

CONGENITAL HEART CONDITIONS

Atrial Septal Defect (ASD); Coarctation of the Aorta; Patent Foramen Ovale (PFO); Pulmonary Atresia; Tetralogy of Fallot; Tricuspid Atresia; Ventricular Septal Defect (VSD); and others

All Classes
Updated 06/24/2026

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p>A. Patent Foramen Ovale (PFO) which is:</p> <ul style="list-style-type: none"> • Not surgically corrected, • Uncomplicated, • Asymptomatic. <p>This may be identified as a finding on an imaging study such as echo.</p>	<p>If the AME can determine the individual has no symptoms or current problems that would interfere with flight duties and no treatment is recommended:</p>	<p>ISSUE</p> <p>Discuss the history and if any current symptoms in Item 60</p> <p>If any concerns, go to row B.</p>
<p>B. Atrial Septal Defect (ASD)-- simple surgical closure</p> <p>OR</p> <p>Patent Foramen Ovale (PFO) -- surgically closed</p> <p>And now Asymptomatic</p>	<p>Submit the following for FAA review:</p> <ol style="list-style-type: none"> 1. A current, detailed Clinical Progress Note generated from a clinic visit with their treating cardiologist no more than 90 days before the AME exam. <ul style="list-style-type: none"> <i>It should include a summary of the history of the condition or diagnosis; current medications, dosages, and side effects (if any); clinical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up.</i> 2. Echocardiogram (Echo). Report from a 2-D and Doppler flow study performed no more than 90 days prior to the AME exam. 3. 24-hour cardiac monitor performed no more than 90 days prior to the AME exam. <ul style="list-style-type: none"> ≥ 24-hour cardiac monitor (such as a Holter, Zio Patch, etc.). It should have atrial and ventricular ectopic counts; hourly tabular data to include the longest pause duration and counts of all pauses > 2.0 or 2.5 seconds; heart rate (max, min, and average); other histograms and frequency graphs; and percentage of atrial fibrillation/flutter. 	<p>DEFER</p> <p>Submit the information to the FAA for a possible Special Issuance.</p> <p>Summarize findings in Item 60.</p>

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	<p>4. Operative report if surgery was performed in the previous 5 years.</p>	
<p>C.</p> <ul style="list-style-type: none"> • Atrioventricular Septal Defect (ASD) • Coarctation of the Aorta* • Double-outlet Right Ventricle • d-Transposition of the Great Arteries • Ebstein Anomaly • Hypoplastic Left Heart Syndrome • Interrupted Aortic Arch • Patent Ductus Arteriosus (PDA) • Pulmonary Atresia • Single Ventricle • Tetralogy of Fallot • Total Anomalous Pulmonary Venous Return • Tricuspid Atresia • Truncus Arteriosus • Ventricular Septal Defect (VSD) <p>OR</p> <p>Any other congenital heart/cardiac condition</p>	<p>Submit the following for FAA review:</p> <ol style="list-style-type: none"> 1. A current, detailed Clinical Progress Note generated from a clinic visit with their treating cardiologist no more than 90 days before the AME exam. <p><i>It should include a summary of the history of the condition or diagnosis; current medications, dosages, and side effects (if any); clinical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up.</i></p> <p>If surgery was remote, and they are no longer seeing their cardiologist, the progress note can be from a board-certified cardiologist.</p> 2. Echocardiogram (Echo). <i>Report and images</i> from a 2-D and Doppler flow study performed no more than 90 days prior to the AME exam. 3. 24-hour cardiac monitor performed no more than 90 days prior to the AME exam. <p>≥ 24-hour cardiac monitor (such as a Holter, Zio Patch, etc.). It should have atrial and ventricular ectopic counts; hourly tabular data to include the longest pause duration and counts of all pauses > 2.0 or 2.5 seconds; heart rate (max, min, and average); other histograms and frequency graphs; and percentage of atrial fibrillation/flutter.</p> 4. Exercise stress test (EST) performed no more than 90 days prior to the AME exam. 5. Operative report(s) from all cardiac/heart surgery performed. (if applicable) 6. Copies of any advanced imaging [e.g., Chest Computed Tomography (CT) or Magnetic Resonance Imaging (MRI)] 	<div style="background-color: red; height: 20px; width: 100%;"></div> <p style="text-align: center;">DEFER</p> <p>Submit the information to the FAA for a possible Special Issuance.</p> <p>Summarize findings in Item 60.</p>

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	<p>already performed. Include both Report AND actual images.</p> <p>7. * Coarctation of the Aorta, must also include a Brain MRA <i>performed no more than 90 days</i> prior to the AME exam.</p> <p>Note: Once these records are reviewed, additional testing or information may be required.</p>	