No.	from	JAR-FCL	comment	response
			Subpart A	
56	CAA UK	3.016	Add aditional Paragraph: ***Applicants who require a JAR Class 1 medical certificate and who hold a valid licence from a non-JAA Member State, with an appropriate class of medical certificate, are required to undergo an extended medical examination at an Aeromedical Centre prior to first issue of a JAR-FCL Class 1 medical certificate.*** *Experienced pilots ... should not have to undergo medical examination ti initial Class 1 requirements, examination to extended renewal requirements is sufficient.*	There was no proposal for a general paragraph about how to deal with medical certificates from non-JAA Member States in NPA 13. The comment was therefore not discussed but the development of a proposal on the issue was encouraged for a future NPA.
15	LBA Germany	3.095(c)	... except that, in the case of an AMC, the Head of the AMC ***signs (or validates)*** the reports. *Only clearly defined responsibilities ascertain a good legal basis*.	Rejected: In the NPA proposal it is said that the head of an AMC may sign the report on the basis of assessments made by staff physicians. Final responsibility is with the head of an AMC, but staff physicians, properly authorised by the AMS as AMEs, can sign their own reports. Otherwise any absence of the head of AMS will cause undue delays.
03	IFALPA	3.095(c)	... On completing a medical examination the AME shall submit without delay a ~~signed full~~ report in the case of all .... examinations, ... *A report stating fitness or unfitness is sufficient*	Rejected: It is in line with ICAO to submit a full report to the AMS. Especially when the AMS issues the medical certificate a full report is needed. Serves as well to supervise AMEs.
55	CAA UK	3.095(c) *3.100(b)*	*Proposal for changes in papra 3.100(b) to harmonise with 3.095(c)*: Initial Class 1 medical certificates shall be issued by the AMS***, or the task may be delegated to an AMC***.	Para 3.100(b) was not out for NPA, comment was not discussed.
03	IFALPA	IEM 3.095	Application form: ~~Consent to release of medical information: I hereby authorise .....~~ Medical confidentiality will be respected at all times. *There is no need to routinely collect the*	Rejected: JAR-FCL 3.095(c) states that the AME will send a full report (see comment 03). The application form is in Section 2 (IEM) and has to be in line with the requirement in Section 1.

No.	from	JAR-FCL	comment	response
			applicant's full diagnosis centrally at the AMS.	
08	CAA CZ	IEM 3.095	disagreement with deletion of question 132. *History of event 132 may affect significantly the applicant's socio-psychological status and/or his/her mental sphere.* *In other occasions legal problems of some States have not been taken into account*	Rejected: it is expected that the AME discusses this question with the applicant but a *majority* of JAA Member States cannot accept this question in the application form for legal reasons. The space has been left blank for eventually inserting the question later.
10	IAOPA	IEM 3.095	Initial issue of medical certificate : ~~AMS~~ ***AMC*** (Class 1); AME ~~with AMS validation~~ (Class 2) *Class 1: no reason to undertake the initial Class 1 examination at the AMS. Examination shall be at an AMC, certificate shall be issued by AMC.* *Class 2: AMS validation of medical certificate will cause unnecessary delays*	Partly a misunderstanding: the initial medical examination Class 1 will be performed at an AMC but the initial certificate will be issued by the AMS (see JAR-FCL 3.095(a) and 3.100(e)). AMS validation was not ment to say that every medical certificate has to be approved, but it will be reviewed by the AMS as necessary. "AMS validation" will be deleted to avoid misunderstanding (comment partly accepted)
16	LBA Germany	IEM 3.095	issue of medical certificates: ~~with AMS validation~~ *Validating all medical certificates is unnecessary.*	Accepted: see comment 10 above
53	CAA UK	IEM 3.095	Issue of medical certificates. Class 1: AMC or AME ~~with AMS validation~~ ***approved by the AMS***. Class 2: AMC or AME ~~with AMS validation~~ ***approved by the AMS***. *Quality checks: yes. Validate each certificate: no.*	Partly accepted: "with AMS validation" will be deleted. A new proposal will be prepared for a future NPA offering seperating boxes for issuance of medical certificates after initial and revalidation/ renewal examinations. "Approved by the AMS": rejected. All AMEs are approved, if not they may not function as AME.
