

SOUTH AFRICAN



*CIVIL AVIATION
AUTHORITY*

TECHNICAL GUIDANCE MATERIAL PROTOCOL MEDICAL REQUIREMENTS

**SUBJECT: SUMMARIZED MEDICAL PROTOCOLS IN LINE WITH PART 67 OF THE CIVIL AVIATION REGULATIONS AND
TECHNICAL STANDARDS**

EFFECTIVE DATE: 16 NOVEMBER 2021

1. APPLICABILITY:

Aviation Personnel and Aviation Medical Examiners

2. PURPOSE.

To simplify the requirements for aviation personnel who have to comply with medical protocols and aviation medical examiners. This document should always be read in conjunction with the regulations and technical standards prescribed under Part 67 .It is the duty of the aviation medical examiner and the applicant to familiarize themselves with the latest applicable medical laws which may not be contained in this document.

3. PROTOCOL MEDICAL REQUIREMENTS

CONDITION		REQUIREMENTS (INITIAL)	REQUIREMENTS (FOLLOW-UP)
1.	EPILEPSY:CLASS 1,2 & 3	<ul style="list-style-type: none"> Not Compatible to flying 	Confirmed Neurologist Report
2.	EPILEPSY FOR CABIN CREW	<ul style="list-style-type: none"> May be considered for recertification by the CAA after 1 year & period has lapsed following initiation of medication. Applicant will be required to submit the following for initial consideration. <ul style="list-style-type: none"> Neurologist report stating that he or she is adequately functional on acceptable medication without significant side effects. Brain CT scan film/MRI Scan 16 Lead EEG 	<ul style="list-style-type: none"> For recertification an applicant shall be required to submit the following reports which are not older than 3 months Neurologist report stating that he or she is adequately functional on acceptable medication without significant side effects. Brain CT scan film/MRI Scan 16 Lead EEG If an applicant suffers a seizure while on medication, he or she is medically unfit If there is a change in medication, an applicant shall be grounded for six (6) months & Neurologist required Restricted to short haul flights which are not more than 3 hours Operate under supervision or in pairs
3.	BENIGN ROLANDIC EPILEPSY OF CHILDHOOD	<ul style="list-style-type: none"> Applicable to the following Class I multi-crew, as or with a co-pilot, II-Safety Pilot , Class III- Constant Supervision and Class IV - no restriction for Class IV and Cabin Crew. Medical certification after a minimum observation period of five (5) years or more. An applicant shall be seizure free and not using medication for the period 	<p>All initial applicants will be required to submit the following to SACAA:</p> <ul style="list-style-type: none"> Neurologist report 16 lead EEG with provocation Brain CT/MRI scan Film

4.	FEBRILE CHILDHOOD SEIZURES/CONVULSIONS	<ul style="list-style-type: none"> • Neurologist report is mandatory for all cases with Febrile childhood seizures/convulsions • Comprehensive neurologist report; • 16 lead EEG; • Brain CT/MRI scan film. 	<ul style="list-style-type: none"> • Neurologist report is mandatory for all cases with Febrile childhood seizures/convulsions <p>Exclusion Criteria:</p> <ul style="list-style-type: none"> • seizure that occurred under the age of 1 year; • multiple seizures; • a seizure that lasted more than 5 minutes; and • lateralizing signs associated with a seizure <p>Neurologist report is mandatory for all cases with Febrile childhood seizures/convulsions</p> <ul style="list-style-type: none"> • Comprehensive neurologist report; • 16 lead EEG; • Brain CT/MRI scan film.
5.	SINGLE SEIZURE	<ul style="list-style-type: none"> • Applicable to the following Class I, Class II, Class III; and Class IV • Cabin crew with a single seizure may be considered by the Medical Assessor on a case by case basis • Neurologist Report must contain, history of seizures in immediate family; history of febrile seizures and prior acute symptomatic seizure and history of remote neurological insult • CT Brain Scan film and report • EEG. • An applicant's recurrence risk is approximately 30%% over five (5) years. 	<ul style="list-style-type: none"> • Applicable to the following Class I, Class II, Class III; and Class IV • Cabin crew with a single seizure may be considered by the Medical Assessor on a case-by-case basis • Neurologist Report must contain, history of seizures in immediate family; history of febrile seizures and prior acute symptomatic seizure and history of remote neurological insult • CT Brain Scan film and report • EEG. • An applicant's recurrence risk is approximately 30%% over five years.

