

KEMENTERIAN PERHUBUNGAN
DIREKTORAT JENDERAL PERHUBUNGAN UDARA

PERATURAN DIREKTUR JENDERAL PERHUBUNGAN UDARA

NOMOR : KP 237 TAHUN 2018

TENTANG

PETUNJUK TEKNIS

PERATURAN KESELAMATAN PENERBANGAN SIPIL BAGIAN 67-01

(*STAFF INSTRUCTION PART 67-01*) TENTANG

PROSEDUR PEMERIKSAAN KESEHATAN PENERBANGAN

(*AVIATION MEDICAL EXAMINATION PROCEDURES*)

DENGAN RAHMAT TUHAN YANG MAHA ESA

DIREKTUR JENDERAL PERHUBUNGAN UDARA,

- Menimbang : a. bahwa dalam Peraturan Menteri Perhubungan Nomor PM 69 Tahun 2017 tentang Peraturan Keselamatan Penerbangan Sipil Bagian 67 (*Civil Aviation Safety Regulation Part 67*) Tentang Sertifikasi dan Standar Kesehatan Penerbangan (*Medical Standard and Certification*) telah diatur mengenai pengujian kesehatan personel penerbangan;
- b. bahwa dalam rangka memberikan panduan bagi penyelenggaraan pengujian kesehatan personel kesehatan perlu disusun suatu petunjuk teknis;
- c. bahwa berdasarkan pertimbangan sebagaimana dimaksud pada butir a dan b, perlu menetapkan Peraturan Direktur Jenderal Perhubungan Udara tentang Petunjuk Teknis Peraturan Keselamatan Penerbangan Sipil Bagian 67-01 (*Staff Instruction Part 67-01*) Volume I tentang Prosedur Pemeriksaan

Kesehatan Penerbangan (*Aviation Medical Examination Procedures*);

- Mengingat :
1. Undang-Undang Republik Indonesia Nomor 1 Tahun 2009 tentang Penerbangan (Lembaran Negara Republik Indonesia Tahun 2009 Nomor 1, Tambahan Lembaran Negara Republik Indonesia Nomor 4956);
 2. Peraturan Presiden Nomor 7 Tahun 2015 tentang Organisasi Kementerian Negara (Lembaran Negara Republik Indonesia Tahun 2015 Nomor 5);
 3. Peraturan Presiden Nomor 40 Tahun 2015 tentang Kementerian Perhubungan (Lembaran Negara Republik Indonesia Tahun 2015 Nomor 75);
 4. Peraturan Menteri Perhubungan Nomor PM 1 Tahun 2014 Tentang Peraturan Keselamatan Penerbangan Sipil Bagian 69 (*Civil Aviation Safety Regulation Part 69*) Tentang Lisensi, Rating, Pelatihan dan Kecakapan Personel Navigasi Penerbangan;
 5. Peraturan Menteri Perhubungan Nomor PM 189 Tahun 2015 tentang Organisasi dan Tata Kerja Kementerian Perhubungan (Berita Negara Republik Indonesia Tahun 2015 Nomor 1844);
 6. Peraturan Menteri Perhubungan Nomor PM 75 Tahun 2017 Tentang Peraturan Keselamatan Penerbangan Sipil Bagian 65 (*Civil Aviation Safety Regulation Part 65*) Tentang Sertifikasi Ahli Perawatan Pesawat Udara (*Licensing of Aircraft Maintenance Engineer*);
 7. Peraturan Menteri Perhubungan Nomor PM 59 Tahun 2017 Tentang Perubahan Kedua Atas Peraturan Menteri Perhubungan Nomor KM 16 Tahun 2010 Tentang Peraturan Keselamatan Penerbangan Sipil (PKPS) Bagian 63 Tentang Persyaratan Personel Pesawat Udara Selain Penerbangan dan Personel Penunjang Operasi

Pesawat Udara;

8. Peraturan Menteri Perhubungan Nomor PM 50 Tahun 2016 Tentang Perubahan Keempat atas Keputusan Menteri Perhubungan Nomor KM 42 Tahun 2001 tentang Sertifikasi Penerbang dan Instruktur Terbang;
9. Peraturan Menteri Perhubungan Nomor PM 69 Tahun 2017 tentang Peraturan Keselamatan Penerbangan Sipil Bagian 67 (*Civil Aviation Safety Regulation Part 67*) Tentang Sertifikasi dan Standar Kesehatan Penerbangan (*Medical Standard and Certification*)

MEMUTUSKAN

Menetapkan : PERATURAN DIREKTUR JENDERAL PERHUBUNGAN UDARA TENTANG PETUNJUK TEKNIS PERATURAN KESELAMATAN PENERBANGAN SIPIL BAGIAN 67-01 (*STAFF INSTRUCTION PART 67-01*) SUB BAGIAN I TENTANG PROSEDUR PEMERIKSAAN KESEHATAN PENERBANGAN (*AVIATION MEDICAL EXAMINATION PROCEDURES*).

Pasal 1

Memberlakukan Petunjuk Teknis Peraturan Keselamatan Penerbangan Sipil Bagian 67-01 (*Staff Instruction Part 67-01*) Sub Bagian I Tentang Prosedur Pemeriksaan Kesehatan Penerbangan (*Aviation Medical Examination Procedures*) sebagaimana tercantum dalam Lampiran yang merupakan bagian tak terpisahkan dari Peraturan ini.

Pasal 2

Dengan berlakunya peraturan ini, maka :

- a. Peraturan Direktur Jenderal Perhubungan Udara Nomor KP 250 Tahun 2017 tentang Petunjuk Teknis Peraturan Keselamatan Penerbangan Sipil Bagian 67-01 (*Staff Instruction Part 67-01*) Sub Bagian I Tentang Prosedur

Pemeriksaan Kesehatan Penerbangan (*Aviation Medical Examination Procedures*);

- b. Peraturan Direktur Jenderal Perhubungan Udara Nomor SKEP/67/V/2004 tentang Sertifikat Kesehatan Personel Penerbangan sebagaimana diubah dengan Peraturan Direktur Jenderal Perhubungan Udara Nomor SKEP/131/VII/2007.

dicabut dan dinyatakan tidak berlaku.

Pasal 3

Direktur Navigasi Penerbangan dan Direktur Kelaikudaraan dan Pengoperasian Pesawat Udara mengawasi Pelaksanaan Peraturan ini.

Pasal 4

Peraturan ini mulai berlaku sejak tanggal ditetapkan.

Ditetapkan : Jakarta

Pada tanggal : 30 AGUSTUS 2018

DIREKTUR JENDERAL PERHUBUNGAN UDARA
Pelaksana Tugas,

Ttd

Ir. M.PRAMINTOHADI SUKARNO, M.Sc

Salinan sesuai aslinya
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Staff Instruction

SI 67-01

Aviation Medical Examination Procedures

PART I

Amandment : 1

Date : Agustus 2018

**REPUBLIC OF INDONESIA - MINISTRY OF TRANSPORTATIONS
DIRECTORATE GENERAL OF CIVIL AVIATION**

JAKARTA - INDONESIA

FOREWORD

PURPOSE

This Staff Instruction prescribes responsibilities, policies, and procedures to be used by Aviation Medical Examiner to perform Medical Examination as the part of personnel licencing svstem.

REFERENCES

This Staff Instruction is instructions only and should beused in accordance with the applicable regulations.

CANCELLATION

Director General Regulation Number KP 250 Year 2017 on SI 67-01, dated 25 September 2017 is cancelled.

Director General Regulation Number SKEP/62/V/2004 on Aviation Personnel's Medical Certificate is canceled.

Director General Regulation number SKEP/131/VII/2007 on The Amandment of Director General Regulation Number SKEP/62/V/2004 on Aviation Personnel's Medical Certificate is canceled.

AMENDMENT

Amendment of this Staff Instruction will be approved by The Director General of Civil Aviation.

ACTING DIRECTOR GENERAL OF CIVIL AVIATION

SIGNED

Ir. M.PRAMINTOHADI SUKARNO, M.Sc

Salinan sesuai aslinya
KEPALA BAGIAN HUKUM



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SI 67-01 AVIATION MEDICAL EXAMINER PROCEDURES

RECORD OF AMENDMENTS

NUMBER	DATE ENTERED	BY	NUMBER	DATE ENTERED	BY
Original	25 September 2017	Director General			
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CHAPTER I. INTRODUCTION

1. The Chicago Convention

The convention on International Civil Aviation, which was signed in Chicago on 7 December 1944, includes several articles which call for adoption of international regulations in all fields where uniformity facilitates and improves air navigation. These regulations, known as Standards and Recommended Practices (SARPs) have been promulgated in Annexes to the Convention which are amended from time to time when necessary. Each Annex deals with a specific aspect of international civil aviation. Aviation medicine is included mainly in Annex 1 (Personnel Licensing) and to some degree in Annex 2 (Rules of the Air), Annex 6 (Operation of Aircraft) and Annex 9 (Facilitation). Issues involving Annex 9, preparedness planning for a communicable disease of public health concern, are not considered in this manual.

2. Standards and Recommended Practices are defined as follows:

Standard - Any specification for physical characteristics, configuration, material, performance, personnel or procedure, the uniform application of which is recognized as necessary for the safety or regularity of international air navigation, and to which Contracting States will conform in accordance with the Convention.

Recommended Practice – Any specification for physical characteristics configuration, material, performance, personnel or procedure, the uniform application of which is recognized as desirable in the interest of safety, regularity or efficiency of international air navigation, and to which Contracting States will endeavour to conform in accordance with the convention. Although the purpose of SARPs is to provide provisions only for international air navigation, they have greatly influenced national regulations governing domestic aviation in most Contracting States. ICAO also originates guidance material which is intended to assist States in the implementation of SARPs, but places no regulatory responsibility upon States for compliance.