54	CAA UK	IEM 3.095	Mismatch between Explanatory Note and medical application form.	if so: editorial will be corrected

No.	from	JAR-FCL	comment	response
Cardiology, Requirements, Appendices				
11	IAOPA	3.130(f) (Class 1)	review by cardiologist: .... ~~(50 years for single crew operations)~~ ... *Would affect all flight instructors over 50, is unnecessary, would overload AMCs and cause loss of earning while waiting for the paper work*.	Accepted: Cardiological problems may arise at any time, should be detected in any aeromedical examination and tests needed will be initiated by AME/AMC or AMS as appropriate. Administrative burden on AMEs, pilots and AMS would be too high.
13	LFV Sweden	3.130 (f)	***At age 50 and 65 years a Class 1 certificate holder shall be reviewed at an AMC by a cardiologist acceptable to the AMS.*** *Not possible for Authority to check if the pilot operates single crew operation. He could also change from multi-crew to single crew after passed age 50.*	Rejected after discussion of comment 11. There will be no additional requirement for cardiological review of pilots age 50.
34	BAPA	3.130(f)	*disagree with proposal. ECG intervals of 6 months after age 50 deal adequately with concerns regarding heart disease. (More comment given).*	Covered by accepting comment 11
57	CAA UK	3.130(f)	At age 65 years (50 years for single ~~crew~~ ***pilot public transport*** operations), a Class 1 certificate holder shall be reviewed ~~at an AMC~~ by a cardiologist acceptable to the AMS. *Requirement not necessary for aerial work or flight instruction. Cardiological review can be done by cardiologist approved by the AMS*.	Partly accepted: The first sentence of this para has been reworded: At ***the first renewal/ revalidation examination after*** age 65 ~~years~~, a Class 1 certificate holder shall be reviewed at an AMC ~~by~~ ***or, at the discretion of the AMS, review may be delgated to*** a cardiologist acceptable to the AMS.
73, 76	AMC NL	3.130(f)	Cardiological review at an AMC: *a protocoll will be needed*	Rejected: Mainly history and risk factors of the individual pilot will be the basis for the examinations and tests indicated.
61	CAA UK	3.250(f) (Class 2)	At age 70 years ..... ~~This review shall include exercise electrocardiography and shall be repeated every 4 years.~~ ***After a review of cardiovascular risk factors and assessment of licence privileges, further investigations may be required, at the discretion of the specialist***	Accepted: review of cardiovascular risk factors and follow-up as necessary is part of each aeromedical examination. There is no special need to stress this at age 70. The proposed new paragraph JAR-FCL 3.250(f) will not appear in JAR-FCL 3.

No.	from	JAR-FCL	comment	response
			and after consultation with the AMS as necessary. Investigation may include exercise electrocardiography. *Private pilots at 70 years of age and over should be assessed on an individual basis. (More comment offered, see original.)*	
01	B. Wallace UK AME	3.250 (f)	~~At age 70 years a Class 2 certificate holder shall be examined by a specialist acceptable to the AMS. This review shall include exercise electrocariography and shall be repeated every 4 years.~~ *Minor changes with no impact on fitness may lead to more investigations. Explosion of costs.* *(The proposal is to "delete para 3.250" but the comment only refers to JAR-FCL 3.250(f)).*	Covered by accepting comment 61
12	IAOPA	3.250 (f)	delete 3.250 (f). *Reasoning as above plus: FAA with greater experience does not consider ECGs of any consequence and does not require them.*	Covered by accepting comment 61
49	CAA UK	App. 1 1(e)	At age 70 and every 4 years for Class 2 recertification ***at the discretion of the cardiologist, in consultation with the AMS, as necessary, dependent upon risk factors and licence privileges.*** *Reasoning same as comment 61*	Rejected: It was accepted not to introduce the proposed new para JAR-FCL 3.250(f).
