

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

Table of contents

0 Revision Directory	3
1 Purpose.....	3
2 Scope of application	3
3 Entry into force	4
4 General Description and Regulation of the CAD.....	4
4.1 Definitions/List of Abbreviations	4
4.2 Explanations	5
5 Competencies	6
5.1 Austro Control GmbH as competent authority for aviation medicine	6
5.2 LAPL and CC medical examinations	6
6 Aeromedical examiners and centres (AME and AeMC)	6
6.1 Registration with the Austrian Medical Association.....	6
6.2 Notifications of change	7
6.3 Practice location equipment	8
7 Data Transmission and Documentation.....	9
7.1 Data Transmission and Documentation Software.....	9
7.2 Documentation	10
7.2.1 Scope of Aeromedical Documentation	11
7.2.2 Instructions for completing the medical examination report form	11
7.2.2.1 Surgeries (operations)	12
7.2.2.2 Accidents	12
7.2.2.3 Disclosure of diagnoses	12
7.2.2.4 Medication intake.....	12
7.2.2.5 Examinations carried out.....	12
7.2.3 Medical Confidentiality	13
8 Aeromedical Examinations	13
8.1 General information.....	13
8.2 Proof of Identity and exclusion of language barriers	15
8.3 Presentation of licence	16
8.4 Consideration of possible bias.....	16
8.5 Presentation of medical certificate.....	16
8.6 Calling up and creating an applicant account in the EAMR database	17
8.7 Information before the start of the examination and completion of the application form	17
8.8 Conducting the aeromedical examination.....	18
8.8.1 General information	18
8.8.2 Mental Health Assessment.....	18
8.8.3 Comprehensive Mental Health Assessment at initial Class 1 examinations (at the AeMC):	19
8.9 Obtaining a consultative opinion.....	19
8.10 Conducting the Aeromedical Assessment (Overall Assessment including Risk Assessment)	20
8.10.1 Assessment of medical fitness, LAPL	20
8.10.2 Best Aeromedical Practice	20
8.10.3 Complete medical history	20

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

8.11 Initial entry and removal of limitations.....	21
8.12 Completion of aeromedical examination/assessment	21
8.12.1 Issue of a medical certificate	22
8.12.2 Period of validity of Medical Report	22
8.12.3 Issue of Notification of Denial of a Medical Certificate	22
8.12.4 Entry of the examination result in the EAMR database.....	22
8.13 Submission of documentation to the appropriate licensing authority.....	23
9 Temporary aeromedical unfitness.....	23
10 Consultant's Opinion	24
10.1 ENT and Ophthalmology Specialists	25
10.2 Aviation Psychologists.....	26
10.3 Specialists in psychiatry	27
11 Consultation and Referral.....	27
11.1 Consultation	27
11.1.1 Consultation with the licensing authority Austro Control GmbH.....	27
11.1.2 Consultation of the foreign licensing authority	28
11.2 Referral	29
11.2.1 Referral to the licencing authority Austro Control GmbH	29
11.2.2 Referral to foreign licensing authorities	30
11.3 Issuance of a denial despite the fact that consultation or referral is mandatory	30
12 Duplicate Issue.....	30
13 AME authorisation	31
13.1 Extension of AME authorisation/ refresher training in aviation medicine	31
13.2 Renewal of AME certification.....	31
13.3 AME Peer Groups	32
13.4 Number of medical examinations for AME authorisation	32
13.5 Extension of AME Privileges	33
14 National Licences and Operating Permits.....	33
15 Special procedure in case of change of competent authority (transfer).....	34
16 Annexes and Appendices.....	34

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
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0 Revision Directory

Rev. No.	Date	Additions/Amendments
Rev. 0	28.07.2016	First edition
Rev. 1	21.09.2018	1, 2, 4.1, 13
Rev. 2	03.05.2021	3, 4.2, 5.1, 6, 6.1, 6.3, 7.1, 7.2, 7.2.1, 7.2.2, 7.2.3, 8.1, 8.4, 8.5, 8.6, 8.7, 8.8, 8.8.1, 8.8.2, 8.9, 8.10, 8.10.1, 8.10.2, 8.10.3, 8.11, 8.1, 8.12.1, 8.12.2, 8.12.3, 8.12.4, 8.13, 9, 10, 10.1, 10.2, 10.3, 10.4, 10.5, 11.1., 11.1.1, 11.1.2, 11.2, 11.2.1, 11.3, 13, 13.1, 13.2, 13.3, 13.4, 13.5, 14, 15, 16
Rev. 3	23.03.2022	4.1, 7.1, 7.2.1, 7.2.2.5, 7.3, 8.1, 8.2., 8.6, 8.7, 8.8, 8.10.3, 8.12.1, 8.12.3, 8.13, 10.2, 11.1.1, 11.1.2, 11.2, 11.2.1, 13.1, 13.2, 13
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Rev. 5	19.04.2024	8.6, 8.10.1., 9, 13.4, 14, 15
Rev. 6	05.03.2025	6.1, 8.1, 8.10, 13.2, 16

1 Purpose


This Civil Aircrew Directive (CAD) regulates the specific performance of the activities of aeromedical examiners and aeromedical centres within the scope of their certification in accordance with Reg. (EU) 2018/1139, Reg. (EU) No 1178/2011 and Reg. (EU) 2015/340, Annex 1 of the Chicago Convention on International Civil Aviation (ICAO - Annex 1) as well as in accordance with the Austrian Aviation Act (Luftfahrtgesetz - LFG), Federal Law Gazette No 253/1957, as amended, and the Civil Aviation Personnel Ordinance (CAPO), Federal Law Gazette II No 205/2006, as amended.

In particular, detailed organisational requirements for the performance of aeromedical examinations, the issuing and transmission of aeromedical certificates and aeromedical reports as well as the concrete implementation of other duties by aeromedical examiners resulting from the relevant legal provisions are regulated.

This Civil Aircrew Directive is divided into numerous individual sections, whereby the respective statutory or Union law provisions to be specified are explicitly stated in the clarifying regulation.

2 Scope of application

This Civil Aircrew Directive applies to aeromedical examiners and aeromedical centres in accordance with Reg. (EU) 2018/1139, Reg. (EU) No 1178/2011 and Reg. (EU) 2015/340, Annex 1 of the Chicago Convention on International Civil Aviation (ICAO - Annex 1) as well as the Austrian Aviation Act (Luftfahrtgesetz – LFG), Federal Law Gazette No 253/1957 as amended and the Civil Aviation Personnel Ordinance (CAPO), Federal Law Gazette II No 205/2006, as amended

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3 Entry into force

This Civil Aircrew Directive shall enter into force on the date of publication.


4 General Description and Regulation of the CAD

4.1 Definitions/List of Abbreviations

ACG	Austro Control GmbH
AeMC	Aeromedical Centre
AltMoC.....	Alternative Means of Compliance
AMC	Acceptable Means of Compliance
AME	Aeromedical Examiner
AMS	Aeromedical Section
Applicant	Applicant means a person applying for, or being the holder of a medical certificate
ATCO	Air Traffic Controller
CAP.....	Clinical Aviation Psychology
CC.....	Cabin Crew
CC-Medical Report.....	Cabin Crew Medical Report
GDPR.....	General Data Protection Regulation (VO (EU) 2016/679)
EAMR.....	European Union Aviation Medical Repository
EASA	European Aviation Safety Agency
EASA-Member State ...	EU Member States and EASA Associated States (NOR, ISL, LUX, CH)
EMPIC.....	Data collection and transmission software specified by ACG.
ICAO Annex 1	Convention on International Civil Aviation of 7.12.1944, Chicago, Annex 1 – Personnel Licensing
LAPL	Light Aircraft Pilot Licence
LFG	Luftfahrtgesetz, Austrian Aviation Act, Federal Law Gazette No. 253/1957 as amended
Medical Assessor	Aeromedical expert of the licensing authority
Medical Class 1	Medical Certificate Class 1
Medical Class 2	Medical Certificate Class 2
Medical Class 3	Medical Certificate Class 3
Medical LAPL	Medical Certificate Class LAPL
PPL	Private Pilot Licence
OAP	Occupational Aviation Psychology
ÖÄK	österreichische Ärztekammer, Austrian Medical Chamber

Reg. (EU) 2018/1139 (Basic Regulation)

REGULATION (EU) No 2018/1139 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 4 July 2018 on common rules in the field of civil aviation and establishing a European Union Aviation Safety Agency, and amending Regulations (EC) No 2111/2005, (EC) No 1008/2008, (EU) No 996/2010, (EU) No 376/2014 and Directives 2014/30/EU and 2014/53/EU of the European Parliament and of the Council, and repealing Regulations (EC) No 552/2004 and (EC) No 216/2008 of the European Parliament and of the Council and Council Regulation (EEC) No 3922/91

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Reg. (EU) No 1178/2011 (Aircrew Regulation)

COMMISSION REGULATION (EU) No 1178/2011 of 3 November 2011 laying down technical requirements and administrative procedures in relation to flying personnel in civil aviation in accordance with Regulation (EC) No 216/2008 of the European Parliament and of the Council

Reg. (EU) 2015/340 (ATCO Regulation)

COMMISSION REGULATION (EU) 2015/340 of 20 February 2015 laying down technical requirements and administrative procedures regarding air traffic controllers' licences and certificates in accordance with Regulation (EC) No 216/2008 of the European Parliament and of the Council, amending Commission Implementing Regulation (EU) No 923/2012 and repealing Commission Regulation (EU) No 805/2011

Reg. (EU) 2016/679 (GDPR)

REGULATION (EU) 2016/679 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation)

CAPO 2006Civil Aviation Personnel Ordinance, Federal Law Gazette II No 205/2006, as amended.

