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Upprättad av  
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## Vägledning till Part-MED (Guidance material for aeromedical examiners)

Vägledande förteckning över vilka tillstånd hos klass 1 resp. klass 2 piloter som ska hanteras av AME respektive AMS. Rekommendationerna ska läsas tillsammans med Acceptable Means of Compliance (AMC) för motsvarande paragraf.

**Samråd (consult)** = Ska bedömas i samråd med TS (använd funktionen "consult AMS" i EMPIC)

**Överlåtas (refer to)** = Beslut ska överlåtas till TS när kompletterande undersökningar gjorts (enligt AMC) och du som flygläkare gjort din egen bedömning av medicinsk lämplighet. Flygläkarens bedömning av ärendet måste framgå av insänd ansökan om medicinskt intyg.

Uppenbara UNFIT-beslut för klass 1 piloter ska inte fördröjas, konfirmering av beslut kan ske i efterhand.

Referens (IR)	Sjukdom	Class 1	Class 2
<b>MED.B.010 (b)(1)</b>	(i) aneurysm of the thoracic or supra-renal abdominal aorta, before or after surgery; (ii) significant functional or symptomatic abnormality of any of the heart valves; (iii) heart or heart/lung transplantation.; (iv) symptomatic hypertrophic	Declare UNFIT (AME).	Consult AMS after cardiological evaluation.

	cardiomyopathy.		
<b>MED.B.010 (b)(2)</b>	(i) peripheral arterial disease before or after surgery; (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 of uncertain cause; (ix) arterial or venous thrombosis; (x) pulmonary embolism; (xi) cardiovascular condition requiring systemic anticoagulant therapy.	Refer to AMS after evaluation according to AMC. <i>Normally a secondary review by AMS cardiologist is required.</i>	Consult AMS after evaluation according to AMC.
<b>MED.B.010 (b)(4)</b>	Applicants with cardiac disorders other than those specified in (b)(1)	Refer to AMS after cardiological evaluation.	Consult AMS after cardiological evaluation.

	and (b)(2) may be assessed as fit subject to satisfactory cardiological evaluation.		
<b>MED.B.010 (d)(1-2)</b>	Applicants for a class 1 medical certificate with: (i) suspected myocardial ischaemia; (ii) asymptomatic minor coronary artery disease requiring no anti-anginal treatment; shall be referred to the licensing authority and undergo cardiological evaluation to exclude myocardial ischaemia before a fit assessment may be considered.	Refer to AMS after cardiological evaluation.	Consult AMS after cardiological evaluation.
<b>MED.B.010 (d)(5)</b>	Applicants who are asymptomatic following myocardial infarction or surgery for coronary artery disease shall undergo satisfactory cardiological evaluation before a fit assessment may be considered.	Refer to AMS after cardiological evaluation. UK guidance material ok. <i>Normally a secondary review by AMS cardiologist is required.</i>	Consult AMS after cardiological evaluation. UK guidance material ok.
<b>MED.B.010 (e)(1-2)</b>	(i) disturbance of supraventricular rhythm, including intermittent or established sinoatrial dysfunction, atrial	Refer to AMS after cardiological evaluation. UK guidance material ok.	Consult AMS after cardiological evaluation. UK guidance material ok.

	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.	<i>Atrial flutter and fibrillation are always UNFIT until evaluation is satisfactory.</i>	<i>Atrial flutter and fibrillation are always UNFIT until evaluation is satisfactory.</i>
<b>MED.B.010 (e)(4)</b>	Applicants with a history of: (i) ablation therapy; (ii) pacemaker implantation; shall undergo satisfactory cardiovascular evaluation before a fit assessment may be considered.	Refer to AMS after cardiological evaluation. UK guidance material ok. <i>Normally a secondary review by AMS cardiologist is required.</i>	Consult AMS after cardiological evaluation. UK guidance material ok.
<b>MED.B.015 (d)</b>	Applicants with a history or established diagnosis of: (1) asthma requiring medication; (2) active inflammatory disease of the respiratory system; (3) active sarcoidosis; (4) pneumothorax;	Refer to AMS after evaluation.	Consult AMS after evaluation.

	<p>(5) sleep apnoea syndrome;                  (6) major thoracic surgery;                  (7) pneumonectomy;                  (8) chronic obstructive pulmonary disease, shall undergo respiratory evaluation with a satisfactory result before a fit assessment may be considered.                  Applicants with an established diagnosis of the conditions specified in (d)(3) and (d)(5) shall undergo <i>satisfactory cardiological evaluation</i> before a fit assessment may be considered.</p>		
<b>MED.B.020 (c-d)</b>	<p>Applicants with disorders of the gastro-intestinal gastrointestinal system including:                  (1) recurrent dyspeptic disorder requiring medication;                  (2) pancreatitis;                  (3) symptomatic gallstones;                  (4) an established diagnosis or history of chronic inflammatory bowel disease;                  (5) after surgical operation on the digestive tract or its</p>	<p>For (2), (4) and (5);                  Refer to AMS after evaluation.</p>	<p>For (2);                  Consult AMS after evaluation.</p>

	adnexa, including surgery involving total or partial excision or a diversion of any of these organs; May be assessed as fit subject to <i>satisfactory gastrointestinal evaluation</i> after successful treatment or full recovery after surgery.		
<b>MED.B.025</b> (c)	Applicants requiring medication other than insulin for blood sugar control.	Refer to AMS after evaluation. Use "Vägledning för diabetesrapport". UK guidance material is <b>not</b> approved.	Consult AMS after evaluation. Use "Vägledning för diabetesrapport". UK guidance material is <b>not</b> approved.
<b>MED.B.030</b> (b)	Applicants with a haematological condition, such as: (1) coagulation, haemorrhagic or thrombotic disorder; (2) leukaemia;	Refer to AMS after evaluation.	Consult AMS after evaluation.
<b>MED.B.030</b> (d)	(1) abnormal haemoglobin, including, but not limited to anaemia, erythrocytosis or haemoglobinopathy; (2) significant lymphatic enlargement; (3) enlargement of the spleen.	Refer to AMS after evaluation.	AME decides after evaluation.
<b>MED.B.035</b> (d)	Applicants who have undergone a major surgical operation in	Refer to AMS after evaluation.	AME decides after evaluation.

