

Medical Category 1	Medical Category 2	Medical Category 3	Medical Category 4
<p>This category applies to the issue or revalidation of Airline Transport Pilot Licence: Commercial Pilot Licence Flight Engineer Licence (amended 2007/12/30)</p>	<p>This category applies to the issue or revalidation of Flight Engineer Licence: Air Traffic Controller Licence</p>	<p>This category applies to the issue or revalidation of Student Pilot Permit: Helicopters Gyroplane Balloon Pilot Permit Gyroplane Private Pilot Licence Aeroplane Helicopter Pilot Licence Balloon Flight Instructor Rating Glider Ultra-light Aeroplanes</p>	<p>This category applies to the issue or revalidation of Student Pilot Permit: Aeroplane Pilot Permit Recreational - Aeroplane Student Pilot Permit Ultra-light Aeroplanes Pilot Permit Ultra-Light Aeroplanes Student Pilot Permit Glider Pilot Licence Glider</p>
<p>Note: The holder of Medical Category 1 shall be considered fit for any licence for its respective duration of validity unless otherwise specified.</p>	<p>Note: The requirements of the Air Traffic Controller licence must be interpreted in respect to the applicant's working environment and the flight safety responsibilities involved. (amended 2007/12/30)</p>	<p>n/anot applicable</p>	<p>n/anot applicable</p>
<p>The medical examination and assessment shall be based upon the following requirements of physical and mental fitness.</p>	<p>The medical examination and assessment shall be based on the following requirements of physical and mental fitness.</p>	<p>The medical examination and assessment shall be based on the following requirements of physical and mental fitness.</p>	<p>The medical examination and assessment shall be based on the following requirements of physical and mental fitness.</p>
<p>n/anot applicable</p>	<p>n/anot applicable</p>	<p>n/anot applicable</p>	<p>An applicant who meets the conditions specified in Part B of Form 26-0297 shall be deemed to have met the Category 4 Medical Standards. An applicant for a Pilot Permit - Recreational requires that Part C of Form 2 -0297 be completed by a physician</p>
<p>1.1 The applicant shall be free from (a) any abnormality, congenital or acquired; or</p>	<p>2.1 The applicant shall be free from (a) any abnormality, congenital or acquired; or</p>	<p>3.1 The applicant shall be free from (a) any abnormality, congenital or acquired; or</p>	<p>4.1 An applicant shall have no disease past or present or any disability or any effect or side effect of any prescribed or</p>

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<p>(b) any active, latent, acute or chronic disability; or (c) any wound, injury or sequelae from operation (d) any effect or side effect of any prescribed or non-prescribed therapeutic medication taken. (amended 1999/03/01) such as would entail a degree of functional incapacity which accredited medical conclusion indicates would interfere with the safe operation of an aircraft at any altitude throughout a prolonged or difficult flight, or may reasonably be expected within the period of validity of the licence to make the applicant unfit to exercise the privileges of the licence applied for or held.</p>	<p>(b) any active, latent, acute or chronic disability; or (c) any wound, injury or sequelae from operation (d) any effect or side effect of any prescribed or non-prescribed therapeutic medication taken. (amended 1999/03/01) such as would entail a degree of functional incapacity which accredited medical conclusion indicates would interfere with reliable performance of duties within the period of validity of the licence.</p>	<p>(b) any active, latent, acute or chronic disability; or (c) any wound, injury or sequelae from operation (d) any effect or side effect of any prescribed or non-prescribed therapeutic medication taken. (amended 1999/03/01) such as would entail a degree of functional incapacity which accredited medical conclusion indicates would interfere with the safe operation of an aircraft during the period of validity of the licence.</p>	<p>non-prescribed therapeutic medication taken. which is likely to interfere with the safe operation of an aircraft during the period of validity of the licence. (amended 1999/03/01)</p>
<p>1.2 The applicant shall not suffer from any disease or disability which may render the applicant liable to become unable to operate an aircraft safely.</p>	<p>2.2 The applicant shall not suffer from any disease or disability which may render the applicant liable to a sudden or insidious degradation of performance within the period of validity of the licence.</p>	<p>3.2 The applicant shall not suffer from any disease or disability which may render the applicant liable to become unable to handle an aircraft safely.</p>	<p>4.2 Not allocated.</p>
Nervous System			
<p>1.3 The applicant shall have no established medical history or clinical diagnosis which, according to accredited medical conclusion, would render the applicant unable to exercise safely the privileges of the permit, licence or rating applied for or held, as follows: (a) psychosis or established neurosis; (b) alcohol or chemical dependence or abuse;</p>	<p>2.3 The applicant shall have no established medical history or clinical diagnosis which, according to accredited medical conclusion, would render the applicant unable to exercise safely the privileges of the licence or rating applied for or held, as follows: (a) psychosis or established neurosis; (b) alcohol or chemical dependence or abuse;</p>	<p>3.3 The applicant shall have no established medical history or clinical diagnosis which, according to accredited medical conclusion, would render the applicant unable to exercise safely the privileges of the permit or licence applied for or held, as follows: (a) psychosis or established neurosis; (b) alcohol or chemical dependence or abuse; (c) a personality or behaviour disorder</p>	<p>4.3 An applicant shall have no medical history or clinical diagnosis likely to interfere with the safe operation of an aircraft as follows: (a) a convulsive disorder, fits, recurrent fainting, severe head injury, post traumatic syndrome, severe headaches or migraines; (b) psychiatric illness; (c) alcohol or chemical dependence or abuse; (d) a personality or behaviour disorder</p>

