



**MENTERI PERHUBUNGAN  
REPUBLIC INDONESIA**

PERATURAN MENTERI PERHUBUNGAN REPUBLIK INDONESIA  
NOMOR PM 69 TAHUN 2017  
TENTANG  
PERATURAN KESELAMATAN PENERBANGAN SIPIL BAGIAN 67  
(*CIVIL AVIATION SAFETY REGULATION PART 67*) TENTANG  
STANDAR KESEHATAN DAN SERTIFIKASI PERSONEL PENERBANGAN

DENGAN RAHMAT TUHAN YANG MAHA ESA

MENTERI PERHUBUNGAN REPUBLIK INDONESIA,

- Menimbang : a. bahwa dalam rangka melaksanakan amanah Undang-Undang Nomor 1 Tahun 2009 tentang Penerbangan, terkait dengan kesehatan personel penerbangan perlu dilakukan penyesuaian terhadap perkembangan teknologi dan persyaratan standar kesehatan penerbangan dari organisasi penerbangan internasional serta guna menjamin keselamatan dan keamanan penerbangan;
- b. bahwa dalam melaksanakan kegiatan yang terkait dengan operasional penerbangan, setiap personel penerbangan wajib disertifikasi.

- c. bahwa berdasarkan pertimbangan sebagaimana dimaksud pada huruf a dan b, perlu menetapkan Peraturan Menteri Perhubungan tentang Peraturan Keselamatan Penerbangan Sipil Bagian 67 (*Civil Aviation Safety Regulation Part 67*) tentang Standar Kesehatan dan Sertifikasi Personel Penerbangan;

- Mengingat :
1. Undang-Undang Nomor 1 Tahun 2009 tentang Penerbangan (Lembaran Negara Republik Indonesia Tahun 2009 Nomor 1, Tambahan Lembaran Negara Republik Indonesia Nomor 4956);
  2. Peraturan Pemerintah Nomor 3 Tahun 2001 tentang Keamanan dan Keselamatan Penerbangan (Lembaran Negara Nomor 9 Tahun 2001, Tambahan Lembaran Negara Nomor 4075);
  3. Peraturan Presiden Nomor 7 Tahun 2015 tentang Organisasi Kementerian Negara (Lembaran Negara Republik Indonesia Tahun 2015 Nomor 8);
  4. Peraturan Presiden Nomor 40 Tahun 2015 tentang Kementerian Perhubungan (Lembaran Negara Republik Indonesia Tahun 2015 Nomor 75);
  5. Peraturan Menteri Perhubungan Nomor PM 59 Tahun 2015 tentang Kriteria, Tugas dan Wewenang Inspektur Penerbangan (Berita Negara Republik Indonesia Tahun 2015 Nomor 409) sebagaimana diubah dengan Peraturan Menteri Perhubungan Nomor PM 142 Tahun 2016 tentang Perubahan atas Peraturan Menteri Perhubungan Nomor PM 59 Tahun 2015 tentang Kriteria, Tugas dan Wewenang Inspektur Penerbangan (Berita Negara Republik Indonesia Tahun 2016 Nomor 1684);

6. Peraturan Menteri Perhubungan Nomor PM 186 Tahun 2015 tentang Penunjukan (*Designated*) Penyelenggara Pengujian Kesehatan Personel Penerbangan (Berita Negara Republik Indonesia Tahun 2015 Nomor 1824);
7. Peraturan Menteri Perhubungan Nomor PM 189 Tahun 2015 tentang Organisasi dan Tata Kerja Kementerian Perhubungan (Berita Negara Republik Indonesia Tahun 2015 Nomor 1844), sebagaimana telah diubah terakhir dengan Peraturan Menteri Perhubungan Nomor 44 Tahun 2017 tentang Perubahan Kedua atas Peraturan Menteri Perhubungan Nomor PM 189 Tahun 2015 tentang Organisasi dan Tata Kerja Kementerian Perhubungan (Berita Negara Republik Indonesia Tahun 2017 Nomor 816);

MEMUTUSKAN :

Menetapkan : PERATURAN MENTERI PERHUBUNGAN TENTANG PERATURAN KESELAMATAN PENERBANGAN SIPIL BAGIAN 67 (*CIVIL AVIATION SAFETY REGULATION PART 67*) TENTANG STANDAR KESEHATAN DAN SERTIFIKASI PERSONEL PENERBANGAN.

