

## BRAIN ABSCESS

All Classes  
(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<b>A. All classes</b>  <b>Any history</b> (current or ever in their lifetime)	<p>After appropriate recovery period* Submit the following 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>, generated from a clinic visit with the <b>treating neurologist no more than 90 days before</b> the AME exam.</li><li>2. A Neuropsychological (NP) evaluation 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</b> before the AME exam.</li><li>3. The most recent MRI and/or CT imaging of the brain. (If not already performed, a current brain MRI is required.)<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. Retain a copy of all films as a safeguard if lost in the mail.</li></ul></li><li>4. The most recent electroencephalogram (EEG).<ul style="list-style-type: none"><li>• (If not already performed, a current EEG is required.)</li><li>• The EEG recording should be sleep-deprived: awake, asleep, and with provocation (e.g., hyperventilation, photic/strobe light).</li><li>• Include any previous EEG(s) available for comparison.</li><li>• Submit BOTH the final interpretive report(s) and the actual tracings (ALL pages) for any EEGs on CD.</li></ul></li></ol>	<div></div> <b>DEFER</b> Submit the information to the FAA for a possible Special Issuance.

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	<ul style="list-style-type: none"> <li>The CDs of EEG recordings must have proprietary opening software that is compatible with Windows 10.</li> </ul> <p>5. Other testing deemed clinically necessary by the treating physician.</p> <p><b>*Note:</b> Applicants with prior brain abscess should have a minimum of 6 months observation following completion of treatment. If residual cortical lesion(s) are seen on MRI, a longer recovery period may be required. If surgery was performed (penetrating the dura), a minimum two (2)-year recovery period will apply. If associated with a seizure, refer to that section, as a longer recovery period may then apply.</p>	

## ENCEPHALITIS

All Classes  
(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<b>A. Current or historical diagnosis</b>  Single episode	Submit the following for FAA review: <ol style="list-style-type: none"> <li>A <b>current, detailed neurological evaluation</b> that meets <a href="#">FAA Specifications for Neurologic Evaluation</a>, generated from a clinic visit with the <b>treating neurologist no more than 90 days before</b> the AME exam.</li> <li>It <b>must specifically include</b> if this was a single episode, if the individual is immunocompromised, and if any seizure activity occurred.</li> <li><b>MRI and/or CT of the brain (the most recent test).</b> <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> </li> </ol>	<div></div> <p><b>DEFER</b></p> <p>Submit the information to the FAA for a possible Special Issuance.</p>

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	<p>4. An <b>electroencephalogram (EEG)</b>, if already performed, OR if any history of seizures.</p> <ul style="list-style-type: none"> <li>The EEG recording should be sleep-deprived - awake, asleep, and with provocation (e.g., hyperventilation, photic/strobe light). Include any previous EEG(s) available for comparison. Submit BOTH the final interpretive report(s) and the actual tracings (ALL pages) for any EEGs on CD. The CDs of EEG recordings must have proprietary opening software that is compatible with Windows 10.</li> </ul> <p><b>Note:</b> Neuropsychological (NP) evaluation will be required in some cases (such as any residual lesions found on MRI or any neurocognitive concerns). When required, it must meet <a href="#">FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment</a> from a clinic visit with the treating neuropsychologist.</p> <p>Seizure - if associated with a seizure, refer to that section. A recovery period may apply.</p>	
<p><b>B.</b> Current or historical diagnosis with 2 or more lifetime episodes, Immunocompromised, or seizure activity</p>	<p>All information required in Row A PLUS</p> <ul style="list-style-type: none"> <li>EEG is <b>required</b> if a history of seizures.</li> <li>Additional information may be required after review of above information.</li> </ul>	<div data-bbox="1205 1213 1497 1249" style="background-color: red; height: 17px; width: 100%;"></div> <p style="text-align: center;"><b>DEFER</b></p> <p>Submit the information to the FAA for a possible Special Issuance.</p>

