

**Kingdom of Saudi Arabia
General Authority of Civil Aviation**

GACA REGULATION

**Section 1
Personnel Licensing**

FOREWORD

The following Regulations governing Personnel Licensing are based on Articles 1, 2, 3, 4, 5, 10, 16, 24, 49, 50, 51, 52, 53, 59, 67, 89, 90, 91, 92, 93, 94, 95, 175 and 177 of the Civil Aviation Act that has been approved by the Council of Ministers Resolution No. 185 dated 17/07/1426H and issued by the Royal Decree No. M/44 dated 18/07/1426H. (23/08/2005G).

The promulgation of this regulation is based on the authority granted in Article 179 of the Civil Aviation Act, and is issued under the authority of the President, General Authority of Civil Aviation, as a duly delegated representative of the GACA Board of Directors, in accordance with Order No.T-41, dated 30/12/1429H (28/12/2008G).

The General Authority of Civil Aviation is responsible for the preparation and distribution of all regulations in sufficient quantities so that all service providers and aircraft operators based in the Kingdom of Saudi Arabia are able to obtain an authentic copy prior to the effective date of the Regulation.

APPROVED:

President, General Authority of Civil Aviation,
Kingdom of Saudi Arabia,

Eng. Abdullah M. N. Rehaimi,

Effective Date: May, 2009G

CONTENT RULES**1) Organization Structure:**

- a) GACA has established a Certification and Licensing Division (C&LD) within the Aviation Standards Department (ASD) of the Safety and Economic Regulation Sector (S&ER) with the following responsibilities:
1. Carry out the function of safety regulation of aircraft registration, aviation training institutions certification and airmen licensing. This includes promulgation of specific requirements, operating regulations and implementation policies, which are periodically reviewed to ensure they remain relevant and appropriate to the certification and licensing.
 2. Publish and issue instructions in a form of NOTICES and/or Advisory Guides (AG) to public for guidance.
 3. Issue and renew licenses for flight crew members, airmen, air traffic controllers, dispatchers and cabin crew members.
 4. Validate foreign licenses issued to airmen by another ICAO member state.
 5. Issue and/or approve certification of aviation training institutions.
 6. Register and de-register aircraft.
 7. Investigate and recommend appropriate action in enforcement cases involving licensed personnel.
 8. Maintain current data base for airmen licenses and aircraft registrations
 9. Ensure and enforce compliance with the applicable regulations and procedures of GACAR Section 1 – Personnel Licensing.
 10. Perform safety oversight functions including audits, inspections, investigations and data analysis; on pre-established annual audit program and frequent inspections of areas of greater safety concern or need, as identified by the analysis of Data, or as instructed by Senior Management.
- b) GACA has also established an Aviation Medicine Division (AM) within the Aviation Standards Department (ASD) of the Safety and Economic Regulation Sector (S&ER) with the following responsibilities:
1. Establish medical standards for certification of airmen and air traffic control specialists.
 2. Select, and appoint designated physicians to medically certify airmen, flight engineers, and repairmen.
 3. Oversee and monitor the medical certification process of airmen, flight engineers, and repairmen conducted by appointed physicians.
 4. Investigate medical appeal cases and take necessary decisions and actions.
 5. Conduct medical training and seminars for airmen.
 6. Oversee an aviation drug testing program.
 7. Establish guidelines to deal with epidemics and diseases.
 8. Participate in accident and incident investigation.

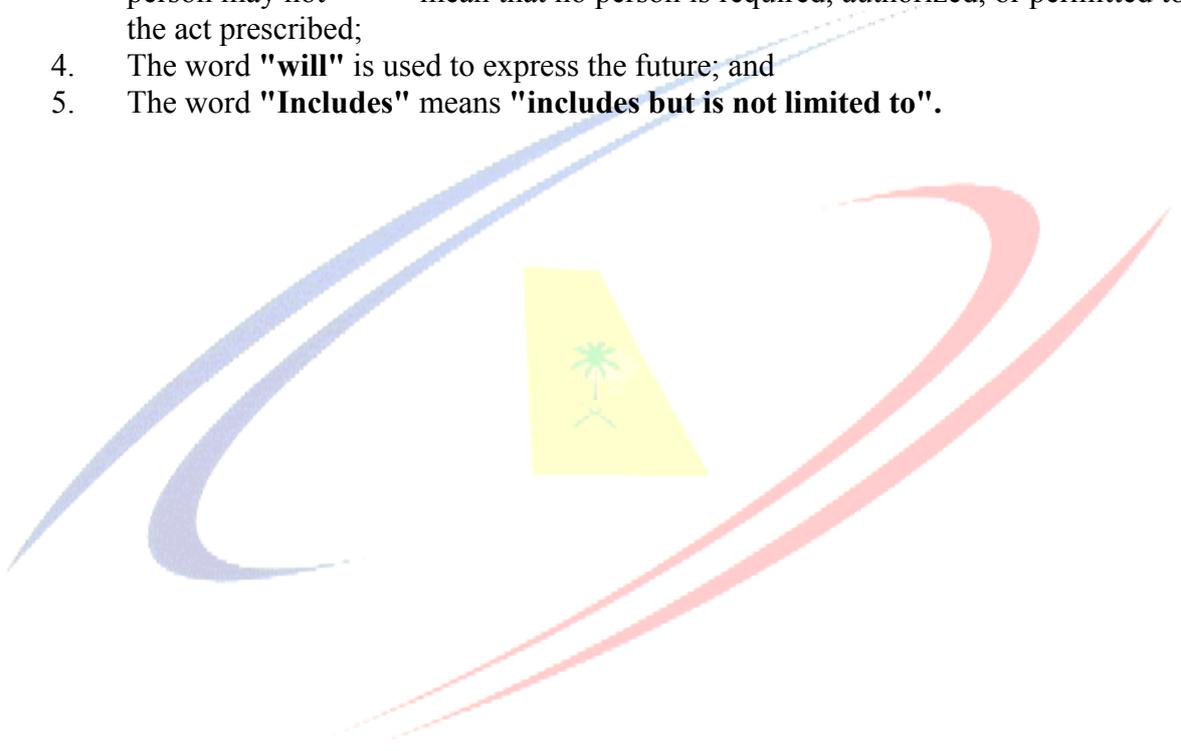
2) Rules of Constructions:

- a) To avoid any misunderstanding within this regulation, certain words are to be interpreted as having specific meanings when they are used, unless the context requires otherwise:

1. Words importing the singular include the plural;
2. Words importing the plural include the singular; and
3. Words importing the masculine gender include the feminine

b) In this regulation, the following protocol is used:

1. The words "**Shall**" and "**must**" indicate that compliance is compulsory.
2. The word "**should**" indicates a recommendation. It does not mean that compliance is optional but rather that, where insurmountable difficulties exist, the GACA-S&ER may accept an alternative means of compliance, provided that an acceptable safety assurance from the authority shows that the safety requirements will not be reduced below that intended by the requirement.
3. The word "**Can**" or "**May**" is used in a permissive sense to state authority or permission to do the act prescribed, and the words "no person may * * *" or "a person may not * * *" mean that no person is required, authorized, or permitted to do the act prescribed;
4. The word "**will**" is used to express the future; and
5. The word "**Includes**" means "**includes but is not limited to**".



AMENDMENT PROCEDURE

The existing General Authority of Civil Aviation Regulations (GACAR) will be periodically reviewed to reflect the latest updates of International Civil Aviation Organization (ICAO) Standards and Recommended Practices (SARPs); it will be also amended to reflect the latest aviation safety provisions issued by GACA and other regional and international civil aviation organizations. A complete revised edition incorporating all amendments will be published every three years from the original effective date of this regulation. The amendment procedure shall be as follows;

1. When the General Authority of Civil Aviation (GACA) receives an amendment to any of the current ICAO Annexes that can affect the provisions of this regulation, it will be forwarded by the Vice President of International Organization Affairs to the Vice President, Safety and Economic Regulation (S&ER) who in turn will provide a copy of this amendment to the concerned department for study and comments taking into account the ICAO deadline for the reply.
2. When any GACA department or stakeholder proposes an amendment to this regulation, it will send a letter with the proposed amendment including a clear justification and argument for such amendment. Following the receipt of an amendment proposal, the S&ER will analyze this proposal and forward its comments and any proposed decision action to the S&ER Vice President.
3. An accepted amendment proposal will be prepared as draft amendment to the GACAR-Section 1 and forwarded to the originator of the amendment proposal and concerned GACA department (s) for further review and comment within a specified timeline.
4. All accepted amendments will be drafted in the form of Notices of Proposed Amendments (NPA) and forwarded to all concerned parties including stakeholders for comment within a two-month reply period. The NPA shall indicate the proposed Amendment's effective date.
5. Following the receipt of NPA replies, the S&ER will analyze the comments received and produce a new draft in consultation with the concerned GACA department. The final draft will be submitted to President of the General Authority of Civil Aviation for formal approval prior to publication.
6. The Amendment's effective date will take into account the comments of all the concerned parties and stakeholders.
7. Any differences between the GACAR Section 1 new amendment and ICAO Annex 1 Standards and Recommended Practices will be forwarded to ICAO as a Difference and published as it is in the Aeronautical Information Publication (AIP).
8. All concerned parties and stakeholders will be provided a copy of the new amendment and will be requested to update their copy of the GACAR Section 1 accordingly.
9. It is the responsibility of all concerned parties to keep their copy of GACAR-Section 1 and other GACA regulation publication up to date.

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PERSONNEL LICENSING

- 1) The General Authority of Civil Aviation (GACA) adopted the United States of America Personnel Licensing Regulations through the 14 CFR, and its supporting handbooks, manuals, Advisory Circulars(ACs), Directives, policy, guidance material, Orders, Notices, and specific GACA requirements as amended, to be GACA Regulation - Section 1 - Personnel Licensing.
- 2) The adoption of the United States Personnel Licensing Regulation is based on GACA Board of Directors Order No. T- 4-26, dated 28/08/1428H (10/09/2007G). Based on this Order, GACA also adopted the United States Aviation Safety Regulations regarding Operation of Aircraft, Airworthiness of Aircraft, and Environmental Protection to be part of GACA Regulations until GACA develops its own regulations for these areas.
- 3) GACA promulgated civil aviation safety regulations that comprise the following sections:
 - Section 1 - Personnel Licensing (GACAR /FAR)
 - Section 2 - Rules of the Air
 - Section 3 - Meteorological Service for Air Navigation
 - Section 4 - Aeronautical Charts
 - Section 5 - Units of Measurement to be used in Air and Ground Operations
 - Section 6 - Operation of Aircraft (GACAR /FAR)
 - Section 7 - Aircraft Nationality and Registration Marks
 - Section 8 - Airworthiness of Aircraft (GACAR /FAR)
 - Section 9 - Facilitation (RESERVED)
 - Section 10 - Aeronautical Telecommunications
 - Section 11 - Air Traffic Services
 - Section 12 - Search and Rescue
 - Section 13 - Aircraft Accident and Incident Investigation
 - Section 14 - Aerodromes
 - Section 15 - Aeronautical Information Services
 - Section 16 - Environmental Protection (GACAR /FAR)
 - Section 17 - Aviation Security (RESERVED)
 - Section 18 - The Safe Transportation of Dangerous Goods by Air
 - Section 21 - Safety Management System
- 4) Any differences between GACAR Section 1/14 CFR Parts and ICAO Annex 1 Standards and Recommended Practices (SARP's) will be reported to ICAO and reflected in Kingdom of Saudi Arabia (KSA) Aeronautical Information Publications (AIP's).
- 5) GACAR Section 1/14 CFR Parts provisions governing personnel licensing are addressed in the following 14 CFR Parts:
 - a) Part 61 — Certification: Pilots, Flight Instructors, and Ground Instructors;
 - b) Part 63 — Certification: Flight Crew Members Other Than Pilots;
 - c) Part 65 — Certification: Airmen Other Than Flight Crewmembers;
 - d) Part 67 — Medical Standards and Certification;
 - e) Part 141 — Pilots Schools; and
 - f) Part 142 — Training Centers.
 - g) Part 147 — Aircraft Maintenance Technician School.

