

**I** thought I would revisit an article that I wrote about ten years ago for the Bulletin ["Aeromedical Certification Update: 10 Questions and 10 Answers," *Federal Air Surgeon's Medical Bulletin*, 2001-2, p. 3]. I have updated the questions and responses to make it current. Here are some case vignettes and responses in the form of questions and answers. There are likely many aviation medical examiners who may not have been active at that time. See if you know the proper medical certification policies.

**1** A student pilot airman comes in to your AME office for a FAA medical examination. She is not one of your patients, so you are unaware of her medical history. On the front medical history side of the FAA 8500-8 exam form she placed a check mark in the "yes" block of #18G (heart or vascular problem). In the blank space below 18 she indicated that she has had a coronary artery bypass procedure in 1990. Seeing as has now been 20 years since her surgery, you issue the airman an unrestricted medical certificate that same day. Was this the best course of action?

**A**NSWER. No, the AME was very wrong to do this. Coronary artery disease that has required treatment or is symptomatic is a specifically disqualifying medical condition and requires the AME to defer because the FAA must determine that the airman is safe to fly for the duration of the medical certificate issued based on testing the airman provides. (Title 14 Code of Federal Regulations, CFR, part 67.401) Even if the airman were to provide the documentation and test results because she researched the requirements, as an AME you may not issue a medical certificate without permission from either your Regional Flight Surgeon or one of the physicians at the Aerospace Medical Certification Division (AMCD).

## CERTIFICATION UPDATE

Information About Current Issues



By Warren S. Silberman, DO, MPH

**2**AIRMAN Frederick T. Freeloader comes into your office for his biannual first-class FAA medical examination. He checks "yes" to block #18v. for his history of an arrest for driving while intoxicated four months previous. He was a very astute airman and has accessed the FAA Web site to review the requirements for such an event and brings you a copy of his court records that he received at the time of his court appearance. The remainder of his medical history and examination was unremarkable. Should you issue the medical certificate?

**A**NSWER. You should first question Mr. Freeloader about any other arrests, convictions, or administrative actions for alcohol or drugs. Make sure you ask if he reported this arrest to the FAA Security Division at the Mike Monroney Aeronautical Center in Oklahoma City. This is a requirement under 14 CFR part 61.15 (e) where the airman with one of the above circumstances is to report this to FAA Security Division within 60 days of the action. Neglecting to do this will place the airman at risk of suspension of the medical and airman certificates. You cannot issue until you obtain the police report. The airman will need to obtain this. Based on current policy, if the airman refuses to take a breathalyzer test or blew  $\geq 0.15$ , you are to defer medical certification, and the AMCD will be requesting a substance abuse evaluation.

**3** Airman Mary Kay writes in Block 19 of the Form 8500-8 that she saw a dermatologist in the last six months for the removal of a skin cancer. The AME, being astute, asks for a pathology report and a typed statement from the treating physician. When the AME reviews this, he notes that the skin lesion was a melanoma with a Breslow depth of 0.5mm. There were no other nodes discovered. She did not receive any additional treatment. What should you do?

**A**NSWER. Malignant melanoma over 0.75 mm Breslow depth requires the AME to obtain a current status report and a brain MRI to evaluate for brain metastases and to defer to the AMCD. If the lesion is less than 0.75 mm depth, the AME may issue, and the condition will not require an authorization for special issuance. [www.faa.gov/go/ameguide/app\\_process/exam\\_tech/item40/amd/malignantmelanoma/](http://www.faa.gov/go/ameguide/app_process/exam_tech/item40/amd/malignantmelanoma/) (Online reference: Guide for Aviation Medical Examiners).

**4** A pilot who requires a first-class medical examination comes into your office for his flight exam. He informs you that he had a central retinal vein occlusion three months ago, and his vision can only be corrected to 20/200 in the right eye. Being a well-prepared aviator, he brings in a completed FAA Eye Exam Form 8500-7, which describes an episode of retinal vein occlusion. The condition has fully resolved, but the Snellen chart confirms the corrected visual acuity mentioned above. Assuming the central retinal vein occlusion will be allowed, what will you do about the very poor corrected vision in that eye?

**A**NSWER. The URL for the FAA medical policy on monocular vision is: [www.faa.gov/go/ameguide/app\\_process/exam\\_tech/et/31-34/mv/](http://www.faa.gov/go/ameguide/app_process/exam_tech/et/31-34/mv/). According to the online AME Guide, this corrected visual acuity makes the

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airman a monocular pilot. You will need to defer the examination to the AMCD and send them the completed Form 8500-7 that the airman has provided you. The AMCD will require that the airman wait three more months and grant the airman permission to take a medical flight test at that time (six months total since the event). The airman will then receive a Statement of Demonstrated Ability for monocular vision. The six-month period allows the airman to become adjusted to the monocular clues and practice his flight maneuvers with his instructor.

