



Medical 101

Understanding the Airman Medical Process

BY JAMES WILLIAMS

If you are new to aviation, it is normal to have questions or concerns about the FAA's airman medical certification process. Unlike state motor vehicle testing requirements, which are focused mainly on vision, airman medical regulations are much more comprehensive and are based on the more physiologically demanding tasks required when operating an airplane. So here's a basic primer on medical certification as you start your aviation journey.

The Rules are the Rules

As you'll learn in the process of flight training, the rules (aka regulations) are an important part of aviation. Whether it's the laws of nature, like gravity, or the laws of man, like airspace, aviation is built on rules. And when it comes to medical certification, there are two places to look for those rules. The first is Title 14 Code of Federal Regulations (14 CFR) section 61.23, which describes the class of medical that is required for different types of flying. The second is 14 CFR part 67, which covers the actual medical standards for each of the three classes of medicals. There is also 14 CFR section 61.53 on medical prohibitions, which we'll cover later.

Which Class are You in?

For student pilots just starting out — and the core audience for this article — the medical questions typically center around: Do I need a medical? And, what class of medical should I get? To answer these, we need to first look to what you want to do with your certificate. In very general terms, a first class medical certificate is required to act as Pilot in Command (PIC) with an Airline Transport Pilot (ATP) certificate for flights that require an ATP, i.e., air carrier operations.

A second class medical certificate is required to act as PIC for any operation that requires a commercial

pilot certificate or as the Second in Command (SIC) of an air carrier operation (Note: some additional conditions may require an SIC to hold a first class medical).

A third class medical certificate is required to conduct private/student/recreational pilot operations. A third class medical is also required for a flight instructor to conduct instruction as the PIC or to serve as a required crew member. In addition, you need at least a third class medical to take most practical tests. That means you could earn an ATP certificate even if you could not hold the medical needed to exercise its privileges.

If you're only flying a balloon, glider, or light-sport aircraft, no medical is required; you can use your driver's license instead.

This is a very basic and general description of these certificates because, quite frankly, you could write tomes (and people have) on all of the different medical requirements. For a more in-depth conversation on medical requirements, please see "The Right Stuff" from our January February 2013 issue (page 18: www.faa.gov/news/safety_briefing/2013/media/JanFeb2013.pdf).

One important piece of advice is to schedule your initial medical exam for the class of medical you wish to hold. If your intention as a student pilot is to go on to a career in the airline industry, then you should go for a first class medical. But if your intention is just to fly as a hobby, then a third class medical will do. If you take the first class medical route, it does not mean you

will need to go through the process of getting first class exams every time you need a new medical. Still, it's a good idea to figure out early on if you qualify for a first class medical rather than after you've put in the hard work and money required earning an ATP.

What to Know Before You Go

Before you head out to your exam, you need to know what is expected of you. The place to start is with 14 CFR part 67, which outlines the basic standards for each class of medical. Once you have reviewed the requirements listed for your desired class, take a look at the FAA's Aviation Medical Examiner (AME) guide. The AME guide is publicly available (www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/) and is a more complete listing of criteria. While it's written for AMEs, it allows you to see the exact requirements for specific conditions before your exam. So long as you meet the criteria in the AME

guide, you should expect to pass your medical.

Once you know what's expected of you, it's time to find an AME. The simplest way of doing this is to log on to

FAA's AME locator and pick one (www.faa.gov/pilots/amelocator/), but as always, a little research is in order. Your AME is going to be your partner in the medical certification process, so time spent picking a good one is well worth the investment. For more tips on finding a good AME check out page 10 of our Jan/Feb 2013 issue (www.faa.gov/news/safety_briefing/2013/media/JanFeb2013.pdf).

Finally, you will need to know this web address: <https://medxpress.faa.gov/>. In October of 2012, the FAA transitioned from paper applications to an electronic process for medical certification. What this

means to you is that you must visit MedXPress before you head to the AME's office. MedXPress allows you to fill out your medical application at your convenience, before meeting with your AME. It also makes the process of storing and transmitting information between you (the applicant), the AME, and the FAA, much more efficient. For more information on how to use MedXPress, see page 20 of the JanFeb 2013 issue (www.faa.gov/news/safety_briefing/2013/media/JanFeb2013.pdf).

What if There's a Problem?

