
Medical Examiners' – Medical Manual

Part 2 - The Medical Certification System

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2.1 Introduction

This part of the Medical Manual describes the administration procedure(s) that may be relevant when an applicant applies for a medical certificate, during the validity period of a medical certificate or when advising a medical certificate holder.

2.2 Legislation

On 01 April 2002 an amendment to the Civil Aviation Act, 1990 (the Act) established a new medical certification system. At the core of this system are Medical Examiners (MEs) designated by the Director of Civil Aviation (the Director) by being issued a certificate. This certificate is an **Aviation Document**, the privileges of which enable the ME to conduct examinations for a specified class of aviation medical certificates. These are described in the Civil Aviation Rules (the rules).

Medical Examiners may also be delegated certain powers and functions of the Director, such as the power to issue medical certificates. In practice, all MEs are given the delegation to suspend medical certificates, of the Class(es) they are allowed to examine, for 10 working days and to extend the suspension by a further 10 working days, as described in subsection 2.11 - Changes in Medical Condition / Suspension process.

The rules are made by the Minister of Transport under the Civil Aviation Act. The medical standards are prescribed in Civil Aviation Rules (CAR) Part 67.

General Directions (GDs) are issued by the Director under section 27G of the Act. They are items of legislation and are mandatory. They provide directions to MEs in relation to the conduct of medical examinations, and other requirements.

In that regard they address matters of a clinical nature, refer to subsection 2.5 – Use of General Directions. Links to the GDs are in Part 4 of this Medical Manual.

2.3 Application for a Medical Certificate

Primary Legislation: Civil Aviation Act s27B(1)

Secondary Legislation: CAR Part 67.51 to 67.55

Form: Application for Medical Certificate ([CAA form 24067-001](#))

To be completed by: The applicant

For the purpose of certification an “**Application for Medical Certificate**” form must be completed. It is available on the Civil Aviation Authority (CAA) website. A non-refundable **pre-payment** must also be made to CAA prior to undergoing an examination. This can be made on line at <https://sec.caa.govt.nz/onlinepayment>

The applicant is responsible for accurately completing the *Application for Medical Certificate*. This should include sufficiently detailed explanations of any positive answers in the space provided under question 29, or on a separate sheet if necessary. The comment “*as previously reported*” is **not** sufficient.

The application is to be signed and dated in front of the ME **prior** to the commencement of any examination, investigation, or assessment.

The ME must ensure that the **pre-payment** has occurred and that the form has been completed in full prior to proceeding further with the examination.

As the application includes a declaration, it is important that the ME does not complete any part of the form on behalf of the applicant or make any changes to the entries made by the applicant. Given that the *Application for Medical Certificate* is the responsibility of the applicant, the ME **should sign only** in the final section as a witness to the applicant signing the form. The ME should ensure that the consent on the last page of the application has not been altered by the applicant.

2.3.1 Key Points:

- Applicant must pay CAA an application fee;
- Applicant must fill in an application with no omissions;
- Applicant must expand on all “yes” answers in the space provided, or on a separate sheet as necessary;
- Applicant must sign the application in front of the ME;
- Medical Examiner must identify the applicant and witness the signature prior to any questioning or examination;
- Medical Examiner must not write on the application form except for signing.

2.4 Examination by the Medical Examiner

Primary Legislation: Civil Aviation Act s27B(1) refers to “the report of the medical examiner”.

Secondary Legislation: CAR 67.57

Form: Medical Examination Report ([CAA form 24067-002](#))

To be completed by: The Medical Examiner

Once a properly completed ***Application for Medical Certificate*** has been received, the ME can commence history taking, examination and investigation as necessary.

2.4.1 Medical Examination Report

This *Medical Examination report* form is the examining ME’s responsibility and contains the following:

- Confirmation by the ME of the applicant’s identity, refer to subsection 2.4.2 – Identification of applicant;
- Relevant medical history (including follow-up questioning concerning positive responses made in the application and any other matter of clinical relevance);
- Details concerning height and weight, blood pressure and pulse, urinalysis, electrocardiogram and blood lipid evaluations;
- Cardiovascular risk assessment in accordance with the relevant GD;
- Systems review of the applicant;
- Spirometry result;
- Dates of tests conducted;
- Report of any other matters identified;
- Signature, date and stamp of the ME;

If additional space is required the ME should attach additional page(s) to the Medical Examination form.

If the ME has the appropriate delegation(s), that ME can assess the applicant for the issue of a Medical Certificate. Refer to subsection 2.6 – Assessment by Medical Examiner.

If not, the necessary report(s) must be forwarded to a ME who holds the appropriate delegation(s).

2.4.2 Identification of applicant

Under rule 67.55(2) an applicant must produce a current NZ Passport, a current NZ Driver Licence, or an equivalent photographic identification that is acceptable to the Director. Advisory Circular [AC 67-1](#) lists equivalent forms of photographic identifications that are acceptable to the Director.

The ME should attach a photocopy of the photographic identification produced by the applicant at the time of a first application.

2.4.3 Key Points:

- The examining ME is to only write comments on the medical examination report, not on the application form;
- The examining ME must complete the examination in full and attach any other relevant documentation;
- The examining ME must submit the application and the examination reports without delay to the ME who will be conducting the assessment, if different.

2.5 Use of General Directions (GDs)

Primary Legislation: Civil Aviation Act s27G(1)

Secondary Legislation: CAR 67.57, 67.67, 67.103, 67.105 and 67.107

Form: Not Applicable

Use by: Medical Examiner conducting examination and Medical Examiner conducting the assessment.

2.5.1 Role of General Directions

The Act states that the Director may issue General Directions in relation to:

- Conducting examinations of applicants and licence holders and reporting the results of those examinations to the Director; and
- Providing exceptions for temporary medical conditions to the reporting requirements set in section 27C, refer to subsection 2.11 - Change in Medical Condition / Suspension process; and
- Specifying the requirements of examinations or other clinical matters, which must be reasonable, including but not limited to:
 - The medical content of examinations;
 - The interpretation and analysis of results of examinations;
 - The significance of results of examinations for the purpose of determining whether or not an applicant is eligible for a medical certificate under section 27B.

General Directions are items of legislation and as such **must** be adhered to. A brief description of some of the GDs is offered below:

2.5.2 Timetable for Routine Examinations GD

This GD prescribes the timing of routine examinations. An important feature of this GD is the series of tables that detail the examination requirements needed to issue a certificate and includes examples. Here are some examples.

