

- (2) A fit assessment may be considered in consultation with the licensing authority after a period of two years documented sobriety or freedom from substance use. A fit assessment may be considered earlier with an OSL or OPL limitation. Depending on the individual case, treatment and review may include:
- (i) in-patient treatment of some weeks followed by:
 - (A) review by a psychiatric specialist; and
 - (B) ongoing review, including blood testing and peer reports, which may be required indefinitely.

AMC2 MED.B.060 Psychology

Applicants with a psychological disorder may need to be referred for psychological or neuropsychiatric opinion and advice.

AMC2 MED.B.065 Neurology

(a) Epilepsy

An applicant may be assessed as fit if:

- (1) there is a history of a single afebrile epileptiform seizure, considered to have a very low risk of recurrence;
- (2) there has been no recurrence after at least 10 years off treatment;
- (3) there is no evidence of continuing predisposition to epilepsy.

(b) Conditions with a high propensity for cerebral dysfunction

An applicant with a condition with a high propensity for cerebral dysfunction should be assessed as unfit. A fit assessment may be considered after full evaluation.

(c) Neurological disease

Any stationary or progressive disease of the nervous system which has caused or is likely to cause a significant disability is disqualifying. In case of minor functional loss associated with stationary disease, a fit assessment may be considered after full evaluation.

(d) Head injury

An applicant with a head injury which was severe enough to cause loss of consciousness or is associated with penetrating brain injury may be assessed as fit if there has been a full recovery and the risk of epilepsy is sufficiently low.

AMC2 MED.B.070 Visual system

(a) Eye examination

- (1) At each aero-medical revalidation examination an assessment of the visual fitness of the licence holder should be undertaken and the eyes should be examined with regard to possible pathology. Conditions which indicate further 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.
- (2) At the initial assessment, the examination should include:
 - (i) history;
 - (ii) visual acuities - near, intermediate and distant vision (uncorrected and with best optical correction if needed);
 - (iii) examination of the external eye, anatomy, media and funduscopy;

- (iv) ocular motility;
- (v) binocular vision;
- (vi) colour vision and visual fields;
- (vii) further examination on clinical indication.

(3) At the initial assessment the applicant should submit a copy of the recent spectacle prescription if visual correction is required to meet the visual requirements.

(b) Routine eye examination

A routine eye 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 and funduscopy;
- (4) further examination on clinical indication.

(c) Visual acuity

In an applicant with amblyopia, the visual acuity of the amblyopic eye should be 6/18 (0,3) or better. The applicant may be assessed as fit, provided the visual acuity in the other eye is 6/6 (1,0) or better, with or without correction, and no significant pathology can be demonstrated.

(d) Substandard vision

- (1) Reduced stereopsis, abnormal convergence not interfering with near vision and ocular misalignment where the fusional reserves are sufficient to prevent asthenopia and diplopia may be acceptable.
- (2) An applicant with substandard vision in one eye may be assessed as fit subject to a satisfactory flight test if the better eye:
 - (i) achieves distant visual acuity of 6/6 (1,0), corrected or uncorrected;
 - (ii) achieves intermediate visual acuity of N14 and N5 for near;
 - (iii) has no significant pathology.
- (3) An applicant with a visual field defect may be considered as fit if the binocular visual field is normal and the underlying pathology is acceptable.

(e) Eye surgery

- (1) The assessment after eye surgery should include an ophthalmological examination.
- (2) After refractive surgery a fit assessment may be considered provided that there is stability of refraction, there are no postoperative complications and no increase in glare sensitivity.
- (3) After cataract, retinal or glaucoma surgery a fit assessment may be considered once recovery is complete.

(f) Correcting lenses

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

AMC2 MED B.075 Colour vision

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

- (b) 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.
- (c) Colour vision should be tested on clinical indication at revalidation or renewal examinations.

AMC2 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) An applicant with hypoacusis may be assessed as fit if a speech discrimination test or functional cockpit hearing test demonstrates satisfactory hearing ability. An applicant for an instrument rating with hypoacusis should be assessed in consultation with the licensing authority.
 - (3) If the hearing requirements can be met only with the use of hearing aids, the hearing aids should provide optimal hearing function, be well tolerated and suitable for aviation purposes.
- (b) Examination

An ear, nose and throat (ENT) examination should form part of all initial, revalidation and renewal examinations.
- (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 until the condition has stabilised or there has been a full recovery.
 - (2) An applicant with an unhealed perforation or dysfunction of the tympanic membranes should be assessed as unfit. An applicant with a single dry perforation of non-infectious origin which does not interfere with the normal function of the ear may be considered for a fit assessment.
- (d) Vestibular disturbance

An applicant with disturbance of vestibular function should be assessed as unfit pending full recovery.
- (e) Sinus dysfunction

An applicant with any dysfunction of the sinuses should be assessed as unfit pending full recovery.
- (f) Oral/upper respiratory tract infections

A significant acute or chronic infection of the oral cavity or upper respiratory tract is disqualifying until full recovery.
- (g) Speech disorder

A significant disorder of speech or voice should be disqualifying.
- (h) Air passage restrictions

An applicant with significant restriction of the nasal air passage on either side, or