3. Purpose

The purpose of this SI is to prescribe personnel licensing procedures. Compliance by DGCA staff will ensure that all activities are efficient and remain within the confines of the relevant legislation. It is expected that this will be achieved if all staff fully comply with the procedures as detailed in this SI. Full compliance with the SI procedures is therefore mandatory.

CHAPTER II. PERSONNEL LICENSING SYSTEM

1. General

Civil aviation includes different types of operations which for convenience, can be divided into three major categories.

Commercial air transport (airlines) – This category includes all operations conducted with large and sophisticated aircraft which used to be piloted by several crew members. In recent years the need for more efficiency has produced some dramatic technological changes which directly involve flight personnel. On modern aeroplanes, computers are handling the systems and the pilot is becoming more and more of a systems manager and decision maker rather than a control operator.

Aerial work and small air transport – All professional flying except airlines is included in this category. Typical operations are flying instruction, crop spraying, aerial surveying, small commuter operations, air taxi and corporate flying. This category has not faced such important changes as has airline transport. It must be noted that helicopters now perform a significant part of these operations.

Private air transport and pleasure flight – The majority of the world's pilots belong to this category. The operations are not conducted for remuneration and generally involve small aircraft. In this category, glider pilots form an important subgroup. During the last two decades, a new dimension has been added to this category with the fast-growing popularity of the ultra light aircraft. The Aviation Medical Examiner, when making an assessment, must be familiar with the various operating environments.

2. The concept of licensing

DGCA have recognized the necessity to check the competency of personnel who perform activities which, unless performed properly, could jeopardize aviation safety. The recognition of this competency was generally made by issuing a license. This concept has remained valid throughout the years, and the whole of Annex 1 may be considered as an evolution of this basic idea.

The personnel licensing system on the following principles:

- a. The license is the authorization which allows the holder to perform specific activities, which otherwise would be prohibited.
- b. A license is issued by a DGCA when the applicant has demonstrated an acceptable degree of competency. The right to issue a license is responsible to DGCA either directly or through a body with delegated authority.

- c. There are different types of licenses. Each one grants specific privileges to the holder. Ratings can be added to the license to extend the basic privileges.

3. Different type of licenses

a. Pilot's Licenses

License is an authorization for a pilot issued by the DGCA to persons who meet the age, knowledge, skill and experience requirements of CASR 61.

b. Licenses for flight crew members other than pilot.

License is authorization for a flight crew other than pilot issued by the DGCA to persons who meet the age, knowledge, skill and experience requirements of CASR 63.

c. License or certificate for Personnel Other Than Flight Crew Members

- 1) Air traffic controllers.
License is an authorization for an air traffic controller issued by the DGCA to persons who meet the age, knowledge, skill and experience requirements of CASR 69.
- 2) Flight Attendant.
Certificate is a qualification for a flight attendant issued by the DGCA to persons who meet the age, knowledge, skill and experience requirements of CASR 63.

d. Ratings

Rating is an authorization entered on or associated with a license and forming part thereof, stating special conditions, privileges or limitations pertaining to such license.

4. Issuance of the license or certificate

An applicant who seeks a Personnel license/certificate must complete a multi-step process, which can be divided into three major parts: prerequisites, training and demonstration of competency. If a License is associated with a rating (usually is) Initial Issuance of that License shall be coupled with issuance of at least one Rating which shall be endorsed on the License on the initial Issue of such License.

a. Prerequisites

Age - A minimum age is specified for each license.

Experience - A minimum level of experience depending on the license is required for all personnel to be licensed. The unit of measurement of experience is flight hours for flight crew, on the job training (OJT) hours for Air Traffic Controllers (ATC) and years of duty for ground personnel.

Medical fitness- Most of the certificate require compliance with medical fitness standards. Complete guidance on this matter is provided in this manual.

b. Training

Training is obviously one of the most important parts of the licensing system. For several licenses, an applicant may choose to take an approved training course instead of a regular course and thus be eligible for reduced experience requirements. It is expected that even more emphasis will be placed on training in the future.

c. Demonstration of competency

Each license has its specific skill and knowledge requirements, and each applicant must demonstrate compliance with the requirements pursuant to the license he seeks. DGCA use a written examination, oral and a practical test to check the competency of an applicant.

5. Currency of licenses

As outlined above, basically there are two different types of licenses practiced worldwide, can be found. Some Indonesia licensing system is expiry type has a period of currency which is limited to a defined period. At each renewal, the holder must give evidence of his competency and his medical fitness. Competency is usually judged by considering the recent flight experience and sometimes by an examination. The other type of license (continuous type) is not limited to a defined period of currency. The holder is allowed to exercise license privileges as long as he holds a current Medical Assessment and complies with the regulations detailing the actions necessary to ensure maintenance of competency.

CHAPTER III. PERSONNEL LICENSING LEGISLATION

1. Primary Legislation

The Convention on International Civil Aviation, signed in Chicago in 1944, is the basis upon which all international civil aviation is regulated. As a signatory to the Convention, Indonesia has an obligation to comply, as far as it is possible, with the international standards of this Convention.

The Convention may be thought of as an international "Civil Aviation Act" and it obligates each signatory state to enact its own legislation along the lines of the Convention.

The Law of the Republic of Indonesia Number 01 Year 2009 is, in effect, Indonesia's "Civil Aviation Act" and, as such, is in compliance with the Convention. Article 18, reproduced here in full, provides for the competency of aviation personnel as follows:

Article 18

- 1) All aviation personnel shall have a certificate of competency.
- 2) The certificate of competency mentioned in section (1) shall be obtained through education and training.
- 3) The requirements and procedures for obtaining a certificate of competency mentioned in section (1) and section (2) shall be further regulated by government.

In summary, Article 18 says that aviation personnel must hold a 'certificate of competency' which must be gained through education and training. In this context a certificate of competency can be a license, certificate, authorization or approval. Furthermore, the procedures for gaining such a license, certificate, authorization or approval shall be in accordance with regulations, i.e. Civil Aviation Safety Regulations.

2. International and National Regulations

The Annex's to the Convention provide the standards with which national regulations should conform. Annex 1 prescribes the international standards and recommended practices for personnel licensing. In respect of personnel licensing, Annex 1 can be thought of as "international regulations".

The further regulations prescribed by Article 18 are Civil Aviation Safety Regulations (CASR). The national regulations for personnel licensing in Indonesia are CASR.

Part 61 Licensing of pilots and flight instructors.

- Part 63 Licensing flight crew members other than pilot, flight operation officers and certificate of flight attendant
- Part 65 Licensing of Aircraft Maintenance Engineer
- Part 67 Medical standards and certification.
- Part 69 Air traffic services personnel licensing, rating, training and proficiency requirements.

3. Explanatory Documents

Annex's to the Convention are supported by other documents containing explanatory material. In respect of personnel licensing and aviation medical, these include:

- ICAO Doc 8984 Manual of Civil Aviation Medicine
- ICAO Doc 9379 Manual of procedures for Establishment and Management of a State's Personnel Licensing System.

In a similar way, state's issue explanatory material that offers guidance to assist their aviation industry's to comply with national regulations. In Indonesia, these publications are Advisory Circulars (AC's). The relationship between international and national legislation is shown in the Table 1 below.

Table 1

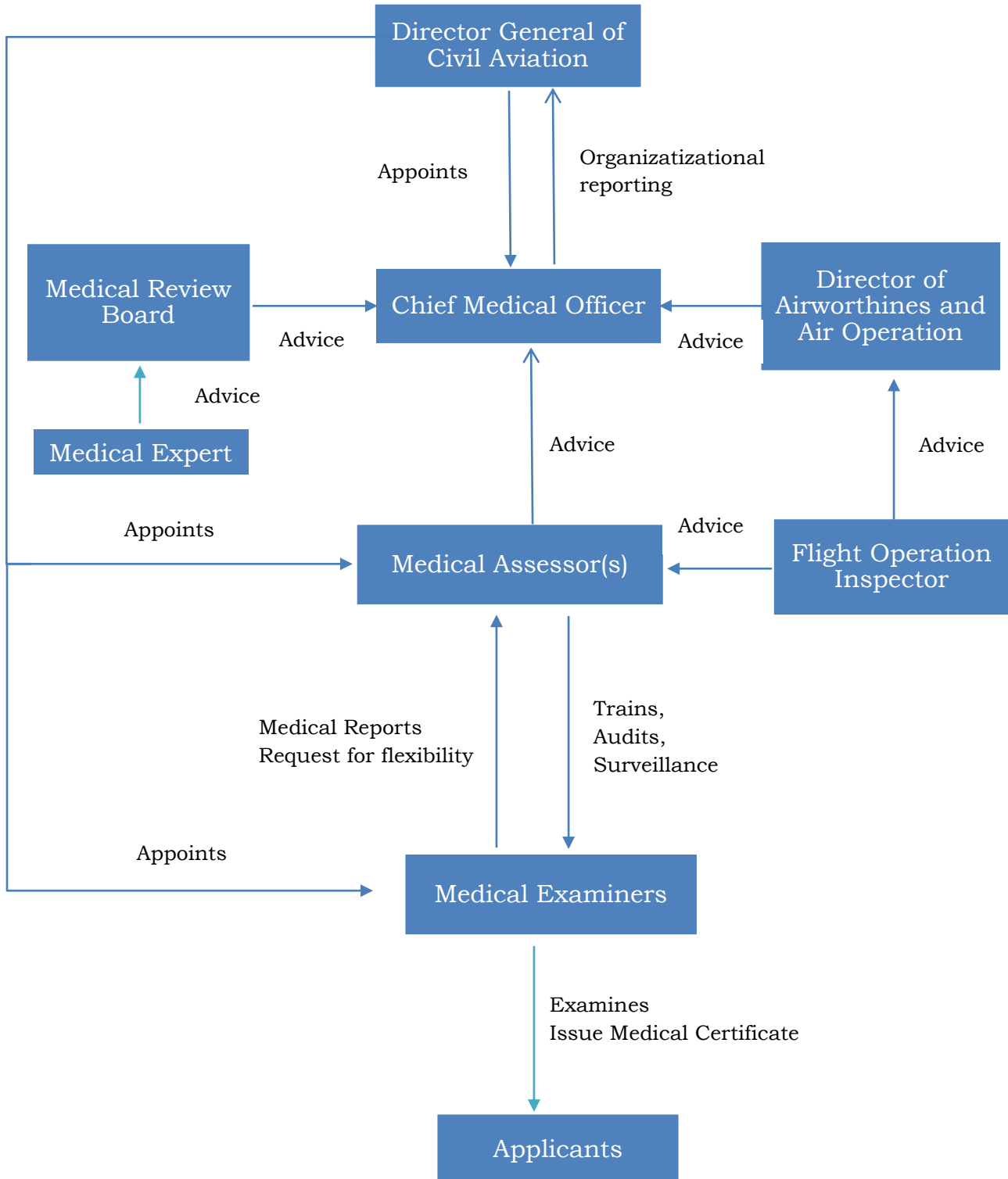
INTERNATIONAL	NATIONAL
Convention on International Civil Aviation	The Law of the Republic of Indonesia Number 01 Year 2009
Annex's to the Convention	Civil Aviation Safety Regulations
ICAO Documents	Advisory Circulars and Staff Instructions

Table 1 showing relationship of international and national legislation.