Example 1:

A 43 years old applicant applies for the first time for a Class 2 certificate.

The requirements are those for an **initial general medical examination** as demonstrated in the first line of the table “*Class 2 medical certificate*”.

Thus the applicant will need to undergo, as per the **first** medical examination requirements:

12 lead ECG, Cardio-vascular risk estimation - **only** if note 1 applies, blood lipids estimation and blood sugar estimation, a chest X-ray - **only** if note 2 applies, Spirometry, Audiometry - refer to note 3, and Colour vision testing.

Part 2 - Class 2 medical certificate

Timing of routine examination	12-lead ECG	Cardio-vascular risk estimation	Blood lipids estimation & Blood sugar estimation	Chest X-ray	Spirometry	Audiometry	Colour vision screening examination (Ishihara)
First general medical examination	ü	ü if note 1 applies	ü	ü if note 2 applies	ü	ü see note 3	ü

Notes:

1. This examination is required if the Class 2 applicant is 40 years of age or older.
2. This examination is required only if the applicant's history indicates a high likelihood of asymptomatic pulmonary disease. An example is if the applicant has had a prolonged stay in an area where infective pulmonary disease is endemic.
3. Routine periodic audiometry is only required for class 2 applicants who undertake flights under Instrument Flight Rules (IFR). If audiometry is not undertaken as specified in the schedule then any medical certificate that is issued must be endorsed "Not valid for IFR flight".

Example 2:

The same applicant presents again at age 45 for a **subsequent** examination for re-issue of his Class 2 medical certificate.

One needs to look at the **relevant age**. This is the **current age** of 45 plus the age(s) **in between** the age of 43 (when he had his last examination) and the current age of 45. In this instance the 'in between age' is 44.

Part 2 - Class 2 medical certificate

Timing of routine examination	12-lead ECG	Cardiovascular risk estimation	Blood lipids estimation & Blood sugar estimation	Spirometry	Audiometry
Age 43					
Age 44	ü	ü	ü		ü see note 3
Age 45					

Thus the applicant needs: 12-lead ECG, Cardio-vascular risk estimation, blood lipids estimation and blood sugar estimation and Audiometry – refer to note 3.

Example 3:

An applicant aged 65 presents for a **subsequent** Class 1 examination. His last examination was at age 64. The examinations required under the GD “timetable for routine examinations” are:

Part 1 - Class 1 medical certificate

Timing of routine examination	12-lead ECG	Cardiovascular risk estimation	Blood lipids estimation & Blood sugar estimation	Spirometry	Audiometry
Age 63					
Age 64	ü	ü	ü		ü
Age 65					

The examinations required under the current age of 65: Nil.

If the last examination had instead occurred at age 63, there would be an age in between the current age of 65 and the age at the time of the last examination. The examinations required at age 64 would have to be completed.

Note: The previous Medical Assessment Report (MAR) should indicate the date of the last routine examination undertaken. The ME should check this previous MAR to ensure that the compulsory investigations had been carried out when due.

2.5.3 Examination Procedures GD

This GD prescribes how to conduct, interpret and report a number of examinations as well as their validity periods. MEs should become familiar with this GD, which is by and large self-explanatory.

2.5.4 Clinical GD(s):

These GDs prescribe which examination(s) or investigation(s) are to be conducted in relation to certain medical conditions and give directions in regard to the assessment of these conditions.

There are currently no clinical GDs. The Impaired Hearing and Hearing Aids GD has been discontinued and replaced by guidelines under Part 3 of this manual.

The colour vision GD has not been finalised at the time of this revision.

2.5.5 Conditions that do not need reporting GD (Temporary Medical Conditions):

This GD (still under development) describes changes in medical condition that do not need reporting to the Director – refer to subsection 2.11 for explanation on “change in medical condition” reporting obligations.

2.5.6 Key Points:

The GDs prescribe:

- The timing of routine examinations;
- The content of examinations;
- The interpretation of examination results;
- The reporting of examinations.

The ME:

- Must refer to the applicable GD(s) relating to the assessment being performed.

2.6 Assessment by Medical Examiner

Primary Legislation: Civil Aviation Act s27B

Secondary Legislation: CAR 67.59 – 67.61

Form: Medical Assessment Report ([CAA form 24067-003](#))

Conducted by: Medical Examiner with delegation to issue certificates

2.6.1 Reports

2.6.1.1 Reports to be considered:

The Act [s27B(1)] requires the Director to consider the **report** of the ME for certification assessment purposes. This report consists of:

- Completed and signed **Application for a Medical Certificate** (CAA form 24067-001);
- Completed and signed **Medical Examination Report** (CAA form 24067-002);
- All ancillary results and reports whether required by legislation or likely to be helpful to the decision.

2.6.1.2 Requirement for further medical information

An ME with delegation to conduct the assessment can require, under section 27B(5), other tests, examinations, re-examinations, or the provision of further medical information as **reasonably** considered necessary. For instance, to routinely require a PSA in a healthy young male applicant may be unreasonable, but the same requirement in an older male applicant with symptoms suggestive of prostate problems may be reasonable.

2.6.1.3 Assessment of Medical Report by Medical Examiner

Once the Director or ME has received the report he must assess whether:

- The applicant is eligible for certification; or
- The application should be considered under the flexibility process; or
- The issue of a medical certificate should be declined outright.

The Medical Manual Part 3, *Clinical Aviation Medicine*, offers guidance towards making the assessment.

This decision-making process must be documented and reported on **the Medical Assessment Report** (MAR) ([CAA form 24067-003](#)).

2.6.2 Medical Assessment Report (MAR)

Completion of the **MAR** is the assessing ME's responsibility and contains the following:

- Dates of tests and documents seen;
- Medical conditions that have been considered during the assessment. This is important for medico-legal reasons and to inform any ME assessing the applicant in the future;
- Required surveillance during the validity period of the medical certificate;
- Recommended surveillance at the time of a future application;
- Expiry dates if certificates issued;
- Decision concerning any imposed restrictions or endorsements;
- Decision concerning eligibility:
The options provided are **eligible** (for certification), **ineligible** (for certification), and **deferred** (assessment);
- Any relevant additional information;
- Signature, date and stamp of assessing ME.