- 6) Special GACA requirements regarding Personnel Licensing are published in the following GACA Documents:
 - a) GACA Document Number 1-01 –PERSONNEL LICENSING GUIDE
 - b) GACA Document Number 1-02 – GUIDE FOR AVIATION MEDICAL EXAMINERS
 - c) GACA Document Number 1-03 – AVIATION MEDICAL EXAMINER SYSTEM
- 7) GACA promulgated civil aviation safety regulations governing 14 CFR Part 67 — Medical Standards and Certification to be Subsection of GACA Regulation Section 1 – Personnel Licensing Titled GACAR Part 67 — Medical Standards and Certification . The following Subsection prescribes these regulations.

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GACAR Part 67 - Medical Standards and Certification

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Subpart A—General**§ 67.1 Applicability.**

This part prescribes the medical standards and certification procedures for issuing medical certificates for airmen and for remaining eligible for a medical certificate.

§ 67.3 Issue.

Except as provided in § 67.5, a person who meets the medical standards prescribed in this part, based on medical examination and evaluation of the person's history and condition, is entitled to an appropriate medical certificate.

Subpart B—First-Class Airman Medical Certificate**§ 67.101 Eligibility.**

To be eligible for a first-class airman medical certificate, and to remain eligible for a first-class airman medical certificate, a person must meet the requirements of this subpart.

§ 67.103 Eye.

Eye standards for a first-class airman medical certificate are:

- (a) Distant visual acuity of 20/20 or better in each eye separately, with or without corrective lenses. If corrective lenses (spectacles or contact lenses) are necessary for 20/20 vision, the person may be eligible only on the condition that corrective lenses are worn while exercising the privileges of an airman certificate.
- (b) Near vision of 20/40 or better, Snellen equivalent, at 16 inches in each eye separately, with or without corrective lenses. If age 50 or older, near vision of 20/40 or better, Snellen equivalent, at both 16 inches and 32 inches in each eye separately, with or without corrective lenses.

(c) Ability to perceive those colors necessary for the safe performance of airman duties.

(d) Normal fields of vision.

(e) No acute or chronic pathological condition of either eye or adnexa that interferes with the proper function of an eye, that may reasonably be expected to progress to that degree, or that may reasonably be expected to be aggravated by flying.

(f) Bifoveal fixation and vergencephoria relationship sufficient to prevent a break in fusion under conditions that may reasonably be expected to occur in performing airman duties. Tests for the factors named in this paragraph are not required except for persons found to have more than 1 prism diopter of hyperphoria, 6 prism diopters of esophoria, or 6 prism diopters of exophoria. If any of these values are exceeded, the Director, Aviation Medicine Department may require the person to be examined by a qualified eye specialist to determine if there is bifoveal fixation and an adequate vergence-phoria relationship. However, if otherwise eligible, the person is issued a medical certificate pending the results of the examination.

(g) When near correction is required in accordance with this paragraph, a second pair of near-correction spectacles shall be kept available for immediate use.

§ 67.105 Ear, nose, throat, and equilibrium.

Application shall be tested by pure tone audiometry at first issue of the assessment.

Ear, nose, throat, and equilibrium standards for a first-class airman medical certificate are:

(a) The person shall demonstrate acceptable hearing by at least one of the following tests:

- (1) Demonstrate an ability to hear an average conversational voice in a quiet

room, using both ears, at a distance of 6 feet from the examiner, with the back turned to the examiner.

- (2) Demonstrate an acceptable understanding of speech as determined by audiometric speech discrimination testing to a score of at least 70 percent obtained in one ear or in a sound field environment.
- (3) Provide acceptable results of pure tone audiometric testing of unaided hearing acuity according to the following table of worst acceptable thresholds, using the calibration standards of the American National Standards Institute,

Frequency (Hz)	500 Hz	1000 Hz	2000 Hz	3000 Hz
Better ear (dB)	35	30	30	40
Poorer ear (dB)	35	50	50	60

- (b) No disease or condition of the middle or internal ear, nose, oral cavity, pharynx, or larynx that—:
 - (1) Interferes with, or is aggravated by, flying or may reasonably be expected to do so; or
 - (2) Interferes with, or may reasonably be expected to interfere with, clear and effective speech communication.
- (c) No disease or condition manifested by, or that may reasonably be expected to be manifested by, vertigo or a disturbance of equilibrium.

§ 67.107 Mental.

Mental standards for a first-class airman medical certificate are:

- (a) No established medical history or clinical diagnosis of any of the following:
 - (1) A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.