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	<p>the genitourinary system or its adnexa involving a total or partial excision or a diversion of its organs shall be assessed as unfit. After full recovery, a fit assessment may be considered.</p>		
<b>MED.B.040</b>	<p>Applicants who are HIV positive may be assessed as fit subject to satisfactory aero-medical evaluation. Applicants for a class 1 medical certificate shall be referred to the licensing authority.</p>	<p>Refer to AMS after evaluation. Follow <u>UK guidance material</u>.</p>	<p>AME decides after evaluation. However the minimum acceptable requirement is;</p> <ol style="list-style-type: none"> <li>1) Written report from treating physician.</li> <li>2) Specialist neurological assessment.</li> <li>3) Functional cognitive assessment.</li> </ol> <p>UK guidance material ok.</p>
<b>MED.B.050</b>	<p>An applicant shall have satisfactory functional use of the musculoskeletal system to enable them to safely exercise of the privileges of the applicable licence(s).</p>	<p>Refer to AMS after evaluation (in case of doubt).</p>	<p>Consult AMS after evaluation (in case of doubt). Medical flight test can sometimes be an option.</p>
<b>MED.B.055 (c)</b>	<p>Applicants with a mental or behavioural disorder due to alcohol or other psychoactive substances shall be</p>	<p>Refer to AMS after evaluation.</p>	<p>Consult AMS after evaluation.</p>

	assessed as unfit pending recovery and freedom from psychoactive substance use or misuse and subject to satisfactory psychiatric evaluation after successful treatment.		
<b>MED.B.055 (d)</b>	Applicants with an established medical history or clinical diagnosis of a psychiatric condition such as: (1) mood disorder; (2) neurotic disorder; (3) personality disorder; (4) mental or behavioural disorder; (5) misuse of a psychoactive substance, shall undergo satisfactory psychiatric evaluation before a fit assessment may be considered.	Refer to AMS after evaluation.	Consult AMS after evaluation.
<b>MED.B.055 (e)</b>	Applicants with a history of a single or repeated acts of deliberate self-harm or suicide attempt shall be assessed as unfit. A fit assessment may be considered after satisfactory psychiatric evaluation.	Refer to AMS after evaluation.	Consult AMS after evaluation.



<b>MED.B.065 (1-10)</b>	(1) epilepsy without recurrence after age 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) inflammatory disease of the central or peripheral nervous system; (6) migraine; (7) a single episode of disturbance of consciousness of uncertain cause; (8) loss of consciousness after head injury; (9) penetrating brain injury; (10) spinal or peripheral nerve injury;	Refer to AMS after evaluation. Follow UK guidance material for migraine and head injury.	Consult AMS after evaluation. Follow UK guidance material for migraine and head injury.
<b>MED.B.065 (11)</b>	(11) disorders of the nervous system due to vascular deficiencies including haemorrhagic and ischaemic events,	Refer to AMS after evaluation. Follow UK guidance material for stroke/TIA.	Consult AMS after evaluation. Follow UK guidance material for stroke/TIA.
<b>MED.B.070 (b)(1)(iii)</b>	Distant visual acuity, with or without correction, less than 6/9 (0,7) in each eye separately.	Refer to AMS after evaluation.	

<b>MED.B.070 (b)(2)(ii)</b>	Distant visual acuity, with or without correction, less than 6/12 (0,5) in each eye separately.		Consult AMS after evaluation.
<b>MED.B.070 (c)(4)</b>	Applicants with a clinical diagnosis of keratoconus may be assessed as fit subject to a satisfactory examination by an ophthalmologist.	Refer to AMS after evaluation.	AME decides after evaluation.
<b>MED.B.075 (b)(2)(i) and (3)(ii)</b>	Applicants who do not pass the Ishihara test shall undergo further colour perception testing to establish whether they are colour safe.	Refer to AMS after evaluation.	AME decides after evaluation (VCL).
<b>MED.B.080 (b)</b>	Applicants with: (1) hypoacusis; (4) dysfunction of the Eustachian tube(s); (5) disturbance of vestibular function;	Refer to AMS after evaluation.	Consult AMS after evaluation. For hypoacusis only necessary when applicant applies for instrument rating (IR) or en route IR.
<b>MED.B.090</b>	Applicants with primary or secondary malignant disease, shall undergo satisfactory oncological evaluation before a fit assessment may be considered.	Refer to AMS after evaluation. Use "Vägledning vid begäran om onkologiskt utlåtande" UK guidance material ok, follow AMC. CAVE <i>anthracycline</i> and radiation treatment.	Consult AMS after evaluation. Use "Vägledning vid begäran om onkologiskt utlåtande" UK guidance material ok, follow AMC. CAVE <i>anthracycline</i> and radiation treatment.

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Beslut i detta ärende har fattats av chefen för bemannings- och behörighetsenheten Pernilla Wallin. I den slutliga handläggningen av ärendet deltog Dag Lemming och Håkan Bodvik, den senare föredragande.

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