



Date : 2024/02/20 التاريخ :

Ref : 2024/016/SUPDT-R/41 الإشارة :

All KCASR Stockholders and Users

**Subject:** Notice of Proposed Amendment's (NPA) No. 2024-01 to Kuwait Civil Aviation Safety Regulations KCASR 1 - PERSONNEL LICENSING PART MED - MEDICAL Rev 03.

Dear Sir,

**Purpose:**

The purpose of this NPA is to announce to the KCASR users the intention of the Directorate General of Civil Aviation to amend KCASR 1 - PERSONNEL LICENSING PART MED - MEDICAL (issue 4) to be in line with EASA requirements.

**Action Required:**

All users of KCASR are required to refer to DGCA/ASD website (<https://kcasr.dgca.gov.kw>) for reviewing the NPA and mail or email (safety@dgca.gov.kw) their comments to DGCA by 18/Apr/2024 using the attached NPA Response Sheet Forms No. 1500 or using NPA comments & feedback form on the website. If we do not receive your response by this date, it will be assumed that you do not have any comments on the proposal.

If required, the DGCA/Aviation Safety Department personnel are available to answer your questions on the interpretation and intended implementation of the proposed amendments.

This is for your information and distribution to the concerned parties.

Yours Sincerely,

President of Civil Aviation

Engr. Emad F. Al-Jelwi

Deputy Director General of Civil Aviation  
For Aviation Safety & Air Transport Affairs

Director General of Civil Aviation.  
Dy. Dir. Gen. Kuwait. Intel. Airport Affairs.  
Dy. Dir. Gen. for Air Navigation Services Affairs.  
Safety Management Coordination Center (SMCC).  
Head of Technical Office.  
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Aviation Safety Director.  
Air Transport Director.  
Inspection & oversight Superintendent.  
Head of Standards & Aviation Safety Regulations Division.



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Rev. 09

EM  
18.2

HRA

**Notes on the presentation of the Amendment**  
**Notice Of Proposed Amendment**  
**(NPA)**

The text of the amendment is arranged to show deleted text in Red Color and with a line through it, new text to be inserted is in Blue color as shown below:

~~Text to be deleted is in Red and shown with a line through it.~~

Text to be deleted

New text to be inserted is in Blue Color.

New text to be inserted

~~Text to be deleted is in Red and shown with a line through it,~~ followed by the replacement text which is in Blue Color.

New text to replace existing text

. . . Indicates that remaining text is unchanged in front or following the reflected amendment.

Text is unchanged

**Notice Of Safety Regulation Amendment**  
**(NPA, NSRA and Revisions)**

| Side bar indicates that text is changed or added.



**NPA RESPONSE FORM**  
NPA



**Please add your comments on the proposal by ticking [✓] the appropriate box below.**

Any additional constructive comments, suggested amendments or alternative action will be welcome and may be provided on this response sheet or by separate correspondence.

No comments on the proposal.

Comments on the proposal. (Please provide explanatory comment).

Name:

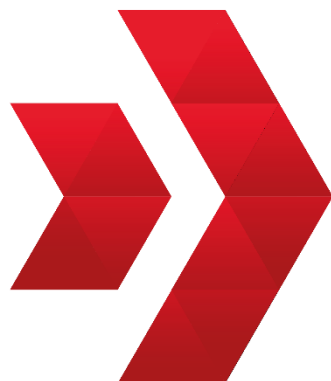
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Date:



**الطيران المدني**

**Civil Aviation**

دولة الكويت - State of Kuwait

# **Kuwait Civil Aviation Safety Regulations**

## **KCASR 1 – PERSONNEL LICENSING**

### ***PART MED - MEDICAL***



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## **Control of this Document**

### **DC.1 Introduction**

DC.1.1 Pursuant to Law No (30) of the year 1960 and subsequent Ministerial Decisions No (3) of the year 1986, No (18) of the year 1990, and No (3) of the year 1996, based upon that Law and as reflected in the Preamble to the Kuwait Civil Aviation Safety Regulations, Issue ~~34~~, Rev. ~~02~~, August ~~2013~~2019, the President of the Kuwait Directorate General of Civil Aviation is empowered to adopt and amend Kuwait Civil Aviation Safety Regulations. In accordance herewith, the following Regulation is hereby established for compliance by all persons concerned. This regulation shall be known as KCASR 1- Part Med - Medical and any reference to this title shall mean referring to these regulations governing the requirements to be met for the certification of Personnel Licensing.

### **DC.2 Authority for this Regulation**

DC.2.1 This KCASR 1- Part Med - Medical is issued on the authority of the President of the Kuwait Directorate General of Civil Aviation.

### **DC.3 Applicability**

DC.3.1 This KCASR 1- Part Med - Medical is applicable to the aviation industry of the State of Kuwait.

### **DC.4 Scope**

DC.4.1 KCASR Part 1 Personal Licensing contains the personnel licensing regulations of the State of Kuwait, and shows compliance with ICAO Annex 1. The regulations in KCASR 1 are separated into the following parts with cross references between parts where applicable.

- Part ARA Authority Requirements for Aircrew
- Part ORA Organisational Requirements for Aircrew
- Part FCL Flight Crew Licensing
- Part CC Cabin Crew
- Part FOO/FD Flight Operation Officer and Flight Dispatcher
- **Part MED Medical**
- Part 66 Aircraft Maintenance Engineer Licence
- Part 147 Approved Training Organisations
- Part ATCO Air Traffic Control Officer

### **DC.5 Definitions**

DC.5.1 Terms not defined shall have the meaning given to them in the relevant legal instruments or international legal instruments in which they appear, especially as they appear in the Convention and its Annexes.



## Subpart A - General requirements

### Section 1 - General

#### MED.A.001 Competent authority

For the purpose of this Part, the competent authority shall be the ~~Kuwait DGCA~~[Kuwait DGCA/ASD/ASD](#).

#### MED.A.005 Scope

This Part establishes the requirements for:

the issue, validity, revalidation and renewal of the medical certificate required for exercising the privileges of a pilot licence or of a student pilot and ATCO licence and student ATCOs;

the medical fitness of cabin crew; and

the certification of AMEs.

#### MED.A.010 Definitions

‘**Accredited medical conclusion**’ means the conclusion reached by one or more medical experts acceptable to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#), on the basis of objective and non-discriminatory criteria, for the purposes of the case concerned, in consultation with flight operations or other experts as necessary,

‘**AeMC**’ means aero-medical centre,

‘**AME**’ means aero-medical examiner,

‘**Assessment**’ means the conclusion on the medical fitness of a person based on the evaluation of the person’s medical history and/or aero-medical examinations as required in this Part and further examinations as necessary, and/or medical tests such as, but not limited to, ECG, blood pressure measurement, blood testing, X-ray,

‘**Colour safe**’ means the ability of an applicant to readily distinguish the colours used in air navigation and correctly identify aviation coloured lights,

‘**Eye specialist**’ means an ophthalmologist or a vision care specialist qualified in optometry and trained to recognise pathological conditions,

‘**Examination**’ means an inspection, palpation, percussion, auscultation or other means of investigation especially for diagnosing disease,

‘**Investigation**’ means the assessment of a suspected pathological condition of an applicant by means of examinations and tests in order to verify the presence or absence of a medical condition,

‘**Licensing authority**’ means the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) of the State of Kuwait,

‘**Limitation**’ means a condition placed on the medical certificate, licence or cabin crew medical report that shall be complied with whilst exercising the privileges of the licence, or cabin crew attestation,

‘**Refractive error**’ means the deviation from emmetropia measured in dioptres in the most ametropic meridian, measured by standard methods.

‘**misuse of substances**’ means the use of one or more psychoactive substances by aircrew in a way that, alternatively or jointly:

(a) constitutes a direct hazard to the user or endangers the lives, health or welfare of others;

(b) causes or worsens an occupational, social, mental or physical problem or disorder;



'psychoactive substances' means alcohol, opioids, cannabinoids, sedatives and hypnotics, cocaine, other psychostimulants, hallucinogens, and volatile solvents, with the exception of caffeine and tobacco;

**MED.A.015 Medical confidentiality**

All persons involved in medical examination, assessment and certification shall ensure that medical confidentiality is respected at all times.

**MED.A.020 Decrease in medical fitness**

- (a) Licence holders shall not exercise the privileges of their licence and related ratings or certificates at any time when they:
- (1) are aware of any decrease in their medical fitness which might render them unable to safely exercise those privileges;
  - (2) take or use any prescribed or non-prescribed medication which is likely to interfere with the safe exercise of the privileges of the applicable licence;
  - (3) receive any medical, surgical or other treatment that is likely to interfere with flight safety.
- (b) In addition, licence holders shall, without undue delay, seek aero-medical advice when they:
- (1) have undergone a surgical operation or invasive procedure;
  - (2) have commenced the regular use of any medication;
  - (3) have suffered any significant personal injury involving incapacity to function as a member of the flight crew;
  - (4) have been suffering from any significant illness involving incapacity to function as a member of the flight crew;
  - (5) are pregnant;
  - (6) have been admitted to hospital or medical clinic;
  - (7) First require correcting lenses.
- (c) In these cases:
- (1) Holders of Class 1, Class 2 and Class 3 medical certificates shall seek the advice of an AeMC or AME. The AeMC or AME shall assess the medical fitness of the licence holder and decide whether they are fit to resume the exercise of their privileges;
  - (2) Holders of [light aircraft pilot licence \(-LAPL\)](#) medical certificates shall seek the advice of an AeMC or AME, who signed the medical certificate. The AeMC, AME shall assess the medical fitness of the licence holders and decide whether they are fit to resume the exercise of their privileges.
- (d) Cabin crew members shall not perform duties on an aircraft and, where applicable, shall not exercise the privileges of their cabin crew attestation when they are aware of any decrease in their medical fitness, to the extent that this condition might render them unable to discharge their safety duties and responsibilities.
- (e) In addition, if in the medical conditions specified in (b)(1) to (b)(6), cabin crew members shall, without undue delay, seek the advice of an AME. The AME shall assess the medical fitness of the cabin crew members and decide whether they are fit to resume their safety duties.



**MED.A.025 Obligations of AeMC and AME**

- (a) When conducting medical examinations and/or assessments, AeMC and AME shall:
- (1) Ensure that communication with the person can be established without language barriers;
  - (2) Make the person aware of the consequences of providing incomplete, inaccurate or false statements on their medical history.
  - (3) In the case of cabin crew attestation holders, notify the DGCA/ASD, if the applicant provides incomplete, inaccurate or false statements on their medical history;
  - (4) notify DGCA/ASD if an applicant withdraws the application for a medical certificate at any stage of the process.
- (b) After completion of the aero-medical examinations and/or assessment, the AeMC and AME, shall:
- (1) advise the person whether fit, unfit or referred to the medical assessor of Kuwait DGCA/Kuwait DGCA/ASD, AeMC or AME as applicable;
  - (2) inform the person of any limitation that may restrict flight training, air traffic control training or the privileges of the licence, or cabin crew attestation as applicable;
  - (3) if the person has been assessed as unfit, inform him/her of his/her right of a secondary review; and
  - (4) In the case of applicants for a medical certificate, submit without delay a signed, or electronically authenticated, report to include the assessment result, application form, examination form and a copy of the medical certificate to the Kuwait DGCA/Kuwait DGCA/ASD.
  - ~~(4)~~(5) inform the applicant of his or her responsibilities in the case of decrease in medical fitness, as specified in point MED.A.020.
- (c) Where consultation with the medical assessor of the DGCA/ASD is required in accordance with this regulation (Part-MED), the AeMC and AME shall follow the procedure established by the DGCA-ASD.~~AeMCs and AMEs shall maintain records with details of medical examinations and assessments performed in accordance with this Part and their results in accordance with legislation laid down and accepted by the Ministry of Health.~~
- ~~(e)~~(d) AeMCs and AMEs shall maintain records with details of aero-medical examinations and assessments performed in accordance with this regulation (Part-MED) and their results for a minimum of 10 years, or for a longer period if so determined by the DGCA.
- ~~(e)~~ When required for medical certification and/or oversight functions, AeMCs and AMEs shall submit to the medical assessor of the Kuwait DGCA upon request all aero-medical records and reports, and any other relevant information.~~AeMCs and AMEs shall submit to the medical assessor of the DGCA/ASD, upon request, all aero-medical records and reports, and any other relevant information, when required for:~~
- (1) medical certification;
  - (2) oversight functions.
- ~~(d)~~—



## **Section 2 – Requirements for medical certificates**

### **MED.A.030 Medical certificates**

- (a) A student pilot shall not fly solo unless that student pilot holds a medical certificate, as required for the relevant licence.
- (b) Applicants for and holders of a private pilot licence (PPL), a sailplane pilot licence (SPL), or a balloon pilot licence (BPL) shall hold at least a Class 2 medical certificate.
- (c) Applicants for and holders of ~~an~~ light Sport Aircraft (LSA) ~~SPL or a BPL~~ involved in commercial operations ~~sailplane or balloon flights~~ shall hold at least a Class 2 medical certificate.
- (d) Applicants for and holders of light Sport Aircraft (LSA) involved non-commercial operations shall hold at least a Class LAPL medical certificate.
- ~~(e)~~ —
- ~~(d)~~(e) If a night rating is added to a PPL, the licence holder shall be colour safe.
- ~~(e)~~(f) Applicants for and holders of a commercial pilot licence (CPL), a multi-crew pilot licence (MPL), or an airline transport pilot licence (ATPL) shall hold a Class 1 medical certificate.
- ~~(f)~~(g) If an instrument rating is added to a PPL, the licence holder shall undertake pure tone audiometry examinations in accordance with the periodicity and the standard required for Class 1 medical certificate holders.
- (h) Student ATCO and applicants for and holders of Air Traffic Control (ATCO) licence shall hold a Class 3 medical certificate.
- (i) a commercial pilot licence (CPL), a multi-crew pilot licence (MPL) or an airline transport pilot licence (ATPL), the pilot shall hold a valid class 1 medical certificate.
- (j) If a night rating is added to a PPL or LAPL, the licence holder shall be colour safe.
- (k) If an instrument rating or basic instrument rating is added to a PPL, the licence holder shall undergo pure tone audiometry examinations in accordance with the periodicity and the standard required for class 1 medical certificate holders.
- ~~(g)~~(l) -A licence holder shall not at any time hold more than one medical certificate issued in accordance with this Annex (Part-MED).

