

## LABYRINTHITIS (Vestibular Neuritis, Viral Labyrinthitis, Epidemic Vertigo, Acute Vestibulopathy)

All Classes  
(Updated 11/29/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<b>A.</b> Single episode now completely resolved	<p>If the AME can determine:</p> <ul style="list-style-type: none"> <li>• The condition has fully resolved without sequelae (with favorable notes from PCP or ENT if recent event);</li> <li>• No symptoms or current problems that would interfere with flight duties;</li> <li>• No medication needed; and</li> <li>• No hearing loss</li> </ul> <p><b>Note:</b> This condition usually takes approximately one month before fully recovered.</p>	<div style="background-color: green; color: white; text-align: center; padding: 5px;"><b>ISSUE</b></div> <p><b>Annotate</b> this information in Block 60.</p>
<b>B.</b> Current symptoms	<p>The AME should not issue if there are current symptoms.</p> <p>Both the <b>condition and medication</b> to treat are of aeromedical concern.</p> <p>Once resolved, go to Row A.</p> <p>If recurrent symptoms, go to Row C.</p>	<div style="background-color: red; color: white; text-align: center; padding: 5px;"><b>DEFER</b></div> <p>Submit the information to the FAA.</p> <p>Annotate (elements or findings) Block 60.</p>
<b>C.</b> Multiple episodes separated by weeks to months	<p>Submit the following for FAA review:</p> <ol style="list-style-type: none"> <li>1. A <b>current, detailed Clinical Progress Note</b> generated from a clinic visit with the treating <b>ENT (otolaryngologist), preferably a neurotologist</b> (a sub-specialty of ENT/otolaryngology). The clinic visit should be <b>no more than 90 days prior</b> to the AME exam. It must include: <ul style="list-style-type: none"> <li>• A detailed summary of the history of the condition;</li> <li>• Current medications, dosage, and side effects (if any);</li> <li>• Physical exam findings;</li> <li>• Results of any testing performed;</li> <li>• Diagnosis;</li> <li>• Assessment and plan (prognosis); and</li> <li>• Follow-up.</li> </ul> </li> <li>2. It must specifically include if: <ul style="list-style-type: none"> <li>• Any underlying pathology is found</li> <li>• Any hearing loss is noted.</li> </ul> </li> </ol>	<div style="background-color: red; color: white; text-align: center; padding: 5px;"><b>DEFER</b></div> <p>Submit the information to the FAA for a possible Special Issuance.</p> <p>Annotate (elements or findings) in Block 60.</p>

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	<p>3. Treatment notes</p> <p>4. Vestibular testing already performed.</p> <p>5. Current (performed within the past 90 days) clinical audiogram with Air-Conduction/ Bone-Conduction (AC/BC) and Speech Discrimination (SD).</p> <p>6. Typed personal statement describing the history of the condition. It must include:</p> <ul style="list-style-type: none"> <li>• If there is any family history;</li> <li>• Episodes of hearing loss over the last year;</li> <li>• The number of episodes with approximate dates and how long each lasted;</li> <li>• A description of the severity of the attacks with type of symptoms;</li> <li>• Any history of Migraine or drop attacks (collapsing suddenly without fainting),</li> <li>• Medication used for control/treatment;</li> <li>• Any surgery;</li> <li>• Success of control (e.g., How often do you have a recurrence? When was most recent episode?); and</li> <li>• Therapy/medication used for control.</li> </ul> <p>If any underlying condition is found, see that page.</p>	