CHAPTER IV. GENERAL PROVISIONS

1. ORGANIZATIONAL CHART

Relationship between the CMO, Medical Assessors and Medical Examiners



2. MEDICAL PERSONNEL

2.1 Chief Medical Officer (CMO)

1) General

The Chief Medical Officer of the DGCA is appointed by the Director General, to be the 'accountable' responsible for national aeromedical safety.

Head of Aviation Medical Center as Chief Medical Officer

Responsible to:

Director General of Civil Aviation.

2) Qualifications & Experience

- a) Have extensive experience in regulatory civil aviation medicine as well as a thorough knowledge of medical requirements and medical best practice
- b) Have leadership qualities
- c) Have administrative skills and the ability to make decisions concerning medical fitness of the applicants

3) Functions, Duties & Responsibilities

- a) Responsible for using this aeromedical data, along with relevant information from the wider medical literature, to devise and implement appropriate aeromedical policies.
- b) Recommendation for Adoption of Annex 1 Standards for the Issue of Medical Assessments.
- c) Developing & Amending of Medical Procedure.
- d) Safe keeping of Medical Records & Maintaining confidentiality of the same.
- e) Convening & conducting Medical Board to evaluate & establish Accredited Medical Conclusions.
- f) Conduct of evaluations of the issuance requirements of individual in terms of medical investigations reports as per the established procedure.
- g) Recommendation of Appointment of AMEs.
- h) Recommendation for Withdrawal of Authority from AMEs
- i) Recommendation of Appointment of AMAs.
- j) Recommendation for Withdrawal of Authority from AMAs.
- k) Recommendation of Hospitals & Laboratories for Clinical Investigations.
- l) Recommend to the DGCA for the purchase of equipment's, periodicals, medical journals, medical books & ICAO Material for reference of Aviation Medical Examiners.
- m) Recommend to the DGCA suspension, cancellation & reinstatement of medical certificate.

- n) Recommend the renewal of each AME at the end of tenure of present arrangement after evaluating or AME doesn't satisfactorily complete the renewal requirement

2.2 Aviation Medical Assessor (AMA)

DGCA use the services of Aviation Medical Assessor to evaluate reports submitted to the DGCA by Aviation Medical Examiners.

Aviation Medical Assessor as a supervisor for the designated Aviation Medical Examiners has basic/advanced training in the specialty of aviation medicine and extensive experience in regulatory and clinical civil aviation medicine.

Evaluating medical reports submitted to the DGCA and making final assessments in deferral and appeal cases, the Aviation Medical Assessor will be in charge of Accredited Medical Conclusions.

An important duty of the Aviation Medical Assessor is the safeguarding of medical in confidence, although pertinent medical information may be presented by the Aviation Medical Assessor to DGCA when justified by operational concerns or when an Accredited Medical Conclusion is sought.

1) Qualifications & Experience

- a) Minimum 5 (five) years experience as DGCA Aviation Medical Examiner.
- b) Have satisfactory completion training for Personnel Licensing Procedures.

2) Functions, Duties & Responsibilities – Aviation Medical Assessor

- a) Evaluation of Medical Assessment Reports, submitted by AMEs as per the applicable Medical Standards & Recommended Practices, & determination of medical fitness of license holders for the Issue/ Renewal of Licenses.
- b) Recommendation of Training requirements for AMEs, providing information and guidance for AMEs' training, including initial, refresher, and training for specific subject correlates to medical board, assessment audit report or surveillance (AME minutes).
- c) Recommendation to CMO for designation, enforcement, and or termination of Medical Examiner based on significant evaluation and data.
- d) Recommendation of Training requirements of AMEs.
- e) Review and evaluate Medical Assessment Reports issued by Aviation Medical Examiners and if there is any inconsistency, withdraw the Medical Certificate already issued by AME.
- f) Submit pertinent Medical information to DGCA when justified by operational concerns.

- g) Evaluating the renewal requirements of individual in terms of medical investigations (Checks / Tests) and assessments carried out by Aviation Medical Examiners as per the established procedure.
- h) Evaluate and discuss with the Aviation Medical Examiners the composition of the Medical Board of any abnormalities and borderline cases for the:
 - a) Initial Medical assessments of a license applicant,
 - b) Medical assessment of a person whose license had been suspended on medical grounds & qualifies for reinstatement.
 - c) Medical assessments of a holder of a lapsed license who may not qualify for a routing Medical assessment due to the period of lapse.
 - d) Medical assessment of a holder of a lapsed license who had been grounded for indiscipline/ incompetence / court case.
- i) In consultation with the Aviation Medical Examiners, devise methods to ensure confidentiality in pathological examinations record safekeeping.
- j) Coordinate and conduct periodic meetings with AMEs.
- k) Supervision of the medical examination facility, and suggest to make improvement of equipment, procedures and etc.
- l) Establish a working relationship with the relevant Aviation Medical Examiners if one or several medical conditions of a license holder are found to decrease medical fitness over a period, and notice to DGCA.
- m) Provide further details/clarifications/explanations on medical assessment conducted to the DGCA on own initiation or on request as & when necessary.
- n) Attend local or overseas training programs or familiarization visits organized by DGCA.
- o) Conduct minimum of one evaluation/competency assessment on each Designated Aviation Medical Examiner Representative (DAMER) once every one year prior to renewal of authorization and ensure that the DAMER meet applicable standards of good medical practice and aero medical risk assessment.
- p) Maintain surveillance on all Medical Examiner whenever possible while they conduct medical assessment not less than one inspection /surveillance per year per Medical Examiner.
- q) Submit surveillance plan to DGCA before the beginning of the year for approval.

3). Training for AMAs

Medical assessor shall have best updated practical knowledge and experience in aviation medicine and aviation safety regulation. Prior to conducting his/her privileges as a supervisor for AMEs and safeguarding accredited medical conclusion, prospective medical assessor shall conduct n the job training which requires three levels of training at The Aviation Medical Center, including:

- a) Knowledge, is a self study effort with guided discussion and validation with the existing medical assessors, not less than 3 months.
- b) Understanding, is an observation of each medical assessor specific task prescribed on AMC Form 67-09, evaluated and signed by the existing medical assessors, not less than 6 months.
- c) Performance, is a performance in conducting each of medical assessor specific task, evaluated and signed by Chief of Medical Officer, not less than 6 months, to completely fulfill each specific task based on Aviation Medical Assessor Performance for Specific Task, prescribed in the AMC Form 67-09.

Medical assessor shall have satisfactory completion in continuing medical education, as bellow:

- a). Refresher Personnel Licensing Procedures training at least once every 36 months.
- b). National scale training/ seminar/ workshop of aviation medicine subject at least once every 12 months and or international scale training/ seminar/ workshop at least once every 60 months.

2.3 Aviation Medical Examiner (AME)

1) General

The DGCA has medical personnel or designated, in sufficient numbers, Aviation Medical Examiners, within Indonesia, qualified and fully registered medical practitioner permit in the practice of medicine.

Aviation Medical Examiners will conduct detailed medical assessments and refer to the designated Medical Examination Facility to conduct laboratory tests.

Aviation Medical Examiner shall coordinate the results of the examination and submit a signed report to the DGCA with appropriate comments and recommendation.

2) Qualification of Aviation Medical Examiners.

- a) Medical doctor degree or Aviation Medical Specialist
- b) Have satisfactory completion of Flight Surgeon Training for medical doctor degree.
- c) Have satisfactory completion Training of Aviation Medical Examinations Procedure.

3) Functions, Duties & Responsibilities – Aviation Medical Examiner

- a) Conduct medical assessments for the issue and renewal of a medical certificate of all categories in compliance with the CASR of Indonesia and Requirements issued by the DGCA.

- b) Conduct medical assessments in accordance with SI 67-02 Manual of Aviation Medical Assessment.
- c) In consultation with and approval of the DGCA, AME shall take necessary steps to seek accredited medical conclusion as and when necessary.
- d) As a member of Medical Board.
- e) Review / evaluate results of previous medical assessments of personnel licenses holders and monitor and analyze the medical condition of license holders.
- f) Propose development of new procedures and practices, which could be implemented in order to maintain highest standards and quality.
- g) Recommend purchase of new equipment as and when necessary.
- h) Recommend purchase of periodicals, medical journals and medical books for reference by the AMEs.
- i) Sign the Medical Certificate
- j) Submit Medical Assessment Report to AMA at the earliest possible but not later than one week from the date of the medical assessment.
- k) Attend training Programs or familiarization visits offered by the DGCA.

