

ORDER

3930.3A

AIR TRAFFIC CONTROL SPECIALIST HEALTH PROGRAM



MAY 9, 1980

**DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION**

Distribution: A-W(AM/BU/GC/LR/PT/AT)-3; A-Y(AM/AY)-2; Initiated By: AAM-400/AAT-10
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CHANGE

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

3930.3A CHG 1

12/30/96

SUBJ: AIR TRAFFIC CONTROL SPECIALIST HEALTH PROGRAM

1. PURPOSE. This change transmits revised pages to Chapter 3, Medical Examinations, and to Appendix 1, Medical Qualification Standards, Retention Requirements.

2. EXPLANATION OF CHANGES. This change establishes new medical examination frequency requirements based on the age and the work assignment of an air traffic control specialist. No other changes to the order have been made at this time. The visual requirements shown in Appendix 1 of this order were changed by Office of Personnel Management's letter in 1984 and were published in the X-118 Handbook of Occupational Series in 1988 and are currently being used for ATCS's.

3. DISPOSITION OF TRANSMITTAL. After filing the revised page, the change transmittal should be retained.

PAGE CONTROL CHART

Remove Pages	Dated	Insert Pages	Dated
15 and 16	5/9/80	15 16	12/30/96 5/9/80
Appendix 1		Appendix 1	
5 and 6	5/9/80	5 6	12/30/96 5/9/80

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Initiated By: AAM-200

CHANGEU.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

3930.3A CHG 2

SUBJ: AIR TRAFFIC CONTROL SPECIALIST HEALTH PROGRAM

1. **PURPOSE.** This change transmits revised pages to Chapter 1. General; Chapter 3. Medical Examinations; and to Appendix 1.. Medical Qualification Standards.
2. **EXPLANATION OF CHANGES.** This change establishes medical examination requirements for certain air traffic control specialists at the Hurley Air Traffic Control System Command Center in Herndon, Virginia.
3. **DISPOSITION OF TRANSMITTAL.** After filing the revised page, the change transmittal should be retained.

PAGE CONTROL CHART

Remove Pages	Dated	Insert Pages	Dated
iii and vi	5/9/80	iii	8/3/01
	5/9/80	vi	5/9/80
1 and 2	5/9/80	1	8/3/01
	5/9/80	2	5/9/80
3 and 4	5/9/80	3	8/3/01
	5/9/80	4	5/9/80
15 and 16	12/30/96	15	8/3/01
	5/9/80	16	5/9/80

Distribution: A-W(AM/BU/GC/LR/PN/HT/TZ/TR)-3;
 A-X(AM/AT/BU/HR/GC)-3;
 A-Y(AY)-3; A-Z(AM)-3; A-FAT-O(MAX)

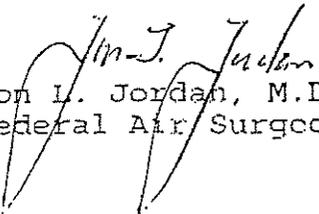
Initiated By: AAM-200

Appendix 1

Appendix 1

3 and 4 5/9/80
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 8 5/9/80
 9 and 10 5/9/80

3 8/3/01
 4 5/9/80
 5 8/3/01
 6 8/3/01
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 10 5/9/80


 Jon L. Jordan, M.D.
 Federal Air Surgeon

FOREWORD

The people who run the National Airspace System are the most vital element of it.

Their health is important to morale, efficiency, economy, and most of all to safety.

This order sets out new program standards and procedures for choosing air traffic control specialists and, most importantly, helping them to remain fit and on the job.

This order means that no one with health problems need be afraid to seek help.

The purpose of the FAA's Air Traffic Controller Specialist (ATCS) Health Program is to help every controller stay in good health, to maximize the productive working life of ATCSs, and to maintain a safe and efficient air traffic system.



Langhorne Bond
Administrator

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CHAPTER 1. GENERAL

1. PURPOSE. This order prescribes policy, methods, and procedures for the administration of the Federal Aviation Administration (FAA) Air Traffic Control Specialist (ATCS) Health Program and, by Appendix 1, Medical Qualification Standards, transmits the Office of Personnel Management (OPM) medical standards for Air Traffic Control Specialists.
2. DISTRIBUTION. This order is distributed to the branch level in the Offices of Aviation Medicine, Budget, Chief Counsel, Labor Relations, and Personnel and Training, and the Air Traffic Service; to the branch level in the regional Aviation Medical, Air Traffic, Budget, and Personnel Management Divisions, and to the Regional Counsels; to the division level at the Civil Aeromedical Institute, and the FAA Academy at the Aeronautical Center; to division level in the Medical Staff at NAFEC; and a maximum distribution and to all Air Traffic field offices and facilities.
3. CANCELLATION. Order 3930.3, Air Traffic Control Specialist Health Program, dated May 3, 1977, is cancelled.
4. EXPLANATION OF CHANGES. This change establishes medical examination requirements for certain air traffic control specialists at the David J. Hurley Air Traffic Control System Command Center (Command Center) in Herndon, Virginia.
5. DEFINITIONS.
 - a. Regional Flight Surgeon - chiefs of the 11 regional aviation medical divisions herein referred to as Flight Surgeon except when denoting review and action as division chief.
 - b. Flight Surgeon - Assistant Regional Flight Surgeons in regional offices and in ARTCC medical offices; medical officers in the Aeromedical Clinical Branch (AAC-160); and medical officers in the Clinical Specialties Division (AAM-700) and the NAFEC Medical Staff (ANA-6).
 - c. Medical Examination - any and all examinations performed under the ATCS Health Program.
 - d. Required Examination - any and all examinations required at any time to determine that medical standards are met and/or that an ATCS is medically cleared to operate an ATCS position.
 - e. Periodic Examination - a required basic medical examination performed at scheduled frequency to determine whether medical standards are met.