Pasal 1

Memberlakukan Peraturan Keselamatan Penerbangan Sipil Bagian 67 (*Civil Aviation Safety Regulation Part 67*) tentang Standar Kesehatan dan Sertifikasi Personel Penerbangan sebagaimana tercantum dalam Lampiran sebagai bagian yang tidak terpisahkan dari Peraturan Menteri ini.

Pasal 2

Ketentuan lebih lanjut mengenai Peraturan Keselamatan Penerbangan Sipil Bagian 67 (*Civil Aviation Safety Regulation Part 67*) tentang Standar Kesehatan dan Sertifikasi Personel Penerbangan sebagaimana dimaksud dalam Pasal 1 diatur dengan Peraturan Direktur Jenderal Perhubungan Udara.

Pasal 3

Pada saat Peraturan Menteri ini mulai berlaku, Peraturan Menteri Perhubungan Nomor PM 8 Tahun 2015 tentang Keselamatan Penerbangan Sipil Bagian 67 (*Civil Aviation Safety Regulation Part 67*) tentang Standar Kesehatan dan Sertifikasi Personel Penerbangan, dicabut dan dinyatakan tidak berlaku.

Pasal 4

Sertifikat Kesehatan yang diterbitkan sebelum Peraturan Menteri ini, dianggap berlaku sampai dengan habis masa berlakunya.

Pasal 5

Direktur Jenderal Perhubungan Udara melakukan pengawasan terhadap pelaksanaan Peraturan Menteri ini.

Pasal 6

Peraturan Menteri ini mulai berlaku pada tanggal diundangkan.

Agar setiap orang mengetahuinya, memerintahkan pengundangan Peraturan Menteri ini, dengan penempatannya dalam Berita Negara Republik Indonesia.

Ditetapkan di Jakarta  
pada tanggal 4 Agustus 2017

MENTERI PERHUBUNGAN  
REPUBLIK INDONESIA

ttd

BUDI KARYA SUMADI

Diundangkan di Jakarta  
pada tanggal 8 Agustus 2017

DIREKTUR JENDERAL  
PERATURAN PERUNDANG-UNDANGAN  
KEMENTERIAN HUKUM DAN HAK ASASI MANUSIA  
REPUBLIK INDONESIA,


ttd

WIDODO EKATJAHJANA

BERITA NEGARA REPUBLIK INDONESIA TAHUN 2017 NOMOR 1105  
Salinan sesuai dengan aslinya

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LAMPIRAN  
PERATURAN MENTERI PERHUBUNGAN  
REPUBLIK INDONESIA  
NOMOR PM 69 TAHUN 2017  
TENTANG PERATURAN KESELAMATAN  
PENERBANGAN SIPIL BAGIAN 67  
(*CIVIL AVIATION SAFETY REGULATION PART 67*)  
TENTANG STANDAR KESEHATAN DAN  
SERTIFIKASI PERSONEL PENERBANGAN

## **CIVIL AVIATION SAFETY REGULATIONS**

### **PART 67 Edition 1 Amendment 0**

### **MEDICAL STANDARD AND CERTIFICATION**

**REPUBLIC OF INDONESIA  
MINISTRY OF TRANSPORTATION**



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## SUBPART A - GENERAL

### 67.1 **Applicability**

This Section prescribes the requirements and procedures for issuing, renewing, and reissuing Class 1, Class 2 and Class 3 medical certificates.

### 67.3 **Conformity with International Standards**

Certificate issued under this part conform to the minimum standards of Annex 1 to the Convention on International Civil Aviation.

### 67.5 **Definition**

In this regulation the following terms are used:

1. **Accredited medical conclusion.** The conclusion reached by one or more medical experts acceptable to the DGCA for the purposes of the case concerned, in consultation with flight operations or other experts as necessary.
2. **Aviation** is one unit of system consisting of usage of space territory, aircrafts, airports, airlines, air transportation, flight navigation, safety and security, living environment, and other supporting and general facilities.
3. **Applicant** is a certified personnel assigned to be responsible in aviation.
4. **Aviation Medical Certificate** is an evidence of compliance to the aviation medicine standards of an applicant.
5. **Aviation Medical Assessor** is a physician, appointed by the Director General, qualified and experienced in the practice of aviation medicine and competent in evaluating and assessing medical conditions of flight safety significance.
6. **Aviation Medical Examiner** is a physician with training in aviation medicine and practical knowledge and experience of the aviation environment, who is designated by the Director General to conduct medical assessments of fitness of applicants for licences or ratings for which medical requirements are prescribed.