4). Training For AMEs

DGCA shall designate medical examiners, qualified in the practice of medicine, to conduct medical assessment of fitness of applicants for the issue or renewal of the licences or ratings specified in Chapters VI of this Staff Instruction.

- a) Aviation Medical Examiners is designated to conduct Class 2 and 3 medical assessment shall receive Basic Training in Aviation Medicine or Flight Surgeon Training and demonstrated adequate competency in aviation medicine.
- b) Aviation Medical Examiners is designated to conduct Class 1, 2 and 3 medical assessment shall receive Basic and Advance Training in Aviation Medicine and demonstrated adequate competency in aviation medicine.
- c) Medical examiners shall have practical knowledge and experience of the conditions in which the holders of licences and ratings carry out their duties.

5). Basic Training in Aviation Medicine or Flight Surgeon Training.

Aviation Medical Examiners shall receive basic training in aviation medicine organized by Aviation Medical Center at Aviation Medical

Center or training organization recognized by DGCA. The training subject shall include :

- Aviation Physiology
- Clinical Aviation Medicine
- Public Health
- Regulatory Medicine
- Class 2 and 3 Medical Assessment Procedures as prescribed in SI 67-02 Manual of Aviation Medical Assessment.

The details of training subject described in Appendix A of this Staff Instruction.

In order to achieve competency, aviation medical examiner must complete practical knowledge and experience including flight experience and on the job training.

6) Advanced Training in Aviation Medicine

In order to attend the advance training, the AME shall have satisfactory completions of basic training and have medical assessment experience at least 2 years. Advance training in aviation medicine will include training subject for basic training and a class 1 medical assessment procedure as described in Appendix A of this Staff Instruction. The advance training organized by Aviation Medical Center at Aviation Medical Center.

7) Refresher Training in Aviation Medicine

The Aviation Medical Examiner should receive refresher classroom training every 60 months. Generally, refresher should contain a review of the training subject on basic and advance training along with a discussions of any new requirements or procedures that have been established. The refresher training organized by Aviation Medical Center at Aviation Medical Center.

The Aviation Medical Examiners may attend aviation medical seminars or workshops to maintain their competency.

8) Evaluation of Aviation Medical Examiner

The medical assessments may be conduct by either DGCA Aviation Medical Examiners or Designated Aviation Medical Examiner Representatives (DAMER). In performing their task, Aviation Medical examiner will be evaluated by AMA, including competency test using AMC Form 67-05 Aviation Medical Examiner Competency Test, audit using AMC Form 67-07 Medical Assessment Report Audit Checklist and Surveillance according to surveillance plan and randomly without prior notice, using AMC Form 183-03 Medical Examiner Surveillance Checklist.

Staff Instructions 183-05 contain procedures for DAMER administrations.

1) Letter of Designations.

After the completion of Basic Training AME is required to conduct practical knowledge and experience found satisfactory by an AMA.

The AMA will evaluate medical examiner qualifications to ensure the prospective medical examiner meet the qualification requirement as stated in paragraph 3(b) of this chapter.

After the prospective medical examiner meet the qualification requirement, AMA will conduct the Competency Test using AMC Form No. 67-05 that include:

- Demonstration of medical assessment preparation.
- Demonstration of medical assessment
- Demonstration of medical assesment report submission

Letter of Designation may be issued by Director General if the prospective medical examiner passed the competency test.

2) Conditions for Renewal of Letter of Designation.

- a) At least Ten (10) Medical Examination per year.
- b) Participate on Medical Board.
- c) Recommended by AMA.

3) Record Keeping

The documents of AME shall be keep and maintain at AMC as follow:

- a) AMC Form No. 183-01, Application and statement of Qualification for Designated Aviation Medical Examiner (DAMER), applicable for DAMER,
- b) A copy of National ID or Passport.
- c) A copy of Medical Registration Certificate,
- d) A copy of Ministry Transportation Decree of Government Employee for Director General AME or Physician Practice Permit for DAMER,
- e) Letter of Recommendation from the Employer of DAMER, applicable for DAMER,
- f) A copy of Medical Doctor Degree or Aviation Medical Specialist Diploma,
- g) A copy of basic or advance aviation medical training certificate.
- h) AMC Form No. 67-05, Aviation Medical Examiner Competency Test,
- i) A Copy of Certificate of Designation,
- j) A copy of aviation medical seminars or workshops.

The documents of AMA shall be keep and maintain at AMC as follow:

- a) AMC Form NO 67-09 Aviation Medical Assessor Performance for Specific Task.
 - b) A copy of Personnel Licensing Procedures training
 - c) A copy of Ministry of Transportation Decree of Government Employee
 - d) A copy of Medical Doctor Degree or Aviation Medical Specialist Diploma,
 - e) A copy of National or international scale training/ seminar/ workshop of aviation medicine.
 - f) Minimum of one AMC form 67-05 Aviation Medical Competency Test that has been evaluated by AMA.
- 4). The DGCA will develop the surveillance program for Aviation Medical Examiner, the program must include:
- a) Develop the surveillance plan, to ensure each AME will be observed at least once a year.
 - b) Observe or inspect the AME randomly without prior notice.
 - c) Observe or inspect the AME in accordance with surveillance plan or random inspection without prior notice using AMC Form No. 183-03, Medical Examiner Surveillance Checklist.
 - d) Take the appropriate action based on the surveillance result, including suspension or revoked the certificate, and analysis for considering the next surveillance plan.
 - e) Record the surveillance result including the appropriate action.

3 MEDICAL BOARD

Medical board will be convened for special medical condition prescribed in CASR part 67 Subpart F, which is a case of deferral or an appeal from an applicant or any case considered necessary to be discussed. The medical board discussion shall refer to the prescribed regulation in CASR or Staff Instruction 67.02 or other source of aviation medicine document, for example ICAO documents, accredited journals in aviation medicine, clinical aviation medicine textbook or other contracting State's regulation.

The chief medical officers appoint the Medical Board which consist of AME(s) and AMA(s). Regardless of the composition the number of member of Medical Board shall be an odd number and lead by an AMA.

Chief medical officer may obtain external expertise or resources (e.g. Flight Operation Expert) to join the medical board if it is deemed necessary.

Result from medical board will be considered as an accredited medical conclusion. It then may be used as a basis for:

- Issuing or denying medical certificate in accordance with accredited medical conclusion.

- Recommendation to perform special medical test through the issuance of Letter of Authorization (LoA).

4. ENFORCEMENT ON MEDICAL EXAMINER

Medical examiner shall conduct medical assessment process abide to the prescribed aviation safety regulation, staff instruction and risk analysis to his or her best interest in medical ethics and aviation medicine knowledge. Any misleading act or violation conducted by medical examiner, AMA may impose discipline, up to and including suspension or revocation of license, as bellow and Appendix B:

- 1). Error conducted on AMC forms and (or) certificate:
 - a). Any unintentionally typographical error on AMC form 67.02, such as misprint, shall result a first warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of the warning letter is issued. Any failure to follow the first warning shall result with a second warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of the baring letter is issued. Any failure to follow the second warning shall result with a third warning from AMA and the concerned AME must correct his / her mistake within seven days from the date of the baring letter is issued. If the concerned AME has not followed the third warning then AMA shall report this to the CMO and suspend the concerned AME for 30-60 days.
 - b). Any failure to follow and use the standard of aviation medical form as instructed in the SI 183, shall result a first warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of warning letter is issued. Any failure to follow the first warning shall result with a second warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of the baring letter is issued. Any failure to follow the second warning shall result with a third warning letter from AMA and the concerned AME must correct his / her mistake within seven days from the date of the baring letter is issued. If the concerned AME has not followed the third warning letter then AMA shall report this to the CMO and suspend the concerned AME for 30-60 days.
 - c). Failure to provide detailed information as described in the instruction page, shall result a first warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of letter of warning is issued. Any failure to follow the first warning shall result with a second warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of the warning letter is issued. Any failure to follow the

second warning shall result with a third warning from AMA and the concerned AME must correct his / her mistake within seven days from the date of the warning letter is issued. If the concerned AME has not followed the third warning then AMA shall report this to the CMO and suspend the concerned AME for 30-60 days.

- d). Any Failure to provide the significant limitation on AMC form 67.02 that cause missing the required detail on Medical Certificate, shall result a first warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of letter of warning is issued. Any failure to follow the first warning shall result with a second warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of letter of the baring letter is issued. Any failure to follow the second warning shall result with a third warning from AMA and the concerned must correct his / her mistake within seven days from the date of the warning letter is issued. If the concerned AME has not followed the third warning then AMA shall report this to the CMO and suspend the concerned AME for 30-60 days.

2). Falcification of certificate

- a). Any issuance of a medical certificate form other than the original certificate which was printed by the DGCA, AMA shall report this to the CMO and shall result a revocation of AME certificate of designation.
- b). Any issuance of aeromedical recommendation which proven by authorized signature in the recommendation column for an applicant without performing proper examination, AMA shall report this to the CMO and shall result a revocation of AME certificate of designation.
- c). Any issuance of an aeromedical recommendation against the actual condition of applicant, AMA shall report this to the CMO and shall result a revocation of AME certificate of designation.

3). Submission of medical document

Delayed submission of medical document for more than 60 days, shall result a suspension of AME designation by AMA for 30-60 days.

4). Medical practice, facilities and equipment.

- a). Any failure to notify the DGCA regarding a change of medical practise's address and (or) contact details, shall result a first warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of letter of warning is issued. Any failure to follow the first warning letter shall result with a second warning letter from AMA, and the concerned AME must

correct his / her mistake within seven days from the date of letter of warning is issued. Any failure to follow the second warning letter shall result with a third baring letter from AMA and the concerned AME must correct his / her mistake within seven days from the date of the warning letter is issued. If the concerned AME has not followed the third warning then AMA shall report this to the CMO and shall suspend the concerned AME for 30-60 days.

