(g) Spinal or peripheral nerve injury, myopathies

An applicant with a history or diagnosis of spinal or peripheral nerve injury or myopathy should be assessed as unfit. A fit assessment may be considered if neurological review and musculoskeletal assessments are satisfactory.

AMC1 MED.B.070 Visual system

(a) Eye examination

(1) At each aero-medical revalidation examination, an assessment of the visual fitness should be undertaken and the eyes should be examined with regard to possible pathology.

(2) All abnormal and doubtful cases should be referred to an ophthalmologist. Conditions which indicate ophthalmological examination include, but are not limited to, a substantial decrease in the uncorrected visual acuity, any decrease in best corrected visual acuity and/or the occurrence of eye disease, eye injury, or eye surgery.

(3) Where specialist ophthalmological examinations are required for any significant reason, this should be imposed as a limitation on the medical certificate.

(b) Comprehensive eye examination

A comprehensive eye examination by an eye specialist is required at the initial examination. All abnormal and doubtful cases should be referred to an ophthalmologist. The examination should include:

(1) history;

(2) visual acuities - near, intermediate and distant vision (uncorrected and with best optical correction if needed);

(3) examination of the external eye, anatomy, media (slit lamp) and fundoscopy;

(4) ocular motility;

(5) binocular vision;

(6) colour vision;

(7) visual fields;

(8) tonometry on clinical indication; and

(9) refraction hyperopic initial applicants with a hyperopia of more than +2 dioptres and under the age of 25 should undergo objective refraction in cycloplegia.

(c) Routine eye examination

A routine eye examination may be performed by an AME and should include:

(1) history;

(2) visual acuities - near, intermediate and distant vision (uncorrected and with best optical correction if needed);

(3) examination of the external eye, anatomy, media and fundoscopy;

(4) further examination on clinical indication.

(d) Refractive error

(1) At initial examination an applicant may be assessed as fit with:

(i) hypermetropia not exceeding +5.0 dioptres;

(ii) myopia not exceeding –6.0 dioptres;

(iii) astigmatism not exceeding 2.0 dioptres;

(iv) anisometropia not exceeding 2.0 dioptres

provided that optimal correction has been considered and no significant pathology is demonstrated.

(2) Initial applicants who do not meet the requirements in (1)(ii), (iii) and (iv) above should be referred to the licensing authority. A fit assessment may be considered following review by an ophthalmologist.

(3) At revalidation an applicant may be assessed as fit with:

(i) hypermetropia not exceeding +5.0 dioptres;

(ii) myopia exceeding –6.0 dioptres;

(iii) astigmatism exceeding 2.0 dioptres;

(iv) anisometropia exceeding 2.0 dioptres

provided that optimal correction has been considered and no significant pathology is demonstrated.

(4) If anisometropia exceeds 3.0 dioptres, contact lenses should be worn.

(5) If the refractive error is +3.0 to +5.0 or –3.0 to –6.0 dioptres, there is astigmatism or anisometropia of more than 2 dioptres but less than 3 dioptres, a review should be undertaken 5 yearly by an eye specialist.

(6) If the refractive error is greater than –6.0 dioptres, there is more than 3.0 dioptres of astigmatism or anisometropia exceeds 3.0 dioptres, a review should be undertaken 2 yearly by an eye specialist.

(7) In cases (5) and (6) above, the applicant should supply the eye specialist's report to the AME. The report should be forwarded to the licensing authority as part of the medical examination report. All abnormal and doubtful cases should be referred to an ophthalmologist.

(e) Uncorrected visual acuity

No limits apply to uncorrected visual acuity.

(f) Substandard vision

(1) Applicants with reduced central vision in one eye may be assessed as fit if the binocular visual field is normal and the underlying pathology is acceptable according to ophthalmological assessment. A satisfactory medical flight test and a multi-pilot limitation are required.

