

# HEAD INJURY or BRAIN INJURY

## Concussion, Closed Head Injury (CHI), Open Head Injury, Traumatic Brain Injury (TBI)

All Classes  
(Updated 12/03/2025)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p><b>A. Head injury ONLY</b></p> <p><b>This means:</b></p> <ul style="list-style-type: none"> <li><b>NO brain injury</b></li> <li><b>NO concussion</b></li> <li><b>NO neurological symptoms</b></li> </ul> <p><b>DO NOT use this row if the individual had any items listed in Row B, C, or D (e.g., brain injury, seizure, skull fracture.)</b></p>	<p>If the AME can determine the condition was</p> <ul style="list-style-type: none"> <li><b>Head injury only (no brain injury)</b> such as superficial scalp injury or globe (eyeball/eye injury) and/or musculoskeletal injuries (facial/maxilla/mandible fractures) that do not persist and do not rise to the level of even a mild concussion;</li> <li>No neurological symptoms; and</li> <li>No “mild concussion symptoms” such as headache, dizziness, nausea, or non-focal neurological symptoms such as photo/phonophobia, tinnitus, irritability, mental foggiess, etc., as a result of the injury.</li> <li>If imaging (CT/MRI) was performed, no evidence of brain trauma.</li> <li>Has completely resolved and the individual has been released to full activity by the treating physician:</li> </ul> <p><b>Note: The AME should NOT use this row if any symptoms, concerns for concussion/brain injury, or any complications.</b></p> <p><b>If any concerns in history, the AME should review the most recent, detailed Clinical Progress Note describing the incident, recovery, and follow-up (if applicable).</b></p>	<p style="background-color: #008000; color: white; text-align: center; padding: 5px;"><b>ISSUE</b></p> <p>Annotate this information in Block 60 including approximate mechanism and date of injury.</p>
<p><b>B1. Brain injury 5 or more years ago</b></p> <p><b>This includes:</b></p> <ul style="list-style-type: none"> <li><b>Concussion</b> (a type of mild brain injury)</li> <li><b>MILD brain Injury</b></li> </ul> <p>As long as NO seizure*</p> <p>*Exception: An immediate impact seizure (within 24 hours of injury) can be reviewed using Row B criteria.) <b>Note:</b> High impact/penetrating injuries (e.g., gunshot or severe trauma) may present with few or no</p>	<p>The AME should gather information regarding the diagnosis, severity, treatment, symptoms, and address <b>ALL</b> the questions on the <a href="#">Brain Injury Decision Tool for the AME</a>.</p> <p><b>If all items on the decision tool are in the clear, “NO column, the AME may:</b></p> <p><b>Note:</b> For a remote injury with no concerns, the most recent progress note is acceptable.</p>	<p style="background-color: #008000; color: white; text-align: center; padding: 5px;"><b>ISSUE</b></p> <p>Summarize this history, diagnosis, and annotate Block 60: “Discussed the history of BRAIN INJURY, no positives to screening questions, and no concerns.”</p> <p>If any “<b>YES</b>” answers, any AME concerns, or unable to verify history –<b>DEFER</b></p>

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concussive symptoms. For high impact injuries, see <b>Row D</b> .		
<p><b>B2. Brain injury</b>            Within the past 5 years</p> <p><b>This includes:</b></p> <ul style="list-style-type: none"> <li>• <b>Concussion</b></li> <li>• <b>MILD brain Injury</b></li> <li>• <b>Loss of Consciousness (LOC)</b></li> <li>• <b>Alteration of Consciousness (AOC)</b></li> <li>• <b>Post-Traumatic Amnesia (PTA)</b></li> </ul> <p>ALL <b><u>less than</u> 1 HOUR</b></p> <p>AND</p> <ul style="list-style-type: none"> <li>• <b>No seizure</b>              Exception: An immediate impact seizure (within 24 hours of injury) can be reviewed using Row B criteria.</li> </ul> <p><b>Note:</b> High impact/penetrating injuries (e.g., gunshot or severe trauma) may present with few or no concussive symptoms. For high impact injuries, see <b>Row D</b></p> <p><b>Do NOT use this row if the individual had any items listed in Row C or D (e.g., brain injury, seizure, skull fracture)</b></p>	<p>After a <b>6-month recovery period</b> obtain the following evaluation(s) and submit for FAA review:</p> <ol style="list-style-type: none"> <li>1. <b>A current, detailed Clinical Progress Note</b> generated from a clinic visit with the treating physician <b>or neurologist no more than 90 days before</b> the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up.</li> <li>2. <b>It must specifically include:</b> <ul style="list-style-type: none"> <li>• Any evidence of seizure;</li> <li>• Any post-traumatic amnesia or mental foggiess (incomplete memory of the incident, does not recall the impact/crash, etc.)</li> <li>• Any post-concussive symptoms such as headaches, dizziness, irritability;</li> <li>• Any changes in vision;</li> <li>• Any focal deficit;</li> <li>• Any imaging performed and if (CT/MRI) was negative;</li> <li>• Any clinical indication for further brain imaging; initial CT head/face negative.</li> </ul> </li> <li>3. Records from any hospitalization(s) for this condition to include:             <ul style="list-style-type: none"> <li>• Admission History and Physical;</li> <li>• Hospital discharge summary. (Typically, the patient portal notes or After Visit Summary [AVS] printed from the electronic medical record are NOT sufficient for pilot medical certification purposes.);</li> <li>• Hospital consultant report(s) (such as neurology, cardiology, internal medicine, or other specialists);</li> <li>• Operative/procedure report(s);</li> <li>• Pathology report(s);</li> <li>• Radiology reports*. The interpretive report(s) of all diagnostic imaging performed (CT</li> </ul> </li> </ol>	<div data-bbox="1170 247 1503 380" style="background-color: red; height: 63px;"></div> <p style="text-align: center;"><b>DEFER</b></p> <p>Submit the information to the FAA for a possible Special Issuance</p>