- (2) A psychosis. As used in this section, “psychosis” refers to a mental disorder in which:
 - (i) The individual has manifested delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of this condition; or
 - (ii) The individual may reasonably be expected to manifest delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of this condition.
- (3) A bipolar disorder.
- (4) Substance dependence, except where there is established clinical evidence, satisfactory to the Director, Aviation Medicine Department, of recovery, including sustained total abstinence from the substance(s) for not less than the preceding 2 years. As used in this section—
 - (i) “Substance” includes: Alcohol; other sedatives and hypnotics; anxiolytics; opioids; central nervous system stimulants such as cocaine, amphetamines, and similarly acting sympathomimetics; hallucinogens; phencyclidine or similarly acting arylcyclohexylamines; cannabis; inhalants; and other psychoactive drugs and chemicals; and
 - (ii) “Substance dependence” means a condition in which a person is dependent on a substance, other than tobacco or ordinary xanthine-containing (e.g., caffeine) beverages, as evidenced by—
 - (A) Increased tolerance;
 - (B) Manifestation of withdrawal symptoms;

(C) Impaired control of use; or

(D) Continued use despite damage to physical health or impairment of social, personal, or occupational functioning.

(b) No substance abuse within the preceding 2 years defined as:

(1) Use of a substance in a situation in which that use was physically hazardous, if there has been at any other time an instance of the use of a substance also in a situation in which that use was physically hazardous;

(2) A verified positive drug test result, an alcohol test result of 0.04 or greater alcohol concentration, or a refusal to submit to a drug or alcohol test required by the Official Government Agencies; or

(3) Misuse of a substance that the Director, Aviation Medicine Department, based on case history and appropriate, qualified medical judgment relating to the substance involved, finds—

(i) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(ii) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

(c) No other personality disorder, neurosis, or other mental condition that the Director, Aviation Medicine Department, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds—

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

§ 67.109 Neurologic.

Neurologic standards for a first-class airman medical certificate are:

(a) No established medical history or clinical diagnosis of any of the following:

(1) Epilepsy;

(2) A disturbance of consciousness without satisfactory medical explanation of the cause; or

(3) A transient loss of control of nervous system function(s) without satisfactory medical explanation of the cause.

(b) No other seizure disorder, disturbance of consciousness, or neurologic condition that the Director, Aviation Medicine Department, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds—

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

§ 67.111 Cardiovascular.

Cardiovascular standards for a first-class

airman medical certificate are:

(a) No established medical history or clinical diagnosis of any of the following:

- (1) Myocardial infarction;
- (2) Angina pectoris;
- (3) Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant;
- (4) Cardiac valve replacement;
- (5) Permanent cardiac pacemaker implantation; or
- (6) Heart replacement;

(b) A person applying for first-class medical certification must demonstrate an absence of myocardial infarction and other clinically significant abnormality on electrocardiographic examination:

- (1) At the first application after reaching the 35th birthday; and
- (2) On an annual basis after reaching the 40th birthday.

(c) An electrocardiogram will satisfy a requirement of paragraph (b) of this section if it is dated no earlier than 60 days before the date of the application it is to accompany and was performed and transmitted according to acceptable standards and techniques.

§ 67.113 General medical condition.

The general medical standards for a first-class airman medical certificate are:

(a) No established medical history or clinical diagnosis of diabetes mellitus that requires insulin or any other hypoglycemic drug for control.

(b) No other organic, functional, or structural

disease, defect, or limitation that the Director, Aviation Medicine Department, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds—

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

(c) No medication or other treatment that the Director, Aviation Medicine Department, based on the case history and appropriate, qualified medical judgment relating to the medication or other treatment involved, finds—

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

§ 67.115 Discretionary issuance.

A person who does not meet the provisions of §§ 67.103 through 67.113 may apply for the discretionary issuance of a certificate under § 67.401.

Subpart C—Second-Class Airman Medical Certificate

§ 67.201 Eligibility.

To be eligible for a second-class airman medical certificate, and to remain eligible for

a second-class airman medical certificate, a person must meet the requirements of this subpart.

§ 67.203 Eye.

Eye standards for a second-class airman medical certificate are:

- (a) Distant visual acuity of 20/20 or better in each eye separately, with or without corrective lenses. If corrective lenses (spectacles or contact lenses) are necessary for 20/20 vision, the person may be eligible only on the condition that corrective lenses are worn while exercising the privileges of an airman certificate.
- (b) Near vision of 20/40 or better, Snellen equivalent, at 16 inches in each eye separately, with or without corrective lenses. If age 50 or older, near vision of 20/40 or better, Snellen equivalent, at both 16 inches and 32 inches in each eye separately, with or without corrective lenses.
- (c) Ability to perceive those colors necessary for the safe performance of airman duties.
- (d) Normal fields of vision.
- (e) No acute or chronic pathological condition of either eye or adnexa that interferes with the proper function of an eye, that may reasonably be expected to progress to that degree, or that may reasonably be expected to be aggravated by flying
- (f) Bifoveal fixation and vergencephoria relationship sufficient to prevent a break in fusion under conditions that may reasonably be expected to occur in performing airman duties. Tests for the factors named in this paragraph are not required except for persons found to have more than 1 prism diopter of hyperphoria, 6 prism diopters of esophoria, or 6 prism diopters of exophoria. If any of these values are exceeded, the Director,

Aviation Medicine Department may require the person to be examined by a qualified eye specialist to determine if there is bifoveal fixation and an adequate vergence-phoria relationship. However, if otherwise eligible, the person is issued a medical certificate pending the results of the examination.

- (g) When near correction is required in accordance with this paragraph, a second pair of near-correction spectacles shall be kept available for immediate use.

§ 67.205 Ear, nose, throat, and equilibrium.

Application shall be tested by pure tone audiometry at first issue of the assessment.