58	CAA UK	3.140(c), (d)	*New general paragraph (to be inserted as JAR-FCL 3.100(e)(3)) is proposed to avoid mentioning that a fit assessment can only be considered for revalidation/renewal examinations and not for initial examinations.*	There was no such proposal out for NPA 13. This comment will be discussed in the MSC and the proposal may be included in a future NPA.
77	AMC NL	3.140 Class 1	(c), (d): proposal of different wording (e): delete (e)	(c), (d): no text change, wording is clear (e) will be deleted (see explanation comment 59)
79	AMC NL	3.260 Class 2	(c), (d): proposal of different wording (e): delete (e)	(c), (d): no text change, wording is clear (e) will be deleted (see explanation comment 59)

No.	from	JAR-FCL	comment	response
59	CAA UK	3.140 (e) Class 1	(~~e) Applicants with ischaemic damage to the left ventricle .....~~. *The requirement for a satisfactory ejection fraction is in App.1, 6(b) and 7(b).*	Accepted for the reason given in the comment
62	CAA UK	3.260(e) Class 2	(~~e) Applicants with ischaemic damage to the left ventricle .....~~*.delete paragraph, (comment as No. 59)*	Accepted for the reason given in the comment
66	FAI	3.140(e) Class 1	*delete paragraph, (comment as No. 59)*	Accepted as above
66	FAI	3.260(e) Class 2	*delete paragraph, (comment as No. 59)*	Accepted as above
17	G.E.M.A. Spain	3.150(b)	*Para should be rewritten. Does not consider size, prognosis and risk of rupture of aneurysm.*	Accepted, see next comments (64, 63, 65)
64	CAA UK	3.150(b) Class 1	... Applicants with aneurysm of the infra-renal abdominal aorta may be considered by the AMS at renewal or revalidation examinations, ~~after surgery~~ subject to comliance with paragraph 9 ... *See comment on paragraph 9 Appendix 1.*	Accepted: Surgery may not be necessary in some cases. Paragraph 9 Appendix 1 has been amended (see comment 65 below) and gives information on how to proceed after diagnosis of infra-renal abdominal aneurysm
63	CAA UK	3.270(b) Class 2	... Applicants with aneurysm of the infra-renal abdominal aorta may be considered by the AMS at renewal or revalidation examinations, ~~after surgery~~ subject to comliance with paragraph 9 ... *See comment on paragraph 9 Appendix 1*	Accepted for Class 2 as for Class 1 in the previous comment
65	CAA UK	App. 1 para 9	*delete paragraph proposed in NPA 13. New proposal:* ***Unoperated infra-renal abdominal aortic aneurysms up to 4,5 cms may be considered for restricted Class 1 or Class 2 certification by the AMS if followed by six monthly ultra-sound scans. After surgery for infar-renal abdominal aortic aneurysm without complica-tions, and after cardiovascular assessment, restricted Class 1 or Class 2 certification may be considered by the AMS, with follow-up as approved by the AMS.*** *Low risk of rupture in small aneurysms with*	Accepted with deletion of ~~up to 4,5 cms~~. There may be clinical indication not to operate even if the aneurysm is a little bit larger, but there may be reasons to intervene surgically at an earlier stage. Both ways a fit assessment (OML/OSL) may be possible depending on the examination results. The text which was proposed in NPA 13 and is now replaced by the text of comment 65 was: ~~Abdominal aortic aneurysm occuring below the renal vessels and when uncomplicated with pseudoaneurysm, infected prothesis or thrombosis, not associated with systemic arterial disease, whether~~

No.	from	JAR-FCL	comment	response
			regular follow-up. After successful surgery the subsequent risks of incapacitation return almost to normal (for the age group).	~~congenital or acquired, or hypertension and which has stabilised following surgical repair, may be considered for restricted Class 1 or Class 2 certification by the AMS. Annual review by the AMS shall be required, the review ti onclude ultrasonic examination of the abdominal aorta~~.
