

## AMCS MODIFICATIONS FOR OBSTRUCTIVE SLEEP APNEA (OSA)

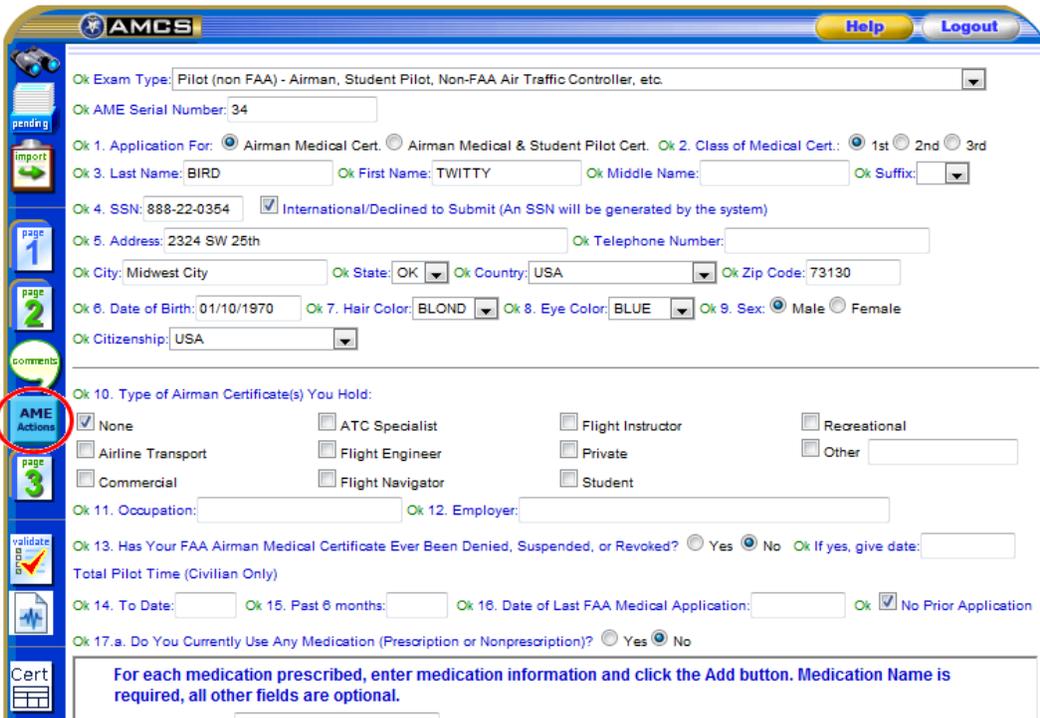
The following modifications have been made to AMCS that will allow an AME to record their OSA assessment of an applicant.

**\*\*\*IMPORTANT\*\*\* An OSA assessment is required for all Pilot exams created after the official implementation date of the OSA modifications. You will not be able to submit the exam without the assessment. Exams started before the date, will not require an OSA assessment.**

### 1. ADDITION OF AME ACTIONS ICON

Displays on Page 1, Page 2, Comments Page, and Page 3 of the application. Takes you to the AME Actions page where the appropriate selection for the Obstructive Sleep Apnea Assessment can be made.

### THIS BUTTON WILL NOT DISPLAY FOR ATC EXAMS



The screenshot shows the AMCS application form for a Pilot exam. The form includes fields for Exam Type, AME Serial Number, Application For, Class of Medical Cert., Last Name, First Name, Middle Name, Suffix, SSN, Address, Telephone Number, City, State, Country, Zip Code, Date of Birth, Hair Color, Eye Color, Sex, and Citizenship. It also includes checkboxes for Type of Airman Certificate(s) You Hold (None, Airline Transport, Commercial, ATC Specialist, Flight Engineer, Flight Navigator, Student, Flight Instructor, Private, Recreational, Other) and Occupation/Employer. A red circle highlights the 'AME Actions' icon in the left sidebar, with a red arrow pointing to it from the text 'TAKES YOU TO OSA SELECTIONS' and 'NOT VISIBLE FOR ATC EXAMS'.