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f. Referral Examination - examination authorized by a Flight Surgeon to be performed by an FAA-appointed consultant physician or other well-qualified specialist to provide additional medical information.

g. Aviation Medical Examiner (AME) - a private physician designated by the FAA, and specifically authorized to perform ATCS Health Program examinations.

h. Applicant - any individual who is a candidate for initial employment into an ATCS position.

i. Qualified - a medical determination that the established medical standards are met in full.

j. Qualified with Special Consideration - a medical determination that the established medical standards are not fully met; however, the Flight Surgeon and Air Traffic determine that the ATCS may engage in air traffic control duties without compromising safety.

k. Disqualified - a medical determination that the established medical standards are not met, and Special Consideration is not granted.

l. Incapacitation - a medical condition of short term (12 months or less), or indefinite duration (more than 12 months) because of which an ATCS is incapable of performing normal air traffic control duties whether or not medical standards are met.

m. Medical Restriction - an administrative decision, based on medical advice to remove an ATCS from air traffic control duties, and to place on leave status or assign to noncontrol duties.

n. Interval Medical Problem - a question regarding an ATCS's medical condition which is identified at any time not in connection with the periodic examination.

o. Medical Status Determination - medical determination of Flight Surgeon, in consultation with air traffic management, regarding medical status of an ATCS as it affects ATCS operations.

p. Medical Status - one of the following: full duty, medical restriction; medical disqualification; incapacitated.

q. Employment Status Determination - an air traffic management decision regarding the operational suitability and feasibility of employee retention in the Air Traffic Control System.

r. Reinstatement Candidate - any former ATCS seeking reemployment into an operational ATCS position.

6. POLICY. It is in the interest of the agency to develop and maintain the best possible Air Traffic Control Specialist Workforce. This goal requires the development and operation of a health program that will ensure optimal selection of ATCSs and promote retention of experienced employees in the system without compromising air safety. It is the policy of the agency to apply medical standards and medical state-of-the-art technology concurrent with effective management to achieve these objectives. When an ATCS experiences health problems, it is agency policy to utilize the employee in the performance of productive air traffic work as long as safety is not affected.

7. SCOPE. This order:

a. Applies to:

(1) Applicants for employment, reinstatement and reassignment to, and incumbents of, ATCS positions in FAA towers, centers, and flight service stations and the Hurley Air Traffic Control System Command Center that perform flight assistance services, including cooperative education employees.

(2) Immediate supervisors of ATCSs engaged in air traffic control.

(3) Employees in supervisory or staff air traffic positions who are required, however infrequently, to operate a control position.

(4) ATCSs having return rights.

(5) Employees in any position who are required by Air Traffic management to maintain current medical clearance for ATCS duties.

b. Provides guidance for:

(1) Aviation medical officials who shall apply medical standards, make medical determinations, and make recommendations to air traffic management officials.

(2) Air traffic and personnel management officials who must make administrative decisions based on medical recommendations.

(3) Aviation Medical Examiners (AMEs), other selected physicians and consultant physicians who are authorized to perform ATCS medical examinations.

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8. AVIATION MEDICAL RESPONSIBILITIES.

a. The Federal Air Surgeon shall:

(1) Develop and recommend policy for the medical administration of the program.

(2) Develop and recommend revision to medical standards.

(3) Provide medical advice to regions.

(4) Evaluate the effectiveness of the program.

(5) Coordinate with the Director, Air Traffic Service, and the Director of Personnel and Training, appropriate aspects of program administration.

(6) Evaluate results of ATCS applicant psychological screening.

(7) Establish and manage a system for collection of medical information on the ATCS workforce, and provide statistical summaries and reports to assist FAA officials in making management decisions.

(8) Act on requests for review of medical disqualification.

b. Regional Flight Surgeons shall:

(1) Act upon requests for reconsideration of medical determinations of disqualification.

(2) Coordinate with the Chief, Air Traffic Division to make or review determinations of special consideration.

(3) Review all medical disqualifications.

(4) Provide medical advice to air traffic management officials to consider in determining employment status of disqualified and incapacitated ATCSs.

(5) Provide guidance to Flight Surgeons engaged in local administration of ATCS Health Program.

c. Flight Surgeons shall:

(1) Arrange for and/or conduct ATCS medical examinations.

(2) Obtain and evaluate all pertinent medical information.

(3) Specify and authorize referral and followup examinations.

(4) Determine if examinees meet the applicable medical qualification standards with consideration of the functional and operational requirements of the position to which an examined ATCS is assigned.

(5) Notify, according to established procedures, appropriate air traffic facility and/or personnel management officials of medical determinations.

(6) Coordinate with the facility chief to make determination of special consideration.

(7) Select and monitor the performance of designated AMES or other selected physicians.

(8) Coordinate with air traffic and/or personnel management officials to facilitate administrative action based upon, or affecting, the medical status of ATCSs.

(9) Provide health maintenance advice to ATCSs in the interest of preserving career longevity.

d. AME and consultant physicians shall conduct all medical examinations in accordance with this order.

9. AIR TRAFFIC RESPONSIBILITIES.

a. Director, Air Traffic Service shall:

(1) Develop and recommend policy and procedures for the operational administration of the program.

(2) Act upon requests for retention of medically disqualified ATCSs.