### **MED.A.035 Application for a medical certificate**

- (a) Applications for a medical certificate shall be made in a format established by the ~~Kuwait DGCA~~ Kuwait DGCA/ASD.
- (b) Applicants for a medical certificate shall provide the AeMC or AME as applicable, with:
- (1) proof of their identity;
  - (2) a signed declaration:
    - (i) of medical facts concerning their medical history;
    - (ii) as to whether they have previously undergone an examination for a medical certificate and, if so, by whom and with what result;
    - (iii) as to whether they have ever been assessed as unfit or had a medical certificate suspended or revoked.
- (c) When applying for a revalidation or renewal of the medical certificate, applicants shall present the medical certificate to the AeMC or AME prior to the relevant examinations.



**MED.A.040 Issue, revalidation and renewal of medical certificates**

- (a) A medical certificate shall only be issued, revalidated or renewed once the required medical examinations and/or assessments have been completed and a fit assessment is made.
- (b) Initial issue:
- (1) Class 1 medical certificates shall be issued by an AeMC or an AME.
  - (2) Class 2 medical certificates shall be issued by an AeMC or an AME.
  - (3) Class 3 medical certificate shall be issued by an AeMC or an AME
  - (4) LAPL medical certificate shall be issued by an AeMC, or an AME
- (c) Revalidation and renewal:
- (1) Class 1, Class 2 and Class 3 medical certificates shall be revalidated or renewed by an AeMC or an AME.
  - (2) PPL, LAPL, SPL, BPL, LSA medical certificates shall be revalidated or renewed by an AeMC, or an AME.
- (d) The AeMC or AME shall only issue, revalidate or renew a medical certificate if:
- (1) the applicant has provided them with a complete medical history and, if required by the AeMC or AME, results of medical examinations and tests conducted by the applicant's doctor or any medical specialists; and
  - (2) the AeMC or AME have conducted the aero-medical assessment based on the medical examinations and tests as required for the relevant medical certificate to verify that the applicant complies with all the relevant requirements of this Part.
- (e) The AME, AeMC, or, in the case of referral, the medical assessor of ~~Kuwait DGCA~~ Kuwait DGCA/ASD may require the applicant to undergo additional medical examinations and investigations when clinically indicated before they issue, revalidate or renew a medical certificate.
- (f) The ~~Kuwait DGCA~~ Kuwait DGCA/ASD may issue or re-issue a medical certificate, as applicable, if:
- (1) a case is referred;
  - (2) It has identified that corrections to the information on the certificate are necessary.

**MED.A.045 Validity, revalidation and renewal of medical certificates**

- (a) Validity
- (1) Class 1 medical certificates shall be valid for a period of 12 months.
  - (2) The period of validity of Class 1 medical certificates shall be reduced to 6 months for licence holders who:
    - (i) are engaged in single-pilot commercial air transport operations carrying passengers and have reached the age of 40;
    - (ii) have reached the age of 60.
  - (3) Class 2 medical certificates ~~for private pilot (PPL), Sailplane SPL, Balloon BPL~~ shall be valid for a period of:
    - (i) 60 months until the licence holder reaches the age 40. A medical certificate issued prior to reaching the age of 40 shall cease to be valid after the licence holder reaches the age of 42; ~~and~~



- (ii) 24 months, for licence holders aged between 40 and 50. A medical certificate issued prior to the licence holder reaching the age of 50 shall cease to be valid after the licence holder reaches the age of 51;
- (iii) 12 months after the age of 50.
- (4) LAPL ~~Light aircraft Pilot~~, ~~Light Sport aircraft (LSA)~~ medical certificates shall be valid for a period of:
  - (i) 60 months until the licence holder reaches the age 40. A medical certificate issued prior to reaching the age of 40 shall cease to be valid after the licence holder reaches the age of 42; and
  - (ii) 24 months after the age of 40.
- (5) Class 3 medical certificates shall be valid for a period of:
  - (i) 48 months until the licence holder reaches the age of 40.; and
  - (ii) 24 months after the age of 40,
  - (iii) 12 months after the age of 50, and

(6) Cabin crew medical certificate shall be valid for a period of 60 months till age of 60

~~(6)~~(7) The validity period of a medical certificate, including any associated examination or special investigation, shall be:

- (i) determined by the age of the applicant at the date when the medical examination takes place; and
- (ii) calculated from the date of the medical examination in the case of initial issue and renewal, and from the expiry date of the previous medical certificate in the case of revalidation.

The period of validity of a Medical Assessment may be extended, at the discretion of AME, up to 45 days after obtaining prior approval from DGCA/ASD.

*Note: Medical Assessment expiry date should be maintained on the same calendar day (i.e. having the expiry date of the current MA to be the being of the new validity period) however, this can only be maintained by completing the medical examination within a period of 45 days from date of expiry of current MA.*

~~Validity, revalidation and renewal of cabin crew (CC) medical certificates:~~

~~60 months until the licence holder reaches the age of 60.~~

(b) Revalidation

Examinations and/or assessments for the revalidation of a medical certificate may be undertaken up to 45 days prior to the expiry date of the medical certificate.

(c) Renewal

- (1) If the holder of a medical certificate does not comply with (b), a renewal examination and/or assessment shall be required.
- (2) In the case of Class 1, Class 2, Class 3 and LAPL, ~~SPL, BPL, LSA~~ medical certificates:
  - (i) if the medical certificate has expired for more than 2 years, the AeMC or AME shall only conduct the renewal examination after assessment of the aero-medical records of the applicant;

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		<b>Part MED - Medical</b>

(ii) if the medical certificate has expired for more than 5 years, the examination requirements for initial issue shall apply and the assessment shall be based on the renewal requirements.

~~(ii)~~(3) In the case of LAPL medical certificates, the AeMC, AME or GMP shall assess the medical history of the applicant and perform the aero-medical examinations and assessments, as applicable, in accordance with points MED.B.005 and MED.B.095.

**MED.A.050 Referral**

(a) If an applicant for a Class 1, Class 2, Class 3 or LAPL medical certificate is referred to the ~~Kuwait DGCA~~Kuwait DGCA/ASD in accordance with MED. B.001, the AeMC or AME shall transfer the relevant medical documentation to the ~~Kuwait DGCA~~Kuwait DGCA/ASD.





## **Subpart B: Requirements for Pilot Medical Certificates**

### **Section 1 – General**

#### **MED.B.001 Limitations to medical certificates**

(a) Limitations to Class 1 and Class 2 medical certificates

- (1) If the applicant does not fully comply with the requirements for the relevant class of medical certificate but is considered to be not likely to jeopardise flight safety, the AeMC or AME shall:
  - (i) in the case of applicants for a Class 1 medical certificate, refer the decision on fitness of the applicant to the medical assessor of ~~Kuwait DGCA~~ Kuwait DGCA/ASD as indicated in this Subpart;
  - (ii) in cases where a referral to the medical assessor of ~~Kuwait DGCA~~ Kuwait DGCA/ASD is not indicated in this Subpart, evaluate whether the applicant is able to perform his/her duties safely when complying with one or more limitations endorsed on the medical certificate, and issue the medical certificate with limitation(s) as necessary;
  - (iii) in the case of applicants for a Class 2 medical certificate, evaluate whether the applicant is able to perform his/her duties safely when complying with one or more limitations endorsed on the medical certificate, and issue the medical certificate, as necessary with limitation(s), in consultation with the medical assessor of ~~Kuwait DGCA~~ Kuwait DGCA/ASD;
- (2) The AeMC or AME may revalidate or renew a medical certificate with the same limitation without referring the applicant to the medical assessor of ~~Kuwait DGCA~~ Kuwait DGCA/ASD.

(b) Limitations to LAPL medical certificates

- (1) If an AME after due consideration of the applicant's medical history, concludes that the applicant does not fully meet the requirements for medical fitness, the AME shall refer the applicant to an AeMC, except those requiring a limitation related only to the use of corrective lenses.
- (2) If an applicant for an LAPL medical certificate has been referred, the AeMC shall give due consideration to MED.B.095, evaluate whether the applicant is able to perform their duties safely when complying with one or more limitations endorsed on the medical certificate and issue the medical certificate with limitation(s) as necessary. The AeMC shall always consider the need to restrict the pilot from carrying passengers (Operational Passenger Limitation, OPL).

(c) When assessing whether a limitation is necessary, particular consideration shall be given to:

- (1) whether accredited medical conclusion indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence applied for is not likely to jeopardise flight safety;
- (2) the applicant's ability, skill and experience relevant to the operation to be performed.

(d) Operational limitation codes

- (1) Operational multi-pilot limitation (OML — Class 1 only)



- (i) When the holder of a CPL, ATPL or MPL does not fully meet the requirements for a Class 1 medical certificate and has been referred to the medical assessor of ~~Kuwait DGCA~~ ~~Kuwait DGCA/ASD~~, it shall be assessed whether the medical certificate may be issued with an OML ‘valid only as or with qualified co-pilot’. This assessment shall be performed by the medical assessor of ~~Kuwait DGCA~~ ~~Kuwait DGCA/ASD~~.
- (ii) The holder of a medical certificate with an OML shall only operate an aircraft in multi-pilot operations when the other pilot is fully qualified on the relevant type of aircraft, is not subject to an OML and has not attained the age of 60 years.
- (iii) The OML for Class 1 medical certificates may only be imposed and removed by the medical assessor of ~~Kuwait DGCA~~ ~~Kuwait DGCA/ASD~~.
- (2) Operational Safety Pilot Limitation (OSL - Class 2 and LAPL privileges)
- (i) The holder of a medical certificate with an OSL limitation shall only operate an aircraft if another pilot fully qualified to act as pilot-in-command on the relevant class or type of aircraft is carried on board, the aircraft is fitted with dual controls and the other pilot occupies a seat at the controls.
- (ii) The OSL for Class 2 medical certificates may be imposed or removed by an AeMC or AME in consultation with the medical assessor of ~~Kuwait DGCA~~ ~~Kuwait DGCA/ASD~~.
- (3) Operational Passenger Limitation (OPL - Class 2 and LAPL privileges)
- (i) The holder of a medical certificate with an OPL limitation shall only operate an aircraft without passengers on board.
- (ii) An OPL for Class 2 medical certificates may be imposed by an AeMC or AME in consultation with the ~~Kuwait DGCA~~ ~~Kuwait DGCA/ASD~~.
- (iii) An OPL for an LAPL medical certificate limitation may be imposed by an AeMC or AME.
- (4) (4) Operational pilot restriction limitation (ORL – class 2 and LAPL privileges)
- (i) The holder of a medical certificate with an ORL shall only operate an aircraft if one of the two following conditions have been met:
- (A) another pilot fully qualified to act as pilot-in-command on the relevant class and type of aircraft is on board the aircraft, the aircraft is fitted with dual controls and the other pilot occupies a seat at the controls;
- (B) there are no passengers on board the aircraft.
- (ii) The ORL for class 2 medical certificates may be imposed and removed either by the medical assessor of the licensing authority, or by an AeMC or AME in consultation with the medical assessor of the licensing authority.
- (iii) The ORL for LAPL medical certificates may be imposed and removed by the medical assessor of the licensing authority, an AeMC or an AME.
- (5) (5) Special restriction as specified (SSL)
- (iii) The SSL on a medical certificate shall be followed by a description of the limitation.
- (e) Any other limitation may be imposed on the holder of a medical certificate if required to ensure flight safety.
- (f) Any limitation imposed on the holder of a medical certificate shall be specified therein.



## **Section 2 - Medical requirements for Class 1 and Class 2 medical certificates**

### **MED.B.005 General**

(a) Applicants for a medical certificate shall be free from any:

- (1) abnormality, congenital or acquired;
- (2) active, latent, acute or chronic disease or disability;
- (3) wound, injury or sequel from operation;
- (4) effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken;

that would entail a degree of functional incapacity which is likely to interfere with the safe exercise of the privileges of the applicable licence or could render the applicant likely to become suddenly unable to exercise the privileges of the licence safely.