**5** A 40-year-old pilot requesting first-class medical certification comes in for his examination. You perform the electrocardiogram as he is now due to have them yearly for first-class privileges. Your technician comes in and shows you a printed copy of what was transmitted into Oklahoma City, and you note that the airman had three premature ventricular contractions. You issue the airman a medical certificate. Was this proper procedure?

**A**NSWER. Absolutely not! I have been trying to tell you now for the past several years that you are REQUIRED to review the first-class ECGs, and if there are abnormalities, send the airman for a workup. If at that point the workup is negative, you may call with the information—but you may issue only if it is entirely negative. You really only need to call if you are unsure as to the workup or it comes back positive. In the case of premature ventricular contractions, the workup is, at a minimum, a maximal nuclear stress test. You would want to see the PVCs be reduced with exercise and there be no evidence of ischemia on the nuclear scan with stress.

This is it for now, but I shall present you some more challenges in the next *Bulletin*.



*Dr. Silberman manages the Aerospace Medical Certification Division.*

## Dr. Dunn, Cardiology Consultant, Passes Away

Dr. **Marvin Dunn**, a long-time consultant to the Federal Air Surgeon's Cardiology Panel, passed away recently at the age of 83.

Dr. Dunn was a true gentleman, great teacher, and wonderful mentor for the cardiology panels. He had a gift for explaining things and providing unique insights, always with a wry, gentle humor. He made everyone feel valued, but argued forcefully for his positions. He was humble to the point of almost being self-effacing (he never mentioned his remarkable professional accomplishments).

Marvin suffered a disability several years ago, which left him dependent on using two canes to walk. However, he had an indomitable spirit, never complaining or giving in to defeat. Over the last year or so, Dr. **Les Eber** and I convinced Marvin to use a wheelchair at the cardiology panels, which he grudgingly but graciously allowed (he hated it!). But at the panel in November, he mentioned to me that he thought it might be his last. Whether there were other health issues, or the physical burden of attending the panels was becoming too difficult, Marvin would never say. But he always maintained a smile, and perhaps the most buoyant attitude that anyone could ever have.

Dr. Dunn was the head of the Cardiology Department at the University of Kansas Medical Center for more than 30 years and the former Dean of the University of Kansas Medical School. A prolific author, he had co-authored seven medical textbooks and was frequently published in peer-reviewed medical journals.

Marvin Dunn's passing is a great loss, and those of us who had the honor and privilege of working with him will always personally miss him.

—James R. De Voll, MD, MPH  
Manager, Medical Appeals Branch

## Alaska Team Scores Safety Success

By Kevin Williams, PhD

**I**N an effort to reduce the number of fatal and serious injury (FSI) accidents in Alaska, the Alaskan Region Flight Standards Division in 2009 chartered a team to study the last six years of such accidents and make recommendations. The study period chosen was calendar years 2004 through 2009. During that period, there were 649 accidents, of which 97 were FSI accidents.

The team's review determined that only 33 accidents, or 5 percent of the total accidents, were not survivable as equipped. Based on autopsy results, 40 percent of those deaths might have been prevented by enhanced aircraft crashworthiness. This equates to 45 lives being saved, even without improvements in accident prevention awareness.

The leading cause of FSI accidents was stall/spin, with 29 accidents, followed by controlled flight into terrain, with 23 occurrences. Next was visual flight rule flight into instrument meteorological conditions, with 19 FSI accidents. Eighteen of the FSI accidents involved an off-field takeoff or landing, and 23 involved a willful violation of regulations.

The team developed 30 specific intervention/mitigation recommendations that were judged to be both practical and cost effective. The recommendations ranged from the creation and sponsoring of training seminars to the development and fielding of new technology.

The working group, all Federal Aviation Administration employees, was honored with an award for Federal Employee of the Year as a result of the work on this analysis and the development of mitigation and intervention strategies. The award was presented to the working group's team leader, **Dave Swartz** (Alaska Regional Flight Standards Division) at a recent award ceremony in Anchorage.



*Dr. Williams is an Engineering Research Psychologist at the Civil Aerospace Medical Institute. He was a member of the team that received the recognition by the Alaska Federal Executive Association.*