SINUS CONDITIONS

SINUSITIS(Acute or Chronic infection; Deviated Nasal Septum);
SINUS OBSTRUCTION (Nasal Cysts; Nasal Polyps; or Sinus Tumor)

All Classes
(Updated 09/25/2024)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Acute infection(s) from any cause requiring medication(s) or not	If the AME can determine the condition has resolved without sequelae with no symptoms or current problems that would interfere with flight duties:	ISSUE Annotate this information in Block 60.
OR Deviated nasal septum (not causing obstruction) corrected or not	Notes: If the airman is currently on antibiotics or symptomatic, the treatment course should be completed before medical certification can be considered.	BIOCK OU.
	Verify medications listed are acceptable. 61.53 applies.	
Note: Recurrent, isolated infections which clear can be followed under Row A.	Pilots should not fly with a "cold" or viral upper respiratory tract infection, or with the condition of rhinosinusitis.	
B. Chronic or severe (hospitalized for infection) OR	If the AME history and physical exam confirm the condition is chronic, severe, or symptomatic, the airman should not fly until resolved.	DEFER Submit the information to the
Affected by barometric changes	Submit the following for FAA review:	FAA for a possible Special Issuance.
OR Sinus Obstruction from nasal polyps or cysts, tumor, anatomic (deviated nasal septum)	 A current, detailed Clinical Progress Note generated from a clinic visit with the treating ENT (preferred) or allergist no more than 90 days before the AME exam. 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 and plan (prognosis); and Follow-up. 	

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	 Personal statement discussing symptoms, severity, how often they occur, and treatment used, any prior surgery or trauma. Sinus CT imaging (report) already performed; Results of evaluation(s) for underlying conditions such as polyps, ciliary dysmotility syndrome, autoimmune disease, immune suppression, or anatomic abnormalities; 	
	Pilots should NOT fly with a "cold" or viral upper respiratory tract infection, or with the condition of rhinosinusitis.	

NOTE: For Sinus Obstruction due to tumor, see that section