Ear, nose, throat, and equilibrium standards for a second-class airman medical certificate are:

- (a) The person shall demonstrate acceptable hearing by at least one of the following tests:
 - (1) Demonstrate an ability to hear an average conversational voice in a quiet room, using both ears, at a distance of 6 feet from the examiner, with the back turned to the examiner.
 - (2) Demonstrate an acceptable understanding of speech as determined by audiometric speech discrimination testing to a score of at least 70 percent obtained in one ear or in a sound field environment.
 - (3) Provide acceptable results of pure tone audiometric testing of unaided hearing acuity according to the following table of worst acceptable thresholds, using the calibration standards of the American National Standards Institute,

Frequency (Hz)	500 Hz	1000 Hz	2000 Hz	3000 Hz
Better ear (dB)	35	30	30	40
Poorer ear (dB)	35	50	50	60

No disease or condition of the middle or internal ear, nose, oral cavity, pharynx, or larynx that—

- (1) Interferes with, or is aggravated by, flying or may reasonably be expected to do so; or
 - (2) Interferes with, or may reasonably be expected to interfere with, clear and effective speech communication.
- (c) No disease or condition manifested by, or that may reasonably be expected to be manifested by, vertigo or a disturbance of equilibrium.

§ 67.207 Mental.

Mental standards for a second-class airman medical certificate are:

- (a) No established medical history or clinical diagnosis of any of the following:
 - (1) A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.
 - (2) A psychosis. As used in this section, “psychosis” refers to a mental disorder in which:
 - (i) The individual has manifested delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of this condition; or
 - (ii) The individual may reasonably be expected to manifest delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of this condition.
 - (3) A bipolar disorder.
 - (4) Substance dependence, except where there is established clinical evidence,

satisfactory to the Director, Aviation Medicine Department, of recovery, including sustained total abstinence from the substance(s) for not less than the preceding 2 years. As used in this section—

- (i) “Substance” includes: Alcohol; other sedatives and hypnotics; anxiolytics; opioids; central nervous system stimulants such as cocaine, amphetamines, and similarly acting sympathomimetics; hallucinogens; phencyclidine or similarly acting arylcyclohexylamines; cannabis; inhalants; and other psychoactive drugs and chemicals; and

- (ii) “Substance dependence” means a condition in which a person is dependent on a substance, other than tobacco or ordinary xanthine-containing (e.g., caffeine) beverages, as evidenced by—

- (A) Increased tolerance;
- (B) Manifestation of withdrawal symptoms;
- (C) Impaired control of use; or
- (D) Continued use despite damage to physical health or impairment of social, personal, or occupational functioning.

- (b) No substance abuse within the preceding 2 years defined as:

- (1) Use of a substance in a situation in which that use was physically hazardous, if there has been at any other time an instance of the use of a substance also in a situation in which that use was physically hazardous;
- (2) A verified positive drug test result, an alcohol test result of 0.04 or greater alcohol concentration, or a refusal to submit to a drug or alcohol test

required by the Official Government Agencies; or

(3) Misuse of a substance that the Director, Aviation Medicine Department, based on case history and appropriate, qualified medical judgment relating to the substance involved, finds—

(i) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(ii) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

(c) No other personality disorder, neurosis, or other mental condition that the Director, Aviation Medicine Department, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds—

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

§ 67.209 Neurologic.

Neurologic standards for a second-class airman medical certificate are:

(a) No established medical history or clinical diagnosis of any of the following:

(1) Epilepsy;

(2) A disturbance of consciousness without satisfactory medical explanation of the cause; or

(3) A transient loss of control of nervous system function(s) without satisfactory medical explanation of the cause;

(b) No other seizure disorder, disturbance of consciousness, or neurologic condition that the Director, Aviation Medicine Department, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds—

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges

§ 67.211 Cardiovascular.

Cardiovascular standards for a second-class medical certificate are no established medical history or clinical diagnosis of any of the following:

(a) Myocardial infarction;

(b) Angina pectoris;

(c) Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant;

(d) Cardiac valve replacement;

(e) Permanent cardiac pacemaker implantation; or

(f) Heart replacement.

§ 67.213 General medical condition.

The general medical standards for a second-class airman medical certificate are:

- (a) No established medical history or clinical diagnosis of diabetes mellitus that requires insulin or any other hypoglycemic drug for control.
- (b) No other organic, functional, or structural disease, defect, or limitation that the Director, Aviation Medicine Department, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds—
 - (1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or
 - (2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.
- (c) No medication or other treatment that the Director, Aviation Medicine Department, based on the case history and appropriate, qualified medical judgment relating to the medication or other treatment involved, finds—
 - (1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or
 - (2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

§ 67.215 Discretionary issuance.

A person who does not meet the provisions of

§§ 67.203 through 67.213 may apply for the discretionary issuance of a certificate under § 67.401.

Subpart D—Third-Class Airman Medical Certificate**§ 67.301 Eligibility.**

To be eligible for a third-class airman medical certificate, or to remain eligible for a third-class airman medical certificate, a person must meet the requirements of this subpart.

§ 67.303 Eye.

Eye standards for a third-class airman medical certificate are:

- (a) Distant visual acuity of 20/40 or better in each eye separately, with or without corrective lenses. If corrective lenses (spectacles or contact lenses) are necessary for 20/40 vision, the person may be eligible only on the condition that corrective lenses are worn while exercising the privileges of an airman certificate.
- (b) Near vision of 20/40 or better, Snellen equivalent, at 16 inches in each eye separately, with or without corrective lenses.
- (c) Ability to perceive those colors necessary for the safe performance of airman duties.
- (d) No acute or chronic pathological condition of either eye or adnexa that interferes with the proper function of an eye, that may reasonably be expected to progress to that degree, or that may reasonably be expected to be aggravated by flying.
- (e) When near correction is required in accordance with this paragraph, a second pair of near-correction spectacles shall be kept available for immediate use.