- b). Any failure to provide the standard facilities for medical practice as requested in the AMC Form 183-03 Medical Examiner Surveillance check list shall result a first warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of letter of warning is issued. Any failure to follow the first warning shall result with a second warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of letter of warning is issued. Any failure to follow the second warning shall result with a third warning letter from AMA and the concerned AME must correct his / her mistake within seven days from the date of the baring letter is issued. If the concerned AME has not followed the third warning then AMA shall report this to the CMO and shall suspend the concerned AME for 30-60 days.

5). Medical ethics professionalism

- a). Any failure to perform a scheduled medical examination without prior notification shall result a first warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of letter of warning is issued. Any failure to follow the first warning shall result with a second warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of letter of warning is issued. Any failure to follow the second warning shall result with a third warning from AMA and the concerned must correct his / her mistake within seven days from the date of letter of warning is issued. If the concerned AME has not followed the third warning then shall instruct the concerned AME to follow a retraining course.
- b). Any failure to meet the minimum training for aviation medical examiner, shall result a first warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of letter of warning is issued. Any failure to follow the first warning shall result with a second warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of letter of warning is issued. Any failure to follow the second warning shall result with a third warning from AMA and the concerned must correct his / her mistake within seven days from the date of letter of warning is issued. If the concerned AME has not followed the third warning then AMA shall report this to the CMO and shall instruct the concerned AME to follow a retraining course.

- c). Any failure to maintain the required medical knowledge and skills shall result a first warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of letter of warning is issued. Any failure to follow the first warning shall result with a second warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of letter of warning is issued. Any failure to follow the second warning shall result with a third warning from AMA and the concerned must correct his / her mistake within seven days from the date of letter of warning is issued. If the concerned AME has not followed the third warning then AMA shall report this to the CMO and shall instruct the concerned AME to follow a retraining course.
- d). Any violation of medical confidentiality's disclosure without applicant's consent shall result with a second warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of letter of warning is issued. Any failure to follow the second warning shall result with a third warning from AMA and the concerned must correct his / her mistake within seven days from the date of letter of warning is issued. If the concerned AME has not followed the third warning then AMA shall report this to the CMO and shall instruct the concerned AME to follow a retraining course.
- e). Any act of crime, indictment, or conviction against the law, AMA shall report this to the CMO and shall result revocation of AME license by AMA.
- f). Any act of conducting medical assessment outside the medical service provider where the AME is designated shall result a first warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of letter of warning is issued. Any failure to follow the first warning shall result with a second warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of letter of warning is issued. Any failure to follow the second warning shall result with a third warning from AMA and the concerned must correct his / her mistake within seven days from the date of letter of warning is issued. If the concerned AME has not followed the third warning then AMA shall report this to the CMO and shall suspend the concerned AME for 30-60 days.
- g). Any act to exempt applicant from performing the required medical assessment shall result a first warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of letter of warning is issued. Any failure to follow the first warning shall result with a second warning letter from AMA, and the concerned AME must correct his / her mistake within seven days from the date of letter of warning is issued. Any failure to follow the second warning shall result with a third warning from AMA and the concerned must correct his / her mistake within seven days

from the date of letter of warning is issued. If the concerned AME has not followed the third warning then AMA shall report this to the CMO and shall suspend the concerned AME for 30-60 days

CHAPTER V. AVIATION MEDICAL CENTER

1. Aviation Medical Center

Aviation Medical Center (AMC) or Balai Kesehatan Penerbangan is the established facility by DGCA within its premises, for the proper conduct of aviation medical assessments & safe keeping of relevant documents & apparatus used for the purpose, which is functioning as a fully-fledged clinic.

Also Designation of Aviation Medical Examiners (AME) has been done from time to time starting from two practitioners, from well experienced Physicians in the practice of aviation medicine appointed by DGCA to conduct examinations to determine medical fitness of Aviation license holders. Such physicians duly empowered to act on behalf of the DGCA, & they shall be known as the Aviation Medical Examiners (AME) of Aviation Medical Center (AMC) of DGCA. Specialized tests are carried out in designated hospitals and the investigations reviewed prior to issue of license.

In addition there is a Medical Assistant for record management and assist the Aviation Medical Examiners Aviation Medical assessments.

1.1 AMC Organization Responsibility

The organization employer of designated to conduct the examination for aviation medical is responsible for the following:

- 1) The designated organizations shall conduct the medical examination in compliance with the aviation medical certificate for aviation personnel, and under supervision of the DGCA.
- 2) The organization shall be maintaining a designated personal currency, proficiency and training as a person.
- 3) The organization providing the equipment element of the medical assessment.
- 4) The designated organizations shall compile a summary report for all applicants who fail the test every 6 months. The report should be submitted to the DGCA.
- 5) The managements or superior of the organizations may not interfere or influence to the judgment of the examiners and may not order the examiners to produce a false record.

1.2 Equipment Requirements

For the conduct of the medical assessment, AMC shall have adequate facilities for performing the required examinations and possess the following equipment prior to conducting any DGCA examinations.

History or current findings may indicate a need for special evaluations. AMCs shall certify at the time of designation, re-designation, or upon request that they possess (and maintain as necessary) the equipment specified.

Aviation medical Center must be completed equipment element of medical assessment, as follows:

- 1) Standard Snellen Test.
Types for visual acuity (both near and distant) and appropriate eye lane. Near Vision Acuity Test Card may be used for near and intermediate vision testing. Metal, opaque plastic, or cardboard occlude.
- 2) Eye Muscle Test-Light.
May be a spot of light 0.5cm in diameter, a regular muscle-test light, or an ophthalmoscope.
- 3) Maddox Rod.
May be hand-type.
- 4) Horizontal Prism Bar.
Risley or hand prism are acceptable alternatives.
- 5) Other vision test equipment that is acceptable as a replacement for 1 through 4 above include any commercially available visual acuities and heterophoria testing devices.
- 6) Color Vision Test Apparatus.
Pseudoisochromatic plates, American Optical Company (AOC), 1965 edition; AOC-HRR, 2nd edition; Dvorine, 2nd edition; Ishihara, Concise 38-plate editions;
- 7) A Wall Target consisting of a 50-inch square surface with a matte finish (may be black felt or dull finish paper) and a 2-mm white test object (may be a pin) in a suitable handle of the same color as the background.
- 8) Note: this is not necessary if an ME chooses the acceptable option of performing field of vision testing by direct confrontation.

Standard physician diagnostic instruments and aids including those necessary to perform urine testing for albumin and glucose and those to measure height and weight.

- 9) Electrocardiographic equipment.

Senior Examiners must have access to digital electrocardiographic equipment with electronic transmission capability.

10) Audiometric equipment.

All Examiners must have access to audiometric equipment or a capability of referring applicants to other medical facilities for audiometric testing

1.3 Medical in confidentiality

Medical in confidentiality shall be respected at all times. The DGCA shall ensure that all oral or written reports and electronically stored information on medical matters of license holders/applicants are made available to AME & to AMA, in order to be used by the DGCA for completion of a medical assessment.

Examining a healthy person may seem an easy task but also a rather futile thing to do, for what can you expect to find where nothing is wrong? In reality the periodic examination of airmen is both difficult and demanding, but may also be quite rewarding when performed with interest, care and thoroughness. A license holder is legally obliged to undergo regular health examinations, performed by an Authorised Aviation Medical Examiner (AME). The airman may appear to be in perfect health, and more often than not will he himself believe this to be the case. At the same time he may reasonably fear that if something is wrong after all then this might cost him his medical certificate, i.e. his livelihood. This situation may lead the airman to feel nervous and tense at the examination, but almost invariably he will try to present himself as perfectly healthy. Fortunately most examinations will confirm that he is indeed in good health and fit for flying. But even if he is experiencing a mental or physical problem he may, consciously or subconsciously repress it, and in either case the AME may not receive the usual help from his examinee to guide him towards the site of any problem. To find a sign of early disease or malfunction under these circumstances takes skill, experience and the utmost thoroughness.

It is important that the aviation medical assessment is performed in a way that encourages the airman to discuss freely and openly whatever problems, medical or otherwise, he may have, but the situation is not ideal for developing the usual doctor-patient relationship between AME and airman. An airman is not a patient and so has little encouragement to confide more than is required by the regulations. On the other hand, the AME gains little without the airman's confidence as most information of value is voluntary. There is no specific route for the AME to follow in order to ensure an aviation medical assessment of quality.

CHAPTER VI. MEDICAL ASSESSMENTS

1. Venue

Unless otherwise exempt by writing by the DGCA every Medical assessments except certain laboratory tests conducted for the purpose of issuance or renewal of Licenses shall be conducted at the Civil Aviation Medical Center established & maintained within the DGCA premises.

2. Authority

Conduct of Medical assessment for the issue of Medical Assessments shall be only performed by AME who has been duly delegated the test & who holds a valid authorization.

3. Medical Assessment Procedure

3.1 Verification of declaration

An applicant for a medical assessment must furnish adequate proof of his or her identity as a prerequisite for an assessment. The documentation required to verify identity will vary from State to State and is particularly important when the medical examiner does not personally know the applicant. In case of a renewal, the current licence, last medical certificate and last issued medical assessment report or medical history should be reviewed by the medical examiner at each examination.

The actual assessment commences with the identified applicant providing the medical examiner with a declaration statement of medical facts concerning personal, familial and hereditary history. The Declaration Statement include in AMC Form No. 67-01, Application For Aviation Medical Assesment. A reliable assessment requires that statement to be complete and accurate, and the applicant should be advised that any false declaration including false or misleading information in the statement could have far-reaching consequences, as provided below and Appendix C:

- 1). Any unintentionally typhographical error, such as misprint or literal error, shall result a verbal warning from medical examiner and the applicant shall correct the typhographical error stated in AMC Form No.67-01 with the relevant data. The applicant shall proceed the application to medical examiner for medical assessment after the relevant correction has been made on the same day.
- 2). Any incomplete information, not related to aviation safety such as permanent address or Occupation (principal), shall result a verbal warning from medical examiner, emphasize the applicant that the information is confidential for medical record only, and the applicant shall fill in the correct information stated in AMC Form No.67-01 with

the relevant data. The applicant shall proceed the application to medical examiner for medical assessment after the relevant information has been made on the same day.