(3) Evaluate the effectiveness of the program.

(4) Coordinate with the Federal Air Surgeon and Director of Personnel and Training on appropriate aspects of program administration.

b. Chief, Air Traffic Division shall:

(1) Coordinate with the Regional Flight Surgeon to make or review determinations of Special Consideration.

(2) Determine the employment status of disqualified and incapacitated ATCSs.

(3) Recommend retention to Director, Air Traffic Service of ATCSs after determining suitability and feasibility of retention of individual ATCS in the air traffic control system.

c. Facility management officials shall:

(1) Ensure that all ATCSs are fully advised of the details and overall objectives of the program.

(2) Receive, discuss, and act upon determinations of Flight Surgeons to facilitate administrative management of ATCSs when a medical action affects operational status.

(3) Consult with Flight Surgeon when the medical status of an ATCS is questioned or appears to interfere with safe and effective air traffic control.

(4) Participate with medical officials to arrange for outside medical examination when an agency medical facility is not available or cannot provide the service.

(5) Schedule ATCSs for periodic exams and ensure that a medical determination is received.

(6) Participate with the medical official when required, in obtaining additional medical information or special medical evaluation.

d. ATCSs shall:

(1) Report for medical examinations as scheduled by the agency.

(2) Inform facility management and/or the Flight Surgeon of any health problems and results of medical examinations occurring between periodic exams.

(3) Authorize access to or submit medical information obtained outside of the agency which may be required in determining current medical status.

10. PERSONNEL MANAGEMENT RESPONSIBILITIES.

a. Director of Personnel and Training shall:

(1) Provide guidance to management on informing and counseling employees about the nature of, and eligibility for, employee benefits.

(2) Develop policy and procedures for assuring placement consideration.

(3) Evaluate the effectiveness of the employee benefits information and counseling program and the placement consideration program.

(4) Coordinate with the Director, Air Traffic Service, and the Federal Air Surgeon on appropriate aspects of total program administration.

b. Chief, (Servicing) Personnel Management Division shall:

(1) Provide advice and guidance to local management officials and employees regarding agency placement opportunities, employee benefits, and procedures for processing personnel/administrative actions.

(2) Assure, in concert with other management officials, that employees are informed and counseled about their rights and benefits.

(3) Determine eligibility, as necessary, for various actions initiated by management officials and/or employees.

(4) Assist and prepare or process, on a timely basis, actions initiated by management officials and/or employees.

(5) Schedule applicant for required initial entry medical exams.

11. CHANGES TO THIS DIRECTIVE. The Administrator approves changes in policy, delegations of authority, and assignment of responsibility. The Federal Air Surgeon approves changes in the medical aspects of the administration of the program. The Director, Air Traffic Service, approves changes in the administration of the program as it applies to utilization of ATCS personnel. Proposed changes shall be coordinated with appropriate offices and services.

12.-19. RESERVED.

CHAPTER 2. MEDICAL STANDARDS

20. GENERAL. Medical standards for ATCSs are promulgated in the Physical Requirements portion of Office of Personnel Management Qualification Standards for Air Traffic Control, Series 2152 (see appendix 1). These standards are applied according to functional and operational responsibilities of examined ATCSs, and based on ATCS specialization.

21. INITIAL HIRE. Separate and distinct medical standards are established for applicants for initial hire in the FAA air traffic system. The initial hire medical standards will continue to apply to all ATCS while within the one year probationary period.

22. RETENTION. Retention standards shall be applied to incumbent ATCSs outside of the one-year probationary period at the time of a periodic examination or at other select times when a medical problem is detected, and to former ATCSs who are considered for reinstatement to an ATCS position.

23. SPECIAL CONSIDERATION.

a. Facility level. The Flight Surgeon, in coordination with the facility chief, may grant special consideration for an ATCS to work at that facility, provided the medical condition is expected to be remedied within thirty calendar days.

b. Division level. The Regional Flight Surgeon, in coordination with the Chief, Air Traffic Division, may grant special consideration provided the ATCS can perform all required control duties.

c. Headquarters level. The Federal Air Surgeon, in coordination with the Director, Air Traffic Service, may grant special consideration as he deems appropriate.

24.-29. RESERVED.

CHAPTER 3. MEDICAL EXAMINATIONS

30. SCOPE. The scope and content of the basic medical examination and instructions for performing the examination and for completing the report of examination will be in accordance with general guidance by the Federal Air Surgeon.

NOTE: The examination of ATCS who requests an airman medical certificate must be expanded to the scope required to determine eligibility under FAR 67.

31. LOCATION. Required examinations shall be performed at FAA medical offices. When full capability does not exist within an FAA facility, the Flight Surgeon shall arrange and authorize other specific sources for completion of the examinations.

32. SCHEDULING.

a. Applicants for initial hire as an ATCS shall be scheduled by or at the request of the Personnel Management Division for medical examination only after they have completed the comprehensive psychological test battery, and where practicable, have been found fully qualified.

b. Applicants for reinstatement shall be scheduled for the medical examination upon request of personnel management officials.

c. Employee applicants shall be scheduled by Facility Managers for medical clearance examinations while on duty time, preferably in their birth month. The periodicity of medical clearance examinations is age- and option-related as specified by the following:

<u>INTERVAL BETWEEN REQUIRED PERIODIC EXAMINATIONS</u>		
<u>AGE</u>	<u>TERMINAL/ CENTER</u>	<u>FLIGHT SERVICE/ COMMAND CENTER</u>
Age 39 and below	2 Years	3 Years
Age 40 and over	1 Year	2 Years

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d. Cooperative education (co-op) employees shall be scheduled for the initial examination as soon as possible, but not later than the first work session, after selection. Unless a co-op employee also requires an airman medical (pilot) examination or a significant medical problem arises, no examination will be conducted until time for conversion to full-time permanent employment, at which time the initial hire standards shall be applied.

