

**BRAIN BLEED****(Intracranial Hemorrhage, Cerebral Hemorrhage, Ruptured Aneurysm, Subarachnoid Hemorrhage, Subdural/Epidural Hemorrhage)**All Classes  
(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p>A.</p> <p>Any history of a Spontaneous intracranial hemorrhage not due to trauma*</p> <p>(Examples may include ruptured AVM,</p> <p>Subarachnoid hemorrhage [SAH],</p> <p>Subdural, or epidural hemorrhage)</p> <p>(*If due to TRAUMA, See - Traumatic Brain Injury section, subdural hematoma, epidural hematoma, or subarachnoid hemorrhage.)</p>	<p><b><u>Required recovery periods:</u></b></p> <ul style="list-style-type: none"> <li>If craniotomy performed: <b>Two (2) years</b></li> <li>Subarachnoid hemorrhage: <b>One (1) year</b></li> </ul> <p><b>After any required recovery period, submit the following for FAA review:</b></p> <ol style="list-style-type: none"> <li>A current, detailed neurological evaluation that meets <a href="#">FAA Specifications for Neurologic Evaluation</a> generated from a clinic visit with the treating neurologist (vascular neurologist preferred) <b>no more than 90 days before</b> the AME exam.</li> <li><b>Brain imaging to verify bleed has resolved</b>, performed <b>no more than 12 months before</b> the AME exam. If not already performed, a current test is required.</li> <li><b>MRI brain</b> to include sequences sensitive to the presence of <b>hemosiderin</b>.</li> <li><b>CT angiography (CTA) or MRA or angiography</b>. (Head required. Neck if clinically necessary) <ul style="list-style-type: none"> <li>Submit BOTH 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. You may wish to retain a copy of all films as a safeguard if lost in the mail.</li> </ul> </li> </ol>	<div style="background-color: red; color: black; text-align: center; padding: 5px;"><b>DEFER</b></div> <p>Submit information to the FAA for a possible Special Issuance</p>

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	<p>5. <b>Hospital records</b> for each hospitalization related to this condition. It must include information on surgeries and procedures.</p> <ul style="list-style-type: none"> <li>• Admission History and Physical (H&amp;P);</li> <li>• Emergency Medical Services (EMS)/ambulance run sheet (if applicable);</li> <li>• Hospital consultant report(s) (such as neurology, cardiology, internal medicine, or other specialists);</li> <li>• Hospital discharge summary. (Typically, the patient portal notes or after visit summary (AVS) that can be printed from an electronic medical record are NOT sufficient for pilot medical certification purposes.);</li> <li>• Lab report(s) including all drug or alcohol testing performed;</li> <li>• Operative/procedure report(s);</li> <li>• Pathology report(s); and</li> <li>• Radiology reports. The interpretive report(s) AND IMAGES of all diagnostic imaging (CT Scan, MRI, X-ray, ultrasound, or others) performed.</li> <li>• DO NOT submit miscellaneous hospital records such as flowsheets, nursing notes, physician orders, or medication administration records.</li> </ul> <p><b>Note:</b> After review of the submitted information, a Neuropsychological (NP) evaluation that meets that meets <a href="#">FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment</a> from a clinic visit with the</p>	

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	<p>treating neuropsychologist <b>may</b> be required</p> <p>If the applicant has a large volume of records, it is recommended that they bring them to the exam so the AME can assist in determining what is miscellaneous and not needed by the FAA.</p> <p>If associated with a <b>seizure</b> – see that section. An additional recovery period and testing (such as EEG) may apply.</p> <p>If a <b>shunt</b> was placed – see the Hydrocephalus section.</p>	