§ 67.305 Ear, nose, throat, and equilibrium.

Application shall be tested by pure tone audiometry at first issue of the assessment.

Ear, nose, throat, and equilibrium standards for a third-class airman medical certificate are:

- (a) The person shall demonstrate acceptable hearing by at least one of the following tests:
 - (1) Demonstrate an ability to hear an average conversational voice in a quiet room, using both ears, at a distance of 6 feet from the examiner, with the back turned to the examiner.
 - (2) Demonstrate an acceptable understanding of speech as determined by audiometric speech discrimination testing to a score of at least 70 percent obtained in one ear or in a sound field environment.
 - (3) Provide acceptable results of pure tone audiometric testing of unaided hearing acuity according to the following table of worst acceptable thresholds, using the calibration standards of the American National Standards Institute,

Frequency (Hz)	500 Hz	1000 Hz	2000 Hz	3000 Hz
Better ear (dB)	35	30	30	40
Poorer ear (dB)	35	50	50	60

- (b) No disease or condition of the middle or internal ear, nose, oral cavity, pharynx, or larynx that—
 - (1) Interferes with, or is aggravated by, flying or may reasonably be expected to do so; or
 - (2) Interferes with clear and effective speech communication.
- (c) No disease or condition manifested by, or

that may reasonably be expected to be manifested by, vertigo or a disturbance of equilibrium.

§ 67.307 Mental.

Mental standards for a third-class airman medical certificate are:

- (a) No established medical history or clinical diagnosis of any of the following:
 - (1) A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.
 - (2) A psychosis. As used in this section, “psychosis” refers to a mental disorder in which—
 - (i) The individual has manifested delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of this condition; or
 - (ii) The individual may reasonably be expected to manifest delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of this condition.
 - (3) A bipolar disorder.
 - (4) Substance dependence, except where there is established clinical evidence, satisfactory to the Director, Aviation Medicine Department, of recovery, including sustained total abstinence from the substance(s) for not less than the preceding 2 years. As used in this section—
 - (i) “Substance” includes: alcohol; other sedatives and hypnotics; anxiolytics; opioids; central nervous system stimulants such as cocaine, amphetamines, and similarly acting sympathomimetics; hallucinogens;

phencyclidine or similarly acting arylcyclohexylamines; cannabis; inhalants; and other psychoactive drugs and chemicals; and

(ii) “Substance dependence” means a condition in which a person is dependent on a substance, other than tobacco or ordinary xanthine-containing (e.g., caffeine) beverages, as evidenced by—

(A) Increased tolerance;

(B) Manifestation of withdrawal symptoms;

(C) Impaired control of use; or

(D) Continued use despite damage to physical health or impairment of social, personal, or occupational functioning.

(b) No substance abuse within the preceding 2 years defined as:

(1) Use of a substance in a situation in which that use was physically hazardous, if there has been at any other time an instance of the use of a substance also in a situation in which that use was physically hazardous;

(2) A verified positive drug test result, an alcohol test result of 0.04 or greater alcohol concentration, or a refusal to submit to a drug or alcohol test required by the Official Government Agencies; or

(3) Misuse of a substance that the Director, Aviation Medicine Department, based on case history and appropriate, qualified medical judgment relating to the substance involved, finds—

(i) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate

applied for or held; or

(ii) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

(c) No other personality disorder, neurosis, or other mental condition that the Director, Aviation Medicine Department, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds—

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

§ 67.309 Neurologic.

Neurologic standards for a third-class airman medical certificate are:

(a) No established medical history or clinical diagnosis of any of the following:

(1) Epilepsy;

(2) A disturbance of consciousness without satisfactory medical explanation of the cause; or

(3) A transient loss of control of nervous system function(s) without satisfactory medical explanation of the cause.

(b) No other seizure disorder, disturbance of consciousness, or neurologic condition that the Director, Aviation Medicine Department, based on the case history and appropriate, qualified medical judgment

relating to the condition involved, finds—

- (1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or
- (2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

§ 67.311 Cardiovascular.

Cardiovascular standards for a third class airman medical certificate are no established medical history or clinical diagnosis of any of the following:

- (a) Myocardial infarction;
- (b) Angina pectoris;
- (c) Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant;
- (d) Cardiac valve replacement;
- (e) Permanent cardiac pacemaker implantation; or
- (f) Heart replacement.

§ 67.313 General medical condition.

The general medical standards for a third-class airman medical certificate are:

- (a) No established medical history or clinical diagnosis of diabetes mellitus that requires insulin or any other hypoglycemic drug for control.
- (b) No other organic, functional, or structural disease, defect, or limitation that the Director, Aviation Medicine Department, based on the case history and appropriate, qualified medical judgment relating to the

condition involved, finds—

- (1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or
- (2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

- (c) No medication or other treatment that the Director, Aviation Medicine Department, based on the case history and appropriate, qualified medical judgment relating to the medication or other treatment involved, finds—

- (1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or
- (2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

§ 67.315 Discretionary issuance.

A person who does not meet the provisions of §§ 67.303 through 67.313 may apply for the discretionary issuance of a certificate under § 67.401.

Subpart E—Certification Procedures

§ 67.401 Special issuance of medical certificates.

