



# **RWANDA CIVIL AVIATION REGULATION**

---

## **PART 8: MEDICAL ASSESSMENT & CERTIFICATION**

Special Regulation No. RSR/01/2020, effective 15 November 2020, supersedes all previous revisions of this Part.

# Part 8

## Medical Assessment & Certification

SUBPART A: GENERAL .....	3
8.001 CITATION & APPLICABILITY.....	3
8.003 SUMMARY OF AMENDMENTS AND REVISION HIGHLIGHTS.....	3
8.005 DEFINITIONS .....	3
8.010 ACRONYMS .....	3
8.015 MEDICAL CERTIFICATES .....	3
8.020 INITIAL & SUBSEQUENT MEDICAL EXAMINATION.....	3
8.025 PERIOD OF VALIDITY .....	4
8.030 TEMPORARY INVALIDATION OF MEDICAL ASSESSMENT.....	4
 SUBPART B: AVIATION MEDICAL EXAMINERS AND MEDICAL ASSESSOR.....	 5
8.035 AVIATION MEDICAL EXAMINER: DESIGNATION & AUTHORITY .....	5
8.040 DELEGATION OF AUTHORITY FOR MEDICAL ASSESSOR.....	5
 SUBPART C: MEDICAL CERTIFICATION PROCEDURES.....	 6
8.045 APPLICABILITY .....	6
8.050 MEDICAL RECORDS.....	6
8.055 AME SUBMISSION OF SIGNED MEDICAL EVALUATION REPORT .....	6
8.060 SECURITY & ACCESS TO MEDICAL RECORDS.....	7
8.065 MEDICAL ASSESSORS.....	7
8.070 ISSUANCE OR RENEWAL OF MEDICAL CERTIFICATE .....	8
8.075 DENIAL OF MEDICAL CERTIFICATE .....	8
8.080 SPECIAL ISSUANCE OF MEDICAL CERTIFICATE .....	8
8.085 VALIDATION OF FOREIGN MEDICAL CERTIFICATES.....	8
8.090 RENEWAL OF MEDICAL CERTIFICATE.....	9
8.095 EXTENSION OR REDUCTION OF PERIOD OF VALIDITY .....	9
8.100 DEFERRAL OF MEDICAL EXAMINATION.....	9
8.105 PROGRAMS FOR PROBLEMATIC USE OF SUBSTANCES.....	9
 SUBPART D: PHYSICAL & MENTAL STANDARDS.....	 10
8.110 APPLICABILITY .....	10
8.115 RELIABLE EXAMINATION METHODS & STANDARDS .....	10
8.120 PHYSICAL & MENTAL REQUIREMENTS .....	10
8.125 MENTAL STANDARDS .....	10
8.130 VISUAL REQUIREMENTS: GENERAL.....	10
8.135 VISION TESTING REQUIREMENTS.....	11
8.140 ACCEPTABILITY OF CORRECTING LENSES .....	11
8.145 DISTANCE VISION REQUIREMENTS .....	12
8.150 NEAR VISION REQUIREMENTS.....	12
8.155 COLOUR PERCEPTION REQUIREMENTS.....	12
8.160 AUDITORY REQUIREMENTS.....	12
8.165 CARDIOVASCULAR: GENERAL.....	13
8.170 BLOOD PRESSURE & CIRCULATION .....	13
8.175 ELECTRO-CARDIOGRAM EXAMINATION .....	14
8.180 NEUROLOGICAL REQUIREMENTS .....	14
8.185 RESPIRATORY CAPABILITY .....	14
8.190 RADIOGRAPHY (XRAY) EVALUATION .....	14

**Civil Aviation Regulations**

8.195 VESTIBULAR & RESPIRATORY SYSTEM ..... 14  
8.200 BONES, MUSCLES & TENDONS ..... 15  
8.205 ENDOCRINE SYSTEM ..... 15  
8.210 GASTROINTESTINAL & DIGESTIVE TRACT ..... 15  
8.215 KIDNEYS & URINARY TRACT ..... 15  
8.220 LYMPHATIC GLANDS OR DISEASE OF THE BLOOD ..... 16  
8.225 GYNAECOLOGICAL DISORDERS ..... 16  
8.230 PREGNANCY ..... 16  
8.235 SPEECH DEFECTS ..... 16  
8.240 ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) ..... 16  
APPENDIX 1 TO 8.003.- SUMMARY OF AMENDMENTS AND REVISION HIGHLIGHTS ..... 17

*The Remainder of This Page Intentionally Left Blank*

**SUBPART A: GENERAL****8.001 CITATION & APPLICABILITY**

- (a) These Regulations may be cited as the Civil Aviation (Medical Certification) Regulations.
- (b) This Part prescribes the medical standards and certification procedures of Rwanda for medical assessment and issuance of medical certificates.
- (c) This Part is applicable to all holders of licences issued by Rwanda for which medical certificates are required for the validity of the licence.
- (d) This Part is also applicable to all persons providing medical evaluations, accredited medical conclusions, and special evaluations for operational competency.
- (e) The Civil Aviation Technical Standards (Medical Certification) published by the Authority are also applicable to medical assessment and certification in Rwanda.

**8.003 SUMMARY OF AMENDMENTS AND REVISION HIGHLIGHTS**

- (a) The summary of amendments and revision highlights to this Part are contained in Appendix 1 to 8.003.

*New: Internal: Special Regulation RSR/01/2020: Effective 15 November 2020*

**8.005 DEFINITIONS**

- (a) The definitions applicable to this Part are consolidated in Part 1, Appendix 1 to 1.015.

