

- F. Priority Handling.
- G. Holding Procedures.
- H. Traffic Management.
- VII. Emergency and Abnormal Procedures
  - A. Security measures on the ground.
  - B. Security measures in the air.
  - C. FAA responsibility and services.
  - D. Collection and dissemination of information on overdue or missing aircraft.
  - E. Means of declaring an emergency.
  - F. Responsibility for declaring an emergency.
  - G. Required reporting of an emergency.
  - H. NTSB reporting requirements.
- VIII. Practical Dispatch Applications
  - A. Human Factors.
    - (1) Decisionmaking:
      - (a) Situation Assessment.
      - (b) Generation and Evaluation of Alternatives.
        - (i) Tradeoffs and Prioritization.
        - (ii) Contingency Planning.
        - (c) Support Tools and Technologies.
    - (2) Human Error:
      - (a) Causes.
        - (i) Individual and Organizational Factors.
        - (ii) Technology-Induced Error.
      - (b) Prevention.
      - (c) Detection and Recovery.
    - (3) Teamwork:
      - (a) Communication and Information Exchange.
      - (b) Cooperative and Distributed Problem-Solving.
      - (c) Resource Management.
        - (i) Air Traffic Control (ATC) activities and workload.
          - (ii) Flightcrew activities and workload.
          - (iii) Maintenance activities and workload.
          - (iv) Operations Control Staff activities and workload.
    - B. Applied Dispatching.
      - (1) Briefing techniques, Dispatcher, Pilot.
      - (2) Preflight:
        - (a) Safety.
        - (b) Weather Analysis.
          - (i) Satellite imagery.
          - (ii) Upper and lower altitude charts.
          - (iii) Significant en route reports and forecasts.
          - (iv) Surface charts.
        - (c) Surface observations.
        - (d) Terminal forecasts and orientation to Enhanced Weather Information System (EWINS).
      - (c) NOTAMS and airport conditions.
        - (d) Crew.
          - (i) Qualifications.
          - (ii) Limitations.
        - (e) Aircraft.
          - (i) Systems.
          - (ii) Navigation instruments and avionics systems.
            - (iii) Flight instruments.
          - (iv) Operations manuals and MEL/CDL.
          - (v) Performance and limitations.
          - (f) Flight Planning.
            - (i) Route of flight.

- 1. Standard Instrument Departures and Standard Terminal Arrival Routes.
- 2. En route charts.
- 3. Operational altitude.
- 4. Departure and arrival charts.
  - (i) Minimum departure fuel.
    - 1. Climb.
    - 2. Cruise.
    - 3. Descent.
  - (g) Weight and balance.
  - (h) Economics of flight overview (Performance, Fuel Tankering).
- (i) Decision to operate the flight.
- (j) ATC flight plan filing.
- (k) Flight documentation.
  - (i) Flight plan.
  - (ii) Dispatch release.
- (3) Authorize flight departure with concurrence of pilot in command.
- (4) In-flight operational control:
  - (a) Current situational awareness.
  - (b) Information exchange.
  - (c) Amend original flight release as required.
- (5) Post-Flight:
  - (a) Arrival verification.
  - (b) Weather debrief.
  - (c) Flight irregularity reports as required.

[Doc. No. FAA–1998–4553, 64 FR 68925, Dec. 8, 1999, as amended by Docket FAA–2016–6142, Amdt. 65–58, 83 FR 30281, June 27, 2018]

## PART 67—MEDICAL STANDARDS AND CERTIFICATION

### Subpart A—General

- Sec.
- 67.1 Applicability.
- 67.3 Issue.
- 67.4 Application.
- 67.7 Access to the National Driver Register.

### Subpart B—First-Class Airman Medical Certificate

- 67.101 Eligibility.
- 67.103 Eye.
- 67.105 Ear, nose, throat, and equilibrium.
- 67.107 Mental.
- 67.109 Neurologic.
- 67.111 Cardiovascular.
- 67.113 General medical condition.
- 67.115 Discretionary issuance.

### Subpart C—Second-Class Airman Medical Certificate

- 67.201 Eligibility.
- 67.203 Eye.
- 67.205 Ear, nose, throat, and equilibrium.
- 67.207 Mental.
- 67.209 Neurologic.
- 67.211 Cardiovascular.
- 67.213 General medical condition.

67.215 Discretionary issuance.

#### Subpart D—Third-Class Airman Medical Certificate

- 67.301 Eligibility.
- 67.303 Eye.
- 67.305 Ear, nose, throat, and equilibrium.
- 67.307 Mental.
- 67.309 Neurologic.
- 67.311 Cardiovascular.
- 67.313 General medical condition.
- 67.315 Discretionary issuance.

#### Subpart E—Certification Procedures

- 67.401 Special issuance of medical certificates.
- 67.403 Applications, certificates, logbooks, reports, and records: Falsification, reproduction, or alteration; incorrect statements.
- 67.405 Medical examinations: Who may perform?
- 67.407 Delegation of authority.
- 67.409 Denial of medical certificate.
- 67.411 [Reserved]
- 67.413 Medical records.
- 67.415 Return of medical certificate after suspension or revocation.

