

State of Kuwait
Directorate General of Civil Aviation
AERO-MEDICAL GUIDANCE MANUAL

(CAP 402)

Issue 2, Revision 1, May 2025



FOREWORD

The safety and efficiency of aviation within Kuwait's airspace are paramount to the Directorate General of Civil Aviation (DGCA). As part of our ongoing commitment to maintaining the highest standards of aviation safety, the Aero-Medical Guidance Manual has been developed to support AMEs in their vital role. This manual provides clear, comprehensive, and up-to-date guidance for assessing the medical fitness of aviation personnel, ensuring they meet both national and international health standards. The work of AMEs directly contributes to the safety of our skies by ensuring that only those who are physically and mentally fit are permitted to operate in this demanding environment. The DGCA is proud to present this manual as a key resource, and we trust it will guide and support AMEs in their critical work to uphold aviation safety across Kuwait.

Approved by:



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DISCLAIMER:

The information provided in the Aero Medical Guidance Manual is intended to serve as a general reference for qualified Aero Medical Examiners. While every effort has been made to ensure the accuracy and currency of the information contained herein, the manual does not supersede any applicable national or international regulations, policies, or procedures. It is the responsibility of the AME to stay informed of any updates to medical standards or regulatory requirements issued by relevant aviation authorities. The Directorate General of Civil Aviation (or other governing body) assumes no liability for errors, omissions, or any outcomes resulting from the use or reliance on this manual. Users are advised to consult the appropriate regulatory bodies for official guidance on specific cases or issues.

RECORD OF AMENDMENTS

| S/No | Issue No. | Rev. No. | Date |
|------|-----------|----------|----------------|
| 1 | 1 | 0 | March 2016 |
| 2 | 1 | 1 | September 2017 |
| 3 | 2 | 0 | October 2024 |
| 4 | 2 | 1 | May 2025 |
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INTRODUCTION

The Aero Medical Guidance Manual serves as an essential resource for aviation medical professionals tasked with ensuring the health and fitness of aircrew and aviation personnel. Designed to provide comprehensive guidelines, the manual offers clear and practical instructions on conducting medical assessments in accordance with aviation safety standards laid down in KCASR 1 Part-MED. It equips AMEs with the necessary tools to evaluate pilots, cabin crew and air traffic controllers, ensuring that they meet the required medical criteria to safely operate in flight environments. By adhering to these guidelines, AMEs play a crucial role in maintaining the highest level of safety in the aviation industry, safeguarding both the wellbeing of aircrew and the public.

Definitions

Accredited medical conclusion means the conclusion reached by one or more medical experts acceptable to the 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, ,

Aeroplane. A power-driven heavier-than-air aircraft, deriving its lift in flight chiefly from aerodynamic reactions on surfaces, which remain, fixed under given conditions of flight.

Aircraft. Any machines that can derive support in the atmosphere from the reactions of the air other than the reactions of the air against the earth's surface.

Aircraft – Category. Classification of aircraft according to specified basic characteristics, e.g. Aeroplane, helicopter, glider, free balloon.

Aircraft certificated for Single-Pilot Operation. A type of aircraft which the State of Registry has determined, during the certification process, can be operated safely with a minimum crew of one pilot.

Aircraft required to be operated with a Co-pilot. A type of aircraft that is required to be operated with a co-pilot, as specified in the flight manual or by the air operator certificate.

Airmanship. The consistent use of good judgment and well developed knowledge, skills and attitudes to accomplish flight objectives.

Airship. A power-driven lighter-than-air aircraft.

'AME' means aero-medical examiner

Approved Training. Training conducted under special curricula and supervision approved by the DGCA.

'**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,

Balloon. A non-power-driven lighter-than-air aircraft.

Note: For the purposes of this Part, this definition applies to free balloons.

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

Commercial Air Transport Operation. An aircraft operation involving the transport of passengers, cargo or mail for remuneration or hire.

Competency. A combination of skills, knowledge and attitudes required to perform a task to the prescribed standard.

Co-Pilot. A Licenced pilot serving in any piloting capacity other than pilot-in-command but excluding a pilot who is on board the aircraft for the sole purpose of receiving flight instructions.

DGCA- ASD. Directorate General of Civil Aviation – Aviation Safety Department.

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

A flight simulator, which provides an accurate representation of the flight deck of a particular aircraft type to the extent that the mechanical, electrical, electronic, etc. aircraft systems control functions, the normal environment of flight crew members, and the performance and flight

characteristics of that type of aircraft are realistically simulated;

Glider. A non-power-driven heavier-than-air aircraft, deriving its lift in flight chiefly from aerodynamic reactions on surfaces which remain fixed under given conditions of flight.

Helicopter. Heavier than air, aircraft supported in flight chiefly by the reactions of the air on one or more power driven rotors on substantially vertical axis.

Human Performance. Human capabilities and limitations which have an impact on the safety and efficiency of aeronautical operations.

‘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,

Instrument Time. Instrument flight time or instrument ground time.

KCASR. Kuwait Civil Aviation Safety Regulations

Licensing Authority. means the 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,

Likely. In the context of the medical provisions in Chapter 6, likely means with a probability of occurring that is unacceptable to the Medical Assessor.

Medical Assessment. The evidence issued to indicate that the Licence holder meets specific requirements of medical fitness.

Medical Assessor. A physician, appointed by DGCA, qualified and experienced in the practice of aviation medicine and competent in evaluating and assessing medical conditions of flight safety significance.

Note1: Medical assessors evaluate medical reports submitted to DGCA by medical examiners.

Note2: Medical assessors are expected to maintain the currency of their professional knowledge

Medical Examiner. A physician with training in aviation medicine and practical knowledge and experience of the aviation environment, who is designated by the DGCA to conduct medical examinations of fitness of applicants for Licence or ratings for which medical requirements are prescribed.

used to judge whether the required level of performance has been achieved.

‘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;

The following terms are used in Kuwait Civil Aviation Safety Regulations (KCASR's) for Personnel Licensing, they have the following meanings: -

Pilot-in-Command. The pilot designated by the operator, or in the case of general aviation, the owner, as being in command and charged with the safe conduct of a flight.

Powered-Lift. A heavier-than-air aircraft capable of vertical take-off, vertical landing, and low-speed flight, which depends principally on engine-driven lift devices or engine thrust for the lift during these flight regimes and on non-rotating aerofoil(s) for lift during horizontal flight.

Problematic Use of Substances. The use of one or more psychoactive substances by aviation personnel in a way that:

a) Constitutes a direct hazard to the user or endangers the lives, health or welfare of others; and/or

b) Causes or worsens an occupational, social, mental or physical problem or disorder.

Proficiency Checks: Demonstrations of skill to revalidate or renew ratings, and including such oral examination as the examiner may require.

Psychoactive Substances. Alcohol, opioids, cannabinoids, sedatives and hypnotic, cocaine, other psycho-stimulants, hallucinogens, and volatile solvents, whereas coffee and tobacco are excluded.

Rating. An authorization entered on or associated with a Licence and forming part thereof, stating special conditions, privileges or limitations pertaining to such Licence.

Rated Air Traffic Controller. An air traffic controller holding a licence and valid ratings appropriate to the privileges to be exercised.

Rendering (a Licence) Valid. The action taken by Kuwait DGCA, as an alternative to issuing its own Licence, in accepting a Licence issued by any other contracting state as the equivalent of its own Licence.

Renewal of a Rating, Certificate or Approval. The administrative action taken after a rating, certificate, or approval has lapsed that renews the privileges of the rating, certificate or approval for a further specified period consequent upon the fulfilment of specified requirements.

Revalidation of a Rating, Certificate or Approval. The administrative action taken within the period of validity of a rating, certificate or approval that allows the holder to continue to exercise the privileges of a rating, certificate or approval for a further specified period consequent upon the fulfilment of specified requirements.

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

Safety Management System. A systematic approach to managing safety, including the necessary organizational structures, accountabilities, policies and procedures.

Significant. In the context of the medical provisions in Chapter 6, significant means to a degree or of a nature that is likely to jeopardize flight safety.

