(8) disorders of the nervous system due to vascular deficiencies including haemorrhagic and ischaemic events.

AMC1 ATCO.MED.B.065 Neurology

(a) Electroencephalography (EEG)

(1) EEG should be carried out when indicated by the applicant's history or on clinical grounds.

(2) Epileptiform paroxysmal EEG abnormalities and focal slow waves should be disqualifying. A fit assessment may be considered after further evaluation.

(b) Epilepsy

(1) Applicants who have experienced one or more convulsive episodes after the age of five should be assessed as unfit.

(2) A fit assessment may be considered if:

(i) the applicant is seizure free and off medication for a period of at least 10 years;

(ii) full neurological evaluation shows that a seizure was caused by a specific non-recurrent cause, such as trauma or toxin.

(3) Applicants who have experienced an episode of benign Rolandic seizure may be assessed as fit provided the seizure has been clearly diagnosed including a properly documented history and typical EEG result and the applicant has been free of symptoms and off treatment for at least 10 years.

(c) Neurological disease

Applicants with any stationary or progressive disease of the nervous system which has caused or is likely to cause a significant disability should be assessed as unfit. A fit assessment may be considered after full neurological evaluation in cases of minor functional losses associated with stationary disease.

(d) Disturbance of consciousness

Applicants with a history of one or more episodes of disturbed consciousness may be assessed as fit if the condition can be satisfactorily explained by a non-recurrent cause. A full neurological evaluation is required.

(e) Head injury

Applicants with a head injury which was severe enough to cause loss of consciousness or is associated with penetrating brain injury should be evaluated by a consultant neurologist. A fit assessment may be considered if there has been a full recovery and the risk of epilepsy is sufficiently low. Behavioural and cognitive aspects should be taken into account.

ATCO.MED.B.070 Visual system

(a) Examination:

(1) A comprehensive eye examination shall form part of the initial examination and be undertaken periodically depending on the refraction and the functional performance of the eye.

(2) A routine eye examination shall form part of all revalidation and renewal examinations.

(3) Applicants shall undergo tonometry at the first revalidation examination after the age of 40, on clinical indication and if indicated considering the family history.

(4) Applicants shall supply the AeMC or AME with an ophthalmic examination report in cases where:

(i) the functional performance shows significant changes;

(ii) the distant visual standards can only be reached with corrective lenses.

(5) Applicants with a high refractive error shall be referred to the licensing authority.

(b) Distant visual acuity, with or without optimal correction, shall be 6/9 (0,7) or better in each eye separately, and visual acuity with both eyes shall be 6/6 (1,0) or better.

(c) Initial applicants having monocular or functional monocular vision, including eye muscle balance problems, shall be assessed as unfit. At revalidation or renewal examinations the applicant may be assessed as fit provided that an ophthalmological examination is satisfactory. The applicant shall be referred to the licensing authority.

(d) Initial applicants with acquired substandard vision in one eye shall be assessed as unfit. At revalidation or renewal examinations the applicant shall be referred to the licensing authority and may be assessed as fit provided that an ophthalmological examination is satisfactory.

(e) Applicants shall be able to read an N5 chart or equivalent at 30 – 50 cm and an N14 chart or equivalent at 60 – 100 cm distance, if necessary with the aid of correction.

(f) Applicants shall have normal fields of vision and normal binocular function.

(g) Applicants who have undergone eye surgery shall be assessed as unfit until full recovery of the visual function. A fit assessment may be considered by the licensing authority subject to satisfactory ophthalmic evaluation.

(h) Applicants with a clinical diagnosis of keratoconus shall be referred to the licensing authority and may be assessed as fit subject to a satisfactory examination by an ophthalmologist.

(i) Applicants with diplopia shall be assessed as unfit.

(j) Spectacles and contact lenses

(1) If satisfactory visual function for the rated duties is achieved only with the use of correction, the spectacles or contact lenses must provide optimal visual function, be well tolerated, and suitable for air traffic control purposes.

(2) No more than one pair of spectacles, when worn during the exercise of licensed privileges, shall be used to meet the visual requirements at all distances.

(3) A spare set of similarly correcting spectacles shall be readily available when exercising the privileges of the licence(s).

(4) Contact lenses, when are worn during the exercise of licensed privileges, shall be mono-focal, non-tinted and not orthokeratological. Monovision contact lenses shall not be used.

(5) Applicants with a large refractive error shall use contact lenses or high index spectacle lenses.

AMC1 ATCO.MED.B.070 Visual system

(a) Eye examination

(1) At each aero-medical revalidation examination, the visual fitness should be assessed 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 ophthalmological examinations are required for any significant reason, this should be imposed as a limitation on the medical certificate.

(4) The effect of multiple eye conditions should be evaluated by an ophthalmologist with regard to possible cumulative effects. Functional testing in the working environment may be necessary to consider a fit assessment.

(5) Visual acuity should be tested using Snellen charts, or equivalent, under appropriate illumination. Where clinical evidence suggests that Snellen may not be appropriate, Landolt 'C' may be used.