		<ul style="list-style-type: none"> • If a cause for a seizure is not found, Recreational Pilot shall be temporarily taken off from his or her safety operations duties for duration not less than two (2) years • The medical certificate applied for shall not be granted until a (2) two-year seizure-free and medication-free observation period has been achieved. 	
6.	MIGRAINES	<p>Migraine protocol shall be applicable to Class I, II, III and IV medical certificates</p> <ul style="list-style-type: none"> • Cabin crew member who is diagnosed with Migraine may be considered to be medically fit. • Comprehensive Neurologist report confirming the diagnosis and stating the frequency of attacks, type of aura, duration of prodromal period; <ul style="list-style-type: none"> ○ Brain CT scan ○ 16 Lead EEG ○ Applicant may be considered for recertification by a Medical Assessor after a minimum of six (6) months 	
7.	CLUSTER HEADACHE	<p>Cluster Headache protocol shall be applicable to Class I, II, III medical certificates</p> <p>Cabin Crew and Recreational Pilots on a case-by case basis</p>	<ul style="list-style-type: none"> a) Comprehensive Neurologist report stating the frequency of attacks, severity of attacks and medication used for the headache; b) a Brain CT Scan; c) a 16 Lead EEG

			d) An applicant may be considered for recertification after a 1-year observation period has lapsed.
8.	<p>HEAD INJURIES OR TRAUMATIC BRAIN INJURIES (TBI)</p> <p>MILD HEAD INJURY- TRAUMATIC BRAIN INJURY (TBI)</p>	<p>MILD HEAD INJURY- TRAUMATIC BRAIN INJURY (TBI)</p> <p>Mild Head Injury- Traumatic Brain Injury (TBI) shall be applicable to the following medical certificate: Class I Class II; Class III; and Class IV.</p> <ul style="list-style-type: none"> • An applicant shall be grounded for 7 days following the head injury. • A fleeting loss of consciousness or altered consciousness shall deem an applicant medically unfit and shall be grounded for 6 weeks. • Neurologist: A mild traumatic brain injury with no alteration of consciousness and normal examination by a Neurologist may be considered for medical recertification. • Brain CT Scan and Film 	
9.	<p>MODERATE HEAD INJURY- TRAUMATIC BRAIN INJURY (TBI)</p>	<p>MODERATE HEAD INJURY OR TRAUMATIC BRAIN INJURY(TBI)</p> <ul style="list-style-type: none"> • This requirement is applicable to the following medical certificate: Class I; Class II; Class III; and (d) Class IV. 	<p>Consideration for recertification observation period of at least two (2) years following injury has lapsed, reports required:</p> <ul style="list-style-type: none"> ○ Comprehensive Neurologist report stating that an applicant has been stable and there were no seizures reported; ○ Brain CT scan film and report

		<ul style="list-style-type: none"> • Cabin crew with Moderate Head Injury may be considered medically fit on a case by case basis. • Upon diagnosis, an applicant shall be grounded & required to submit the following: <ul style="list-style-type: none"> ○ Neurologist report ○ Brain CT scan film and report ○ A 16 Lead EEG with provocation 	<ul style="list-style-type: none"> ○ 16 lead EEG with provocation.
10.	SEVERE HEAD INJURY OR TRAUMATIC BRAIN INJURY (TBI)	<ul style="list-style-type: none"> • Severe head injury or traumatic brain injury (TBI) shall be applicable the following medical certificate: Class I; Class II; Class III & Class IV. • Cabin crew member with Severe Head Injury may be considered on a case-by-case basis; • Upon diagnosis, an applicant shall be declared temporary 5 years medically unfit and the applicant shall be required to submit the following reports: <ul style="list-style-type: none"> ○ 16 Lead EEG with standard provocation ○ Neuropsychometric evaluation by a Clinical Psychologist ○ A Compressive Neurologist Report 	<p>Subsequent to a five years (5) observation period, applicants will required to submit:</p> <ul style="list-style-type: none"> ○ Neurologist Report; ○ 16 Lead EEG with provocation. ○ Brain MRI scan film; and ○ Neuropsychometric evaluation a Clinical Psychologist.