State Safety Programme. An integrated set of regulations and activities aimed at improving safety.

1.1 Aviation Licensing Authority

1. Kuwait Directorate General of Civil Aviation, Aviation Safety Department (DGCA/ASD) is the designated and empowered department for the following:
 - i. Assessment of an applicant's qualifications to hold a Licence, rating, or certificate;
 - ii. Issue, renewal and endorsement of Licences, ratings and certificates;
 - iii. Designation and authorization of approved persons;
 - iv. Approval of training organization and training programs;
 - v. Approval of the use of synthetic flight trainers and authorization for their use in gaining the experience or in demonstrating the skill required for the issue of a Licence or rating; and
 - vi. Renewal or revalidation of Licence, certificate or approvals;
 - vii. Rendering a Licence valid issued by other contracting states;
 - viii. Suspension, withdrawal, or revoke of Licence or certificate;
2. The personnel Licences and certificates issued are in conformance with ICAO standards set in Annex 1 and with reference to the related ICAO documents.
3. Requirements and procedures for the issuance and re-validation of personnel Licences and certificates are as detailed in DGCA Personnel Licensing Procedures Manual.
4. The designated and authorized persons to sign each part of the Licence or certificate are as per Personnel Licensing Procedures Manual.
5. The Licensing authority shall suspend, withdraw or revoke the Licences, certificates or ratings issued under this part, if the holder of any of the Licences, certificates or ratings did not comply or violated any regulation that governs the issuance of the Licences, certificates or rating, or the maintenance of its validity as per regulation set in Part 6 of Kuwait Civil Aviation Safety Regulation (KCASR).

1.2 International Civil Aviation Organisation (ICAO)

The International Civil Aviation Organization (ICAO) is a specialized agency of the United Nations, and it was established with the signing in Chicago, on 7 December 1944, of the Convention on International Civil Aviation. The ICAO is the permanent body charged with the administration of the principles laid out in the convention. The Convention establishes the privileges and restrictions of all Contracting States and provide for the adoption of International Standards and Recommended Practices (SARPs) regulating international air transport. The Convention on International Civil Aviation includes several articles which call for the adoption of international regulations in all fields where uniformity facilitates and improves air navigation. These regulations, known as Standards and Recommended Practices (SARPs), have been promulgated in ICAO Annexes to the Convention which are amended from time to time when necessary. Each Annex deals with a specific aspect of international civil aviation, and those relating to medical regulations for licence applicants are included mainly in Annex 1 – Personnel

Licensing and to some degree in Annex 2 – Rules of the Air and Annex 6 – Operation of Aircraft. Issues involving preparedness planning for a communicable disease of public health concern are considered in Annex 6, Annex 9 – Facilitation, Annex 11 – Air Traffic Services and Annex 14 – Aerodromes.

1.2.1 Standards and Recommended Practices Standards

Any specification for physical characteristics, configuration, material, performance, personnel or procedure, the uniform application of which is recognized as necessary for the safety or regularity of international air navigation, and to which Contracting States will conform in accordance with the Convention. In the event that a State finds it impracticable to comply in all respects with any such international standard but allows a less stringent practice, immediate notification to ICAO is compulsory under Article 38 of the Convention.

1.2.2 Recommended practices.

Any specification for physical characteristics, configuration, material, performance, personnel or procedure, the uniform application of which is recognized as desirable in the interest of safety, regularity or efficiency of international air navigation, and to which Contracting States will endeavour to conform in accordance with the Convention.

1.3 Medical Assessor (MAs)

The Kuwait DGCA shall appoint one or more medical assessor (MAs) responsible for oversight and management Aeromedical part of the DGCA Aviation Safety Department Licensing Section. The Department develops and establishes regulations, policies, standards, and procedures, governing the AME System. The Medical Assessor (MAs) is delegated the responsibility and:

1.3.1 Responsibilities of Medical Assessor (MAs):

- (1) Supervise, monitoring and auditing all aviation medical issues related to issuance, renewal, referral, denial airman certificate, and making final assessment in borderline cases. based on the data, Documents, and investigation requested by him from the examiner and applicant to provide. (See Appendix A)
- (2) Responsible and manage the process of special issuance of airman medical certificate, and issue the medical certificate with implementation or removal of limitation(s) as necessary.
- (3) Establish medical standards for flying personnel.
- (4) Exercise surveillance through audit, spot check, inspection, and periodic meeting with operator and AMEs to ensure that are comply with Aeromedical regulation and requirements
- (5) Draft and propose amendments to rules and regulation related to personnel licensing
- (6) Ensure implementation of aeromedical regulation guidelines for all licenced flight personnel in line with ICAO SARPS/ DGCA and other international regulations
- (7) Responsible for Submitting sufficient medical information to the Licensing Authority to enable the Authority to Arrange for Medical Assessment audits.
- (8) Safeguarding of medical confidentiality.
- (9) In charge for designation and renewal of AMEs and AeMCs after reviewing the documents, performance, the facility, equipment personal interview with applicant.
- (10) Monitor and Audit crew first Aid syllabus and procedures
- (11) Monitor and Audit onboard first aid content.
- (12) Liaise with government and other national and international agencies in Medical Aviation matters
- (13) Advise DGCA/ASD on health hazards and suggests remedial action.
- (14) Represent DGCA on special aviation medical committees and societies whose regulatory power affect airlines operation.

2 Medical Certification

2.1 General Requirements

2.1.1 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 lense
 - (8) Transient Ischemic Attack
 - (9) coronary angiography
 - (10) abnormal heart rhythms including atrial fibrillation/flutter.
 - (11) any loss of consciousness in these cases:
 - i. The holders of Class 1 Class 2, Class 3 and LAPL 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;
 - ii. The holders of and Cabin crew medical report shall seek the advice of an AeMC or AME who signed the medical report. 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.
- (c) 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.

- (d) 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.

2.1.2 Fraudulent Entries/ Declarations

Prior to undertaking an aeromedical examination, AMEs should be satisfied that the candidate has the appropriate identification and shall inform the applicant about the possible legal consequences of a deliberate false statement made with the intention of obtaining a medical certificate.

Thereafter the AME shall obtain the applicant's signature prior to completion of the applicant statement and examiner certification form and record all relevant historical details obtained from the applicant.

A false declaration on a Medical Report shall be reported to the DGCA as this will require further investigation and clarification of previous data recorded against the licence held by the applicant.

2.1.3 Medical confidentiality

- (1) It is important that All persons involved in medical examination, assessment and certification shall ensure that medical confidentiality is respected at all times.
- (2) Medical information is of a sensitive nature, and a person who has undergone a medical examination for issuance or renewal of his licence has a right to expect that such information is kept confidential and disclosed only to medical officials.
- (3) Medical confidentiality is best assured when the medical section, where the reports from the medical examiners are received and evaluated, is headed by a physician and has its own staff,
- (4) All medical reports and records shall be securely held with accessibility restricted to authorized personnel.
- (5) The medical reports including evaluation and sickness report shall be filed by secure place in the authority with accessibility restricted to authorized personnel, stored for a minimum of ten (10) years.
- (6) When justified by operational considerations, the Medical Assessor (MAs) shall determine to what extent pertinent medical information is presented to relevant officials of the DGCA/ASD.

2.2. Record Keeping

Designated AME should maintain records with details of medical examinations and assessments performed for the issue, revalidation or renewal of medical certificates and their results, for a minimum period of 10 years after the last examination date; and

- keep all medical records in a way that ensures that medical confidentiality is respected at all times.
- Records shall be stored in a manner that ensures protection from damage, alteration and theft.
- The record-keeping system shall ensure that all records are accessible whenever needed within a reasonable time.
- These records should be organized in a way that ensures traceability and available throughout the required retention period.

2.3. Release of information

Except in compliance with an order of a court of competent jurisdiction, or upon an applicant's written request, Examiners will not divulge or release copies of any reports prepared in connection with the examination to anyone other than the applicant or the DGCA/ASD. A copy of the examination may be released to the applicant upon request.