AUTHORITY: 49 U.S.C. 106(g), 40113, 44701–44703, 44707, 44709–44711, 45102–45103, 45301–45303.

SOURCE: Docket No. 27940, 61 FR 11256, Mar. 19, 1996, unless otherwise noted.

### Subpart A—General

#### § 67.1 Applicability.

This part prescribes the medical standards and certification procedures for issuing medical certificates for airmen and for remaining eligible for a medical certificate.

#### § 67.3 Issue.

A person who meets the medical standards prescribed in this part, based on medical examination and evaluation of the person's history and condition, is entitled to an appropriate medical certificate.

[Doc. No. FAA-2007-27812, 73 FR 43065, July 24, 2008]

#### § 67.4 Application.

An applicant for first-, second- and third-class medical certification must:

- (a) Apply on a form and in a manner prescribed by the Administrator;
- (b) Be examined by an aviation medical examiner designated in accordance

with part 183 of this chapter. An applicant may obtain a list of aviation medical examiners from the FAA Office of Aerospace Medicine homepage on the FAA Web site, from any FAA Regional Flight Surgeon, or by contacting the Manager of the Aerospace Medical Education Division, P.O. Box 25082, Oklahoma City, Oklahoma 73125.

(c) Show proof of age and identity by presenting a government-issued photo identification (such as a valid U.S. driver's license, identification card issued by a driver's license authority, military identification, or passport). If an applicant does not have government-issued identification, he or she may use non-photo, government-issued identification (such as a birth certificate or voter registration card) in conjunction with photo identification (such as a work identification card or a student identification card).

[Doc. No. FAA-2007-27812, 73 FR 43065, July 24, 2008, as amended by Docket No. FAA-2022-1355, Amtd. No. 67-22, 87 FR 75845, Dec. 9, 2022]

#### § 67.7 Access to the National Driver Register.

At the time of application for a certificate issued under this part, each person who applies for a medical certificate shall execute an express consent form authorizing the Administrator to request the chief driver licensing official of any state designated by the Administrator to transmit information contained in the National Driver Register about the person to the Administrator. The Administrator shall make information received from the National Driver Register, if any, available on request to the person for review and written comment.

### Subpart B—First-Class Airman Medical Certificate

#### § 67.101 Eligibility.

To be eligible for a first-class airman medical certificate, and to remain eligible for a first-class airman medical certificate, a person must meet the requirements of this subpart.

#### § 67.103 Eye.

Eye standards for a first-class airman medical certificate are:

**§ 67.105**

**14 CFR Ch. I (1-1-23 Edition)**

(a) Distant visual acuity of 20/20 or better in each eye separately, with or without corrective lenses. If corrective lenses (spectacles or contact lenses) are necessary for 20/20 vision, the person may be eligible only on the condition that corrective lenses are worn while exercising the privileges of an airman certificate.

(b) Near vision of 20/40 or better, Snellen equivalent, at 16 inches in each eye separately, with or without corrective lenses. If age 50 or older, near vision of 20/40 or better, Snellen equivalent, at both 16 inches and 32 inches in each eye separately, with or without corrective lenses.

(c) Ability to perceive those colors necessary for the safe performance of airman duties.

(d) Normal fields of vision.

(e) No acute or chronic pathological condition of either eye or adnexa that interferes with the proper function of an eye, that may reasonably be expected to progress to that degree, or that may reasonably be expected to be aggravated by flying.

(f) Bifoveal fixation and vergence-  
phoria relationship sufficient to prevent a break in fusion under conditions that may reasonably be expected to occur in performing airman duties. Tests for the factors named in this paragraph are not required except for persons found to have more than 1 prism diopter of hyperphoria, 6 prism diopters of esophoria, or 6 prism diopters of exophoria. If any of these values are exceeded, the Federal Air Surgeon may require the person to be examined by a qualified eye specialist to determine if there is bifoveal fixation and an adequate vergence-phoria relationship. However, if otherwise eligible, the person is issued a medical certificate pending the results of the examination.

**§ 67.105 Ear, nose, throat, and equilibrium.**

Ear, nose, throat, and equilibrium standards for a first-class airman medical certificate are:

(a) The person shall demonstrate acceptable hearing by at least one of the following tests:

(1) Demonstrate an ability to hear an average conversational voice in a quiet

room, using both ears, at a distance of 6 feet from the examiner, with the back turned to the examiner.

(2) Demonstrate an acceptable understanding of speech as determined by audiometric speech discrimination testing to a score of at least 70 percent obtained in one ear or in a sound field environment.

(3) Provide acceptable results of pure tone audiometric testing of unaided hearing acuity according to the following table of worst acceptable thresholds, using the calibration standards of the American National Standards Institute, 1969 (11 West 42d Street, New York, NY 10036):

Frequency (Hz)	500 Hz	1000 Hz	2000 Hz	3000 Hz
Better ear (Db) .....	35	30	30	40
Poorer ear (Db) .....	35	50	50	60

(b) No disease or condition of the middle or internal ear, nose, oral cavity, pharynx, or larynx that—

(1) Interferes with, or is aggravated by, flying or may reasonably be expected to do so; or

(2) Interferes with, or may reasonably be expected to interfere with, clear and effective speech communication.