33. AVIATION MEDICAL EXAMINER (AME). Flight Surgeons shall authorize AMEs to perform required ATCS medical examinations. Reports of examination shall be sent promptly by the AME to the authorizing Flight Surgeon for review.

34. REFERRAL EXAMINATIONS.

a. Use of Specialists. The Federal Aviation Administration-appointed consultant physicians or other specialists shall be utilized whenever required for a medical evaluation.

b. Authority. The Flight Surgeon shall authorize referral examinations as indicated. The Federal Air Surgeon also may authorize referral examinations as a result of evaluation of psychological screening batteries or after review of problem cases.

c. Reports. Reports of referral examinations shall be sent to the authorizing Flight Surgeon, who shall review them and place them in the ATCSs medical files. Cases for which referral examinations have been obtained shall be reported to the Office of Aviation Medicine as required (RIS: AM 9000-9).

35. ARRANGEMENTS FOR PROFESSIONAL SERVICES.

a. Aviation Medical Examiners and Consultant Physicians and other selected Physicians. Authorization for medical examination should be made utilizing FAA Form 3930-3, Medical Examination Authority.

b. Other Federal Agencies. The Office of Aviation Medicine maintains interagency agreements for procurement of supporting services to FAA in this program.

c. Costs. Reimbursement to an AME shall not exceed the amount normally charged for an equivalent examination performed by other physicians in the area. Reimbursement shall not be made to any other physician providing services arranged by the AME, unless the services are authorized by a Flight Surgeon.

36. RELEASE OF MEDICAL INFORMATION. Medical information obtained in the course of any medical examinations or evaluations performed on ATCSs shall be released only in accordance with the Privacy Act, Freedom of Information Act and the Federal Personnel Manual, Chapter 339, 1-4, and Chapter 294, subchapters 4 and 7.

37. FUNDING.

a. The ATCS Health Program is funded by the FAA aviation medical program.

b. No expense shall be borne by ATCS applicants and ATCS employees for required medical examinations. Individual ATCSs must assume the expense of any self-initiated examinations to support review actions. Costs of refraction or lenses, of other appliances, or any treatment required to meet the medical standards shall be borne by the employee or applicant.

c. ATCS applicants (including FAA employees) shall bear the expense for transportation in connection with required medical examination. Incumbent ATCSs shall be reimbursed in accordance with regional procedures for transportation expense in connection with required and authorized referral examinations.

38. REPORTS OF MEDICAL STATUS AND RESULTS OF EXAMINATION. Flight Surgeons and AME's shall report the medical status determinations and the results of required examinations on FAA Form 8500-8, Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate.

39. RESERVED.

CHAPTER 4. INITIAL HIRE

40. GENERAL. The medical standards for initial employment prescribed under the Physical Requirements section of the Office of Personnel Management (OPM) Qualification Standards for the Air Traffic Control Series 2152 shall be applied to all applicants for initial ATCS employment.

41. PSYCHOLOGICAL TESTING. A comprehensive psychological test battery shall be administered to all ATCS applicants at the time of their preemployment interview or during the interval between the interview and the medical examination. The administration of this test battery shall be the responsibility of local facility chiefs; test materials shall be provided by the Flight Surgeons. Completed answer sheets shall be sealed by the applicant, and transmitted by the facility to the Federal Air Surgeon: Attention AAM-500. TEST RESULTS SHALL NOT BE THE SOLE BASIS FOR REJECTION OF AN ATCS APPLICANT. Personnel who conduct this testing shall instruct applicants to refrain from discussing the content of tests with other applicants.

42. SUPPLEMENTAL MEDICAL INFORMATION. The Flight Surgeon shall obtain and evaluate applicable military and Veterans Administration medical records through established regional procedures. If military medical records are not received within 120 days following request, the Flight Surgeon may grant conditional medical clearance pending receipt and review of the additional medical information.

43. MEDICAL DETERMINATION AND NOTIFICATION.

a. Qualification. The Flight Surgeon shall notify personnel management officials when an applicant is determined to be medically qualified for ATCS employment. Personnel management officials shall complete the hiring process and notify the applicant.

b. Disqualification. The Flight Surgeon shall notify personnel management officials when an ATCS applicant is determined to be medically disqualified.

44. RECONSIDERATION. A medically disqualified ATCS applicant may request reconsideration by the Regional Flight Surgeon. If the Regional Flight Surgeon sustains the disqualification, he/she shall notify air traffic and personnel management officials. If the disqualification is overturned, the Regional Flight Surgeon shall notify air traffic and personnel management officials. The Regional Flight Surgeon also shall notify personnel management as soon as a request for reconsideration is received for action, so that the disqualification notification process can be deferred pending a decision.

45. REVIEW. An ATCS applicant who remains disqualified after the Regional Flight Surgeon's reconsideration may request review by the Federal Air Surgeon, and may provide additional medical information at his or her own expense. The Federal Air Surgeon's decision is the final agency medical determination, and the case shall be referred back to division level for appropriate administrative review and action.

46.-49. RESERVED.

CHAPTER 5. RETENTION

SECTION 1. PERIODIC REQUALIFICATION

50. GENERAL. The medical standards for retention shall be applied at the time of periodic examination, with concomitant consideration of the functional and operation responsibilities of an ATCS's air traffic control position. Medical standards for retention shall be applied in reinstatement examinations.