2.4. Aeromedical Certification System

2.4.1. General

Flight crew, ATC licences and cabin crew attestations are issued to applicants who have met the relevant technical and theoretical standards. A valid medical certificate/report appropriate for the Class of licence must accompany the licence for the licence holder legally to exercise the privileges of the licence.

2.4.2. Classes of Medical Assessment

Four Classes of Medical Assessment shall be established as follows;

- Class 1 Medical Assessment;
Applies to applicants for and holders of:
 - Commercial pilot licences.
 - Multi-crew pilot licences.

- Airline transport pilot licences.
- (b) Class 2 Medical Assessment;
Applies to applicants for and holders of:
 - Private pilot licences.
 - Free balloon pilot licences (BPL)
 - Sail plane pilot licence (SPL)
 - Light sport aircraft (LSA) involved in commercial operations.
- (c) Class 3 Medical Assessments;
Applies to applicants for, and holders of:
 - Air traffic controller licences.
- (d) Cabin Crew Medical Assessment;
Applies to applicants for and holders of
 - Cabin Crew Attestation.
- (e) Class LAPL Medical assessment;
Applies to applicants for and holders of:
 - Light aircraft pilot licence (LAPL)
 - Light Sport Aircraft (LSA) involved non-commercial operations

2.4.3. 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 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 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 report shall be valid for a period of 60 months till age of 60
- (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

(a) 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 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;
 - (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.

- (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 Part Med.

2.5. Medical certificates

2.5.1. Requirements for medical assessments

- (a) An applicant for, or holder of, a medical certificate issued in accordance with KCASR 1 Part-MED (Medical) shall be free from:
- (1) any abnormality, congenital or acquired,
 - (2) any active, latent, acute or chronic disability,
 - (3) any wound, injury or sequela from operation, such as could entail a degree of functional incapacity which is likely to interfere with the safe operation of an aircraft or with the safe performance of duties.
- (b) An applicant for, or holder of, a medical certificate issued in accordance with KCASR 1 Part-MED (Medical) shall not suffer from any disease or disability which could render him likely to become suddenly unable either to operate an aircraft safely or to perform assigned duties safely.

2.5.2. The following medical conditions are specifically disqualifying.

- (a) Abnormality, either congenital or acquired
- (b) Wound, injury or sequelae from operation;
- (c) Effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken.
- (d) Active, latent, acute or chronic disease or disability:
 - (1) Angina pectoris;
 - (2) Bipolar disorder;
 - (3) Cardiac valve replacement
 - (4) Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant.
 - (5) Diabetes mellitus requiring insulin or other hypoglycemic medication.
 - (6) Disturbance of consciousness without satisfactory medical explanation of the cause
 - (7) Epilepsy
 - (8) Heart replacement
 - (9) Myocardial infarction
 - (10) Permanent cardiac pacemaker
 - (11) Personality disorder that is severe enough to have repeatedly manifested itself by overt acts

- (12) Psychosis
- (13) Substance abuse and dependence; and/or
- (14) Transient loss of control of nervous system function(s) without satisfactory medical explanation of cause.

2.5.3 Waivers

The standard term “waiver” is frequently referred to as “medical waiver” in connection with medical certification and licensing is defined as “not to insist upon”, or “to make an exception. the decision to apply the clause is only reached after subjecting the individual involved to a critical analysis, involving detailed personal examination together the decision of the DGCA Licensing Authority.

Waivers are approved by the Medical Assessors commonly on special medical cases or medication that is new and has not been officially approved on the list of medication that is acceptable or applicants who have been initiated on a new medical protocol.

2.5.4 Medical Practical Flight Test and Medical Deficiency Compensation and Flight Safety

Where a medical deficiency exists, the extent to which flight safety is affected is the vital factor, rather than the extent to which failure to attain the medical requirements is capable of being compensated. In some cases, the question of compensation for a deficiency will be irrelevant, for example where the risk is one of sudden incapacitation rather than an inability to physically carry out a required task. In other cases, the ability to compensate, for example, for an orthopedic dysfunction may be an important factor in the overall assessment of the effect on flight safety. Previously acquired skills and experience may similarly be irrelevant or important to the overall assessment of the safety risk. The medical case requiring practical flight test may be identified through examiner AME or Aeromedical Committee. The medical practical flight test team comprise of flight inspector, Medical Specialist, senior AME and other.

2.6. Application for a medical certificate

- (a) Applications for a medical certificate shall be made in a form and manner established by Kuwait DGCA.
- (b) Applicants for a medical certificate shall provide the AeMC, and 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 applied for a medical certificate or have undergone an aero-medical 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 most recent medical certificate to the AeMC, AME, as applicable, prior to the relevant aero-medical examinations.

2.7 Submission of Medical Examination Reports by Aviation Medical Examiners (AMEs) to DGCA and Evaluation of the Reports by DGCA Medical Assessors

- (a) The completed medical examinations reports and relevant documents, shall be submitted to the DGCA Medical Assessor (MA) within Fifteen (15) days after completion of the examination
- (b) All Aviation Medical Examiners (AMEs) shall submit medical examination reports of aircrew medical examinations conducted by them in paper-based format or through the secured folder to DGCA /ASD Department.
- (c) All users (AMEs and DGCA Medical Assessors) of the Aeromedical Portal shall be granted authorization to access the new Aeromedical Electronic System.
- (d) Aviation Medical Examiners (AMEs) shall be issued individualized login details by the DGCA/ASD as follows:
 1. A User name;
 2. A Password which will be updated when needed.
 3. AME cannot change or edit the username or password without the approval of the DGCA/ASD Authority.
- (e) AME is to keep his/her login details confidential and safe.
- (f) DGCA Medical Assessors will evaluate the submitted Medical reports and either:
 1. Approve the issue of a Medical certificate.
 2. Deny the issue of a Medical certificate.

3. Place or remove a Limitation or restriction on the Medical certificate of the applicant.
4. Request for the conduct and submission of additional investigation reports.
5. Request for further evaluation by an approved Medical Consultant in the applicable field of Medicine or Surgery.
6. AMEs will receive the Aeromedical disposition of the DGCA Medical Assessor and act upon it accordingly.
7. AMEs will communicate the aeromedical disposition of the DGCA Medical Assessors to the concerned applicant.
8. Copies of Medical certificates of fitness issued to applicants and all other Medical documents shall be sent to the DGCA for storage in the ASD Medical Section.
9. AMEs are to keep the records of all Medical examinations conducted by them.

2.8 Referral to DGCA/ASD

If an applicant for a Class 1, 2, 3 LAPL and Cabin crew medical certificate/report is referred to the Medical Assessor of DGC/ASD, in accordance with Part-MED, the AeMC or AME shall transfer the relevant medical documentation to the Medical Assessor.

2.8.1 Referral to the DGCA/ASD

When an applicant who does not meet the established medical standards, the AeMC, or aero-medical examiner (AME) has referred the decision on the fitness of an applicant to the DGCA/ASD:

- (a) The Medical Assessor evaluate the relevant medical documentation and request further medical documentation, examinations and tests where necessary;
- (b) The Medical Assessor shall determine the applicant's fitness by issuing either Special issuance authority, waiver with one or more limitation(s) as necessary, or denial of the certificate.
- (c) The DGCA/ASD should provide the AeMC or AME with all necessary information that led to the decision on aero-medical fitness.

2.9 Protection and Destruction of Forms.

Forms of medical certificate available in DGCA Aviation Safety department. Examiners are accountable for all DGCA forms they may have printed and are cautioned to provide adequate security for such forms or certificates to ensure that they do not become available for illegal use.

2.10 Licence Holder Rights and Responsibilities

As the candidates applying for the DGCA medical certificate have certain responsibilities, they also have certain rights. Every candidate for medical examination should be aware of all these rights before being subjected to a medical examination. In all clinics designated for Aeromedical examination a copy of this information should also be readily available in the files of the AMEs to be presented to the candidates if they ask for this information.