CADCivil Aircrew Directive


4.2 Explanations

Whenever the term “*medical certificate*” is used in this CAD, it shall equally apply mutatis mutandis to the “medical report” for cabin crew.

Whenever the term “AME” or “Aeromedical Examiner” is used in this CAD, it shall equally apply mutatis mutandis to AeMCs.

The provisions of ICAO Annex 1 in conjunction with the ICAO Manual of Civil Aviation Medicine must be taken into account by aeromedical examiners and applied in addition to the provisions of European law. The provisions of the ICAO are not listed individually as a legal basis in this CAD, but rather the basic applicability of the ICAO contents shall be mentioned at this point.

Whenever provisions are cited in this CAD without specifying the relevant EU Regulation as legal basis, they refer to Regulation (EU) No 1178/2011 (e.g. MED.A.050) or Regulation (EU) 2015/340 (e.g. ATCO.MED.A.050). The cited provisions are always to be applied in combination with the Acceptable Means of Compliance (AMC) published by EASA or any existing Alternative Means of Compliance (AltMOC) – even if not cited; in addition, the published Guidance Material (GM) is to be taken into account.

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5 Competencies

5.1 Austro Control GmbH as competent authority for aviation medicine

MED.A.001, ATCO.MED.A.001, § 34 para. 3 in conjunction with § 57 (a) LFG

Austro Control GmbH is the competent authority in Austria for all matters of aviation medicine standardised under EU and national law - independent of the respective competent Austrian licensing authority (thus also for applicants whose licence falls within the competency of the Austrian Aeroclub).

All provisions mentioned in the above EU regulations and other legal provisions which refer to aviation medicine are therefore to be enforced exclusively by Austro Control GmbH. The terms "competent authority" and "licensing authority" partly contained in these regulations therefore refer to Austro Control GmbH (exception: if the applicant examined by an Austrian AME/AeMC is in possession of a licence issued in another EASA Member State, then the foreign licensing authority is also responsible for aeromedical matters).

5.2 LAPL and CC medical examinations

MED.D.035 and MED.D.040, ARA.MED.240

In Austria, all aeromedical examinations may only be carried out by certified aeromedical examiners.

The possibility standardised in Reg. (EU) No 1178/2011 of issuing Class LAPL medical certificates by general practitioners (without certification as aeromedical examiners) in accordance with MED.D.035 and the aeromedical assessment of cabin crew (CC-Medical Report) by occupational physicians (without certification as aeromedical examiners) in accordance with MED.040 is not applied in Austria. Therefore, a notification according to ARA.MED.240 to EASA has not been made.


All provisions of Reg. (EU) No 1178/2011 referring to general practitioners or occupational physicians are therefore not applicable or are to be applied mutatis mutandis to aeromedical examiners and aeromedical centres.

6 Aeromedical examiners and centres (AME and AeMC)

6.1 Registration with the Austrian Medical Association

MED.D.010 (a), MED.D.025 (a) (3), MED.D.030 (a), ARA.MED.250 (b) (2); ATCO.MED.C.010, ATCO.MED.C.020 (a) (3), ATCO.AR.F.001, § 4 para. 1 and § 45 Doctors Act 1998, ORA.AeMC.115 (b)

AMEs must be registered in the list of physicians of the Austrian Medical Chamber (§ 4 para. 1 Doctors Act 1998) and must have registered an office (professional seat according to § 45 Doctors Act 1998) at the location of their aeromedical practice with the competent regional medical association. AMEs shall provide Austro Control GmbH with a confirmation of the competent Provincial Medical Chamber upon request.

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AMEs established in a third country must provide appropriate confirmation of authorisation as a medical practitioner in accordance with the regulations of the country of establishment and provide evidence by means of an agreement/confirmation from EASA that they are, or will be working in an AeMC under the supervision of EASA in the foreseeable future. When submitting the application, it must be ensured that there are no language barriers between the applicant (future AME) and the authority, and that the EMPIC requirements (see point 7) are met.

Aeromedical experts employed exclusively in an AeMC must provide evidence of registration in the ÖÄK medical list as a doctor employed by the AeMC.

In case of deletion from the list of physicians of the ÖÄK or a lapse of the requirements under professional law (e.g. deregistration of the practice location without proof of registration of another practice location as an aeromedical office) or, with regard to AMEs in third countries, upon termination of the activity within the AeMC, the authorisation shall be revoked.

6.2 Notifications of change

MED.D.005 I, MED.D.025 (a) (4) and (b) and ARA.MED.250, ATCO.MED.C.005 (c), ATCO.MED.C.020 (a) (4) and (b), ATCO.AR.F.001, ORA.GEN.130

The following notifications of change standardised in MED.D.025 (a) (1) – (3) as well as in ATCO.MED.C.020 (a) (1) – (3) shall be submitted to Austro Control GmbH **as soon as they become known**:


- *Initiation of disciplinary proceedings*
- *Investigations by a medical supervisory authority*
- *Change in the requirement necessary for the granting of certification*
- *the requirements for the issue of the AME certificate are no longer met*
(this includes, for example, a relevant change in the aeromedical equipment)

The notification of change standardised in MED.D.025 (a) (4) and ATCO.MED.C.020 (a) (4) shall be requested and submitted **in advance** (i.e. before aeromedical examinations are carried out at another location) by means of the form published by Austro Control GmbH on its website, respectively together with the evidence referred to therein:

- *Relocation of the aeromedical practice location*
- *Opening of an additional practice location*

The conduction of aeromedical examinations at an examination site not approved as an aeromedical practice location or the failure to inform the competent authority may result in the suspension or revocation of the authorisation.

AMEs must also notify Austro Control GmbH of all relevant changes in connection with their aeromedical practice location demonstrably in writing **without delay (no later than one week after becoming aware of them)**.

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In particular, the following changes shall be announced:

- Name change
- Telephone number
- Fax number
- E-mail address
- Homepage
- Termination of AME activity before expiry of the authorisation

6.3 Practice location equipment

MED.D.010 (c) (1), ATCO.MED.C.010 (c) (1), ORA.AeMC.215 in conjunction with AMC1 ORA.AeMC.215

Every aeromedical practice location (registered with the competent provincial medical association according to 6.1.) must have functional and up-to-date medical-technical equipment, which at least meets the requirements of Appendix 3.

For aeromedical centres, the medical technical equipment according to AMC1 ORA.AeMC.215 is mandatory.

In addition, it must be ensured that the examinations are conducted under conditions that permit the proper generation of findings without interfering factors.

This applies in particular to hearing and vision tests. The AME shall ensure that adequate lighting conditions exist for vision tests (light spectrum C = daylight or light spectrum D65 = artificial light spectrum - imitating daylight) and that there are no disturbing noise emissions for hearing tests.


The aeromedical practice location shall be equipped with a suitable IT infrastructure for the use of the data transmission software specified by Austro Control GmbH (currently EMPIC) and for the issuance of a medical certificate.

Thus, at the very least, the following is required:

1. PC (Windows operating system, Installation Runway, if required A-Sign-Client (by using a smartcard)
2. Internet access (with adequate data transfer speed)
3. Smartcard or Yubi-Key
4. If necessary, card reader for the smart card to access the EMPIC software
5. Colour printer (preferably laser printer),
6. Scanner and
7. Photocopier, if applicable (can be replaced by scanning and printing)

For points 6 to 7, an appropriate multifunctional device is sufficient.

All devices shall be shown to Austro Control GmbH upon request in the context of audits and inspections.

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Upon certification as an AME, the authority creates a user account for the EMPIC software and provides the AME with the access data in the course of the certification.