51. MEDICAL EVALUATION PROCEDURES. When a periodic examination has been completed; the Flight Surgeon shall compare the finding to the medical retention standards.

a. If the ATCS meets retention standards, the Flight Surgeon shall notify the Personnel Management Division (PMD) and facility management that the ATCS is medically qualified for retention.

b. If the ATCS does not meet retention standards a special consideration may be granted in accordance with paragraph 23. If a special consideration is not practicable an employment status review and determination must be made. If the medical condition is diagnosed to be remedied within thirty calendar days, the employment status determination may be made by facility management, all other cases must be determined in accordance with paragraph 60. In all cases the personnel management division will be advised of the ATCS's status and all determinations.

c. If the ATCS does not meet the retention standards the Flight Surgeon may carry out further medical evaluation including medical tests and laboratory determinations, and medical specialty evaluations by selected physicians or other medical specialists. The Flight Surgeon normally will not determine that an ATCS does not meet medical retention standards solely on the basis of information provided by the ATCS's own physicians.

d. Following further evaluation, the Flight Surgeon shall compare the results to the standards.

(1) If the ATCS meets medical standards, the Flight Surgeon shall notify the Personnel Management Division and facility management that the ATCS is medically qualified for retention.

(2) If, after further evaluation, the ATCS still does not meet retention standards, proceed as in paragraph 51b.

52. MEDICAL REVIEW PROCEDURES.

a. The Regional Flight Surgeon shall review the medical record of each medically disqualified ATCS to verify that:

- (1) The medical condition is governed by the medical standards.
- (2) Where appropriate, medical evaluation has been carried out for the agency.
- (3) The objective medical findings support the diagnosis.
- (4) The medical evaluation is complete enough to support determinations about qualification status and the granting of special consideration.
- (5) The condition is not remediable or remediable within a reasonable length of time.
- (6) The Flight Surgeon has conferred with facility management to consider retaining the ATCS in the workforce before reaching a determination.

b. During the review, the Regional Flight Surgeon shall confer with the Air Traffic Division and the Personnel Management Division, to insure that full consideration has been given to retaining the ATCS.

c. Following this review, the Regional Flight Surgeon shall:

- (1) Sustain the decision if he finds satisfactory compliance with the review criteria.
- (2) in coordination with the Air Traffic Division Chief, grant special consideration when they determine that a disqualified ATCS should be retained.
- (3) Reverse the determination when he determines that it is incorrect.
- (4) Request additional information or medical evaluation when he determines the need.

d. The Regional Flight Surgeon shall notify the Personnel Management Division, Air Traffic Division, the involved facility chief, and the ATCS of the determination.

e. The Personnel Management Division shall contact the ATCS within one week after notification of the disqualification to provide additional information, outline benefits and procedures relating to retirement, placement procedures and other appropriate information.

f. Within 15 days from receipt of notification of disqualification, an ATCS may request review by the Federal Air Surgeon.

g. The Federal Air Surgeon shall review the medical record of a medically disqualified ATCSs to verify that:

- (1) The appropriate procedures have been followed.
- (2) No additional information is needed.
- (3) There are no other factors which must be taken into account.

h. Following this review, the Federal Air Surgeon shall:

- (1) Sustain the decision if he finds satisfactory compliance with the review criteria.
- (2) Rescind the medical determination if he determines that it is incorrect.
- (3) Request the Regional Flight Surgeon provide additional information.

i. The decision of the Federal Air Surgeon on the appeal shall be the final agency medical determination.

j. If the ATCS remains disqualified, the case shall be referred for administrative review as described in paragraph 60.

SECTION 2. INTERVAL MEDICAL PROBLEMS

53. IDENTIFICATION. A medical problem or condition of an ATCS may arise at any time not in connection with the required periodic examination. A problem may be identified by the ATCS or by facility management.

54. MEDICAL STATUS DETERMINATION. The Flight Surgeon shall examine the ATCS or evaluate medical information provided and make a medical determination of the medical status of the ATCS. If the medical condition warrants, the Flight Surgeon may authorize referral examinations for evaluation, and compare all medical findings with established medical standards.

55. WORK STATUS DETERMINATION. The air traffic facility management shall assign ATCSs placed in restricted or incapacitated status to leave or administrative duties. An ATCS who fails to meet standards will be considered as if he/she had failed to meet standards in a periodic evaluation (see paragraph 51). Cases of ATCSs who are determined to be incapacitated, or the period of recovery will or is anticipated to exceed 30 days, shall be forwarded to the region for review and action (see paragraph 60).

56. PERIODIC RE-EVALUATION. ATCSs placed on restriction will be medically reviewed or reevaluated within a period not to exceed every 30 calendar days. If it is determined that the ATCS is recovered, restrictions will be removed and the ATCS returned to duty. ATCSs about whose condition a final determination cannot yet be made may be left in restricted status. If the determination is made that the ATCSs medical condition has become indefinitely incapacitating, the case shall be forwarded to the region for review and action (see paragraph 60).

57. INCAPACITATION. When there is a determination that an ATCS is incapacitated, the case shall be forwarded to the region for review and action (see paragraph 60). When an ATCS meets the medical standards, but is determined to be indefinitely incapacitated, the procedures outlined in FPM Supplement 831-1, paragraph S10-10, as well as the procedures in this order, shall be followed.