2.6.3 Key Points

- Start the assessment as soon as practicable, considering the complete report and accompanying documentation;
- Ensure that any information missing on the application form or the medical examination report is obtained;
- Assess eligibility for issue of a medical certificate – refer to subsection 2.6.1;
- Complete the MAR inclusive of any restrictions or conditions to be imposed on the medical certificate.

2.7 Applicant meets the Medical Standards prescribed in CAR Part 67

Primary Legislation: Civil Aviation Act s27B(2)

Secondary Legislation: CAR 67.59 – 67.61

Form: Not Applicable

Conducted by: Medical Examiner with delegation to issue certificates

2.7.1 Obligation to issue a medical certificate

If an applicant meets the medical standards, having regard to any relevant General Direction(s), the applicant is eligible under 27B(1) for the issue of a Medical Certificate (with conditions, restrictions or endorsements as appropriate). This is unless the applicant has any characteristic that may interfere with the safe exercise of the privileges to which the medical certificate relates. The MAR must be completed accordingly and an appropriate certificate issued.

Under s27B of the Act the Medical Certificate must be issued as soon as practicable but **no later** than 30 working days after completing or receiving the reports from the ME. If further reports are needed the time spent waiting for the reports does not form part of the 30 days' time limitation.

2.7.2 Key Points - Applicant meets the medical standards:

- The Medical Examiner must ensure compliance with any relevant GD;
- The Medical Examiner must issue the certificate ASAP but no later than 30 working days after receiving the ME's report (time spent waiting for the necessary information does not count);
- The Medical Examiner must ensure that all required medical reports have not expired at the time of issue.

2.8 Applicant does not meet the Medical Standards of CAR Part 67

Primary Legislation: Civil Aviation Act s27B(2)

Secondary Legislation: CAR 67.59 – 67.61

Form: Not Applicable

Conducted by: Medical Examiner with delegation to issue certificates

2.8.1 Flexibility pathway provided for in the Act

If, having regard to any relevant General Direction(s), the ME determines that an applicant fails to meet the standards prescribed in CAR Part 67, consideration can be given to the exercise of statutory **flexibility** as provided for by s27B(2) and (3) of the Act.

The ME should carefully consider the rules, the relevant GDs and any guidance given in Part 3 of this manual, to determine if the applicant meets the standard. This is to avoid assessing someone as meeting the standards when this is not the case, or conversely following the flexibility pathway and seeking an Accredited Medical Conclusion (AMC) unnecessarily (see chapter 2.9 of this part for AMC process).

Example 1:

A Class 1 certificate applicant has well controlled hypertension and the cardiovascular risk assessment is acceptable according to the GD Examination Procedures. The applicant does meet the standard according to CAR 67.103(d), unless another section of the rules or GDs dictates otherwise.

Example 2:

A Class 2 applicant has diabetes treated with Metformin. The condition is well controlled and the CV risk is acceptable according to the Examination Procedures GD. In that case, according to CAR 67.105(f) the applicant meets the standard with “on-going medical supervision and control”, unless another section of the rules or GD dictates otherwise. The applicant can be issued a medical certificate with conditions of surveillance. However if the applicant was using a Sulphonylurea he may not meet the standard according to CAR 67.105(f)(3)(ii), because of the risk of hypoglycaemia. This applicant would have to be assessed via the flexibility pathway.

Example 3:

A Class 3 applicant has amblyopia with a visual acuity in one eye of 6/18. He has been certificated with this impairment for many years and the situation is stable. However he does not meet the standard prescribed in CAR 67.107(m)(3). Thus this applicant can only be certificated via the flexibility pathway. Identification of experts must be sought in order to obtain an Accredited Medical Conclusion (AMC). In this case the ME is most likely to be identified as expert.

If the ME conducting the assessment considers that flexibility should not be exercised, the alternative is to determine that the applicant is “ineligible” for the issue of a Medical Certificate. In doubt the ME is welcome to consult the CAA Medical Officers.

2.8.2 Conditions to be met under the flexibility pathway

The exercise of flexibility, described in s27B(3) of the Act, requires fulfilment of the following three conditions:

- An **AMC** indicates that in special circumstances the applicant's failure to meet any medical standard prescribed in the rules is such that the exercise of the privileges to which a medical certificate relates is not likely to jeopardise aviation safety (see 2.9 Accredited Medical Conclusion for process); and
- The relevant ability, skill, and experiences of the applicant and operational conditions have been given due consideration; and
- The medical certificate is endorsed with any restrictions, conditions, or endorsements when the safe performance of the applicant's duties is dependent on compliance with those restrictions, conditions, or endorsements.

When an ME assesses that an applicant does not meet the standards but wishes to apply flexibility, the ME should document this step on the MAR by specifying that the applicant is not eligible for a certificate under section 27B(1) and that the ME is considering issuing a certificate under flexibility. The box “deferred” or “ineligible” may be circled with the comment that this applies to s27B(1). This is important in order to clarify the legal process that is being followed. Circling “ineligible” without comment could be confused with ineligible without flexibility being pursued. For this reason circling the box “deferred” is preferable.

Example 1

Applicant fails to meet CAR Part 67 medical standards

Class of Certificate	Class 1 – Single pilot air ops carrying passengers	Class 1 – For Ops other than single pilot air ops carrying passengers	Class 2	Class 3
Certificate Expiry Date				
Restrictions/Endorsements				
Result of Assessment	Eligible Ineligible Deferred	Eligible Ineligible Deferred	Eligible Ineligible Deferred	N/A
Additional Information: Ineligible under section 27B(1). I elect to consider relying on flexibility under s27B(2) and will seek an Accredited Medical Conclusion.				

Alternatively if flexibility is not considered:

Class of Certificate	Class 1 – Single pilot air ops carrying passengers	Class 1 – For Ops other than single pilot air ops carrying passengers	Class 2	Class 3
Certificate Expiry Date				
Restrictions/Endorsements				
Result of Assessment	Eligible Ineligible Deferred	Eligible Ineligible Deferred	Eligible Ineligible Deferred	N/A
Additional Information: I do not elect to rely on flexibility, certificate declined				

If the ME considers that the applicant does not meet the standards prescribed in CAR Part 67 but wishes to pursue the flexibility route, the applicant needs to be informed accordingly (refer to following chapter 2.9 - Accredited Medical Conclusion).