(c) No disease or condition manifested by, or that may reasonably be expected to be manifested by, vertigo or a disturbance of equilibrium.

**§ 67.107 Mental.**

Mental standards for a first-class airman medical certificate are:

(a) No established medical history or clinical diagnosis of any of the following:

(1) A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.

(2) A psychosis. As used in this section, “psychosis” refers to a mental disorder in which:

(i) The individual has manifested delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of this condition; or

(ii) The individual may reasonably be expected to manifest delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of this condition.

(3) A bipolar disorder.

(4) Substance dependence, except where there is established clinical evidence, satisfactory to the Federal Air Surgeon, of recovery, including sustained total abstinence from the substance(s) for not less than the preceding 2 years. As used in this section—

(i) “Substance” includes: Alcohol; other sedatives and hypnotics; anxiolytics; opioids; central nervous system stimulants such as cocaine, amphetamines, and similarly acting sympathomimetics; hallucinogens; phencyclidine or similarly acting arylcyclohexylamines; cannabis; inhalants; and other psychoactive drugs and chemicals; and

(ii) “Substance dependence” means a condition in which a person is dependent on a substance, other than tobacco or ordinary xanthine-containing (e.g., caffeine) beverages, as evidenced by—

(A) Increased tolerance;

(B) Manifestation of withdrawal symptoms;

(C) Impaired control of use; or

(D) Continued use despite damage to physical health or impairment of social, personal, or occupational functioning.

(b) No substance abuse within the preceding 2 years defined as:

(1) Use of a substance in a situation in which that use was physically hazardous, if there has been at any other time an instance of the use of a substance also in a situation in which that use was physically hazardous;

(2) A verified positive drug test result, an alcohol test result of 0.04 or greater alcohol concentration, or a refusal to submit to a drug or alcohol test required by the U.S. Department of Transportation or an agency of the U.S. Department of Transportation; or

(3) Misuse of a substance that the Federal Air Surgeon, based on case history and appropriate, qualified medical judgment relating to the substance involved, finds—

(i) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(ii) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held,

to make the person unable to perform those duties or exercise those privileges.

(c) No other personality disorder, neurosis, or other mental condition that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds—

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

[Doc. No. 27940, 61 FR 11256, Mar. 19, 1996, as amended by Amdt. 67-19, 71 FR 35764, June 21, 2006]

#### § 67.109 Neurologic.

Neurologic standards for a first-class airman medical certificate are:

(a) No established medical history or clinical diagnosis of any of the following:

(1) Epilepsy;

(2) A disturbance of consciousness without satisfactory medical explanation of the cause; or

(3) A transient loss of control of nervous system function(s) without satisfactory medical explanation of the cause.

(b) No other seizure disorder, disturbance of consciousness, or neurologic condition that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds—

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

#### § 67.111 Cardiovascular.

Cardiovascular standards for a first-class airman medical certificate are:

**§ 67.113**

(a) No established medical history or clinical diagnosis of any of the following:

- (1) Myocardial infarction;
- (2) Angina pectoris;
- (3) Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant;
- (4) Cardiac valve replacement;
- (5) Permanent cardiac pacemaker implantation; or
- (6) Heart replacement;

(b) A person applying for first-class medical certification must demonstrate an absence of myocardial infarction and other clinically significant abnormality on electrocardiographic examination:

- (1) At the first application after reaching the 35th birthday; and
- (2) On an annual basis after reaching the 40th birthday.

(c) An electrocardiogram will satisfy a requirement of paragraph (b) of this section if it is dated no earlier than 60 days before the date of the application it is to accompany and was performed and transmitted according to acceptable standards and techniques.

**§ 67.113 General medical condition.**

The general medical standards for a first-class airman medical certificate are:

(a) No established medical history or clinical diagnosis of diabetes mellitus that requires insulin or any other hypoglycemic drug for control.

(b) No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds—

- (1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or
- (2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

(c) No medication or other treatment that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the

medication or other treatment involved, finds—

- (1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or
- (2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

**§ 67.115 Discretionary issuance.**

A person who does not meet the provisions of §§ 67.103 through 67.113 may apply for the discretionary issuance of a certificate under § 67.401.

**Subpart C—Second-Class Airman Medical Certificate**

**§ 67.201 Eligibility.**

To be eligible for a second-class airman medical certificate, and to remain eligible for a second-class airman medical certificate, a person must meet the requirements of this subpart.

**§ 67.203 Eye.**

Eye standards for a second-class airman medical certificate are:

(a) Distant visual acuity of 20/20 or better in each eye separately, with or without corrective lenses. If corrective lenses (spectacles or contact lenses) are necessary for 20/20 vision, the person may be eligible only on the condition that corrective lenses are worn while exercising the privileges of an airman certificate.

(b) Near vision of 20/40 or better, Snellen equivalent, at 16 inches in each eye separately, with or without corrective lenses. If age 50 or older, near vision of 20/40 or better, Snellen equivalent, at both 16 inches and 32 inches in each eye separately, with or without corrective lenses.

(c) Ability to perceive those colors necessary for the safe performance of airman duties.