		<ul style="list-style-type: none"> ○ MRI Scan (Brain) Film & Report 	
11.	POST-TRAUMATIC SYNDROME (CONCUSSION)	<ul style="list-style-type: none"> ● Post-traumatic syndrome (concussion) shall be applicable to Class I, II, III and IV of medical certificates. ● An applicant with concussion and without any neurological sequelae may be considered for recertification after one (1) month and shall provide the following reports : <ul style="list-style-type: none"> ○ Neurologist report; ○ Brain CT Scan film; ○ 16 Lead EEG report. 	No-follow-up reports required following recertification by the Medical Assessors
12.	SYNCOPE	<ul style="list-style-type: none"> ● Syncope and shall be applicable to the medical certificate: Class I, Class II, Class III; and Class IV. ● Cabin crew member with Syncope may be considered on a case by case basis. ● Applicant shall be declared temporarily medical unfit upon diagnosis. ● May be considered recertification after a period of at least (3) months has lapsed if there were (2) or less attacks and after least six (6) months if there were multiple attacks <ul style="list-style-type: none"> ○ Comprehensive Neurologist 	To comply with protocol where applicable

		<ul style="list-style-type: none"> ○ Comprehensive Cardiologist report with an ECG; ○ Full Blood Count (FBC), Urea and Electrolytes (U&E) ○ Pregnancy Studies. 	
13.	TRANSIENT MEMORY LOSS OR GLOBAL AMNESIA	<ul style="list-style-type: none"> ● The Transient Memory Loss or Global Amnesia shall be applicable to the following medical certificates: Class I, Class II;(Class III; and Class IV. ● Cabin crew with Transient Memory Loss or global amnesia shall be considered on a case-by-case basis. ○ Applicant medical unfit for a minimum period of one (1) year while the cause of the amnesia shall be investigated; <ul style="list-style-type: none"> ○ May be considered fit after (1) year if all investigations are normal. ○ EEG and an MRI Scan of the brain and Film ○ Exclusion of ischaemic brain injuries and epilepsy 	
14.	BRAIN TUMOURS BENIGN SUPRA-TENTORIAL TUMOURS (MENINGIOMA)	<ul style="list-style-type: none"> ● Brain tumors shall be applicable to the following medical certificates: Class I; Class II; Class III; and Class IV. ● Cabin crew member with Brain Tumours may be considered medically fit on a case by case basis 	<p>On application for recertification an applicant shall provide the following reports which are not older than 3 months:</p> <ul style="list-style-type: none"> ○ Brain MRI Scan Film & Report ○ Neurologist report ○ Oncologist report.

		<ul style="list-style-type: none"> • An applicant presented with benign supra-tentorial tumours shall be declared temporary medically unfit upon diagnosis, for a period of two (2) years. 	<p>After successful recertification, an applicant shall submit the following:</p> <ul style="list-style-type: none"> ○ annual neurologist report; and ○ annual oncologist report <p>Following radiation therapy case on its own merit and consider recertification after ten (10) years observation period has lapsed and provided it was Focal Radiotherapy.</p>
15.	BENIGN INFRA-TENTORIAL TUMOURS	<p>An applicant presented with benign infra-tentorial tumours shall be declared temporary medical unfit upon diagnosis;</p> <p>(2) An applicant may be considered for recertification by the Aeromedical Committee after one (1) year following successful removal of tumours and an applicant shall provide the following reports which are not older than 3 months:</p> <ul style="list-style-type: none"> (a) Brain MRI scan film; (b) Neurologist report; and (c) Oncologist report. 	<p>After successful recertification, an applicant shall submit the following reports :</p> <ul style="list-style-type: none"> (a) annual neurologist report; and (b) annual oncologist report
16.	PSEUDO-TUMOR CEREBRI	<p>An applicant shall be declared medically unfit upon diagnosis and shall provide the following reports:</p> <ul style="list-style-type: none"> (a) Neurologist report confirming the diagnosis; 	<p>On application for recertification, an applicant shall provide the following reports :</p> <ul style="list-style-type: none"> (a) Neurologist report; and (b) Ophthalmologist report