If the certificate is declined the applicant is to be informed **in writing** without delay of the ME's decision. The applicant is also to be informed of the **right to seek review** of, or appeal against, the ME's decision, refer to subsection 2.12 - Review of Director's decision by the Convener and to the [CAA website](#).

2.8.3 Key Points – Applicant does not meet the medical standards:

- The applicant is not eligible under s27B(1), i.e. does not meet the standard, but the ME wishes to apply flexibility under s27B(2) and (3); or
- The applicant is not eligible under s27B(1) but the ME does assess the application of flexibility to be inappropriate;
- The Medical Examiner is to ensure that the applicant is informed in writing of the process and decision and any right of review.

2.9 Accredited Medical Conclusion

Primary Legislation: Civil Aviation Act s27A(1) - s27B(2)

Secondary Legislation: CAR 67.63

Form: Accredited Medical Conclusion – Request for Identification of Experts (CAA form 24067-300)

Conducted by: Expert(s) identified by the Director for the case concerned.

2.9.1 Action by the ME:

The AMC process provides individual case consideration for applicants who do not meet the medical standards. If an applicant fails to fulfil the standards prescribed in CAR Part 67 then an AMC may be sought in order to consider issuing a certificate under the flexibility provisions of the Act. The decision to apply flexibility is entirely discretionary.

A [Medical Information Sheet](#) intended to assist applicants, but also useful to Medical Examiners, is available on the CAA website. Frequent [Questions and Answers](#) are also available.

To seek an AMC the ME must make an application to the Director for identification of expert(s), via the Aviation Medicine Team (Fax or med@caa.govt.nz). A form is provided for this purpose and is available on the CAA website. The ME should state on the application if he/she is willing to be identified as an expert. See below for information that must be provided with the request.

2.9.2 Action by the Director (Aviation Medicine Team - CAA):

The Director, or delegate, will then identify medical expert(s) acceptable for the purposes of conducting the AMC for the case concerned.

If the ME does not wish to be identified as an expert, **all** information in relation to the application should be forwarded with the request to the CAA. Otherwise **all** the information relating to the specific condition(s) under consideration should be forwarded to the CAA.

In practice, one or more of the following scenario(s) may occur:

No further information is required by the Director to identify the expert(s):

If the Director is satisfied that he can identify expert(s) on the basis of the information provided, he will do so. The ME will receive an e-mail providing the name(s) of the expert(s).

Further information is required by the Director to identify the expert(s):

If the Director cannot identify the expert(s) on the basis of the information available he will seek additional information prior to identifying the acceptable expert(s).

Medical Examiner is identified as acceptable expert:

If the ME is identified as the only expert, the ME must conduct and document an AMC. The expert can ask for advice from the CAA, and consult with flight operations or any other appropriate expert as may be necessary.

The ME can charge CAA for their time spent conducting the AMC. Invoices must detail the name and client number of the applicant and the time spent conducting the AMC, in 15 min increments. This time is exclusive of any time spent on the assessment and its documentation.

In some cases the Director may identify the ME as expert together with another expert.

Medical Examiner is not identified as an acceptable expert:

The expert(s), who are often Medical Officers employed by the CAA, may need further information and call upon the ME, acting under delegation, to require further tests. The expert(s) may also approach the applicant directly and seek to obtain the necessary information.

2.9.3 Communication of Accredited Medical Conclusion

Medical Examiners named by the Director as acceptable experts for the case concerned should document their own AMC in writing. This is best done on a separate document from the MAR unless very short.

The AMC should identify the condition(s) considered and describe the special circumstances identified such that flight safety will not be compromised.

In the case of AMCs conducted at CAA a letter or email detailing the completed **Accredited Medical Conclusion** will be sent to the ME.

Once in possession of an AMC, the ME can continue with the assessment with due consideration to:

- The relevant ability, skill, and experiences of the applicant and the operational conditions; and
- The applicable conditions, restrictions, or endorsements when the safe performance of the applicant's duties is dependent on compliance with those restrictions, conditions, or endorsements.

The AMC will generally list these limitations as part of the special circumstances identified.

The limitations are imposed by way of restrictions, conditions and endorsements on the certificate (see 2.12.6).

The ME can be more restrictive but cannot be less restrictive than any restrictions or conditions identified by the AMC as constituting special circumstances.

2.9.4 Key Points – Accredited Medical Conclusion:

The assessing ME:

- Must request identification of experts using the form provided on the CAA website and include adequate information on the form;
- Should indicate if willing and available to act as expert for the case concerned;
- Should send to CAA all information relevant to the condition(s) under consideration;
- Should send the complete documentation relating to the application if not wishing to be identified as an expert;
- If identified as experts, the ME should document their own AMC;
- Must complete the assessment as soon as practicable once in possession of the AMC;
- Must endorse the certificate in accordance with the AMC;
- The ME can charge CAA for the time spent conducting the AMC, but not for time spent doing the assessment. ID of applicant and time spent must be given.

2.10 Extension of Medical Certificate

Primary Legislation: Civil Aviation Act s27E

Secondary Legislation: CAR 67.61(d)(2)

Form: Not Applicable

Conducted by: Medical Examiner conducting the assessment

2.10.1 Option to extend the Medical Certificate

Section 27E of the Act states “The Director may, on receiving an application for a medical certificate from a licence holder before the expiry of his or her existing medical certificate, grant an extension of no more than 60 days from the expiry date of the licence holder’s existing medical certificate with any additional conditions, restrictions, or endorsements as the Director considers necessary.”

This is a useful option for an ME who is not yet able to issue a medical certificate for some valid reason. To legitimately exercise the extension provision an ME must consider the potential for abuse and must be satisfied that there is no risk to flight safety in exercising this option.

To consider an extension the following conditions will need to be met:

- An application (completed, signed and witnessed, on CAA form 24067-001) must have been received;
- The existing Medical Certificate for the Class applied for has not expired;
- The ME is satisfied that there is no aviation safety risk in extending the medical certificate;
- The ME has delegation to extend a medical certificate under s27E of the Act (generally MEs who have delegation to issue certificates also have delegation to extend).

2.10.2 Extension process

Any extension issued is to be in one of the formats shown in the following examples. A suitable electronic certificate template can also be obtained from the CAA Aviation Medicine Team.