(a) Pilots Rights Concerning Their Medical Status

- 1 You have the right to expect that the AME will examine you to the best of his ability and based on DGCA Regulations and requirements. The AME must be up to date of Medical knowledge and any changes in the regulations and be able to advise you about the best option for you and discuss each procedure in details and discuss the effectiveness of any medications and possible implications on health and flight safety.
- 2 You have the right to expect that good management techniques will be implemented within the clinic considering effective use of your time and to avoid your personal discomfort.
- 3 The candidates have the right to be examined by any of the DGCA designated Aeromedical examiners at any of the designated clinics.
- 4 If a candidate is not satisfied with the decision given by an AME they have the right to apply to the DGCA. The DGCA after careful assessment of their case will give the decision and if found necessary might send the candidate to be examined by another AME.
- 5 If a candidate is not satisfied with the test results of one laboratory they have the right to ask the AME to get the same test repeated and the results of both or all tests have to be submitted to the DGCA.
- 6 If a candidate is not satisfied regarding their fitness concluded by an AME or the limitations imposed on him during the course of a routine medical, they have the right to discuss this with the AME and ask for an explanation. If they are not satisfied they have the right to referral it to DGCA/ASD.
- 7 The limitations imposed on the Medical Certificate of an individual are to be lifted at the earliest possible time once there is no need for the limitation.
- 8 Have the right to expect that treatment records are confidential. Your records are only disclosed as required by law when needed and DGCA. When the clinic releases records to others, it emphasizes that the records are confidential.
- 9 Have the right to privacy. The clinic staff and others caring for you will protect your privacy as much as possible.

(b) Pilots Responsibilities Concerning their Medical Status

1. To treat the AME with courtesy and respect.
2. To present accurate identifying information.

3. To inform the Clinic of any changes to name, address, telephone number or e-mail address. It is essential that we are able to contact you in case of an emergency.
 4. To present details of illness or complaint in a direct and straight forward manner including information about your health, including past illnesses, hospital stays, and the use of medicine.
 5. To keep renewal of DGCA Medical Certificate on time.
 6. To comply with the any recommendations for regular follow up and blood tests provided by the AME.
 7. To ask questions when you do not understand questions in DGCA form.
 8. Responsible for recognizing the effect of life-style on his personal health. Pilot health depends not just on the clinic care, but in the long term, on the decisions he make in his daily life.
 9. Has to complete his medical examination with first AME who initiate the examination, otherwise in case of any urgent, unpredictable situation or any unsatisfied issues, the AME and/or the applicant has to inform the DGCA in writing with full justification
 10. You must not perform duties on an airplane while under the influence of any drug that may affect flight safety.
 11. you must not Consume alcohol less than twelve (12) hours prior to the specified reporting time for flight duty or the commencement of standby; and not to Consume alcohol during the flight duty period or whilst on standby.
 12. License holders or student pilots must not exercise the privileges of their license, rating or authorization at any time when they are aware of any decrease in their medical fitness. Which might render them unable to safely exercise those privileges and they must seek the advice of the DGCA or an AME when becoming aware of:
 - i. Surgical operation or invasive procedure
 - ii. All procedures requiring the use of a general or spinal anesthetic (no flying for at least 48 hours)
 - iii. All procedures requiring local or regional anesthetic e.g. a visit to dentist requiring an injection (no flying for at least twelve (12) hours)
 - iv. The regular use of medication
 - v. The need to regularly use correcting lenses has to check with the AME to implement the limitation.
- (c) Holders of medical certificates who are aware of:
1. Any significant personal injury involving incapacity to function as a member of a flight crew; or
 2. Any illness involving incapacity to function as a member of a flight crew throughout a period of twenty (20) days or more; or

3. Being pregnant, shall inform the DGCA in writing of such injury or pregnancy, and as soon as the period of twenty-one (21) days has elapsed in the case of illness. The medical certificate shall be deemed to be suspended upon the occurrence of such injury or the elapse of such period of illness or the confirmation of the pregnancy.

3 Designation of Aviation Medical Examiner (AME)

Medical examiners shall have practical knowledge and experience of the conditions in which the holders of licences and ratings carry out their duties.

NOTE: *Examples of practical knowledge and experience are flight experience, simulator experience, on-site observation or any other hands-on experience deemed by DGCA/ASD to meet this requirement*

RECOMMENDATION: *The competence of a medical examiner should be evaluated periodically by the medical assessor.*

3.1 Scope of Designated AME

- (1) Issue, revalidate, revoke or renew Class, 1, 2, 3 LAPL medical certificates and Cabin crew medical reports and to conduct the relevant medical examinations and assessments.
- (2) Issue or denial of the DGCA medical certificates in accordance with Part-MED subject to evaluation and reconsideration by the DGCA.
- (3) Issue or denial of a Student Pilot Certificates subject to evaluation and reconsideration by the DGCA Medical Assessor (MAs).
- (4) Refer a medical certification decision to the DGCA when the AME does not have sufficient information, or is unsure of whether a medical certificate should be issued, by DGCA regulations.

3.2 Privileges of AMEs

- (1) To issue, revalidate and renew Class 2, 3 and LAPL medical certificates, and to conduct the relevant medical examinations and assessments.
- (2) 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 for application by DGCA.
- (3) 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 (Part-MED).
- (4) The scope of the privileges of the AME, and any condition thereof, shall be specified in the certificate.

3.3 Requirements for the issue of an AME certificate

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

- (1) be fully qualified and licenced by the Ministry of Health and hold a Certificate of Completion of specialist training;
- (2) postgraduate work experience in medicine of at least 5 years;
- (3) have undertaken a basic training course in aviation medicine; including practical

training in the examination methods and aero-medical assessments;

- (4) demonstrate to the Kuwait DGCA/ASD that they:
 - (a) have adequate facilities, procedures, documentation and functioning equipment suitable for aero-medical examinations; and
 - (b) have in place the necessary procedures and conditions to ensure medical confidentiality.

3.4 Application for an AME certificate

- (1) Application for a certificate as an AME shall be made in a form and manner specified by the medical assessor of Kuwait DGCA/ASD.
- (2) Applicants for an AME certificate shall provide the Kuwait DGCA/ASD with:
 - (a) personal details and professional address;
 - (b) documentation demonstrating that they comply with the requirements established by DGCA/ASD, including a certificate of completion of the training course in aviation medicine appropriate to the privileges they apply for;
 - (c) 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/ASD with relevant information regarding all practice locations.

3.5 Training courses in aviation medicine

- (1) Training courses in aviation medicine shall be approved or accepted by the Kuwait DGCA/ASD.
- (2) 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.
- (3) Except in the case of refresher training, the courses shall be concluded by a written examination on the subjects included in the course content.
- (4) The organisation providing the course shall issue a certificate of completion to applicants when they have obtained a pass in the examination.

3.6 Changes to the AME certificate

- (1) Holders of an AME certificates shall, without undue delay, notify the Kuwait DGCA/ASD of the following changes which could affect their certificate:
 - (a) Expiry of Ministry of health licence to practice medicine;
 - (b) The AME is subject to disciplinary proceedings or investigation by a medical regulatory

- body;
- (c) There are any changes to the conditions on which the certificate was granted, including the content of the statements provided with the application;
 - (d) The requirements for the issue are no longer met;
 - (e) There is a change of aero-medical examiner's practice location(s) or correspondence address.
- (2) Failure to inform the Kuwait DGCA/ASD in accordance with point (1) 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

3.7 Validity of AME certificates

- (1) An AME certificate shall be issued for a period of 3 years, 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 KCASR 1 Part-MED.
- (2) It shall be renewed, provided that the holder complies with either the requirements for revalidation 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.