35	BAPA	3.270(b)	Applicants with aneurysm of the thoracic of ~~abdomainal~~ ***abdominal*** aorta before or ...	editorial, corrected
78	AMC NL	3.150	*(a), (b), (d), (h) mostly editorial*	Covered: A comment given on aneurysm mostly reflect what was discussed in comments 64, 63 and 65.
80	AMC NL	3.270	*crossreference to comment 78*	Covered by discussion of other comments
18	G.E.M.A. Spain	3.150(h)	*Malignant vasovagal syncope: what is it? See: "Ann Intern Med 1997; 126: 989-996: Clinical guideline. Diagnosing Syncope" There is no mention of such entity.*	Accepted: ~~malignant~~ will be replaced by ***recurrent***.
60	CAA UK	3.150(h)	Applicants with a history of malignant vasovagal syncope shall be assessed as unfit. A fit assessment may be considered by the AMS ~~in applicants~~ ***after review***. ***Applicants*** with a ~~suggestive~~ history ***of recurrent syncope shall be*** subject to compliance with Paragraph 14, ... *This clarifies that individuals with a single episode of syncope need not follow Appendix 1. See also proposal for a change in Appendix 1, para 14*.	Accepted with addition: ~~malignant~~ will be replaced by ***recurrent***. Explanation given in the comment led to acceptance.
50	CAA UK	App. 1 para 14	~~An a~~Applicant***s*** who ~~has~~ ***have*** suffered ~~a single~~ ***repeated*** episode***s*** ~~of loss of consciousness with the characteristics~~ of ~~vasovagal~~ syncope shall undergo the following: ... *Procedures outlined in para 14 are adequate only if an individual has had more than one episode of loss of consciousness*.	Accepted, but ~~repeated~~ will be replaced by ***recurrent***.
19	G.E.M.A. Spain	App. 1 para 3	3. The blood pressure should be measured ~~at least~~ twice. *If blood pressure is normal, once is enough* (NPA proposal was to put "at least" in)	Accepted, original text will be kept. It is not necessary to inform a physician how to take blood pressure.
14	LFV S	App. 1	An accumulation of risk factors (....) shall require	Accepted, original text will be kept. All AMEs are

No.	from	JAR-FCL	comment	response
		para 3	require cardiovascular evaluation by the AMS, and, where appropriate, in conjunction with the AMC ***or AME.*** *This evaluation should be available to the AME.* *(NPA proposal was to delete ~~or AME~~.)*	approved by the AMS and know how to evaluate cardiovascular risk factors in conjunction with the AMS.
51	CAA UK	App. 1 para 3	The ~~diagnostic~~ ***diagnosis*** of hypertension shall ...	editorial, corrected
38	BAPA	App. 1 para 3	The ~~diagnosic~~ ***diagnosis*** of hypertension	
45	CAA UK	App. 1 para 5	In asymptomatic coronary artery disease, ... ~~The requirements in paragraph 6(a) – (d) below shall be fulfilled.~~ *Exercise electrocardiography, if normal, is sufficient investigation. More comment: see original.* *(NPA proposal was to put this sentence in)*	Accepted: para 6(a) repeats the requirement of exercise ECG from para 5, 6(b) calls for left ventricular ejection fraction, which is not necessary in all cases, 6(c) requires 24-hour ambulatory ECG, which is not necessary if exercise ECG is normal, and 6(d) is about obligatory coronary angiography, already mentioned in para 5 as to be performed if necessary.
