## **BLEPHARITIS and CONJUNCTIVITIS**

All Classes (Updated 08/27/2025)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Blepharitis	Generally, not of aeromedical concern.	
Blepharoconjunctivitis		ISSUE
Conjunctivitis	If the AME can determine the treatment is	
	acceptable (cleansing washes, drops	Annotate this
(e.g., allergy eye)	and/or eye ointment), with no visual	information in
	impairment or symptoms that would	Block 60.
	interfere with flight or safety-related duties	
The individual meets the		Warn the individual
vision standards for class	OR	they must meet visual
applied:		acuity standards when
	Condition has resolved:	using drops or
		ointments.
<b>B.</b> Conjunctivitis, active due	For active infection, should not fly in	Once resolved, see
to infectious cause	accordance with 61.53.	Row A.
	Individuals should not resume duties until	Best practice is not
	signs and symptoms have resolved (when	measured in days held
	discharge, excessive tearing, irritation, and	out from work, but <b>until</b>
	redness have cleared).	signs and symptoms have resolved. Should
		not return to flight or
		safety-related duties
	Once resolved, see Row A.	until discharge,
		excessive tearing,
		irritation, and redness
		have cleared.

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
C. All others including:	Submit the following for FAA review:	
<ul> <li>Does not meet vision standards</li> <li>Symptoms which would impair flight or safety sensitive duties</li> </ul>	1. A current, detailed Clinical Progress Note generated from a clinic visit with the treating optometrist or ophthalmologist no more than 90 days prior to the AME exam. It must include:	DEFER Submit the information to the FAA for a possible Special Issuance
For Keratoconjunctivitissee that page	<ul> <li>A detailed summary of the history of the condition;</li> <li>Current medications, dosage, and side effects (if any);</li> <li>Physical exam findings;</li> <li>Results of any testing performed;</li> <li>Diagnosis;</li> <li>Assessment and plan;</li> <li>Prognosis; and</li> <li>Follow-up.</li> </ul>	Annotate (elements or findings) in Block 60.
	<ol> <li>The Clinical Progress note must specifically include the best corrected visual acuity for distant and near vision (intermediate - if age 50 or older and First or Second Class). If vision standards are not met, that should be discussed. Include if the visual acuity is expected to change.</li> <li>Copies of any testing performed (visual fields, etc.)</li> </ol>	