7 Data Transmission and Documentation

7.1 Data Transmission and Documentation Software

MED.A.025, ARA.MED.135, ARA.MED.245, ARA.GEN.305, ARA.MED.315, ATCO.MED.A.025, ATCO.AR.F.001, ATCO.MED.F.020

AMEs shall submit copies of at least the following documents to Austro Control GmbH after each completed aeromedical examination - in particular for the purpose of enabling the Authority to fulfill its oversight duties and to maintain continuous aeromedical documentation of the applicant as well as to ensure complete and signed aeromedical documentation within the authority:

1. Application form pursuant to AMC1.ARA.MED.135 (a) or AMC1 ATCO.AR.F.020, as applicable
2. Medical examination report form pursuant to AMC1.ARA.MED.135 (b) and (c) or AMC1 ATCO.AR.F.020 as applicable
3. Medical Certificate and/or Notification of Denial of a Medical Certificate

AMEs and AeMCs are mandated to use the data transfer and documentation software provided free of charge by Austro Control GmbH (currently EMPIC) to record and forward the results of aeromedical examinations to Austro Control GmbH. For technical prerequisites refer to equipment under point 6.3.

The user account is generated by the authority following the AME approval.
By sharing EMPIC, an agreement on the joint processing of personal data must be concluded in accordance with Art. 26 of the General Data Protection Regulation (GDPR).


The use of the EMPIC software does not replace the professional documentation obligation or that of an AME.

The use of the system shall be in accordance with the EMPIC training catalogue provided by Austro Control GmbH.

Situations where there is no EMPIC access:

- First-time approved AMEs who have not yet installed all technical requirements for the use of EMPIC
- Technical difficulties (ie. issues with internet connection)

If the EMPIC software cannot be used at the practice location at any point in time due to one of the reasons listed above, Austro Control GmbH must be notified immediately, and the system requirements must be restored as soon as possible.

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In the aforementioned cases, the data of the aeromedical examinations shall be entered electronically exclusively in the editable PDF forms provided by Austro Control GmbH.

The manual completion of forms is not permitted for reasons of quality assurance.

In cases where transmission is not made by means of the EMPIC software, the AME shall send copies of the application form, the examination report form and the medical certificate to the Aeromedical Section of Austro Control GmbH or to the competent foreign licensing authority by registered mail immediately following the aeromedical examination.

In cases where a consultation or referral to the Authority is required, the above documents as well as all findings must also be sent by registered mail to the Aeromedical Section of Austro Control GmbH. (refer also to points 7.2 and 11)

Unencrypted transmission by e-mail via an unsecured server (medical@austrocontrol.at) or FAX (+43 (0)1206198501) is not permissible for data protection reasons, unless there is evidence of the applicant's express consent.

If the connection problem was solved promptly, the examination data are to be entered into EMPIC, a separate transmission of the documents is then no longer necessary.

7.2 Documentation


MED.A.025 (c) and (d), MED.B.095 (b), MED.C.025 (a) (1), MED.D.010 (c) (2), ATCO.MED.A.025 (c) and (d), ATCO.MED.C.010 (c) (2), § 51 Doctors Act 1998

The medical documentation of the medical examinations shall be kept separately from any other medical history of the applicant in the applicant's patient file and shall be submitted to Austro Control GmbH as a copy immediately upon request or as an original in the course of audits, announced and unannounced inspections.

If, contrary to the urgent recommendation under point 8.4 (bias, separation of patients and applicants), a person is nevertheless treated by the AME as a patient and examined as an applicant at the same time, all information obtained in the course of the patient treatment shall also be recorded in the aeromedical documentation.

The documentation is to be kept in order of applicant so that both the AME and the Medical Assessor of the licensing authority have access to the complete aeromedical documentation of an applicant at all times. This is particularly necessary because the aero-medical assessment must always be made in comparison with the previous examination results as well changes that may have occurred and, in addition, the *complete medical history must be particularly taken into account* when assessing the aeromedical fitness of the LAPL class.

The use of the EMPIC software does not replace the professional documentation obligation or that of an AME.

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7.2.1 Scope of Aeromedical Documentation

The aeromedical documentation shall contain at least the following:

- Application form (completely filled in and signed)
- Medical Examination Report form (completely filled in and signed)
- Documentation of Mental Health Assessments (1. Mini-Questionnaire; 2. content of the conversation – it is recommended to use the documentation aid provided by ACG) (refer to point 8.8.2)
- Copy of the medical certificate issued or copy of the notification of denial of a medical certificate
- Withdrawn original medical certificate (marked as "withdrawn")
- Copy of a proof of identity of the applicant (at least at their initial presentation)
- All other medical documents (e.g. specialist referrals, consultative findings, Operation-Discharge reports, ENT and ophthalmology specialist reports, ECG,...)
- Documentation of the consultation or referral to the authority, the related correspondence and the notification of the decision by the Medical Assessor (date and name or the corresponding letter/e-mail).
- Internal notes on all perceptions and steps taken during the assessment
- Clarification of the consequences of untruthful and incomplete information within the scope of the examination and of the reporting obligations
- If applicable, proof of submission of the documents to the foreign licensing authority
- Results of the drug and alcohol tests at the initial Class 1 examination (at the AeMC) including a list of the substances tested and the testing method


The above list is not exhaustive but represents a minimum standard of aeromedical documentation. The aeromedical documentation must be comprehensible for both the AME and the Medical Assessor with regard to the measures taken and the decision made at any time (e.g. inspection within the scope of an audit or request of the aero-medical file for supervisory purposes).

7.2.2 Instructions for completing the medical examination report form

AMEs shall use the medical examination report form provided by the competent authority in accordance with AMC1.ARA.MED.135 (b) and (c) or AMC1 ATCO.AR.F.020 and complete it in accordance with the completion guidance provided therein.

In particular, field no. 228 ("Remarks", "Notes") must always be filled in as soon as an abnormality or irregularity (= pathology) has been detected during the clinical examination or other examinations (e.g. field no. 238: "ECG – abnormal": field no. 228 must then contain, for example: "incomplete LBBB").

For the purpose of enabling regulatory oversight, the AME shall specify all information provided by the applicant in the application form regarding their (aero-) medical history (e.g. surgery, hospitalisation, illnesses) in the Aeromedical Examination Report in field no. 228 in a manner that is also comprehensible to the Aeromedical Section of Austro Control GmbH.

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

The following information, among others, must be provided by the applicant in the application form – if necessary, with the guidance/assistance of the AME – in such a way that Austro Control GmbH, as the supervisory authority, is able to trace aeromedical fitness assessments at any time. If necessary, these shall be supplemented by the AME in the medical examination report.

7.2.2.1 Surgeries (operations)

- Type of surgery (and, if applicable, citation of the indication)
- Date of surgery
- Intra- and postoperative course, if applicable
- Possible consequences (e.g., restitutio ad integrum, defect healing)
- Indication of whether the operation could have an effect on the aeromedical fitness assessment (if yes, then operation report and discharge letter).

7.2.2.2 Accidents

- Date of accident
- any injury patterns
- any consequences of the injury
- any inpatient stays and operations (see above)
- Indication of whether the accident or any operations that may have become necessary or the consequences of the injury could have an effect on the aeromedical/aviation-psychological fitness assessment (if so, then e.g. obtain an aviation-psychological report).

7.2.2.3 Disclosure of diagnoses


- Date of initial diagnosis (since when has this been known)
- Course of disease, if applicable

7.2.2.4 Medication intake

- Name of active substance or trade name
- Dosage and duration of administration
- Reason for taking/prescription
- any incompatibilities
- Information on whether the use of the medication has any effect on the aeromedical/aviation-psychological fitness assessment (especially with regard to interactions and side effects)

7.2.2.5 Examinations carried out

- Date of examination
- Type of examination (e.g. colonoscopy)
- Examination result(s)
- Indication of whether the examination or the result(s) of the examination could have an effect on the aeromedical fitness assessment (if so, attach the findings to the medical documentation)

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

7.2.3 Medical Confidentiality

The aeromedical documentation shall comply with the requirements of §§ 51 and 54 of the Doctors Act 1998 and shall be kept in the surgery premises registered as an aeromedical practice location and shall be presentable at all times.