■ TAKES YOU TO OSA SELECTIONS

■ NOT VISIBLE FOR ATC EXAMS

For each medication prescribed, enter medication information and click the Add button. Medication Name is required, all other fields are optional.

## 2. ADDITION OF BMI FIELD BMI:

The applicant's BMI is automatically calculated based on the height and weight information entered.

The screenshot shows the AMCS (Airman Medical Certification System) interface. The header includes the AMCS logo and a navigation sidebar with icons for 'pending', 'import', 'page 1', and 'page 2'. The main content area displays the following information:

- Exam Type: Pilot (non FAA) - Airman, Student Pilot, Non-FAA Air Traffic Controller, etc.
- 1. Application For: Airman Medical Cert. 2. Class of Medical Cert.: None Selected
- 3. Last Name: BIRD First Name: TWITTY Middle Name: Suffix:
- 4. SSN: 888-22-0354

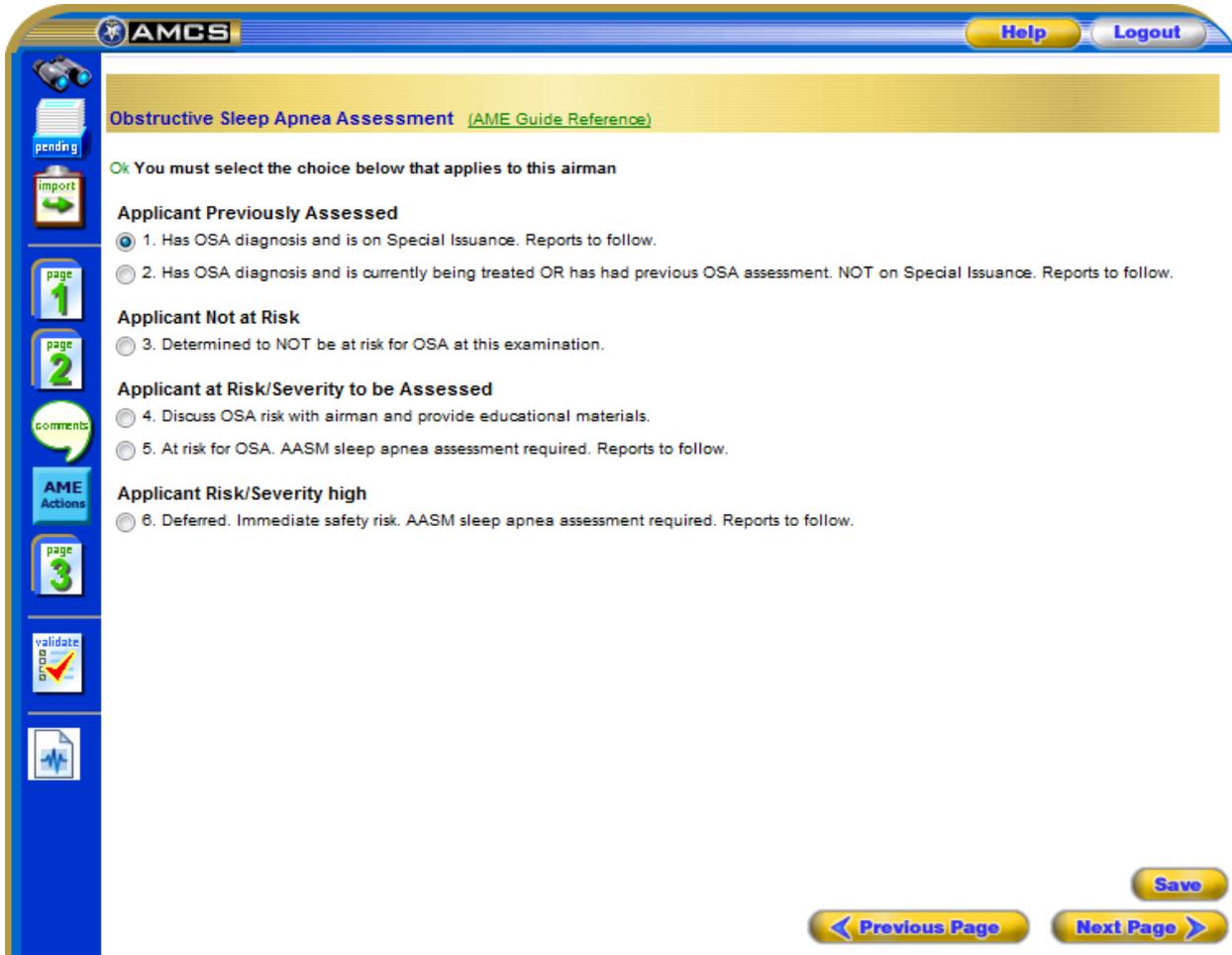
Below this information are several input fields:

- Ok 21. Height (in.):
- Ok 22. Weight (lbs.):
- BMI:**  (This field is circled in red, and a red arrow points to it from the text "AUTOMATICALLY CALCULATES BMI")
- Ok 23. Statement of Demonstrated Ability (SODA):  Yes  No
- Ok 24. SODA #:
- Ok Defect Noted:

At the bottom, there is a yellow button labeled "Set All Blank Items in 25 - 48 to  Normal".

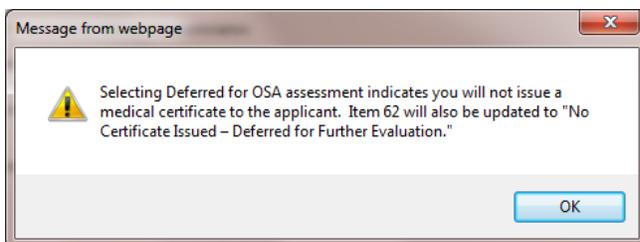
### 3. ADDITION OF AME ACTIONS SCREEN

The AME Actions screen was designed to provide the AME with a list of selections to choose from when making an Obstructive Sleep Apnea Assessment for a pilot applicant.



**\*\*\*IMPORTANT\*\*\* A selection is required for all Pilot exams. You will not be able to submit the exam if a selection has not been made.**

Selecting Item #6 will update the selection in Block 62 on page 2 of the exam to "No Certificate Issued – Deferred for Further Evaluation. The AME will receive a confirmation message indicating that Item 62 will be updated.



**THIS PAGE WILL NOT DISPLAY FOR ATC EXAMS**

#### 4. OSA SELECTION DISPLAYED ON 8500-8 SUMMARY

The selection made on the AME Actions page will display on the Continuation Sheet of the 8500-8 Summary.

<b>Form 8500-8 Continuation Sheet</b>	
<b>Applicant Name : RICK GRIMES</b> <b>Applicant MID : 200006663292</b>	
17.a. Medications (From page 1):	
Medication	Previously Reported Yes No
18. Explanations (From page 1):	
19. Visits to Health Professional Within Last 3 Years. (From page 1);	
Notes (From page 2):	
Other Tests Given (From page 2):	
Comments on History and Findings (From page 2):	
AME Actions:	
Applicant Previously Assessed	
<input checked="" type="checkbox"/> 1. Has OSA diagnosis and is on Special Issuance. Reports to follow.	
<input type="checkbox"/> 2. Has OSA diagnosis and is currently being treated OR has had previous OSA assessment. NOT on Special Issuance. Reports to follow.	
Applicant Not at Risk	
<input type="checkbox"/> 3. Determined to NOT be at risk for OSA at this examination.	
Applicant at Risk/Severity to be Assessed	
<input type="checkbox"/> 4. Discuss OSA risk with airman and provide educational materials.	
<input type="checkbox"/> 5. At risk for OSA. AASM sleep apnea assessment required. Reports to follow.	
Applicant Risk/Severity high	
<input type="checkbox"/> 6. Deferred. Immediate safety risk. AASM sleep apnea assessment required. Reports to follow.	