(b) In cases where the decision on medical fitness of an applicant for a Class 1 medical certificate is referred to the medical assessor of ~~Kuwait DGCA~~ Kuwait DGCA/ASD, this authority may delegate such a decision to an AeMC, except in cases where an OML is needed.

(c) In cases where the decision on medical fitness of an applicant for a Class 2, LAPL medical certificates is referred to the medical assessor of ~~Kuwait DGCA~~ Kuwait DGCA/ASD, this authority may delegate such a decision to an AeMC or an AME, except in cases where an OSL or OPL is needed.

### **MED.B.010 Cardiovascular System**

(a) Examination

- (1) A standard 12-lead resting electrocardiogram (ECG) and report shall be completed on clinical indication, and:
  - (i) for a Class 1 medical certificate, at the examination for the first issue of a medical certificate, then every 5 years until age 30, every 2 years until age until age 50, every 12 months until the age of 60, then every 6 months after the age of 60;
  - (ii) for a Class 2 medical certificate, at the examination for the first issue of a medical certificate, at the first examination after age 40 and then at the first examination after age 50, and every 2 years thereafter-
- (2) Extended cardiovascular assessment shall be required when clinically indicated.
- (3) For a Class 1 medical certificate, an extended cardiovascular assessment exercise ECG shall be completed at the first revalidation or renewal examination after age 60 and every 4 years thereafter.
- (4) For a Class 1 medical certificate, estimation of serum lipids, including cholesterol, shall be required at the examination for the first issue of a medical certificate, and at the first examination after having reached the age of 40.

(b) Cardiovascular System - General

- (1) Applicants shall not suffer from any cardiovascular disorder which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (2) Applicants for a Class 1 medical certificate with any of the following conditions shall be assessed as unfit:



- (i) aneurysm of the thoracic or supra-renal abdominal aorta, before or after surgery;
  - (ii) significant functional abnormality of any of the heart valves;
  - ~~(iii)~~ (iii) Heart or heart/lung transplantation.
  - ~~(iii)~~ (iv) symptomatic hypertrophic cardiomyopathy.
- (3) Applicants for a Class 1 medical certificate with an established history or diagnosis of any of the following conditions shall be referred to the medical assessor of ~~Kuwait DGCA~~ Kuwait DGCA/ASD:
- (i) peripheral arterial disease before or after surgery;
  - (ii) aneurysm of the abdominal aorta, before or after surgery;
  - ~~(ii)~~ (iii) aneurysm of the infra-renal abdominal aorta before or after surgery;
  - ~~(iii)~~ (iv) functionally insignificant cardiac valvular abnormalities;
  - ~~(iv)~~ (v) after cardiac valve surgery;
  - ~~(v)~~ (vi) abnormality of the pericardium, myocardium or endocardium;
  - ~~(vi)~~ (vii) congenital abnormality of the heart, before or after corrective surgery;
  - ~~(vii)~~ (viii) recurrent vasovagal syncope;
  - ~~(viii)~~ (ix) arterial or venous thrombosis;
  - ~~(ix)~~ (x) pulmonary embolism;
  - ~~(x)~~ (xi) Cardiovascular condition requiring systemic anticoagulant therapy.
- (4) Applicants for a Class 2 medical certificate with an established diagnosis of one of the conditions specified in (2) and (3) above shall be assessed by a cardiologist before a fit assessment can be considered in consultation with the medical assessor of ~~Kuwait DGCA~~ Kuwait DGCA/ASD.
- (c) Blood Pressure
- (1) The blood pressure shall be recorded at each examination.
  - (2) The applicant's blood pressure shall be within normal limits.
  - (3) Applicants for a Class 1 medical certificate:
    - (i) with symptomatic hypotension; or
    - (ii) whose blood pressure at examination consistently exceeds 160 mmHg systolic and/or 95 mmHg diastolic, with or without treatment;shall be assessed as unfit.
  - (4) The initiation of medication for the control of blood pressure shall require a period of temporary suspension of the medical certificate to establish the absence of significant side effects with those drugs, the use of which is compatible with the safe exercise of the applicant's licence and rating privileges.
- (d) Coronary Artery Disease
- (1) Applicants for a Class 1 medical certificate with:
    - (i) suspected myocardial ischaemia;
    - (ii) asymptomatic minor coronary artery disease requiring no anti-anginal treatment;



shall be referred to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) and undergo cardiological evaluation to exclude myocardial ischaemia before a fit assessment can be considered.

- (2) Applicants for a Class 2 medical certificate with any of the conditions detailed in (1) shall undergo cardiological evaluation before a fit assessment can be considered.
- (3) Applicants with any of the following conditions shall be assessed as unfit:
  - (i) myocardial ischaemia;
  - (ii) symptomatic coronary artery disease;
  - (iii) symptoms of coronary artery disease controlled by medication.
- (4) Applicants for the initial issue of a Class 1 medical certificate with a history or diagnosis of any of the following conditions shall be assessed as unfit:
  - (i) myocardial ischaemia;
  - (ii) myocardial infarction;
  - (iii) revascularisation for coronary artery disease.
- (5) Applicants for a Class 2 medical certificate who are asymptomatic following myocardial infarction or surgery for coronary artery disease shall undergo satisfactory cardiological evaluation before a fit assessment can be considered in consultation with the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#). Applicants for the revalidation of a Class 1 medical certificate shall be referred to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#).

(e) Rhythm/Conduction Disturbances

- (1) Applicants for a Class 1 medical certificate shall be referred to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) when they have any significant disturbance of cardiac conduction or rhythm, including any of the following:
  - (i) disturbance of supraventricular rhythm, including intermittent or established sinoatrial dysfunction, atrial fibrillation and/or flutter and asymptomatic sinus pauses;
  - (ii) complete left bundle branch block;
  - (iii) Mobitz type 2 atrioventricular block;
  - (iv) broad and/or narrow complex tachycardia;
  - (v) ventricular pre-excitation;
  - (vi) asymptomatic QT prolongation;
  - (vii) Brugada pattern on electrocardiography.
- (2) Applicants for a Class 2 medical certificate with any of the conditions detailed in (1) shall undergo satisfactory cardiological evaluation before a fit assessment in consultation with the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) can be considered.
- (3) Applicants with any of the following:
  - (i) incomplete bundle branch block;
  - (ii) complete right bundle branch block;
  - (iii) stable left axis deviation;
  - (iv) asymptomatic sinus bradycardia;



- (v) asymptomatic sinus tachycardia;
  - (vi) asymptomatic isolated uniform supra-ventricular or ventricular ectopic complexes;
  - (vii) first degree atrioventricular block;
  - (viii) Mobitz type 1 atrioventricular block;
  - (ix) Brugada pattern on electrocardiography.  
may be assessed as fit in the absence of any other abnormality and subject to satisfactory cardiological evaluation.
- (4) Applicants with a history of:
- (i) ablation therapy;
  - (ii) pacemaker implantation;
- shall undergo satisfactory cardiovascular evaluation before a fit assessment can be considered. Applicants for a Class 1 medical certificate shall be referred to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#). Applicants for a Class 2 medical certificate shall be assessed in consultation with the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#).
- (5) Applicants with any of the following conditions shall be assessed as unfit:
- (i) symptomatic sinoatrial disease;
  - (ii) complete atrioventricular block;
  - (iii) symptomatic QT prolongation;
  - (iv) an automatic implantable defibrillating system;
  - (v) a ventricular anti-tachycardia pacemaker.

### **MED.B.015 Respiratory System**

- (a) Applicants with significant impairment of pulmonary function shall be assessed as unfit. A fit assessment may be considered once pulmonary function has recovered and is satisfactory.
- (b) For a Class 1 medical certificate, applicants are required to undertake pulmonary function tests at the initial examination and on clinical indication.
- (c) For a Class 2 medical certificate, applicants are required to undertake pulmonary function tests on clinical indication.
- (d) Applicants with a history or established diagnosis of:
  - (1) asthma requiring medication;
  - (2) active inflammatory disease of the respiratory system;
  - (3) active sarcoidosis;
  - (4) pneumothorax;
  - (5) sleep apnoea syndrome;
  - (6) major thoracic surgery;
  - (7) pneumonectomy;
  - (8) chronic obstructive pulmonary disease;
  - (9) quiescent or healed tuberculosis lesions;

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shall undergo respiratory evaluation with a satisfactory result before a fit assessment can be considered. Applicants with an established diagnosis of the conditions specified in (3) and (5) shall undergo satisfactory cardiological evaluation before a fit assessment can be considered.

(e) Aero-medical assessment:

- (1) applicants for a Class 1 medical certificate with any of the conditions detailed in (d) above shall be referred to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#);
- (2) applicants for a Class 2 medical certificate with any of the conditions detailed in (d) above shall be assessed in consultation with the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#).

(f) Applicants for a Class 1 medical certificate who have undergone a total pneumonectomy shall be assessed as unfit.

### **MED.B.020 Digestive System**

- (a) Applicants shall not possess any functional or structural disease of the gastro-intestinal tract or its adnexa which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Applicants with any sequelae of disease or surgical intervention in any part of the digestive tract or its adnexa likely to cause incapacitation in flight, in particular any obstruction due to stricture or compression shall be assessed as unfit.
- (c) Applicants shall be free from herniae that might give rise to incapacitating symptoms.
- (d) Applicants with disorders of the gastro-intestinal system including:
  - (1) recurrent dyspeptic disorder requiring medication;
  - (2) pancreatitis;
  - (3) symptomatic gallstones;
  - (4) an established diagnosis or history of chronic inflammatory bowel disease;
  - (5) after surgical operation on the digestive tract or its adnexa, including surgery involving total or partial excision or a diversion of any of these organs;

shall be assessed as unfit. A fit assessment may be considered after successful treatment or full recovery after surgery and subject to satisfactory gastroenterological evaluation.

(e) Aero-medical assessment:

- (1) applicants for a Class 1 medical certificate with the diagnosis of the conditions specified in (2), (4) and (5) shall be referred to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#);
- (2) fitness of Class 2 applicants with pancreatitis shall be assessed in consultation with the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#).

### **MED.B.025 Metabolic and Endocrine Systems**

- (a) Applicants shall not possess any functional or structural metabolic, nutritional or endocrine disorder which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Applicants with metabolic, nutritional or endocrine dysfunction may be assessed as fit subject to demonstrated stability of the condition and satisfactory aero-medical evaluation.
- (c) Diabetes mellitus:

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- (1) applicants with diabetes mellitus requiring insulin shall be assessed as unfit.
- (2) applicants with diabetes mellitus not requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved.
- (d) Aero-medical assessment:
  - (1) applicants for a Class 1 medical certificate requiring medication other than insulin for blood sugar control shall be referred to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#);
  - (2) fitness of Class 2 applicants requiring medication other than insulin for blood sugar control shall be assessed in consultation with the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#).

(e) Obesity

Applicants with a Body Mass Index  $\geq 35$  may be assessed as fit only if the excess weight is not likely to interfere with the safe exercise of the applicable licence(s) and a satisfactory cardiovascular risk review has been undertaken and evaluation of the possibility of sleep apnea are satisfactory, with TML of 6 months or less duration.

~~(2)~~

**MED.B.030 Haematology**

- (a) Applicants shall not possess any haematological disease which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) For a Class 1 medical certificate, haemoglobin shall be tested at each examination for the issue of a medical certificate.
- (c) Applicants with a haematological condition, such as:
  - (1) coagulation, haemorrhagic or thrombotic disorder;
  - (2) chronic leukaemia;

may be assessed as fit subject to satisfactory aeromedical evaluation has been treated and is in full remission.
- (d) Aero-medical assessment:
  - (1) applicants for a Class 1 medical certificate with one of the conditions specified in (c) above shall be referred to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#);
  - (2) fitness of Class 2 applicants with one of the conditions specified in (c) above shall be assessed in consultation with the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#).
- (e) Class 1 applicants with one of the haematological conditions specified below shall be referred to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#):
  - (1) abnormal haemoglobin, including, but not limited to anaemia, polycythaemia or haemoglobinopathy;
  - (2) significant lymphatic enlargement;
  - (3) enlargement of the spleen.

~~(3)~~(4) Applicants with sickle cell disease (homozygote) should be assessed as unfit.

**MED.B.035 Genitourinary System**

- (a) Applicants shall not possess any functional or structural disease of the renal or genito-urinary system or its adnexa which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

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- (b) Urinalysis shall form part of every aero-medical examination. The urine shall contain no abnormal element considered to be of pathological significance.
- (c) Applicants with any sequela of disease or surgical procedures on the kidneys or the urinary tract likely to cause incapacitation, in particular any obstruction due to stricture or compression shall be assessed as unfit.
- (d) Applicants with a genitourinary disorder, such as:
  - (1) renal disease;
  - (2) one or more urinary calculi, or a history of renal colic;
 may be assessed as fit subject to satisfactory renal/urological evaluation.
- (e) Applicants who have undergone a major surgical operation in the urinary apparatus involving a total or partial excision or a diversion of its organs shall be assessed as unfit and be re-assessed after full recovery before a fit assessment can be considered. Applicants for a Class 1 medical certificate shall be referred to the ~~Kuwait DGCA~~ [Kuwait DGCA/ASD](#) for the re-assessment.