58. RESERVED.

SECTION 3. ADMINISTRATIVE REVIEW

60. EMPLOYMENT STATUS REVIEW AND DETERMINATION. The employment status of disqualified and/or indefinitely incapacitated employees who request placement consideration will be reviewed by the Air Traffic Division to determine the operational suitability and feasibility of retaining the employee in the ATC system. If the ATCS cannot perform control duties and:

a. The medical condition is temporary, the ATCS shall be placed on administrative duties or leave by air traffic management. The ATCS shall be periodically reevaluated to determine the ATCS medical status. This evaluation will include an application of standards if appropriate. If it is determined that the medical condition has become permanent, the provisions of paragraph 60b will apply. If the ATCS has recovered (both meet standards and is able to perform control functions) the ATCS shall be reassigned to an available ATCS position. If the ATCS is able to perform control functions but does not meet standards, a special consideration may be granted in accordance with paragraph 23b.

b. The medical condition is permanent, the Air Traffic Division Chief, may effect reassignment to a staff position (ATCSs permanently assigned to staff positions in some cases are no longer required to meet medical standards). If the ATCS is not reassigned to a staff position, the ATCS shall be referred to the Personnel Management Division for placement in other available positions or for other appropriate personnel actions.

61.-69. RESERVED.

CHAPTER 6. PROGRAM EVALUATION

70. THE FEDERAL AIR SURGEON. The Federal Air Surgeon shall periodically conduct evaluations of the ATCS Health Program. The Federal Air Surgeon shall collect and maintain all records required to perform post audits of all aspects of program operation with special attention to the granting of Special Consideration and Medical Determinations of Disqualification. The evaluation will insure equitable and consistent application of the standards and use of Special Consideration consonant with aviation safety.

71. THE DIRECTOR, AIR TRAFFIC SERVICE. The Director, Air Traffic Service shall maintain records required to evaluate the operational administration of the program. Areas reviewed shall include the relevance of medical standards to the functional needs and safety requirements of the airspace system and the utilization of physically impaired ATCS's.

72.-79. RESERVED.

APPENDIX 1. MEDICAL QUALIFICATION STANDARDS

This appendix contains the Physical Requirements section of the Office of Personnel Management Qualification Standards for the Air Traffic Control Series, GS-2152:

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT AIR TRAFFIC CONTROL SERIES

1. INITIAL EMPLOYMENT.

Applicants for initial appointment to air traffic control specialist positions must comply with the following requirements:

a. Eye.

(1) The applicant must demonstrate: Distant visual acuity of 20/20 in each eye separately, without correction, or distant visual acuity of 20/200 or better in each eye separately, with correction to 20/20 in each eye. Glasses or contact lenses are permitted.

(2) The applicant must demonstrate: Near visual acuity of $v=.50$ (or equivalent according to table of equivalent scale) or better in each eye separately without correction or near visual acuity of $v=1.25$ or better in each eye separately, with correction to $v=.50$ in each eye. Glasses or contact lenses are permitted.

(3) An applicant who must utilize both glasses and contact lenses to demonstrate acceptable near and distant vision is disqualified.

(4) The applicant must demonstrate normal color vision.

(5) The applicant must demonstrate normal central and peripheral fields of vision.

(6) If any medication is routinely required for control of intraocular tension, the applicant is disqualified.

(7) The applicant must demonstrate no hyperphoria or hypophoria greater than one prism diopter.

(8) The applicant must demonstrate no esophoria greater than six prism diopters.

(9) The applicant must demonstrate no exophoria greater than six prism diopters.

(10) If examination, including tonometry, of either eye or adnexa reveals any form of glaucoma or cataract formation, uveitis, or any other acute or chronic pathological condition that would be likely to interfere with proper function or likely to progress to that degree, the applicant is disqualified.

(11) An applicant under any form of treatment for any chronic disease of either eye is disqualified.

(12) The applicant must demonstrate full range of motion of external ocular muscles.

b. Ear, Nose, Throat, Mouth.

(1) Examination must show no outer, middle, inner ear disease, either acute or chronic, unilateral or bilateral.

(2) Examination must show no active disease of either mastoid.

(3) Examination must show no unhealed perforation of either eardrum.

(4) Examination must show no deformity of either outer ear that might interfere with the use of headphones of the applied or semi-inserted type.

(5) Examination must show no disease or deformity of the hard palate, soft palate or tongue that interferes with enunciation. The applicant must demonstrate clearly understandable speech, and an absence of stuttering or stammering.

(6) The applicant must demonstrate, by audiometry, no hearing loss in either ear of more than 25 decibels in the 500, 1000, or 2000 HZ ranges and must demonstrate no hearing loss in these ranges of more than 20 decibels in the better ear using ISO (1964) or ANSI (1969) standards. Hearing loss in either ear of more than 40 decibels in the 4000 HZ range may necessitate an otological consultation. Incipient disease processes which may lead to early hearing loss will be a cause for disqualification.

c. Cardiovascular.

(1) An applicant must have no medical history of any form of heart disease. The applicant must demonstrate absence of any form of heart disease to clinical examination including resting and postexercise electrocardiogram.

(2) An applicant must have blood pressure levels no greater than the appropriate values in the following table:

Age	Maximum Reclining Blood Pressure	
	Systolic	Diastolic
20 to 29	140	90
30 to 39	150	90
40 to 49	150	100
50 and over	160	100

(3) An applicant must demonstrate to X-ray no evidence of increase in heart size beyond normal limits.

(4) An applicant under any form of treatment for any disease of the cardiovascular system is disqualified.

d. Neurological.

(1) Applicant must have no medical history or clinical diagnosis of a convulsive disorder.

(2) Applicant must have no medical history or clinical diagnosis of a disturbance of consciousness without satisfactory medical explanation of the cause.