(d) Normal fields of vision.

(e) No acute or chronic pathological condition of either eye or adnexa that interferes with the proper function of an eye, that may reasonably be expected to progress to that degree, or

that may reasonably be expected to be aggravated by flying.

(f) Bifoveal fixation and vergence-phoria relationship sufficient to prevent a break in fusion under conditions that may reasonably be expected to occur in performing airman duties. Tests for the factors named in this paragraph are not required except for persons found to have more than 1 prism diopter of hyperphoria, 6 prism diopters of esophoria, or 6 prism diopters of exophoria. If any of these values are exceeded, the Federal Air Surgeon may require the person to be examined by a qualified eye specialist to determine if there is bifoveal fixation and an adequate vergence-phoria relationship. However, if otherwise eligible, the person is issued a medical certificate pending the results of the examination.

**§ 67.205 Ear, nose, throat, and equilibrium.**

Ear, nose, throat, and equilibrium standards for a second-class airman medical certificate are:

(a) The person shall demonstrate acceptable hearing by at least one of the following tests:

(1) Demonstrate an ability to hear an average conversational voice in a quiet room, using both ears, at a distance of 6 feet from the examiner, with the back turned to the examiner.

(2) Demonstrate an acceptable understanding of speech as determined by audiometric speech discrimination testing to a score of at least 70 percent obtained in one ear or in a sound field environment.

(3) Provide acceptable results of pure tone audiometric testing of unaided hearing acuity according to the following table of worst acceptable thresholds, using the calibration standards of the American National Standards Institute, 1969:

Frequency (Hz)	500 Hz	1000 Hz	2000 Hz	3000 Hz
Better ear (Db) .....	35	30	30	40
Poorer ear (Db) .....	35	50	50	60

(b) No disease or condition of the middle or internal ear, nose, oral cavity, pharynx, or larynx that—

(1) Interferes with, or is aggravated by, flying or may reasonably be expected to do so; or

(2) Interferes with, or may reasonably be expected to interfere with, clear and effective speech communication.

(c) No disease or condition manifested by, or that may reasonably be expected to be manifested by, vertigo or a disturbance of equilibrium.

**§ 67.207 Mental.**

Mental standards for a second-class airman medical certificate are:

(a) No established medical history or clinical diagnosis of any of the following:

(1) A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.

(2) A psychosis. As used in this section, “psychosis” refers to a mental disorder in which:

(i) The individual has manifested delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of this condition; or

(ii) The individual may reasonably be expected to manifest delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of this condition.

(3) A bipolar disorder.

(4) Substance dependence, except where there is established clinical evidence, satisfactory to the Federal Air Surgeon, of recovery, including sustained total abstinence from the substance(s) for not less than the preceding 2 years. As used in this section—

(i) “Substance” includes: Alcohol; other sedatives and hypnotics; anxiolytics; opioids; central nervous system stimulants such as cocaine, amphetamines, and similarly acting sympathomimetics; hallucinogens; phencyclidine or similarly acting arylcyclohexylamines; cannabis; inhalants; and other psychoactive drugs and chemicals; and

(ii) “Substance dependence” means a condition in which a person is dependent on a substance, other than tobacco or ordinary xanthine-containing (e.g., caffeine) beverages, as evidenced by—

(A) Increased tolerance;

**§ 67.209**

**14 CFR Ch. I (1–1–23 Edition)**

(B) Manifestation of withdrawal symptoms;

(C) Impaired control of use; or

(D) Continued use despite damage to physical health or impairment of social, personal, or occupational functioning.

(b) No substance abuse within the preceding 2 years defined as:

(1) Use of a substance in a situation in which that use was physically hazardous, if there has been at any other time an instance of the use of a substance also in a situation in which that use was physically hazardous;

(2) A verified positive drug test result, an alcohol test result of 0.04 or greater alcohol concentration, or a refusal to submit to a drug or alcohol test required by the U.S. Department of Transportation or an agency of the U.S. Department of Transportation; or

(3) Misuse of a substance that the Federal Air Surgeon, based on case history and appropriate, qualified medical judgment relating to the substance involved, finds—

(i) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(ii) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

(c) No other personality disorder, neurosis, or other mental condition that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds—

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

[Doc. No. 27940, 61 FR 11256, Mar. 19, 1996, as amended by Amdt. 67–19, 71 FR 35764, June 21, 2006]

**§ 67.209 Neurologic.**

Neurologic standards for a second-class airman medical certificate are:

(a) No established medical history or clinical diagnosis of any of the following:

(1) Epilepsy;

(2) A disturbance of consciousness without satisfactory medical explanation of the cause; or

(3) A transient loss of control of nervous system function(s) without satisfactory medical explanation of the cause;

(b) No other seizure disorder, disturbance of consciousness, or neurologic condition that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds—

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

**§ 67.211 Cardiovascular.**

Cardiovascular standards for a second-class medical certificate are no established medical history or clinical diagnosis of any of the following:

(a) Myocardial infarction;

(b) Angina pectoris;

(c) Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant;

(d) Cardiac valve replacement;

(e) Permanent cardiac pacemaker implantation; or

(f) Heart replacement.