**MED.B.040 Infectious Disease**

- (a) Applicants shall have no established medical history or clinical diagnosis of any infectious disease which is likely to interfere with the safe exercise of the privileges of the applicable licence held.
- (b) Applicants who are seropositive for Human Immunodeficiency Virus (HIV) shall be assessed as unfit. (Civil Service Commission order 9/93 and Civil Service Law Chapter 1.5 for 04/04/1979 )

**MED.B.045 Obstetrics and Gynaecology**

- (a) Applicants shall not possess any functional or structural obstetric or gynaecological condition which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Applicants who have undergone a major gynaecological operation shall be assessed as unfit until full recovery.
- (c) Pregnancy
  - (1) In the case of pregnancy, if the AeMC or AME considers that the licence holder is fit to exercise her privileges, the AeMC or AME shall limit the validity period of the medical certificate to the end of the 26th week of gestation with OML restriction. After this point, the certificate shall be suspended. The suspension shall be lifted after full recovery following the end of the pregnancy.
  - (2) Holders of Class 1 medical certificates shall only exercise the privileges of their licences until the 26th week of gestation with an OML. Notwithstanding MED. B.001 in this case, the OML may be imposed and removed by the AeMC or AME.

**MED.B.050 Musculoskeletal System**

- (a) Applicants shall not possess any abnormality of the bones, joints, muscles or tendons, congenital or acquired which is likely to interfere with the safe exercise of the privileges of the applicable licence(s). However, where their functional use of the musculoskeletal system is satisfactory for the safe exercise the privileges in respect of a certain aircraft type, which may be demonstrated where necessary through a medical flight or a simulator flight test, the applicant may be assessed as fit and their privileges shall be limited accordingly.
- (b) An applicant shall have sufficient sitting height, arm and leg length and muscular strength for the safe exercise of the privileges of the applicable licence(s). However, where their sitting height, arm and leg length and muscular strength is sufficient for the safe exercise of the privileges in respect of a certain aircraft type, which can be demonstrated where necessary through a medical

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flight or a simulator flight test, the applicant may be assessed as fit and their privileges shall be limited accordingly.

- (c) ~~An~~ In case of doubt arising in the context of the assessments referred to in points (a) and (b), applicants for a class 1 medical certificate shall be referred to the medical assessor of DGCA/ASD and applicants for a class 2 medical certificate shall be assessed in consultation with the medical assessor of the applicant shall have satisfactory functional use of the musculoskeletal system to enable the safe exercise of the privileges of the applicable licence(s). Fitness of the applicants shall be assessed in consultation with the ~~Kuwait DGCA~~ Kuwait DGCA/ASD.

#### **MED.B.055 ~~Psychiatry~~ (Mental Health)**

- (a) Comprehensive mental health assessment shall form part of the initial class 1 aero-medical examination.

(b) Drugs and alcohol screening shall form part of the initial class 1 aero-medical examination

(c) Applicants with a mental or behavioural disorder due to alcohol or other use or abuse of psychotropic substances shall be assessed as unfit pending recovery and freedom from substance use and subject to satisfactory psychiatric evaluation after successful treatment. Applicants for a Class 1 medical certificate shall be referred to the ~~Kuwait DGCA~~ Kuwait DGCA/ASD. Fitness of Class 2 applicants shall be assessed in consultation with the ~~Kuwait DGCA~~ Kuwait DGCA/ASD (Refer to Appendix II).

~~(b)~~ Applicants shall have no established medical history or clinical diagnosis of any psychiatric disease or disability, condition or disorder, acute or chronic, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

~~(e)~~ (d) Applicants with a psychiatric condition such as:

- (1) mood disorder;
- (2) neurotic disorder;
- (3) personality disorder;
- (4) mental or behavioural disorder;

shall undergo satisfactory psychiatric evaluation before a fit assessment can be made.

~~(d)~~ (e) Applicants with a history of a single or repeated acts of deliberate self-harm shall be assessed as unfit. Applicants shall undergo satisfactory psychiatric evaluation before a fit assessment can be considered.

~~(e)~~ (f) Aero-medical assessment:

- (1) applicants for a Class 1 medical certificate with one of the conditions detailed in (b), (c) or (d) above shall be referred to the ~~Kuwait DGCA~~ Kuwait DGCA/ASD;
- (2) fitness of Class 2 applicants with one of the conditions detailed in (b), (c) or (d) above shall be assessed in consultation with the ~~Kuwait DGCA~~ Kuwait DGCA/ASD.

(g) Applicants with an established history or clinical diagnosis of schizophrenia, schizotypal or delusional disorder shall be assessed as unfit.

~~(f)~~

#### **MED.B.060 Psychology**

(a) Applicants shall have no established psychological deficiencies, which are likely to interfere with the safe exercise of the privileges of the applicable licence(s).

(b) A psychological evaluation may be required as part of, or complementary to, a specialist psychiatric or neurological examination.



~~(b)~~

### **MED.B.065 Neurology**

- (a) Applicants shall have no established medical history or clinical diagnosis of any neurological condition which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Applicants with an established history or clinical diagnosis of:
- (1) epilepsy;
  - (2) recurring episodes of disturbance of consciousness of uncertain cause;  
Shall be assessed as unfit.
- (c) Applicants with an established history or clinical diagnosis of:
- (1) epilepsy without recurrence after age 5;
  - (2) epilepsy without recurrence and off all treatment for more than 10 years;
  - (3) epileptiform EEG abnormalities and focal slow waves;
  - (4) progressive or non-progressive disease of the nervous system;
  - (5) a single episode of disturbance of consciousness of uncertain cause;
  - (6) loss of consciousness after head injury;
  - (7) penetrating brain injury;
  - (8) spinal or peripheral nerve injury;
  - (9) inflammatory disease of the central or peripheral nervous system;
  - (10) disorders of the nervous system due to vascular deficiencies including haemorrhagic and ischaemic events.

~~(8)~~(11) Migraine.

Shall undergo further evaluation before a fit assessment can be considered. Applicants for a Class 1 medical certificate shall be referred to the ~~Kuwait DGCA~~Kuwait DGCA/ASD. Fitness of Class 2 applicants shall be assessed in consultation with the ~~Kuwait DGCA~~Kuwait DGCA/ASD.

### **MED.B.070 Visual System**

- (a) Applicants shall not possess any abnormality of the function of the eyes or their adnexa or any active pathological condition, congenital or acquired, acute or chronic, or any sequelae of eye surgery or trauma, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Examination
- (1) For a Class 1 medical certificate:
    - (i) a comprehensive eye examination shall form part of the initial examination and be undertaken periodically depending on the refraction and the functional performance of the eye; and
    - (ii) a routine eye examination shall form part of all revalidation and renewal examinations.
  - (2) For a Class 2 medical certificate:



- (i) a routine eye examination shall form part of the initial and all revalidation and renewal examinations; and
- (ii) a comprehensive eye examination shall be undertaken when clinically indicated.
- (c) Distant visual acuity, with or without correction, shall be:
- (1) in the case of Class 1 medical certificates, 6/9 (0,7) or better in each eye separately and visual acuity with both eyes shall be 6/6 (1,0) or better;
  - (2) in the case of Class 2 medical certificates, 6/12 (0,5) or better in each eye separately and visual acuity with both eyes shall be 6/9 (0,7) or better. An applicant with substandard vision in one eye may be assessed as fit in consultation with the ~~Kuwait DGCA~~ [Kuwait DGCA/ASD](#) subject to satisfactory ophthalmic assessment;
  - (3) Applicants for an initial Class 1 medical certificate with substandard vision in one eye shall be assessed as unfit. At revalidation, applicants with acquired substandard vision in one eye shall be referred to the ~~Kuwait DGCA~~ [Kuwait DGCA/ASD](#) and may be assessed as fit if it is unlikely to interfere with safe exercise of the licence held.
- (d) An applicant shall be able to read an N5 chart (or equivalent) at 30-50 cm and an N14 chart (or equivalent) at 100 cm, with correction, if prescribed.
- (e) Applicants for a Class 1 medical certificate shall be required to have normal fields of vision and normal binocular function taking account of any appropriate corrective measures where relevant.
- (f) Applicants who have undergone eye surgery may be assessed as fit subject to satisfactory ophthalmic evaluation.
- (g) Applicants with a clinical diagnosis of keratoconus may be assessed as fit subject to a satisfactory examination by an ophthalmologist. Applicants for a Class 1 medical certificate shall be referred to the ~~Kuwait DGCA~~ [Kuwait DGCA/ASD](#).
- (h) Applicants with Refractive error and anisometropia:
- (1) astigmatism; exceeding 2.0 dioptres.
  - (2) anisometropia; exceeding 2.0 dioptres.
  - ~~(2)~~(3) Myopia exceeding -6.0 dioptres.
- May be assessed as fit subject to satisfactory ophthalmic evaluation.
- (i) Notwithstanding point (h)(3), applicants for a class 1 medical certificate with hypermetropia exceeding +5.0 dioptres shall be referred to the medical assessor of the licensing authority and may be assessed as fit subject to a satisfactory ophthalmological evaluation, provided that there are adequate fusional reserves, normal intraocular pressures and anterior angles and no significant pathology has been demonstrated. Notwithstanding point (c)(1), corrected visual acuity in each eye shall be 6/6 or better.
- ~~(j)~~(j) Applicants with diplopia shall be assessed as unfit.
- ~~(k)~~(k) Spectacles and contact lenses. If satisfactory visual function is achieved only with the use of correction:
- (1)
    - (i) for distant vision, spectacles or contact lenses shall be worn whilst exercising the privileges of the applicable licence(s);
    - (ii) for near vision, a pair of spectacles for near use shall be kept available during the exercise of the privileges of the licence;

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- (2) a spare set of similarly correcting spectacles shall be readily available for immediate use whilst exercising the privileges of the applicable licence(s);
- (3) the correction shall provide optimal visual function, be well-tolerated and suitable for aviation purposes;
- (4) if contact lenses are worn, they shall be for distant vision, monofocal, non-tinted and well tolerated;
- (5) applicants with a large refractive error shall use contact lenses or high-index spectacle lenses;
- (6) no more than one pair of spectacles shall be used to meet the visual requirements;
- (7) orthokeratological lenses shall not be used.

### **MED.B.075 Colour vision**

- (a) Applicants shall be required to demonstrate the ability to perceive readily the colours that are necessary for the safe performance of duties.
- (b) Examination
  - (1) Applicants shall pass the Ishihara test for the initial issue of a medical certificate.
  - (2) Applicants who fail to pass in the Ishihara test shall undergo further colour perception testing to establish whether they are colour safe.
- (c) In the case of Class 1 medical certificates, applicants shall have normal perception of colours or be colour safe. Applicants who fail further colour perception testing shall be assessed as unfit. Applicants for a Class 1 medical certificate shall be referred to the ~~Kuwait DGCA~~ [Kuwait DGCA/ASD](#).
- (d) Colour Assessment and Diagnosis (CAD) test. This test is considered passed if the threshold is less than 6 standard normal (SN) units for deutan deficiency, or less than 12 SN units for protan deficiency. A threshold greater than 2 SN units for tritan deficiency indicates an acquired cause which should be investigated.
- (e) In the case of Class 2 medical certificates, when the applicant does not have satisfactory perception of colours, his/her flying privileges shall be limited to daytime only.

~~(d)~~

### **MED.B.080 Otorhino-laryngology (ENT)**

- (a) Applicants shall not possess any abnormality of the function of the ears, nose, sinuses or throat, including oral cavity, teeth and larynx, or any active pathological condition, congenital or acquired, acute or chronic, or any sequelae of surgery or trauma which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Hearing shall be satisfactory for the safe exercise of the privileges of the applicable licence(s).
- (c) Examination
  - (1) Hearing shall be tested at all examinations.
    - (i) In the case of Class 1 medical certificates and Class 2 medical certificates, when an instrument rating is to be added to the licence held, hearing shall be tested with pure tone audiometry at the initial examination and, at subsequent revalidation or renewal examinations, every 5 years until the age 40 and every 2 years thereafter.

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- (ii) When tested on a pure-tone audiometer, initial applicants shall not have a hearing loss of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, in either ear separately. Applicants for revalidation or renewal, with greater hearing loss shall demonstrate satisfactory functional hearing ability.
- (iii) Applicants with hypoacusis shall demonstrate satisfactory functional hearing ability.
- (2) A comprehensive ear, nose and throat examination shall be undertaken for the initial issue of a Class 1 medical certificate and periodically thereafter when clinically indicated.
- (d) Applicants for a Class 1 medical certificate with:
- (1) an active pathological process, acute or chronic, of the internal or middle ear;
  - (2) unhealed perforation or dysfunction of the tympanic membrane(s);
  - (3) disturbance of vestibular function;
  - (4) significant restriction of the nasal passages;
  - (5) sinus dysfunction;
  - (6) significant malformation or significant, acute or chronic infection of the oral cavity or upper respiratory tract;
  - (7) significant disorder of speech or voice;
  - (8) dysfunction of the Eustachian tube(s);
  - (9) any sequelae of surgery of the internal or middle ear
  - ~~(7)~~(10) hypoacusis;

Shall undergo further medical examination and assessment to establish that the condition does not interfere with the safe exercise of the privileges of the licence held.

