

AME – certifikacija, sličnosti i razlike EU (EASA) i USA (FAA)

Marin Kamenjašević



Aeromed.

- EASA osnovni tečaj - 5/2019 - Zagreb
- EASA napredni tečaj - 12/2020 – Frankfurt
- FAA Basic AME Seminar – 3/2022 – Zagreb
(virtual) → international AME



FAA certifikacija

- malo informacija i uputa, jako puno poziva i mailova - AME Designation
- Office of International Affairs (API) – Brisel

To apply you must:

1. Be an MD or DO in good standing with regard to your medical license
2. Create an account and complete the application in the Designee Management System (DMS). <https://designee.faa.gov/>
 - a. A video describing the steps can be found here: <https://www.faa.gov/tv/?mediaId=1180>
3. Successfully complete the pre-requisite online courses
 - a. CAPAME clinical Aerospace Physiology Review for AMEs and
 - b. MCSPT Medical Certification Standards and Procedures Tutorial—how an AME would review and enter info into the 8500-8 and some of the decision process
4. Attended and successfully complete mandatory training at one of our FAA AME Basic Seminars.

- FAA procjenjuje, dugotrajno, kolovoz 2021.
prvi upit

FAA certifikacija

- prijava, odobrenje, VSV →
- veljača 2022. - 2 samouka tečaja
i 2 testa:

CAPAME clinical Aerospace

Physiology Review for AMEs

MCSPT Medical Certification

Standards and Procedures Tutorial



FAA certifikacija

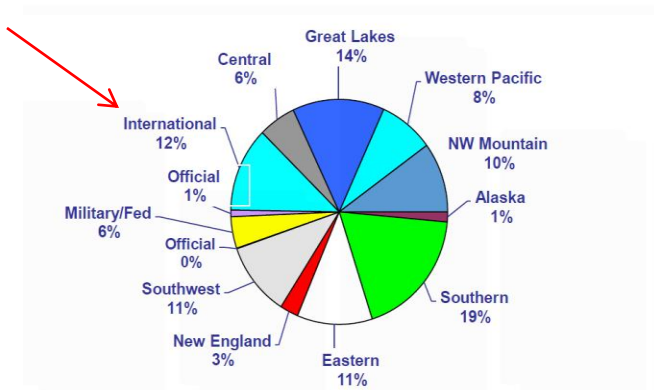
- Basic AME seminar ožujak 2022. – tjedan dana
- test od 120 pitanja s vremenskim rokom

Marin Kamenjasevic, MD

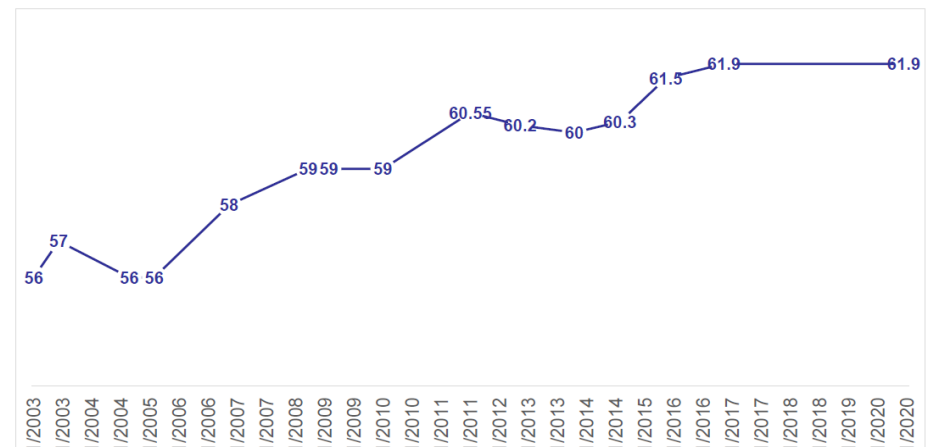
who has been found to have the necessary knowledge, skill, experience, interest, and impartial judgment to merit special public responsibility, I hereby designate as

Civilian-International-AME

Distribution of AMEs by Region



AVERAGE AGE OF AMEs



SAD (2020):

- 363.200 zahtjeva za medical, bez **BasicMed-a**

- **Class 1** (ATPL)

- **Class 2** (CPL)

- **Class 3** (PPL+)