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	<p>scan, MRI, X-ray, ultrasound, or others);</p> <ul style="list-style-type: none"> <li>• Lab report(s) including all drug or alcohol testing performed; and</li> <li>• Emergency Medical Services (EMS)/ambulance run sheet.</li> <li>• <i>DO NOT submit miscellaneous hospital records such as flowsheets, nursing notes, physician orders, or medication administration records.</i></li> <li>• Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail.</li> </ul> <p><b>Note:</b> If any abnormalities noted, go to <b>Row C.</b></p>	
<p><b>C. Moderate BRAIN Injury</b></p> <p><b>This includes:</b></p> <ul style="list-style-type: none"> <li>• <b>LOC, AOC, or PTA 1 to 24 hours</b></li> <li>• <b>Non-depressed skull fracture</b></li> <li>• <b>Small parafalcine or tentorial subdural hematoma (resolved by MRI)</b></li> <li>• <b>Small subarachnoid hemorrhage (resolved by MRI)</b></li> </ul> <p>Any hemorrhage must be resolved on MRI. If the MRI shows signs of hemosiderin deposition, go to <b>Row D.</b></p>	<p>After a <b>12-month recovery period</b> obtain the following evaluation(s) and submit for FAA review:</p> <ol style="list-style-type: none"> <li>1. A <b>current, detailed neurological evaluation</b>, in accordance with the <a href="#">FAA Specifications for Neurologic Evaluation</a>, that is generated from a clinic visit with the <b>treating neurologist no more than 90 days before</b> the AME exam.</li> <li>2. <b>It must specifically include</b> if there is (or is NOT) any concern or history of seizure(s).</li> <li>3. EEG only if a seizure occurred and an EEG was obtained, submit results. EEG* Sleep-deprived and sleep awake state with activating procedures (with provocation) performed at the time of event or later.</li> <li>4. A <b>Neuropsychological evaluation</b> that meets <a href="#">FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment</a> from a clinic visit with the <b>treating neuropsychologist no more than 90 days before</b> the AME exam.</li> </ol>	<p><b>DEFER</b></p> <p>Submit the information to the FAA for a possible Special Issuance</p>

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	<p><b>5. MRI brain</b> with hemosiderin-sensitive sequences (with contrast as clinically appropriate) performed any time after the event.</p> <ul style="list-style-type: none"> <li>• Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail.</li> </ul> <p><b>6. Records</b> from any hospitalization(s) for this condition to include:</p> <ul style="list-style-type: none"> <li>• Admission History and Physical.</li> <li>• Hospital discharge summary. (Typically, the patient portal notes or after visit summary [AVS] printed from the electronic medical record are NOT sufficient for pilot medical certification purposes.).</li> <li>• Hospital consultant report(s) (such as neurology, cardiology, internal medicine, or other specialists).</li> <li>• Operative/procedure report(s).</li> <li>• Pathology report(s).</li> <li>• Radiology reports. The interpretive report(s) of all diagnostic imaging (CT scan, MRI, X-ray, ultrasound, or others) performed. For all imaging, submit the interpretive report(s) AND the actual images on CD in DICOM readable format.</li> <li>• Lab report(s) including all drug or alcohol testing performed.</li> <li>• Emergency Medical Services (EMS)/ambulance run sheet.</li> <li>• <i>DO NOT submit miscellaneous hospital records such as flowsheets, nursing notes, physician orders, or medication administration records.</i></li> </ul> <p><b>7. Progress notes</b> from ALL clinic follow-up visits related to this condition.</p> <p><b>8. Other tests</b> already performed or clinically indicated.</p>	

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	<p><b>Note: Small parafalcine or tentorial Subdural Hematoma:</b> If asymptomatic and MRI 3-6 months after the injury shows complete resolution, FAA may consider after a 6-month recovery period. Submit the Evaluation Data in this row after the recovery period.</p>	
<p><b>D. Severe BRAIN Injury</b></p> <p><b>This includes:</b></p> <ul style="list-style-type: none"> <li>• <b>Blood in the Brain:</b> <ul style="list-style-type: none"> <li>○ Brain contusion</li> <li>○ Intracranial bleed</li> <li>○ Hematoma</li> <li>○ Epidural hematoma</li> <li>○ Subdural hematoma</li> <li>○ Diffuse axonal injury</li> </ul> </li> <li>• <b>LOC, AOC, PTA: <u>24 hours or more</u></b></li> <li>• <b>Depressed skull fracture</b></li> <li>• <b>Penetrating head injury</b></li> </ul>	<p>After a <b>five (5)-year recovery period</b> submit for FAA review:</p> <ul style="list-style-type: none"> <li>• All items in <b>Row C</b></li> </ul>	<div style="background-color: red; color: black; text-align: center; padding: 5px;"><b>DEFER</b></div> <p>Submit the information to the FAA for a possible Special Issuance</p>

LOC: Loss of Consciousness  
AOC: Alteration of Consciousness  
PTA: Post-Traumatic Amnesia