(3) Applicant must have no other disease of the nervous system that is found by the Federal Air Surgeon to constitute a hazard to safety in the Air Traffic Control System.

(4) An applicant under any form of treatment, including preventive treatment, of any disease of the nervous system, is disqualified.

e. Musculoskeletal.

(1) The applicant must have no deformity of spine or limbs of sufficient degree to interfere with the requirements of the position of employment being sought. Certain limitations of range of motion may be acceptable for certain specific options or positions, in which case acceptance for employment will be noted specifically for that position or option only. (Terminal, Center, Flight Service Station and Command Center)

(2) The applicant must have no absence of any extremity or digit or any portion thereof sufficient to interfere with the requirements for locomotion and manual dexterity of the position being sought. Acceptance of limitations for employment for a specific option or position will be noted for that option or position only.

(3) The applicant must have no condition which predisposes to fatigue or discomfort induced by long periods of standing or sitting.

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f. General Medical.

(1) An applicant must have no medical history or clinical diagnosis or diabetes mellitus.

(2) The applicant must possess such a body build as not to interfere with sitting in an ordinary office armchair.

(3) The applicant must have no other organic, functional or structural disease, defect or limitation found by the Federal Air Surgeon to clinically indicate a potential hazard to safety in the Air Traffic Control System. A pertinent history and clinical evaluation, including laboratory evaluations will be obtained and when clinically indicated, special consultations or examinations will be accomplished.

g. Psychiatric.

The applicant must have no established medical history or clinical diagnosis of any of the following:

(1) A psychosis;

(2) A neurosis;

(3) Any personality disorder or mental disorder that the Federal Air Surgeon determines clearly indicates a potential hazard to safety in the Air Traffic Control System. The determinations will be based on the medical case history (including past social, and occupational adjustment) supported by clinical psychologists and board certified psychiatrists, including such psychological tests as may be required as a part of medical evaluation as the Federal Air Surgeon may prescribe.

h. Substance Dependency.

A history, review of all available records, clinical and laboratory examination will be utilized to determine the presence or absence or substance dependency, including alcohol, narcotic, and non-narcotic drugs. Wherever clinically indicated, the applicant must demonstrate an absence of these on thorough psychiatric evaluation, including any clinical or psychological tests required as part of the medical evaluation.

RETENTION REQUIREMENTS

The physical requirements in this section apply to:

- (1) air traffic control specialists in the center and terminal specializations who are actively engaged in the separation and control of air traffic;
- (2) immediate supervisors of air traffic control specialists actively engaged in the separation and control of air traffic; and
- (3) air traffic control specialists in the station and command center specialization who regularly perform flight assistance services as described under Description of Work.

Employees occupying the type of positions described above are required to requalify in a medical examination given annually, usually during the employee's month of birth. Controllers incurring illness, injury, or incapacitation at any time between the annual examinations are required to be medically cleared before return to air traffic control duty. Examinations including laboratory tests and consultations, will be accomplished to the extent required to determine medical clearance for continued duty. New employees are required to meet the retention requirements by examination during the first ten months of service.

Those who are found to be not physically or emotionally qualified for air traffic control duties at any time will be subject to reassignment to a position for which they are fully qualified, retirement for disability if eligible, or separation from the service.

To be medically qualified for retention in the Federal Aviation Air Traffic Service, an air traffic control specialist must meet the following requirements. (Unless otherwise indicated these requirements are identical for all air traffic control specialists.)

A. Eye

(1). Distant Visual Acuity

a. Terminal and Center - The terminal and center specialists must demonstrate: Distant visual acuity of 20/20 or better in each eye separately, without correction, or distant visual acuity of 20/200 or better in each eye separately, with correction to 20/20 or better in each eye.

b. Flight Service Station and Command Center - The station and command center specialists must have distant visual acuity of 20/20 or better in each eye separately, with or without correction.

(2) Near Visual Acuity. - all air traffic control specialists must demonstrate near visual acuity of $v= .75$ or better (or equivalent according to table of equivalents scale) in each eye separately with or without correction.

Scale
Table of Equivalents

Jaeger	Snellen Metric	Snellen English	FAA
J-1	0.59	20/20	.50
J-4	.75	20/30	.75
J-6	1.00	20/40	1.00
J-8	1.25	20/50	1.25
J-10	1.50	20/60	1.75
J-12	1.75	20/70	2.00

(3) Color Vision. - all specialists must demonstrate normal color vision.

(4) Visual Fields

a. Terminal and Center - The terminal and center specialists must demonstrate normal fields of vision.

b. Flight Service Station and Command Center - The station and command center specialists must demonstrate normal central fields of vision.

(5) Phorias; Double Vision

a. Terminal and Center - The terminal and center specialists must have no esophoria of more than 6 prism diopters or exophoria of more than 6 prism diopters or hypophoria or hyperphoria of more than one prism diopter.

b. Flight Service Station and Command Center - The station and command center specialists must have no condition which causes double vision.

(6) Intraocular Tension; Glaucoma; Eye Pathology - all specialists must demonstrate normal intraocular tension by tonometry. Must have no form of glaucoma in either eye and no other chronic pathological condition of either eye or adnexa that would be likely to interfere with proper function.

(7) Medication for Control of Intraocular Tension - must require no routine medication for control of intraocular tension.