Measures to ensure medical confidentiality include, for example, the following:

- Storage of aeromedical records in lockable cabinets, etc.
- Restriction of access to the documents to the aeromedical office staff only (in case of shared medical offices, the duty of confidentiality also applies to the other doctors and medical office staff who are not employed by the aeromedical practice)
- Written and signed instruction of the aeromedical staff on the medical duty of confidentiality
- Protection of access to electronic storage media (PC, office software, EMPIC access), i.e. secure storage of user names and passwords

8 Aeromedical Examinations

Reg. (EU) No 1178/2011 PART-MED; PART-ARA; Reg (EU) 2015/340 PART.ATCO.MED
ICAO Annex 1 in conjunction with ICAO Manual of Civil Aviation Medicine

8.1 General information

(MED.A.025 (b), ATCO.MED.A.025 (b))


For the documentation of the performance of aeromedical examinations, only the forms provided by the Authority are to be used (see above). These are to be completed and transferred to the Authority using the data transmission software EMPIC provided by the authority (see point 7).

The application form and the medical examination report shall be printed on commercially available paper and the medical certificate or the notification of denial of a medical certificate shall be printed on the template provided by the Authority.

If the AME becomes aware that the applicant has provided incomplete, inaccurate, or false information regarding their medical history, or if the applicant withdraws the application for a medical certificate at any stage of the process, the licensing authority shall be informed immediately in writing, quoting all relevant details.


When conducting aeromedical fitness examinations, the following points in particular must be observed (The points on the checklist are described in detail under point 8.2 and the following.) and the information sheet "Scope of aeromedical examinations in comparison" (Appendix 5) must be consulted.

For aeromedical examinations of pilots working in single-HEMS operations, the extended scope of examinations must be carried out as prescribed by law (see Appendix 5). The examinations can be carried out at a suitable aeromedical practice (AeMC or AME 1). In the course of the assessment, consultation with the responsible licensing authority is expressly recommended.

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<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

Checklist:

- Presentation of proof of identity (at the first visit, attach a copy of the ID to the aeromedical documentation)
- Exclusion of language barriers
- Presentation of licence, if applicable (copy to be attached to the aeromedical documentation)
- Consideration of possible bias
- Presentation and confiscation of the most recent medical certificate (to be kept in the applicant's file)
- Information before the start of the examination (in particular the applicant's obligation to provide truthful and complete information, as well as possible consequences in the case of false information and mandatory reporting; provide the applicant with a handout at their first visit and keep a signed copy in the applicant's file)
- Full completion of the application form
- Personal performance of the aeromedical examination (except for delegable medical activities such as e.g., ECG recording, blood sampling, performance of audiometry)
- Obtaining expert advice (consultative opinion) if necessary
- Performance of the assessment (overall assessment including risk assessment)
- Completion of aeromedical examination/assessment:
(except for consultations, referrals, initial placement/removal of a limitation – see below for procedure)
 - a. Issue of medical certificate
 - Use of ACG-templates
 - Entry of the consecutive number of the template provided by ACG in EMPIC
 - Attach a copy of the medical certificate signed by the AME and the applicant to the aeromedical documentation
 - b. Issue of denial of a medical certificate
 - Use of ACG-templates
 - Entry of the consecutive number of the template provided by ACG in EMPIC
 - Attach a copy of the denial signed by the AME and the applicant to the aeromedical documentation
 - c. If, during the medical examination, it is found that the applicant has provided incomplete, inaccurate or untrue information, the issue of a medical certificate shall also be denied and provision MED.A.025 (a) (3) shall be cited in the denial. The AME shall also inform the Authority in detail of the incorrect information provided.
 - d. Entry of the examination result in the EAMR database
- Transmission of the documents to the competent authority (signed application form, signed and fully completed examination report form, signed medical certificate).

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<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

- Consultation of the competent authority (if mandatory, or if determined by the Authority, e.g., by means of an “applicant comment” (EMPIC), or in case of doubt)
 - Transmission of all medical documents (findings, specialist reports,...) to the Medical Assessor of the competent licensing authority (if applicable via EMPIC)
 - Contacting the Medical Assessor of the competent licensing authority
 - Discussion of the case
 - Joint decision AME/Medical Assessor
 - Issue of medical certificate or denial by the AME
- Referral to the competent authority (if mandatory, or if determined by the Authority, e.g., by means of an “applicant comment” (EMPIC), or in case of doubt)
 - Transmission of all medical documents (findings, specialist reports,...) to the Medical Assessor of the competent licensing authority (if applicable via EMPIC)
 - If necessary, obtain further expert opinions on behalf of the Medical Assessor
 - Decision by Medical Assessor
 - Issue of medical certificate/denial by the AMS or, upon delegation, by the AME
- If appropriate, consultation with the Medical Assessor or respectively referral to the Authority, on the issue of initial placement/removal of a limitation, using EMPIC.

8.2 Proof of Identity and exclusion of language barriers

MED.A.025 (a) (1), MED.A.035 (b) (1), ATCO.MED.A.025 (a) (1), ATCO.MED.A.035 (b) (1)

AMEs shall verify the identity of the applicant by presentation of an official photo identification prior to conducting any aeromedical examination.


When an applicant visits an AME for the first time, the AME shall copy the applicant's photo ID and attach it to the aeromedical documentation.

AMEs shall ascertain that there are no language barriers which would interfere with the aeromedical assessment before commencing the medical examination.

In the case of applicants who do not speak German to the required extent, the AME must ensure that it is possible to communicate with the applicant in a third language (e.g., English). This requires appropriate language skills on the part of both the applicant and the AME, since in addition to the anamnesis, various duties of the AME to provide information must also be conveyed in a language that the applicant can understand.

If necessary, an interpreter can also be enlisted. This fact, together with the details of the interpreter, must be documented in the aeromedical file.

The interpreter must be informed of the medical confidentiality obligation.

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<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

The findings must be submitted to the AME in a language that the AME can understand. The same applies to the presentation to the authorities. Findings that are not understood by either the AME or the authority due to the language barrier must be translated by the applicant at the applicant's expense. If language barriers cannot be overcome, the AME must not conduct the examination.

8.3 Presentation of licence

MED.A.025 (b) (4), ATCO.MED.A.025 (b) (4) – Transmission to the licensing authority

AMEs shall inspect the applicant's licence to determine the appropriate licensing authority prior to conducting any aeromedical examination. When an applicant first visits an AME, the AME shall copy the applicant's licence and attach it to the aeromedical documentation.

If the applicant does not yet have a licence, this shall be noted in the file and the licence, if available, shall be copied at the next medical examination.

In such a case, the competent licensing authority shall be the authority to which the applicant intends to apply for his licence, or if this is not yet known, Austro Control GmbH as the national locally competent aviation authority.

The medical certificate issued shall then reflect “Österreich/Austria” in field I, “*state of licence issue*”.

8.4 Consideration of possible bias

AMEs are recommended to refrain from conducting an aeromedical examination if there are important reasons to doubt their full impartiality (e.g. family, professional or other close relationship). This is to avoid possible conflicts of interest in the aeromedical assessment.


Likewise, in the sense of the separation of medical expert activities and curative activities customary in Austria – especially to exclude any appearance of possible bias – AMEs are strongly advised of the following:

AMEs should avoid conducting aeromedical assessments on their own patients.

8.5 Presentation of medical certificate

MED.A.030 (f), MED.A.035 (c) and MED.A.040, ATCO.MED.A.030 (b), ATCO.MED.A.035 (c); ATCO.AR.F.005 in conjunction with AMC1 ATCO.AR.F.005

Before commencing the aeromedical examination (in case of revalidation and renewal examinations), the AME shall obtain from the applicant the most recent medical certificate.

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

When revalidating/renewing a medical certificate or issuing a certificate of denial, the medical certificate presented shall be withdrawn and attached to the aeromedical documentation.

The confiscated medical certificate shall be endorsed accordingly (*“withdrawn on XX.XX.20XX due to revalidation/renewal/denial”*). The endorsement shall be signed by the AME.

If the applicant does not present the most recent medical certificate and it is known that this is not an initial examination, Austro Control GmbH shall be contacted immediately. Until final clarification by the Authority, the AME must not issue the medical certificate.

Supposed initial examination

(Suspicion that, contrary to what is stated, this is not an initial examination)

If the circumstances (e.g. personal details of the applicant, other evidence, etc.) indicate that one or more medical certificates have already been issued for the applicant in accordance with Part-MED or that the applicant has already undergone one or more medical examinations, the AME shall immediately contact Austro Control GmbH and may only issue the medical certificate after confirmation by the Authority that it is indeed an initial issue.

Existence of doubt (ARA.MED.315, ATCO.AR.F.001)

The AME may contact the AMS of Austro Control GmbH at any time in case of uncertainty to obtain assistance by drawing on the aeromedical documentation of the applicant available in the AMS.

8.6 Calling up and creating an applicant account in the EAMR database


Class 1 medical examinations results must be registered in the EAMR in accordance with the training documents provided by Austro Control GmbH or EASA.