# MENINGITIS

All Classes  
(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p><b>A.</b> Single episode</p> <p>No complications, fully resolved and recovered</p> <p>AND</p> <p>No hospitalization</p> <p>OR</p> <p>Hospitalized <b>5 or more years ago</b></p>	<p>If the AME can determine the condition has resolved with no complications and the pilot has no symptoms that would interfere with flight duties:</p> <p>If <b>within the past one year</b>, the pilot should provide the AME with the <b>most recent detailed, Clinical Progress Note</b> from the treating physician describing the clinical course and resolution without complications.</p> <p><b>Note:</b> If associated with a seizure or more than one episode, go to Row C.</p>	<div>ISSUE</div> <p>Annotate this information in Block 60 including approximate date of single episode</p>
<p><b>B.</b> Single episode requiring hospitalization</p> <p><b>less than 5 years ago</b></p>	<p>Submit the following for AME and FAA review:</p> <ol style="list-style-type: none"> <li>The most <b>recent detailed, Clinical Progress Note</b> performed from the treating physician or neurologist. 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; plan (prognosis); and follow-up.</li> <li>It must specifically include if the condition has resolved and if any residual side effects remain.</li> <li>Hospital Discharge Summary. This is NOT the same as patient portal notes or After Visit Summary (AVS).</li> <li>MRI and/or CT brain imaging report (if already performed).</li> <li>EEG - electroencephalogram report (if already performed).</li> </ol> <p><b>Note:</b> If the MRI or CT report verifies lesions or scarring on the brain; or the neurologic evaluation determines there is</p>	<p>If the AME can determine the condition has resolved with no residual symptoms, MRI, and EEG (if performed) are negative, and the pilot has no symptoms that would interfere with flight duties.</p> <div>ISSUE</div> <p>Annotate Block 60 and submit the evaluation to the FAA for retention in the pilot's file</p>

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	concern for cognitive impairment on clinical exam; or any history of seizure (a recovery period may apply), go to Row C.	
<p><b>C.</b> More than one episode (ever)</p> <p>OR</p> <p>Complications such as meningoencephalitis, cortical involvement (stroke), seizure</p> <p>OR</p> <p>Abnormal MRI or EEG findings</p> <p>OR</p> <p>Not fully resolved or recovered</p>	<p>Submit the following for FAA review</p> <ol style="list-style-type: none"> <li><b>1. A current, detailed neurological evaluation</b> that meets <a href="#">FAA Specifications for Neurologic Evaluation</a> generated from a clinic visit with the treating neurologist <b>no more than 90 days before</b> the AME exam.</li> <li>Remember to also submit all items listed under "Prior Testing, Treatment, Or Other Records."</li> <li>MRI and or CT of the brain <b>performed no more than 90 days before</b> the AME exam. <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> </li> <li>Hospital records (admission H&amp;P, discharge summary, all consultant reports, copies of imaging reports, etc.).</li> <li>An electroencephalogram (EEG) if already performed OR if any history of seizures. <ul style="list-style-type: none"> <li>The EEG recording should be sleep-deprived: awake, asleep, and with provocation (e.g., hyperventilation, photic/strobe light).</li> <li>Include any previous EEG(s) available for comparison.</li> </ul> </li> </ol>	<p><b>DEFER</b></p> <p>Submit the information to the FAA for a possible Special Issuance</p>

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	<ul style="list-style-type: none"> <li>• Submit BOTH the final interpretive report(s) and the actual tracings (ALL pages) for any EEGs on CD.</li> <li>• The CDs of EEG recordings must have proprietary opening software compatible with Windows 10.</li> </ul> <p><b>Additional testing:</b> If the CT/MRI report identifies lesions or scarring on the brain or the clinical neurologic evaluation has concern for cognitive impairment, a Neuropsychological (NP) evaluation will be required. When required, it must meet <a href="#">FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment</a> from a clinic visit with the treating neuropsychologist.</p> <p>Seizure: If associated with a seizure, refer to the Seizure section. A recovery period may apply.</p>	