

HEART TRANSPLANT (Cardiac Transplant, Heart Replacement)

All Classes
(Updated 06/24/2026)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p>A. 1st or 2nd class and ATCS</p>	<p>Submit the following for FAA review:</p> <p>The most recent detailed Clinical Progress Note generated from a clinic visit with their cardiologist or cardiac surgeon which verifies the transplant has been performed.</p>	<div style="background-color: red; height: 15px; width: 100%;"></div> <p style="text-align: center;">DEFER</p> <p>Submit the information to the FAA verifying the procedure and reason it was performed.</p>
<p>B. 3rd class only</p>	<p>There is NO mandatory recovery period per Public Law 114-190 May 2017, but should be released by the treating physician.</p> <p>After the treating cardiologist and/or transplant surgeon has determined that the condition is stable, obtain the following evaluation(s) and submit them to the FAA for review:</p> <ol style="list-style-type: none"> 1. A current, detailed Clinical Progress Note generated from a clinic visit with the treating cardiologist or transplant surgeon no more than 90 days prior to 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. It must specifically include: <ul style="list-style-type: none"> • A statement regarding functional capacity, modifiable cardiovascular risk factors, and prognosis for incapacitation; • Any evidence of rejection and complete documentation of all rejection history, whether treated or not; • A complete history regarding any infectious process; • A complete history regarding any malignancy; and • Comment on the donor heart status, including any evidence of allograft vasculopathy or any disease state. 	<div style="background-color: red; height: 15px; width: 100%;"></div> <p style="text-align: center;">DEFER</p> <p>Submit the information to the FAA for a possible Special Issuance.</p> <p>Once all information is received, these cases are reviewed by a FAS Cardiothoracic Surgery consultant.</p>

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	<p>3. Labs performed no more than 90 days prior to the AME exam:</p> <ul style="list-style-type: none"> • Hemoglobin A1C and • Lipid profile to include total cholesterol, HDL, LDL, and triglycerides. <p>4. Hospital records to include:</p> <ul style="list-style-type: none"> • Operative report; • Discharge summary from the physician (NOT the discharge instructions/paperwork given to the patient when leaving the hospital); • Admission (history & physical); • Pathology report (if performed); and • DO NOT submit miscellaneous hospital records such as flowsheets, nursing notes, physician orders, and medication administration records. <p>5. Coronary Angiogram [cardiac cath] performed no more than 12 months before the AME exam:</p> <ul style="list-style-type: none"> • Must submit both of the report(s); and • Actual imaging on CD in DICOM format. <p>6. 24-hour cardiac monitor performed no more than 90 days prior to the AME exam:</p> <p style="padding-left: 40px;">≥ 24-hour cardiac monitor (such as a Holter, Zio Patch, etc.). It should include atrial and ventricular ectopic counts; hourly tabular data to include the longest pause duration and counts of all pauses 2.5 seconds or greater; heart rate (max, min, and average); other histograms and frequency graphs; and the percentage of atrial fibrillation/flutter.</p> <p>7. Stress Echo. Graded Exercise Stress ECHO (with electrical tracings) no more than 90 days prior to the AME exam in accordance with the enclosed specification sheet.</p> <p>8. Any other testing already completed or deemed necessary by the treating physician (e.g., myocardial biopsy)</p>	