shall be assessed as unfit. Applicants shall be referred to the licensing authority and shall undergo satisfactory psychiatric evaluation before a fit assessment may be considered.

(d) Applicants with an established history or clinical diagnosis of schizophrenia, schizotypal, delusional disorder or mania shall be assessed as unfit.

ATCO.MED.B160y

(a) Applicants who present with stress-related symptoms that are likely to interfere with their ability to exercise the privileges of the licence safely shall be referred to the licensing authority. A fit assessment may only be considered after a psychological and/or psychiatric evaluation has demonstrated that the applicant has recovered from stress-related symptoms.

(b) A psychological evaluation may be required as part of, or complementary to, a specialist psychiatric or neurological examination.

ATCO.MED.B165y

(a) Applicants with an established history or clinical diagnosis of the following shall be assessed as unfit:

- (1) epilepsy except in cases in point (b)(1) and (2);
- (2) recurring episodes of disturbance of consciousness of uncertain cause;
- (3) conditions with a high propensity for cerebral dysfunction.

(b) Applicants with an established history or clinical diagnosis of the following conditions shall be referred to the licensing authority and undergo further evaluation before a fit assessment may be considered:

- (1) epilepsy without recurrence after the age of 5;
- (2) epilepsy without recurrence and off all treatment for more than 10 years;
- (3) epileptiform EEG abnormalities and focal slow waves;
- (4) progressive or non-progressive disease of the nervous system;
- (5) a single episode of disturbances or loss of consciousness;

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- (6) brain injury;
- (7) spinal or peripheral nerve injury;
- (8) disorders of the nervous system due to vascular deficiencies including haemorrhagic and ischaemic events.

ATCO.MED.B.070 Item

- (a) Examination:
 - (1) A comprehensive eye examination shall form part of the initial examination and be undertaken periodically depending on the refraction and the functional performance of the eye.
 - (2) A routine eye examination shall form part of all revalidation and renewal examinations.
 - (3) Applicants shall undergo tonometry at the first revalidation examination after the age of 40, on clinical indication and if indicated considering the family history.
 - (4) Applicants shall supply the AeMC or AME with an ophthalmic examination report in cases where:
 - (i) the functional performance shows significant changes;
 - (ii) the distant visual standards can only be reached with corrective lenses.
 - (5) Applicants with a high refractive error shall be referred to the licensing authority.
- (b) Distant visual acuity, with or without optimal correction, shall be 6/9 (0,7) or better in each eye separately, and visual acuity with both eyes shall be 6/6 (1,0) or better.
- (c) Initial applicants having monocular or functional monocular vision, including eye muscle balance problems, shall be assessed as unfit. At revalidation or renewal examinations the applicant may be assessed as fit provided that an ophthalmological examination is satisfactory. The applicant shall be referred to the licensing authority.
- (d) Initial applicants with acquired substandard vision in one eye shall be assessed as unfit. At revalidation or renewal examinations the applicant shall be referred to the licensing authority and may be assessed as fit provided that an ophthalmological examination is satisfactory.
- (e) Applicants shall be able to read an N5 chart or equivalent at 30 – 50 cm and an N14 chart or equivalent at 60 – 100 cm distance, if necessary with the aid of correction.
- (f) Applicants shall have normal fields of vision and normal binocular function.
- (g) Applicants who have undergone eye surgery shall be assessed as unfit until full recovery of the visual function. A fit assessment may be considered by the licensing authority subject to satisfactory ophthalmic evaluation.
- (h) Applicants with a clinical diagnosis of keratoconus shall be referred to the licensing authority and may be assessed as fit subject to a satisfactory examination by an ophthalmologist.