- 3). Any incomplete information related to aviation safety, such as last medical examination, medical assessment denied/suspended/revoked, Aviation license (type, number and country of issue), shall result a warning letter directed to the applicant and the DGCA or the Civil Aviation Authority of an ICAO contracting state for the foreign nationality. The applicant may apply for re-assesment not less than 10 (ten) working days after the date of the act of hidden information. The applicant shall fill in the application with the required correct information stated in AMC Form No.67-01 with the relevant data, prior to proceeding the application to medical examiner for medical assessment.
- 4). Any incomplete information related to general and medical history in AMC Form No.67-01 box 29, shall result a warning letter directed to the applicant and the DGCA or the Civil Aviation Authority of an ICAO contracting state for the foreign nationality. The applicant may apply for re-assesment not less than 30 (thirty) calendar days after the date of the act of hidden information. The applicant shall fill in the application with the required correct information stated in AMC Form No.67-01 with the relevant data form the treating physician, prior to proceeding the application to medical examiner for medical assessment.
- 5). Any unruly or other unauthorized conduct prescribed in CASR part 67 section 67.25 c) and e), shall result a warning letter directed to the applicant and the DGCA or the Civil Aviation Authority of an ICAO contracting state for the foreign nationality. The applicant may apply for re-assesment not less than the validity period of the applied class of medical certificate or a period of 1 (one) calendar year after the date of the act of unruly or other unauthorized conduct. The applicant shall begin the medical assessment by providing the details of suspension in AMC form No.67-01 box 19 with the relevant data, prior to proceeding the application to medical examiner for medical assessment.
- 6). Any unruly or other unauthorized conduct prescribed in CASR part 67 section 67.25 b) and d), shall result a warning letter directed to the applicant and the DGCA or the Civil Aviation Authority of an ICAO contracting state for the foreign nationality. The applicant may apply for re-assesment by providing a recommendation letter from the Licensing Authority that granted the applicant for medical reassessment and put the details of denial/suspension/revocation in AMC form No.67-01 box 19 with the relevant data from the Licensing Authority prior to proceeding the application to medical examiner for medical assessment.

3.2 Additional Medical Assessment

Additional medical assessment is required for the following conditions:

- 1) Where the DGCA has reasonable doubt about the continuing fitness of the holder of a medical certificate. Additional medical assessment conduct in accordance with SI 67-02 Manual of Aviation Medical Assessment.
- 2) Class 1 Medical Assessments for Pilots over the Age of 60 years up to 65 years operating in Multi Crew Environment. Additional Medical Examination Procedure for Pilot over 60 years of Age are described in DG Decree No. SKEP/30/II/2009 as amended by DG Decree No. KP 344 Year 2013.

3.3 Aeromedical Disposition

After reviewing the medical history and completing the medical assessment in accordance with Part II of this Staff Instruction, the aviation medical examiner, either:

- 1) issue a Medical Certificate (AMC Form No. 67-03) if the applicant is found fit in all respects;
- 2) deny the application if the applicant is found unfit; or
- 3) defer the action to the DGCA if the applicant does not meet all the medical criteria to be assessed as fit, but his or her condition is not considered by the aviation medical examiner to be detrimental to flight safety.

Medical Examiners shall decide the aeromedical disposition and complete the AMC Form No. 67-02, Medical Assessment Report, not less than 7 days after the date of the medical assessment.

3.4 Denial

The Aviation Medical Examiner is therefore primarily responsible for deciding whether or not an applicant is within the Requirements. Any applicant who presents for examination must be examined unless the immediate history (epilepsy and psychosis for example) obviously precludes any kind of certification. If full examination indicates that an applicant does not clearly meet the requirements, the AME may advise him of the area of concern and issue Denial Letter (AMC Form No.67-08) will be forwarded without delay to the applicant.

If an application for a medical assessment is found unfit, the applicant may accept the decision or appeal the decision.

An appeal request should be addressed to the CMO, with suitable supporting data. The CMO will then review the case, which could rely on expert opinion from medical examiner or by convening a medical review board (consisting of relevant specialists) to provide expert advice.

Result of the review above shall then be assessed by Aviation Medical Assessor, for the final aeromedical decision which will be then issued by the CMO who should have autonomy in making this decision.

3.5 Deferment Case

After conducting a medical assessments, if the AME is not in opposition to determine that one or more medical condition/s of the applicant do not confirm to standard specified in CASR 67 numerically or otherwise, AME shall defer the issue appropriate Medical Certificate. This decision shall be notified to the applicant by providing details of the preventive and curative treatment required for.

Any case deferred to the medical board must be reconsidered against all applicable requirements appropriate to the class of assessment. Medical board will determine an accredited medical conclusion based on the prescribed regulation in SI 67.02 or ICAO's guidance, accredited journals, or other contacting State's regulation.

If further investigation or opinion is required the applicant should be advised of this need and how it may be achieved. On occasion it may be necessary for the AMC to direct the applicant to a specific medical specialist for a further opinion. In all such cases relevant documentation must be provided to the specialist.

Upon completion of their review the medical board should make an assessment. In most cases the medical board will have sufficient additional expertise and operational experience to make a decision. However, some cases require careful consideration of complex studies, for example coronary angiogram. In such cases it may be advantageous for the DGCA to bring together several DGCA accepted cardiologists in order to gain consensus concerning interpretation of this data. The assessments can then be demonstrated as having been given full consideration:

- 1) The medical deficiency in relation to the operating environment;
- 2) The ability, skill and experience of the applicant in the relevant operating environment;
- 3) A special medical test, if appropriate; and
- 4) The requirement for application of any limitations, conditions or variations to the medical certificate and license. Where the issue of a certificate will require more than one limitation, condition or variation, the additive and interactive effects upon flight safety must be considered by the AMC before a certificate can be issued.

Medical board will then produce an accredited medical conclusion.

3.6 Medical assessment report audit

After evaluating the medical assessment and determining the aeromedical disposition, AMEs shall send the AMC Form 67.02 and (or) other required medical document, address to AMA at Aviation Medical Center and make sure that it has been received by AMA not less than 60 days since the medical assessment has been performed.

The reports of AMC for 67.02 and other required medical document are required to be evaluated by an aviation medical assessor whenever an aeromedical decision needs to be made that affects the medical fitness of the applicant, in addition, a sample of other reports should be evaluated by the aviation medical assessor(s) for auditing purposes. The Medical Assessment Report should be evaluated randomly by AMA and recorded for auditing purposes according to AMC form 67.07. The flowchart for medical assessment audit is prescribed in Appendix D.

Upon finding of any discrepancies, medical assessor shall conduct further evaluation on the result of medical assessment that may affect to the recommendation of reassessment or suspension or revocation of the applicant's medical certificate, and or enforcement for Medical Examiner as prescribed in Chapter IV.3. Enforcement on Medical Examiner. The details of the process is described in flowchart of Appendix B.

CHAPTER VII. RECORD KEEPING

1. General

Maintenance of records of an organization in a systematic manner is a key to achieve highlevel of efficiency, regularity, productivity and transparency of the work that it has performed. In a public enterprise such as the DGCA, records shall be maintained in a systematic manner not only to achieve the above objectives but also to keep track of the work performed and also to take legal action of the persons/organizations being regulated, whose duties and functions have bearing on either safety or security.

Record system of DGCA has been developed with a view to achieving a uniform record management procedure within the DGCA.

Record system is the definitive reference for all DGCA records system procedures All DGCA employees during the tenure of their official duties shall abide by the procedures explained in this procedure with regard to handling and management of the DGCA records. Any deviation is possible only on a special approval from the Director General.

2. Forms

Form is a designed documentwhich facilitates the administrative function of making application, processing the application, recording data and issuing the license.

3. Explanatory Pamphlets

An explanatory pamphlet is a document which provides an applicant with the requirements for a particular license, and gives him /her reference to all pertinent approved documents. These pamphlets contain all the necessary guidelines in one document without the need to refer to other explanatory documents. Because a pamphlet, as described above, is a small and contain only material relevant to a particular license, it will be easy to assimilate by the public and convenient to publish and amend by the issuing authority. However, it is important to note that a pamphlet gives a detailed explanation as to the requirements for a license and the necessary administrative steps to facilitate easy application.

4. Documentation & Records

Each license holder should have a personal file on which is placed all correspondence, applications, assessments, examination results and all licensing documentation. An indexregister system showing the file details purposes.

The record held by a DGCA licensing system included a medical registry of certificate, complemented by individual files which contained a summary of all medical assessment action taken and all the personal records of the applicant.

The record system is fully or partially paper based and secure for confidential data. Such a purely manual system is adequate for DGCA with a limited number of medical certificate. However, as the number of active certificate grows beyond a few thousand, a computerized system becomes necessary either to complement or replace the paper-based records

5. Maintenance of Training Records for Technical Staff

It is considered mandatory that all PEL staff undergoes training programmes as per training plan and all records pertaining to individual training shall be recorded. Therefore each PEL Staff including AMA and AME (authorized to conduct licensing tasks should have a personal file on which contains all certificates received for training).

When trainings is conducted for PEL staff, printed copy of training materials, course notes & electronic copies will be forwarded to the action officer who handles the subject of "PEL Staff Training" and all documents should be filed.