The important point is that the medical certificate must clearly indicate which certificate class was extended, until when, by whom and the date when extended.

A copy of the certificate extension must be sent to the CAA Aviation Medicine Team office within 5 working days for data entry into the CAA register.

Note: Care must be taken to only extend the non-expired dates on the certificate.

Example: Reprint the existing medical certificate and endorse as below in red.

Conditions, Restrictions, or Endorsements Applicable:	
002 Bifocal spectacles must be worn	
007 Spare spectacles must be readily available	
Certificate Class 2 Extended until 20 May 2015	
Add any additional restriction <XX XX>	
29 March 2015	
Signed	Stamp

Alternatively the medical certificate can be modified to show on the front the extended expiry date, the date signed, and the usual stamp and signature, with the back endorsed:

Conditions, Restrictions, or Endorsements Applicable:
002 Bifocal spectacles must be worn
007 Spare spectacles must be readily available
Add any additional restriction <XX XX>
This is an extension of the certificate issued on dd/mm/yyyy

2.10.3 Key Points:

The ME

- Must be satisfied that he or she is working with a valid application and medical certificate;
- Must be satisfied of the absence of any safety issue(s) arising from the extension;
- Must ensure that the reason for extending is reasonable;
- May extend the existing medical certificate for up to 60 days from the expiry date. The extension must be clearly recorded and readily apparent on the certificate;
- Must send a copy of the extension certificate and the MAR in progress to CAA within 5 working days.

2.11 Issue of Medical Certificate

Primary Legislation: Civil Aviation Act s27B

Secondary Legislation: CAR 67.61

Form: Not Applicable

Action by: ME conducting the assessment

2.11.1 Medical Certificate Format

The Medical Certificate must be issued in a format acceptable to the Director. A suitable electronic form can be obtained from the CAA Aviation Medicine Team.

Example: Medical Certificate

New Zealand Civil Aviation Authority			
Medical Certificate			
Issued pursuant to section 27B of the Civil Aviation Act and in accordance with the Act			
Surname	Blogg	Client No:	12345
Given names:	John	Date of Birth:	17/09/1955
		Expiry Dates	
Class 1 for single pilot air operations carrying passengers		29/11/2014	
Class 1 for operations other than single pilot air operations carrying passengers		29/05/2015	
Class 2		29/05/2016	ME Stamp:
Date signed:	29/05/2014	Signature of Director or Delegate	
Conditions, Restrictions, or Endorsements Applicable:			
002 Bifocal spectacles must be worn			
007 Spare spectacles must be readily available			

2.11.2 Effective Start Date

A medical certificate issued under the Act commences on the day when the medical assessment concludes and the certificate is issued. Thus the medical certificate commencement date is not calculated based on the date of the examination.

A medical certificate remains in force for its validity period or until a subsequent or replacement medical certificate is issued, refer to CAR 67.61(b)(2)(ii).

2.11.3 Validity period of a Medical Certificate

The duration of the Medical Certificate cannot exceed the maximum duration specified in CAR Part 67.61. The ME is able to decide to issue a certificate of a lesser duration if appropriate for safety considerations or as required following an AMC.

However, CAR Part 67.61(c) allows for the issue of a slightly longer duration than prescribed in CAR Part 67.61(a) in some circumstances. The new applicable expiry date may be the date that would have applied had the certificate been issued on the expiry date of the current medical certificate if:

- The new certificate is issued during the 30 days prior to the expiry date of the current certificate; and
- The current / existing certificate has not been extended; and
- The ME determines that the applicant is eligible for the maximum period permitted under CAR Part 67.61(a).

The purpose of these provisions is to allow an applicant to obtain a certificate that expires on the same calendar date each year of issue, thus avoiding the so called “creep factor” by which a few days may be lost at each certification.

Example:

Applicant for a Class 2 certificate is 45 years old and eligible for a certificate of 2 years duration.

Existing Class 2 certificate expiry date:	25 June 2014
Assessment date and issue of certificate:	10 June 2014
New maximum permitted expiry date:	25 June 2016

This option would not be available had the assessment been completed on 22 May 2014, as that is over 30 days prior to the expiry date of the existing certificate. The certificate would have to expire on 22 May 2016.

2.11.4 Special situation pertaining to a Class 2 certificate when an applicant for a Class 1 and 2 certificate is over the age of 40 and less than 43

When the applicant is over the age of 40, a class 2 certificate can be issued for a maximum validity period of 2 years. This means that a new Class 2 certificate may well lapse prior to the date when a previously issued Class 2 certificate, valid for 5 years, would have lapsed.

Example:

A 41 year old pilot was issued with a Class 1 and Class 2 medical certificate just before turning 40. The Class 1 certificate is about to expire and the pilot seeks a new certificate. The Class 2 medical certificate issued a year ago is valid for a maximum of 5 years and will lapse just before the pilot turns 45. If a new Class 2 certificate is issued now, the expiry date will be at age 43, which is before the expiry date of the previous Class 2 certificate.

Thus a Class 1 certificate only may be assessed and issued, allowing the existing Class 2 to run its course, if believed to be safe. This problem cannot arise once the pilot turns the age of 43.

2.11.5 Class 1 certificate, at age 40 or over

The duration of a class 1 certificate, at the age of 40 or over depends on the type of operations that are intended. In practice the Class 1 certificate can be treated as two separate certificates. One with 6 months duration for one scope of operations, and one of 12 months duration for another scope of operations.

For this reason, under rule 67.61(e), the certificate can be issued with two expiry dates pertaining to the two scopes of operations as follows:

- 6 month expiry date:** for single pilot air operations carrying passengers.
- 12 month expiry date:** for operations other than single pilot air operations carrying passengers.

Operators and pilots are responsible for knowing which date is applicable to their different operations.

A pilot issued with a certificate that is “not valid for single pilot air operations carrying passengers” would have the first date completed with a “Nil” or N/A.