8.7 Information before the start of the examination and completion of the application form

MED.A.020, MED. A.025 (a) (2) (c), MED.A.035, MED.A.045 (b), ARA.MED.135 (a) in conjunction with AMC1 ARA.MED.135 (a), ATCO.MED.A.020, ATCO.MED. A.025 (a) (2) (c) in conjunction with GM1 ATCO.MED.A.025, ATCO.MED.A.035, ATCO.MED.A.045 (b), ATCO.AR.F.001, ATCO.AR.F.020 in conjunction with AMC1 ATCO.AR.F.020

When informing the applicant of the consequences of providing incomplete, inaccurate or false information regarding their medical history (as well as aviation-relevant incidents and accidents), the AME shall in particular draw attention to the applicant's criminal and civil liability and the potential for a possible investigation. This information shall be provided prior to completion of the application form and shall apply to all questions contained therein.

Applicants for medical certificates for all classes shall use the application form provided by Austro Control GmbH. This form is available in the EMPIC software and must be completed.

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

The applicant shall also be informed that the application form must be completed in full and signed. In case of incomplete filling in or crossing out of individual passages of the application form, the issuance of a medical certificate is not permitted.

In the case of cabin crew certificate holders who provide incomplete, inaccurate or false information in the course of medical examinations, the AME shall in any case inform the competent authority.

This information must be documented in a comprehensible manner.

When an applicant visits an AME for the first time, the AME shall demonstrably provide the applicant with an information hand-out as specified in Appendix 1.

At revalidation and renewal examinations the AME shall advise applicant of the mandatory reporting requirements in accordance with MED.A.020 and/or ATCO.MED.A.020 and shall expressly inform the applicant of the circumstances in which they may not exercise their privileges under the licence/attestation. This is also reflected, inter alia, on the medical certificate for Class 1, 2 and LAPL.

The information shall be documented.

It is strongly recommended that applicants be made aware of the 45-day rule at each examination and advised to take the revalidation examination at the beginning of this period if possible.

8.8 Conducting the aeromedical examination

MED.A.025, ATCO.MED.A.025

8.8.1 General information


The AME shall personally conduct the aeromedical examination. Exceptions to this are medical activities that can be delegated, such as recording ECGs, taking blood samples or performing the audiometry.

8.8.2 Mental Health Assessment

MED.B.055, ATCO.MED.B.055, ATCO.MED.B.060

In addition to the clinical examination, the Mental Health Assessment constitutes an essential part of the aeromedical fitness examination.

The AME shall conduct a comprehensive mental health assessment interview with the applicant during each medical examination. The mental health assessment shall be documented in detail in the applicant's aeromedical file.

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

8.8.3 Comprehensive Mental Health Assessment at initial Class 1 examinations (at the AeMC)

Within the scope of the initial examination Class 1 of applicants in an AeMC, the Mental Health Assessment shall be carried out more comprehensively than in the case of revalidation/renewal examinations.

The Comprehensive Mental Health Assessment shall include, in addition to a detailed aviation psychological exploration and behavioural observation, at least a review of the performance dimensions listed in Appendix 2.

The AeMCs shall arrange for the services of an aviation psychologist. The tests shall include the items in Appendix 2 "Comprehensive Mental Health Assessment".

The specification of at least one personality questionnaire or clinical screening procedure, which enables a self-description of the applicant, is recommended.

Additional appropriate performance procedures, personality questionnaires or clinical questionnaires may also be used to back up the exploration or any further clarification of an applicant if necessary. The selection of the respective concrete test procedures is the responsibility of the aviation psychologist.

Drug and alcohol testing at initial Class 1 examinations (at the AeMC):

AeMCs must carry out drug and alcohol tests as part of the initial Class 1 examination of applicants. AeMCs are obliged to implement the current information provided by ACG regarding the specific test method and the substances to be tested and to map a corresponding procedure in the organisation handbook (see appendix 4).


8.9 Obtaining a consultative opinion

Part-MED, Subpart MED.B, and MED.A.040, MED.A.050, ARA.MED.135 in conjunction with GM1.ARA.MED.135, Part ATCO.MED, Subpart ATCO.MED.B, ATCO.MED.A.040, ATCO.MED.A.050, AMC1 ATCO.AR.F.020

The overall assessment of the aeromedical fitness is subsequently carried out by the AME after reviewing and collating all relevant examination results (aeromedical assessment), or, if required, by the Medical Assessor of the competent licensing authority.

The AME shall inform the applicant that the specialist / aviation psychologist's report must in any event be forwarded by the specialist / aviation psychologist to the referring AME and subsequently to Austro Control GmbH (referral / consultation), if applicable, and that all persons involved are bound to medical confidentiality. For specialist referrals, the forms provided by Austro Control GmbH shall be used and forwarded to the relevant specialist/ aviation psychologist. The reason for the referral must be precisely described, respectively the medical specialist must be contacted in addition.

If, after referral to a specialist or to an aviation psychologist or in the case of a request to provide other evidence, applicants do not present themselves to the referring AME within the agreed period of time or after a maximum of 6 months, the AME shall report this to Austro Control GmbH in writing and shall conclude the examination by issuing a notification of denial, citing the determination of the diagnosis of exclusion.

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

8.10 Conducting the Aeromedical Assessment (Overall Assessment including Risk Assessment)

The aeromedical assessment shall include a risk assessment:

This involves a risk assessment of the available medical findings, taking into account the age of the applicant. Particular attention must be paid to the exclusion of sudden or hidden incapacitations, applying the provisions of EU regulations. It is recommended that a risk assessment matrix is also used. The risk assessment must be comprehensively documented.

In the case of certain legally standardised medical constellations, a consultation or a referral to the competent licensing authority must be made (see point 11). Furthermore, the AME may consult the Medical Assessor in case of doubt.

8.10.1 Assessment of medical fitness, LAPL

In accordance with MED.B.095, a fit assessment for Class LAPL shall be made taking into account the complete medical history and in accordance with best aeromedical practice.

Examination criteria for downgrading of the licence/fitness class

E.g.

- PPL (A) to LAPL (A) → Class 2-medical to LAPL-medical
- PPL (H) to LAPL (H) → Class 2-medical to LAPL-medical

If an applicant no longer meets the medical requirements for the issue of a Class 2 medical certificate, the AME shall take into account the previous findings and results of examinations which led to the Class 2 unsuitability in the following assessment of the applicant's medical fitness with regard to the LAPL medical category.

8.10.2 Best Aeromedical Practice


Best aeromedical practice is defined as the collection of medical data by reviewing medical history and conducting examinations and obtaining expert medical opinions that allow for a conscientious assessment of aeromedical fitness based on the current state of medical science.

8.10.3 Complete medical history

„*Consideration of the complete medical history*“ means the following:

- Elicitation of the medical characteristics of the applicant (patient history) within the scope of the anamnesis interview/questioning of the application form
- Insight into own existing aeromedical documentation concerning the applicant
- If necessary, contact the Authority and request insight into the entire aeromedical documentation concerning the applicant available to Austro Control GmbH

The examinations listed here are explicitly designated as a minimum requirement for LAPL initial examinations. The scope of examinations for initial examinations must therefore always be seen from the point of view of "best aeromedical practice", taking into account the assumption that the entire (aero-) medical history of the applicant is available.

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

For follow-up examinations before the age of 50, the following applies:

The scope of examinations for follow-up examinations shall always be considered from the point of view of “*best aeromedical practice*” and shall, in particular, take into account the period of time since the last medical examination. If there are no new findings on the parameters to be considered since the last medical examination, at least the examinations required by (c) leg.cit. shall be carried out in accordance with “*best aeromedical practice*” as specified in MED.B.095 (d) (2).

Only if the AME has a complete medical history of the applicant since the last medical examination, i.e., is continuously informed about all health-relevant circumstances of the applicant (as a rule, by the GP, but this will always have to be checked separately in accordance with point 8.4 with regard to bias), a comprehensive examination of all parameters may be waived on a case-by-case basis only, in the case of follow-up assessments for Class LAPL. The AME shall then ensure and, where appropriate, demonstrate that they have all the relevant medical information to make an aero-medical fitness assessment.

The AME shall document all findings on which their fitness decision was based on.

8.11 Initial entry and removal of limitations

Part-MED, Subpart B, MED.A.020, MED.A.025, MED.A.050, MED.B.001, ATCO.MED.A.020, ATCO.MED.A.025, ATCO.MED.A.050, ATCO.MED.B.001


If the medical condition requires the entry or removal of a limitation and the consultation of the Medical Assessor or referral to the Authority is required by law, the AME shall follow the relevant procedure (consultation or referral - as described in point 11). The AME must also ensure that they are entitled to enter or remove the specific restriction or whether this is reserved for the licensing authority.

