NEUROFIBROMATOSIS

(Type 1/NF-1 von Recklinghausen Disease and Type 2/NF-2 Wishart Disease)

All Classes
(Updated 09/24/2025)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Neurofibromatosis Type 1 (NF1)	Submit the following for FAA review:	DEFER
von Recklinghausen disease	 A current, detailed neurological evaluation that meets <u>FAA</u> Specifications for Neurologic <u>Evaluation</u>, generated from a clinic visi with the treating neurologist no more than 90 days before the AME exam. 	Submit the information to the FAA for a possible Special Issuance.
	 Brain MRI with and without contrast performed no more than 90 days before the AME exam (reports and CD)*. 	
	 Any other neuroimaging such as MRI spine, plexus, optic nerves, or other areas, most recent, if already performed (reports and CD)*. 	
	 For all images (CT/MRI), 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. 	
	4. Eye evaluation from a board- certified ophthalmologist (NOT optometrist). Submit a current, detailed Clinical Progress Note, generated from a clinic visit with the treating ophthalmologist no more than 90 days before the AME exam. It must include a detailed summary of the any eye conditions; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up.	
	 Threshold Visual field testing with good reliability (30-2 or 24-2) performed within the previous 90 days with an 	d

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	interpretation of the visual field testing	
	by the treating ophthalmologist.	
	 Neuropsychological (NP) evaluation is required in most cases. The type of evaluation may vary. The applicant may want to wait until FAA review of other items above before obtaining NP testing. 	
	 If a history of cognitive impairment, brain lesion, or brain surgery: FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment is required; If there is a history or suspicion of learning disability or ADHD: 	
	 FAA Specifications for Neuropsychological Evaluation for ADHD is required needed; If no history: FAA may accept an abbreviated evaluation after review of the other neurologic evaluation items. 	
	Any other testing deemed clinically necessary by the treating physician.	
B. Neurofibromatosis Type 2 (NF2)	Submit the following for FAA review:	DEFER
Wishart Disease	A current, detailed neurological evaluation that meets FAA Specifications for Neurologic Evaluation, generated from a clinic visit with the treating neurologist no more than 90 days before the AME exam.	Submit the information to the FAA for a possible Special Issuance.
	 Audiologic evaluation including pure tone and speech discrimination and speech audiometry with interpretation performed no more than 90 days before the AME exam. 	
	 Brain MRI with and without contrast with fine cuts through the posterior fossa performed no more than 90 days before the AME exam (reports and CD)*. 	
	 Any other neuroimaging such as MRI spine, plexus, optic nerves, or other 	

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	areas, most recent, if already	
	performed (reports and CD)*.	
	* For all images (CT/MRI). Submit	
	BOTH the interpretive report and the	
	actual images 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.	
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	5. Eye evaluation from a board-certified	
	ophthalmologist (NOT optometrist). A	
	current, detailed Clinical Progress Note generated from a clinic visit with	
	the treating ophthalmologist no	
	more than 90 days before the AME	
	exam. It must include a detailed	
	summary of the history of any eye conditions; current medications,	
	dosage, and side effects (if any);	
	physical exam findings; results of any	
	testing performed; diagnosis; assessment; plan (prognosis); and	
	follow-up.	
	6 Throughold Visual field testing with good	
	Threshold Visual field testing with good reliability (30-2 or 24-2) performed	
	within the previous 90 days with an	
	interpretation of the visual field testing	
	by the treating ophthalmologist.	
	7. Neuropsychological (NP) evaluation	
	is required in most cases. The type of	
	evaluation may vary. The applicant may want to wait until FAA review of	
	other items above before obtaining NP	
	testing.	
	 If a history of cognitive impairment, brain lesion, or 	
	history or brain surgery: <u>FAA</u>	
	Specifications for	
	Neuropsychological Evaluations for Potential	
	Neurocognitive Impairment is	
	required;	
	If there is a history or suspicion of learning disability or ADHD:	
	of learning disability or ADHD: FAA Specifications for	

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	Neuropsychological Evaluation for ADHD is required; If no history - FAA may accept an abbreviated evaluation after review of the other neurologic evaluation items. 8. Any other testing deemed clinically necessary by the treating physician. Note: Brain surgery including resection of benign tumors that requires dural penetration (except resection of vestibular Schwannomas) requires a 2-year recovery period.	

AASI for Neurofibromatosis Type 1 (NF1)

(Updated 09/24/2025)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to reissue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- 1. An Authorization granted by the FAA; and
- 2. Annual current, detailed Clinical Progress Note generated from a clinic visit with the treating neurologist no more than 90 days before the AME exam. It must include a detailed interim summary; current medications, dosage, and side effects (if any); physical exam findings; results of all testing performed; diagnosis; assessment and plan (prognosis); and follow-up.
- 3. Eye evaluation from a board-certified ophthalmologist (NOT optometrist). A current, detailed Clinical Progress Note generated from a clinic visit with the treating ophthalmologist no more than 90 days before the AME exam. It must include a detailed interim summary of any eye condition(s); current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up.
 - It must include interpretation of Threshold Visual field testing with good reliability (30-2 or 24-2) performed within the previous 90 days by the treating ophthalmologist.

<u>AME must defer</u> and describe in Block 60 what item(s) caused the deferral if the neurologist evaluation or AME exam identifies any of the following:

- New (or not previously reported) neurologic symptoms, signs, or diagnosis;
- Any progression of the disease; and/or
- Any new treatment is initiated

The pilot or AME must submit a copy of the above evaluations to the FAA (for both issued or deferred).