3.8 Training Requirements for the issue of an AME certificate

Basic training course for AMEs

- (1) The basic training course for AMEs should consist of 60 hours theoretical and practical training, including specific examination techniques.
- (2) The syllabus for the basic training course should cover at least the following subjects:

- (a) Introduction to aviation medicine;
- (b) Physics of atmosphere and space;
- (c) Basic aeronautical knowledge;
- (d) Aviation physiology;
- (e) Ophthalmology, including demonstration and practical;
- (f) Otorhinolaryngology, including demonstration and practical;
- (g) Cardiology and general medicine;
- (h) Neurology;
- (i) Psychiatry in aviation medicine;
- (j) Psychology;
- (k) Dentistry;
- (l) Accidents, escape and survival;
- (m) Legislation, rules and regulations;
- (n) Air evacuation, including demonstration and practical;
- (o) Medication and flying.
- (p) Respiratory
- (q) Metabolic and endocrine systems
- (r) Haematology
- (s) Genitourinary system
- (t) Musculoskeletal system
- (u) Oncology
- (v) Cabin crew working environment
- (w) In-flight environment; and
- (x) Space medicine

3.9 Requirements for the extension of privileges

Applicants for an AME certificate extension of 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/ASD.

3.10 Advanced training course for AMEs

The advanced training course for AMEs:

- (1) should consist of another 60 hours of theoretical and practical training, including specific examination techniques.
- (2) The syllabus for the advanced training course should cover at least the following subjects:
 - (a) Pilot working environment;
 - (b) Aerospace physiology, including demonstration and practical;
 - (c) Ophthalmology, including demonstration and practical;

- (d) Otorhinolaryngology, including demonstration and practical;
- (e) Cardiology and general medicine, including demonstration and practical;
- (f) Neurology/psychiatry, including demonstration and practical;
- (g) Human factors in aviation, including demonstration and practical;
- (h) Tropical medicine;
- (i) Hygiene, including demonstration and practical;
- (j) Space medicine.
- (k) Practical training in an AeMC should be under the guidance and supervision of the head of the AeMC.
- (l) After the successful completion of the practical training, a report of demonstrated competency should be issued.

3.11 continued Validity of AME certificates

Refresher training in aviation medicine

It is the responsibility of the AME to continuously maintain and improve their competencies.

- (1) During the period of authorization, an AME should attend 20 hours of refresher training.
- (2) A proportionate number of refresher training hours should be provided by, or conducted under the direct supervision of the competent authority (if available) or by another state acceptable to the Medical Assessor.
- (3) Attendance at scientific meetings, congresses and flight deck experience may be approved by the Kuwait DGCA for a specified number of hours against the training obligations of the AME.
- (4) Scientific meetings that may be accredited by the Kuwait DGCA are:
 - (a) International Academy of Aviation and Space Medicine Annual Congresses;
 - (b) Aerospace Medical Association Annual Scientific Meetings; and
 - (c) other scientific meetings, as organized or approved by the Medical Assessor.
- (5) Other refresher training may consist of:
 - (a) flight deck experience;
 - (b) jump seat experience;
 - (c) simulator experience; and
 - (d) aircraft piloting

3.12. AeMC – Aero-Medical Centres

Aeromedical centers (AeMCs) will be approved at the discretion of Kuwait DGCA/ASD.

The approval certificate shall be valid for a period of two (2) years.

3.12.1. Application for Aero-medical Centre (AeMC)

- (a) Medical Organization who are practicing medicine in Kuwait wishes to be authorized by DGCA as an AeMC shall apply in writing to Director of aviation safety department

requesting to be licenced as a DGCA approved AeMC.

- (b) The applicant should fill the formal letter of intent, a duly filled application form No. 1352 and send it to DGCA Aviation Safety Department, along with all the necessary supporting documents:
 - (1) The documentation for the approval of an AeMC should include the names and qualifications of all medical staff, a list of medical and technical facilities for initial Class 1 aero-medical examinations and of supporting specialist consultants.
 - (2) Documentation demonstrating that they comply with the requirements including evidence of successful completion of the training course in aviation medicine appropriate to the privileges they apply for.
 - (3) A written declaration that, once the AeMC is approved, the AeMC will issue medical certificates on the basis of the requirements of this Aero-Medical Manual.
- (c) After receiving and reviewing the document the DGCA Medical Assessor (MAs) will set up a date with applicant for an onsite-audit and formal interviews.
- (d) Provided that the document, the audit, and the interviews are satisfactory, an approval letter along with the approval certificate will be sent to the applicant after processing the payment of the prescribed fees.

3.12.2. AeMC Requirements:

- (a) The availability of at least one AME as Head of aeromedical center in the medical organization approved as an aeromedical center by DGCA is a must to conduct the airman certification for Class 1
- (b) The availability of at least one or more AME in the AeMC can conduct Class 1 certificate under direct supervision by (Head of aero medical center).
- (c) Presence of detailed internal Procedures.

3.12.3. Head of Aeromedical Center

Shall be AME qualified, of more than five (5) years' experience as aviation medical examiner of excellent performance report in DGCA record, have performed at least 200 aero-medical examinations for a class 1 medical certificate and of good understanding to the local law and regulation of aviation medicine.

3.12.3.1 Duties of Head of aeromedical center.

- (1) Supervise the steps of aeromedical examination and assessment done by the AME.
- (2) Supervise the performance of other staff who are involved with the medical examinations.
- (3) Keep all medical records in a way that ensures that medical confidentiality is respected at all times.

- (4) Provides training for AMEs and other staff involved in Aeromedical examinations process on DGCA rules, regulation.
- (5) Scheduled follow up with AMEs and the DGCA, and when problems arise, looks at the pattern of mistakes and the documentation.
- (6) Issuing of any changes under the DGCA Aeromedical certificate and inserting or removal of any limitation on medical certificate.
- (7) The central point between AeMC and DGCA Medical Assessor (MAs).
- (8) Monitor the performance AeMC staff involved in DGCA examinations are strictly adhering with the code of conduct.
 - (a) The nurse and other administration staff should have a sufficient training on examination, assessment, documentation, and record keeping.
 - (b) The duty nurse is qualified to conduct Aeromedical examinations for the following:
 - (i) Height, weight, neck circumflex, waste measurement and BMI.
 - (ii) Blood pressure and pulse measurement
 - (iii) Visual acuity testing for near and far vision.
 - (iv) Color vision by Ishihara plates test.
 - (v) Urine dipstick test.
 - (vi) ECG
 - (vii) SPEROMETRY / PEF
 - (viii) Audiogram.
- (9) Administration staff should have knowledge about the DGCA Medical examination procedures.
- (10) Presence of sufficient number of good performer AMEs who will be permitted to do Classes 1, 2, 3, LAPL and/or Cabin Crew medical reports.

3.12.4 Equipment Requirements AeMC

- (a) DGCA require that the AeMC, prior to practicing the privileges of the approval, shall have adequate and decent facilities for performing the required medical examinations and assessment, and shall be equipped with medico-technical facilities adequate to perform aero-medical examinations necessary for the exercise of the privileges. The Head of AeMC shall notify at the time of approval, renewal of approval, or upon request from the DGCA Medical Assessor (MAs) that they possess and maintain the required equipment.
 - (1) The facility shall be approved by the Ministry of health.
 - (2) Each facility should have at least two AME one of them act as head of AeMC and the other as his/her deputy, AME designated by DGCA available with suitable number of trained AVMED nurses and administration staff.

- (3) Standard Snellen Test Types for visual acuity (both near and distant) and appropriate eye lane.
- (4) external eye, anatomy, media and fundoscopy.
- (5) Color Vision Test Apparatus. Ishihara, 24 plate editions.
- (6) Visual fields;
- (7) Refraction; and
- (8) Heterophoria.
- (9) A 12-lead resting ECG, All Examiners must have access to digital electrocardiographic equipment with electronic transmission capability.
- (10) Pure-tone audiometer, All Examiners must have access to audiometric equipment or a capability of referring applicants to other medical facilities for audiometric testing
- (11) Otoscopy.
- (12) Rhinoscopy.
- (13) Tympanometry or equivalent.
- (14) Clinical assessment of vestibular system.
- (15) Spirometry. Pulmonary function test machine (Spirometry) and Peak expiratory flow rate, these machines should be an available within all the facilities.
- (16) Laboratory facility which should be available within the facility include those for routine aviation medicals namely blood and urine tests. Other required tests to be done in the clinic laboratory by a trained technician or if not available, at another laboratory within a reasonable driving distance from the main facility.
- (17) A suitable computer, document scanner, modem and software package for communication with the DGCA as the process of e-medical will be established for data transfer to the DGCA in the coming year.