		<p>(b) Brain CT scan film; (c) Ophthalmologist report with comment on visual fields.</p> <p>(2) An applicant may be considered for recertification after six (6) months provided that he or she have no headaches, off medication or on acceptable medication and the visual fields are normal.</p>	
17.	MULTIPLE SCLEROSIS	<p>The Multiple Sclerosis shall be applicable to the following medical certificates: Class I, Class II;(Class III; and Class IV .</p> <p>An applicant may be considered for recertification by the Panel after six (6) months of observation period.</p> <ul style="list-style-type: none"> ○ Neurologist report ; ○ Blood and Cerebro-Spinal fluid Oligoclonal bands; ○ IGG index; ○ Brain and Spinal cord MRI scan film ○ Ophthalmologist report ○ Clinical Psychologist report. 	<p>After successful recertification, an applicant shall provide a :</p> <ul style="list-style-type: none"> ○ neurologist and ophthalmologist report every six (6) months. ○ An applicant shall be declared medical unfit on follow up if the following develops: <ul style="list-style-type: none"> (a) Neurological deficit after exacerbation; (b) visual loss; (c) sensory disturbances on hands; (d) mood instability; (e) vertigo; and (f) Any convulsions.

18.	STROKE	Applicable to Class I, II, III and IV	<p>18.1 Ischaemic Stroke</p> <p>Recertification by the Authority subsequent to the two (2) years period of observation</p> <ul style="list-style-type: none"> a) a neurologist report; b) a brain CT scan film; c) a 16 Lead EEG; and d) clinical psychologist report. <p>18.2 Haemorrhagic Stroke</p> <p>An applicant may be considered for recertification by the Authority after two (2) years observation period;</p> <p>An applicant diagnosed with a haemorrhagic stroke shall be declared medically unfit and shall provide the following reports upon diagnosis—</p> <ul style="list-style-type: none"> a) A Neurologist report; b) A Brain CT scan; c) A 16 Lead EEG; and d) Clinical Psychologist Report
19.	MIGRAINE	Applicable to Class I, II, III, Recreational and Cabin Crew will be considered on a case-by-case basis and may be declared fit	<ul style="list-style-type: none"> a) Unfit following diagnosis. b) Comprehensive Neurologist report confirming the diagnosis and stating the frequency of attacks, type of aura, duration of prodromal period;

			<p>c) Brain CT scan;</p> <p>d) 16 Lead EEG</p>
20.	CLUSTER HEADACHE	<p>Applicable to Class I, II, III, Recreational and Cabin Crew will be considered on a case-by-case basis and may be declared fit</p>	<p>a) A comprehensive Neurologist report stating the frequency of attacks, severity of attacks and medication used for the headache</p> <p>b) a Brain CT scan;(c)</p> <p>c) a 16 Lead EEG.</p>
21.	BRAIN TUMOURS BENIGN	<p>Applicable to Class I, II, III & IV Medical Certificate Holders</p>	<p style="text-align: center;">BENIGN SUPRA-TENTORIAL TUMOUR (MENINGIOMA)</p> <p>An applicant diagnosed with meningitis or encephalitis shall be declared medical temporarily unfit.</p> <ul style="list-style-type: none"> • An applicant may be considered for recertification by the CAA Panel after six (6) month observation period. • Recertification shall depend on the degree of deficit or recovery and the risk of developing hydrocephalus. • Comprehensive Neurologist report • Following radiation therapy, the Medical Assessor shall review and consider recertification after 10 years observation <p>Benign Infra-tentorial tumour (Acoustic neuroma, pituitary adenoma and benign extra-axial tumours)</p> <ul style="list-style-type: none"> • Recertification by the Medical Assessor after 1 year following successful removal of a tumour • Brain MRI scan film;(b) • Neurologist report; and(c) • Oncologist report. <p>Follow-Up Reports</p>

			<ul style="list-style-type: none"> • annual neurologist report;(b) • annual oncologist report.
22.	MALIGNANT TUMOURS	Applicable to Class I, II, III & IV Medical Certificate Holders	An applicant diagnosed with malignant intra-cranial tumour shall be declared medically unfit to fly.
23.	MENINGITIS AND ENCEPHALITIS	Applicable to Class I, II, III & IV Medical Certificate Holders	<ul style="list-style-type: none"> a) Applicant may be considered for recertification by the Medical Assessor after a 6-month observation period. b) Recertification shall depend on the degree of deficit or recovery and the risk of developing hydrocephalus. c) Comprehensive Neurologist Report Require
24.	BRAIN ABSCESS	Applicable to Class I, II, III & IV Medical Certificate Holders	<p>Each case shall be assessed on its merit considering the location of the abscess (infra-tentorial or supra-tentorial) and the nature of neurological deficit.</p> <ul style="list-style-type: none"> • The decision to recertify shall be referred to the CAA Panel after at least six (6) months observation period. • On application for recertification the applicant shall submit the following: <ul style="list-style-type: none"> ○ Neurologist Report; ○ Brain MRI Scan Film