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<p>(c) a personality or behaviour disorder that has resulted in the commission of an overt act; (d) other significant mental abnormality</p>	<p>(c) a personality or behaviour disorder that has resulted in the commission of an overt act; (d) other significant mental abnormality.</p>	<p>that has resulted in the commission of an overt act; (d) other significant mental abnormality. Note: An applicant providing documented proof of recovery from alcohol or chemical dependence or abuse may be considered fit.</p>	<p>that has resulted in the commission of an overt act;</p>
<p>1.4 The applicant shall have no established medical history or clinical diagnosis of any of the following: (a) a progressive or non-progressive disease of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe operation of an aircraft; (b) a convulsive disorder; (c) any disturbance of consciousness without satisfactory medical explanation of cause; (d) any history of serious head injury the effects of which, according to the accredited medical conclusion, are likely to interfere with the safe operation of an aircraft 2.4</p>	<p>2.4 The applicant shall have no established medical history or clinical diagnosis of any of the following: (a) a progressive or non-progressive disease of the nervous system, the effects of which, according to accredited medical conclusion, is likely to interfere with the reliable performance of duties; (b) a convulsive disorder; (c) any disturbance of consciousness without satisfactory medical explanation of cause; (d) any history of head injury the effects of which, according to accredited medical conclusion, are likely to interfere with reliable performance of duties.</p>	<p>3.4 The applicant shall have no established medical history or clinical diagnosis of any of the following: (a) a progressive or non-progressive disease of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe operation of an aircraft during the period of validity of the licence; (b) a convulsive disorder; (c) any disturbance of consciousness, without satisfactory medical explanation, which is likely to interfere with the safe operation of an aircraft. (d) any history of serious head injury the effects of which, according to accredited medical conclusion, are likely to interfere with the safe operation of an aircraft.</p>	<p>4.4 Not allocated.</p>
Cardio-vascular System			
<p>1.5 The applicant shall not possess any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe operation of an aircraft.</p>	<p>2.5 The applicant shall not possess any abnormality of the heart, congenital or acquired which is likely to be the cause of incapacitation during the period of validity of the licence.</p>	<p>3.5 The applicant shall not possess any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe operation of an aircraft.</p>	<p>4.5 The applicant shall have no current cardiovascular conditions likely to interfere with the safe operation of an aircraft. Note: An applicant indicated by accredited medical conclusion to have made a satisfactory recovery from myocardial infarction, coronary artery bypass or whose hypertension is controlled by acceptable medications</p>

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			shall be considered fit.
<p>1.6 An established medical history or clinical diagnosis of (a) myocardial infarction; or (b) myocardial ischemia, overt or silent, or other evidence of coronary artery disease, considered by accredited medical conclusion to potentially predispose to an incapacitating event, shall be assessed unfit.</p>	<p>2.6 An established medical history or clinical diagnosis of (a) myocardial infarction; or (b) myocardial ischemia, overt or silent, or other evidence of coronary artery disease, considered by accredited medical conclusion to potentially predispose to an incapacitating event, shall be assessed unfit.</p>	<p>3.6 An established medical history or clinical diagnosis of (a) myocardial infarction; or (b) myocardial ischemia, overt or silent, or other evidence of coronary artery disease considered by accredited medical conclusion to potentially predispose to an incapacitating event shall be assessed unfit.</p>	<p>4.6 Not allocated.</p>
<p>1.7 Routine electro-cardiography shall form part of the heart examination of an applicant (a) for the first issue of a Medical Certificate; (b) within the two years preceding the examination between ages 30 years and 40 years; and (c) within the 12 months preceding the examination after age 40.</p>	<p>2.7 Routine electro-cardiography shall form part of the heart examination of an applicant (a) for the first issue of a Medical Certificate; (b) within the two years preceding the examination between ages 30 years and 40 years; and (c) within the 12 months preceding the examination after age 40.</p>	<p>3.7 Routine electro-cardiography shall form part of the heart examination of an applicant (a) at the first examination after the applicant has attained the age of forty years; and (b) subsequently within the four years preceding the examination. (amended 2005/06/01) Note: To avoid possible inconvenience at a later date all applicants under the age of 40 are encouraged to submit a routine ECG upon initial application.</p>	<p>4.7 Routine electro-cardiography shall form part of the heart examination of an applicant for a Pilot Permit - Recreational (a) at the first examination after the applicant has attained the age of forty years; (b) at the first examination after the applicant has attained the age of fifty years; and (c) subsequently within the four years preceding the examination. (amended 2005/06/01) Note: The ECG tracing is not required to be submitted with the medical declaration form</p>
<p>1.8 The systolic and diastolic blood pressure shall be within normal limits. Note: The use of drugs for control of high blood pressure is disqualifying except for those drugs, the use of which according to accredited medical conclusion, can be adequately tolerated by the applicant, are compatible with the</p>	<p>2.8 The systolic and diastolic blood pressure shall be within normal limits. Note: The use of drugs for control of high blood pressure is disqualifying except for those drugs, the use of which, according to accredited medical conclusion, can be adequately tolerated by the applicant and are comparable with</p>	<p>3.8 The systolic and diastolic blood pressure shall be within normal limits. Note: The use of drugs for control of high blood pressure is disqualifying except for those drugs, the use of which according to accredited medical conclusion, can be adequately tolerated by the applicant, are compatible with the safe performance of duties and can be</p>	<p>4.8 Medications used for the control of high blood pressure shall be approved by the Civil Aviation Medicine Division Medical Staff where the medication will not interfere with the safe operation of an aircraft.</p>

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<p>safe performance of duties and can be closely monitored by the aviation medical examiner or a physician in communication with the Civil Aviation Medicine Division Medical Staff. (2) When initiating a new treatment for hypertension, the applicant shall not exercise the privileges of the licence until the new medication is well tolerated.</p>	<p>the safe performance of duties. (2) When initiating a new treatment for hypertension, the applicant shall not exercise the privileges of the licence until the new medication is well tolerated.</p>	<p>closely monitored by the aviation medical examiner or a physician in communication with the Civil Aviation Medicine Division Medical Staff.</p>	
<p>1.9 There shall be no functional or structural abnormality of the peripheral vascular system which accredited medical conclusion indicates could affect safe performance of duties.</p>	<p>2.9 There shall be no functional or structural abnormality of the peripheral vascular system which accredited medical conclusion indicates could affect safe performance of duties.</p>	<p>3.9 There shall be no functional or structural abnormality of the peripheral vascular system which accredited medical conclusion indicates could affect safe performance of duties.</p>	<p>4.9 Not allocated.</p>
<p>Respiratory System</p>			
<p>1.10 There shall be no significant disability or progressive disease of the lungs, pleura or mediastinum.</p>	<p>2.10 There shall be no significant disability or progressive disease of the lungs, pleura or mediastinum. Radiography shall form a part of the initial medical examination in all doubtful clinical cases.</p>	<p>3.10 There shall be no significant disability or progressive disease of the lungs, pleura or mediastinum.</p>	<p>4.10 An applicant shall not suffer from any acute or chronic respiratory condition which might interfere with the safe operation of an aircraft.</p>
<p>1.11 Any extensive mutilation of the chest wall with collapse of the thoracic cage and sequelae of surgical procedures resulting in decreased respiratory efficiency at altitude shall be assessed as unfit for flight duties.</p>	<p>2.11 Any extensive mutilation of the chest wall with collapse of the thoracic cage and sequelae of surgical procedures resulting in decreased respiratory efficiency at altitude shall be assessed as unfit for flight duties. Air Traffic Controllers shall have a respiratory efficiency within the normal range for the conditions described above.</p>	<p>3.11 Not allocated.</p>	<p>4.11 Not allocated.</p>
<p>1.12 Cases of chronic obstructive pulmonary disease shall be assessed as unfit only if the condition is</p>	<p>2.12 Cases of chronic obstructive pulmonary disease shall be</p>	<p>3.12 Not allocated.</p>	<p>4.12 Not allocated</p>