3.13. Guidelines for the AeMC, AME Conducting the Medical Examinations and Assessments for the Medical Certification of Pilots, ATCOs and Cabin Crew.

3.13.1. Before performing the medical examination, the AeMC, AME:

- (a) Verify the applicant's identity by checking their identity card, passport, driving licence or other official document containing a photograph of the applicant;
- (b) Except for initial, If the applicant's DGCA licence not available, the examiner can obtain details from the DGCA Medical Assessor (MAs);
- (c) In the case of a specific medical examination(s) (SIC) limitation on the existing medical certificate, obtain details of the specific medical condition and any associated instructions

from the Medical Assessor (MAs). This could include, for example, a requirement to undergo a specific examination or test;

- (d) Except for initial applicants, ascertain, from the previous medical certificate, which routine medical test(s) should be conducted, for example electrocardiography (ECG);
- (e) Provide the applicant with the application form for a medical certificate and the instructions for completion and ask the applicant to complete the form but not to sign it yet;
- (f) Go through the form with the applicant and give information to help the applicant understand the significance of the entries and ask any questions which might help the applicant to recall important historical medical data;
- (1) Verify that the form is complete and legible, ask the applicant to sign and date the form and then sign it as well. If the applicant declines to complete the application form fully, inform the applicant that it may not be possible to issue a medical certificate regardless of the outcome of the clinical examination and assessment. If the applicant has been assessed as unfit, inform his /her right to have the decision reviewed in accordance with the procedures of the DGCA;
- (2) In the case of applicants for a medical certificate, submit without delay to the DGCA Medical Assessor (MAs) a signed, or electronically authenticated, report containing the detailed results of the aero-medical examinations and assessments as required for the Class of medical certificate and a copy of the application form, the examination form, and the medical certificate;
- (3) Inform the applicant of his or her responsibilities in the case of decrease in medical fitness.

3.14. Obligations of the AeMC, AME

- (a) When conducting aero-medical examinations and aero-medical assessments as required in this medical guidance, the AeMC, AME. Shall:
 - (1) Ensure that communication with the applicant can be established without language barriers
 - (2) Make the applicant aware of the consequences of providing incomplete, inaccurate or false statements on their medical history.
 - (3) Notify the DGCA/ASD if the applicant provides incomplete, inaccurate or false statements on their medical history.
 - (4) Notify the 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 assessments, the AeMC, AME shall:

- (1) Inform the applicant whether he or she is fit, unfit or referred to the Medical Assessor (MAs) of the DGCA/ASD;
 - (2) Inform the applicant of any limitation that may restrict flight training or the privileges of his or her license, as applicable;
 - (3) If the applicant has been assessed as unfit, inform his /her right to have the decision reviewed in accordance with the procedures of the DGCA/ASD;
 - (4) In the case of applicants for a medical certificate, submit without delay to the DGCA Medical Assessor (MAs) a signed, or electronically authenticated, report containing the detailed results of the aero-medical examinations and assessments as required for the Class of medical certificate and a copy of the application form, the examination form, and the medical certificate;
 - (5) Inform the applicant of his or her responsibilities in the case of decrease in medical fitness.
- (c) AeMCs, AMEs, shall submit to the DGCA Medical Assessor, upon request, all aero-medical records and reports, and any other relevant information, when required for:
- (1) medical certification;
 - (2) oversight functions.
- (d) Evidence of medical fitness
- (1) AeMC and/or AME provide license holders with evidence that they meet the medical requirements are outlined as follows:
 - (i) To satisfy the licensing requirements of medical fitness for the issue of various types of licenses.
 - (ii) The applicant must meet certain appropriate medical requirements which are specified as Classes of Medical Assessment.
 - (iii) The AeMC/AME issues the license holder with the appropriate Medical Assessment, being Class 1, Class 2, Class 3, LAPL and Cabin Crew.
 - (2) Two basic principles are essential when assessing an applicant's medical fitness for aviation duties:
 - (i) The applicant shall be physically, psychologically and mentally capable of performing the duties of the license or rating applied for or held.
 - (ii) There shall be no medical reasons which make the applicant liable to incapacitation while performing duties.
 - (3) The main objective of the DGCA Aero-Medical Guidance Manual is to provide guidance material and present concepts on how to achieve these principles by assessing symptoms and signs that occur commonly in medical examinations for the aviation licences, but which have not been or cannot be included in detail in KCASR 1.

3.15. Procedure for Auditing AeMC and AME Performance Evaluation

- (a) The purpose of such auditing is to ensure that AeMC and medical examiners meet applicable standards for good medical practice and aeromedical risk assessment.
- (b) DGCA delegates the Audit and Performance Evaluation responsibility to the Medical Assessor (MAs) and a representative from Licensing Section.
- (c) Auditing the AeMC and AME shall be conducted Annually, by booking in advance a convenient date with the Accountable Manager (AM) of the AeMC and AME.
- (d) The AM and AME are responsible to arrange all documents and the facility as requested by the DGCA Audit Team.
- (e) The Objective of the Auditing process has to be directed mainly toward Risk Assessment, performance capability, quality of Services, Adherence to the Rules, Regulation and Standards mentioned in the DGCA KCASRs, which Include the following:
 - (1) Annual performance Rating which depends on:
 - (i) No examinations performed after twenty-four (24) months of initial designation.
 - (ii) Performance of less than ten examinations per year to maintain proficiency.
 - (iii) Knowledge of the State of Kuwait rules, regulations, DGCA policies, and procedures.
 - (iv) Number and seriousness of Mistakes and Negligence
 - (v) Any negligence or wrongful certification, which would permit medically unfit pilot or ATCO to perform their assigned duties (flying or controlling), that might create a safety hazard and serious for the public, for the Government, and for the Examiner. If the examination is fast and the Examiner fails to find a disqualifying medical illness that should have been discovered by a thorough and careful examination, the Examiner may bear the responsibility for the consequences of such action.
 - (vi) The percentage of accurate and completed examination reports.
 - (vii) The medical examinations conducted and performed by physicians in private practice who have been designated to represent the DGCA for this purpose has to send complete and signed DGCA medical examination form with all documents and investigation to Licensing Medical Assessor for further review and monitoring
 - (viii) The number of intentionally ignore to report a disqualifying medical illness.
 - (ix) If an examiner intentionally ignores to report a disqualifying medical

illness either observed during the examination process or otherwise known to exist. In this case, both the applicant and the Examiner issuing the medical certificate may be found to have committed a violation of the law.

- (x) Cases of falsification is an illegal act. This is true whether the false statement is made by the applicant, the Examiner, or both. In view of the pressures sometimes placed on Examiners by their regular patients to ignore a disqualifying physical defect that the physician knows to exist, it is important that all Examiners be aware of possible consequences of such conduct.
 - (xi) Perform self-examinations for issuance of a medical certificate to themselves or to an immediate family member.
 - (xii) Number of genuine complaints received by DGCA against the AME.
 - (xiii) Continuous medical education /annum.
 - (xiv) Careless or incomplete reporting of the results of medical certification examinations.
 - (xv) Failure to comply with the mandatory AME training requirements.
 - (xvi) Failure to promptly submit reports of medical examinations to the DGCA.
 - (xvii) Any action that compromises public trust or interferes with the AME's ability to carry out the responsibilities of his or her designation.
- (2) Facility and Equipment as per DGCA Standard which include:
- (i) Availability of Required Equipment necessary for conducting Aeromedical Examination
 - (ii) The Periodic maintenance and calibration of the medical Equipment.
 - (iii) Quality of the facility assigned for conducting the Aeromedical Assessment including the reception area.
 - (iv) The Availability of trained administrative staff and other equipment e.g. computer
 - (v) The Availability of Trained Medical Staff.
- (3) The quality of conducting medical examination process.
- (4) Confidentiality and Record keeping facility and procedures.