The applicant must be demonstrably informed by the AME of the possible entry of a limitation and its significance. Here it is recommended to use the function “white printer” in EMPIC.

8.12 Completion of aeromedical examination/assessment

MED.A.020, MED.A.025, MED.A.030, MED.A.035, MED.A.040, ARA.MED.130, ATCO.MED.A.020, ATCO.MED.A.025, ARA.MED.135 in conjunction with AMC1 ARA.MED.135, ATCO.MED.A.025, ATCO.MED.A.030, ATCO.MED.A.035, ATCO.MED.A.040, ATCO.AR.F.005 in conjunction with AMC1 ATCO.AR.F.005, ATCO.AR.F.020 in conjunction with AMC1 ATCO.AR.F.020

Upon completion of each aeromedical examination, the AME shall issue either a medical certificate, or a notification of denial of a medical certificate, unless it is required to refer the decision to the competent authority.

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

The medical certificate/notification of denial of a medical certificate shall be printed on the paper provided by Austro Control GmbH in colour (blue-grey Austro Control GmbH logo) and the consecutive number of the paper provided by ACG shall be entered in EMPIC*.

The printing of an aeromedical certificate on paper other than that provided by Austro Control GmbH is not permitted.

The templates are provided by Austro Control free of charge and may be requested informally from Austro Control GmbH at any time, stating the number of templates required. The AME shall allow for an appropriate period of time for processing and transmission.

8.12.1 Issue of a medical certificate

- Use of ACG-templates (certificate paper)
- Entry of the consecutive number of the template in EMPIC
- Signature of AME and applicant
- Attach a copy of the medical certificate signed by the AME and the applicant to the aeromedical documentation (recommendation: also attach a scanned copy to the aeromedical examination in EMPIC)

8.12.2 Period of validity of Medical Report

MED.C.005

The Medical Report is to be issued for a maximum of 60 months (5 years).

If, in an individual case, the AME considers the period of 5 years to be too long for aeromedical reasons and taking into account the specific cabin crew duties specified in AMC1 MED.C.005, they may specify a shorter period of validity by means of the limitation "*TML - valid for ... months*".


8.12.3 Issue of Notification of Denial of a Medical Certificate

- Use of ACG-templates
- Entry of the consecutive number of the copy of the issued denial
- Attach a copy of the notification of denial, signed by AME and applicant, to the aeromedical documentation
- Inform the applicant about the legal requirements/reason for the denial
- Inform the applicant of their right to apply for a "Secondary Review" of their aeromedical fitness by the competent authority

In the case of Austrian licence holders, the form for secondary review published by Austro Control GmbH on their website must be completed, signed and submitted to Austro Control GmbH by the applicant within four weeks of receipt of the notification of denial.

8.12.4 Entry of the examination result in the EAMR database

The training material provided by Austro Control GmbH, respectively by EASA, must be adhered to.

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<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

8.13 Submission of documentation to the appropriate licensing authority

MED.A.025, ATCO.MED.A.025

AMEs shall, forward the documentation to the competent licensing authority, after each completed aeromedical examination - in particular for the purpose of enabling regulatory oversight and making complete aeromedical documentation available to all aeromedical authorities.

For this purpose, the data transmission and documentation software provided free of charge by Austro Control GmbH shall be used (see point 7.1).

In the case of an applicant with a licence issued by another EASA Member State, the AME shall also send the above documents by post to the Aeromedical Section of the respective foreign licensing authority and shall make a note of this in the aeromedical documentation. (e.g. "Foreign licensing authority Germany - LBA sent by post on XX.XX.20XX"). A corresponding proof of dispatch of the documents shall be attached to the aeromedical documentation.

Copies of the signed application form, the completed and signed medical examination report and the signed medical certificate or the notification of denial of a medical certificate shall be submitted. The English language forms (exception: Germany and Switzerland) in EMPIC shall be used and comments shall be written in English or in the respective national language of the licensing state. In the case of referrals and consultations, reports must be obtained in English or the respective national language of the licensing state (if necessary, the applicant must provide a notarised translation).

9 Temporary aeromedical unfitness


MED.A.020, ATCO.MED.A.020

Whenever a holder of a valid medical certificate suffers an event referred to in MED.A.020 or ATCO.MED.020 which diminishes their aeromedical fitness, or renders them unfit for a period of time, the applicant shall report this to the AME.

Until medical fitness is regained, the AME shall declare the applicant temporarily unfit. For this period, the still valid medical certificate shall be withdrawn and the "Interim Assessment" form shall be issued endorsed with the assessment "temporarily unfit" (this shall be done in EMPIC using the function 'Interim Assessment').

In the interim assessment, the reason (e.g. diagnosis) for the temporary aeromedical unfitness and, if applicable, findings must be stated.

If the medical certificate cannot be withdrawn (especially in the case of in-patient stays, stays abroad, etc.), the applicant shall be informed of the temporary medical unfitness and this fact shall be noted in the documentation.

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

When the aeromedical fitness of the applicant is restored, a new interim assessment “fit” shall be done in EMPIC. The withdrawn medical certificate may be returned to the applicant, provided that no (new) limitation and no referral/consultation is required. In this case, a new medical certificate with the appropriate limitation and the same validities shall be issued.

If the withdrawn medical certificate has already expired or is just about to expire, a new medical examination (renewal/revalidation) shall be carried out.

The fitness assessment shall be carried out in compliance with the relevant paragraphs of the Regulation and competencies (in the case of consultation or referral - see point 11).

10 Consultant’s Opinion

PART.MED – Subpart B, MED.B.055, PART ATCO.MED – Subpart B

The AME shall inform the applicant that the consultant involved shall submit the assessment report directly to the AME after completion of the examination. The referral form provided by Austro Control GmbH also contains information to this effect and must be signed by the applicant. A copy of the signed referral form shall be attached to the aeromedical documentation.

It is recommended that for specialist medical reports and other clarification measures, priority be given to specialists/experts who have appropriate experience with aeromedical fitness.

It is recommended to cooperate with medical specialists who have knowledge in aviation medicine or who are also aviation medical experts.


If clarifications by a specialist or other expert (e.g. toxicological laboratory) are required, the AME must use the referral form provided by Austro Control GmbH, specify a concrete clarification request and give it to the test person. It is recommended to check the box "Consultation with the AME" or to consult the specialist / expert directly in advance.

It is recommended that the applicant be assisted in selecting a specialist and that this be noted on the referral form. The applicant is to be informed that he/she must bring all available findings/expert reports with him/her to this appointment.

The specialist/expert has the right, with the prior consent of the applicant, to view all documents relevant to the assessment (esp. preliminary findings) from the AME or the licensing authority and must send the final report directly to the referring doctor (AME). The applicant must be informed of this before signing the referral form (which contains a passage to this effect).

The medical questions are to be formulated specifically by the AME to the specialist, in particular taking into account the legally defined aeromedical fitness requirements. During the overall assessment, the AME must always check the expert opinion prepared by a specialist to determine whether the conditions prevailing in an aircraft or at the workplace of an air traffic controller were actually taken into account in the assessment.

If, in the opinion of the AME, the report does not meet the required criteria, he must request a supplementary opinion or completion.

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

10.1 ENT and Ophthalmology Specialists

If, however, for reasons comprehensible to the AMS, a consultative opinion is sought from another specialist in ENT or ophthalmology, the AME shall provide the applicant with the form according to GM1.ARA.MED.135 (b) (c) or AMC1 ATCO.AR.F.020 alongside a corresponding specific request for examination.


If the AME receives any other ophthalmological specialist report from an applicant, the AME shall proceed as follows:

- Transfer the contents of the report to the form according to GM1.ARA.MED.135 (b) or AMC1 ATCO.AR.F.020, enter the name and address of the medical specialist in the space provided and the name or stamp of the AME in the space provided.
- Verification that the specialist has adhered to the relevant requirements for colour vision testing and interpretation of results ("colour safe" vs. "colour unsafe") (e.g. use of the 24-panel version according to Ishihara, and correct assessment of the colour safety with regard to the Class applied for. Class 1, 2 and 3: "colour safe" when recognising the first 15 of 24 Ishihara panels (presented in random order); for Class LAPL and CC: "colour safe" when recognising the first 9 of 15 of the 24 Ishihara panels (presented in random order).)
- Checking the results of visual field defects
In the case of visual field defects, false-positive or false-negative assessments may be made in ignorance of the relevant requirements if, for example, the ophthalmic specialist is unaware of the provision stating that, in the case of visual field defects, fitness is possible with a preserved binocular visual field, or vice versa.
- Checking the visual acuity results
As there are a large number of different visual acuity charts for the determination of distance, but above all near and intermediate visual acuity, but the Requirement only mentions N5 and N14 reading charts, the AME must check whether, in the case of the use of another reading chart (e.g. Jaeger, etc.) by the specialist, the requirements are fulfilled accordingly. This is only possible with appropriate conversion tables.
- Check for completeness
If parameters are missing or unclear, these values must be requested accordingly. In this context, it must be pointed out that both the uncorrected and, if applicable, the corrected visual acuity must be indicated.