7. **Likely** means with a probability of occurring that is unacceptable to the medical assessor.
8. **Medical Assessment.** The evidence issued by a Contracting State that the licence holder meets specific requirements of medical fitness.
9. **Medical Report** (health report) is a report of medical assessment result.
10. **Problematic use of substances.** The use of one or more psychoactive substances by aviation personnel in a way that:
  - a) constitutes a direct hazard to the user or endangers the lives, health or welfare of others; and/or
  - b) causes or worsens an occupational, social, mental or physical problem or disorder.
11. **Psychoactive substances.** Alcohol, opioids, cannabinoids, sedatives and hypnotics, cocaine, other psychostimulants, hallucinogens, and volatile solvents, whereas coffee and tobacco are excluded.
12. **Significant** means to a degree or of a nature that is likely to jeopardize flight safety.

#### **67.7 Implementation of Basic Safety Management Principles**

Director General apply basic safety management principles to medical assessment process of license holder that as a minimum include:

1. Routine of analysis on in-flight of incapacitation events and medical findings during medical assessments to identify areas of increased medical risk; and
2. Continuous re-evaluation of medical assessment process to concentrate on identified areas of increased medical risk.

#### **67.9 Medical Fitness**

1. The applicants for a flight crew, air traffic controller, and flight operation personnel other than pilot shall hold a medical certificate issued in accordance with this Part.
2. The flight crew, air traffic controller, and flight operation personnel other than pilot shall not exercise the privileges of their license unless they hold a current medical certificate appropriate to the license.

**67.11 Aviation Medical Examiner (AME)**

1. Subject to compliance with the requirements specified in this Part, the Director General shall designate qualified and physicians permit holder in the practice of medicine, to be authorized as an AME and conduct medical assessments of fitness of applicants.
2. Authorizations of Aviation Medical Examiner:
  - a) To exam the medical of an applicant;
  - b) To compile all medical assessment files and determine the aeromedical status (fit/unfit);
  - c) To sign and furnish medical report and medical certificate;
  - d) To involve in the medical board if there is a special case;
  - e) To conduct medical flight/simulator test;
3. Limitation of authorizations for aviation medical examiner are determined by Director General
4. AMEs shall have had, or shall receive initial and recurrent training in aviation medicine. Initial training shall include:
  - a) Basic training in aviation medicine for Class 2 and 3 medical assessments on the subjects listed in **67.601 (a)**; and
  - b) Advanced training in aviation medicine for Class 1 medical assessments on the subjects listed in **67.601 (b)**.
5. AMEs should acquire knowledge and experience of the conditions in which the holders of licenses and ratings carry out their duties.
6. The AME shall be required to submit sufficient information to Director General to enable that Director General to undertake Medical Assessments audits.
7. The authorization of an AME is valid in accordance with CASR Part 183. The AME shall have completed at least 10 examinations for a medical certificate per year. Renewal of the AME designation will be at the discretion of the Director General.
8. Having completed the medical examination of an applicant in accordance with this Section, the AME shall coordinate the results of the examination and submit a signed report or equivalent to Director General, in accordance with its requirements detailing the results of the examination and evaluating the finding with regard to medical fitness.

- a) If the medical report is submitted to the Director General in electronic format, adequate identification of the examiner shall be established
  - b) If the medical examination is carried out by two or more medical examiners, Director General shall appoint one of these to be responsible for coordinating the results of the examination, evaluating the findings with regard to medical fitness, and signing the report.
9. If the medical assessment is carried out by group of aviation medical examiner. The head of group will be appointed by Director General, who will responsible for coordinating the result of the examination and signing the report.
  10. The Director General retains the right to reconsider any action of an AME.
  11. The AME shall respect medical confidentiality at all times.
  12. The AME shall securely hold all medical reports and records with accessibility restricted to authorized personnel.
  13. The aviation medical examiner shall report to the Director General any individual case where, in the examiner's judgement, an applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence being applied for, or held, is not likely to jeopardize flight safety

#### **67.13 Medical Assessment**

1. Applicants for licenses or ratings for which medical fitness is prescribed shall sign and furnish to the aviation medical examiner a declaration stating whether they have previously undergone such an examination and, if so, the date, place and results of last examination.
2. The applicant shall indicate to the aviation medical examiner whether a medical certificate has previously been refused, revoked or suspended and, if so, the reason for such refusal, revocation or suspension.