**8.010 ACRONYMS**

- (a) The following acronyms and abbreviations are used in this Part—

**AIDS** = Acquired Immunodeficiency Syndrome

**AME** = Aviation Medical Examiner

**cd** = Candela

**cm** = centimetre(s)

**dB** = decibels (relative to as 1 microPascal)

**HIV** = Human Immunodeficiency Virus

**Hz** = Hertz

**m** = Metres

**Xray** = Electro X-Radiation

**8.015 MEDICAL CERTIFICATES**

- (a) Authority has established three classes of medical assessments and issues medical certificates that are intended to indicate the minimum medical qualification for the exercise of the license privileges.
  - (1) The Class 1 Medical Assessment applies to applicants for, and holders of—
    - (i) Commercial pilot licences;
    - (ii) Multi-crew pilot licences; and
    - (iii) Airline transport pilot licences.
  - (2) The Class 2 Medical Assessment applies to applicants for, and holders of—
    - (i) Student pilot licenses;
    - (ii) Private Pilot licenses (including glider and free balloon);
    - (iii) Flight engineer licences;
    - (iv) Flight navigator licenses; and
    - (v) Cabin crew licenses.
  - (3) The Class 3 Medical Assessment applies to applicants for, and holders of air traffic controller licences.

**8.020 INITIAL & SUBSEQUENT MEDICAL EXAMINATION**

- (a) An applicant for a medical assessment under this Part shall undergo an initial medical examination for the

## Civil Aviation Regulations

medical standards in Subpart D that include the following requirements for the class of assessment specified for the applicable licence—

- (1) Physical and mental;
  - (2) Visual and colour perception; and
  - (3) Hearing.
- (b) Then the license holder shall undergo subsequent examinations for the standards of Subpart D at intervals that do not exceed the period of validity for the applicable licence.

### 8.025 PERIOD OF VALIDITY

- (a) The duration of the period of validity for the medical certificate shall be in accordance with the specific licence privileges being exercised, for periods not greater than—
- (1) 60 months for the private pilot licence;
  - (2) 24 months for the cabin crew member licence;
  - (3) 12 months for the commercial pilot licence;
  - (4) 12 months for the multi-crew pilot licence – aeroplane;
  - (5) 12 months for the airline transport pilot licence;
  - (6) 12 months for the flight engineer licence;
  - (7) 12 months for the flight navigator licence;
  - (8) 48 months for the air traffic controller licence;
  - (9) 60 months for the glider pilot licence;
  - (10) 60 months for the free balloon pilot licence;
- (b) Based on the age of the applicant on the date of the medical assessment, the period of validity for the medical certificate shall be reduced to—
- (1) 6 months when the holders of airline transport pilot licences — aeroplane, helicopter and powered-lift, and commercial pilot licences — aeroplane, airship, helicopter and powered-lift, who are engaged in single-crew commercial air transport operations carrying passengers, have passed their 40th birthday;
  - (2) 6 months, following their 60th birthday, for airline transport and commercial pilots continuing to exercise privileges in commercial air transport;
  - (3) 24 months, following their 40th birthday, for private pilots and air traffic controllers;
  - (4) 12 months, following their 50th birthday, for private pilots.
- (c) The period of validity will, for the last month counted, include the day that has the same calendar number as the date of the medical examination or, if that month has no day with that number, the last day of that month.
- (d) When clinically indicated, the Authority may reduce the period of validity of a Medical Assessment for safety in the public interest.

### 8.030 TEMPORARY INVALIDATION OF MEDICAL ASSESSMENT

- (a) No person may exercise the privileges of their licences and related ratings issued under Part 7—
- (1) At any time when they are aware of any decrease in their medical fitness which might render them unable to safely and properly exercise these privileges.
  - (2) During any period in which their medical fitness has, from any reason, decreased to an extent that would have prevented the issue or renewal of their medical assessment.
  - (3) While under the influence of any psychoactive substance which might render them unable to safely and properly exercise these privileges.
  - (4) If they are engaged in any problematic use of substances.
- (b) Each person who is experiencing a prolonged period involving a decrease of medical fitness or problematic use of substances shall notify Authority in writing of the circumstances and details of their situation and the actions they are taking to ensure safety in aviation is not being jeopardized.

**SUBPART B: AVIATION MEDICAL EXAMINERS AND MEDICAL ASSESSOR****8.035 AVIATION MEDICAL EXAMINER: DESIGNATION & AUTHORITY**

- (a) The Authority shall designate and authorise AMEs to—
  - (1) Accept applications for physical examinations necessary for issuing medical certificates under this Part;
  - (2) Conduct physical examinations for medical examinations of fitness of applicants for the issue or renewal of licences or ratings as prescribed by the Authority; and
  - (3) Recommend issuance or denial of medical certificates in accordance with this Part, subject to reconsideration by an authorised representative of the Authority.
- (b) Each AME shall—
  - (1) Be qualified and licenced in the practice of medicine;
  - (2) Have received training in aviation medicine at an institution recognised by the RCAA;
  - (3) Shall refresher training at regular intervals as prescribed by the RCAA;
  - (4) Demonstrate competency in aviation medicine;
  - (5) Have practical knowledge and experience of the conditions in which the holders of the licences and ratings carry out their duties;
  - (6) Demonstrate knowledge of the international aviation medical standards;
  - (7) Demonstrate knowledge of the international aviation guidance for AMEs.
- (c) Each AME shall report to the Authority any individual case where, in the examiner's judgement, an applicant's failure to meet any requirement could jeopardise flight safety.