25.	NEUROSYPHILLIS	Applicable to Class I, II, III & IV Medical Certificate Holders	<p>Neurological deficits usually persist even after successful treatment</p> <ul style="list-style-type: none"> • An applicant shall be assessed for neurological deficit or degree of recovery. • Recertification shall depend on the functional capacity following treatment and shall be referred to the Medical Assessor at CAA. • Recertification may be considered after an observation period of six (6) months. • On application for recertification an applicant shall submit the following: <ul style="list-style-type: none"> ○ Neurologist Report; ○ Occupational Therapist
26.	PARKINSON'S DISEASE	Applicable to Class I, II, III & IV Medical Certificate Holders	<ul style="list-style-type: none"> a) Considered by the Authority after six (6) months observation period has lapsed and the applicant is stable on acceptable medication. b) Provide a neurologist report; c) Provide a Clinical Psychologist report on neurocognitive functioning. d) Undergo an Authority supervised simulator test.
27.	HYPERTENSION-Approach Intervention & Monitoring Differs-Mild, Moderate &	<ul style="list-style-type: none"> • Urine Dipstix for Microalbuminurea • Clinical Examination • Blood tests (U&E including Creatinine, 	<ul style="list-style-type: none"> • Urine Dipstix for Microalbuminurea • Clinical Examination • Blood tests (U&E including Creatinine, Fasting Glucose,

	<p>Severe See detailed Protocol</p>	<p>Fasting Glucose, Fasting Lipogram).</p> <ul style="list-style-type: none"> • Resting ECG • Stress ECG • Cardiovascular Risk Assessment.(Smocking,BP,Weight,DM,Family History) 	<p>Fasting Lipogram).</p> <ul style="list-style-type: none"> • Resting ECG • Stress ECG • Cardiovascular Risk Assessment.(Smocking,BP,Weight,DM,Family History)
<p>28.</p>	<p>CORONARY ARTERY DISEASE</p>	<ul style="list-style-type: none"> • Hospital admission summary (History and Physical). • If catheterisation and/or angiography have been performed, all reports and actual films/CDs must be submitted for review. • A cardiothoracic report, in cases of CABG/PTCI, detailing the cardiac event and procedures must be submitted. • Blood chemistry (fasting Lipid Profile, Urea, Urate, Creatinine, and Fasting Blood Glucose). • A 24-hour Holter ECG tracing • A stress Echocardiogram/Stress MRI/MIBI Scan or Coronary CT Scan will be required six months after the incident. • A Myocardial Perfusion Scan shall be required at least six months after Angioplasty/Stenting, but not necessarily after 	<ul style="list-style-type: none"> • Annual cardiologist's report. • Resting and Maximal Stress ECG 12 lead ECG • A normal 24 Hour Holter ECG • MIBI or stress ECHO • Blood chemistry (Urea & Creatinine, Fasting Lipid Profile, Fasting Blood Glucose, Haemoglobin & Platelets) • An angiogram if there is any cardiac abnormality detected, including symptom relapse.

		other events (Myocardial Infarction or Coronary Artery Bypass Grafting), unless there is doubt about the diagnosis Myocardial Infarction or adequacy of Bypass Grafting.	
29.	ASTHMA	<ul style="list-style-type: none"> • Lung function tests. • Chest X-ray: PA and Lateral on initial examination. Subsequent CXRs on indication only. • Pulmonologists report. If FEV1/FVC \leq 70% 	
30.	PNEUMOTHORAX	<ul style="list-style-type: none"> • Lung function tests. • Chest X-ray. • Pulmonologist Report 	<ul style="list-style-type: none"> • Lung function tests. • Chest X-ray. • Pulmonologist Report
31.	CHRONIC OBSTRUCTIVE AIRWAY DISEASE	<ul style="list-style-type: none"> • Lung function tests. • Bi-annual Chest X-ray. • Pulmonologist Report : vital capacity reduction, increased residual volume, presence of bullae, diffusion capacity, oxygen saturation and carbon dioxide retention 	<ul style="list-style-type: none"> • Lung function tests. • Bi-annual Chest X-ray. • Pulmonologist Report : vital capacity reduction, increased residual volume, presence of bullae, diffusion capacity, oxygen saturation and carbon dioxide retention
32.	SARCOIDOSIS	<ul style="list-style-type: none"> • Lung Function test • Chest X-ray • Stress ECG • Blood tests (ESR, Uric Acid, Angiotensin Converting Enzyme, Calcium 	<ul style="list-style-type: none"> • Lung Function test • Aviation Medical Examination • Blood tests (ESR, Uric Acid, Angiotensin Converting Enzyme, Calcium) • Chest X-ray • Specialist Physician / Pulmonologist Report