Example:

New Zealand Civil Aviation Authority			
Medical Certificate			
Issued pursuant to section 27B of the Civil Aviation Act and in accordance with the Act			
Surname	Blogg	Client No:	12345
Given names:	John	Date of Birth:	17/09/1955
		Expiry Dates	
Class 1 for single pilot air operations carrying passengers	28/11/2014	Or	N/A
Class 1 for operations other than single pilot air operations carrying passengers	28/05/2015		
Class 2	28/05/2016	ME Stamp:	
Date signed:	28/05/2014	Signature of Director or Delegate	

Note: Whenever a pilot is less than 40 years old, both Class 1 expiry dates should still be completed, using the same 12 month expiry dates. Filling in only the second expiry date may lead licence holders and operators to believe that the applicant can only fly “for operations other than single pilot air operations carrying passengers”, or alternatively can only fly “single pilot air operations carrying passengers” depending on which expiry date has been completed.

2.11.6 Endorsement(s) on a medical certificate

Primary Legislation:	Civil Aviation Act s27B(3) & (4) – 271
Secondary Legislation:	Not Applicable
General Directions:	Any existing GD relevant to the condition(s) considered
Action by:	Medical Examiner conducting the assessment

Under section 27B(4) of the Act “the Director may impose any conditions, restrictions, or endorsements on a medical certificate issued under this section”.

The purpose of restrictions, conditions, and endorsements is to ensure flight safety. They are a risk management tool. Such conditions, restrictions and endorsements affect the privileges related to the Medical Certificate.

Conditions, restrictions and endorsements:

Should be clear and concise, using either plain English or aviation terminology defined in legislation.

Operational restrictions, for instance not allowing the certificate holder to undertake some types of operations, **should be on the medical certificate**;

Other restrictions and conditions, such as medical restrictions and conditions of surveillance to be carried out during the validity period of the certificate, may be contained in a letter referred to on the medical certificate, refer to example 1, 2 and 3.

The use of code numbers is not compulsory and is not sufficient. Code numbers assist electronic data acquisition and improve consistency. Their use is encouraged, and when used, the standard wording associated with the code number should preferably be used.

A list of common endorsements is available under **Part 5 - Annexes**

Conditions, restrictions and endorsements may:

Example 1: Ensure that the medical standards are met while flying:

“Spectacles (distance vision) must be worn”.

Requires that distance vision spectacles as used when tested must be worn at all times when flying. This is to ensure that the prescribed visual acuity standards are met during flight.

Conditions, Restrictions, or Endorsements Applicable:

001 Spectacles (distance vision) must be worn.

Example 2: Eliminate or reduce a particular risk to flight safety:

“Not valid for night flying or IFR flights”.

Will reduce the risk of losing control of the aircraft when it is thought that the distraction and / or impairment resulting from a medical condition, migraine for instance, is unlikely to result in loss of control by day under Visual Flight Rules (VFR), but may result in such a consequence by night; or under Instrument Flight Rules (IFR).

Conditions, Restrictions, or Endorsements Applicable:

040 Not valid for IFR flights.

085 Not valid for night flying.

Example 3: Mitigate the risk to flight safety:

“Not valid for single pilot air operations carrying passengers”:

Will mitigate the risk in case of an increased likelihood of incapacitation, when that probability remains acceptable in a two crew situation.

New Zealand Civil Aviation Authority		
Medical Certificate		
Issued pursuant to section 27B of the Civil Aviation Act and in accordance with the Act		
Surname	Blogg	Client No: 12345
Given names:	John	Date of Birth: 17/09/1955
		Expiry Dates
Class 1 for single pilot air operations carrying passengers		N/A
Class 1 for operations other than single pilot air operations carrying passengers		29/05/2015
Class 2		29/05/2016
Date signed:	29/05/2014	ME Stamp:
Signature of Director or Delegate		
Conditions, Restrictions, or Endorsements Applicable:		
Nil		

Or, if a more restricted certificate is considered:

Conditions, Restrictions, or Endorsements Applicable:
032 NOT VALID FOR – carriage of passengers; glider towing; unpressurised flight above 8000 feet; flight over built-up areas (circuit exempt), IFR flying; international air navigation.

Example 4: Ensure ongoing stability or control of a particular condition:

“Subject to medical surveillance in accordance with a letter dated <date>”

Will ensure that a particular condition has not deteriorated and remains acceptable during the period of validity of the certificate. It must be noted that failure to comply with such condition of surveillance does render the certificate not current under CAR 61.35.

Conditions, Restrictions, or Endorsements Applicable:
059 Subject to medical surveillance as specified in Examiner’s letter dated 29 May 2014.

2.11.7 Class 2 – No IFR

Civil Aviation Rule Part 67 does not make special provisions for Class 2 IFR (Instrument Flight Rules) as was the case under the previous rule.

A Class 2 medical certificate issued in accordance with CAR Part 67 and the applicable GDs will automatically confer IFR privileges if satisfactory audiometry testing has been carried out in accordance with the GD “Timetable for routine examinations”.

If no audiometry has been carried out, the Class 2 certificate must be endorsed in accordance with this GD with the wording: “*Not valid for IFR flights*”.

Conditions, Restrictions, or Endorsements Applicable:

040 Not valid for IFR flights.

2.11.8 Key Points:

- A ME holding delegation should limit restrictions, conditions, and endorsements to those relevant to operational matters, or conditions that must be fulfilled during the validity period of the certificate to maintain certificate currency;
- Conditions, restrictions and endorsements should be clear and concise, using either plain English or aviation terminology defined in legislation;
- If using code numbers, the standard wording associated with them should be used – see Part 5 of this manual, annexes;
- Operational restrictions should be on the medical certificate;
- If imposing non-operational restrictions or conditions of use not otherwise listed in the standard list of endorsements, use preferably the endorsement code and wording: “020 restricted in accordance with letter dated <date>”, with details written in a separate letter to the applicant;
- If imposing a condition of surveillance use preferably the code 059 and the wording: “059 subject to medical surveillance in accordance with a letter dated <date>”.

2.12 Communication

Primary Legislation: Not Applicable

Secondary Legislation: CAR 67.163 – 67.59(2) -

Form: Not Applicable

Action by: Medical Examiner conducting the examination

2.12.1 Communication with applicant

The following documentation should be forwarded to the applicant immediately once the assessment has been completed:

- The laminated medical certificate;
- The original of the MAR;
- A letter or information sheet detailing the applicant's obligations and responsibilities;
- If applicable a letter explaining any conditions, restrictions or endorsements, in particular those pertaining to new restrictions or surveillance requirements (this can be on the same letter as above, and should be current).

It is essential to carefully word any letter for maximum clarity. This is particularly important for letters that are referred to on the certificate detailing restrictions, or conditions of surveillance imposed on the certificate.