6. Content and Integrity of Records

The AMC maintains records that support every licencing action taken by the DGCA for each applicant or license holder. The main characteristics of a record keeping system are:

a. Completeness

The records kept by each medical facility should be sufficient to provide documentary evidence each medical assessment action and allow the reconstruct the history of each certificate of issued.

b. Integrity

It is important to maintain the integrity of records that is not removed or altered. This usually requires that each record entered in the file be properly minute and that proper procedures exist to control that has access to the files. This applies to both paper and computerized records.

c. Easy access for authorized personnel

The information contained in the medical records should be easily accessible to the staff of licensing section. This is a requirement which

conflicts with those necessary to maintain the integrity of the records and the proper compromise have to be made.

7. Organization of Records

The records held by the each medical facility maintained for each medical record, complemented by individual files which contained a summary of medical assessment action taken and all the personal records of the applicant.

It is also important to maintain a backup system of the records to ensure continuity in case of a major disaster. When the records are computerized, it is easy to make backup the data on a regular basis and to keep the backup in an offsite storage that offers the required level of security for confidential data.

Nevertheless, it would be necessary to keep a backup of the essential information, such as medical certificate Registry, with the details of all medical certificate issued.

a. Filing/ File Handling Procedure

Each certificate holder should have a personal file on which contains all correspondence, applications, examination results and all other licensing documentation.

b. File Register

Update the appropriate file register when creating a new file, enter the file number, and subject of the file.

c. Filing system

All Action Officers are responsible for file handling.

d. Medical Record Officer

Medical Record Officer is the person whom with the file is physically kept under locked & key.

Responsibilities of the Medical Record Officer:

- 1) Safe Keeping of the file with its contents properly numbered pages and minute sheets in chronological order.
- 2) Medical Record Officer should be well versed and conversant with the contents and records checklists etc.

- 3) Taking actions within the guidelines provided by the action officer though the file pertaining to each and every subject. Any documents and file are or any ambiguities shall be submitted immediately to the immediate supervisor in- charge of the subject.
- 4) This process of action shall be in a minute made on a designated minute sheet as per guidance and instructions given with required to the subject matter.
- 5) In case when there's a requirements for taking action concurrently while another action being process in the same file resubmitting the file or record and pending task shall be the result of other Medical Record Officer immediately after the second task.
- 6) Taking action on the job task and submitting of file to the supervising offers and pursue the matter.
- 7) No unattended matter/job/letter/instruction/minute shall be found in a file.
- 8) No record for more than one day for any reason

e. Contents of the File/Documents in the File

Contents /documents are a structured unit of information pertaining to facts, qualifications, decisions and actions taken by DGCA officials. It is printed or written on paper. It becomes a record if it contains information that can be used as evidence of DGCA activity and the progressive history of the applicant/file.

After the medical certificate has been issued and receive by the applicant, the Medical Record Officer shall:

- A. Record the medical assesment data in the Aviation Personel Medical Record consist of the following document as required :
 - i. AMC Form No. 67-01
 - ii. AMC Form No. 67-02
 - iii. Copy of AMC Form No. 67-03
 - iv. Physical Test Result
 - v. Laboratory Test Result
 - vi. Radiology Test Result
 - vii. Cardiology Test Result
 - viii. Ophthalmology Test Result
 - ix. Audiometry Test Result
 - x. Dental Test Result
 - xi. EEG Test Result
- B. Keep the Aviation Personel Medical Record in Medical Record Room.

f. Archiving of Records

Paper files are to be retained at least 5 years and inactive records will be kept for at least 5 years before they are destroyed. Inactive records will be kept at archiving room.

g. Instructions to Work on the File & Job

- 1) Identify the job.
- 2) After opening the file the pending job has to be evaluated against the relevant check list
- 3) Each item of the check list has to be scrutinized, evaluated and endorsed either yes or no as per the records, evident & subject knowledge. Also it is advisable to make use of the remarks column to indicate folio number of the records, evidence for that particular item and a special comment for the next step of evaluation of supervising officer.
- 4) Appropriate minute should be endorsed indicating very clearly with the facts any ambiguity of taking the decision should also be recorded. Any recommendation also should be notified (or seeking instructions).
- 5) Any item in a check list evaluated as “No” also has to be indicated in the minute.
- 6) Proper attention should be made to make references with correct folio numbers of records minutes or any other similar or precedence cases.
- 7) When making reference or minutes only one job or task should be referred when processing for more than one job.

h. Safe Keeping Files

- 1) Files, records should be kept confidentially, securely and safely at all times in a systematic manner under responsibility of the Medical Record Officers.
- 2) Only action officers / Medical Record Officers have the authority to access the files and records in the section.
- 3) Providing access to any outsiders or applicants is a punishable offence.
- 4) Re-production of a record shall be done only with the approval of the supervisor.
- 5) Each action officer shall allocate and designate a separate drawer for pending jobs and all those records pertaining to that category shall be kept under lock and key before finishing the work at the end of the day.
- 6) Keeping the working files on the tables temporarily is allowed at your own risk with only a very limited number & shall be reconciled at the end of the day & shall be put back to the drawers & locked

i. Medical Record Files

Medical Records & Personnel files containing medical information & reports are considered as very sensitive files. Therefore handling of the Medical files requires special care & attention in terms of security of the records as well as confidentiality. Handling of such files is restricted to

only Medical staff & the files shall be kept under lock & key at all the time as provided with the facilities for the purpose. Extraction or duplicating of any information pertaining to any of the Medical files are strictly prohibited without explicit approval of Aviation Medical Assessor or DGCA.

j. Papers in File & Their Maintenance

- 1) All papers in the file should be numbered in Arabic numerals.
- 2) Each paper of attachment to a document shall contain page number and the total number of pages (i.e. x of y where x is the page number & y is the total number of pages in the document).
- 3) All papers should be filed using holes made with a two-hole-punctured Paperfasteners used for filing should be arranged neatly & tightly so that papers will not be let loose.
- 4) Documents referred to in the minutes shall be flagged neatly and if there is any reference in such a document to a previous correspondence, folio number of such papers shall also be marked.
- 5) A file shall not contain any flagged paper soon after the purpose for it which it was flagged is over.
- 6) If the subject matter dealt in the file requires frequent reference to any regulation or rules, a copy of such materials shall be included to the file or in an envelope attached to the inner side of the file's back cover.
- 7) Any file shall not contain more than 200 pages. New volumes may be opened as the file swallows in size.
- 8) There should not be any loose paper attached to the file with a pin or clip.
- 9) Files requiring special attention shall be flagged with "urgent".

k. Library and Reference Documentation

Medical Facility require a set of the own regulatory documents and access to a small library of appropriate, updated technical textbooks, ICAO Publications, Manuals and other reference document required for PEL functions. Therefore all ICAO publications are updated timely with relevant amendments. Such updated publications shall be available for use by regulatory staff and T e PEL staff requires sets of ICAO documents and, as required, other States' regulatory material and other necessary technical documentation to streamline this activity efficiently and effectively.

Each applicant/medical holder should have a personnel file on which is placed all medical correspondence , medical applications , assessments, medical reports and all documentation in related to the medical assessment.

An index register system showing the file details is useful for quick reference and statistical purposes.

8. Movement of medical files and medical assessment procedure

- a. The following procedure shall be strictly followed by medical unit including Aviation Medical Assessor, AMEs, and Nursing Officer.
 - 1) On the receipt of the application, AMC form 67.01 for the conducting of medical assessments for the issuance of medical assessments for the issuance of personnel licenses, Nursing Officer shall open a new file and verify check list items.
 - 2) Attend to following preliminary test and fill the form 67.02(Ex. Height, weight)
 - 3) Issue the prescription for investigation
 - 4) Once all applicable reports are received from the Designated Hospital, file them with a minute.
 - 5) Submit to the examiner with the summary report and the application at the time of the examination.
 - 6) Once Nursing Officer is satisfactory about pre-requisites for the medical assessments, he shall handover the applicant and file to the AME for the evaluation.
 - 7) Once medical assessment is recommended by AME for the issuance of medical certificate having taken over the file, keep the file in a designated file cabinet under lock & key under the safe custody of Nursing Officer for issuance certificate except examine by other DGCA medical facility shall be submit to the Aviation Medical Assessor.
 - 8) Submit the file on the next immediate date available Aviation Medical Assessor for the next action.
 - 9) If the medical certificate issue after pass medical assessment, submit to the PEL section entering the register for the issuance of license through the proper channel.
 - 10) Return the file containing all medical reports to the correct designated cupboard and keep it under safe custody and lock and key by the Medical Record Officer Nursing Officer.
 - 11) Generating copies, dissemination of medical information, divulging medical information, discussing medical information and limitations, extraction of medical reports shall be considered prohibited unless explicit approval is obtained from the individual concern, Aviation Medical Examiners concern, Aviation Medical Assessor's concern or DGCA's concern.
 - 12) All aviation Medical Staff shall ensure the highest level of security and confidentiality when handling the individual Medical Reports and files

Chapter VIII. LIST OF APPLICABLE FORM

No	Form Number	Title	Revision
1	AMC Form No. 67-01	Application for Aviation Medical Assessment	Aug 2017
2	AMC Form No. 67-02	Medical Assessment Report	Aug 2017
3	AMC Form No. 67-03	Medical Certificate	Aug 2017
4.	AMC Form No. 67-04	Special Medical Test Report	Aug 2017
5	AMC Form No. 67-05	Aviation Medical Examiner Competency Test	Aug 2017
6	AMC Form No. 67-06	Medical Board Report	Aug 2017
7	AMC Form No. 67-07	Decrease in Medical Fitness Report	Aug 2017
8	AMC Form No. 67-08	Denial Letter	Aug 2017
9	AMC Form No.183-01	Application for Designated Aviation Medical Examiner Representative (DAMER)	Aug 2017
10	AMC Form No. 183-02	Certificate of Designation	Aug 2017
11	AMC Form No. 183-03	Oversight Designation Aviation Medical Examiner Checklist	Aug 2017