Evidence of the implementation of these clarification measures shall be provided to the competent authority upon request.

If the AME receives any ENT specialist report from an applicant, the AME shall proceed as follows:

- Transfer the contents of the report to the form according to GM1.ARA.MED.135 (c) or AMC1 ATCO.AR.F.020, enter the name and address of the medical specialist in the space provided and the name or stamp of the AME in the space provided.
- Verification that the specialist has followed the relevant requirements when performing pure tone audiometry and interpreting the results.

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

- Check for completeness

If parameters are missing or unclear, these values must be requested accordingly.

Upon receipt of the specialist's report in accordance with GM1.ARA.MED.135 (b) or (c) or AMC1 ATCO.AR.F.020, the AME shall enter his/her name or stamp in the space provided on the form.

10.2 Aviation Psychologists

MED.B.055, ATCO.MED.B.055, ATCO.MED.B.060

If an AME has doubts about the applicant's aero-psychological fitness during aeromedical examination, the AME shall refer the applicant to an aviation psychologist.

For this purpose, reference is made to the list of the European Association for aviation psychology (EAAP). A link to the page is provided on the Austro Control GmbH homepage. Furthermore, this list is also made available in EMPIC in the documents folder.

Aviation Psychologists have experience in aviation. Aviation Psychologists are familiar with the conditions in the cockpit and the requirements for pilots, air traffic controllers and cabin crew and are therefore optimally suited for a specialised psychological assessment.

During the mental health assessment, the AME shall pay special attention to any conspicuousness, abnormality or unusual behaviour of the applicant which could indicate a mental disorder.


If assessment by an Aviation Psychologist is required, the AME shall use the current referral form provided by Austro Control GmbH, tick the relevant parameters to be assessed and pass it on to the applicant. It is recommended to tick the box "*Consultation with the AME*" or to consult the AAPt directly in advance. It is recommended to select an AAP from the list jointly with the applicant and to note the AAP name on the referral form.

Referrals within the framework of the mental health assessment are to be made exclusively to an aviation psychologist.

The Aviation Psychologist has the right to request any documents relevant to the assessment (in particular preliminary findings) from the AME or the licensing authority and must send the final report directly to the referrer. The applicant must be informed of this before signing the referral form (which also contains a passage to this effect).

If, in the opinion of the AME, the AAPt's report does not meet the required criteria, they shall request a supplementary statement or completion.

If necessary, the AME shall prove to Austro Control GmbH that in the respective case there were no doubts as to the (aero-) psychological aptitude of the applicant or that they took all clarification measures available to them in order to exclude possible doubts.

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

10.3 Specialists in psychiatry

MED.B.055, AMC1 MED.B.055 (f)

The preparation of a psychiatric report should be done by specialists in psychiatry with adequate knowledge and experience in aviation medicine.

During the mental health assessment, the AME shall pay special attention to any conspicuousness, abnormality or unusual behaviour of the applicant which could indicate a mental disorder (see point 8.8.2– Mental Health Assessment).

If clarification by a psychiatrist is required, the AME shall use the current referral form provided by Austro Control GmbH, state a specific request for clarification and give it to the applicant. It is recommended to tick the box "*Consultation with the AME*" or to consult the psychiatrist directly in advance.

It is recommended to select a psychiatry specialist jointly and to note the specialist's name on the referral form.

The psychiatrist has the right -after prior consent of the applicant - to request any documents relevant to the assessment (in particular preliminary findings) from the AME or the licensing authority and must send the final report directly to the referrer. The applicant must be informed of this before signing the referral form (which also contains a passage to this effect).

If, in the opinion of the AME, the psychiatric report does not meet the required criteria, they must request a supplementary statement or completion.

If necessary, the AME shall prove to Austro Control GmbH that in the respective case there were no doubts as to the psychiatric aptitude of the applicant or that they took all clarification measures available to them in order to exclude possible doubts.

11 Consultation and Referral


11.1 Consultation

Part-MED-Subpart B, MED.A.050, PART.ATCO.MED-Subpart B, ATCO.MED.A.050

In the case of a medical constellation according to Part-MED, Subpart B (i.e. Class 2 Medical Certificate), where consultation with the Medical Assessor of the competent authority is required by law, the AME shall proceed as follows:

11.1.1 Consultation with the licensing authority Austro Control GmbH

- Transmission of all aeromedical documents required for the joint medical assessment and establishment of contact with the Medical Assessor of Austro Control GmbH (via EMPIC)
- Discussion of the particular case
- Joint deliberation on the further course of action

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

- Where appropriate, acquisition of further expert opinions
- Joint fitness assessment
- Issuance of the medical certificate by the AME

In principle, a consultation decision by the Medical Assessor is only possible on the basis of accessible aeromedical documents (findings, ECG, etc.). In the case of a consultation in accordance with Part-MED, Subpart B, the AME must therefore, as a rule, forward the relevant documents to the authority, summarise the case and make a recommendation concerning the fitness assessment.

The documents shall be transmitted without delay and via the data transmission software EMPIC provided by Austro Control GmbH, i.e. the above-mentioned documents shall be scanned and attached to the examination of the applicant in the EMPIC software by means of the document import function.

If certain imaging representations cannot be scanned, it is possible in exceptional cases to send these documents by post.

The AME shall record the consultation, its content and outcome in their own aeromedical documentation of the applicant, including the date and name of the Medical Assessor consulted and the reasons for the decision. (i.e.: print the decision outcome named "AMS reject reason" in the EMPIC software and add it to the applicant's hardcopy file).

11.1.2 Consultation of the foreign licensing authority


In the case of legally required consultation, referral shall be made to the Medical Assessor of the applicant's competent licensing authority.

The competent licensing authority is the authority where the applicant's licence is registered or applied for (in the case of student pilots), even if this authority is located in a different EASA Member State.

If the applicant's licensing authority is in another EASA Member State, the aeromedical fitness assessment shall not be completed in the EMPIC software until the consultation has taken place.

Primarily, the AME shall contact the responsible Medical Assessor of the foreign licensing authority directly. For this purpose, the relevant documents are to be sent by post to the Aeromedical Section of the competent foreign licensing authority, respectively contact shall be made in the manner stipulated by the foreign authority.

A corresponding contact list is provided by Austro Control GmbH.
A medical certificate may only be issued after final consultation with the foreign Medical Assessor. The date of the consultation and the name of the Medical Assessor shall be documented and noted in the EMPIC software (e.g. "Germany - LBA, documents sent by post on DD/MM/YYYY, telephone agreement of Dr. XXX regarding restriction XXX").

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

In case of ambiguities and communication difficulties, it is possible in exceptional cases to contact the Medical Assessor of Austro Control GmbH, who will then contact the Medical Assessor of the foreign licensing authority.

It is strongly recommended that in the case of foreign licence holders, the relevant documents are already completed in English.

11.2 Referral

Part-MED-Subpart B, MED.A.025, MED.A.050, PART-ATCO.MED-Subpart B, ATCO.MED.A.050, ATCO.MED.A.025

If, due to the medical condition, a referral (Class 1 and 3) to the AME for an aeromedical fitness assessment is required by law, the AME shall proceed as follows:

11.2.1 Referral to the licencing authority Austro Control GmbH

- Transmission of all documents required for the aeromedical fitness assessment (i.e. the medical facts collected by the AME in the course of the aeromedical assessment, findings, reports, 12-lead ECG curve image, surgery reports, discharge letters, mental health assessment, etc.) to the Medical Assessor of Austro Control GmbH (via EMPIC).

In such a case, the documents shall already include the consultative examinations that may be required for the assessment by the authority in accordance with the provisions of Part-MED and shall therefore generally be arranged in advance by the AME.


As part of the referral, the AME shall summarise the case and make a recommendation regarding the fitness assessment.

- Carrying out or arranging for any further examinations ordered by the Medical Assessor.

The documents shall be transmitted immediately and without delay via the data transmission software EMPIC provided by Austro Control GmbH, i.e. the above-mentioned documents shall be scanned and attached to the applicant's examination using the document import function in the EMPIC software.

Alternatively, in exceptional cases, it is possible to send the documents by post. Transmission by e-mail or fax is not permitted unless the applicant has given their explicit consent.

The final decision on aeromedical fitness is subsequently made by the Authority's Medical Assessor. In the case of a positive fitness assessment, the Medical Assessor may either issue the medical certificate directly or delegate the issuance to the AME.