81	AMC NL	App. 1 para 5	several mostly editorial comments	delt with during discussion of comment 45 above
38	BAPA	App. 1 para 6	Asymptomatic applicants who have satisfactorily reduced vascular risk factors present following myocardial infarction or other myocardial ischaemic event, and who require no medication for ischaemic heart pain ***shall,*** at least 6 months following the index event, ~~shall~~ have completed investigations, demonstrating:	Accepted: editorial
20	G.E.M.A. Spain	App. 1 para 6(c)	... 24-hour ambulatory ECG, ~~if performed~~ ..." *This test is mandatory ... or not? (after myocardial infarction)*	Accepted: delete ~~if performed.~~
38	BAPA	App. 1 para 6(f)	(f) Coronary angiography is required five years after the index event ***and subsequently every 5 years***, unless the maximal exercise ECG recording has remained unchanged and is normal.	Accepted, but new text has been developed: ***Five yearly coronary angiography shall be considered, but may not be necessary if the exercise ECG shows no deterioration and is acceptable to the AMS.***
81	AMC NL	App. 1	several mostly editorial comments on (a), (c), (e),	Covered: Included in discussion of other

No.	from	JAR-FCL	comment	response
		para 6	(f)	comments on the paragraph.
38	BAPA	App. 1 para 7	An asymptomatic applicant having satisfactorily reduced his/her vascular risk factors present, who requires no medication for ischaemic heart pain***, shall***, at least 6 months after coronary artery by-pass surgery or angioplasty/stenting ~~shall~~ have completed investigations demonstrating:	editorial
21	G.E.M.A. Spain	App. 1 para 7(c)	*"24-hour ambulatory ECG shall ...": not mandatory after AMI (?), but mandatory after by-pass etc.?*	24-hour ambulatory ECG is mandatory for medical assessment after acute myocardial infarction (AMI) and after by-pass/angioplasty. (See comment 20)
38	BAPA	App. 1 para 7(c)	a 24-hour ambulatory ECG shall show no significant conduction ***disturbance***, nor complex, nor sustained rhythm disturbance, nor evidence of myocardial ischaemia;	editorial
67	FAI	App. 1 para 7(d)	a coronary angiogram which shall show ~~<30%~~ ***<50%*** stenosis in any major epicardial vessel ... ... Furthermore, there shall be no lesion(s) ~~>30%~~ ***>50%*** stenosis in any angioplasted/stented vessel *The requirement does not represent cardiological practise. Only real stenosis which have a narrowing of ≥50% should be consid*ered.	Rejected: a 50% stenosis may already be symptomatic. General cardiological practice does not reflect the special situation of pilots.
02	IFALPA	App. 1 para 7(f)	Coronary angiography is required at not more than five years after the index procedure and not more than two years following angioplasty/ stenting. ***Subsequently, coronary angiography is then required every 5 years. Coronary perfusion should be considered.*** *The addition of the last sentence allows more flexibility regarding future medical advances in the area of Coronary Perfusion*.	Rejected, but new text has been developed: ***Five yearly coronary angiography shall be considered, but may not be necessary if the exercise ECG shows no deterioration and is acceptable to the AMS.*** This text for by-pass/angiography/stenting is now the same as in 6(f) dealing with myocardial infarction. Consideration of coronary perfusion is included in the procedure and does not have to be mentioned.
46	CAA UK	App. 1 para 7(f)	Coronary angiography is required ~~at not more than five years~~ ***five-yearly*** after the index procedure. ~~and not more than two years following~~ ***Multiple*** angioplasty/ stenting ***may require more***	Rejected, new text see comments 38, 02.