**§ 67.213 General medical condition.**

The general medical standards for a second-class airman medical certificate are:

(a) No established medical history or clinical diagnosis of diabetes mellitus that requires insulin or any other hypoglycemic drug for control.

(b) No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon, based on

the case history and appropriate, qualified medical judgment relating to the condition involved, finds—

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

(c) No medication or other treatment that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the medication or other treatment involved, finds—

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

**§ 67.215 Discretionary issuance.**

A person who does not meet the provisions of §§ 67.203 through 67.213 may apply for the discretionary issuance of a certificate under § 67.401.

**Subpart D—Third-Class Airman Medical Certificate**

**§ 67.301 Eligibility.**

To be eligible for a third-class airman medical certificate, or to remain eligible for a third-class airman medical certificate, a person must meet the requirements of this subpart.

**§ 67.303 Eye.**

Eye standards for a third-class airman medical certificate are:

(a) Distant visual acuity of 20/40 or better in each eye separately, with or without corrective lenses. If corrective lenses (spectacles or contact lenses) are necessary for 20/40 vision, the person may be eligible only on the condition that corrective lenses are worn while exercising the privileges of an airman certificate.

(b) Near vision of 20/40 or better, Snellen equivalent, at 16 inches in each eye separately, with or without corrective lenses.

(c) Ability to perceive those colors necessary for the safe performance of airman duties.

(d) No acute or chronic pathological condition of either eye or adnexa that interferes with the proper function of an eye, that may reasonably be expected to progress to that degree, or that may reasonably be expected to be aggravated by flying.

**§ 67.305 Ear, nose, throat, and equilibrium.**

Ear, nose, throat, and equilibrium standards for a third-class airman medical certificate are:

(a) The person shall demonstrate acceptable hearing by at least one of the following tests:

(1) Demonstrate an ability to hear an average conversational voice in a quiet room, using both ears, at a distance of 6 feet from the examiner, with the back turned to the examiner.

(2) Demonstrate an acceptable understanding of speech as determined by audiometric speech discrimination testing to a score of at least 70 percent obtained in one ear or in a sound field environment.

(3) Provide acceptable results of pure tone audiometric testing of unaided hearing acuity according to the following table of worst acceptable thresholds, using the calibration standards of the American National Standards Institute, 1969:

Frequency (Hz)	500 Hz	1000 Hz	2000 Hz	3000 Hz
Better ear (Db) .....	35	30	30	40
Poorer ear (Db) .....	35	50	50	60

(b) No disease or condition of the middle or internal ear, nose, oral cavity, pharynx, or larynx that—

(1) Interferes with, or is aggravated by, flying or may reasonably be expected to do so; or

(2) Interferes with clear and effective speech communication.

(c) No disease or condition manifested by, or that may reasonably be expected to be manifested by, vertigo or a disturbance of equilibrium.

**§ 67.307**

**§ 67.307 Mental.**

Mental standards for a third-class airman medical certificate are:

(a) No established medical history or clinical diagnosis of any of the following:

(1) A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.

(2) A psychosis. As used in this section, “psychosis” refers to a mental disorder in which—

(i) The individual has manifested delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of this condition; or

(ii) The individual may reasonably be expected to manifest delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of this condition.

(3) A bipolar disorder.

(4) Substance dependence, except where there is established clinical evidence, satisfactory to the Federal Air Surgeon, of recovery, including sustained total abstinence from the substance(s) for not less than the preceding 2 years. As used in this section—

(i) “Substance” includes: alcohol; other sedatives and hypnotics; anxiolytics; opioids; central nervous system stimulants such as cocaine, amphetamines, and similarly acting sympathomimetics; hallucinogens; phencyclidine or similarly acting arylcyclohexylamines; cannabis; inhalants; and other psychoactive drugs and chemicals; and

(ii) “Substance dependence” means a condition in which a person is dependent on a substance, other than tobacco or ordinary xanthine-containing (e.g., caffeine) beverages, as evidenced by—

(A) Increased tolerance;

(B) Manifestation of withdrawal symptoms;

(C) Impaired control of use; or

(D) Continued use despite damage to physical health or impairment of social, personal, or occupational functioning.

(b) No substance abuse within the preceding 2 years defined as:

(1) Use of a substance in a situation in which that use was physically hazardous, if there has been at any other

time an instance of the use of a substance also in a situation in which that use was physically hazardous;

(2) A verified positive drug test result, an alcohol test result of 0.04 or greater alcohol concentration, or a refusal to submit to a drug or alcohol test required by the U.S. Department of Transportation or an agency of the U.S. Department of Transportation; or

(3) Misuse of a substance that the Federal Air Surgeon, based on case history and appropriate, qualified medical judgment relating to the substance involved, finds—

(i) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(ii) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

(c) No other personality disorder, neurosis, or other mental condition that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds—

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

[Doc. No. 27940, 61 FR 11256, Mar. 19, 1996, as amended by Amdt. 67-19, 71 FR 35764, June 21, 2006]

**§ 67.309 Neurologic.**

Neurologic standards for a third-class airman medical certificate are:

(a) No established medical history or clinical diagnosis of any of the following:

(1) Epilepsy;

(2) A disturbance of consciousness without satisfactory medical explanation of the cause; or

(3) A transient loss of control of nervous system function(s) without satisfactory medical explanation of the cause.

