

EPILEPSY (Seizure Disorder)

All Classes
(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p>Epilepsy by history</p> <p>Seizure-free for ten (10) years</p> <p>AND</p> <p>Off medication for the last 3 years</p>	<p>After a ten (10)-year seizure-free recovery period, obtain the following and submit for FAA review:</p> <ol style="list-style-type: none"> 1. A current, detailed neurological evaluation that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the treating neurologist (epileptologist preferred), no more than 90 days before the AME exam. 2. It must specifically include the date of last seizure activity and dates medication(s) discontinued. 3. MRI brain performed at any time after the seizure activity started. <ul style="list-style-type: none"> • If not already performed, a current brain MRI is required. 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. Electroencephalogram (EEG) performed no more than 12 months before the AME exam. It must be sleep-deprived EEG: awake, asleep, and with provocation (hyperventilation, photic/strobe light). <ul style="list-style-type: none"> • If not already performed, a current EEG is required. • Submit any previous EEG(s) available for comparison. 	<div style="background-color: red; color: black; text-align: center; padding: 5px;">DEFER</div> <p>Submit the information to the FAA for a possible Special Issuance.</p>

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	<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 'DICODEDIR' 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. <p>5. FAA Airman Seizure Questionnaire completed by the applicant.</p>	