Appendix A. TRAINING SUBJECT FOR BASIC AND ADVANCE TRAINING IN AVIATION MEDICINE

1. Aviation physiology

- Cognition and aviation
- Decision making and communication in aviation
- Sleep and fatigue as related to commercial aviation
- Physics of the atmosphere; effects of altitude on trapped gas
- Effects of hypoxia
- Functional aspects of vision relevant to aviation
- Spatial disorientation
- Effects of acceleration

2. Clinical aviation medicine

- Aspects of incapacitation in flight
- Effects of ageing as related to flight safety
- Cardiological conditions relevant to flight
- Neurological conditions relevant to flight
- Ophthalmological conditions relevant to flight
- Ear/nose/throat conditions relevant to flight
- Respiratory conditions relevant to flight
- Psychiatric conditions relevant to flight
- Metabolic/endocrine conditions relevant to flight
- Other conditions relevant to flight (especially gastro-enterological, haematological, urological, renal, gynaecological/obstetric, orthopaedic and oncological disease)
- Medication relevant to flight

3. Public Health

- Introduction to the World Health Organization International Health Regulations (2005)
- Knowledge of SARPs related to public health
 - i. Annex 6 — *Operation of Aircraft*: On board medical supplies
 - ii. Annex 9 — *Facilitation*: Public Health Emergency preparedness planning, Aircraft General Declaration
 - iii. Annex 11 — *Air Traffic Services*: Aspects relevant to public health emergencies in contingency planning
 - iv. Annex 14 — *Aerodromes*: Aspects relevant to public health emergencies in aerodrome emergency planning *Procedures for Air Navigation Services — Air Traffic Management*: See Part III, Chapter 18, Appendix
 - v. Annex 18 — *The Safe Transport of Dangerous Goods by Air*: Carriage of medical items by air e.g. radioactive materials and biological specimens

4. Regulatory medicine

- Convention on International Civil Aviation and its Annexes
- ICAO Standards and Recommended Practices, with focus on medically related SARPs
- DGCA Indonesia Licence types and differences in medical requirements
- ICAO Annex 1: difference between “Licence” and “Medical Assessment”. Validity periods of Medical Assessments
- Application of “Flexibility Standard” 1.2.4.9 in Annex 1 and accredited medical conclusion
- Evaluation of evidence — critical appraisal of specialist reports and data
- Decrease in medical fitness — administrative process for an “unfit” decision
- Other medical regulations in the ICAO Annexes (psychoactive substances, fatigue, oxygen)
- Principles of risk management
- Principles of safety management, as applied to aviation medicine

5. Medical Assessment Procedure for Class 1, 2 and Class 3 (Advance) and for Class 2 and 3 (Basic)

The guidance material will be provided by The Aviation Medical Center, including observation and performance during training.

- Procedure of medical assessment as prescribed in SI 67-01 and SI 67-02: history taking and capability in using required medical equipment.
- Medical examinations forms and submission process.
- Flexibility and Deferement process
- Case study

Appendix B. ENFORCEMENT ON MEDICAL EXAMINER

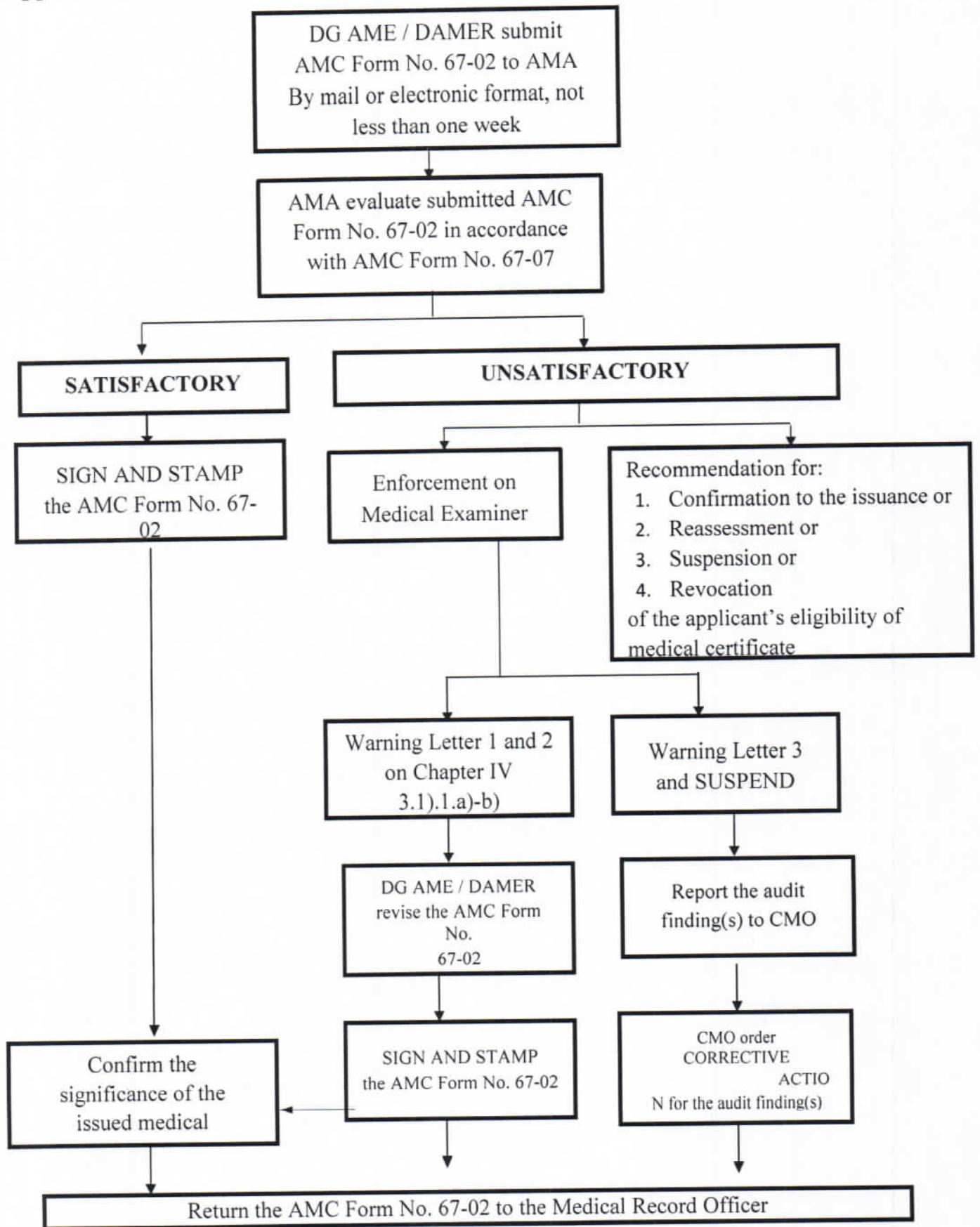
NO	FINDING	ACTION					
		Warning Letter I	Warning Letter II	Warning Letter III	Retraining	Suspend	Revoke
1.	<p>Medical examination form and (or) certificate</p> <p>1.1 Medical assessment process</p> <p>a. Unintentionally typographical error</p> <p>b. Failure to follow and use the standard of AMC form</p> <p>c. Failure to follow and provide detail information</p> <p>d. Failure to provide the significant limitation</p> <p>1.2 Falsification</p> <p>a. Falsify a medical certificate</p> <p>b. Granted an aeromedical recommendation without performing proper examination</p> <p>c. Granted an aeromedical recommendation against the actual condition</p> <p>1.3 Delayed submission of medical document for more than one week</p>	7 days	7 days	7 days	-	30-60 days	-
		-	-	-	-	-	Revoke
		-	-	-	-	30-60 days	-
2.	Facilities and equipment	7 days	7 days	7 days	-	30-60 days	-

3.	2.1 Failure to provide the standard facilities and (or) equipment						
	2.2 Failure to notify the DGCA for a changed of facility's address and (or) contact details						
	Medical ethics	7 days	7 days	7 days	Retraining	-	-
	professionalism & continuing education						
	3.1 Dishonor the appointment and divided attention	7 days	7 days	7 days	Retraining	-	-
	3.2 Failure to meet the required training						
	3.3 Failure to maintain the required medical knowledge and skills	7 days	7 days	7 days	Retraining	-	-
	3.4 Disclosure of medical confidentiality without applicant's consent	-	-	-	-	30-60 days	Revoke
	3.5 Arrest, indictment, or conviction for violation of law	-	-	-	-	-	Revoke
3.6 Conduct medical assessment outside the medical unit that the DAMER is employed	7 days	7 days	7 days	-	30-60 days	-	
3.7 Exempt any applicant from the medical assessment requirements							

Appendix C. FALSE DECLARATION

NO	FINDING	ACTION					
		Verbal warning	Warning letter	Suspend	Revoke	Penalty	DGCA (PPNS)
1.	Unintentionally typographical error	Same day	-	-	-	-	-
2.	Any incomplete information, not related to aviation safety	Same day	-	-	-	-	-
3.	Any incomplete information, related to aviation safety	-	10 working days	Suspend	-	-	-
4.	Any incomplete information in AMC Form No.67-01 box 29	-	30 calendar days	suspend	-	-	-
5.	Any unruly or other unauthorized conduct prescribed in CASR part 67 section 67.25 c) and e)	-	6 – 12 months	suspend	-	-	-
6.	Any unruly or other unauthorized conduct prescribed in CASR part 67 section 67.25 b) and d)	-	-	suspend	-	-	Recommendation letter prior to medical assessment
		-					

Appendix D. MEDICAL ASSESSMENT REPORT AUDIT



ACTING DIRECTOR GENERAL OF CIVIL AVIATION

Signed

Ir. M.PRAMINTOHADI SUKARNO, M.Sc

Salinan sesuai aslinya
KEPALA BAGIAN HUKUM

ENDAH PURNAMA SARI

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