(b) No other seizure disorder, disturbance of consciousness, or neurologic condition that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds—

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

#### § 67.311 Cardiovascular.

Cardiovascular standards for a third-class airman medical certificate are no established medical history or clinical diagnosis of any of the following:

(a) Myocardial infarction;

(b) Angina pectoris;

(c) Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant;

(d) Cardiac valve replacement;

(e) Permanent cardiac pacemaker implantation; or

(f) Heart replacement.

#### § 67.313 General medical condition.

The general medical standards for a third-class airman medical certificate are:

(a) No established medical history or clinical diagnosis of diabetes mellitus that requires insulin or any other hypoglycemic drug for control.

(b) No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds—

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

(c) No medication or other treatment that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the medication or other treatment involved, finds—

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

#### § 67.315 Discretionary issuance.

A person who does not meet the provisions of §§ 67.303 through 67.313 may apply for the discretionary issuance of a certificate under § 67.401.

### Subpart E—Certification Procedures

#### § 67.401 Special issuance of medical certificates.

(a) At the discretion of the Federal Air Surgeon, an Authorization for Special Issuance of a Medical Certificate (Authorization), valid for a specified period, may be granted to a person who does not meet the provisions of subparts B, C, or D of this part if the person shows to the satisfaction of the Federal Air Surgeon that the duties authorized by the class of medical certificate applied for can be performed without endangering public safety during the period in which the Authorization would be in force. The Federal Air Surgeon may authorize a special medical flight test, practical test, or medical evaluation for this purpose. A medical certificate of the appropriate class may be issued to a person who does not meet the provisions of subparts B, C, or D of this part if that person possesses a valid Authorization and is otherwise eligible. An airman medical certificate issued in accordance with this section shall expire no later than the end of the validity period or upon the withdrawal of the Authorization upon which it is based. At the end of its specified validity period, for grant of a new Authorization, the person must again show to the satisfaction of the

§ 67.401

14 CFR Ch. I (1–1–23 Edition)

Federal Air Surgeon that the duties authorized by the class of medical certificate applied for can be performed without endangering public safety during the period in which the Authorization would be in force.

(b) At the discretion of the Federal Air Surgeon, a Statement of Demonstrated Ability (SODA) may be granted, instead of an Authorization, to a person whose disqualifying condition is static or nonprogressive and who has been found capable of performing airman duties without endangering public safety. A SODA does not expire and authorizes a designated aviation medical examiner to issue a medical certificate of a specified class if the examiner finds that the condition described on its face has not adversely changed.

(c) In granting an Authorization or SODA, the Federal Air Surgeon may consider the person’s operational experience and any medical facts that may affect the ability of the person to perform airman duties including—

(1) The combined effect on the person of failure to meet more than one requirement of this part; and

(2) The prognosis derived from professional consideration of all available information regarding the person.

(d) In granting an Authorization or SODA under this section, the Federal Air Surgeon specifies the class of medical certificate authorized to be issued and may do any or all of the following:

(1) Limit the duration of an Authorization;

(2) Condition the granting of a new Authorization on the results of subsequent medical tests, examinations, or evaluations;

(3) State on the Authorization or SODA, and any medical certificate based upon it, any operational limitation needed for safety; or

(4) Condition the continued effect of an Authorization or SODA, and any second- or third-class medical certificate based upon it, on compliance with a statement of functional limitations issued to the person in coordination with the Director of Flight Standards or the Director’s designee.

(e) In determining whether an Authorization or SODA should be granted to an applicant for a third-class med-

ical certificate, the Federal Air Surgeon considers the freedom of an airman, exercising the privileges of a private pilot certificate, to accept reasonable risks to his or her person and property that are not acceptable in the exercise of commercial or airline transport pilot privileges, and, at the same time, considers the need to protect the safety of persons and property in other aircraft and on the ground.

(f) An Authorization or SODA granted under the provisions of this section to a person who does not meet the applicable provisions of subparts B, C, or D of this part may be withdrawn, at the discretion of the Federal Air Surgeon, at any time if—

(1) There is adverse change in the holder’s medical condition;

(2) The holder fails to comply with a statement of functional limitations or operational limitations issued as a condition of certification under this section;

(3) Public safety would be endangered by the holder’s exercise of airman privileges;

(4) The holder fails to provide medical information reasonably needed by the Federal Air Surgeon for certification under this section; or

(5) The holder makes or causes to be made a statement or entry that is the basis for withdrawal of an Authorization or SODA under § 67.403.

(g) A person who has been granted an Authorization or SODA under this section based on a special medical flight or practical test need not take the test again during later physical examinations unless the Federal Air Surgeon determines or has reason to believe that the physical deficiency has or may have degraded to a degree to require another special medical flight test or practical test.

(h) The authority of the Federal Air Surgeon under this section is also exercised by the Manager, Aeromedical Certification Division, and each Regional Flight Surgeon.