Average Age is 65.5 years old

Max = 100.56 and Min = 17.1



5.9% (2,590) are 80 years of age or more



UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration						
MEDICAL CERTIFICATE THIRD CLASS						
This certifies that (Full name and address): JOYCE [redacted] USA						
Date of Birth	Height	Weight	Hair	Eyes	Sex	
[redacted]	64	160	BROWN	BLUE	F	
has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.						
Limitations	Must wear corrective lenses. Not valid for any class after July 31, 2010.					
Date of Examination	Examiner's Designation No.					
07/28/2009	19166					
Signature [redacted]						
Typed Name GUILLERMO J. SALAZAR, MD						
AIRMAN'S SIGNATURE						
Applicant ID: 100 [redacted]			Control No: 209004115578			

CONDITIONS OF ISSUE	
The holder of this certificate must:	
• Have it in his or her personal possession at all times while exercising privileges of an airman certificate. (14CFR § 61.3) • Understand that the issuance of a medical certificate by an Aviation Medical Examiner may be reversed by the FAA within 60 days. (14CFR § 67.407) • Comply with validity standards specified for first-, second-, and third-class medical certificates. (14CFR § 61.23) • Comply with any statement of functional, operational, and/or time limitation issued as a condition of certification. (14CFR § 67.401) (Note: A letter of authorization (or SODA) describing any such limitations must be kept with this certificate at all times while exercising the privileges of an airman certificate.) • Comply with the standards relating to prohibitions on operation during medical deficiency. (14CFR §§ 61.53, 63.19, and 65.49)	
For International Operations Only: Some holders may be affected by certain international medical standards. Consult the U.S. Aeronautical Information Publication for details, distributed in ICAO Annex 1 medical standards.	

- 5000 aviona u bilo kojem trenutku

- **6871** komercijalni avion ➡

280.000 ukupno! (27.000 eksperimentalnih)



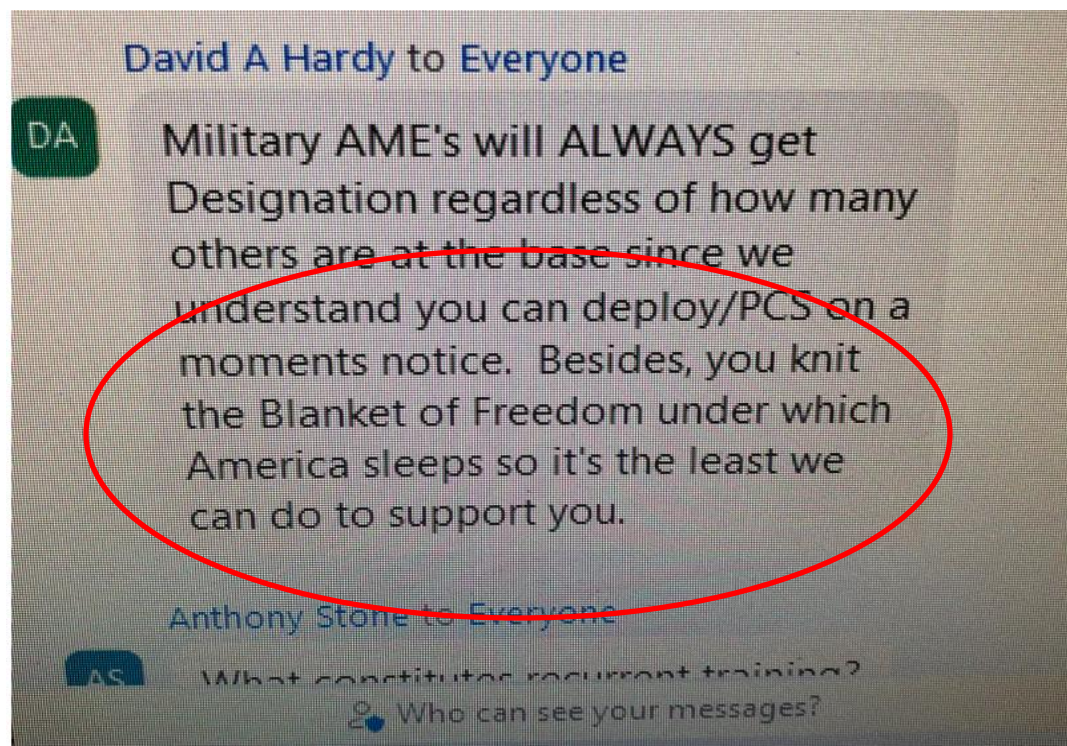
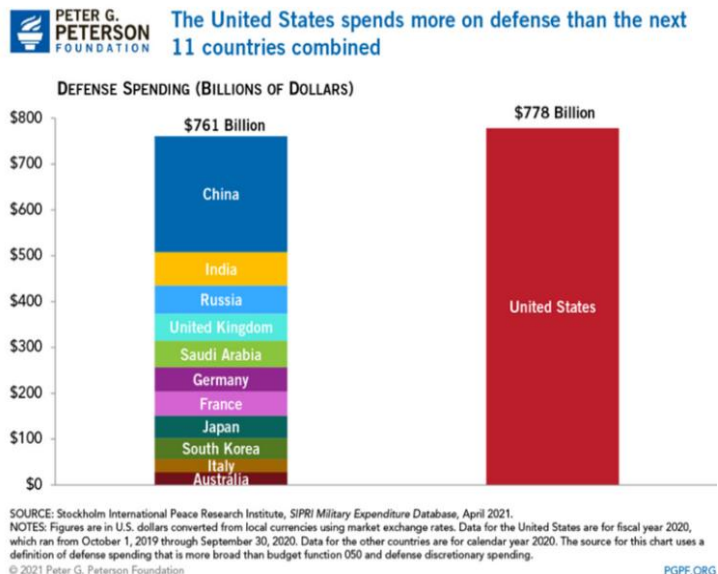
Pilot certificates/licences; Medical classes 1, 2, 3:

- **Student** (Subpart C)
- **Recreational** (Subpart D)
- **Private** (Subpart E)
- **Commercial** (Subpart F)
- **Airline Transport** (Subpart G)
- **Sport** (Subpart J)

Specifičnosti Aeromed.

- izrazito zastupljena vojska/bivša vojska u FAA
- Air Force budžet za 2023. 194 milijarde \$
(BDP RH 2021.-67 milijardi \$)

Slika 4. Izdvajanja za vojsku u 2020., SAD vs. ostatak svijeta



Specifičnosti -pregled

- MedXpress → AMCS – online, ime i šifra
- AME performs exam
- If the airman is medically fit, print and issue the Certificate
- Submit the exam within 14 days of the exam date
- opcije: izdati, CACI (Conditions AMEs Can Issue), SI/AASI (Special Issuances, AME Assisted Special Issuance), defer (prepustiti FAA), deny (nije preporučeno)

Specifičnosti - pregled

**Aerospace Medical Certification
Subsystem (AMCS)**

Welcome User, AMCS
AMCS Home | Log Out

Form 8500-8 Search Applicants Pending Exams Import Application Help

Page 1 Page 2 AME Actions Comments Page 3

MedXPress Imported application
Pilot Medical Certificate
Application For: Airman Medical Cert. Class of Medical Cert.:3rd
Name: T ROBERTS
SSN: *****0469

Attach ECG Print Certificate Display Summary Check for Errors

Ok Exam Type: Pilot Medical Certificate

Ok AME Serial Number: 000080083

1. Ok Application For: ☒ Airman Medical Cert. ☐ Airman Medical & Student Pilot Cert.

2. Ok Class of Medical Cert.: ☐ 1st ☐ 2nd ☒ 3rd

3. Ok Last Name: ROBERTS Ok First Name: T
Ok Middle Name: Ok Suffix:

4. Ok SSN: 888-08-0469
☒ International/Declined to Submit (An SSN will be generated by the system)

Specifičnosti - pregled

Attach ECG Print Certificate Display Summary Check for Errors

Ok Exam Type: Pilot Medical Certificate

Ok AME Serial Number: 000080083

1. Ok Application For: ☒ Airman Medical Cert. ☐ Airman Medical & Student Pilot Cert.

2. Ok Class of Medical Cert.: ☐ 1st ☐ 2nd ☒ 3rd

3. Ok Last Name: ROBERTS Ok First Name: T

Ok Middle Name: Ok Suffix:

4. Ok SSN: 888-08-0469

☒ International/Declined to Submit (An SSN will be generated by the system)

5. Ok Address: 6500 S MacArthur Blvd Ste 13

Ok City: Oklahoma City Ok State: OK

Ok Country: USA Ok Zip Code: 73169

Ok Telephone Number: 405-954-5115

6. Ok Date of Birth: 08/03/1966 Ok Citizenship: USA

7. Ok Hair Color: RED

8. Ok Eye Color: GREEN

9. Ok Sex: ☒ Male ☐ Female

Medical History - HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING? Answer "yes" or "no" for every condition listed below (if "yes", click Add Comment to add or edit a comment).