- (e) Aero-medical assessment:
- (1) applicants for a Class 1 medical certificate with the disturbance of vestibular function shall be referred to the ~~Kuwait DGCA~~Kuwait DGCA/ASD;
  - (2) Fitness of Class 2 applicants with the disturbance of vestibular function shall be assessed in consultation with the ~~Kuwait DGCA~~Kuwait DGCA/ASD.
  - ~~(2)~~(3) The fitness of applicants for a class 2 medical certificate for an instrument rating or en route instrument rating to be added to the licence with the medical condition specified in point (10) of point (d) shall be assessed in consultation with the medical assessor of the licensing authority.

### **MED.B.085 Dermatology**

Applicants shall have no established dermatological condition likely to interfere with the safe exercise of the privileges of the applicable licence(s) held.

- (a) If doubt exists about the fitness of applicants with eczema (exogenous and endogenous), severe psoriasis, bacterial infections, drug induced or bullous eruptions or urticaria, the AME should refer the case to the medical assessor of the licensing authority.
- (b) Systemic effects of radiant or pharmacological treatment for a dermatological condition should be reviewed before a fit assessment may be considered.

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(c) In cases where a dermatological condition is associated with a systemic illness, full consideration should be given to the underlying illness before a fit assessment may be considered.

**MED.B.090 Oncology**

- (a) Applicants shall have no established primary or secondary malignant disease likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) After treatment for malignant disease, applicants shall undergo satisfactory oncological evaluation before a fit assessment can be made. Class 1 applicants shall be referred to the Kuwait DGCA. Fitness of Class 2 applicants shall be assessed in consultation with the Kuwait DGCA.
- (c) Applicants with an established history or clinical diagnosis of intracerebral malignant tumour shall be assessed as unfit.

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## **Section 3 - Specific requirements for LAPL, ~~including LSA~~ medical certificates**

### **MED.B.095 Medical examination and/or assessment of applicants for LAPL, ~~medical certificates~~**

- (a) An applicant for an LAPL medical certificate shall be assessed based on aero-medical best practice.
- (b) Special attention shall be given to the applicant's complete medical history.
- (c) The initial assessment, all subsequent re-assessments shall include at least the following:
  - (1) clinical examination;
    - (i) cardiovascular system;
    - (ii) respiratory system;
    - (iii) musculoskeletal system;
    - (iv) standard and, colour vision;
    - (v) ECG and Audiometry at initial then every ~~4~~ 5 years till age 40, then every 2 years after;
    - (vi) complete Haemoglobin test.
  - (2) blood pressure;
  - (3) urine test;
  - (4) vision;
  - (5) hearing ability.





## **Subpart C - Requirements for Medical Fitness of Cabin Crew**

### **Section 1 - General requirements**

#### **MED.C.001 General**

Cabin crew members shall only perform the duties and responsibilities required by aviation safety rules on an aircraft if they comply with the applicable requirements of this Part.

#### **MED.C.005 Aero-medical assessments**

- (a) Cabin crew members shall undergo aero-medical assessments to verify that they are free from any physical or mental illness which might lead to incapacitation or an inability to perform their assigned safety duties and responsibilities.
- (b) Each cabin crew member shall undergo an aero-medical assessment before being first assigned to duties on an aircraft, and after that at intervals of maximum 60 months until age of 60, then every 24 months thereafter ~~(if needed)~~.
- (c) Aero-medical assessments shall be conducted by an AME or an AeMC.

### **Section 2 - Requirements for aero-medical assessment of cabin crew**

#### **MED.C.020 General**

Cabin crew members shall be free from any:

- (a) abnormality, congenital or acquired;
- (b) active, latent, acute or chronic disease or disability;
- (c) wound, injury or sequelae from operation; and
- (d) effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken that would entail a degree of functional incapacity which might lead to incapacitation or an inability to discharge their safety duties and responsibilities.

#### **MED.C.025 Content of aero-medical assessments**

- (a) An initial aero-medical assessment shall include at least:
  - (1) an assessment of the applicant cabin crew member's medical history; and
  - (2) a clinical examination of the following:
    - (i) cardiovascular system and BP;
    - (ii) respiratory system;
    - (iii) musculoskeletal system;
    - (iv) otorhino-laryngology;
    - (v) visual system; and
    - (vi) Colour vision.
    - (vii) urine routine and complete Haemoglobin test
- (b) Each subsequent aero-medical re-assessment shall include:
  - (1) an assessment of the cabin crew member's medical history; and

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- (2) a clinical examination if deemed necessary in accordance with aero-medical best practice.
- (c) For the purpose of (a) and (b), in case of any doubt or if clinically indicated, a cabin crew member's aero-medical assessment shall also include any additional medical examination, test or investigation that are considered necessary by the AME or AeMC.

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### **Section 3 - Additional requirements for applicants for, or holders of, a cabin crew attestation**

#### **MED.C.030 Cabin crew medical report**

- (a) After completion of each aero-medical assessment, applicants for, and holders of, a cabin crew attestation:
  - (1) Shall be provided with a cabin crew medical report by the AME or AeMC; and
  - (2) Shall provide the related information, or a copy of their cabin crew medical report to the operator(s) employing their services.
- (b) Cabin crew medical report

A cabin crew medical report shall indicate the date of the aero-medical assessment, whether the cabin crew member has been assessed fit or unfit, the date of the next required aero-medical assessment and, if applicable, any limitation(s). Any other elements shall be subject to medical confidentiality in accordance with MED.A.015.

#### **MED.C.035 Limitations**

- (a) If holders of a cabin crew attestation do not fully comply with the medical requirements specified in Section 2, the AME or AeMC shall consider whether they may be able to perform cabin crew duties safely if complying with one or more limitations.
- (b) Any limitation(s) to the exercise of the privileges granted by the cabin crew attestation shall be specified on the cabin crew medical report and shall only be removed by an AME or by an AeMC.



## **Subpart D - Aero-Medical Examiner (AME)**

### **MED.D.001 Privileges**

- (a) The privileges of an AME are to issue, revalidate and renew Class 2, 3 and LAPL medical certificates, and to conduct the relevant medical examinations and assessments.
- (b) Holders of an AME certificate may apply for an extension of their privileges to include medical examinations for the revalidation and renewal of Class 1 medical certificates, if they comply with the requirements in MED.D.015.
- (c) The privileges of a holder of an AME certificate referred to in points (a) and (b) shall include the privileges to conduct cabin crew members' aero-medical examinations and assessments and to provide the related cabin crew members' medical reports, as applicable, in accordance with this (Part-MED).
- (d) The scope of the privileges of the AME, and any condition thereof, shall be specified in the certificate.

### **MED.D.005 Application**

- (a) Application for a certificate as an AME shall be made in a form and manner specified by the [medical assessor of ~~Kuwait DGCA~~ Kuwait DGCA/ASD](#).

Applicants for an AME certificate shall provide the [Kuwait DGCA](#) ~~Kuwait DGCA~~ [Kuwait DGCA/ASD](#) with:

- (1) personal details and professional address;
- (2) documentation demonstrating that they comply with the requirements established in MED.D.010, including a certificate of completion of the training course in aviation medicine appropriate to the privileges they apply for;
- (3) a written declaration that the AME will issue medical certificates on the basis of the requirements of this Part.

When the AME undertakes aero-medical examinations in more than one location, they shall provide the [Kuwait DGCA](#) ~~Kuwait DGCA~~ [Kuwait DGCA/ASD](#) with relevant information regarding all practice locations.

### **MED.D.010 Requirements for the issue of an AME certificate**

Applicants shall be issued an AME certificate, where they meet all of the following conditions:

- (a) be fully qualified and licensed by the Ministry of Health and hold a Certificate of Completion of specialist training;
- (b) postgraduate work experience in medicine of at least 5 years;
- (c) have undertaken a basic training course in aviation medicine; [including practical training in the examination methods and aero-medical assessments](#);
- (d) demonstrate to the [Kuwait DGCA](#) ~~Kuwait DGCA~~ [Kuwait DGCA/ASD](#) that they:
  - (1) have adequate facilities, procedures, documentation and functioning equipment suitable for aero-medical examinations; and
  - (2) have in place the necessary procedures and conditions to ensure medical confidentiality.

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### **MED.D.015 Requirements for the extension of privileges**

Applicants for an AME certificate extending their privileges to the revalidation and renewal of Class 1 medical certificates shall hold a valid certificate as an AME and have:

- (a) undertaken an advanced training course in aviation medicine; and
- (b) undergone practical training at an AeMC or under supervision of the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#).

### **MED.D.020 Training courses in aviation medicine**

- (a) Training courses in aviation medicine referred to in MED.D.010(c) and MED.D.015(a) shall be approved or accepted by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#). The organisation providing the course shall demonstrate that the course syllabus contains the learning objectives to acquire the necessary competencies and that the persons in charge of providing the training have adequate knowledge and experience.
- (b) Except in the case of refresher training, the courses shall be concluded by a written examination on the subjects included in the course content.
- (c) The organisation providing the course shall issue a certificate of completion to applicants when they have obtained a pass in the examination.

### **MED.D.025 Changes to the AME certificate**

- (a) Holders of an AME certificates shall, without undue delay, notify the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) of the following changes which could affect their certificate:
  - (1) Expiry of Ministry of health licence to practice medicine;
  - (2) The AME is subject to disciplinary proceedings or investigation by a medical regulatory body;
  - (3) There are any changes to the conditions on which the certificate was granted, including the content of the statements provided with the application;
  - (4) The requirements for the issue are no longer met;
  - (5) There is a change of aero-medical examiner’s practice location(s) or correspondence address.
- (b) Failure to inform the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) in accordance with point (a) shall result in the suspension or revocation of the privileges of the AME certificate, in accordance with point ARA.MED.250 of KCASR 1 Part-ARA.

### **MED.D.030 Validity of AME certificates**

An AME certificate shall be issued for ~~at least~~ a period of 3 years.

- (1) It shall be revalidated subject to the holder:
  - (a) Continuing to fulfil the general conditions required for medical practice and maintaining registration as a medical practitioner according to the Ministry of Health licence to practice medicine;
  - (b) Undertaking refresher training in aviation medicine within the last 3 years;
  - (c) Having performed at least 10 aero-medical examinations every year;
  - (d) Remaining in compliance with the terms of their certificate; and exercising their privileges in accordance with this Part.

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(2) It shall be renewed, provided that the holder complies with either the requirements for revalidation set out above or with all of the following requirements:

- a) Continues to fulfil the general conditions required for medical practice and maintains his or her licence for the practice of medicine;
- b) Has undertaken refresher training in aviation medicine within the previous year;
- c) has successfully completed practical training within the previous year, either at an AeMC or under the supervision of Kuwait DGCA;
- d) Remains in compliance with the requirements of point MED.D.010;
- e) Has demonstrated that he or she maintains his or her aero-medical competency in accordance with the procedure established by Kuwait DGCA.



## **Subpart E: Medical Requirements for Air Traffic Controllers**

### **Section 1 - General requirements**

#### **MED.E.001 General**

The applicant for a Class 3 Medical Certificate shall provide the AME with a personally certified statement of medical facts concerning personal, familial and hereditary history. The applicant shall be made aware of the necessity for giving a statement that is as complete and accurate as the applicant's knowledge permits.

#### **MED.E.005 General**

ATCOs shall be free from any:

- (a) abnormality, congenital or acquired;
- (b) active, latent, acute or chronic disease or disability;
- (c) wound, injury or sequelae from operation; and
- (d) effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken that would entail a degree of functional incapacity which might lead to incapacitation or an inability to discharge their safety duties and responsibilities.

#### **MED.E.006 Limitations to medical certificates**

(a) Limitations to Class 3 medical certificates

- (1) If the applicant does not fully comply with the requirements for the class 3 medical certificate but is considered to be not likely to jeopardise flight safety, the AeMC or AME shall:

- (1) Refer the decision on fitness of the applicant to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) as indicated in this Subpart;
- (2) In cases where a referral to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) is not indicated in this Subpart, evaluate whether the applicant is able to perform his/her duties safely when complying with one or more limitations endorsed on the medical certificate, and issue the medical certificate with limitation(s) as necessary;

- (2) The AeMC or AME may revalidate or renew a medical certificate with the same limitation without referring the applicant to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#).

(b) When assessing whether a limitation is necessary, particular consideration shall be given to:

- (1) whether accredited medical conclusion indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence applied for is not likely to jeopardise flight safety;
- (2) the applicant's ability, skill and experience relevant to the operation to be performed.

#### **MED.E.010 Cardiovascular**

(a) Examination

- (1) An applicant for or holder of a Class 3 Medical Certificate shall not possess any abnormality of the cardiovascular system, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s)/certificate(s) of competence.