**8.040 DELEGATION OF AUTHORITY FOR MEDICAL ASSESSOR**

- (a) The Authority shall only delegate to each AME the authority to—
  - (1) Examine applicants for and holders of medical certificates to determine whether they meet applicable medical standards; and
  - (2) Recommend issuance, renewal, denial, or withdrawal of medical certificates, medical waivers, or special authorisations to an applicant based on meeting or failing to meet applicable medical standards.
- (b) The Authority may delegate to a qualified medical assessor the authorisation as representatives of the Authority, to—
  - (1) Review and Evaluate medical reports submitted to the Authority by medical examiners and making final assessments for issue, renew or deny medical certificates;
  - (2) Re-evaluate applicants' and holders of medical certificates for fitness; and
  - (3) On occasion to visit and review the applicants' files held by an AME.
- (c) The medical assessors shall be qualified and experienced in the practice of aviation medicine and competent in evaluating and assessing medical conditions of flight safety significance.
- (d) Medical assessors shall maintain the currency of their professional knowledge.
- (e) The medical assessors shall periodically evaluate the competence of medical examiners to ensure that they meet applicable standards for good medical practice and aeromedical risk assessment.
- (f) The medical assessors shall normally be in charge of Accredited Medical Conclusions.
- (g) Subject to conditions and limitations as may be prescribed by the RCAA, functions of the medical assessor may be delegated to a qualified medical examiner.
- (h) The Authority may reconsider any action of an AME and re-examine an applicant where there is a basis to question a medical examiner's assessment of that individual.

## SUBPART C: MEDICAL CERTIFICATION PROCEDURES

### 8.045 APPLICABILITY

- (a) This Subpart prescribes the medical certification procedures required for the issuance of all medical certificates.

### 8.050 MEDICAL RECORDS

- (a) Each applicant for a medical certificate shall, in a form and manner prescribed by the Authority, sign and furnish the medical examiner with a personally certified statement of medical facts concerning—
  - (1) Personal, familial, and hereditary history that is as complete and accurate as the applicant's knowledge permits;
  - (2) Whether they have previously undergone such an examination and, if so, the date, place and result of the last examination; and
  - (3) They shall also indicate to the examiner whether a Medical Assessment has previously been refused, revoked or suspended and, if so, the reason for such refusal, revocation or suspension.
- (b) Whenever the Authority finds that additional medical information or history is needed, the Authority will request that the applicant—
  - (1) Furnish that information; or
  - (2) Authorise any clinic, hospital, physician, or other person to release to the Authority all available information or records concerning that history.
- (c) Each applicant shall be made aware of the necessity for giving a statement that is as complete and accurate as the applicant's knowledge permits and the possible penalties for giving false information.
- (d) The medical examiner shall report any false declaration made by an applicant for a licence or rating to Authority for such action as may be considered appropriate.
- (e) If an applicant or holder of a medical certificate fails to provide the requested medical information or history, fails to authorise the release so requested, or provides information that is false, the Authority may—
  - (1) Suspend, modify, or revoke all medical certificates the applicant holds; or
  - (2) In the case of an applicant, deny the application for a medical certificate.
- (f) If a medical certificate is suspended or modified under this Part, that suspension or modification remains in effect until—
  - (1) The holder or applicant provides the requested information, history, or authorisation to the Authority; and
  - (2) The Authority determines whether the holder or applicant meets the medical standards.

### 8.055 AME SUBMISSION OF SIGNED MEDICAL EVALUATION REPORT

- (a) Having begun a medical examination of an applicant, the medical examiner shall submit to the Authority a signed report with medical fitness details and findings whether the assessment—
  - (1) Was terminated prior to completion; or
  - (2) Was completed with one of the following results—
    - (i) One or more of the applicable medical standards were not met and a grant of medical certificate is—
      - (A) Not recommended; or
      - (B) Not recommended without further medical assessment; or
    - (ii) Issuance of the medical certificate is recommended—
      - (A) Only after a satisfactory special medical flight test and annotated results of demonstration of ability;
      - (B) Provided appropriate operational limitations are included on the certificate; or
      - (C) Without the necessity for further evaluation, limitations or demonstrations of ability.
- (b) Where the medical examination is accomplished by more than one medical examiner, the examiner

appointed by the Authority shall—

- (1) Coordinate the findings with the other physicians;
  - (2) Evaluate the findings with regard to medical fitness; and
  - (3) Sign the report.
- (c) The designated medical examiner shall submit a signed medical report, or equivalent, to the Authority in the prescribed form and manner.
- (1) No examiner shall allow the applicant to handle the medical report.
  - (2) The report must be submitted to the Authority by the examiner through mail or hand-delivery.
- (d) This medical report will provide the results of the examination in sufficient detail to enable the Authority to audit the medical assessments with regard to medical fitness.
- (e) Medical examiners with approval to submit the medical report in electronic format shall ensure that their electronic identification is kept secure and, in the event that security is suspected to be compromised, promptly advise the Authority.

#### **8.060 SECURITY & ACCESS TO MEDICAL RECORDS**

- (a) Medical confidentiality shall be respected at all times by the personnel of the Authority, medical examiners and medical assessors.
- (b) All medical reports and records shall be securely held with accessibility restricted to authorised personnel.
- (c) Medical assessors shall be granted access to all medical records of an applicant or holder of a medical certificate whether those records are held by medical examiner or private physician.
- (d) When justified by operational considerations, the medical assessor shall determine to what extent pertinent medical information is presented to relevant officials of the Authority.
- (e) Regardless of any confidentiality requirement, no person with knowledge may allow the issuance or continued use of a medical certificate when the holder of that certificate does not meet the applicable medical standards.