3.16. Audit Findings and Observations and AME Performance Evaluation

- (a) On completion of the audit conducted by the MAs a full debrief shall be given on areas of

significant findings with an applicable resolution date if considered to be of extreme concern.

- (b) Hazards (or Risks) shall be categorized according to their source or location. Objective prioritization of hazards/risks may require categorizations according to the severity/likelihood of their projected consequences whereby these factors will facilitate the prioritization of risk mitigation strategies such that one uses limited resources in the most effective manner, resulting in elimination of or the controlling of that risk at an acceptable level of consequence.

| Risk Probability | Risk Severity | | | | |
|--------------------------|-------------------|----------------|------------|------------|-----------------|
| | Catastrophic A | Hazardous B | Major C | Minor D | Negligible E |
| Frequent (5) | 5A | 5B | 5C | 5D | 5E |
| Occasional (4) | 4A | 4B | 4C | 4D | 4E |
| Remote (3) | 3A | 3B | 3C | 3D | 3E |
| Improbable (2) | 2A | 2B | 2C | 2D | 2E |
| Extremely Improbable (1) | 1A | 1B | 1C | 1D | 1E |

| Risk Probability | Meaning | Value | Disciplinary |
|---------------------------------|---|-------|---------------------------------------|
| Frequent 5A, 5B, 5C | Likely to occur many times (has occurred frequently) | 5 | Warning with corrective action plan |
| Occasional 4A, 4B | Likely to occur sometimes (has occurred infrequently) | 4 | Interview with MAs assessor with exam |
| Remote 3A | Unlikely to occur, but possible (has occurred rarely) | 3 | Interview with MAs |
| Improbable 2A, 2B, 2C | Very unlikely to occur (not known to have occurred) | 2 | Draw to attention with the auditee |
| Extremely improbable | Almost inconceivable that the event will occur | 1 | Add to file for future evaluation |

- (c) Based on the above matrix, risks can be categorized according to an assessment of their potential severity and probability. In the above matrix example, risks reflected as being unacceptable (red or yellow categories) must be mitigated so as to reduce the severity and/or probability. The organisation shall consider suspension of any activities that continue to expose the organisation to intolerable safety risks in the absence of mitigating actions that will either eradicate or reduce the risk to a manageable and acceptable level (green).

- (d) A full audit report will be provided to the AeMC or AME within seven (7) days, which will include those areas previously discussed and any other lesser findings or observations made during the course of the audit with applicable dates for resolution action.

3.17 Aeromedical Certification Requirements

3.17.1 Introduction

- (a) Two basic principles are essential when assessing an applicant's medical fitness for aviation duties as specified in ICAO Annex 1, Chapter 6, "Medical Provisions for Licensing," namely:
 - i. The applicant shall be physically, Psychologically and mentally capable of performing the duties of the licence or rating applied for or held.
 - ii. There shall be no medical reasons which make the applicant liable to incapacitation while performing duties.
- (b) The main objective of the Aero-Medical Guidance Manual is to provide guidance material and present concepts on how to achieve these principles by assessing symptoms and signs that occur commonly in medical examinations for the aviation licences but which have not been or cannot be included in detail in ICAO Annex 1.
- (c) It is also envisaged that the guidance material will help ensure international uniformity in the implementation of the ICAO SARPs.
- (d) The foregoing two basic principles are explicitly detailed in the general, all-embracing paragraph 6.2.2 of ICAO Annex 1, Chapter 6:

3.17.2 Physical, psychological and mental requirements

- (a) An applicant for any Class of Medical Assessment shall be required to be free from:
 - (1) Any abnormality, congenital or acquired; or
 - (2) Any active, latent, acute or chronic disability; or
 - (3) Any wound, injury or sequelae from operation; or
 - (4) Any effect or side-effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken;
 - (5) Any psychological or psychiatric illness which might affect the performance and awareness, Cognition, and Behavior might be affecting flying and public safety.
- (b) Such as would entail a degree of functional incapacity which is likely to interfere with the safe operation of an aircraft or with the safe performance of duties.
Note: Use of herbal medication and alternative treatment modalities requires particular attention to possible side-effects.
- (c) The provisions of Annex 1, 1.2.6.1, would apply if there is a decrease in medical fitness attributable to the effects of inter-current disease, injury, alcohol or other psychoactive substances, medication, fatigue, sleep disturbances due to time zone changes, adverse climatic conditions and disrupted regular work/rest schedules which might render the holder of a licence or rating incapable of meeting the medical requirements of his licence or rating.
- (d) Incapacitation: In this manual, the term "incapacitation" means any reduction in medical fitness to a degree or of a nature that is likely to jeopardize flight safety.

3.17.3 The requirements for medical assessments are listed under subheadings as follows:

- (a) Physical, psychological and mental requirements, covering matters of a general medical certification nature which apply to all types of licences.
- (b) Visual acuity test requirements, detailing general visual acuity test requirements applicable to all categories of licence.
- (c) Colour perception requirements, detailing general colour perception requirements applicable to all categories of licences.
- (d) Hearing test requirements, detailing general hearing requirements applicable for all categories of licences.
- (e) **Class 1 Medical Assessment**, covering matters applicable to applicants for a “professional licence” such as a commercial pilot licence — airplane or helicopter, an airline transport pilot licence, airplane or helicopter, multi-crew pilot licence, a flight engineer or a flight navigator licence.
- (f) **Class 2 Medical Assessment**, covering matters applicable to applicants for a private pilot licence — airplane or helicopter, a glider pilot licence, a free balloon pilot licence, student pilot, light sport aircraft, sailplane pilot or a flight radio operator licence.
- (g) **Class 3 Medical Assessment**, covering matters applicable to applicants for an air traffic controller licence,
- (h) **Class LAPL Medical Assessment**, covering matters applicable to applicants for Light Aircraft Pilot Licence or light Sport Aircraft (LSA) involved in non-commercial operations
- (i) **Cabin crew Assessment**, covering matters applicable to applicant for cabin crew attestation.

3.17.4 General Medical Requirements

- (a) The Standards and Recommended Practices established in any medical guidance, on their own, be sufficiently detailed to cover all possible individual situations, of necessity.
- (b) Many decisions relating to the evaluation of medical fitness must be left to the judgement of the individual medical examiner.
- (c) The evaluation must, therefore, be based on a medical examination conducted throughout in accordance with the highest standards of medical practice.
- (d) Predisposing factors for disease, such as obesity and smoking, may be important for determining whether further evaluation or investigation is necessary in an individual case.
- (e) In cases where the applicant does not fully meet the medical requirements and in complicated and unusual cases, the evaluation may have to be referred and the case submitted to the medical assessor of the DGCA for final evaluation. In such cases due regard must be given to the privileges granted by the licence applied for or held by the applicant for the Medical Assessment, and the conditions under which the licence holder is going to exercise those privileges in carrying out assigned duties.
- (f) Basic safety management principles, when applied to the medical assessment process, can help ensure that aeromedical resources are utilized effectively.

- (g) The applicant for a Medical Assessment shall provide the medical examiner 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, and any false statement shall be dealt with as falsification.
- (h) The level of medical fitness to be met for the renewal of a Medical Assessment shall be the same as that for the initial assessment except where otherwise specifically stated.
- (i) The purpose of the medical examination is to determine that no physical or mental condition exists which may reduce the applicant's medical fitness to a significant A-degree during the period of validity of the Medical Assessment.
- (j) The medical requirements of Annex 1 are not concerned with social considerations or medical conditions of importance for employment, nevertheless, on initial issue of a Medical Assessment, it would be poor medical practice to encourage an applicant to pursue flight training if the minimum requirements of Annex 1 are barely met, especially in cases where further deterioration might be expected or is likely to occur. Likewise, it would be poor practice to disregard the preventive aspects of the regulatory examination for renewal.

3.17.5 Application Process for Medical Certification

General Information - Replacement of Medical Certificates

Medical certificates that are lost or accidentally destroyed may be replaced upon proper application, provided such certificates have not expired. The request should be sent to the AeMC or AME.