- (2) A standard twelve-lead resting electrocardiogram (ECG) and report are required at the examination for first issue of a medical certificate, at four-yearly intervals until age 40, then at two-yearly intervals thereafter and on clinical indication.
- (3) Exercise electrocardiography, or other appropriate cardiological testing, shall be required:
- (i) when indicated by signs or symptoms suggestive of cardiovascular disease;
  - (ii) for clarification of a resting electrocardiogram;
  - (iii) at the discretion of an aeromedical specialist acceptable;
  - (iv) at age 60 and then at four-yearly intervals for revalidation
- (4) Applicants for a Class 3 medical certificate with an established history or diagnosis of any of the following conditions shall be referred to the Kuwait DGCA:
- (i) peripheral vascular disease
  - (ii) aneurysm of the thoracic or abdominal aorta, before or after surgery
  - (iii) significant abnormality of any of the heart valves
  - (iv) cardiac valve replacement/repair
  - (v) systemic anticoagulant therapy for pulmonary embolism or DVT
  - (vi) any abnormality of the pericardium, myocardium or endocardium
  - (vii) congenital heart conditions, before or after corrective surgery
  - (viii) cardiac or heart/lung transplantation
  - (ix) history of recurrent vasovagal syncope
- (5) At age 60 years, a Class 3 Medical Certificate holder shall be reviewed at an AeMC by a cardiologist acceptable to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#). This review may include exercise electrocardiography, or other tests that will provide equivalent information, and shall be repeated on clinical indication.
- (b) Blood pressure
- (1) When the blood pressure exceeds 160 mmHg systolic and/or 95 mmHg diastolic consistently, with or without treatment, the applicant shall be assessed as unfit.
  - (2) Treatment for the control of blood pressure shall be compatible with the safe exercise of the privileges of the applicable licence(s). The initiation of medication requires a period of temporary suspension of the medical certificate to establish the absence of significant side-effects.
  - (3) Applicants with symptomatic hypotension shall be assessed as unfit.
- (c) Coronary artery disease
- (1) An applicant with suspected coronary artery disease shall be investigated. An applicant with asymptomatic, minor, coronary artery disease may be considered fit by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) subject to an exercise electrocardiography followed, if necessary, by further tests (myocardial perfusion scanning, stress echocardiography, coronary angiography or equivalent investigations acceptable to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#)) which shall show no evidence of myocardial ischaemia or significant coronary artery stenosis.
  - (2) Applicants with symptomatic coronary artery disease, or with cardiac symptoms controlled by medication, shall be assessed as unfit.





- (3) Applicants shall be assessed as unfit following myocardial infarction. A fit assessment may be considered by the ~~Kuwait DGCA~~Kuwait DGCA/ASD subject to:
- (i) an asymptomatic applicant who has satisfactorily controlled risk factors if any, and requiring no medication for ischaemic heart pain six months after the index event (myocardial infarction) and shall have completed investigations, demonstrating:
    - (A) satisfactory symptom limited exercise ECG;
    - (B) left ventricular ejection fraction of greater than 50% without significant abnormality of wall motion and normal right ventricular function;
    - (C) satisfactory 24-hour ambulatory ECG recording; and
    - (D) coronary angiography showing less than 30% stenosis or other imaging testing showing no significant reversible ischaemia in any vessel remote from the myocardial infarction and no functional impairment of myocardium subtended by any such vessel.
- (4) Applicants demonstrating satisfactory recovery six months following coronary bypass surgery or angioplasty and or stenting may be assessed as fit by the ~~Kuwait DGCA~~Kuwait DGCA/ASD subject to:
- (i) an asymptomatic applicant having satisfactorily controlled risk factors and using, if necessary, Beta blockers, ACE inhibitors, Statins and Aspirin, who does not need to suppress ischaemic heart pain, may be reviewed. This review, shall include the following investigations demonstrating:
    - (A) satisfactory symptom limited exercise ECG into Bruce Stage 4 or equivalent;
    - (B) left ventricular ejection fraction of greater than 50% without significant abnormality of wall motion and normal right ventricular ejection function;
    - (C) satisfactory 24-hour ambulatory ECG recording if indicated; and
    - (D) post-treatment coronary angiography carried out at the time of interventional procedure showing good run off. There shall be no stenosis more than 50% in any major untreated vessel, in any vein or artery graft or at the site of an angioplasty/stent, except in a vessel leading to an infarct. More than two stenoses between 30% and 50% within the vascular tree shall not be acceptable.
- (d) Rhythm/conduction disturbances
- (1) Applicants with clinically significant disturbance of supraventricular rhythm, whether intermittent or established, shall be assessed as unfit. A fit assessment may be considered by the ~~Kuwait DGCA~~Kuwait DGCA/ASD subject to a satisfactory outcome of the Cardiological evaluation. Such evaluation shall include:
- (i) Exercise ECG to the Bruce protocol or equivalent. The test shall be to maximum effort or symptom limited. Bruce stage 4 shall be achieved and no significant abnormality of rhythm or conduction, nor evidence of myocardial ischaemia shall be demonstrated.
  - (ii) Withdrawal of Cardioactive medication prior to the test shall be considered.
  - (iii) 24-hour ambulatory ECG which shall demonstrate no significant rhythm or conduction disturbance,



- (iv) 2D Doppler echocardiogram which shall show no significant selective chamber enlargement, or significant structural, or functional abnormality, and a left ventricular ejection fraction of at least 50%.
- (2) Applicants with asymptomatic sinus bradycardia or sinus tachycardia may be assessed as fit in the absence of significant underlying abnormality.
- (3) Applicants with evidence of sinoatrial disease require cardiological assessment.
- (4) Applicants with asymptomatic isolated uniform ventricular ectopic complexes need not be assessed as unfit but frequent or complex forms require full cardiological evaluation.
- (5) In the absence of other abnormality, applicants with incomplete bundle branch block or stable left axis deviation may be assessed as fit. Applicants with complete right or left bundle branch block require cardiological evaluation on first presentation.
- (6) Applicants with first degree and Mobitz type 1 A-V block may be assessed as fit in the absence of underlying abnormality. Applicants with Mobitz type 2 or complete A-V block shall be assessed as unfit. A fit assessment may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) in accordance with para (e).
- (7) Applicants with broad and/or narrow complex tachycardias shall be assessed as unfit. A fit assessment may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) in accordance with para (e).
- (8) Applicants who have received ablation therapy shall be assessed as unfit. A fit assessment may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) in accordance with para (e).
- (9) Applicants with ventricular preexcitation, e.g. Wolf-Parkinson-White syndrome, shall be assessed as unfit unless cardiological evaluation confirms that the applicant fulfils the following requirements:
- (i) a fit assessment may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) subject to satisfactory outcome of appropriate cardiological investigation as in (e) below.
- (ii) asymptomatic applicants with preexcitation may be considered fit by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) if an electrophysiological study, including adequate drug-induced autonomic stimulation reveals no inducible re-entry tachycardia and the existence of multiple pathways is excluded.
- (iii) a Holter recording shall demonstrate no tendency to symptomatic or asymptomatic tachy-arrhythmia.
- (10) Applicants with an endocardial pacemaker shall be assessed as unfit unless Cardiological evaluation confirms that can be met the following requirements:
- (i) there is no other disqualifying disorder;
- (ii) bipolar lead systems have been used;
- (iii) the applicant is not pacemaker dependent, i.e. incapacitating cessation of cardiac activity would be unlikely;
- (iv) symptom limited exercise electrocardiography into Bruce Stage 4 or equivalent shows no abnormality or evidence of myocardial ischaemia. Scintigraphy may be helpful in the presence of conduction disturbance/paced complexes in the resting electrocardiogram;



- (v) regular follow-up by a cardiologist acceptable to the ~~Kuwait-DGCA~~[Kuwait DGCA/ASD](#) with a pace-maker check and Holter monitoring; if indicated
- (vi) experience has shown that any failures of pacemakers are most likely to occur in the first three months after being fitted. Therefore, a fit assessment shall not be considered before this period has elapsed. It is known that certain operational equipment may interfere with the performance of the pacemaker. The type of pacemaker used, therefore, shall have been tested to ensure it does not suffer from interference in the operational environment.
- (vii) Supporting data and a performance statement to this effect must be available from the supplier.

(e) Disturbances in rhythm or conduction

Any significant rhythm or conduction disturbance requires evaluation by a cardiologist acceptable to the DGCA and appropriate follow-up in the case of a fit assessment.

(1) Such evaluation shall include:

- (i) Exercise ECG to the Bruce protocol or equivalent. The test shall be to maximum effort or symptom limited. Bruce stage 4 shall be achieved and no significant abnormality of rhythm or conduction, nor evidence of myocardial ischaemia shall be demonstrated. Withdrawal of cardioactive medication prior to the test shall be considered;
- (ii) 24-hour ambulatory ECG which shall demonstrate no significant rhythm or conduction disturbance;
- (iii) 2D Doppler echocardiogram which shall show no significant selective chamber enlargement, or significant structural, or functional abnormality, and a left ventricular ejection fraction of at least 50%.

(2) Further evaluation may include:

- (i) repeat 24-hour ECG recording;
- (ii) electrophysiological study;
- (iii) myocardial perfusion scanning, or equivalent test;
- (iv) cardiac MRI or equivalent test;
- (v) coronary angiogram or equivalent test.

**MED.E.015 Respiratory System**

- (a) Applicant for or the holder of a Class 3 Medical Certificate shall not possess any abnormality of the respiratory system, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Posterior/anterior chest radiography shall be carried out on clinical indication.
- (c) Pulmonary function tests are required at the initial examination. Applicants with significant impairment of pulmonary function shall be assessed as unfit.
- (d) Any significant abnormality shall require further evaluation by a specialist in respiratory diseases.
- (e) Applicants with significant chronic obstructive airway disease shall be assessed as unfit. Where appropriate, applicants shall be referred to a specialist in respiratory diseases for assessment.
- (f) Applicants with reactive airway disease (bronchial asthma) requiring medication shall be assessed in accordance with the following criteria: Applicants experiencing recurrent attacks of asthma



shall be assessed as unfit. Class 3 certification may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) if the applicant has mild asthma, with acceptable pulmonary function tests and medication compatible with the safe execution of the privileges of the applicable licence / certificate of competence.

- (g) Applicants with active inflammatory diseases of the respiratory system shall be assessed as temporarily unfit.
- (h) Applicants with active sarcoidosis shall be assessed as unfit. A fit assessment may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) if the disease is:
  - (1) fully investigated with respect to the possibility of systemic involvement; and
  - (2) limited to hilar lymphadenopathy and the applicant is taking no medication.
- (i) Applicants with spontaneous pneumothorax shall be assessed as unfit pending full evaluation:
  - (1) A fit assessment following a fully recovered single spontaneous pneumothorax may be acceptable following a period of assessment after the event with full respiratory evaluation including Magnetic Resonance Imaging (MRI) or equivalent.
  - (2) A fit assessment at revalidation or renewal may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) if the applicant fully recovers from a single spontaneous pneumothorax after six weeks.
  - (3) A recurrent spontaneous pneumothorax is disqualifying. A fit assessment may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) following surgical intervention with a satisfactory recovery.
- (j) Applicants requiring major chest surgery shall be assessed as unfit following operation and until such time as the effects of the operation are no longer likely to interfere with the safe exercise of the privileges of the applicable. The underlying pathology which necessitated the surgery will need to be considered in the assessment process at revalidation or renewal.
  - (1) A fit assessment at revalidation or renewal following pneumonectomy or lesser chest surgery may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) after satisfactory recovery and full respiratory evaluation including MRI or equivalent.
- (k) Applicants with pulmonary emphysema shall be assessed as unfit. A fit assessment may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) if the condition is not causing significant symptoms.
- (l) Applicants with active tuberculosis shall be assessed as unfit. Applicants with quiescent or healed lesions may be assessed as fit.
- (m) Applicants suffering from excessive daytime sleepiness including sleep apnoea syndrome shall be assessed as unfit. Applicants suffering from sleep apnoea may be assessed as fit subject to the extent of the symptoms, satisfactory treatment and functional evaluation in the working environment.

**MED.E.020 Digestive system**

- (a) An applicant for or the holder of a Class 3 Medical Certificate shall not possess any functional or structural disease of the gastro-intestinal tract or its adnexae which is likely to interfere with the safe exercise of the privileges of the applicable licence.
- (b) Applicants with recurrent dyspeptic disorders requiring medication shall be assessed as unfit.
  - (1) Recurrent dyspepsia requiring medication shall be investigated by internal examination (radiologic or endoscopic). Laboratory testing shall include haemoglobin assessment



and faecal examination. Any demonstrated ulceration or significant inflammation requires evidence of recovery before revalidation or renewal by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#).

- (2) A fit assessment may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) if the cause or obstruction (e.g. drug, gallstone) is removed.
  - (3) Alcohol may be a cause of dyspepsia and pancreatitis. If considered appropriate a full evaluation of its use/abuse is required.
- (c) Pancreatitis is disqualifying (however see para (b) (2) and (3) above).
- (d) Applicants exhibiting symptomatic multiple gallstones or a single large gallstone shall be assessed as unfit until effective treatment has been applied. A single large gallstone may be compatible with a fit assessment after consideration by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#). An individual with asymptomatic multiple gallstones while awaiting assessment or treatment may be considered as fit pending investigation.
- (e) An applicant who has an established medical history or clinical diagnosis of acute or chronic inflammatory bowel disease (regional ileitis, ulcerative colitis, diverticulitis) shall be assessed as unfit. A fit assessment may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) provided that the disease is in an established remission and stabilised and that minimal, if any, medication is being taken. Regular follow-up is required.
- (f) An applicant with herniae that may give rise to complications leading to incapacitation shall be assessed as unfit.
- (g) Any sequela of disease or surgical intervention in any part of the digestive tract or its adnexae likely to cause incapacitation, in particular any obstruction due to stricture or compression, shall be assessed as unfit.
- (h) An applicant who has undergone a surgical operation on the digestive tract or its adnexae, involving a total or partial excision or a diversion of any of these organs, shall be assessed as unfit. Following major abdominal surgery, it is unlikely that an individual will be fit to return to work before a minimum of three months has elapsed. The ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) may consider earlier fit assessment at revalidation or renewal if recovery is complete, the applicant is asymptomatic, there is a minimal risk of secondary complication or recurrence and the effects of the operation are no longer likely to interfere with the safe exercise of the privileges of the applicable licences.