(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) objective refraction — hyperopic initial applicants with a hyperopia of more than +2 dioptres and under the age of 25 in cycloplegia;

(4) ocular motility and binocular vision;

(5) colour vision;

(6) visual fields;

(7) tonometry;

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

(9) assessment of contrast and glare sensitivity.

(c) Routine eye examination

At each revalidation or renewal examination, the visual fitness should be assessed and the eyes should be examined with regard to possible pathology. All abnormal and doubtful cases should be referred to an ophthalmologist. This routine eye examination should include:

(1) history;

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

(3) morphology by ophthalmoscopy;

(4) further examination on clinical indication.

(d) Refractive error

(1) Applicants with a refractive error between +5.0/-6.0 dioptres may be assessed as fit provided optimal correction has been considered and no significant pathology is demonstrated. If the refractive error exceeds +3.0/-3.0 dioptres, a four-yearly follow-up by an eye specialist should be required.

(2) Applicants with:

(i) a refractive error exceeding -6 dioptres;

(ii) an astigmatic component exceeding 3 dioptres; or

(iii) anisometropia exceeding 3 dioptres;

may be considered for a fit assessment if:

(A) no significant pathology can be demonstrated;

(B) optimal correction has been considered;

(C) visual acuity is at least 6/6 (1.0) in each eye separately with normal visual fields while wearing the optimal spectacle correction;

(D) two-yearly follow-up is undertaken by an eye specialist.

(3) Applicants with hypermetropia exceeding +5.0 dioptres may be assessed as fit subject to a satisfactory ophthalmological evaluation provided there are adequate fusional reserves, normal intraocular pressures and anterior angles and no significant pathology has been demonstrated. Corrected visual acuity in each eye shall be 6/6 or better.

(4) Applicants with a large refractive error shall use contact lenses or high-index spectacle lenses.

(e) Convergence

Applicants with convergence outside the normal range may be assessed as fit provided it does not interfere with near vision (30–50 cm) or intermediate vision (100 cm) with or without correction.

(f) Substandard vision

(1) Applicants with reduced central vision in one eye may be assessed as fit for a revalidation or renewal of a medical certificate if the binocular visual field is normal and the underlying pathology is acceptable according to ophthalmological evaluation. Testing should include functional testing in the appropriate working environment.

(2) Applicants with acquired substandard vision in one eye (monocularity, functional monocular vision including eye muscle imbalance) may be assessed as fit for revalidation or renewal if the ophthalmological examination confirms that:

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

(ii) the better eye achieves intermediate and near visual acuity of 0.7 (6/9), corrected or uncorrected;

(iii) there is no significant ocular pathology;

(iv) a functional test in the working environment is satisfactory; and

(v) 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 is assessed as unfit.

(3) An applicant with a monocular visual field defect may be assessed as fit if the binocular visual fields are normal.

(g) Keratoconus

Applicants with keratoconus may be considered for a fit assessment 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 when measured with optimal correction, if prescribed:

(1) at six 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

may be assessed as fit provided that orthoptic evaluation demonstrates that the fusional reserves are sufficient to prevent asthenopia and diplopia. The Netherlands Optical Society (TNO) testing or equivalent should be carried out to demonstrate fusion.

(i) Eye surgery

(1) After refractive surgery or surgery of the cornea including cross linking, a fit assessment may be considered, provided:

(i) satisfactory stability of refraction has been achieved (less than 0.75 dioptres variation diurnally);

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

(iii) glare sensitivity is normal;

(iv) mesopic contrast sensitivity is not impaired;

(v) evaluation is undertaken by an ophthalmologist.

(2) Cataract surgery

Following intraocular lens surgery, including cataract surgery, a fit assessment may be considered once recovery is complete and the visual requirements are met with or without correction. Intraocular lenses should be monofocal and should not impair colour vision.

(3) Retinal surgery/retinal laser therapy

(i) After successful retinal surgery, applicants may be assessed as fit once the recovery is complete. Annual ophthalmological follow-up may be necessary. Longer periods may be acceptable after two years on recommendation of the ophthalmologist.

(ii) After successful retinal laser therapy, applicants may be assessed as fit provided an ophthalmological evaluation shows stability.

(4) Glaucoma surgery

A fit assessment may be considered six months after successful glaucoma surgery, or earlier if recovery is complete. Six-monthly ophthalmological examinations to follow up secondary complications caused by the glaucoma may be necessary.

(5) Extraocular muscle surgery

A fit assessment may be considered not less than six months after surgery and after a satisfactory ophthalmological evaluation.