It is essential to write neatly and preferably type all communications with applicants. Poorly scripted manual additions to medical certificates are not acceptable.

2.12.2 Communication with CAA

Medical Examiners are encouraged to liaise closely with the CAA Aviation Medicine Team office if unsure of any aspect of the certification process or any decision.

Within five working days of having assessed that an applicant is either eligible or ineligible for a medical certificate, a ME must forward the following details to the CAA.

- Copy of any certificate(s) issued and any supporting documentation;
- Copy of the MAR;
- Copy of any letter to the applicant;
- Original Application for a Medical Certificate;
- Original Medical History and Examination report;
- Copy of any investigations, results, reports, or consultations undertaken as part of the examination and assessment processes;

- Any AMC, unless issued by CAA, and other consideration, discussion, or documentation felt to be relevant to the assessment decision.

The documentation can be sent to CAA electronically, but **only** after approval by CAA as a strict protocol applies.

Any **correspondence to CAA**, seeking advice from CAA for instance, should be placed **on top** of the paperwork to avoid being overlooked.

The ME1 should also send a copy of the MAR, certificate and letter to the applicant to any ME who undertook the applicant's medical examination.

The use of a **document checklist** is recommended to reduce the chance of omission. An example of a documentation checklist is available on the CAA website.

2.12.3 Key Points:

- Send the assessment and certification documentation within 5 working days (in practice a weekly mailing should achieve this), in the following order from top to bottom:
- Letter to CAA if any;
- Copy of certificate, stamped, dated and signed, where applicable;
- Copy of the MAR, stamped, dated and signed;
- Copy of any letter to the applicant;
- Original application and examination forms, stamped, dated and signed;
- Copy of any documented AMC if conducted by the ME;
- Original or good copy or of any ECG tracing;
- Original or copy of any other reports.

2.13 Review of Assessment by CAA

Primary Legislation: Civil Aviation Act s27H(2) and s27I

Secondary Legislation: Not Applicable

Form: Not Applicable

Action by: CAA Aviation Medicine Team

2.13.1 Withdrawal of Medical certificate by CAA

The CAA Aviation Medicine Team performs a review of a selection of assessments. This review allows for the detection of errors and irregularities requiring further action by the CAA or the delegated ME.

In particular s27H(2) of the Act provides the CAA with a Medical Certificate “**claw back**” option that can be exercised **within 60 working days** of certificate issue. Under this clause the **Director may withdraw** a medical certificate requiring further information.

The Director does not need to have reasonable grounds to believe that a licence holder may be unable to exercise safely the privileges to which the certificate relates to exercise this option. It is a useful clause that enables the Director to obtain missing information.

The Act (s27I) also provides the Director with a variety of powers for amendment, suspension, disqualification or even revocation of a Medical Certificate. These may have to be exercised when there are reasonable grounds to believe that a licence holder may be unable to exercise safely the privileges to which the certificate relates (refer to section 2.11) or if the Director has reasonable grounds to believe that a certificate has been issued other than in accordance with the legislation or the MEs delegated authority.

Care by Medical Examiners when assessing applicants should mostly prevent such action by the Director.

2.13.2 Key Points:

- Early receipt of assessments by CAA enables timely review process and allows the Director to exercise his powers under section 27H of the Act;
- CAA data capture of assessments provides central documentation of medical certification as required by the Civil aviation Act;
- CAA data capture of assessments allows the conduct of compliance audits.

2.14 Change in Medical Condition / Suspension Process

Primary Legislation: Civil Aviation Act s27C & s27I

Secondary Legislation: Not Applicable

Forms: Suspension of Certificate (CAA form 24067-401)

Extension of Suspension of Certificate (CAA form 24067-405)

Cancellation of Suspension of Certificate (CAA form 24067-404)

Conditions, Restrictions and Endorsements of Certificate (CAA form 24067-402)

Extension of Conditions, Restrictions and Endorsements of Certificate (CAA form 24067-406)

Withdrawal of Conditions, Restrictions and Endorsements (CAA form 24067-403)

2.14.1 Change in Medical Condition

Licence holders, MEs, aviation operators and registered medical practitioners all have an obligation, under section 27C, to report to the Director if they are aware of, or have reasonable grounds to suspect, any change in medical condition of a licence holder that may interfere with the safe exercise of the privileges to which the licence holder's medical certificate relate.

Temporary Medical Conditions are medical conditions as described in the relevant General Direction (still under development) that do not need to be reported.

2.14.2 Action by Licence Holder

Section 27C of the Act stipulates a licence holder's obligations in the case of a change in medical condition as defined above:

- The licence holder must advise the Director as soon as practicable. In practice this will be by contacting the licence holder's ME, or the Aviation Medicine Team office.
- The licence holder may not exercise the privileges to which the licence holder's medical certificate relates.

It should be noted that changes in medication may also constitute a change in medical condition that requires reporting.

2.14.3 Action by Medical Examiner

Medical Examiners need to be familiar with the powers they hold under their delegations, as this determines how information about changes in medical conditions are to be

handled. Medical Examiners usually hold the relevant delegations appropriate to the class of certificate for which they can examine.

Thus an ME who does not have delegated powers in relation to the class of medical certificate affected, must report the change of medical condition to the Director who will then take appropriate action.

An ME who holds a delegation to act under section 271 (i.e. delegation to suspend a certificate for instance) has the following options, depending on the nature of the medical condition:

Where the Licence Holder IS unable to exercise safely:

“If the Director (or ME acting under delegation) has reasonable grounds to believe that an licence holder **is** unable to exercise safely the privileges to which the medical certificate relate the Director **must** . . .” – please refer to s271(2) of the Act for action referred to.

Where the Licence Holder MAY be unable to exercise safely:

“If the Director (or ME acting under delegation) has reasonable grounds to believe that the licence holder **may** be unable to exercise safely the privileges to which the medical certificate relates the Director **may** . . .” – please refer to s271(1) of the Act for action referred to.

Medical Examiners with delegation to issue certificates are generally able to issue suspensions, impose conditions, place restrictions or endorsements on certificates of a class that they are able to issue. Such actions are limited to **10 working days** with the possibility to **extend for a further 10 working days**. All such actions must be notified to CAA as soon as practicable by sending a copy of all documents or information available. If no action is taken, this must also be documented and forwarded to CAA.