(2) An applicant with acquired substandard vision in one eye may be assessed as fit with a multi-pilot limitation if:

(i) the better eye achieves distant visual acuity of 6/6 (1.0), corrected or uncorrected;

(ii) the better eye achieves intermediate visual acuity of N14 and N5 for near;

(iii) in the case of acute loss of vision in one eye, a period of adaptation time has passed from the known point of visual loss, during which the applicant should be assessed as unfit;

(iv) there is no significant ocular pathology; and

(v) a medical flight test is satisfactory.

(3) An applicant with a visual field defect may be assessed as fit if the binocular visual field is normal and the underlying pathology is acceptable to the licensing authority.

(g) Keratoconus

Applicants with keratoconus may be assessed as fit if the visual requirements are met with the use of corrective lenses and periodic review is undertaken by an ophthalmologist.

(h) Heterophoria

Applicants with heterophoria (imbalance of the ocular muscles) exceeding:

(1) at 6 metres:

2.0 prism dioptres in hyperphoria,

10.0 prism dioptres in esophoria,

8.0 prism dioptres in exophoria

and

(2) at 33 centimetres:

1.0 prism dioptre in hyperphoria,

8.0 prism dioptres in esophoria,

12.0 prism dioptres in exophoria

should be assessed as unfit. The applicant should be reviewed by an ophthalmologist and if the fusional reserves are sufficient to prevent asthenopia and diplopia a fit assessment may be considered.

(i) Eye surgery

The assessment after eye surgery should include an ophthalmological examination.

(1) After refractive surgery, a fit assessment may be considered, provided that:

(i) pre-operative refraction was not greater than +5 dioptres;

(ii) post-operative stability of refraction has been achieved (less than 0.75 dioptres variation diurnally);

(iii) examination of the eye shows no post-operative complications;

(iv) glare sensitivity is within normal standards;

(v) mesopic contrast sensitivity is not impaired;

(vi) review is undertaken by an eye specialist.

(2) Cataract surgery entails unfitness. A fit assessment may be considered after 3 months.

(3) Retinal surgery entails unfitness. A fit assessment may be considered 6 months after successful surgery. A fit assessment may be acceptable earlier after retinal laser therapy. Follow-up may be required.

(4) Glaucoma surgery entails unfitness. A fit assessment may be considered 6 months after successful surgery. Follow-up may be required.

(5) For (2), (3) and (4) above, a fit assessment may be considered earlier if recovery is complete.

(j) Correcting lenses

Correcting lenses should permit the licence holder to meet the visual requirements at all distances.

AMC1 MED B.075 Colour vision

(a) At revalidation, colour vision should be tested on clinical indication.

(b) The Ishihara test (24 plate version) is considered passed if the first 15 plates, presented in a random order, are identified without error.

(c) Those failing the Ishihara test should be examined either by:

(1) anomaloscopy (Nagel or equivalent). This test is considered passed if the colour match is trichromatic and the matching range is 4 scale units or less; or by

(2) lantern testing with a Spectrolux, Beynes or Holmes-Wright lantern. This test is considered passed if the applicant passes without error a test with accepted lanterns.

AMC1 MED.B.080 Otorhino-laryngology

(a) Hearing

(1) The applicant should understand correctly conversational speech when tested with each ear at a distance of 2 metres from and with the applicant's back turned towards the AME.

(2) The pure tone audiogram should cover the 500 Hz, 1 000 Hz, 2 000 Hz and 3 000 Hz frequency thresholds.

(3) An applicant with hypoacusis should be referred to the licensing authority. A fit assessment may be considered if a speech discrimination test or functional flight deck hearing test demonstrates satisfactory hearing ability. A vestibular function test may be appropriate.

(4) If the hearing requirements can only be met with the use of hearing aids, the hearing aids should provide optimal hearing function, be well tolerated and suitable for aviation purposes.

(b) Comprehensive otorhinolaryngological examination

A comprehensive otorhino-laryngological examination should include:

(1) history;

(2) clinical examination including otoscopy, rhinoscopy, and examination of the mouth and throat;

(3) tympanometry or equivalent;

(4) clinical assessment of the vestibular system.

(c) Ear conditions

(1) An applicant with an active pathological process, acute or chronic, of the internal or middle ear should be assessed as unfit. A fit assessment may be considered once the condition has stabilised or there has been a full recovery.