33.	DIABETES MELLITUS TYPE II	<ul style="list-style-type: none"> • Physician/ Endocrinologist Report • Urinalysis • Stress ECG • Blood tests (Fasting glucose, Lipogram' HB1Ac) 	<ul style="list-style-type: none"> • Physician/ Endocrinologist Report • Urinalysis • Stress ECG • Blood tests (Fasting glucose, Lipogram' HB1Ac)
34.	ADDISON'S DISEASE	<ul style="list-style-type: none"> • Normal physical examination • Blood tests (Random glucose, urea and creatinine, serum cortisol, liver function test) 	<ul style="list-style-type: none"> • Normal physical examination • Blood tests (Random glucose, urea and creatinine, serum cortisol, liver function test)
35.	MALIGNANT MELANOMA	<ul style="list-style-type: none"> • Specialist Report including staging • Pathology report including the following • TNM Staging • Breslow Depth Classification for Stage 1 and 2 • Excision Margins • Location • Sex • Sentinel node assessment • Radiology reports: CT Brain with contrast/MRI/ PET Scan • Laboratory tests: LDH; ALP 	<ul style="list-style-type: none"> • 6 Monthly clinical Examination, and 6 monthly specialist report for the first year • 6 Monthly clinical examinations with annual specialist report for 10 years • 6 Monthly LDH, ALP • Annual CT/MRI/PET scans for 3 years (PET scan is a preferred investigation)
36.	OESOPHAGEAL CARCINOMA	<ul style="list-style-type: none"> • Specialist report including Staging and/ or with Tumour Grading • Histology report 	<ul style="list-style-type: none"> • 6 monthly Specialist report • 6 monthly Radiological reports for 3 years, then annually till year 5

		<ul style="list-style-type: none"> • Radiological reports; Barium swallow, CXR, CT/MRI/PET scan (PET scan is the preferred investigation) • Bloods: e.g. FBC, LFT, U&E (Creat), Ca2+ 	<ul style="list-style-type: none"> • Barium swallow, CXR, CT/MRI/PET scan (PET scan is a preferred investigation) • Endoscopic examination at 6 monthly to yearly intervals as per clinical indication • Bloods e.g. FBC, LFT, U&E (Creat), Ca2+
37.	COLORECTAL CARCINOMA	<ul style="list-style-type: none"> • Specialists reports, which must include clinical staging, and /or with Tumour Grade, colonoscopy findings and an indication whether adjuvant therapy is indicated or not. • Histology report including Duke's /TNM Staging • Blood test results: FBC, ESR; LFT including, LDH & ALP. • Tumour markers e.g. CEA • Presence of occult blood in the faeces – Haemoccult • Radiological reports: CXR • If clinically indicated according to the colonoscopy and CEA findings, a CT scan of the abdomen, Lungs and Brain will be required. 	<ul style="list-style-type: none"> • Must submit 6 monthly detailed specialists' reports (surgeon, radiologist, oncologist, etc.) • Must do faecal occult blood tests 6 monthly • Report from Radiation Oncologist specifying exposure areas and any sequelae • CXR, CT/MRI scan; colonoscopy or adequate air-contrast Ba Enema annually. • 6 monthly Bloods: FBC, ESR, LFT including LDH, Serum CEA,
38.	BREAST CARCINOMA	<ul style="list-style-type: none"> • Specialist reports including clinical staging • Histology reports 	<ul style="list-style-type: none"> • Specialist reports including clinical staging • Histology reports