(i) If an Authorization or SODA is withdrawn under paragraph (f) of this section the following procedures apply:

(1) The holder of the Authorization or SODA will be served a letter of withdrawal, stating the reason for the action;

(2) By not later than 60 days after the service of the letter of withdrawal, the holder of the Authorization or SODA may request, in writing, that the Federal Air Surgeon provide for review of the decision to withdraw. The request for review may be accompanied by supporting medical evidence;

(3) Within 60 days of receipt of a request for review, a written final decision either affirming or reversing the decision to withdraw will be issued; and

(4) A medical certificate rendered invalid pursuant to a withdrawal, in accordance with paragraph (a) of this section, shall be surrendered to the Administrator upon request.

[Doc. No. 27940, 61 FR 11256, Mar. 19, 1996, as amended by Amdt. 67-20, 73 FR 43066, July 24, 2008; Amdt. 67-21, 77 FR 16668, Mar. 22, 2012]

**§ 67.403 Applications, certificates, logbooks, reports, and records: Falsification, reproduction, or alteration; incorrect statements.**

(a) No person may make or cause to be made—

(1) A fraudulent or intentionally false statement on any application for a medical certificate or on a request for any Authorization for Special Issuance of a Medical Certificate (Authorization) or Statement of Demonstrated Ability (SODA) under this part;

(2) A fraudulent or intentionally false entry in any logbook, record, or report that is kept, made, or used, to show compliance with any requirement for any medical certificate or for any Authorization or SODA under this part;

(3) A reproduction, for fraudulent purposes, of any medical certificate under this part; or

(4) An alteration of any medical certificate under this part.

(b) The commission by any person of an act prohibited under paragraph (a) of this section is a basis for—

(1) Suspending or revoking all airman, ground instructor, and medical certificates and ratings held by that person;

(2) Withdrawing all Authorizations or SODA's held by that person; and

(3) Denying all applications for medical certification and requests for Authorizations or SODA's.

(c) The following may serve as a basis for suspending or revoking a medical certificate; withdrawing an Authorization or SODA; or denying an application for a medical certificate or request for an authorization or SODA:

(1) An incorrect statement, upon which the FAA relied, made in support of an application for a medical certificate or request for an Authorization or SODA.

(2) An incorrect entry, upon which the FAA relied, made in any logbook, record, or report that is kept, made, or used to show compliance with any requirement for a medical certificate or an Authorization or SODA.

**§ 67.405 Medical examinations: Who may perform?**

(a) *First-class.* Any aviation medical examiner who is specifically designated for the purpose may perform examinations for the first-class medical certificate.

(b) *Second- and third-class.* Any aviation medical examiner may perform examinations for the second- or third-class medical certificate.

[Doc. No. FAA-2007-27812, 73 FR 43066, July 24, 2008]

**§ 67.407 Delegation of authority.**

(a) The authority of the Administrator under 49 U.S.C. 44703 to issue or deny medical certificates is delegated to the Federal Air Surgeon to the extent necessary to—

(1) Examine applicants for and holders of medical certificates to determine whether they meet applicable medical standards; and

(2) Issue, renew, and deny medical certificates, and issue, renew, deny, and withdraw Authorizations for Special Issuance of a Medical Certificate and Statements of Demonstrated Ability to a person based upon meeting or failing to meet applicable medical standards.

(b) Subject to limitations in this chapter, the delegated functions of the Federal Air Surgeon to examine applicants for and holders of medical certificates for compliance with applicable medical standards and to issue, renew, and deny medical certificates are also delegated to aviation medical examiners and to authorized representatives

**§ 67.409**

of the Federal Air Surgeon within the FAA.

(c) The authority of the Administrator under 49 U.S.C. 44702, to reconsider the action of an aviation medical examiner is delegated to the Federal Air Surgeon; the Manager, Aeromedical Certification Division; and each Regional Flight Surgeon. Where the person does not meet the standards of §§ 67.107(b)(3) and (c), 67.109(b), 67.113(b) and (c), 67.207(b)(3) and (c), 67.209(b), 67.213(b) and (c), 67.307(b)(3) and (c), 67.309(b), or 67.313(b) and (c), any action taken under this paragraph other than by the Federal Air Surgeon is subject to reconsideration by the Federal Air Surgeon. A certificate issued by an aviation medical examiner is considered to be affirmed as issued unless an FAA official named in this paragraph (authorized official) reverses that issuance within 60 days after the date of issuance. However, if within 60 days after the date of issuance an authorized official requests the certificate holder to submit additional medical information, an authorized official may reverse the issuance within 60 days after receipt of the requested information.

(d) The authority of the Administrator under 49 U.S.C. 44709 to re-examine any civil airman to the extent necessary to determine an airman's qualification to continue to hold an airman medical certificate, is delegated to the Federal Air Surgeon and his or her authorized representatives within the FAA.

**§ 67.409 Denial of medical certificate.**

(a) Any person who is denied a medical certificate by an aviation medical examiner may, within 30 days after the date of the denial, apply in writing to the Federal Air Surgeon, Attention: Manager, Aeromedical Certification Division, AAM-300, Federal Aviation Administration, P.O. Box 25082, Oklahoma City, Oklahoma 73126, for reconsideration of that denial. If the person does not ask for reconsideration during the 30-day period after the date of the denial, he or she is considered to have withdrawn the application for a medical certificate.