Set All Blank Items in 18a - 18y to No

18a. ☒ Yes ☐ No Ok Frequent or severe headaches

18b. ☐ Yes ☒ No Ok Dizziness or fainting spell

18c. ☐ Yes ☒ No Ok Unconsciousness for any reason

18d. ☐ Yes ☒ No Ok Eye or vision trouble except glasses

18e. ☐ Yes ☒ No Ok Hay fever or allergy

18f. ☐ Yes ☒ No Ok Asthma or lung disease

18g. ☐ Yes ☒ No Ok Heart or vascular trouble

18h. ☐ Yes ☒ No Ok High or low blood pressure

18i. ☐ Yes ☒ No Ok Stomach, liver, or intestinal trouble

18j. ☐ Yes ☒ No Ok Kidney stone or blood in urine

18k. ☐ Yes ☒ No Ok Diabetes

18l. ☐ Yes ☒ No Ok Neurological disorders: epilepsy, seizures, stroke, paralysis, etc.

18m. ☐ Yes ☒ No Ok Mental disorders of any sort: depression, anxiety, etc.

18n. ☐ Yes ☒ No Ok Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.

18o. ☐ Yes ☒ No Ok Alcohol dependence or abuse

Specifičnosti - pregled

21. Ok Height (in.):

22. Ok Weight (lbs.): BMI:

23. Ok Statement of Demonstrated Ability (SODA): ☐ Yes ☒ No
Ok Defect Noted:

24. Ok SODA Serial Number:

Physical Findings:

[Set All Blank Items in 25-48 to Normal](#)

25. ☒ Normal ☐ Abnormal Ok Head, face, neck, scalp

26. ☒ Normal ☐ Abnormal Ok Nose

27. ☒ Normal ☐ Abnormal Ok Sinuses

28. ☒ Normal ☐ Abnormal Ok Mouth and throat

29. ☒ Normal ☐ Abnormal Ok Ears, general (Internal and external canals; Hearing under item 49)

30. ☒ Normal ☐ Abnormal Ok Ear Drums (perforation)

31. ☒ Normal ☐ Abnormal Ok Eyes, general (Vision under items 50 to 54)

32. ☒ Normal ☐ Abnormal Ok Ophthalmoscopic

54. Heterophoria 20' (in prism diopters)
Ok Esophoria: Ok Exophoria:
Ok R. Hyperphoria: Ok L. Hyperphoria:

55. Blood Pressure
Ok Systolic:
X Diastolic:

56. Ok Pulse:

57. Ok Urine Test (if abnormal, give results): ☒ Normal ☐ Abnormal
Ok Albumin:
Ok Sugar:

58. Ok ECG Date: (Date will get filled in when an ECG is uploaded)

59. Ok Other Tests Given:

60. Comments on History and Findings (See Comments Page to View and Update Comments.)
Ok Significant Medical History: ☐ Yes ☒ No
Ok Abnormal Physical Findings: ☐ Yes ☒ No

Specifičnosti - pregled

X Comments on Medical History and Abnormal Findings:

Please enter applicant and AME comments for all "YES" answers in the Medical History section. Also, please enter AME comments for all abnormal findings of the examination. Check all items to be included in 63. Disqualifying Defects.

Item	Applicant Explanation or Item Description	AME Comment (Item 60)	Disq
18A.	Frequent or severe headaches	airman comment added by ame 18a	☐
51A.	Near Vision	Does Not Meet Standards	☐
55.	Blood Pressure	Does Not Meet Standards	☐

Ok General Explanations by Airman Pertaining to Medical History:

Ok Additional AME Comments:

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

Ok Certificate/Form No.: GX 1166092

MEDICAL CERTIFICATE CLASS

This certifies that (Full name and address):

T ROBERTS
6500 S MacArthur Blvd Ste 13
Oklahoma City, OK 73169

Date of Birth	Height	Weight	Hair	Eyes	Sex
08/03/1966	72	200	RED	GREEN	M

has met the medical standards prescribed in Part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