		<ul style="list-style-type: none"> • Radiological assessment: CXR, CT/MRI/PET scan/Mammograms • Nodal assessment: lymph node biopsies • Bloods, e.g. FBC, LFT, U&E (Creat) • Tumour markers such as HER2 	<ul style="list-style-type: none"> • Radiological assessment: CXR, CT/MRI/PET scan/Mammograms • Nodal assessment: lymph node biopsies • Bloods, e.g. FBC, LFT, U&E (Creat) <p>Tumour markers such as HER2</p>
39.	TESTICULAR CARCINOMA	<ul style="list-style-type: none"> • An orchidectomy must have been performed successfully, without complications. • A specialist report from an oncologist or urologist including staging. • Radiological reports: CXR and/or CT/MRI/PET scan reports (if considered necessary by the specialist). • Tumour marker levels: α fetoprotein; Lactate dehydrogenase (LDH); Human chorionic gonadotropin (HCG) 	<ul style="list-style-type: none"> • Specialist's reports (Oncologist or Urologist) along with tumour marker levels 3 to 4 monthly or as per specialist follow up plan for 2 years, then 6 monthly for 3 years thereafter annually till year 10
40.	PROSTATE CARCINOMA	<ul style="list-style-type: none"> • Specialist report, which must include clinical staging and/ or with Gleason score. • Histology report. • Blood test results: PSA (usually every 3 months to 1 year) • Initial radiological reports, CXR/Bone scans/CT/MRI (done during diagnosis or staging) 	<ul style="list-style-type: none"> • 6 monthly progress report from a urologist or oncologist for 3 years • Annual PSA level for 3 years
41.	RENAL CARCINOMA	<ul style="list-style-type: none"> • Detailed specialists reports including staging 	<ul style="list-style-type: none"> • Detailed specialists reports including staging

		<ul style="list-style-type: none"> • Radiological reports • CXR, Abdominal CT/MRI /PET scan reports, renal arteriography, Bone scan, U/S • Bloods: FBC, LFT, U&E, GFR • Urine tests 	<ul style="list-style-type: none"> • Radiological reports • CXR, Abdominal CT/MRI /PET scan reports, renal arteriography, Bone scan, U/S • Bloods: FBC, LFT, U&E, GFR <p>Urine tests</p>
42.	BLADDER CARCINOMA	<ul style="list-style-type: none"> • Specialist reports including staging • Bladder exams every 3 to 6 months after treatment • Urological evaluation • Urinalysis (if bladder not removed) • Cytology, (urine cytology) • Cystoscopy • IVP 	<ul style="list-style-type: none"> • 3 to 6 monthly Urologist and reports • Annual radiological reports • CXR, Bone scans/ CT
43.	PREVIOUSLY DIAGNOSED ACUTE LEUKAEMIA	<ul style="list-style-type: none"> • Full blood count and differential • Bladder exams every 3 to 6 months after treatment • 6-weekly blood profile. • 12-weekly bone marrow evaluation • 12-weekly lumbar puncture. • Must undergo an Aviation Medical Examination at least annually (or more frequently if indicated) • Must do an ECG and stress ECG with each 	<ul style="list-style-type: none"> • Full blood count and differential • Bladder exams every 3 to 6 months after treatment • 6-weekly blood profile. • 12-weekly bone marrow evaluation • 12-weekly lumbar puncture. • Must undergo an Aviation Medical Examination at least annually (or more frequently if indicated). • Must do an ECG and stress ECG with each aviation medical examination.



		aviation medical examination.	
44.	WARFARIN PROTOCOL	<ul style="list-style-type: none"> • Cardiologist report before initiation of warfarin • Initial baseline INR. • A weekly INR report after initiation of Warfarin until there is proof of stability • The applicant will submit his/her INR reports to the DAME on a monthly basis • INR levels must be between 2 and 3, 80% of the time. 	<ul style="list-style-type: none"> • Cardiologist report before initiation of warfarin • Initial baseline INR. • A weekly INR report after initiation of Warfarin until there is proof of stability • The applicant will submit his/her INR reports to the DAME on a monthly basis INR levels must be between 2 and 3, 80% of the time.