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causing obvious symptoms on moderate exercise and could lead to impairment at altitude.	assessed as unfit if the condition is causing symptoms.		
<p>1.13 Cases of active pulmonary tuberculosis shall be assessed as unfit. Cases of quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, shall be assessed as fit if not liable to cause incapacitation in the air.</p>	<p>2.13 Cases of active pulmonary tuberculosis, duly diagnosed, shall be assessed as unfit. Cases of quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, shall be assessed as fit if the condition is not liable to affect the reliable performance of duties.</p>	<p>3.13 Cases of active pulmonary tuberculosis, duly diagnosed, shall be assessed as unfit. Cases of quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, shall be assessed as fit if not liable to cause incapacitation in the air.</p>	<p>4.13 Not allocated</p>
Gastro-intestinal System			
<p>1.14 There shall be no disease of the gastrointestinal tract which accredited medical conclusion indicates could affect safe performance of duties.</p>	<p>2.14 There shall be no disease of the gastrointestinal tract which accredited medical conclusion indicates could affect safe performance of duties.</p>	<p>3.14 There shall be no disease of the gastrointestinal tract which accredited medical conclusion indicates could affect safe performance of duties.</p>	<p>4.14 Not allocated</p>
<p>1.15 The applicant shall be free from any hernia that might give rise to incapacitating symptoms in flight.</p>	<p>2.15 The applicant shall be free from any hernia that is likely to give rise to incapacitating symptoms while exercising the privileges of the licence.</p>	<p>3.15 The applicant shall be free from inguinal, hiatal or other hernia that might give rise to sudden incapacitation in flight.</p>	<p>4.15 Not allocated</p>
<p>1.16 Any sequelae of disease, medication or surgical intervention on any part of the digestive tract and its adnexa, likely to cause incapacitation in flight, in particular any obstructions due to stricture or compression, shall be assessed as unfit. Note: An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexae, involving a total or partial excision or a diversion of any of these organs shall be assessed as unfit until such time as accredited medical</p>	<p>2.16 Any sequelae of disease, medication or surgical intervention on any part of the digestive tract and its adnexa, liable to give rise to incapacitating or distracting symptoms, in particular any obstructions due to stricture or compression, shall be assessed as unfit.</p>	<p>3.16 Any sequelae of disease, medication or surgical intervention on any part of the digestive tract and its adnexa, and in particular any stricture or compression that might cause sudden incapacitation in flight, shall be assessed as unfit.</p>	<p>4.16 Not allocated.</p>

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conclusion considers that the effects of the operation are not liable to cause incapacitation in the air.			
Other Medical Conditions			
1.17 Cases of metabolic, nutritional or endocrine disorders likely to interfere with the safe operation of an aircraft shall be assessed as unfit.	2.17 Cases of metabolic, nutritional or endocrine disorders likely to interfere with reliable performance of duties shall be assessed as unfit.	3.17 Cases of metabolic, nutritional and endocrine disorders likely to interfere with the safe operation of an aircraft shall be assessed as unfit.	4.17 An applicant shall not suffer from any unstable metabolic disorder likely to interfere with the safe operation of an aircraft.
1.18 Proven cases of diabetes mellitus may be considered fit provided the certain specific control criteria are met. Note: These criteria are outlined in the Health Canada Document "Canadian Guidelines for the Assessment of Medical Fitness in Pilots, Flight Engineers and Air Traffic Controllers with diabetes mellitus 1995."	2.18 Proven cases of diabetes mellitus may be considered fit provided the certain specific control criteria are met. Note: These criteria are outlined in the Health Canada Document "Canadian Guidelines for the Assessment of Medical Fitness in Pilots, Flight Engineers and Air Traffic Controllers with diabetes mellitus 1995."	3.18 Proven cases of diabetes mellitus may be considered fit provided the certain specific control criteria are met. Note: These criteria are outlined in the Health Can Document "Canadian Guidelines for the Assessment of Medical Fitness in Pilots, Flight Engineers and Air Traffic Controllers with diabetes mellitus 1995."	4.18 Not allocated.
1.19 Not allocated	2.19 Not allocated	3.19 Not allocated	4.19 Not allocated
1.20 Not allocated	2.20 Not allocated	3.20 Not allocated	4.20 Not allocated
Genito-urinary System			
1.21 Cases presenting signs of established or progressive organic disease of the kidney or genito-urinary tract shall be assessed as unfit. The urine shall be free of any element considered by the Civil Aviation Medical Examiner to be pathological. Urinary conditions of a transient nature shall be considered unfit while the condition exists.	2.21 Not allocated.	3.21 Cases of organic disease of the genito-urinary tract likely to affect the safe operation of an aircraft shall be considered unfit. The urine shall be contain no abnormal element indicative of such disease or indicative of any other unassessed general condition.	4.21 Not allocated.