(b) The denial of a medical certificate—

(1) By an aviation medical examiner is not a denial by the Administrator under 49 U.S.C. 44703.

(2) By the Federal Air Surgeon is considered to be a denial by the Administrator under 49 U.S.C. 44703.

(3) By the Manager, Aeromedical Certification Division, or a Regional Flight Surgeon is considered to be a denial by the Administrator under 49 U.S.C. 44703 except where the person does not meet the standards of §§ 67.107(b)(3) and (c), 67.109(b), or 67.113(b) and (c); 67.207(b)(3) and (c), 67.209(b), or 67.213(b) and (c); or 67.307(b)(3) and (c), 67.309(b), or 67.313(b) and (c).

(c) Any action taken under § 67.407(c) that wholly or partly reverses the issue of a medical certificate by an aviation medical examiner is the denial of a medical certificate under paragraph (b) of this section.

(d) If the issue of a medical certificate is wholly or partly reversed by the Federal Air Surgeon; the Manager, Aeromedical Certification Division; or a Regional Flight Surgeon, the person holding that certificate shall surrender it, upon request of the FAA.

[Docket No. 27940, 61 FR 11256, Mar. 19, 1996, as amended by Docket No. FAA-2022-1355, Amdt. No. 67-22, 87 FR 75845, Dec. 9, 2022]

**§ 67.411 [Reserved]**

**§ 67.413 Medical records.**

(a) Whenever the Administrator finds that additional medical information or history is necessary to determine whether you meet the medical standards required to hold a medical certificate, you must:

(1) Furnish that information to the FAA; or

(2) Authorize any clinic, hospital, physician, or other person to release to the FAA all available information or records concerning that history.

(b) If you fail to provide the requested medical information or history or to authorize its release, the FAA may suspend, modify, or revoke your medical certificate or, in the case of an applicant, deny the application for a medical certificate.

(c) If your medical certificate is suspended, modified, or revoked under

paragraph (b) of this section, that suspension or modification remains in effect until you provide the requested information, history, or authorization to the FAA and until the FAA determines that you meet the medical standards set forth in this part.

[Doc. No. FAA-2007-27812, 73 FR 43066, July 24, 2008]

**§ 67.415 Return of medical certificate after suspension or revocation.**

The holder of any medical certificate issued under this part that is suspended or revoked shall, upon the Administrator's request, return it to the Administrator.

**PART 68—REQUIREMENTS FOR OPERATING CERTAIN SMALL AIRCRAFT WITHOUT A MEDICAL CERTIFICATE**

Sec.

- 68.1 Applicability.
- 68.3 Medical education course requirements.
- 68.5 Comprehensive medical examination.
- 68.7 Comprehensive medical examination checklist.
- 68.9 Special Issuance process.
- 68.11 Authority to require additional information.

AUTHORITY: 49 U.S.C. 106(f), 44701-44703, sec. 2307 of Pub. L. 114-190, 130 Stat. 615 (49 U.S.C. 44703 note).

SOURCE: Docket FAA-2016-9157, Amdt. 68-1, 82 FR 3165, Jan. 11, 2017, unless otherwise noted.

**§ 68.1 Applicability.**

This part prescribes the medical education and examination requirements for operating an aircraft under § 61.113(i) of this chapter without holding a medical certificate issued under part 67 of this chapter.

**§ 68.3 Medical education course requirements.**

(a) The medical education course required to act as pilot in command or serve as a required flightcrew member in an operation under § 61.113(i) of this chapter must—

- (1) Educate pilots on conducting medical self-assessments;
- (2) Advise pilots on identifying warning signs of potential serious medical conditions;

(3) Identify risk mitigation strategies for medical conditions;

(4) Increase awareness of the impacts of potentially impairing over-the-counter and prescription drug medications;

(5) Encourage regular medical examinations and consultations with primary care physicians;

(6) Inform pilots of the regulations pertaining to the prohibition on operations during medical deficiency and medically disqualifying conditions; and

(7) Provide the checklist developed by the FAA in accordance with § 68.7.

(b) Upon successful completion of the medical education course, the following items must be electronically provided to the individual seeking to act as pilot in command or serve as a required flightcrew member under the conditions and limitations of § 61.113(i) of this chapter and transmitted to the FAA—

(1) A certification of completion of the medical education course, which shall be retained in the individual's logbook and made available upon request, and shall contain the individual's name, address, and airman certificate number;

(2) A release authorizing single access to the National Driver Register through a designated State Department of Motor Vehicles to furnish to the FAA information pertaining to the individual's driving record;

(3) A certification by the individual that the individual is under the care and treatment of a physician if the individual has been diagnosed with any medical condition that may impact the ability of the individual to fly, as required under § 61.23(c)(3) of this chapter;

(4) A form that includes—

(i) The name, address, telephone number, and airman certificate number of the individual;

(ii) The name, address, telephone number, and State medical license number of the physician performing the comprehensive medical examination;

(iii) The date of the comprehensive medical examination; and

(iv) A certification by the individual that the checklist described in § 68.7