- (a) At the discretion of the Director, Aviation Medicine Department, an Authorization for Special Issuance of a Medical Certificate (Authorization), valid for a specified period, may be granted to a person who does not meet the provisions

of subparts B, C, or D of this part if the person shows to the satisfaction of the Director, Aviation Medicine Department that the duties authorized by the class of medical certificate applied for can be performed without endangering public safety during the period in which the Authorization would be in force. The Director, Aviation Medicine Department may authorize a special medical flight test, practical test, or medical evaluation for this purpose. A medical certificate of the appropriate class may be issued to a person who does not meet the provisions of subparts B, C, or D of this part if that person possesses a valid Authorization and is otherwise eligible. An airman medical certificate issued in accordance with this section shall expire no later than the end of the validity period or upon the withdrawal of the Authorization upon which it is based. At the end of its specified validity period, for grant of a new Authorization, the person must again show to the satisfaction of the Director, Aviation Medicine Department that the duties authorized by the class of medical certificate applied for can be performed without endangering public safety during the period in which the Authorization would be in force.

- (b) At the discretion of the Director, Aviation Medicine Department, a Statement of Demonstrated Ability (SODA) may be granted, instead of an Authorization, to a person whose disqualifying condition is static or no progressive and who has been found capable of performing airman duties without endangering public safety. A SODA does not expire and authorizes a designated aviation medical examiner to issue a medical certificate of a specified class if the examiner finds that the condition described on its face has not adversely changed.
- (c) In granting an Authorization or SODA, the Director, Aviation Medicine Department may consider the person's operational experience and any medical facts that may

affect the ability of the person to perform airman duties including—

- (1) The combined effect on the person of failure to meet more than one requirement of this part; and
 - (2) The prognosis derived from professional consideration of all available information regarding the person.
- (d) In granting an Authorization or SODA under this section, the Director, Aviation Medicine Department specifies the class of medical certificate authorized to be issued and may do any or all of the following:
- (1) Limit the duration of an Authorization;
 - (2) Condition the granting of a new Authorization on the results of subsequent medical tests, examinations, or evaluations;
 - (3) State on the Authorization or SODA, and any medical certificate based upon it, any operational limitation needed for safety; or
 - (4) Condition the continued effect of an Authorization or SODA, and any second- or third-class medical certificate based upon it, on compliance with a statement of functional limitations issued to the person in coordination with the Aviation Medical Examiner.
- (e) In determining whether an Authorization or SODA should be granted to an applicant for a third-class medical certificate, the Director, Aviation Medicine Department considers the freedom of an airman, exercising the privileges of a private pilot certificate, to accept reasonable risks to his or her person and property that are not acceptable in the exercise of commercial or airline transport pilot privileges, and, at

the same time, considers the need to protect the safety of persons and property in other aircraft and on the ground.

(f) An Authorization or SODA granted under the provisions of this section to a person who does not meet the applicable provisions of subparts B, C, or D of this part may be withdrawn, at the discretion of the Director, Aviation Medicine Department, at any time if—

- (1) There is adverse change in the holder's medical condition;
- (2) The holder fails to comply with a statement of functional limitations or operational limitations issued as a condition of certification under this section;
- (3) Public safety would be endangered by the holder's exercise of airman privileges;
- (4) The holder fails to provide medical information reasonably needed by the Director, Aviation Medicine Department for certification under this section; or
- (5) The holder makes or causes to be made a statement or entry that is the basis for withdrawal of an Authorization or SODA under § 67.403.

(g) A person who has been granted an Authorization or SODA under this section based on a special medical flight or practical test need not take the test again during later physical examinations unless the Director, Aviation Medicine Department determines or has reason to believe that the physical deficiency has or may have degraded to a degree to require another special medical flight test or practical test.

(h) The authority of the Director, Aviation Medicine Department under this section is also exercised by the Senior Aviation

Medical Examiner.

(i) If an Authorization or SODA is withdrawn under paragraph (f) of this section the following procedures apply:

- (1) The holder of the Authorization or SODA will be served a letter of withdrawal, stating the reason for the action;
- (2) By not later than 60 days after the service of the letter of withdrawal, the holder of the Authorization or SODA may request, in writing, that the Director, Aviation Medicine Department provide for review of the decision to withdraw. The request for review may be accompanied by supporting medical evidence;
- (3) Within 60 days of receipt of a request for review, a written final decision either affirming or reversing the decision to withdraw will be issued; and
- (4) A medical certificate rendered invalid pursuant to a withdrawal, in accordance with paragraph (a) of this section, shall be surrendered to the Director, Aviation Medicine Department upon request.

§ 67.403 Applications, certificates, logbooks, reports, and records: Falsification, reproduction, or alteration; incorrect statements.

(a) No person may make or cause to be made—

- (1) A fraudulent or intentionally false statement on any application for a medical certificate or on a request for any Authorization for Special Issuance of a Medical Certificate (Authorization) or Statement of Demonstrated Ability (SODA) under this part;

- (2) A fraudulent or intentionally false entry in any logbook, record, or report that is kept, made, or used, to show compliance with any requirement for any medical certificate or for any Authorization or SODA under this part;
 - (3) A reproduction, for fraudulent purposes, of any medical certificate under this part; or
 - (4) An alteration of any medical certificate under this part.
- (b) The commission by any person of an act prohibited under paragraph (a) of this section is a basis for—

- (1) Suspending or revoking all airman, ground instructor, and medical certificates and ratings held by that person;
- (2) Withdrawing all Authorizations or SODA's held by that person; and
- (3) Denying all applications for medical certification and requests for Authorizations or SODA's.

- (c) The following may serve as a basis for suspending or revoking a medical certificate; withdrawing an Authorization or SODA; or denying an application for a medical certificate or request for an authorization or SODA:

- (1) An incorrect statement, upon which the GACA relied, made in support of an application for a medical certificate or request for an Authorization or SODA.
- (2) An incorrect entry, upon which the GACA relied, made in any logbook, record, or report that is kept, made, or used to show compliance with any requirement for a medical certificate or an Authorization or SODA.

§ 67.405 Medical examinations: Who may give.