#### **8.065 MEDICAL ASSESSORS**

- (a) The medical assessor employed by the Authority shall—
  - (1) Audit all medical reports submitted to the Authority by the AMEs for completeness, accuracy and assessment of possible aeromedical risk trends;
  - (2) Re-evaluate the medical assessment process on a continuous basis to concentrate on identified areas of increased medical risk;
  - (3) Determine the need for modification of the medical evaluation process and forms to ensure that sufficient information is provided to enable the Authority to undertake Medical Assessment audits;
  - (4) Determine the need for follow-up evaluations or more restrictive periods of validity for medical certificates;
  - (5) Coordinating the arrangements for an accredited medical conclusion;
  - (6) Coordinating the arrangements for a special medical demonstration of ability;
  - (7) Conduct routine analysis of in-flight incapacitation events and medical findings during medical assessment to identify areas of increased medical risk;
  - (8) Conduct of medical re-examinations in event of an incident or accident;
  - (9) Conduct of at least one inspection of the facilities, equipment, and records of each AME annually to ensure the applicable standards for good medical practice and aeromedical risk assessment;
  - (10) Evaluate the competence of each medical examiner annually for application of the standards of this Part and aeromedical-related continuation training needs.
- (b) Medical assessors shall meet all requirements for designation as a medical examiner and also have training in the auditing of medical records.
- (c) A medical examiner designated by the Authority may not be appointed as a medical assessor, if that person intends to continue practicing as a medical examiner.



## Civil Aviation Regulations

### 8.070 ISSUANCE OR RENEWAL OF MEDICAL CERTIFICATE

- (a) When the Authority is satisfied that the standards of Subpart D and the general requirements of Subparts B and C have been met, a medical certificate for the class of assessment shall be issued to the applicant.
- (b) If the medical Standards of this Part for a particular licence are not met, the appropriate Medical Assessment shall not be issued or renewed unless the following conditions are fulfilled—
  - (1) An accredited medical conclusion or special medical test 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 applied for is not likely to jeopardize flightsafety;
  - (2) Relevant ability, skill and experience of the applicant and operational conditions have been given due consideration; and
  - (3) The licence is endorsed with any special limitation or limitations when the safe performance of the licence holder's duties is dependent on compliance with such limitation or limitations.
- (c) In accordance with guidance from the Authority, medical examiners may admit certain routine examination items related to the assessment of physical fitness, while increasing the emphasis on health education and prevention of ill health.
- (d) Any person who does not meet the medical standards of this Subpart may apply for the discretionary issuance of a certificate.

### 8.075 DENIAL OF MEDICAL CERTIFICATE

- (a) The denial of a medical certificate is effective—
  - (1) Upon the date of the medical evaluation that determined the applicant was not fit in conformance with the standards of Subpart D of this Part, and
  - (2) Until such time that the applicant is again determined by the Authority to be fit to exercise the privileges.
- (b) Any applicant who is denied a medical certificate by the Authority may, within 30 days after the date of the denial, apply in writing and in duplicate to the Authority for reconsideration of that denial.
- (c) If the applicant does not ask for reconsideration during the 30-day period after the date of the denial, the Authority will consider that he or she has withdrawn the application for a medical certificate.

### 8.080 SPECIAL ISSUANCE OF MEDICAL CERTIFICATE

- (a) The Authority may issue a Special Issuance of a Medical Certificate (authorisation) to an applicant who does not meet the applicable standards for the medical certificate sought if the applicant shows to the satisfaction of the Authority that—
  - (1) An 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 applied for is not likely to—
    - (i) Interfere with safe performance of duties;
    - (ii) Safe operation of aircraft, or
    - (iii) Result in incapacitation;
  - (2) Relevant ability, skill, and experience of the applicant and operational conditions have been given due consideration; and
  - (3) The licence is endorsed with any special limitation or limitations when the safe performance of the licence holder's duties is dependent on compliance with such limitation or limitations.

### 8.085 VALIDATION OF FOREIGN MEDICAL CERTIFICATES

- (a) The Authority may accept, for issuance of a medical certificate, a certificate issued by another ICAO Contracting State in lieu of a medical examination conducted by a medical examiner designated for Rwanda only if Medical Assessor in his discretion recommended.

*Note: The Authority may contact the civil aviation authorities of the other ICAO Contracting State to determine the validity of the certificate submitted to the Authority.*

- (b) The Authority may accept, for operations within Rwanda, a medical certificate issued by another ICAO Contracting State in lieu of issuance of a certificate by the Authority.

*Note: The Authority will have available a listing of those States from which a medical certificate is accepted in lieu of one issued by the Authority.*

**8.090 RENEWAL OF MEDICAL CERTIFICATE**

- (a) The requirements for the renewal of a Medical Assessment are the same as those for the initial assessment except where otherwise specifically stated.

**8.095 EXTENSION OR REDUCTION OF PERIOD OF VALIDITY**

- (a) The authorised periods of validity for medical certificates are provided in Part 8.025.  
(b) The period of validity of a medical assessment may be extended, at the discretion of the Authority, up to 45 days.  
(c) The Authority may reduce the period of validity for individual applicants when clinically indicated.