#### **MED.E.025 Metabolic, Nutritional and Endocrine system**

- (a) An applicant for or the holder of a Class 3 Medical Certificate shall not possess any functional or structural metabolic, nutritional or endocrine disorder which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) An applicant with metabolic, nutritional or endocrine dysfunction shall be assessed as unfit. A fit assessment may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) if the condition is asymptomatic, clinically compensated and stable with or without replacement therapy, and regularly reviewed by an appropriate specialist.
- (c) Endocrine surgery entails unfitness. Fit assessment will be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) after full recovery as outlined in paragraph (b).
- (d) Applicants with diabetes mellitus shall be assessed as unfit. Glycosuria and abnormal blood glucose levels require investigation. A fit assessment may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) if normal glucose tolerance is demonstrated (low renal threshold) or impaired glucose tolerance without diabetic pathology is fully controlled by diet and regularly reviewed.



- (e) Applicants with diabetes requiring insulin shall be assessed as unfit. The use of antidiabetic medications is disqualifying. The use of biguanides, alphasglucosidase inhibitors and glitazones may be acceptable for type 2 diabetes, as they do not cause hypoglycaemia.

### **MED.E.030 Haematology**

- (a) An applicant for or the holder of a Class 3 Medical Certificate shall not possess any haematological disease which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

- (b) Blood testing shall form part of the examination for the initial issue of a medical certificate, on revalidation or renewal at four-yearly intervals until age forty, two-yearly thereafter and on clinical indication.

Anaemias demonstrated by reduced haemoglobin level require investigation. Anaemia which is unamenable to treatment is disqualifying. A fit assessment may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) in cases where the primary cause has been satisfactorily treated (e.g. iron deficiency or B12 deficiency) and haemoglobin has stabilised (recommended range 11 g/dl - 17 g/dl), or where minor thalassaemia or Haemoglobinopathies are diagnosed without a history of crises and where full functional capability is demonstrated.

- (c) An applicant with significant localised and generalised enlargement of the lymphatic glands and of diseases of the blood shall be assessed as unfit.

Lymphatic enlargement requires investigation. A fit assessment may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) in cases of acute infectious process which is fully recovered or Hodgkin's lymphoma which has been treated and is in full remission. Due to potential long term side-effects of specific chemotherapeutic agents, the precise regime utilised shall be taken into account.

- (d) An applicant with acute leukaemia shall be assessed as unfit. Initial applicants with chronic leukaemia shall be assessed as unfit.

In cases of chronic leukaemia a fit assessment at revalidation or renewal may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) if diagnosed as lymphatic at stages 0, I (and possibly II) without anaemia and minimal treatment, or 'hairy cell' leukaemia and are stable with normal haemoglobin and platelets. Regular follow-up is required.

- (e) An applicant with significant enlargement of the spleen shall be assessed as unfit.

Splenomegaly requires investigation. The ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) may consider a fit assessment where the enlargement is minimal, stable and no associated pathology is demonstrable (e.g. treated chronic malaria), or if the enlargement is minimal and associated with another acceptable condition (e.g. Hodgkin's lymphoma in remission). Splenectomy may not preclude a fit assessment, but shall be assessed on an individual basis.

- (f) An applicant with significant polycythaemia shall be assessed as unfit.

A fit assessment may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) if the condition is fully controlled and good follow-up reports have been received.

Polycythaemia requires investigation. The ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) may consider a fit assessment if the condition is stable and no associated pathology has been demonstrated.

- (g) An applicant with a coagulation defect shall be assessed as unfit.

Significant coagulation defects require investigation. The ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) may consider a fit assessment if there is no history of significant bleeding or clotting episodes and the haematological data indicate that it is safe to do so.



### **MED.E.035 Urinary System**

- (a) An applicant for or the holder of a Class 3 Medical Certificate shall not possess any functional or structural disease of the urinary system or its adnexae which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) An applicant presenting any signs of organic disease of the kidney shall be assessed as unfit. Urinalysis shall form part of every medical examination. The urine shall contain no abnormal element considered to be of pathological significance. Particular attention shall be paid to disease affecting the urinary passages and the genital.

Any abnormal finding upon urinalysis requires investigation. Investigation and analysis shall include proteinuria, haematuria and glycosuria.

- (c) An applicant presenting with urinary calculi shall be assessed as unfit.
- An asymptomatic calculus or a history of renal colic requires investigation. After treatment a fit assessment may be considered with appropriate follow-up, which is to be decided by a specialist acceptable to the ~~Kuwait DGCA~~ [Kuwait DGCA/ASD](#). Residual calculi shall be disqualifying unless they are in a location where they are unlikely to move and give rise to symptoms.
- (d) An applicant with any sequela of disease or surgical procedures on the kidneys and the urinary tract likely to cause incapacitation shall be assessed as unfit. An applicant with compensated nephrectomy without hypertension or uraemia may be considered fit.

Major urological surgery is normally disqualifying. However, the ~~Kuwait DGCA~~ [Kuwait DGCA/ASD](#) may consider a fit assessment if the applicant is completely asymptomatic and there is a minimal risk of secondary complication or recurrence.

- (e) An applicant who has undergone a major surgical operation in the urinary tract or the urinary apparatus involving a total or partial excision or a diversion of any of its organs shall be assessed as unfit until such time as the effects of the operation are no longer likely to cause incapacity.

Renal transplantation or total cystectomy is disqualifying for initial certification. At renewal or revalidation a fit assessment may be considered by the ~~Kuwait DGCA~~ [Kuwait DGCA/ASD](#) in the case of:

- (1) renal transplant which is fully compensated and tolerated with minimal immunosuppressive therapy after at least twelve months; and
- (2) total cystectomy which is functioning satisfactorily with no recurrence of primary pathology.

### **MED.E.040 Infectious Diseases**

- (a) Applicants shall have no established medical history or clinical diagnosis of any infectious disease which is likely to interfere with the safe exercise of the privileges of the applicable licence held.
- (b) Applicants who are seropositive for Human Immunodeficiency Virus (HIV) shall be assessed as unfit. (Civil Service Commission order 9/93 and Civil Service Law Chapter 1.5 for 04/04/1979 )

### **MED.E.045 Obstetrics and gynaecology**

- (a) An applicant for or the holder of a Class 3 Medical Certificate shall not possess any functional or structural obstetric or gynaecological condition which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) If obstetric evaluation indicates a normal pregnancy, the applicant may be assessed as fit until not later than the end of the 34th week of gestation.

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- (1) The ~~Kuwait DGCA~~Kuwait DGCA/ASD, or the AME under the direction of the ~~Kuwait DGCA~~Kuwait DGCA/ASD where appropriate, shall notify the candidate and his doctor in writing that they shall report any potentially significant complications of pregnancy to the ~~Kuwait DGCA~~Kuwait DGCA/ASD.
  - (2) Licence privileges may be resumed upon satisfactory confirmation of full recovery following confinement or termination of pregnancy.
- (c) An applicant who has undergone a major gynaecological operation shall be assessed as unfit. Major gynaecological surgery is normally disqualifying. The ~~Kuwait DGCA~~Kuwait DGCA/ASD may consider a fit assessment at revalidation or renewal if the holder is completely asymptomatic, there is only a minimal risk of secondary complication or recurrence and the effects of the operation are no longer likely to interfere with the safe exercise of the privileges of the licence / certificate of competence.

### **MED.E.050 Musculoskeletal system**

- (a) An applicant for or holder of a Class 3 Medical Certificate shall not possess any abnormality of the bones, joints, muscles and tendons, congenital or acquired which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
  - (1) Abnormal physique, including obesity, or muscular weakness may require medical assessment (including that in the working environment) as approved by the ~~Kuwait DGCA~~Kuwait DGCA/ASD.
  - (2) Locomotor dysfunction, amputations, malformations, loss of function and progressive osteoarthritic disorders will be assessed on an individual basis. This will be carried out by the AME in conjunction with the appropriate operational expert with a knowledge of the complexity of the tasks involved.
- (b) An applicant suffering from severe obesity shall be assessed as unfit. The applicant's age and body mass index shall be taken into account when making the assessment.

Applicants with osteoarthritic or muscular tendon progressive conditions resulting in functional upset shall be assessed as unfit. Osteoarthritic or muscular tendon progressive conditions may be of congenital or acquired origin. Any functional upset shall be evaluated against its impact on the individual's ability to operate satisfactorily in the working environment. They shall not be taking any disqualifying medication (see (a)(2)).

- (c) A fit assessment at revalidation or renewal in cases of limb deficiency, with or without limb prosthesis, may be considered by the ~~Kuwait DGCA~~Kuwait DGCA/ASD following satisfactory assessment in the working environment (see (a)(2)).

### **MED.E.055 Psychiatry**

- (a) An applicant for or holder of a Class 3 Medical Certificate shall have no established medical history or clinical diagnosis of any psychiatric disease or disability, condition or disorder, acute or chronic, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) Particular attention shall be paid to the following:
  - (1) psychotic symptoms;
  - (2) mood disorders;
  - (3) personality disorders, especially if severe enough to have resulted in overt acts;

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- (4) mental abnormality and neurosis;
- (5) use of psychoactive drugs or other substances, or abuse of alcohol, with or without dependency. (Refer to Appendix II)
- (c) An established condition including psychotic symptoms is disqualifying.
- A fit assessment may only be considered if the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) can be satisfied that the original diagnosis was inappropriate or inaccurate, or as a result of a single toxic episode. An established neurosis is disqualifying. The ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) may consider a fit assessment after review by a psychiatric specialist acceptable to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) and after psychotropic treatment has been stopped for an appropriate period.
- (d) A single self-destructive action or repeated overt acts are disqualifying.
- A fit assessment may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) after full consideration of an individual case and will require psychological and psychiatric review.
- (e) Abuse of alcohol and use of psychoactive drugs or substances with or without dependency is disqualifying.
- A fit assessment may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) after a period of two years documented sobriety or freedom from drug use. A fit assessment at revalidation or renewal at an earlier point may be considered at the discretion of the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) following treatment and review which may include:
- (1) inpatient treatment;
  - (2) review by a psychiatric specialist acceptable to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#); and
  - (3) ongoing review including blood testing and peer reports for a minimum of three years.
- (f) An applicant who exhibits inability to cope with stress or stress-related problems to an extent where the symptoms are likely to interfere with an individual's ability to exercise safely the privileges of the licence / certificate of competence shall be assessed as unfit.
- (1) Within psychiatric management, psychological assessment may have a pivotal role in enabling the psychiatrist to make a holistic assessment.
  - (2) If stress-related problems, which are likely to interfere with safe exercise of the privileges of the individual's licence, are reported or indicated, a psychological evaluation by an appropriately qualified specialist acceptable to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) may be required.
- (g) An applicant for or holder of a Class 3 Medical Certificate shall have no established psychological deficiencies which are likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- Coping with stress includes the following:
- (1) coping with high workload;
  - (2) coping with boredom;
  - (3) 'unwinding' after work;
  - (4) controlling anxiety and anger;
  - (5) managing critical incidents.

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If there are indications of a lack of skills or of incidents relating to any of the above, the applicant shall be referred to an appropriately qualified specialist acceptable to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#).

- (h) When a psychological evaluation is indicated, it shall be carried out by an aviation psychologist or a psychologist with extensive knowledge of the ATC environment acceptable to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#). The evaluation shall be directed by a neurologist or psychiatrist, as appropriate.
- (1) A psychological evaluation may be required by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) as part of, or complementary to, a specialist psychiatric or neurological examination when the AME or the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) receives verifiable information from an identifiable source which evokes doubts concerning the mental fitness or personality of a particular individual. Sources for this information can be accidents or incidents, problems in training or proficiency checks, delinquency or knowledge relevant to the safe exercise of the privileges of the applicable licences.
  - (2) The psychological evaluation shall be broad-based and may include medical history, life-event history and aptitude testing, in addition to personality tests and psychological interview.

### **MED.E.060 Psychology**

- (a) Applicants who present with stress-related symptoms that are likely to interfere with their ability to exercise the privileges of the ~~license~~[license](#) safely shall be referred to the licensing authority. A fit assessment may only be considered after a psychological and/or psychiatric evaluation has demonstrated that the applicant has recovered from stress-related symptoms.
- (b) A psychological evaluation may be required as part of, or complementary to, a specialist psychiatric or neurological examination.

### **MED.E.065 Neurology**

- (a) An applicant for or holder of a Class 3 Medical Certificate shall have no established medical history or clinical diagnosis of any neurological condition which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

Any progressive disease of the nervous system is disqualifying, but minor functional loss associated with stable (non-progressive) disease may be acceptable after full evaluation by a specialist acceptable to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#).