Code	Description
------	-------------

- | | |
|---------------------------------------|---|
| ☒ 0 | None |
| ☐ 1 | Must have available glasses for near vision. |
| ☐ 2 | Must wear corrective lenses. |
| ☐ 3 | Must wear corrective lenses for near and distant vision. |
| ☐ 4 | Must wear lenses for distant, have glasses for near vision. |
| ☐ 5 | Third-Class Letter of Evidence |
| ☐ 6 | Must wear prismatic correction. |
| ☐ 9 | Must use hearing amplification. |
| ☐ 10 | Must wear artificial limb. |
| ☐ 11 | Oxygen required when flying above 7,999 feet. |
| ☐ 12 | Passenger(2) carrying prohibited. |
| ☐ 13 | Not valid for pilot in command. |
| ☐ 16 | Not valid for flights requiring color signal control during daylight hours. |
| ☐ 17 | Not valid for night flying or by color signal control. |
| ☐ 18 | Not valid for night flying. |
| ☐ 19 | Must wear corrective lenses, possess glasses for near/intermediate vision. |
| ☐ 20 | Holder shall possess glasses for near/intermediate vision. |

Previous Page

Save

Next Page

MEDICAL CERTIFICATE SECOND CLASS

This certifies that (Full name and address):

MISTER SMITH
123 MAIN
OKLAHOMA CITY OK 73170 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
01/01/1980	72	200	BLOND	BLUE	M

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations	None

Date of Examination	Examiner's Designation No.
03/08/2017	000080083

Examiner	Signature
	Typed Name David O'Brien, MD

AIRMAN'S SIGNATURE

Applicant ID: 2001924994	Control No.: 200006590535
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CONDITIONS OF ISSUE

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- Comply with the standards relating to prohibitions on operation during medical deficiency. (14CFR §§ 61.53, 63.19, and 65.49)

For International Operations Only: Some holders may be affected by certain international medical standards. Consult the U.S. Aeronautical Information Publication for U.S. differences with ICAO Annex 1 medical standards.

Aeromed.

SI/AASI – Letter of authorization nakon dostavljanja sve dokumentacije FAA-u, pilot dobije pismo koje prilaže na pregledu

FAA Form 8500-9 (3-12) Supersedes Previous Edition NBN: 0052-05-4070-7002
(Cut on dashed line)



AEROSPACE MEDICAL CERTIFICATION DIVISION, AAM - 300
FAA Civil Aerospace Medical Institute
Mike Monroney Aeronautical Center
P.O. Box 26080
Oklahoma City, OK 73125-9914

MISTER SMITH
123 MAIN
OKLAHOMA CITY OK 73170 USA

Dear Airman:

Above is your new medical certificate. It supersedes any previous one you may have been issued.

To validate this certificate, it is necessary that you sign it in the space provided (Airman's Signature).

This certificate must be in your possession at all times while exercising your pilot privileges.

AASI	SI
Only specific conditions	Potentially any condition
AME cannot issue the first time without an authorization	AME cannot issue the first time without an authorization
AME can issue the follow up AASI if parameters are met	AME can be able to issue the follow up SI if parameters are met AND the Authorization Letter does not restrict
Must be time limited	Must be time limited
Send the records to the FAA	Send the records to the FAA
Coversheet to attached to documents submitted to FAA	Coversheet to attached to documents submitted to FAA

Specifičnosti – AME guide

- CACI :**

provjeriti Disposition table, ako je CACI potreban, pratiti hodogram – ako je su uvjeti ispunjeni, izdati bez ograničenja, ako nisu, tražiti SI (Special Issuance)

DISPOSITION TABLE

Basal cell cancer (BCC) Squamous cell cancer (SCC) Uncomplicated skin only No organ involvement SCC or BCC Complicated lesion Metastatic lymph node or deep tissue involvement, aggressive pathology or other abnormalities Also see ENT section	AME interview and exam findings consistent with uncomplicated local BCC or SCC completely treated (excised, destroyed, or Mohs procedure) and resolved. Submit the following for FAA review: ☐ Medical records describing the diagnosis and treatment; ☐ Pathology report(s); ☐ Operative notes; ☐ Current status summary report that includes current or planned future treatment & prognosis; and ☐ Copies of any imaging performed (CT/MRI)	ISSUE Note BCC or SCC treated in block 60. If complicated lesion, see below.
		DEFER Submit reports to FAA for review. Follow-up certification - based on Special Issuance Authorization.