**8.100 DEFERRAL OF MEDICAL EXAMINATION**

- (a) The prescribed re-examination of a licence holder operating in an area distant from designated medical examination facilities may be deferred at the discretion and with the written permission of the Authority, provided that such deferment shall only be made as an exception and shall not exceed—
- (1) A single period of six months in the case of a flight crew member of an aircraft engaged in non-commercial operations.
  - (2) two consecutive periods each of three months in the case of a flight crew member of an aircraft engaged in commercial operations provided that in each case a favourable medical report is obtained after examination by a designated medical examiner of the area concerned, or, in cases where such a designated medical examiner is not available, by a physician legally qualified to practise medicine in that area.
  - (3) In the case of the holder of a private pilot license, a single period not exceeding 24 months where the medical examination is carried out by an examiner designated by the Contracting State in which the applicant is temporarily located.
- (b) A report of the medical examination required by this Part shall be sent to the Authority before the actual conduct of any aircraft operations during the period specified for special renewal.

**8.105 PROGRAMS FOR PROBLEMATIC USE OF SUBSTANCES**

- (a) The Authority shall have a continuous program of identification of, and assistance to, license holders who may be involved in problematic use of substances and removed from their safety critical functions.  
(b) As authorised by Part 1.075, the Authority shall coordinate biochemical testing of licenses holders—
- (1) Involved in accidents and serious incident where a contributing factor may be decreased or erratic performance; and
  - (2) When there is a reasonable suspicion that the license holders are under the influence of a substance.
- (c) The Authority shall assist organisations in implementation of the biochemical testing authorised under Part 1.075 of these Regulations to license holders prior to employment, at intervals and at random.  
(d) The return of license holders to the safety-critical functions may be considered after successful treatment or, in cases where no treatment is necessary, after cessation of the problematic use of substances and upon determination that the person's continued performance of the function is unlikely to jeopardize safety.

*The remainder of This Page Intentionally Left Blank*

## **SUBPART D: PHYSICAL & MENTAL STANDARDS**

### **8.110 APPLICABILITY**

- (a) This Part prescribes the physical medical standards required for the applicants for all medical certificates.

### **8.115 RELIABLE EXAMINATION METHODS & STANDARDS**

- (a) The methods of examination used to evaluate the standards of this Part shall be only those prescribed by the Authority in order to guarantee reliable and standardized testing.

### **8.120 PHYSICAL & MENTAL REQUIREMENTS**

- (a) An applicant shall not suffer from any disease or disability which could render that applicant likely to become suddenly unable either to operate an aircraft safely or to perform assigned duties safely.
- (b) No person may hold or be issued a medical certificate that suffers from any physical or mental abnormality such as would entail a degree of functional incapacity which is likely to interfere with the safe performance of duties or the safe operation of an aircraft.
- (c) In general, an applicant shall be required to be free from any—
  - (1) Abnormality, congenital or acquired; or
  - (2) Active, latent, acute or chronic disability; or
  - (3) Wound, injury or sequelae from operation; or
  - (4) Effect or side-effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken.
- (d) Those conditions due to a transient condition may be assessed as temporarily unfit.

### **8.125 MENTAL STANDARDS**

- (a) No person may hold or be issued a medical certificate who has an established medical history or clinical diagnosis such as might render the applicant unable to safely exercise the privileges of the licence applied for or held.
- (b) The established medical history or clinical diagnosis restriction of paragraph (a) shall include—
  - (1) An organic mental disorder;
  - (2) A mental or behavioral disorder due to use of psycho-active substances; this includes dependence syndrome induced by alcohol or other psychoactive substances;
  - (3) Schizophrenia or a schizotypal or delusional disorder;
  - (4) A mood (affective) disorder;
  - (5) A neurotic, stress-related or somatoform disorder;
  - (6) A behavioral syndrome associated with physiological disturbances or physical factors;
  - (7) A disorder of adult personality or behaviour, particularly if manifested by repeated overt acts;
  - (8) Mental retardation;
  - (9) A disorder of psychological development;
  - (10) A behavioral or emotional disorder, with onset in childhood or adolescence; or
  - (11) A mental disorder not otherwise specified.
- (c) An applicant with depression, being treated with antidepressant medication, shall be assessed as unfit unless the medical assessor, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's licence and rating privileges.

### **8.130 VISUAL REQUIREMENTS: GENERAL**

- (a) An applicant shall have—
  - (1) Normally functioning eyes and adnexae,
  - (2) Normal fields of vision,

- (3) Normal binocular function,
  - (i) Reduced stereopsis, abnormal convergence not interfering with near vision, and ocular misalignment where the fusional reserves are sufficient to prevent asthenopia and diplopia need not be disqualifying,
- (4) No active pathological condition, acute or chronic, nor sequelae of surgery or trauma of the eyes or their adnexa which is likely to jeopardise flight safety or to reduce proper visual function to an extent that would interfere with the safe exercise of the applicant's licence and rating privileges.

### 8.135 VISION TESTING REQUIREMENTS

- (a) The corrected and uncorrected visual acuity must be measured and recorded at each examination.
 

*Note: Applicants who use contact lenses may not need to have their uncorrected visual acuity measured at each re-examination provided the history of their contact lens prescription is known.*
- (b) There are no limits to uncorrected visual acuity.
- (c) The test for visual acuity must comply with the following—
  - (1) For a visual acuity test in a lighted room, use a level of illumination that corresponds to ordinary office illumination (30-60 cd per square meter).
  - (2) Visual acuity shall be measured by means of a series of optotypes of Landolt rings, or similar optotypes, placed at a distance of 6 m from the candidate, or 5 m as appropriate.
- (d) The Authority, at its discretion, may require a separate ophthalmic report before issuance of a medical certificate.
- (e) Conditions which indicate a need to obtain an ophthalmic report include—
  - (1) A substantial decrease in the uncorrected visual acuity,
  - (2) Any decrease in best corrected visual acuity, and
  - (3) The occurrence of eye disease, eye injury or eye surgery.