Take a deep breath. It's not the end of the world. If, for some reason, you don't meet the criteria for issuance of your desired medical certificate, the FAA has ways to get you flying. While not all people are able to get certificated, 90 percent of the applicants that walk into an AME's office walk out with their medical certificate. Many of those in the remaining 10 percent still end up getting some form of medical certificate, though it does take some extra effort by you and your AME to supply the information the FAA requires to evaluate your particular condition.

There are a few ways this can happen. First is a special issuance. Section 67.401 allows the Federal Air Surgeon to certificate applicants that don't meet the criteria in the other sections of part 67 via the special issuance process, usually with certain restrictions. For a more detailed look at the special issuance process, see page two of our Jan/Feb 2009 issue (http://www.faa.gov/news/safety_briefing/2009/media/JanFeb2009.pdf). Another method is the Statement of Demonstrated Ability (SODA). SODA allows airmen with a static or non-progressive condition to show the FAA that they can safely operate an aircraft without putting the public at risk. A SODA may require a medical test flight conducted with an FAA Aviation Safety

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Photo by James Williams



Inspector to validate their flying skills, and it may also include some operational restrictions.

So, even if you can't walk out of the AME's office with a medical certificate in hand, it doesn't have to be the end of the story. In the last few years, FAA's Office of Aerospace Medicine has been looking for ways to leverage the knowledge and experience of AMEs to reduce the number of medical applications that are deferred to the Regional Flight Surgeons (RFS) or the Aerospace Medical Certification Division (AMCD) in Oklahoma City.

The first program to accomplish that goal is called Conditions AMEs Can Issue (CACI). CACI allows an AME to issue a regular medical certificate for conditions that previously required a deferral to the AMCD, or that were outright disqualifying. For more information on CACI and CACI conditions, please see: www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/certification_ws/.

The second program is AME Assisted Special Issuance (AASI). This is for airmen who have certain conditions that require a special issuance from the Regional Flight Surgeon (RFS) or AMCD. If your condition qualifies and you meet the specified criteria, you may be able to take advantage of the AASI process to speed your renewal. AASI allows your AME to directly issue your special issuance medical certificate if you provide all of the specifically requested additional information at the time of your exam. So while your initial Special Issuance Certificate after diagnosis would still have to be deferred, a renewal could be issued on site, saving you a significant amount of time. For more information on AASI and Special Issuance check out: www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/special_iss/

So That's the End Right?


Not quite. It's a common misconception with even experienced pilots that the medical certification process begins when you enter the AME's office and ends when you receive your medical certificate. That just isn't true. Medical certification is a continuous pro-

cess that requires your constant attention. Before any flight, and at any point during a flight for that matter, you as the PIC are responsible for making sure you meet the standards for your class of medical. If for any reason you don't, you are expected to ground yourself until you do meet the standards again. This point is covered in section 61.53. If you have any questions as to whether or not you should be flying, please contact your AME. Also, remember that certain medications, even over-the-counter ones, could also be disqualifying. The FAA recommends that, when taking medications that weren't reported to your AME, to wait five times the dose interval before resuming flight operations. So if a medicine directs "X" pills every six hours, the wait time would be 30 hours.

But My Doctor Says I'm Fine

This is another point of common confusion for new pilots. "I just went for my annual physical with my family doctor and he/she said I was fine. Why is my AME giving me such a hard time?" This seeming contradiction arises from the fact that the roles of your general practitioner and AME are very different, as are their concerns. Your relationship with your general practitioner is one of ongoing care, and your health is the paramount concern. Your relationship with your AME (assuming your AME is not also your regular doctor) is a discrete one where your AME's concern is focused on whether or not you meet the standards for your medical certificate. He or she has had specialized training, and can recognize that certain conditions that may seem benign when on the Earth's surface can cause problems at altitude.

An AME's responsibility is more focused on ensuring that you are medically safe to operate an aircraft in any flying condition you could face.

With some preparation and reasonable expectations, the aviation medical certification process should be relatively painless for most applicants. If things don't go how you'd like initially, know that you still have options. While it may take more tests and exams (and more time and possibly, money), there are relatively few true "showstoppers" to getting some form of medical certificate. If you're willing to stick with it, the FAA is willing to work with you. 

Your relationship with your AME is a discrete one where your AME's concern is focused primarily on whether or not you meet the standards for your aviation medical certificate.

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