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- (i) Applicants with diplopia shall be assessed as unfit.
- (j) Spectacles and contact lenses
 - (1) If satisfactory visual function for the rated duties is achieved only with the use of correction, the spectacles or contact lenses must provide optimal visual function, be well tolerated, and suitable for air traffic control purposes.
 - (2) No more than one pair of spectacles, when worn during the exercise of licensed privileges, shall be used to meet the visual requirements at all distances.
 - (3) A spare set of similarly correcting spectacles shall be readily available when exercising the privileges of the licence(s).
 - (4) Contact lenses, when are worn during the exercise of licensed privileges, shall be mono-focal, non-tinted and not orthokeratological. Monovision contact lenses shall not be used.
 - (5) Applicants with a large refractive error shall use contact lenses or high index spectacle lenses.

ATCO.MED.D.075 Vision

Applicants shall be normal trichromates.

ATCO.MED.D.080 Otorhinolaryngology

- (a) Examination:
 - (1) A routine otorhinolaryngological examination shall form part of all initial, revalidation and renewal examinations.
 - (2) Hearing shall be tested at all examinations. The applicant shall understand correctly conversational speech when tested with each ear at a distance of 2 metres from and with his/her back turned towards the AME.
 - (3) Hearing shall be tested with pure tone audiometry at the initial examination and at subsequent revalidation or renewal examinations every 4 years until the age of 40 and every 2 years thereafter.
 - (4) Pure-tone audiometry:
 - (i) Applicants for a class 3 medical certificate shall not have a hearing loss of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, in either ear separately.
 - (ii) Applicants who do not meet the hearing criteria above shall be referred to the licensing authority and undergo a specialist assessment before a fit assessment may be considered. Initial applicants shall undergo a speech discrimination test. Applicants for a revalidation or renewal of a class 3 medical certificate shall undergo a functional hearing test in the operational environment.
 - (5) Hearing aids:
 - (i) Initial examination: the need of hearing aids to comply with the hearing requirements entails unfitness.

Changes to legislation: There are outstanding changes not yet made to Commission Regulation (EU) 2015/340. Any changes that have already been made to the legislation appear in the content and are referenced with annotations. (See end of Document for details) View outstanding changes

- (ii) Revalidation and renewal examinations: a fit assessment may be considered if the use of hearing aid(s) or of an appropriate prosthetic aid improves the hearing to achieve a normal standard as assessed by fully functional testing in the operational environment.
 - (iii) If a prosthetic aid is needed to achieve the normal hearing standard, a spare set of the equipment and accessories, such as batteries, shall be available when exercising the privileges of the licence.
- (b) Applicants with:
- (1) an active chronic pathological process of the internal or middle ear;
 - (2) unhealed perforation or dysfunction of the tympanic membrane(s);
 - (3) disturbance of vestibular function;
 - (4) significant malformation or significant chronic infection of the oral cavity or upper respiratory tract;
 - (5) significant disorder of speech or voice reducing intelligibility;
- shall be referred to the licensing authority and undergo further ORL examination and assessment to establish that the condition does not interfere with the safe exercise of the privileges of the licence.

ATCO.MED.B.085

Applicants shall have no established dermatological condition likely to interfere with the safe exercise of the privileges of the licence held.

ATCO.MED.B.090

- (a) After diagnosis of primary or secondary malignant disease, applicants shall be referred to the licensing authority and shall undergo satisfactory oncological evaluation before a fit assessment may be considered.
- (b) Applicants with an established history or clinical diagnosis of an intracerebral malignant tumour shall be assessed as unfit.

SUBPART C AERO-MEDICAL EXAMINERS (AMEs)

C

ATCO.MED.C.001

- (a) In accordance with this Part, the privileges of an AME are to revalidate and renew class 3 medical certificates, and to conduct the relevant aero-medical examinations and assessments.
- (b) The scope of the privileges of the AME, and any condition thereof, shall be specified in the certificate.
- (c) Holders of an AME certificate shall not undertake aero-medical examinations and assessments in a Member State other than the Member State that issued their AME certificate, unless they have:
 - (1) been granted access by the host Member State to exercise their professional activities as a specialised doctor;

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- (2) informed the competent authority of the host Member State of their intention to conduct aero-medical examinations and assessments and to issue medical certificates within the scope of their privileges as AME; and
- (3) received a briefing from the competent authority of the host Member State.