### 8.140 ACCEPTABILITY OF CORRECTING LENSES

- (a) An applicant may meet the visual acuity fitness for near or distant vision by using correcting lenses.
- (b) Correcting spectacles may be used, provided that—
  - (1) Not more than one pair of correcting spectacles is used to demonstrate compliance with visual acuity requirements;
  - (2) Single-vision near correction lenses (full lenses of one power only, appropriate to reading) may not be used for both near and distance vision; and
  - (3) In order to read the instruments and a chart or manual held in the hand, and to make use of distant vision through the windscreen without removing the lenses, the spectacles may be, as appropriate—
    - (i) "lookover;"
    - (ii) bifocal, or
    - (iii) trifocal.
- (c) An applicant may use contact lenses to meet the distance vision acuity requirement provided that the lenses are—
  - (1) Monofocal;
  - (2) Non-tinted; and
  - (3) Well tolerated.
- (d) An applicant that is issued a medical certificate that requires correcting lenses or spectacles shall have a limitation placed on that document requiring them, while exercising the privileges of this certificate, to (as appropriate)—
  - (1) Wear the distant-correction lenses at all times,
  - (2) Have readily available and use the near-correction spectacles as necessary to accomplish near vision functions; and
  - (3) Have a second pair of suitable spectacles (distant- and/or near-correction, as appropriate) available

## Civil Aviation Regulations

for immediate use.

### 8.145 DISTANCE VISION REQUIREMENTS

- (a) An applicant shall have a distant visual acuity, with or without correcting lenses of at least—
  - (1) *Specifically for Class 1 or 3 applicants*, 6/9 (20/30), with binocular visual acuity of 6/6 (20/20) or better.
  - (2) *Specifically for Class 2 applicants*, 6/12 (20/40), with binocular visual acuity of 6/9 (20/30) or better.
- (b) An applicant with a large refractive error shall use contact lenses or high-index spectacle lenses.
- (c) An applicant whose uncorrected distant visual acuity in either eye is worse than 6/60 shall provide a full ophthalmic report prior to initial medical evaluation and every 5 years thereafter.
- (d) An applicant who has undergone surgery affecting the refractive status of the eye shall be assessed as unfit unless they are free from those sequelae which are likely to interfere with the safe exercise of their licence and rating privileges.

### 8.150 NEAR VISION REQUIREMENTS

- (a) An applicant shall meet the following minimum visual standards for near visual acuity to read, with or without corrective lenses, an—
  - (1) N14 chart (N14 refers to "Times Roman" font) chart or its equivalent at a distance of 100 cm, and
  - (2) N5 chart (N5 refers to "Times Roman" font) at a distance of 30 to 50 cm as selected by the applicant.
- (b) If this requirement is met only by the use of near correction spectacles, the applicant may be assessed as fit, but should be cautioned that single-vision near correction significantly reduces distant visual acuity.
- (c) If these near-vision requirements are met only by the use of near-correction and the applicant also needs distant-correction, the applicant shall be assessed as fit by demonstrating that one pair of spectacles is sufficient to meet both distant and near visual requirements.
- (d) When required to obtain or renew correcting lenses, the applicant should advise the AME conducting the medical examination of the new prescription, including revised reading distances for the—
  - (1) *Specifically for Class 1 and Class 2 applicants*, visual flight deck tasks relevant to the types of aircraft in which the applicant is likely to function.
  - (2) *Specifically, for Class 3 applicants*, duties the applicant is to perform.

### 8.155 COLOUR PERCEPTION REQUIREMENTS

- (a) The applicant shall demonstrate the ability to perceive readily those colours the perception of which is necessary for the safe performance of duties.
- (b) The applicant shall be able to correctly identify a series of pseudoisochromatic plates (tables) in daylight or in artificial light of the same colour temperature such as that provided by Illuminant "C" or "D<sub>65</sub>" as specified by the International Commission on Illumination (CIE).
- (c) The use of a different method of examination than provided in paragraph (b) to guarantee reliable testing of colour perception must be approved by the Authority.
- (d) An applicant failing to obtain a satisfactory score in such a test may nevertheless be assessed as fit provided the applicant is able to readily and correctly identify aviation coloured lights displayed by means of a recognized colour perception lantern in a special test conducted by the Authority.
- (e) An applicant unable to satisfactorily complete the special medical test provided in paragraph (c) shall only be eligible for a Class 2 medical assessment with the following restriction: "Valid for Day Operations Only."
- (f) No person shall wear sunglasses during the exercise of their privileges in aviation unless those glasses are non-polarizing and of a neutral gray tint.

### 8.160 AUDITORY REQUIREMENTS

- (a) An applicant shall not have any hearing defect that is likely to jeopardise flight safety or interfere with the safe performance of duties in exercising the privileges of the licence.