B. Ear, Nose, and Throat.

(1) Ear Disease; Equilibrium

a. Terminal and Center. The terminal and center specialists must demonstrate no chronic disease of the outer or middle ear, unilateral or bilateral, that might interfere with the comfortable, efficient use of the standard headphone apparatus or that might interfere with accurate perception of voice transmissions or spoken communications. Must have no ear disease that might cause a disturbance of equilibrium.

b. Flight Service Station and Command Center. The station and command center specialists must demonstrate no chronic disease of the outer or middle ear, unilateral or bilateral, that might interfere with accurate perception of voice transmissions or spoken communications. Must have no ear disease that might cause a disturbance of equilibrium.

(2) Mastoid - must have no active disease of either mastoid.

(3) Eardrum Perforation - must demonstrate no unhealed perforation of either eardrum.

(4) Speech - must have no interference with enunciation and must have clear speech free of stuttering or stammering.

(5) Hearing Loss - must have no hearing loss in either ear of more than 30 decibels in either the 500, 1000, or 2000 HZ ranges. He must have no loss in these ranges greater than 25 decibels in the better ear. Non-static hearing loss in either ear of greater than 50 decibels in the 4000 HZ range will require an otological consultation.

C. Cardiovascular.

(1) Heart Disease

a. Terminal and Center. The terminal and center specialists must have no history or symptomatic form of heart disease or any form requiring therapy.

b. Flight Service Station and Command Center. The station and command center specialists must have no symptomatic form of heart disease.

(2) Disturbance of Rhythm; Other Abnormality; EKG - must demonstrate no disturbance of rhythm or other cardiac abnormality on clinical examination including resting and when clinically indicated, post-exercise electrocardiography.

(3) Blood Pressure - must demonstrate blood pressure levels no greater than the appropriate values in the following table. Must require no medication for control of blood pressure.

Maximum Reclining Blood Pressure

Age	Systolic	Diastolic
20 to 29	140	90
30 to 39	150	90
40 to 49	150	100
50 and over	160	100

(4) Heart size - must have no increase in heart size beyond normal limits.

D. Neurological.

(1) Convulsive Disorder - must have no medical history or clinical diagnosis of a convulsive disorder.

(2) Disturbance of Consciousness - must have no medical history or clinical diagnosis of a disturbance of consciousness without satisfactory medical explanation of the cause.

(3) Cerebrovascular Accident - must have no history of a cerebrovascular accident. Must have no cerebrovascular condition which increases the likelihood of such an accident.

(4) Other Neurological Disorders - must have no other neurological disorder that is found by the Federal Air Surgeon to constitute a hazard to safety in the Air Traffic Control System.

(5) Treatment for Nervous System Disorder - must be under no form of treatment, including preventive treatment, of any disorder of the nervous system.

E. Musculoskeletal.

(1) Ranges of Motion - must have no deformity of spine or limbs that interferes with satisfactory and safe performance of duty.

(2) Amputations; Dexterity - must have no absence of any extremity or digit or any portion thereof sufficient to interfere with satisfactory and safe performance of duty.

(3) Predisposition to Fatigue and/or Discomfort - must have no condition which predisposes to fatigue or discomfort induce by long periods of standing or sitting.

F. General Medical.

(1) Diabetes Mellitus

a. Terminal and Center - The terminal and center specialists who have an established clinical diagnosis of diabetes mellitus will be evaluated for continued duty based upon the degree of control of the disease. Whether by diet alone, or diet and hypoglycemic drugs, control which results in the absence of symptoms and the absence of complications of the disease or the therapy, may be considered as satisfactory control. A controller with diabetes mellitus who cannot demonstrate satisfactory control over specified and observed periods of 48 hours is not cleared for duty involving active air traffic control.

b. Flight Service Station and Command Center - The station and command center specialists who have established clinical diagnosis of diabetes mellitus will be evaluated for continued duty based upon the degree of control of the disease. Whether by diet alone, or diet and hypoglycemic drugs, control which results in the absence of symptoms and the absence of complications of the disease or the therapy, may be considered as satisfactory control.

(2) Body Configuration - must possess such a body build as not to interfere with sitting in an ordinary office armchair.

(3) Other Medical Conditions - must have no other organic, functional or structural disease, defect or limitation found by the Federal Air Surgeon to clinically indicate a potential hazard to safety in the Air Traffic Control System. A pertinent history and clinical evaluation including laboratory screening will be obtained, and when clinically indicated, special consultations and examinations will be accomplished.

G. Psychiatric.

(1) Psychotic Disorder - must have no established medical history or clinical diagnosis of a psychosis.

(2) Mental, Neurotic, or Personality Disorder - must have no neurosis, personality disorder, or mental disorder that the Federal Air Surgeon determines clearly indicates a potential hazard to safety in the Air Traffic Control System. The determinations will be based on the medical case history (including past, social, and occupational adjustment) supported by clinical psychologists and board certified psychiatrists, including such psychological test as may be required as a part of medical evaluation, as the Federal Air Surgeon may prescribe.

(3) Alcoholism and/or Alcohol Abuse - must have no clinical diagnosis of alcoholism or alcohol abuse, since these constitute a hazard to safety in Air Traffic Control System.

A history and clinical evaluation, including laboratory evaluation (when indicated) will be accomplished to determine the presence or absence of alcohol addiction, dependency, habituation, abuse or use.

(4) Addition, Dependency, Habituation, or Abuse of Dangerous Drugs must have no clinical diagnosis of addiction, habituation, dependency or abuse of any narcotic or nonnarcotic drug, since these constitute a threat to safety in the Air Traffic Control System.

A history and a clinical evaluation, including laboratory evaluation (when indicated) will be accomplished to determine the presence or absence of drug addiction, dependency, habituation, abuse or use.

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