45.	HIV PROTOCOL	<ul style="list-style-type: none"> • HIV Specialist Report(History/Stability of Infection including opportunistic & Medication History) • CD4 count will be evaluated on a 3-monthly basis. • Viral Load • Full blood count with differential, done on a 3-monthly basis (HB=12G/DL) • A full renal function will be performed on a 3-monthly basis. • A full liver function test will be performed on a 3-monthly basis. • Neuropsychological/Clinical Psychologist Report including a baseline • Neurologist/Internal Medicine Specialist Report • Lab Reports-(Hepatitis B & C,CMV,Toxoplasmosis & Tuberculosis) • <i>Psychiatrist Report, if clinically indicated.</i> • <i>Cardiologist Report, if clinically indicated.</i> • <i>Acceptable Medication(</i> • Presentation at the Aeromedical Committee 	<ul style="list-style-type: none"> • HIV Specialist Report(History/Stability of Infection including opportunistic & Medication History) • CD4 count will be evaluated on a 3-monthly basis. • Viral Load • Full blood count with differential, done on a 3-monthly basis (HB=12G/DL) • A full renal function will be performed on a 3-monthly basis. • A full liver function test will be performed on a 3-monthly basis. • Neuropsychological/Clinical Psychologist Report including a baseline • Neurologist/Internal Medicine Specialist Report • Lab Reports-(Hepatitis B & C,CMV,Toxoplasmosis & Tuberculosis) • <i>Psychiatrist Report, if clinically indicated.</i> • <i>Cardiologist Report, if clinically indicated.</i> • <i>Acceptable Medication(</i> Presentation at the Aeromedical Committee
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46.	MOOD DISORDER PROTOCOL	<ul style="list-style-type: none"> • Psychiatrist Report, including Hamilton Score • Clinical Psychologist Report 	<ul style="list-style-type: none"> • Psychiatrist Report, including Hamilton Score • Clinical Psychologist Report
47.	RADIAL KERATOMY/PRK/LASIK PROTOCOL	<ul style="list-style-type: none"> • Waiting period of six months (three months after PRK/LASIK) after surgery 	<ul style="list-style-type: none"> • Reports from the treating ophthalmologist immediate post-surgery and after the six month waiting period • Follow-up reports six monthly from the treating ophthalmologist for the first year after being declared fit to fly. • Annual reports from the treating ophthalmologist thereafter •
48.	RHEUMATOID ARTHRITIS PROTOCOL	<ul style="list-style-type: none"> • Full Rheumatologist Report 	<ul style="list-style-type: none"> • Full Rheumatologist Report
49.	OBSTETRICS AND GYNAECOLOGY PROTOCOL	<ul style="list-style-type: none"> • Full Obstetrician/ Gynaecologist Report 	<ul style="list-style-type: none"> • Full Obstetrician/ Gynaecologist Report •
50.	BONE MARROW PROTOCOL	<ul style="list-style-type: none"> • Full Blood Count 2 weeks after bone marrow harvesting 	<ul style="list-style-type: none"> • Full Blood Count 2 weeks after bone marrow harvesting

51.	HODGKIN'S LYMPHOMA	<ul style="list-style-type: none"> • A current status report and all pertinent medical reports such as a Haematologist/Oncologist's Report; • Blood Results for FBC & ESR, U&E and LFT;(c) • The medical report to include past and present treatment(s); • Chest X Ray;(e) • ECG(f) • Lung Function Test; and(g) • Any other report that may be requested. 	<ul style="list-style-type: none"> • A current status report and all pertinent medical reports such as a Haematologist/Oncologist's Report; • Blood Results for FBC & ESR, U&E and LFT;(c) • The medical report to include past and present treatment(s); • Chest X Ray;(e) • ECG(f) • Lung Function Test; and(g) • Any other report that may be requested.
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52.	PERIOD OF VALIDITY OF MEDICAL CERTIFICATES	<p><u>Class I</u></p> <ol style="list-style-type: none"> 1. ATP & CPL < 40: 12 months 2. ATP >40 single crew: 6 Months 3. ATP >40 <60 multicrew: 12 months 4. CPL>40 <60 : 12 months 5. ATP & Comm > 60: 6 months <p><u>Class II :Category</u></p> <ol style="list-style-type: none"> 1) < 40: 60 months months 2) >40: 24 months months 3) >50 : 12 months <p><u>Class III</u></p> <ol style="list-style-type: none"> 1.< 40: 48 months 2. >40: 24 months 3. >50 : 12 months <p><u>Class IV</u></p> <ol style="list-style-type: none"> 1. <40: 60 months 2. >40: 36 month 	<p><u>Class II :Category</u></p> <ol style="list-style-type: none"> 4) < 40: 60 months months 5) >40: 24 months months 6) >50 : 12 months <p><u>Class III</u></p> <ol style="list-style-type: none"> 1.< 40: 48 months 2. >40: 24 months 4. >50 : 12 months <p><u>Class IV</u></p> <ol style="list-style-type: none"> 3. <40: 60 months 4. >40: 36 months
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REVIEWED & VALIDATED BY:		
	LESEGO BOGATSU	16 NOVEMBER 2021
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APPROVED BY:		
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END