*Note: Hearing requirements are established in addition to the ear examinations conducted during*

*the medical examination for the physical and mental requirements*

- (b) An applicant shall demonstrate acceptable hearing performance sufficient for the safe exercise of their licence and rating privileges by—
- (1) Pure-tone audiometry tests at the first issuance of the assessment and—
    - (i) *Specifically for Class 1 applicants*, not less than once every five years up to the age of 40 years, thereafter not less than once every two years.
    - (ii) *Specifically for Class 2 applicants*, not less than once every two years after the age of 50 years.
    - (iii) *Specifically for Class 3 applicants*, not less than once every four years up to the age of 40 years, thereafter not less than once every two years.
  - (2) For the years where audiometry is not required, the applicant shall be tested in a quiet room using spoken and whispered voice tests.
    - (i) Applicants who are unable to hear an average conversational voice in a quiet room, using both ears, at a distance of 2 m from the examiner and with the back turned to the examiner, shall be assessed as unfit.
- (c) The applicant, when tested on a pure-tone audio-meter shall not have a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1 000 or 2000 Hz, or more than 50 dB at 3000 Hz.
- (d) An applicant with a hearing loss greater than the above may be declared fit provided that the applicant has normal hearing performance against a background noise that reproduces or simulates that—
- (1) *Specifically for Class 1 and Class 2 applicants*, reproduces or simulates the masking properties of flight deck noise upon speech and beaconsignals.
  - (2) *Specifically for Class 3 applicants*, that experienced in a typical air traffic control working environment.
- (e) Alternatively, a practical hearing test may be used if conducted in—
- (1) *Specifically for Class 1 and Class 2 applicants*, flight in the cockpit of an aircraft of the type for which the applicant's licence and ratings are valid.
  - (2) *Specifically, for Class 3 applicants*, an air traffic control environment representative of the one for which the applicant's licence and ratings are valid.

#### **8.165 CARDIOVASCULAR: GENERAL**

- (a) An applicant shall not have any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.
- (b) An applicant with an established medical history of cardiac issues shall be assessed as unfit unless their cardiac condition has been investigated and evaluated in accordance with best medical practice and assessed not likely to interfere with the safe exercise of their licence or rating privileges.
- (c) The following cardiac issues are specifically included in this Part—
- (1) Coronary bypass grafting; or
  - (2) Angioplasty (with or without stenting); or
  - (3) Other cardiac intervention; or
  - (4) Abnormal cardiac rhythm; or
  - (5) Any other potentially incapacitating cardiac condition.

#### **8.170 BLOOD PRESSURE & CIRCULATION**

- (a) An applicant shall not have—
- (1) Systolic and diastolic blood pressures outside normal limits; or
    - (i) The use of drugs for control of high blood pressure is disqualifying except for those drugs the use of which are compatible with the safe exercise of the applicant's licence and rating privileges.
  - (2) A significant functional or structural abnormality of the circulatory tree.

*Note: The presence of varicosities does not necessarily entail unfitness.*

## Civil Aviation Regulations

### 8.175 ELECTRO-CARDIOGRAM EXAMINATION

- (a) An applicant shall be required to have an electrocardiographic examination—

*Note: The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence to justify disqualification without further thorough cardiovascular investigation.*

- (1) *Specifically for Class 1 applicants—*
  - (i) At the first application; then
  - (ii) Every 2 years after reaching the 30th birthday; and
  - (iii) Every year after reaching the 50th birthday.
- (2) *Specifically for Class 2 and 3 applicants—*
  - (i) At the first examination after reaching the age of 40; and
  - (ii) After the age of 50 years, every two years.

### 8.180 NEUROLOGICAL REQUIREMENTS

- (a) An applicant shall not have any neurological disorder, disturbance of consciousness, or neurological condition which is likely to jeopardise flight safety.
- (b) An applicant shall not have an established medical history or clinical diagnosis of any of the following neurological conditions—
  - (1) Epilepsy;
  - (2) Any disturbance of consciousness without satisfactory medical explanation of cause; or
  - (3) Progressive or non-progressive disease of the nervous system, the effects of which are likely to interfere with the safe exercise of the applicant's licence and rating privileges.
- (c) The applicant shall not have suffered any head injury, the effects of which could interfere with the safe exercise of the applicant's licence and rating privileges.

### 8.185 RESPIRATORY CAPABILITY

- (a) Unless their condition has been adequately investigated and evaluated in accordance with best medical practice and is assessed not likely to cause incapacitating symptoms or otherwise interfere with the safe exercise of their licence and rating privileges, applicants with the following shall be assessed as unfit—
  - (1) Disability of the lungs or any active disease of the structures of the lungs, mediastinum or pleura.
    - (i) Applicants with chronic obstructive pulmonary disease shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's licence or rating privileges.
    - (ii) Applicants with asthma causing significant symptoms or likely to cause incapacitating symptoms shall be assessed as unfit.
    - (iii) The use of drugs for control of asthma shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.
  - (2) Active pulmonary tuberculosis.
    - (i) Applicants with quiescent or healed lesions, known to be tuberculous or presumably tuberculous in origin, may be assessed as fit.

### 8.190 RADIOGRAPHY (XRAY) EVALUATION

- (a) *Specifically for Class 1 and 2 applicants*, a radiography evaluation shall be accomplished during the initial chest examination.
- (b) Periodic chest radiography is not required unless it is a necessity in cases where asymptomatic pulmonary disease can be expected.

### 8.195 VESTIBULAR & RESPIRATORY SYSTEM

- (a) The applicant shall not have any abnormality or disease of the ear or related structures which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.