(j) Visual correction

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

GM1 ATCO.MED.B.070 Visual system

COMPARISON OF DIFFERENT READING CHARTS (APPROXIMATE FIGURES)

(a) Test distance: 40 cm

Decimal	Nieden	Jäger	Snellen	N	Parinaud
1,0	1	2	1,5	3	2
0,8	2	3	2	4	3
0,7	3	4	2,5		
0,6	4	5	3	5	4
0,5	5	5		6	5
0,4	7	9	4	8	6
0,35	8	10	4,5		8
0,32	9	12	5,5	10	10
0,3	9	12		12	
0,25	9	12		14	
0,2	10	14	7,5	16	14
0,16	11	14	12	20	

(b) Test distance: 80 cm

Decimal	Nieden	Jäger	Snellen	N	Parinaud
1,2	4	5	3	5	4
1,0	5	5		6	5
0,8	7	9	4	8.0	6
0,7	8	10	4,5		8
0,63	9	12	5,5	10	10
0,6	9	12		12	10
0,5	9	12		14	10
0,4	10	14	7,5	16	14
0,32	11	14	12	20	14

ATCO.MED.B.075 Colour vision

Applicants shall be normal trichromates.

AMC1 ATCO.MED.B.075 Colour vision

(a) Pseudoisochromatic plate testing alone is not sufficient.

(b) Colour vision should be assessed using means to demonstrate normal trichromacy.

GM1 ATCO.MED.B.075 Colour vision

The means to demonstrate normal trichromacy include:

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

(b) Colour Assessment and Diagnosis (CAD) test.

ATCO.MED.B.080 Otorhinolaryngology

(a) Examination:

(1) A routine otorhinolaryngological examination shall form part of all initial, revalidation and renewal examinations.

(2) Hearing shall be tested at all examinations. The applicant shall understand correctly conversational speech when tested with each ear at a distance of 2 metres from and with his/her back turned towards the AME.

(3) Hearing shall be tested with pure tone audiometry at the initial examination and at subsequent revalidation or renewal examinations every 4 years until the age of 40 and every 2 years thereafter.

(4) Pure-tone audiometry:

(i) Applicants for a class 3 medical certificate shall not have a hearing loss of more than 35 dB at any of the frequencies 500, 1000 or 2000 Hz, or more than 50 dB at 3000 Hz, in either ear separately.

(ii) Applicants who do not meet the hearing criteria above shall be referred to the licensing authority and undergo a specialist assessment before a fit assessment may be considered. Initial applicants shall undergo a speech discrimination test. Applicants for a revalidation or renewal of a class 3 medical certificate shall undergo a functional hearing test in the operational environment.

(5) Hearing aids:

(i) Initial examination: the need of hearing aids to comply with the hearing requirements entails unfitness.

(ii) Revalidation and renewal examinations: a fit assessment may be considered if the use of hearing aid(s) or of an appropriate prosthetic aid improves the hearing to achieve a normal standard as assessed by fully functional testing in the operational environment.

(iii) If a prosthetic aid is needed to achieve the normal hearing standard, a spare set of the equipment and accessories, such as batteries, shall be available when exercising the privileges of the licence.

(b) Applicants with:

(1) an active chronic pathological process of the internal or middle ear;

(2) unhealed perforation or dysfunction of the tympanic membrane(s);

(3) disturbance of vestibular function;

(4) significant malformation or significant chronic infection of the oral cavity or upper respiratory tract;

(5) significant disorder of speech or voice reducing intelligibility;

shall be referred to the licensing authority and undergo further ORL examination and assessment to establish that the condition does not interfere with the safe exercise of the privileges of the licence.

AMC1 ATCO.MED.B.080 Otorhinolaryngology

(a) Examination

(1) An otorhinolaryngological examination includes:

(i) history;

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

(iii) clinical examination of the vestibular system.

(2) Ear, nose and throat (ENT) specialists involved in the aero-medical assessment of air traffic controllers should have an understanding of the functionality required by air traffic controllers whilst exercising the privileges of their licence(s).

(3) Where a full aero-medical assessment and functional check are needed, due regard should be paid to the operational environment in which the operational functions are undertaken.

(b) Hearing

(1) The follow-up of an applicant with hypoacusis should be decided by the licensing authority. If at the next annual test there is no indication of further deterioration, the normal frequency of testing may be resumed.

(2) An appropriate prosthetic aid may be a special headset with individual earpiece volume controls. Full functional and environmental assessments should be carried out with the chosen prosthetic equipment in use.

(c) Ear conditions

An applicant with a single dry perforation of non-infectious origin and which does not interfere with the normal function of the ear may be considered for a fit assessment.

(d) Vestibular disturbance

The presence of vestibular disturbance and spontaneous or positional nystagmus requires complete vestibular evaluation by a specialist. Significant abnormal caloric or rotational vestibular responses are disqualifying. At revalidation and renewal aero-medical examinations, abnormal vestibular responses should be assessed in their clinical context.

(e) Speech disorder

Applicants with a speech disorder should be assessed with due regard to the operational environment in which the operational functions are undertaken. Applicants with significant disorder of speech or voice should be assessed as unfit.

GM1 ATCO.MED.B.080 Otorhinolaryngology

HEARING

(a) Speech discrimination test: discriminating speech against other noise including other sources of verbal communication and ambient noise in the working environment, but not against engine noise.