If in doubt the ME should forward the information to, and seek advice from, a Medical Officer at the CAA.

2.14.4 Process for suspension of certificate or imposition of conditions, restrictions or endorsements

For the suspension of a medical certificate, use the **Suspension of Certificate** form [24067-401](#) available on the CAA website.

For the imposition of conditions, restrictions, or endorsements, use the **Restriction of Certificate** form [24067-402](#) available on the CAA website.

The notice should be served by hand if possible (i.e. if the participant is attending the ME’s rooms), or mailed. If mailed it is better for the ME to make, and document, a telephone call to the licence holder to explain the action taken.

A ME who has taken action on a medical certificate under s271, can also cancel his/her own action, if satisfied that the licence holder’s change in medical condition is no longer affecting flight safety.

This should be done by using the **Withdrawal of Conditions, Restrictions and Endorsements** form [24067-403](#), or using the **Cancellation of Suspension of Certificate** form [24067-404](#) as applicable - with a copy sent to the CAA Aviation Medicine office.

2.14.5 Action by the Director (at CAA)

The Director should be informed as soon as possible of the suspension or conditions imposed. The Director will decide if further action is required. The process involves obtaining enough information to enable a considered decision. Medical Examiners should seek and forward any existing information as it becomes available.

Depending on the circumstances, one of the following actions may be taken by the Director.

- Cancel the suspension;
- Allow the suspension, or the conditions, restrictions or endorsements to lapse;
- Withdraw any conditions, restrictions, or endorsements;
- Impose or amend conditions, restrictions, or endorsements for a specified period;
- Disqualify the licence holder from holding the medical certificate for a specified period;
- Revoke the medical certificate.

2.14.6 Surrender of the medical certificate

Section 27I(9) of the Act requires a licence holder to surrender a suspended, revoked, withdrawn or disqualified medical certificate to the Director, a person authorised by the Director, or a member of the police. This is not optional and is not left to the discretion of the ME. The Director may also require surrender of the certificate under section 24(3)(a) of the Act. Failure to comply is an offence under section 50A of the Act.

During any period of suspension it is appropriate for the ME, in his/her role as Director's delegate, to act as safe keeper of the certificate, particularly if it is likely that the suspension may be cancelled soon. In such a case the ME should also inform the CAA that he/she is holding the medical certificate.

If the period of suspension / disqualification is likely to be prolonged the certificate should be forwarded to CAA.

If a notice of conditions, restrictions or endorsements has been issued the licence holder may hold on to the certificate until an amended certificate has been received.

Once an amended certificate has been received the original certificate must be surrendered to CAA.

2.14.7 Key Points:

In case of a change in medical condition, or suspected change in medical condition, that may interfere with the safe exercise of the privileges to which the licence holder's medical certificate relate:

- The licence holder may not exercise the privileges to which the medical certificate relates;
- The licence holder must advise the ME / Director ASAP, except for those temporary conditions listed in the GD – temporary medical conditions (still under development);
- The Medical Examiner with delegation / Director may or must suspend the medical certificate, or impose conditions, as appropriate;
- The suspension is for a maximum of 10 working days;
- The suspension can be extended for a further 10 working days;
- The suspension may be cancelled only by the ME who issued suspension, under their delegation, or by the Director;
- The Medical Examiner must report to CAA any action taken as soon as practicable, together with any available documentation;
- The Director will then take further action as appropriate;
- The Director only can take action under s271(7)(a), (c) or (d), i.e. disqualification, revocation, as MEs currently do not have these delegations.

2.15 Review of Director’s decision by the Convener

Primary Legislation: Civil Aviation Act s27L

Secondary Legislation: Not Applicable

Form: Application for Review of Medical Certification Decision

Action by: Applicant and Medical Examiner conducting assessment

The Act (s27L) provides an applicant with the ability to seek a review by the convener of a decision made in relation to a Medical Certificate. Those decisions which can be reviewed by the Convener are specified in the Act (s27L).

To initiate a review the applicant must apply directly to the Convener, within 20 working days of the decision to be reviewed, in writing. For this reason the ME should promptly forward their decision to the applicant.

A form [Application for Review of Medical Certification Decision](#) is available on the CAA website. This application must be sent to the address below and not to the CAA as the review is independent from CAA.

CONVENER, c/ Ministry of Transport, PO Box 3175, Wellington.

The ME should inform the applicant of this right of review when declining to issue a Medical Certificate or imposing conditions or restrictions. Natural justice requires this communication to be done promptly to allow the applicant to lodge an application within the time limitation.

2.16 Replacement Certificate

Primary Legislation: Not Applicable

Secondary Legislation: CAR 67.65

Form: Application for replacement of Medical Certificate (CAA form 24067-407)

Action by: Applicant

The holder of a medical certificate may apply in writing to the Director for a replacement certificate if the certificate is lost, stolen or destroyed or so damaged that the details on the certificate are no longer clearly legible.

In order to obtain a replacement certificate the holder must submit to the Director the appropriate application form with payment of the appropriate fee.

- If the certificate has been lost, stolen or destroyed the statutory declaration must be completed on the application form.
- If the certificate has been damaged no statutory declaration is required but the damaged certificate must be enclosed with the application.

A form ***Application for replacement of Medical Certificate*** ([CAA form 24067-407](#)) is available on the CAA website.

Replacement certificates are issued only by CAA staff because of their access to any relevant information that may have come to light since the issue of the certificate.

2.17 Medical Examiner absence

2.17.1 Requirement to notify CAA

Medical Examiner absences of more than 5 working days should be notified to CAA, to assist in case of an inquiry to CAA by an applicant.

In all cases of absence of any duration it is the responsibility of the ME to ensure that any applicant under consideration will not be disadvantaged by any delays resulting from the absence. For instance the absence should not result in an applicant's inability to work.

To avoid such occurrence it may be better to pass on the assessment to another ME prior to departure.

Whenever the CAA is advised of an ME absence and is made aware that an AMC is expected back by a certain date, CAA tries to provide the AMC in time, if all necessary information is available to do so.

2.17.2 Key Points:

In case of absence by the ME of more than 5 working days, the ME should:

- Notify the CAA of the absence;
- Notify the CAA of the applications being processed;
- Notify the CAA of the name of the ME(s) assessing the applications during the absence.
-