- (a) *First-class.* Any aviation medical examiner who is specifically designated for the purpose may give the examination for the first-class medical certificate. Any interested person may obtain a list of these aviation medical examiners, in any area, from the GACA.
- (b) *Second- and third-class.* Any aviation medical examiner may give the examination for the second- or third class medical certificate. Any interested person may obtain a list of aviation medical examiners, in any area, from the GACA.

§ 67.407 Delegation of authority.

- (a) The authority of the President of GACA to issue or deny medical certificates is delegated to the Director, Aviation Medicine Department to the extent necessary to—

- (1) Examine applicants for and holders of medical certificates to determine whether they meet applicable medical standards; and

- (2) Issue, renew, and deny medical certificates, and issue, renew, deny, and withdraw Authorizations for Special Issuance of a Medical Certificate and Statements of Demonstrated Ability to a person based upon meeting or failing to meet applicable medical standards.

- (b) Subject to limitations in this chapter, the delegated functions of the Director, Aviation Medicine Department to examine applicants for and holders of medical certificates for compliance with applicable medical standards and to issue, renew, and deny medical certificates are also delegated to aviation medical examiners and to authorized representatives of the Director, Aviation Medicine Department within the GACA.

(c) The authority of the President of GACA, to reconsider the action of an aviation medical examiner is delegated to the Director, Aviation Medicine Department. Where the person does not meet the standards of §§ 67.107(b)(3) and (c), 67.109(b), 67.113(b) and (c), 67.207(b)(3) and (c), 67.209(b), 67.213(b) and (c), 67.307(b)(3) and (c), 67.309(b), or 67.313(b) and (c), any action taken under this paragraph other than by the Director, Aviation Medicine Department is subject to reconsideration by the Director, Aviation Medicine Department. A certificate issued by an aviation medical examiner is considered to be affirmed as issued unless an GACA official Director, Aviation Medicine Department or Senior Medical Examiner reverses that issuance within 60 days after the date of issuance. However, if within 60 days after the date of issuance an Director, Aviation Medicine Department or Senior Medical Examiner requests the certificate holder to submit additional medical information, an Director, Aviation Medicine Department or Senior Medical Examiner may reverse the issuance within 60 days after receipt of the requested information.

(d) The authority of the President of GACA to re-examine any civil airman to the extent necessary to determine an airman's qualification to continue to hold an airman medical certificate, is delegated to the Director, Aviation Medicine Department and his or her authorized representatives within the GACA.

§ 67.409 Denial of medical certificate.

(a) Any person who is denied a medical certificate by an aviation medical examiner may, within 30 days after the date of the denial, apply in writing and in duplicate to the Director, Aviation Medicine Department:

General Authority of Civil Aviation
Safety & Economic Regulations
Aviation Medicine Department
P.O.BOX: 887 Jeddah-21165

Kingdom of Saudi Arabia.

for reconsideration of that denial. If the person does not ask for reconsideration during the 30-day period after the date of the denial, he or she is considered to have withdrawn the application for a medical certificate.

(b) The denial of a medical certificate—

(1) By an aviation medical examiner is not a Final Denial.

(2) By the Director, Aviation Medicine Department is considered to be a denial.

(3) By the Director, Aviation Medicine Department is considered to be a denial by the President of GACA except where the person does not meet the standards of §§ 67.107(b)(3) and (c), 67.109(b), or 67.113(b) and (c); 67.207(b)(3) and (c), 67.209(b), or 67.213(b) and (c); or 67.307(b)(3) and (c), 67.309(b), or 67.313(b) and (c).

(c) Any action taken under § 67.407(c) that wholly or partly reverses the issue of a medical certificate by an aviation medical examiner is the denial of a medical certificate under paragraph (b) of this section.

(d) If the issue of a medical certificate is wholly or partly reversed by the Director, Aviation Medicine Department, the person holding that certificate shall surrender it, upon request of the GACA.

(e) The denial by President of GACA is a Final Denial.

§ 67.411 Medical certificates by Aviation Medical Examiner of Armed Forces.

(a) The GACA has designated Aviation Medical Examiner of the Armed Forces on specified military posts, stations, and facilities, as aviation medical examiners.

(b) An aviation medical examiner described in

paragraph (a) of this section may give physical examinations for the GACA medical certificates to persons who are on active duty or who are, under Department of Defense medical programs, eligible for GACA medical certification as civil airmen. In addition, such an examiner may issue or deny an appropriate GACA medical certificate in accordance with the regulations of this chapter and the policies of the GACA.

- (c) Any interested person may obtain a list of the military posts, stations, and facilities at which a flight surgeon has been designated as an aviation medical examiner from the Director, Aviation Medicine Department,

§ 67.413 Medical records.

- (a) Whenever the Director, Aviation Medicine Department finds that additional medical information or history is necessary to determine whether an applicant for or the holder of a medical certificate meets the medical standards for it, the Director, Aviation Medicine Department requests that person to furnish that information or to authorize any clinic, hospital, physician, or other person to release to the Director, Aviation Medicine Department all available information or records concerning that history. If the applicant or holder fails to provide the requested medical information or history or to authorize the release so requested, the Director, Aviation Medicine Department may suspend, modify, or revoke all medical certificates the airman holds or may, in the case of an applicant, deny the application for an airman medical certificate.
- (b) If an airman medical certificate is suspended or modified under paragraph (a) of this section, that suspension or modification remains in effect until the requested information, history, or authorization is provided to the GACA and until the Director, Aviation Medicine

Department determines whether the person meets the medical standards under this part.

§ 67.415 Return of medical certificate after suspension or revocation.

The holder of any medical certificate issued under this part that is suspended or revoked shall, upon the Administrator request, return it to the Director, Aviation Medicine Department.

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