ATCO.MED.C.005 Application

- (a) The application for an AME certificate shall be submitted in accordance with the procedure established by the competent authority.
- (b) Applicants for an AME certificate shall provide the competent authority with:
 - (1) personal details and professional address;
 - (2) documentation demonstrating that they comply with the requirements established in ATCO.MED.C.010, including the certificate of completion of the training courses in aviation medicine appropriate to the privileges they apply for;
 - (3) a written declaration that the AME will issue medical certificates on the basis of the requirements of this Part.
- (c) When the AME undertakes aero-medical examinations in more than one location, they shall provide the competent authority with relevant information regarding all practice locations and practice facilities.

ATCO.MED.C.010 Requirements for the issue of an AME certificate

Applicants for an AME certificate with the privileges for the revalidation and renewal of class 3 medical certificates shall:

- (a) be fully qualified and licensed for the practice of medicine and hold a Certificate of Completion, or have evidence of, specialist medical training;
- (b) have successfully completed basic and advanced training courses in aviation medicine, including specific modules for the aero-medical assessment of air traffic controllers and the specific environment in air traffic control;
- (c) demonstrate to the competent authority that they:
 - (1) have adequate facilities, procedures, documentation and functioning equipment suitable for aero-medical examinations; and
 - (2) have in place the necessary procedures and conditions to ensure medical confidentiality.

ATCO.MED.C.015 Courses in aviation medicine

- (a) Training courses in aviation medicine shall be approved by the competent authority of the Member State where the training provider has its principal place of business. The training provider shall demonstrate that the course syllabus contains the learning objectives to acquire the necessary competencies and that the persons in charge of providing the training have adequate knowledge and experience.
- (b) Except in the case of refresher training, the courses shall be concluded by a written examination on the subjects included in the course content.

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- (c) The training provider shall issue a certificate of completion to the applicants when they have obtained a pass in the examination.

ATCO.MED.0200 the AME certificate

- (a) AMEs shall notify the competent authority of the following circumstances which could affect their certificate:
- (1) the AME is subject to disciplinary proceedings or investigation by a medical regulatory body;
 - (2) there are any changes to the conditions on which the certificate was granted, including the content of the statements provided with the application;
 - (3) the requirements for the issue of an AME certificate are no longer met;
 - (4) there is a change to the aero-medical examiner's practice location(s) or correspondence address.
- (b) Failure to inform the competent authority shall result in the suspension or revocation of the privileges of the AME certificate, on the basis of the decision of the competent authority that suspends or revokes the certificate.

ATCO.MED.0205 AME certificates

An AME certificate shall be issued for a period not exceeding 3 years. It shall be revalidated provided the holder:

- (a) continues to fulfil the general conditions required for medical practice and maintains registration as a medical practitioner;
- (b) has undertaken refresher training in aviation medicine and in the working environments of air traffic controllers within the last 3 years;
- (c) has performed at least 10 aero-medical examinations every year. This number of examinations may only be reduced by the competent authority in duly justified circumstances;
- (d) remains in compliance with the terms of their AME certificate; and
- (e) exercises the AME privileges in accordance with this Part.

Changes to legislation:

There are outstanding changes not yet made to Commission Regulation (EU) 2015/340. Any changes that have already been made to the legislation appear in the content and are referenced with annotations.

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Changes and effects yet to be applied to the whole legislation item and associated provisions

