

BRAIN ABSCESS

All Classes
(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p>A. All classes</p> <p>Any history (current or ever in their lifetime)</p>	<p>After appropriate recovery period* Submit the following for FAA review</p> <ol style="list-style-type: none"> 1. A current, detailed neurological evaluation, in accordance with the FAA Specifications for Neurologic evaluation, generated from a clinic visit with the treating neurologist no more than 90 days before the AME exam. 2. A Neuropsychological (NP) evaluation that meets FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment from a clinic visit with the treating neuropsychologist no more than 90 days before the AME exam. 3. The most recent MRI and/or CT imaging of the brain. (If not already performed, a current brain MRI is required.) <ul style="list-style-type: none"> • Submit BOTH the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. You may wish to retain a copy of all films as a safeguard if lost in the mail. 4. The most recent electroencephalogram (EEG). <ul style="list-style-type: none"> • (If not already performed, a current EEG is required.) 	<div style="background-color: red; height: 15px; width: 100%;"></div> <p>DEFER</p> <p>Submit the information to the FAA for a possible Special Issuance.</p>

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	<ul style="list-style-type: none"> • The EEG recording should be sleep-deprived: awake, asleep, and with provocation (e.g., hyperventilation, photic/strobe light). • Include any previous EEG(s) available for comparison. • Submit BOTH the final interpretive report(s) and the actual tracings (ALL pages) for any EEGs on CD. • The CDs of EEG recordings must have proprietary opening software that is compatible with Windows 10. <p>5. Other testing deemed clinically necessary by the treating physician.</p> <p>*Note: Applicants with prior brain abscess should have a minimum of 6 months observation following completion of treatment. If residual cortical lesion(s) are seen on MRI, a longer recovery period may be required. If surgery was performed (penetrating the dura), a minimum two (2)-year recovery period will apply. If associated with a seizure, refer to that section, as a longer recovery period may then apply.</p>	