No.	from	JAR-FCL	comment	response
			frequent angiography. *More flexibility regarding angioplasty/stenting. Further angiographies after the first one have to be stated.*	
38	BAPA	App. 1 para 7(f)	*Query: Coronary angiography is then required every 5 years?*	Answer: no
82	AMC NL	App. 1 para 7	several mostly editorial comments on (a), (c), (d), (e), (f).	Covered: delt with during discussion of other comments on the paragraph
38	BAPA	App 1 para 8(a) (2)	a 24 hour ambulatory ECG showing no ***significant*** conduction ***disturbance***, nor complex, nor sustained rhythm disturbance ...	*significant*: accepted. There are some (though few) conduction disturbances without impact on medical fitness. AMS will decide. *ins. disturbance*: accepted, editorial
52	CAA UK	App. 1 para 8(a) (5)	.... features which might predispose the applicant to ~~sudden or subtle~~ incapacitation. *Concern is about any type of incapacitation (sudden, slow, overt, subtle).*	Accepted: explication as in comment
47	CAA UK	App. 1 para 8(b)	Atrial fibrillation: .... any fit assessment ~~shall~~ ***should*** be restricted to multi-pilot operation (...) or safety-pilot limitation ... *"shall" in this para is too restrictive* (more comment offered in original)	Accepted: The AMS will evaluate the case and there may not always be the need for an OML restriction.
83	AMC NL	App 1 para 8	several comments on 8(a) and 8(b), partly editorial	Covered: Delt with while discussing other comments on the corresponding paragraphs
84	AMC NL	App 1 para 9	comment with no specific proposal	Covered: Delt with while discussing other comments on the corresponding paragraphs
48	CAA UK	App. 1 para 10(c) (2)	Asymptomatic applicants with a tissue valve ~~in the aortic position~~ who at least .... *Some tissue valve may be acceptable for certification, following investigation, if in a site other than the aortic position.*	Accepted: reason given in comment
22	G.E.M.A. Spain	App. 1 para 10(c) (2)i	*(c)(2)i: Is there any clinical indication of a threadmill test after valvular repair or substitution? Not believed by the group.*	There are clinical indications for the test after valvular surgery
68	FAI	App1 para 10(c) (2)ii	a 2D Doppler echocardiogram showing no significant selective chamber enlargement, ***a tissue valve with minimal structural alterations***	1st part accepted: Some structural alterations are always present in an artificial valve.

No.	from	JAR-FCL	comment	response
			and with a normal Doppler blood flow, and no structural, nor functional abnormality of the ***other*** heart valves. Left ventricular ~~fractional or shortening~~ ejection fraction shall be normal ***(>55%).*** *The tissue valve is an artificial valve, thus there is a structural alteration of this valve. Over an artificial valve blood flow is higher than over normal valve*.	2nd part rejected: If a fit assessment is to be considered, blood flow shall be normal
69	FAI	App. 1 para 11	...Venous thrombosis ***and pulmonary embolism*** ~~is~~ ***are*** disqualifying until coagulation has been discontinued. ~~Pulmonary embolus requires full evaluation including a right heart catherisation.~~ ... *There are newer noninvasive methods which are used in the evaluation of pulmonary embolisme.*	Accepted with text change: ...Venous thrombosis ***or pulmonary embolism*** is disqualifying until ***anti***coagulation has been discontinued. Pulmonary embolus requires full evaluation ~~including a right heart catherisation.~~ ... Reason to accept is given in the comment
23	G.E.M.A. Spain	App. 1 para 11	Pulmonary embolus requires full evaluation including a right heart catherisation. Manual p. 33: If previous thromboembolism is suspected ... and right heart catherisation shall be required. *Confusing. And: after 2nd event: lifelong anticoagulation.*	Covered by previous comment
85	AMC NL	App. 1 para 11 and 12	General comments without specific proposal	Acknowledged
24	G.E.M.A. Spain	App. 1 para 12	12 Abnormalities of the pericardium ... Cardiovascular assessment by the AMS ~~shall~~ ***may*** include 2D Doppler ..... *Doing all these tests after e.g. a single episode of viral pericarditis would be too much*. *Suggest original text .*	Accepted with explanation of the comment
38	BAPA	App. 1 14(a)	*add one comma after "abnormal" in 2nd sentence*	editorial
70	FAI	App. 1 para 14(d)	An applicant ... shall undergo the following: .... ***and may include:*** a tilt test carried out to a ... *The cardiologist should decide in which cases a*	Accepted with explanation of the comment

No.	from	JAR-FCL	comment	response
			tilt test is necessary.	