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<p>1.22 Any sequelae of disease, medication or surgical procedures on the kidneys and the urinary tract liable to cause incapacitation, in particular any obstructions due to stricture or calculus obstruction, shall be assessed as unfit unless accredited medical conclusion considers that the condition is not liable to cause incapacitation in the air. Compensated nephrectomy without hypertension or uremia shall be assessed as fit. Note: An applicant who has undergone a major surgical operation on the urinary system, which has involved a total or partial excision or a diversion of any of its organs shall be assessed as unfit until such time as accredited medical conclusion considers that the effects of the operation are not liable to cause incapacitation in the air.</p>	<p>2.22 Any sequelae of disease, medication or surgical procedures on the kidneys and the urinary tract liable to cause incapacitation, in particular any obstructions due to stricture or calculus obstruction, shall be assessed as unfit unless accredited medical conclusion considers that the condition is not liable to affect the reliable performance of duties. Compensated nephrectomy without hypertension or uremia shall be assessed as fit. Note: An applicant who has undergone a major surgical operation on the urinary system, which has involved a total or partial excision or a diversion of any of its organs shall be assessed as unfit until such time as accredited medical conclusion considers that the effects of the operation are not liable to affect the reliable performance of duties.</p>	<p>3.22 Any sequelae of disease, medication or surgical procedures on the kidneys and the urinary tract liable to cause incapacitation, in particular any obstructions due to stricture or calculus obstruction, shall be assessed as unfit unless accredited medical conclusion considers that the condition is not liable to cause incapacitation in the air. Compensated nephrectomy without hypertension or uremia shall be assessed as fit. Note: An applicant who has undergone a major surgical operation on the urinary system, which has involved a total or partial excision or a diversion of any of its organs shall be assessed as unfit until such time as accredited medical conclusion considers that the effects of the operation are not liable to cause incapacitation in the air.</p>	<p>4.22 Not allocated.</p>
<p>1.23 An applicant for the first issue of a licence who has a personal history of syphilis shall be required to furnish evidence satisfactory to the Civil Aviation Medical Examiner, that he has undergone adequate treatment and is free from communicable disease. Seropositive HIV applicants shall be assessed unfit, unless certain specific criteria, as determined by accredited medical conclusion, can be met.</p>	<p>2.23 An applicant for the first issue of a licence who has a personal history of syphilis shall be required to furnish evidence, satisfactory to the Civil Aviation Medical Examiner, that he has undergone adequate treatment. Seropositive HIV applicants shall be assessed unfit, unless certain specific criteria, as determined by accredited medical conclusion, can be met.</p>	<p>3.23 Seropositive HIV applicants shall be assessed unfit, unless certain specific criteria, as determined by accredited medical conclusion, can be met.</p>	<p>4.23 Not allocated.</p>
<p>1.24 Reproductive System (amended)</p>	<p>2.24 Reproductive System (amended)</p>	<p>3.24 Reproductive System (amended 1998/03/23) (1) Pregnancy</p>	<p>4.24 Reproductive System (amended 1998/09/01) (1) Pregnancy</p>

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<p>1998/03/23) (1) Pregnancy and Childbirth (a) In the case of a normal pregnancy, the applicant may be considered fit until the thirtieth (30th) week of pregnancy. (b) In the case of a high- risk pregnancy that is liable to cause incapacitation in the air, the applicant shall be considered unfit. (c) After childbirth, the applicant may be considered fit before six (6) weeks post partum if she provides a report to the RAMO or AMO from her attending physician attesting to her capacity to resume duties. (2) Gynaecological Disorders (amended 1998/03/23) In the case of an applicant who has a history of a gynaecological disorder that: (a) has not responded to treatment and is liable to cause incapacitation in the air; or (b) requires medication incompatible with the safe operation of an aircraft shall be considered unfit.</p>	<p>1998/03/23) (1) Pregnancy and Childbirth (a) In the case of a normal pregnancy, the applicant may be considered fit until her expected date of confinement. (b) After childbirth, the applicant may be considered fit before six (6) weeks post partum if she provides a report to the RAMO or AMO from her attending physician attesting to her capacity to resume duties. (2) Gynaecological Disorders (amended 1998/03/23) In the case of an applicant who has a history of a gynaecological disorder that is likely to interfere with the reliable performance of duties shall be considered unfit.</p>	<p>and Childbirth (a) In the case of a normal pregnancy, the applicant may be considered fit until the thirtieth (30th) week of pregnancy. (b) In the case of a high- risk pregnancy that is liable to cause incapacitation in the air, the applicant shall be considered unfit. (c) After childbirth, the applicant may be considered fit before six (6) weeks post partum if she provides a report to the RAMO or AMO from her attending physician attesting to her capacity to perform. (2) Gynaecological Disorders (amended 1998/03/23) In the case of an applicant who has a history of a gynaecological disorder that: (a) has not responded to treatment and is liable to cause incapacitation in the air or; (b) requires medication incompatible with the safe operation of an aircraft shall be considered unfit.</p>	<p>and Childbirth (a) In the case of a normal pregnancy, the applicant may be considered fit until the thirtieth (30th) week of pregnancy. (b) In the case of a high risk pregnancy that is liable to cause incapacitation in the air, the applicant shall be considered unfit. (c) After childbirth, the applicant may be considered fit before six weeks post partum if she provides a report to the RAMO or AMO from her attending physician attesting to her capacity to perform. (2) Gynaecological Disorders: (amended 1998/09/01) In the case of an applicant who has a history of gynaecological disorder that: (a) has not responded to treatment and is liable to cause incapacitation in the air, or (b) requires medication incompatible with the safe operation of an aircraft shall be considered unfit</p>
Musculoskeletal System			
<p>1.25 Any active disease of the bones, joints, muscles or tendons and all serious functional sequelae of congenital or acquired disease shall be assessed as unfit. Functional after-effects of lesions affecting bones, joints, muscles or tendons and certain anatomical defects if they are compatible with the safe performance of duties at any altitude</p>	<p>2.25 Any active disease of the bones, joints, muscles or tendons, congenital abnormality or significant functional sequelae of congenital or acquired disease, likely to be a handicap in the working environment, shall be assessed as unfit. Functional after-effects of lesions affecting bones, joints, muscles or tendons, and</p>	<p>3.25 Any active disease of the bones, joints, muscles or tendons and all serious functional sequelae of congenital or acquired disease shall be assessed as unfit. Functional after-effects of lesions affecting the bones, joints, muscles or tendons and certain anatomical defects compatible with the safe performance of duties shall be assessed as fit.</p>	<p>4.25 Not allocated.</p>