- Signature words omitted by [S.I. 2019/645 reg. 387](#)
- Annexes Table of Contents words omitted by [S.I. 2019/645 reg. 388\(a\)](#) (This amendment not applied to legislation.gov.uk. The table of contents for this legislation will be dynamically updated when its provisions are revised)
- Annexes Table of Contents words omitted by [S.I. 2019/645 reg. 388\(b\)](#) (This amendment not applied to legislation.gov.uk. The table of contents for this legislation will be dynamically updated when its provisions are revised)
- Annexes Table of Contents words omitted by [S.I. 2019/645 reg. 388\(c\)](#) (This amendment not applied to legislation.gov.uk. The table of contents for this legislation will be dynamically updated when its provisions are revised)
- Annex 1 point ATCO.A.010 omitted by [S.I. 2019/645 reg. 389\(3\)](#)
- Annex 1 point ATCO.B.020(c) omitted by [S.I. 2019/645 reg. 390\(2\)\(a\)](#)
- Annex 1 point ATCO.A.005(a) word substituted by [S.I. 2019/645 reg. 389\(2\)\(a\)](#)
- Annex 1 point ATCO.A.005(b) word substituted by [S.I. 2019/645 reg. 389\(2\)\(b\)](#)
- Annex 1 point ATCO.A.005(c) word substituted by [S.I. 2019/645 reg. 389\(2\)\(c\)](#)
- Annex 1 point ATCO.A.015(d) word substituted by [S.I. 2019/645 reg. 389\(4\)](#)
- Annex 1 point ATCO.A.020(a) word substituted by [S.I. 2019/645 reg. 389\(5\)\(a\)](#)
- Annex 1 point ATCO.A.020(b) word substituted by [S.I. 2019/645 reg. 389\(5\)\(a\)](#)
- Annex 1 point ATCO.A.020(c) word substituted by [S.I. 2019/645 reg. 389\(5\)\(b\)](#)
- Annex 1 point ATCO.B.020(d) word substituted by [S.I. 2019/645 reg. 390\(2\)\(b\)](#)
- Annex 1 point ATCO.B.025(a) word substituted by [S.I. 2019/645 reg. 390\(3\)\(a\)](#)
- Annex 1 point ATCO.B.025(b) word substituted by [S.I. 2019/645 reg. 390\(3\)\(b\)](#)
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- Annex 1 point ATCO.B.040(b) word substituted by [S.I. 2019/645 reg. 390\(5\)\(b\)](#)
- Annex 1 Subpart C word substituted by [S.I. 2019/645 reg. 391](#)
- Annex 1 Subpart D word substituted by [S.I. 2019/645 reg. 392](#)
- Annex 1 point ATCO.B.030(a) words omitted by [S.I. 2019/645 reg. 390\(4\)\(a\)](#)
- Annex 2 point ATCO.AR.A.020) omitted by [S.I. 2019/645 reg. 394\(6\)](#)
- Annex 2 point ATCO.AR.A.025(b) omitted by [S.I. 2019/645 reg. 394\(7\)\(b\)](#)
- Annex 2 point ATCO.AR.B.001(c)(d) omitted by [S.I. 2019/645 reg. 395\(2\)\(c\)](#)
- Annex 2 point ATCO.AR.B.010(c) omitted by [S.I. 2019/645 reg. 395\(4\)\(b\)](#)
- Annex 2 point ATCO.AR.C.001(d)(e) omitted by [S.I. 2019/645 reg. 396\(2\)\(b\)](#)
- Annex 2 point ATCO.AR.C.010(c) omitted by [S.I. 2019/645 reg. 396\(4\)\(c\)](#)
- Annex 2 point ATCO.AR.E.005(b) omitted by [S.I. 2019/645 reg. 398\(3\)\(b\)](#)
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- Annex 2 point ATCO.AR.A.005(b) word substituted by [S.I. 2019/645 reg. 394\(3\)\(b\)](#)
- Annex 2 point ATCO.AR.A.005(c) word substituted by [S.I. 2019/645 reg. 394\(3\)\(b\)](#)
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- Annex 3 point ATCO.OR.B.030 word substituted by [S.I. 2019/645 reg. 401\(5\)](#)
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- Annex 4 point ATCO.MED.C.001(c) omitted by [S.I. 2019/645 reg. 405\(2\)](#)
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- Annex 4 point ATCO.MED.A.025(c) words substituted by [S.I. 2019/645 reg. 403\(4\)\(a\)](#)
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- Art. 4(5) word substituted by [S.I. 2019/645 reg. 382\(a\)](#)
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