86	AMC NL	App. 1 14	several comments on (a), (b), (c), (d)	discussed, no change to the Appendix
	Manual Cardiology			
9	CAA CZ	p. 22, para 2.4	... non-loop ~~some~~ diuretcs ... *(last para of page, 2nd line)*	editorial
9	CAA CZ	p. 23, para 2.4	~~lorsatan~~ ***losartan***	editorial
9	CAA CZ	p. 25, para 4.3 b	*no semicolon between dyskinesia and hypokinesia, put comma instead*	editorial
9	CAA CZ	p. 26, para 4.6.c	a 24 hour amulatory ***ECG*** demonstrates	editorial
25	G.E.M.A. Spain	p. 27, para 4	*How many vessels are allowed to be grafted in order to maintain the certification?*	There is no number of grafts defined. Any fit/unfit assessment depends on cardial function after surgery. AMS will decide depending on clinical result.
9	CAA CZ	p. 28, para 4.8	~~The overal procedure related~~ *(1st para, 3rd line)*	editorial
9	CAA CZ	p. 28, para 4.8	A number of ***international trials*** have examined *(mistake in strike-through)*	editorial
26	G.E.M.A. Spain	p. 28, para 4.8(f)	No cardioactive medication ... shall be allowed *This point does not appear after CABG, and here is mandatory...*	4.8(f) will be deleted
27	G.E.M.A. Spain	p. 30, para 8.2(b)	Aortic stenosis. Mild aortic stenosis (Doppler flow rate... *In the Appendix pressure level is used instead of flow rate. Which is correct?*	Will be adjusted: wording from the Manual will be used
28	G.E.M.A. Spain	p. 32 8.4(a)	Valvular surgery, mechanical valves. "This level of assessment also applies to Class 2. Applicants with a normal..." *It can be concluded that oral anticoagulation may be allowed in certain conditions for Class 2 pilots.* But see 9.1: "Anticoagulation with warfarin or cumarin like substances disqualifies from all forms of certification to fly.	Accepted: Strikethrough of proposed text starting "Applicants with a normal ..." to the end of the text in the box to avoid misunderstanding.

No.	from	JAR-FCL	comment	response
29	G.E.M.A. Spain	p. 33 8.5	~~Antibiotic prophylaxis.~~ *No place here for this purely clinical information*.	Though the comment was considered adequate it was decided not to delete the short paragraph in order to provide information about the current guidelines to pilots and AMEs.
30	G.E.M.A. Spain	p. 39 13.1(a)	Atrial and ventricular premature beats. "ventricular premature beats occurring in >2% of the total QRS count require further investigation .." Further investigation not required: According to (iii), in the next page, less than 2% is required for certification. If >2%, the pilot is out.	There should *(not shall)* be less than 2% of aberrant beats. The AMS will decide whether or not certification is possible, taking into account all clinical results of the investigation and Class of medical certificate.
Cardiology, General Comments				
40	BAPA	Manual	general spelling and grammar corrections throughout the Manual. General Queries.	No basic text changes, covered
72	AMC NL	all	Do not agree with this and the previous paper. Reference is made to more comments.	Covered in conjunction with other comments.
Respiratory System				
74	AMC NL	App.1 para 6	no specific proposal	acknowledged
9	CAA CZ	Manual p. 51 3.2. h	~~A comprehensive report~~ .... *(no reasoning with this comment)*	error, comment withdrawn
Digestive System				
36	BAPA	3.290(b)	Applicants with asymptomatic gallstones discovered ~~incidently~~ ***incidentally*** shall ...	editorial, will be corrected. Applies to 3.170(b) (Class 1) as well.