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and throughout a prolonged or difficult flight shall be assessed as fit.	certain anatomical defects if they are compatible with the safe performance of duties shall be assessed as fit.		
Ear, Nose and Throat Conditions			
<p>1.26 There shall be (a) no active pathological process, acute or chronic, of the inner ear or of the middle ear;</p> <p>(b) no unhealed (unclosed) perforation of the tympanic membranes. However, a single dry perforation of non-infectious origin need not render the applicant unfit. Medical Certificates shall not be issued or revalidated in these circumstances unless the appropriate hearing requirements specified in section 1.29 and following are complied with;</p> <p>(c) no permanent obstruction of the Eustachian tubes;</p> <p>(d) no permanent disturbances of the vestibular system.</p> <p>Transient conditions shall be assessed as temporarily unfit while the condition exists.</p>	<p>2.26 There shall be (a) no active pathological process, acute or chronic, of the inner ear or of the middle ear;</p> <p>(b) no unhealed (unclosed) perforation of the tympanic membranes. However, a single dry perforation of non-infectious origin need not render the applicant unfit. Medical Certificates shall not be issued or revalidated in these circumstances unless the appropriate hearing requirements specified in section 1.29 and following are complied with;</p> <p>(c) no permanent obstruction of the Eustachian tubes;</p> <p>(d) no permanent disturbances of the vestibular system.</p> <p>Transient conditions shall be assessed as temporarily unfit while the condition exists.</p> <p>Note: In the revalidation of Air Traffic Controller Licences the Civil Aviation Medical Examiner shall assess any pathology of the ear and inner ear in respect to the control duties involved. The licence shall not be revalidated, however, unless the applicant can meet the hearing requirements.</p> <p>(2) In the case of Flight Engineer there shall be no significant or chronic obstruction of the nasal or</p>	<p>3.26 There shall be (a) no active pathological process, acute or chronic, of the inner ear or of the middle ear;</p> <p>(b) no unhealed (unclosed) perforation of the tympanic membranes. However, a single dry perforation of non-infectious origin need not render the applicant unfit. Medical Certificates shall not be issued or revalidated in these circumstances unless the appropriate hearing requirements specified in section 1.29 and following are complied with;</p> <p>(c) no permanent obstruction of the Eustachian tubes;</p> <p>(d) no permanent disturbances of the vestibular system.</p> <p>Transient conditions shall be assessed as temporarily unfit while the condition exists.</p>	<p>4.26 An applicant shall not suffer from any condition of the ears, nose or throat which is likely to interfere with the safe operation of an aircraft.</p>

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	sinus cavities that is likely to affect the reliable performance of duties.		
<p>1.27 There shall be free nasal air entry on both sides and the nasal and sinus cavities shall be free from significant obstructions. There shall be no serious malformation nor serious acute or chronic infection of the buccal cavity or upper respiratory tract that might affect the safe performance of duties.</p>	<p>2.27 There shall be free nasal air entry on both sides and the nasal and sinus cavities shall be free from significant obstructions. There shall be no serious malformation, nor acute or chronic infection of the buccal cavity or upper respiratory tract that affects speech or is likely to interfere with reliable performance of duties.</p>	<p>3.27 There shall be free nasal air entry on both sides, and the nasal and sinus cavities should be free from significant obstructions. There shall be no serious malformation nor serious acute or chronic infection of the buccal cavity or upper respiratory tract that might affect safe performance.</p>	<p>4.27 Not allocated.</p>
<p>1.28 Speech defects and stuttering that cause communication difficulties shall be considered unfit.</p>	<p>2.28 Not allocated.</p>	<p>3.28 Speech defects and stuttering that are liable to give rise to radio communication difficulties shall be considered unfit.</p>	<p>4.28 Not allocated.</p>
Hearing Requirement			
<p>1.29 The applicant shall be required to be free from any hearing defect which could interfere with the safe performance of the applicants duties in exercising the privileges of the licence.</p>	<p>2.29 The applicant shall be required to be free from any hearing defect which could interfere with the safe performance of the applicants duties in exercising the privileges of the licence</p>	<p>3.29 The applicant shall be free from any hearing defect which could interfere with the safe performance of the applicants duties in exercising the privileges of the licence.</p>	<p>4.29 Not allocated.</p>
<p>1.30 The applicant shall be tested on a pure tone audiometer at the initial examination for a Medical Category 1 and at the first medical examination after age 55, unless tested satisfactory during the five years preceding these dates, and shall not show a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1000, 2000 Hz or more than 50 dB at 3000 Hz.</p>	<p>2.30 The applicant shall be tested on a pure tone audiometer at the initial examination for a Medical Category 2 and at the first medical examination after age 55, unless tested satisfactory during the five years preceding these dates, and shall not show a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1000, 2000 Hz or more than 50 dB at 3000 Hz.</p>	<p>3.30 Not allocated.</p>	<p>4.30 Not allocated.</p>