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

11.2.2 Referral to foreign licensing authorities

In the case of a statutory referral, the Medical Assessor of the competent licensing authority shall be responsible for the aeromedical fitness assessment.

The competent licensing authority is the authority where the applicant's licence is registered or applied for (in the case of student pilots), even if this authority is located in a different EASA Member State

If the applicant's licensing authority is in another EASA Member State, the aeromedical fitness assessment shall not be completed in the EMPIC software until the decision has been made by the Medical Assessor of the foreign licensing authority.

Primarily, the AME shall contact the responsible Medical Assessor of the foreign licensing authority directly. For this purpose, the relevant documents are to be sent by post to the AMS of the competent foreign licensing authority, respectively contact shall be made in the manner stipulated by the foreign authority.

A corresponding contact list is provided by Austro Control GmbH.

A medical certificate may only be issued after a final decision by the Medical Assessor of the competent licensing authority. The date of the decision and the name of the Medical Assessor shall be documented and recorded in the EMPIC software (e.g. *"Germany - LBA, documents sent by post on DD/MM/YYYY, written decision by Dr. XXX dated DD/MM/YYYY - fit with limitation XXX"*).

In case of ambiguities and communication difficulties, it is possible in exceptional cases to contact the Medical Assessor of Austro Control GmbH, who will then contact the Medical Assessor of the foreign licensing authority.

11.3 Issuance of a denial despite the fact that consultation or referral is mandatory

If, despite the statutory requirement for consultation or referral, the AME concludes on the basis of their assessment that the applicant is unfit from an aeromedical point of view, they shall issue a notification or denial. Consultation or referral is NOT required in such a case. Rather, the applicant shall be advised of their right to apply for a secondary review.


12 Duplicate Issue

It is possible to issue duplicates of medical certificates in case of loss, theft or change of name. AMEs may only issue duplicates for medical certificates previously issued by themselves. A report of theft or loss or a copy of an identity document or marriage certificate shall be required from the applicant and attached to the aeromedical record.

The duplicate shall be identical in content to the previously issued medical certificate, only the date of issue shall be changed. A copy of the duplicate medical certificate issued and signed by the AME and the applicant shall be attached to the aeromedical file.

The issue of a duplicate and the reason for it shall be recorded in the aeromedical file.

In the EMPIC software this is to be done with the function "Interim Assessment".

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

13 AME authorisation

13.1 Extension of AME authorisation/ refresher training in aviation medicine

MED.D.020, MED.D.030, ATCO.MED.C.015, ATCO.MED.C.025

Within a three-year recognition period, AMEs shall attend aeromedical refresher training courses.

AME Privileges	Class 1	Class 2	Class 3
Training hours total	30	20	20
Thereof under ACG supervision	5	5	5
Thereof specific contents	-	-	5

Out of a total of 20 (or 30 for AMEs with Class 1 privileges) hours of refresher training within three years, at least 5 hours shall be completed under the supervision of the Authority for the purpose of renewal of the AME certificate.

This refers to those training events that are organised and conducted by the Authority itself. AMEs who are also authorised to conduct Class 3 medical examinations must complete at least 5 hours of specific content concerning the working conditions of air traffic controllers.

Courses recognised as refresher trainings by another EASA Member State shall be recognised to the extent approved by the foreign authority.

Of the 20 (or 30) hours of refresher training to be demonstrated, participation in other (aeromedical) scientific congresses and practical exercises, which have not been recognised as refresher trainings, can be credited as such (GM1 MED.D.030). The decision on the crediting of such refresher training is incumbent on ACG based on the named legal basis.


AMEs with Class 1 privileges should regularly attend international scientific congresses.

13.2 Renewal of AME certification

In summary, the difference between a renewal and revalidation is that if the revalidation criteria are not met, a practical training in an AeMC must be carried out (completion of ten examinations per Class applied for).

Furthermore, proof of a refresher training of at least ten hours completed within the preceding year must be provided.

Since renewal provisions in ATCO.MED are missing, the provisions of Part MED, Subpart D are applied by analogy in application of an exception provision.

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

13.3 AME Peer Groups

MED.D.030, GM2 MED.D.030

AME peer support groups can be held for the mutual exchange of information, case discussions and other training topics.

A maximum of 2 refresher training hours per event and a maximum of 6 refresher training hours per recognition period can be credited for the organisation of an AME peer support group or participation in an AME peer support group event.

The organiser shall notify the competent authority in advance of the establishment of an AME peer support group. This notification shall include the name of the organiser, the members and the time frame of the planned meetings.

No application is required for this - and no costs or fees will be charged by ACG in connection with the submission of an AME peer support group.


The written confirmation of participation from the organiser with details of the location, date, participants, agenda, minutes with a detailed summary of the contents and duration of the event shall be deemed to be proof for crediting. The organiser shall submit the proof to Austro Control GmbH immediately after the event has been held and issue a corresponding confirmation to the participants.

Austro Control GmbH points out that only contents with aeromedical relevance can be credited for the extension of an AME recognition. The aeromedical relevance of the contents will be checked on the basis of the short protocol and, if necessary, after consultation with the organiser, and crediting of the respective number of hours will be determined by the ACG.

13.4 Number of medical examinations for AME authorisation

MED.D.030, ATCO.MED.C.025

Within a certification period of three years, AMEs must carry out at least 10 aeromedical examinations per year (a total of 30 examinations).

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

For the revalidation of the respective privileges, evidence of the completion of medical examinations of the respective approved classes is required to the following extent:

AME Privileges	Class 1	Class 2	Class 3
Total examinations per year at least	10		
of which the following minimum number per class applied for within 3 years	10 Class 1 examinations	10 Class 2 examinations	5 Class 1 and/or Class 3 examinations*

* Justification according to ATCO.MED.C.025 c):

Since Regulation (EU) 2015/340 (Air Traffic Controller) regarding aero-medical examiners does not refer to those according to Regulation (EU) 1178/2011 (Aircrew), it is hereby specified that Class 1 medical examinations can also be credited in lieu of Class 3 medical examinations, as these are considered equivalent.

The total number of examinations required for the revalidation of the AME certificate in accordance with Regulation (EU) 2015/340 remains unchanged.

13.5 Extension of AME Privileges

MED.D.015 (c)

In order to extend the recognition as AME to Class 1 and/or Class 3, a practical training of at least two days must be proven. This has to take place in an AeMC and has to be proven in the form of a confirmation stating the contents.

If an extension of the privileges takes place within a recognition period, it must be taken into account in the course of the next extension application that the number of examinations and further training for class 1 and/or 3 must be calculated in aliquot.


14 National Licences and Operating Permits

§ 24 f LFG; § 5 CAPO 2006

For holders of the following national licences a European medical certificate of the class LAPL (or higher) is required as of 01.05.2016:

- Ultralight pilots
- Holders of parachuting licences - tandem jumps
- hang-gliders or paragliders with a double-seat licence

In order to obtain an operating licence for unmanned aircraft (for national category C), a valid aeromedical certificate (class LAPL or higher) or a positive driving licence assessment (not older than five years) must be presented.

	<p align="center">Civil Aircrew Directive (CAD)</p> <p align="center">pursuant to § 1b Civil Aviation Personnel Ordinance 2006, Federal Law Gazette II No. 205/2006 as amended.</p> <p align="center">ACG/MED/01</p>
<p align="center">Aviation Agency Department</p>	<p align="center">To aeromedical examiners and centres (AME and AeMC) for the implementation and execution of the aeromedical provisions of Reg. (EU) No 1178/2011 as amended as well as of Reg. (EU) 2015/340 as amended</p>

15 Special procedure in case of change of competent authority (transfer)

In the case of applicants who, at the time of application for transfer, present a medical certificate issued by an aeromedical body (AME/AeMC) recognised in Austria, the licence may be issued without prior assessment of the medical record by the Authority. For this purpose, the aeromedical file must be completely available in the Austro Control GmbH.

In this case, applicants shall be instructed by the licensing authority to immediately exchange their aeromedical certificate with the AME/AeMC that issued their last medical certificate.

The aeromedical body (AME/AeMC) is then entitled to issue an aeromedical certificate with licence state Austria on the basis of the Austrian licence number and to hand it over to the applicant. The period of validity of the classes entered in the medical certificate remains unchanged.

16 Annexes and Appendices

- Appendix 1: Information sheet for aviation personnel
- Appendix 2: Comprehensive Mental Health Assessments
- Appendix 3: Practice Location Equipment - Equipment List
- Appendix 4: Alcohol and Drug Screening
- Appendix 5: Scope of aeromedical examinations in comparison