- (b) *Specifically for Class 1 and 2 applicants*, there shall be—
  - (1) No disturbance of vestibular function;
  - (2) No significant dysfunction of the Eustachian tubes; and
  - (3) No unhealed perforation of the tympanic membranes.
    - (i) A single dry perforation of the tympanic membrane need not render the applicant unfit.
- (c) The applicant shall not have any malformation nor any disease of the nose, buccal cavity or upper respiratory tract which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.
- (d) *Specifically, for Class 1 and 2 applicants*, there shall be no nasal obstruction.

#### **8.200 BONES, MUSCLES & TENDONS**

- (a) Applicants shall not possess any abnormality of the bones, joints, muscles, tendons or related structures which is likely to interfere with the safe exercise of their licence and rating privileges shall be assessed as unfit.

*Note: The sequelae after lesions affecting the bones, joints, muscles or tendons and certain anatomical defects will normally require functional assessment to determine fitness.*

#### **8.205 ENDOCRINE SYSTEM**

- (a) Applicants with the following medical conditions will be assessed as unfit—
  - (1) Metabolic, nutritional or endocrine disorders likely to interfere with safe exercise of their licence and rating privileges.
  - (2) Insulin-treated diabetes mellitus.
  - (3) Applicants with non-insulin-treated diabetes shall be assessed as unfit unless the condition is shown to be satisfactorily controlled by diet alone or by diet combined with oral anti-diabetic medication, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.

#### **8.210 GASTROINTESTINAL & DIGESTIVE T R A C T**

- (a) Unless their condition has been adequately investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of their licence and rating privileges, applicants with the following shall be assessed as unfit—
  - (1) Significant impairment of function of the gastrointestinal tract or its adnexae.
  - (2) *Specifically for Class 1 and Class 2*, hernias that might give rise to incapacitating symptoms.
  - (3) Sequelae of disease or surgical intervention on any part of the digestive tract or its adnexae, likely to cause incapacity during the exercise of privileges, in particular obstructions due to stricture or compression.
  - (4) A major surgical operation on the biliary passages of the digestive tract or its adnexae which has involved a total or partial excision or a diversion of any of these organs that may cause incapacity during the exercise of privileges.

*Note: A medical assessor having access to the details of the operation concerned may determine that the effects of the operations are not likely to cause incapacitation during the exercise of the privileges of the applicable licence.*

#### **8.215 KIDNEYS & URINARY TRACT**

- (a) Unless their condition has been adequately investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of their licence and rating privileges, applicants with the following shall be assessed as unfit—
  - (1) Renal or genito-urinary disease—
    - (i) Urine shall form part of the medical examination and abnormalities shall be adequately investigated.
  - (2) Any sequelae of disease or surgical procedures on the kidneys and the genito-urinary tract likely to cause incapacity, in particular any obstructions due to stricture or compression.



## Civil Aviation Regulations

- (3) Nephrectomy, unless the condition is well compensated.

### 8.220 LYMPHATIC GLANDS OR DISEASE OF THE BLOOD

- (a) Unless their condition has been adequately investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of their licence and rating privileges, applicants with the following shall be assessed as unfit—
  - (1) Diseases of the lymphatic system; and/or
  - (2) Diseases of the blood.

*Note: Sickle cell trait or other haemoglobinopathic traits are usually compatible with a fit assessment.*

### 8.225 GYNAECOLOGICAL DISORDERS

- (a) Applicants with gynaecological disorders that are likely to interfere with the safe exercise of their licence and rating privileges shall be assessed as unfit.

### 8.230 PREGNANCY

- (a) Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk uncomplicated pregnancy
  - (1) *Specifically for Class 1 and 2 applicants*, a fit assessment for a low-risk uncomplicated pregnancy should be limited to a supervised period from the end of the 12th week until the end of the 26th week of gestation.
  - (2) *Specifically for Class 3 applicants*, a fit assessment for a low-risk uncomplicated pregnancy should be limited to a supervised period until the end of the 34th week of gestation.
  - (3) During the gestational period, precautionary restrictions requiring the provision for the timely relief of an air traffic controller in the event of early onset of labour or other complications.
- (b) Following confinement or termination of pregnancy the applicant shall not be permitted to exercise the privileges of her licence until she has undergone re-evaluation in accordance with best medical practice and it has been determined that she is able to safely exercise the privileges of her licence and ratings.

### 8.235 SPEECH DEFECTS

- (a) Applicants with stuttering or other speech defects sufficiently severe to cause impairment of speech communication shall be assessed as unfit.

### 8.240 ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

- (a) Applicants who are seropositive for human immunodeficiency virus (HIV) shall be assessed as unfit unless full investigation determines that it is not likely to interfere with the safe exercise of the applicant's licence or rating privileges

*Note: Evaluation of applicants who are seropositive for human immunodeficiency virus (HIV) requires particular attention to their mental state, including the psychological effects of the diagnosis.*

*The remainder of This Page Intentionally Left Blank*

**APPENDIX 1 TO 8.003.- SUMMARY OF AMENDMENTS AND REVISION HIGHLIGHTS**

This Appendix contains a summary of all amendments and revision highlights to this Part since the issuance of the original regulation.

<b>Amended Regulation</b>	<b>Source of Amendment</b>	<b>Revision</b>	<b>Description of Revision</b>
8.003	Internal	Special Regulation RSR/01/2020 Effective 15 November 2020	Inserted a new summary of Amendments and Highlight of Revisions.
Appendix 1 to 8.003	Internal	Special Regulation RSR/01/2020 Effective 15 November 2020	Inserted a new summary of Amendments and Highlight of Revisions.

*New: Internal: Special Regulation RSR/01/2020: Effective 15 November 2020*

*END OF RCAR PART 8*