Medical Category 1	Medical Category 2	Medical Category 3	Medical Category 4
<p>1.31 At each examination the applicant shall demonstrate, in a quiet room, the ability to hear a soft-whispered voice in each ear separately at a distance of two metres (six feet) from the Aviation Medical Examiner. Applicants experiencing some difficulty with routine whisper shall be tested by pure tone audiometry.</p>	<p>2.31 At each examination the applicant shall demonstrate, in a quiet room the ability to hear a soft-whispered voice in each ear at a distance of two metres (six feet) from the Aviation Medical Examiner. Applicants experiencing some difficulty with routine whisper shall be tested by pure tone audiometry.</p>	<p>3.31 At each examination the applicant shall demonstrate, in a quiet room, the ability to hear a soft-whispered voice in each ear at a distance of two metres (six feet) from the Aviation Medical Examiner and an average conversational voice with both ears at three metres (nine feet) with the back turned to the Aviation Medical Examiner. Applicants experiencing difficulty with routine whisper or conversational voice tests shall be tested by pure tone audiometry.</p>	<p>4.31 Not allocated.</p>
<p>1.32 Provided that there is no greater loss than 50 dB at 3000 Hz, applicants who show an average loss on pure tone audiometry of no greater than 45 dB in the better ear shall be considered fit if they can demonstrate satisfactory hearing in the cockpit noise environment in which they normally operate. Average losses greater than 45 dB in the better ear shall be evaluated by an otolaryngologist and be subject to individual assessment according to accredited medical conclusion. Note: The reference zero for calibration of pure tone audiometers used is that of the International Organization of Standardization Recommendation R389, 1964 or that of the American National Standards Institute.</p> <p>(2) The use of individual hearing aids during voice or practical testing is not permitted unless flexibility has previously been granted in accordance with Part IV, Subpart 4 of</p>	<p>2.32 Provided that there is no greater loss than 50 dB at 3000 Hz, applicants who show an average loss on pure tone audiometry of no greater than 45 dB in the better ear shall be considered fit if they can demonstrate satisfactory hearing in the cockpit or appropriate ATC noise environment in which they normally operate. Average losses greater than 45 dB in the better ear shall be evaluated by an otolaryngologist and be subject to individual assessment according to accredited medical conclusion. Note: The reference zero for calibration of pure tone audiometer used is that of the International Organization of Standardization Recommendation R389, 1964 or that of the American National Standards Institute.</p> <p>(2) The sound level of an average conversational voice used for voice testing is considered to range from 85 to 95 dB at point of output.</p>	<p>3.32 Provided that there is no greater loss than 50 dB at 3000 Hz applicants who show an average loss on pure tone audiometry of no greater than 45 dB in the better ear shall be considered fit if they can demonstrate satisfactory hearing in the cockpit noise environment in which they normally operate. Average losses greater than 45 dB in the better ear shall be evaluated by an otolaryngologist and be subject to individual assessment according to accredited medical conclusion. Note: Pure tone audiometry is the method of choice for assessment of hearing and shall be repeated every five years. The applicant, on testing by pure tone audiometry, shall not have a hearing loss in either ear separately of more than 35 dB at any of the frequencies 500, 1000 or 2000, or more than 50 dB at 3000 Hz.</p> <p>(2) The reference zero of pure tone audiometers used is that of the International Organization for Standardization Recommendation R389, 1964 or that of the American National</p>	<p>4.32 Not allocated.</p>

Medical Category 1	Medical Category 2	Medical Category 3	Medical Category 4
the CARs.	(3) The use of individual hearing aids during voice or practical testing is not permitted unless flexibility has previously been granted in accordance with Subpart 404 of the CARs.	Standards Institute. (3) A sound level of an average conversational voice used for voice testing is considered to range from 85 to 95 dB at point of output. (4) Where a hearing aid is required to meet the requirements of paras. 3.31 or 3.32 the validation certificate shall be endorsed "Valid only when wearing a satisfactory hearing aid".	
Visual Requirement			
1.33 The function of the eyes and their adnexa shall be normal. There shall be no active pathological or artificially induced condition, acute or chronic, of either eye or adnexae which is likely to interfere with its proper function to an extent that would jeopardize safety in flight or the safe performance of duties.	2.33 There shall be no active pathological or artificially induced condition, acute or chronic, of either eye or adnexa which is likely to interfere with its proper function to an extent that would jeopardize safety in flight or the safe performance of duties.	3.33 The function of the eyes and their adnexae shall be normal. There shall be no active pathological or artificially induced condition, acute or chronic, of either eye or adnexa which is likely to interfere with its proper function to an extent that would jeopardize safety in flight, or safe performance of duties.	4.33 An applicant shall have a distant visual acuity of no less than 20/30 (6/9) corrected or uncorrected in the better eye.
1.34 The applicant shall be required to have normal fields of vision.	2.34 The applicant shall be required to have normal fields of vision.	3.34 The applicant shall be required to have normal fields of vision.	4.34 The applicant shall be required to have normal fields of vision.
1.35 The applicant shall be required to have a distant visual acuity of not less than 6/9 (20/30) in each eye separately, with or without the use of correcting lenses. Where this standard of visual acuity can be obtained only with correcting lenses the applicant shall be assessed fit provided that (a) such correcting lenses are worn when exercising the privileges of the licence or rating applied for or held; (b) the applicant possesses a visual	2.35 The applicant shall be required to have a distant visual acuity of not less than 6/9 (20/30) in each eye separately, with or without the use of correcting lenses. Where this standard of visual acuity can be obtained only with correcting lenses, the applicant shall be assessed fit provided that (a) such correcting lenses are worn when exercising the privileges of the licence or rating applied for or held;	3.35 The applicant shall be required to have a distant visual acuity of not less than 6/9 (20/30) in each eye separately, with or without the use of correcting lenses. Where this standard of visual acuity can be obtained only with correcting lenses, the applicant shall be assessed fit provided that (a) such correcting lenses are worn when exercising the privileges of the licence or rating applied for or held; (b) the applicant possesses a visual acuity without correction in each eye	4.35 Not allocated.