This request must include the following:

- (1) Airman's full name and date of birth;
- (2) Class of certificate
- (3) Place and date of examination;
- (4) Name of the Examiner; and
- (5) Circumstances of the loss or destruction of the original certificate.

The replacement certificate will be prepared in the same manner as the missing certificate and will bear the same date of examination regardless of when it is issued.

3.17.6 Limitations to medical certificates

- (a) An AeMC or AME may refer the decision on fitness of the applicant to the Kuwait DGCA in borderline cases or where fitness is in doubt.
- (b) In cases where a fit assessment can only be considered with a limitation, the AeMC, AME or the Kuwait DGCA should evaluate the medical condition of the applicant in consultation with flight operations and other experts, if necessary.

(c) Limitation codes:

- (1) **TML** restriction of the period of validity of the medical certificate to:
- (2) **VDL** Wear corrective lenses for distance vision and carry a spare set of spectacles

- (3) **VNL** Having available corrective spectacles for near vision and carry a spare set of spectacles
- (4) **VML** Wear multifocal spectacles and carry a spare set of spectacles for correction for defective distant, intermediate and near vision
- (5) **OML** valid only as or with qualified co-pilot (for class one only)
- (6) **VCL** valid by day only (class two only)
- (7) **OSL** Valid only with safety pilot and in aircraft with dual controls (class two and LAPL)
- (8) **APL** valid only with approved prosthesis (class two only)
- (9) **OCL** valid only as co-pilot (class one Only)
- (10) **OPL** valid only without passengers (PPL and LAPL only)
- (11) **SSL** special restriction as specified (LAPL)
- (12) **ILA** Issued by Kuwait DGCA in accordance with MED.B.001
- (13) **AGL** Valid only with approved eye protection
- (14) **AMS** to be issued by AMC only
- (15) **AUD** Annual Audiogram Required
- (16) **ALT** 6 Flight not above 6000 feet above mean sea level
- (17) **FWO** Valid for fixed wing aircraft only
- (18) **CLT** Valid for centre line thrust aircraft only
- (19) **FHA** Function hearing assessment required within 3 months of renewal/revalidation medical
- (20) **OAL** restricted to demonstrated aircraft type (class two only)
- (21) **AHL** valid only with approved hand controls (class two only)
- (22) **SIC** specific regular medical examination(s) - contact the Kuwait DGCA
- (23) **R XO** specialist ophthalmological examinations (ATCO or Class TWO)
- (24) **HAL** valid only when hearing aids are worn
- (25) **ORL** Valid only with a safety pilot if passengers are carried (class two only)

(d) Entry of limitations

- (1) Limitations 1 to 4 may be imposed by an AME or an AeMC.
- (2) Limitations 5 to 17 should only be imposed:
 - (i) for class 1 medical certificates by the Kuwait DGCA medical assessor;
 - (ii) for class 2 medical certificates by the AME or AeMC in consultation with the Kuwait DGCA;
 - (iii) for LAPL medical certificates by an AME or AeMC.

(e) Removal of limitations

- (1) For class 1 medical certificates, all limitations should only be removed by the Kuwait DGCA.
- (2) For class 2 medical certificates, limitations may be removed by the Kuwait DGCA or by an AeMC or AME in consultation with the Kuwait DGCA.
- (3) For LAPL medical certificates, limitations may be removed by an AeMC or AME.

(f) Limitation codes Details

(1) TML Time limitation

The period of validity of the medical certificate is limited to the duration as shown on the medical certificate. This period of validity commences on the date of the medical examination. Any period of validity remaining on the previous medical certificate is no longer valid. The pilot should present him/herself for re-examination when advised and should follow any medical recommendations.

(2) VDL Wear corrective lenses and carry a spare set of spectacles

Correction for defective distant vision: whilst exercising the privileges of the licence, the pilot should wear spectacles or contact lenses that correct for defective distant vision as examined and approved by the AME. Contact lenses may not be worn until cleared to do so by the AME. If contact lenses are worn, a spare set of spectacles, approved by the AME, should be carried.

(3) VNL Have available corrective spectacles and carry a spare set of spectacles

Correction for defective near vision: whilst exercising the privileges of the licence, the pilot should have readily available spectacles that correct for defective near vision as examined and approved by the AME. Contact lenses or full frame spectacles, when either correct for near vision only, may not be worn.

(4) VML Wear multifocal spectacles and carry a spare set of spectacles

Correction for defective distant, intermediate and near vision: whilst exercising the privileges of the licence, the pilot should wear spectacles that correct for defective distant, intermediate and near vision as examined and approved by the AME. Contact lenses or full frame spectacles, when either correct for near vision only, may not be worn.

(5) OML Valid only as or with qualified co-pilot

This applies to crew members who do not meet the medical requirements for single crew operations, but are fit for multi-crew operations. Applicable to class 1 medical certificates only.

(6) VCL Valid by day only

The limitation allows private pilots with varying degrees of colour deficiency to exercise the privileges of their licence by daytime only. Applicable to class 2 medical certificates only.

(7) OCL Valid only as co-pilot

This limitation is a further extension of the OML limitation and is applied when, for some well-defined medical reason, the pilot is assessed as safe to operate in a co-pilot role but not in command. Applicable to class 1 medical certificates only applies to crew members who do not meet the medical requirements for single crew operations, but are fit for multi-crew operations. Applicable to class 1 medical certificates only.

(8) **APL** Valid only with approved prosthesis

This limitation applies to the holder of a medical certificate with a musculoskeletal condition when a medical flight test or a flight simulator test has shown that the use of a prosthesis is required to safely exercise the privileges of the licence. The prosthesis to be used should be approved.

(9) **OSL** Valid only with safety pilot and in aircraft with dual controls

The safety pilot is qualified as PIC on the class/type of aircraft and rated for the flight conditions. He/she occupies a control seat, is aware of the type(s) of possible incapacity that the pilot whose medical certificate has been issued with this limitation may suffer and is prepared to take over the aircraft controls during flight. Applicable to class 2 and LAPL medical certificates only

(10) **OPL** Valid only without passengers

This limitation may be considered when a pilot with a musculoskeletal problem, or some other medical condition, may involve an increased element of risk to flight safety which might be acceptable to the pilot but which is not acceptable for the carriage of passengers. Applicable to class 2 and LAPL medical certificates only.

(11) **SSL** Special restriction(s) as specified

This limitation may be considered when an individually specified limitation, not defined in this AMC, is appropriate to mitigate an increased level of risk to flight safety. The description of the SSL should be entered on the medical certificate or in a separate document to be carried with the medical certificate.

(12) **OAL** Restricted to demonstrated aircraft type

This limitation may apply to a pilot who has a limb deficiency or some other anatomical problem which had been shown by a medical flight test or flight simulator testing to be acceptable but to require a restriction to a specific type of aircraft.

(13) **AHL** Valid only with approved hand controls

This limitation applies to the holder of a medical certificate who has a limb deficiency or other anatomical problem which had been shown by a medical flight test or flight simulator testing to be acceptable but to require the aircraft to be equipped with suitable, approved hand controls.

(14) **SIC** Specific regular medical examination(s) contact the Kuwait DGCA

This limitation requires the AME to contact the Kuwait DGCA before embarking upon renewal or recertification medical assessment. It is likely to concern a medical history of which the AME should be aware prior to undertaking the assessment.

(15) **R XO** Specialist ophthalmological examinations

Specialist ophthalmological examinations are required for a significant reason. The limitation may be applied by an AME but should only be removed by the Kuwait DGCA.

(16) **HAL** valid only when hearing aids are worn

(17) **ORL** Valid only with a safety pilot if passengers are carried (class two only)

This limitation applies to holders of a class 2 or LAPL medical certificate with a medical condition that may lead to an increased level of risk to flight safety when exercising the privileges of the licence. The safety pilot, if carried, should be made aware of the type(s) of possible incapacity that the pilot whose medical certificate has been issued with this limitation may suffer and should be prepared to take over the aircraft controls during flight