05	IFALPA	App. 3 2	A single, asymptomatic, large gallstone may be compatible with certification after consideration by the ~~AMS~~ ***AMC***. ... *Sudden incapacitation would be only a hypothetical event. Assessment can be done by AME or surgeon acceptable to the AMS.*	Rejected: AME or AMC should report AMS and give their opinion. Final decision has to be by AMS.
05	IFALPA	App. 3 1(b)	Pancreatitis *Paragraph was not out for comment*	WP will be accepted to daft proposals for a future NPA
06	IFALPA	Manual	8. Pancreas.	

No.	from	JAR-FCL	comment	response
		p. 47	*Paragraph was not out for comment*	
07	IFALPA	Manual p. 49	12 Herniae *Paragraph was not out for comment*	
Haematology				
44	BAPA	3.180(b) 3.300(b)	*Reference is made to haematocrit. The requirements call for haemoglobin. This mismatch needs to be resolved (Class 1 and Class 2).*	If Hb is below normal levels haematocrit will be tested (no new blood sample necessary). Haematocrit will not fall below normal levels if Hb is normal.
31	G.E.M.A. Spain	3.180(b)	*The mandatory test is haemoglobin level. Anaemia is based on haematocrit. Unnecessary complication*	The comment is correct, but Hb can be the indicator to test haematocrit (see comment 31)
04	IFALPA	3.180 (b)	Haemoglobin shall be tested ~~at every medical examination~~ ***annually*** and cases .... . Cases of haematocrit below 38% shall be tested at the following examination, not later than 6 months. *Anaemias that are relatively quickly developed are rare and can be observed during regular examination outside laboratory testing.*	Rejected: Anaemias may sometimes go unnoticed outside laboratory testing. The parameter is considered essential.
75	AMC NL	3.180(b)	*If only haemoglobin is measured, then how do you know what the haematocrit is?*	By testing haematocrit if Hb level is below normal.
37	BAPA	App. 5	(2), (3) ~~antracycline~~ ***anthracycline*** *Anthracycline treatment and cardiology review is mentioned in Cardiology Chapter, crossreference is suggested*.	editorial editorial, crossreference will be inserted
9	CAA CZ	Manual p. 60 5.1 c	*Pulmonary embolism cleared off?*	No, renumbering due to rearrangement of paragraphs
41	BALPA	Manual p. 60 5.1.g	5.1 g .... The use of ***a*** low dose ~~of low~~ molecular ~~heparine~~ ***heparin*** may be acceptable ... *Cardiology: anticoagulation is disqualifying?*	Rejected, misunderstanding: as a rule, anticoagulation is disqualifying. This special heparin ("low molecular heparin" as opposed to "heparin") used "low dose" (every day) for this special indication may be acceptable to the AMS. The wording has been amended: The use of low dose of low molecular ***weight*** heparin may be acceptable ...
41	BALPA	Manual	... A case of AML ~~could be assessed~~ ***may be***	Editorial: An applicant with a history of AML may

No.	from	JAR-FCL	comment	response
		p. 61 6.1 b	***certificated*** by the AMS.	be considered for certification by the AMS.
Urinary System				
43	BALPA	Manual 7.1	The existence of calculi may be completely unknown to the applicant because ***of being*** asymptomatic ....and no movement of calculi from ~~its~~ ***their*** original position. *Text addition due to grammar correction.*	Grammar correction, editorial
9	CAA CZ	Manual 7.1	*Original paragraph 7.1 (Residual stones) remains?*	Yes, has been renumbered to 7.2
42	BAPA	Manual	**Musculosceletal System**, 2.3, last para: Flying instructors of disabled pilots.... and become familiar with the different techniques required.”- (	Editorial, closing quote deleted.