- (b) The following conditions are disqualifying:
- (1) progressive disease of the nervous system;
  - (2) epilepsy;
  - (3) conditions with a high propensity for cerebral dysfunction.

A diagnosis of epilepsy is disqualifying. One or more convulsive episodes after the age of five are disqualifying. However, if an applicant is seizure free and off medication for a period of 10 years a fit assessment may be possible. An episode shown after full neurological evaluation to have specific non recurrent cause, such as trauma or toxin, may be acceptable.

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An episode of benign Rolandic seizure may be acceptable, provided it has been clearly diagnosed, with a properly documented history and typical EEG result. The applicant must have been free of symptoms and off treatment for more than ten years.

Investigation by electroencephalography is required when indicated by the Applicant’s history or on clinical grounds.

Paroxysmal EEG abnormalities are disqualifying.

(c) The following may be acceptable subject to full investigation by a specialist acceptable to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#):

- (1) Disturbance or loss of consciousness;
- (2) brain injury.

A history of one or more episodes of disturbed consciousness is disqualifying. Such episodes may be accepted by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) when satisfactorily explained by a non-recurrent cause and after full neurological evaluation.

Any brain injury must be assessed by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) and be seen by a consultant neurologist acceptable to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#). There must be a full recovery and a low risk (in the limits acceptable to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#)) of epilepsy before a fit assessment is possible.

(1) —

#### **MED.E.070 Visual system**

(a) Distant visual acuity, after correction if necessary, shall be 7/10 (6/9) or better in each eye separately using Snellen charts (or equivalent) under appropriate illumination and binocular visual acuity shall be 10/10 (6/6) or better.

Where clinical evidence suggests that Snellen may not be appropriate, Landolt ‘C’ may be used for assessment of visual acuity.

(b) Refractive errors. Refractive error is defined as the deviation from emmetropia measured in dioptres in the most ametropic meridian. Refraction shall be measured by standard methods. Applicants shall be considered fit with respect to refractive errors if they meet the requirements in the paras below.

(c) At initial examination, an applicant with a refractive error within the range +5.0/-6.0 dioptres: may be assessed as fit if:

- (1) no significant pathology can be demonstrated;
- (2) optimal correction has been considered;
- (3) 5 yearly review is undertaken by an ophthalmologist or vision care specialist acceptable to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#).

(d) At revalidation or renewal, an applicant with refractive errors of up to +5 dioptres or high myopic refractive errors exceeding -6 dioptres may be considered fit by an ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) if:

- (1) no significant pathology can be demonstrated;
- (2) optimal correction has been considered;
- (3) a 2 yearly review is undertaken by an ophthalmologist or vision care specialist acceptable to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#).

(e) At initial examination, an applicant with a refractive error with an astigmatic component, the astigmatism shall not exceed 2.0 dioptres.

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- (f) At revalidation or renewal, an applicant with an astigmatic component may be considered fit by the ~~Kuwait DGCA~~ [Kuwait DGCA/ASD](#) subject to a satisfactory report from an ophthalmologist acceptable to the ~~Kuwait DGCA~~ [Kuwait DGCA/ASD](#).
- (g) In initial applicants the difference in refractive error between the two eyes (anisometropia) shall not exceed 2.0 dioptres.
- (h) At revalidation or renewal examinations, an applicant with a difference in refractive error between the two eyes of up to 3.0 dioptres may be considered fit by the ~~Kuwait DGCA~~ [Kuwait DGCA/ASD](#).
- (i) The progress of presbyopia must be checked at every revalidation or renewal examination. The applicant must be capable of reading the Parinaud 2 chart, N5 (or equivalent) at 30-50 cm and the Parinaud 6 chart, N14 (or equivalent) at 100 cm distance, if necessary with the aid of correction.
- (j) An applicant with diplopia shall be assessed as unfit.
- Phoria testing will identify significant abnormalities in the ocular muscle balance. TNO testing (if available) may be carried out if considered appropriate. However, an abnormal result will not necessarily be disqualifying.
- (k) An applicant with convergence which is not normal shall be assessed as unfit
- Convergence outside the normal range may be considered acceptable provided it does not interfere with near vision (30–50 cm) and intermediate vision (100 cm) with or without correction.
- (l) An applicant with imbalance of the ocular muscles (heterophorias) exceeding (when measured with usual correction, if prescribed):
- (1) 2.0 prism dioptres in hyperphoria at 6 metres;
  - (2) 10.0 prism dioptres in esophoria at 6 metres;
  - (3) 8.0 prism dioptres in exophoria at 6 metres; and
  - (4) 1.0 prism dioptres in hyperphoria at 33 cm;
  - (5) 8.0 prism dioptres in esophoria at 33 cm;
  - (6) 12.0 prism dioptres in exophoria at 33 cm.
- shall be assessed as unfit unless the fusional reserves are sufficient to prevent asthenopia and diplopia.
- Above 12 prism dioptres in exophoria, applicants shall be referred to an ophthalmologist for assessment of fusional reserve.
- (m) An applicant with binocular visual fields which are not normal shall be assessed as unfit (see paragraph L).
- (n) An initial applicant with functionally significant defects of binocular vision, as determined by an ophthalmologist with regard to the working environment, shall be assessed as unfit.
- Central vision in one eye below the limits stated may be considered fit for Class 3 recertification if binocular visual fields are normal and the underlying pathology is acceptable according to ophthalmic assessment by a specialist acceptable to the ~~Kuwait DGCA~~ [Kuwait DGCA/ASD](#).
- (o) At the initial examination, an applicant having monocular vision must be assessed unfit. At revalidation or renewal, the applicant may be assessed fit if the ophthalmological examination is satisfactory and the condition does not preclude the applicant from safely exercising the privileges of his licence.

Testing at revalidation or renewal under these circumstances may include functional testing (if indicated) within the appropriate working environment.

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- (p) If a visual requirement is met only with the use of correction, the spectacles or contact lenses must provide optimal visual function and be suitable for air traffic control purposes.

Correcting lenses, when worn during the exercise of licensed privileges, shall permit the holder of the licence / certificate of competence to meet the visual requirements at all distances. No more than one pair of spectacles shall be used to meet the requirement.

- (1) It is recommended that a spare set of similarly correcting spectacles is readily available when exercising the privileges of the licence/certificate of competence.
- (2) Where high myopic correction (greater than -6 dioptres) is needed, individuals shall be required to use either contact lenses or spectacles with high-index lenses in order to minimise peripheral field distortion.
- (3) When contact lenses are used they shall be mono-focal, not coloured and not orthokeratological. Monovision contact lenses shall not be used.

#### **MED.E.075 Colour vision**

- (a) Normal colour perception is required. It is defined as the ability to pass the Ishihara test or to pass an anomaloscope as a normal trichromate.
  - (1) The Ishihara test is to be considered passed if consecutive plates are identified correctly as specified in the Ishihara User Manual.
  - (2) Those failing the Ishihara test shall be examined by: anomaloscopy (Nagel or equivalent).
  - (3) This test is considered passed if the colour match is normal trichromatic.
- (b) An applicant who fails the acceptable colour perception tests is to be considered colour unsafe and shall be assessed as unfit (see paragraph above).

#### **MED.E.080 Otorhinolaryngology**

- (a) An applicant for or holder of a Class 3 Medical Certificate shall not possess any abnormality of the function of the ears, nose, sinuses or throat (including oral cavity, teeth and larynx), or any active pathological condition, congenital or acquired, acute or chronic, or any sequela of surgery and trauma which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).
- (b) A comprehensive otorhinolaryngological (ORL) examination is required at the initial examination.

At the initial examination a comprehensive ORL examination shall be carried out by or under the guidance and supervision of a specialist in aviation otorhinolaryngology acceptable to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#).

- (c) A routine otorhinolaryngological (ORL) examination shall form part of all revalidation and renewal examinations.

At revalidation or renewal examinations abnormal and doubtful cases within the ENT region shall be referred to a specialist in aviation otorhinolaryngology acceptable to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#).

- (d) An applicant with any of the following disorders shall be assessed as unfit:
  - (1) Active pathological process, acute or chronic, of the internal or middle ear;
  - (2) Unhealed perforation or dysfunction of the tympanic membranes;

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A single dry perforation of non-infectious origin and which does not interfere with the normal function of the ear may be considered acceptable;

- (3) Disturbances of vestibular function.

The presence of spontaneous or positional nystagmus shall entail complete vestibular evaluation by a specialist acceptable to the ~~Kuwait DGCA~~ [Kuwait DGCA/ASD](#). In such cases no significant abnormal caloric or rotational vestibular responses can be accepted. At revalidation or renewal examinations abnormal vestibular responses shall be assessed in their clinical context by the ~~Kuwait DGCA~~ [Kuwait DGCA/ASD](#).

- (4) Significant malformation or significant, acute or chronic infection of the oral cavity or upper respiratory tract.
- (5) Significant disorder of speech or voice.

Where full assessment and a functional check is needed, due regard shall be paid to the operating environment in which the licensed functions are undertaken.

- (e) Particular attention shall be paid to significant restriction of the nasal air passage on either side, or of any dysfunction of the sinuses. These shall not necessarily entail unfitness provided exercise of the licensed function is not impaired.
- (f) Any speech or voice disorder that reduces intelligibility shall be referred to a speech specialist.

**MED.E.085 Hearing Requirements**

- (a) Hearing shall be tested at all examinations. The applicant shall understand correctly conversational speech when tested with each ear at a distance of two metres from and with his back turned towards the AME.
- (b) Hearing shall be tested with pure tone audiometry at the initial examination and at subsequent revalidation or renewal examinations every four years until age forty and every two years thereafter.

The pure tone audiogram shall cover at least the frequencies from 500 – 3000 Hz. Frequency thresholds shall be determined as follows:

- 500 Hz
- 1,000 Hz
- 2,000 Hz
- 3,000 Hz

Testing at frequencies at or above 4000 Hz will aid the early diagnosis of Noise Induced Hearing loss (NIH).

- (c) At the initial examination for a Class 3 Medical Certificate there shall be no hearing loss in either ear, when tested separately, of more than 20 dB(HL) at any of the frequencies 500, 1000 and 2000 Hz, or of more than 35 dB(HL) at 3000 Hz. An applicant whose hearing loss is within 5 dB(HL) of these limits in two or more of the frequencies tested, shall undergo pure tone audiometry at least annually.

In cases of hearing loss, if at the next annual test there is no indication of further deterioration, the normal frequency of medical examination may be resumed.

- (d) At revalidation or renewal examinations, there shall be no hearing loss in either ear, when tested separately, of more than 35 dB(HL) at any of the frequencies 500, 1000, and 2000 Hz, or of more than 50 dB(HL) at 3000 Hz. An applicant whose hearing loss is within 5 dB(HL) of these



limits in two or more of the frequencies tested, shall undergo pure tone audiometry at least annually (see paragraph above).

- (e) At revalidation or renewal, applicants with hypoacusis may be assessed as fit by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) if a speech discrimination test demonstrates a satisfactory hearing ability. Cases of hypoacusis shall be referred to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) for further evaluation and assessment.

If satisfactory hearing in a noise field corresponding to normal working conditions can be demonstrated, a fit assessment at revalidation or renewal may be considered by the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#).

- (f) At initial examination, the use of a hearing aid is disqualifying. For a fit assessment at revalidation or renewal examinations, a controller needing hearing aids for both ears shall be assessed as unfit. However, the use of one hearing aid or an appropriate prosthetic aid (such as a special headset with individual earpiece volume controls) may be acceptable for revalidation or renewal when it can improve a controller's hearing to achieve a normal standard.

Full functional and environmental assessments shall be carried out with the chosen prosthetic equipment in use to ensure that the individual is able to perform the functions of his licence/certificate of competence and that the equipment is not adversely affected by interference from headsets or other factors. As failure of the equipment is possible, a spare set of the equipment and accessories, such as batteries, shall be available.

#### **MED.E.090 Dermatology**

- (a) An applicant for or holder of a Class 3 Medical Certificate who suffers from any dermatological pathology likely to interfere with the safe exercise of the privileges of the applicable licence(s) shall be assessed as unfit.

- (1) Particular attention shall be paid to the following disorders (see guidance below).

- severe eczema (exogenous and endogenous),
- severe psoriasis,
- bacterial infections,
- eruptions induced by medication,
- bullous eruptions,
- malignant conditions of the skin,
- urticaria.

Referral to the ~~Kuwait DGCA~~[Kuwait DGCA/ASD](#) shall be made if doubt exists about any condition.

- (3) Any skin condition causing pain discomfort, irritation or itching can distract the ATCO from their tasks and thus affect safety.
- (4) Any skin treatment, radiant or pharmacological, may have systemic effects which must be considered before assessing the individual as fit or unfit.

#### **MED.E.095 Oncology**

- (a) After diagnosis of primary or secondary malignant disease, applicants shall be referred to the

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licensing authority and shall undergo satisfactory oncological evaluation before a fit assessment may be considered.

- (b) Applicants with an established history or clinical diagnosis of an intracerebral malignant tumour shall be assessed as unfit.

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Appendix I : Alcohol And Substance Abuse Prevention Policy

For regulation on psychoactive substances, refer to KCASR 6 Part CAT.GEN.MPA.170.

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