CACIs with Certification Worksheets	
CACI Condition	CACI Condition
Arthritis (PDF)	Hypertension
Asthma	Hypothyroidism
Bladder Cancer	Migraine and Chronic Headache
Breast Cancer (PDF)	Mitral Valve Repair (PDF)
C-ITP (Chronic Immune Thrombocytopenia) (PDF)	Pre-Diabetes
Chronic Kidney Disease	Primary Hemochromatosis (PDF)
Colitis	Prostate Cancer
Colon Cancer/Colorectal Cancer	Renal Cancer
Glaucoma	Retained Kidney Stone(s) (PDF)
Hepatitis C – Chronic	Testicular Cancer

Specifičnosti – AME guide

• Arthritis

Dispo table

Arthritis All Classes (Updated 07/28/2021)		
DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Osteoarthritis	- Well controlled, no persistent daily symptoms; - No functional limitations; and - Treatment is PRN NSAIDS or anti-inflammatory medication only.	ISSUE Summarize this History, annotate Block 60.
B. Osteoarthritis on additional medication Or Autoimmune arthritis	See CACI worksheet	Follow the CACI - Arthritis Worksheet Annotate Block 60.
C. All others - Complications*; - Symptomatic; or - Underlying cause with complications or systemic disease, etc.	Submit the following to the FAA for review: ☐ Current status report from the treating physician with diagnosis, treatment plan and prognosis, and adherence to treatment for this condition. It should note if there are any functional limitations. ☐ List of medications and side effects if any; ☐ Operative notes (if applicable); and ☐ Copies of imaging reports and lab (if already performed by treating physician).	DEFER Submit the information to the FAA for a possible Special Issuance. Follow up Issuance Will be per the airman's authorization letter.
*Complications include: - Joint deformity or decreased range of motion or strength that would impair flight duties - Systemic disease		

Specifičnosti – AME guide

CACI - Arthritis Worksheet

(Updated 04/13/2022)

• Arthritis

CACI worksheet

To determine the applicant's eligibility for certification, the AME must review a [current, detailed Clinical Progress Note](#) generated from a clinic visit with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the Examiner can issue. Applicants for first- or second- class must provide this information annually; applicants for third class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
Treating physician finds the condition stable on current regimen and no changes recommended	☐ Yes
Symptoms	☐ None or mild to moderate symptoms with no significant limitations to range of motion, lifestyle, or activities
Cause of Arthritis	Acceptable causes are limited to: ☐ Osteoarthritis* and/or ☐ Autoimmune to include only the following: Rheumatoid (limited to joint), Psoriatic, or Ankylosing Spondylitis
*OA - see Arthritis Disposition Table CACI may not be required.	
Lab	☐ NSAIDS or steroid only - no lab required OR ☐ Normal CBC, Liver Function Test, and Creatinine within the past 90 days
Acceptable Medications	☐ One or more of the following: • Oral steroid which does not exceed equivalent of prednisone 20 mg/day (see steroid conversion calculator) • NSAIDS • Methotrexate • Hydroxychloroquine/ Chloroquine (Plaquenil/Aralen) - see mandatory status report requirement below** • Only ONE of the following - with required no-fly time after each use: ◦ adalimumab (Humira): 4-hour no-fly ◦ apremilast (Otezla): n/a ◦ etanercept (Enbrel): 4-hour no-fly ◦ infliximab (Remicade): 24-hour no-fly ◦ rituximab (Rituxan): 72-hour no-fly ◦ secukinumab (Cosentyx): 4-hour no-fly
** STATUS REPORT is required if Hydroxychloroquine (HCQ)/ Chloroquine (CQ) (Plaquenil/Aralen) is used.	☐ Hydroxychloroquine (HCQ)/ Chloroquine (CQ) Status Report (Plaquenil/Aralen) is favorable and no concerns OR ☐ N/A (NOT taking Hydroxychloroquine/Chloroquine [Plaquenil/Aralen])

AME MUST NOTE in Block 60 one of the following:

- ☐ CACI qualified arthritis.
- ☐ Has current OR previous SI/AASI but now CACI qualified arthritis.
- ☐ NOT CACI qualified arthritis. I have deferred. (Submit supporting documents.)

Sličnosti Aeromed.

- većina zdravstvenih problema i stanja – jednake upute
- minimalno deset pregleda godišnje
- Refresher training svake tri godine
- FAA in-person seminar svakih šest godina
- online edukacija – postoji sustav edukacije

Zaključak Aeromed.

- povjerenje, odgovornost, jednostavnost

AME



pilot

- vode statistiku o svemu, administracija (Managing Specialist) sve prati, kompletna digitalizacija: broj i vrste pregleda, postotke, greške, šalju anonimne ankete pilotima