Medical Category 1	Medical Category 2	Medical Category 3	Medical Category 4
<p>acuity without correction in each eye separately, not less than 6/60 (20/200) and the refractive error falls within the range of ± 3.0 diopters (equivalent spherical error); (amended 2003/06/01)</p> <p>(c) the applicant has a spare pair of suitable correcting glasses available for immediate use when exercising the privileges of the licence.</p> <p>Note: Correcting lenses" shall be interpreted to mean spectacles or contact lenses. Contact lenses shall not be approved prior to six months trial wear.</p> <p>(2) Visual acuity shall be measured using Landolt Rings, a chart of Snellen letters, or other similar optotypes situated at an optical distance of 6 metres (20 feet) in either an eye lane or an approved vision testing instrument. Where an eye lane is used, the test chart shall be illuminated to a level equivalent to that provided by a 100 watt lightbulb placed 120 centimetres (4 feet) in front of, and slightly above the chart and the light shielded against the applicant. The examination room shall be darkened with exception of the illuminated chart.</p> <p>(3) An applicant accepted as meeting the provisions of para. 1.35 (b) is deemed to continue to do so unless there is reason to suspect otherwise, in which case refraction is repeated as required. The uncorrected visual acuity is measured and recorded at each re-examination. Conditions which indicate a need to redetermine</p>	<p>(b) the applicant possesses a visual acuity without correction in each eye separately, not less than 6/60 (20/200) and the refractive error falls within the range of ± 5.0 diopters (equivalent spherical error);</p> <p>(c) the applicant has a spare pair of suitable correcting glasses available for immediate use when exercising the privileges of the licence.</p> <p>Individual applicants whose refractive error in either eye falls outside the range of ± 5 diopters (equivalent spherical error) shall be assessed as fit if this assessment is valid according to accredited medical conclusion.</p> <p>Note: Correcting lenses" shall be interpreted to mean spectacles or contact lenses. Contact lenses shall not be approved prior to six months trial wear.</p> <p>(2) Visual acuity shall be measured using Landolt Rings, a chart of Snellen letters, or other similar optotypes situated at an optical distance of 6 metres (20 feet) in either an eye lane or an approved vision testing instrument. Where an eye lane is used, the test chart shall be illuminated to a level equivalent to that provided by a 100 watt lightbulb placed 120 centimetres (4 feet) in front of, and slightly above the chart and the light shielded against the applicant. The examination room shall be darkened with</p>	<p>separately, not less than 6/60 (20/200) and the refractive error falls within the range of ± 5 diopters (equivalent spherical error);</p> <p>(c) the applicant has a spare pair of suitable correcting glasses available for immediate use when exercising the privileges of the licence.</p> <p>Individual applicants whose refractive error in either eye falls outside the range of ± 5 diopters (equivalent spherical error) shall be accepted as fit according to accredited medical conclusion.</p> <p>Note: Correcting lenses" shall be interpreted to mean spectacles or contact lenses. Contact lenses shall not be approved prior to six months trial wear.</p> <p>(2) Visual acuity shall be measured using Landolt Rings, a chart of Snellen letters, or other similar optotypes situated at an optical distance of 6 metres (20 feet) in either an eye lane or an approved vision testing instrument. Where an eye lane is used, the test chart shall be illuminated to a level equivalent to that provided by a 100 watt lightbulb placed 120 centimetres (4 feet) in front of, and slightly above the cart and the light shielded against the applicant. The examination room shall be darkened with exception of the illuminated chart.</p> <p>(3) An applicant accepted as meeting the provisions of para. 3.35 (b) is deemed to continue to do so unless there is reason to suspect otherwise, in which case refraction is repeated as required. The uncorrected visual acuity is measured and recorded at each examination. Conditions which indicate a need to redetermine the refractive error include,</p>	

Medical Category 1	Medical Category 2	Medical Category 3	Medical Category 4
<p>the refractive error include, but are not limited by: a refractive state close to the limit of acceptability, a substantial decrease in the uncorrected visual acuity and the occurrence of eye disease, eye injury or eye surgery.</p>	<p>exception of the illuminated chart. (3) An applicant accepted as meeting the provisions of para. 2.35 (b) is deemed to continue to do so unless there is reason to suspect otherwise, in which case refraction is repeated as required. The uncorrected visual acuity is measured and recorded at each examination. Conditions which indicate a need to redetermine the refractive error include, but are not limited by: a refractive state close to the limit of acceptability, a substantial decrease in the uncorrected visual acuity and the occurrence of eye disease, eye injury or eye surgery.</p>	<p>but are not limited by: a refractive state close to the limit of acceptability, a substantial decrease in the uncorrected visual acuity, and the occurrence of eye disease, eye injury or eye surgery.</p>	
<p>1.36 The applicant shall be required to have the ability to read the N5 Chart or its equivalent at a distance of 30 to 50 centimetres (12 to 20 inches). If the requirement is met only by the use of correcting lenses, the applicant shall be assessed as fit provided that such lenses are available for immediate use when exercising the privileges of the licence. Note: N5 refers to the Faculty of Ophthalmologist's Reading Type. (2) An applicant who needs correction to meet this requirement will require "look-over", bifocal or trifocal lenses to enable him to read the instruments and a chart or manual held in the hand, and also make use of distant vision through</p>	<p>2.36 The applicant shall be required to have the ability to read the N5 Chart or its equivalent at a distance of 30 to 50 centimetres (12 to 20 inches). If this requirement is met only by the use of correctional lenses, the applicant shall be assessed as fit provided that such lenses are available for immediate use when exercising the privileges of the licence. Note: N5 refers to the Faculty of Ophthalmologist's Reading Type. (2) An applicant who needs intermediate/near vision correction will require "look-over", bifocals or trifocals lenses to enable him to read instruments, charts, manuals, etc., and still make use of distant vision without removing his lenses.</p>	<p>3.36 The applicant shall be required to have the ability to read the N5 Chart or its equivalent at a distance of 30 to 50 centimetres (12 to 20 inches). If this requirement is met only by the use of correcting lenses, the applicant shall be assessed as fit provided that such lenses are available for immediate use when exercising the privileges of the licence. Note: N5 refers to the Faculty of Ophthalmologist's Reading Type. (2) An applicant who needs correction to meet this requirement will require "look-over", bifocal or trifocal lenses to enable him to read the instruments and a chart or manual held in the hand, and also make use of distant vision through the windscreen without removing his lenses. Single- vision near correction (full lenses of one power only, appropriate to</p>	<p>4.36 Not allocated.</p>

Medical Category 1	Medical Category 2	Medical Category 3	Medical Category 4
<p>the windscreen without removing his lenses. Single-vision near correction (full lenses of one power only, appropriate to reading) significantly reduces distant visual acuity. Whenever there is a requirement to obtain or renew correcting lenses, an applicant shall advise the refractionist of reading distances for the visual flight deck tasks relevant to the type of aircraft in which he is likely to function or to other aviation tasks.</p>	<p>Single vision near correction (full lenses of one power only, appropriate to reading) significantly reduce distant visual acuity. Whenever there is a requirement to obtain or renew correcting lenses, an applicant shall advise the refractionist of the reading distances for the visual flight deck or Air Traffic Control tasks relevant to the normal work environment.</p>	<p>reading) significantly reduces distant visual acuity. Whenever there is a requirement to obtain or renew correcting lenses, an applicant shall advise the refractionist of reading distances for the visual cockpit tasks relevant to the type of aircraft in which he is likely to function or to other aviation tasks.</p>	
<p>1.37 All contact lens wearers shall have replacement spectacles available for immediate use in the event the contact lens(es) become dislodged or are required to be removed in flight; and Hard contact lens wearers shall be required to have two pairs of spectacles available to overcome the frequent phenomenon of spectacle blur. In such cases, one pair of spectacles shall correct the vision immediately following removal of the lens(es), the second pair shall correct the vision after the eye is stabilized. Note: When an applicant is licensed with the limitation "Valid only when wearing required contact lenses" further evaluation shall be required should the applicant, in the future, wish to wear spectacles only on a continuing basis while flying. (2) Prescription sun lenses shall not be deemed to meet these requirements for flight at night.</p>	<p>2.37 All contact lens wearers shall have replacement spectacles available for immediate use in the event the contact lens(es) become dislodged or are required to be removed while exercising the privileges of the wearers licence; and Hard contact lens wearers shall be required to have two pairs of spectacles available to overcome the frequent phenomenon of spectacle blur. In such cases, one pair of spectacles shall correct the vision immediately following removal of the lens(es), the second pair shall correct the vision after the eye is stabilized. Note: When an applicant is licensed with the limitation "Valid only when wearing required contact lenses" further evaluation shall be required should the applicant, in the future, wish to wear spectacles only on a continuing basis while exercising the privileges of the applicants licence.</p>	<p>3.37 All contact lens wearers are required to have replacement spectacles available for immediate use in the event the contact lens(es) become dislodged or are required to be removed in flight; and Hard contact lens wearers shall be required to have two pairs of spectacles available to overcome the frequent phenomenon of spectacle blur. In such cases one pair of spectacles shall correct the vision immediately following removal of the lens(es), the second pair shall correct the vision after the eye is stabilized. Note: When an applicant is licensed with the limitation "Valid only when wearing required contact lenses" further evaluation shall be required should the applicant, in the future, wish to wear spectacles only on a continuing basis while flying. (2) Prescription sun lenses shall not be deemed to meet these requirements for flight at night.</p>	<p>4.37 Not allocated.</p>

Medical Category 1	Medical Category 2	Medical Category 3	Medical Category 4
	(2) Prescription sun lenses shall not be deemed to meet these requirements for night duties.		
Ocular Muscle Balance			
<p>1.38 The applicant shall be assessed with the Cover-Uncover Test, or an appropriate technique to measure the amount of exophoria, esophoria and hyperphoria present in prism diopters. The acceptable limits shall be 6 diopters for exophoria and esophoria, and 1 diopter for hyperphoria. Note: Applicants found to have ocular muscle imbalance greater than the above noted shall be referred to an eye specialist for evaluation. Such cases shall be licensed under the standards provided that there is no danger of developing diplopia during the course of a prolonged or difficult flight.</p>	<p>2.38 The applicant shall be assessed with the Cover-Uncover Test, or an appropriate technique to measure the amount of exophoria, esophoria and hyperphoria present in prism diopters. The acceptable limits shall be 6 diopters for exophoria and esophoria, and 1 diopter for hyperphoria. Note: Applicants found to have ocular muscle imbalance greater than the above noted shall be referred to an eye specialist for evaluation. Such cases shall be assessed fit if this assessment is valid according to accredited medical conclusion.</p>	<p>3.38 The applicant shall be assessed with the Cover-Uncover Test, or an appropriate technique to measure the amount of exophoria, esophoria and hyperphoria present in prism diopters. The acceptable limits shall be 6 diopters for exophoria and esophoria, and 1 diopter for hyperphoria. Note: Applicants found to have ocular muscle imbalance greater than the above noted shall be referred to an eye specialist for evaluation. Such cases shall be assessed fit if this assessment is valid according to accredited medical conclusion.</p>	<p>4.38 Not allocated.</p>
Colour Perception Requirement			
<p>1.39 The candidate shall be required to demonstrate his ability to perceive readily those colours the perception of which is necessary for the safe performance of his duties. For this requirement, one of the following colour test plates and score shall be used. See the following "Table for Colour Perception Requirement 1.39" for requirements.</p>	<p>2.39 The candidate shall be required to demonstrate his ability to perceive readily those colours the perception of which is necessary for the safe performance of his duties. For this requirement, one of the following colour test plates and score shall be used. See the following "Table for Colour Perception Requirement 2.39" for requirements.</p>	<p>3.39 The candidate shall be required to demonstrate his ability to perceive readily those colours the perception of which is necessary for the safe performance of his duties. For this requirement, one of the following colour test plates and score shall be used. See the following "Table for Colour Perception Requirement 3.39" for requirements.</p>	<p>4.39 Not allocated.</p>

Medical Category 1	Medical Category 2	Medical Category 3	Medical Category 4
<p>1.40 If an applicant does not qualify under para. 1.39, the applicants colour vision shall be assessed fit under this requirement if he passes a Canadian Forces or Civil Aeronautics colour perception lantern test or a Farnsworth D-15 test.</p>	<p>2.40 If an applicant does not qualify under para. 2.39, the applicants colour vision shall be assessed fit under this requirement if he passes a Farnsworth D-15 test. Note: The colour perception lantern test is no longer acceptable for a Category 2 (Air Traffic Controller Licence).</p>	<p>3.40 If an applicant does not qualify under para. 3.39, the applicants colour vision shall be assessed fit under this requirement if he passes a Canadian Forces or Civil Aeronautics colour perception lantern test or a Farnsworth D-15 test.</p>	<p>4.40 Not allocated.</p>
<p>1.41 An applicant who does not qualify under paras. 1.39 or 1.40 shall be assessed as fit for a restricted Commercial Pilot Licence provided the licence is issued with the following restriction: "Valid daylight only, 2-way radio required at controlled airports". Note: The colour perception practical test is no longer acceptable.</p>	<p>2.41 Not allocated.</p>	<p>3.41 Applicants who do not meet the Requirements of paras. 3.39 and 3.40 may be considered fit with the following restriction: "Valid daylight only, 2-way radio required at controlled airports". Note: The colour perception practical test is no longer acceptable.</p>	<p>4.41 Not allocated.</p>