3. Each applicant for a medical certificate shall provide the medical examiner with a personally certified statement of medical facts concerning personal, familial and hereditary history. The applicant shall be made aware of the necessity for giving a statement that is as complete and accurate as the applicant's knowledge permits, and any false statement shall be dealt with in accordance with **67.13 (5)**
4. The applicant shall complete the application form, attach a photograph, and copy of identity card as prescribed by Director General.
5. Any false declaration to a aviation medical examiner made by an applicant for a license or rating shall be reported to Director General for such action as may be considered appropriate in which Medical confidentiality shall be respected at all times.
6. The applicant of medical certificate who is denied by the Aviation Medical Examiner may reapply.

**67.15 Decrease of Medical Fitness**

1. Holders of licenses provided for in this Part shall not exercise the privileges of their licenses and related ratings at any time when they are aware of any decrease in their medical fitness which might render them unable to safely and properly exercise these privileges.
2. Holders of medical certificate who acquaint or experienced any decrease in medical fitness which cause incapacitation should report to the Director General.
3. The Director General may revoke or suspend medical certificate of an applicant with incapacitation until the condition of the applicant meet the applicable medical requirement.

**67.17 Pregnant Condition**

Holders of medical certificate class 1 or class 2 who is pregnant shall not exercise of the privileges of the license and rating.

## **67.19 Use of Psychoactive Substances**

1. Holders of licenses provided in this Part shall not exercise the privileges of their licenses and related ratings while under the influence of any psychoactive substance which might render them unable to safely and properly exercise these privileges.
2. Holders of licenses provided in this Part shall not engage in any problematic use of substances.
3. Addiction to narcotics, psychotropic and other addictive substances will be declared to have been fully recovered after 2 (two) years rehabilitation and showing no abuse.
4. Before the medical assessment is carried out, the applicant) has to be considered fully recovered from the addiction (as stated in number 3).

## **67.21 Medical Certificate**

1. Flight crew, air traffic controller, and flight operation personnel other than pilot shall not exercise the privileges of their licence unless they hold a current Medical Assessment appropriate to the licence
2. Issue of medical certificates
  - a) Medical certificate will be issued by Director General to any person who meets the medical requirements prescribed in this Subpart. Medical certificate issuance is based on *medical report* submitted by *Aviation Medical Examiners*.
  - b) Each person to be issued a medical certificate shall undergo a medical assessment based on the physical and mental requirements contained in this Subpart.
  - c) Any person who does not meet the medical requirements of this Subpart may apply for the discretionary issuance of a certificate under **67.501**.
3. Medical Certificate classes

Three classes of medical assessment shall be established as follows:

  - a) Class 1 Medical Certificate;
    - i. commercial pilot licenses — aeroplane, airship, helicopter and powered-lift
    - ii. airline transport pilot licenses — aeroplane, helicopter and powered-lift
    - iii. flight engineer license

- b) Class 2 Medical Certificate;
    - i. private pilot licences — aeroplane, airship, helicopter and powered-lift
    - ii. Sport pilot license
    - iii. Flight navigator
    - iv. Student pilot license
    - v. Flight attendant certificate
  - c) Class 3 Medical Certificate;
    - i. air traffic controller licenses
    - ii. other license which are required by specified regulation
4. Validity:
- a) The validity period of the medical certificate shall be applied :
    - I. for the Class 1 is 6 (six) months
    - II. for the Class 2 is 12 (twelve) months
    - III. for the Class 3 are restricted by age limitation, as follow :
      - i. Be valid 24 months for the age less than and/or reached 50 years old;
      - ii. Be valid for 12 months for the age has reached more than 50 years old.
  - b) The period of validity of a medical assessment shall begin on the day the medical examination is performed.
  - c) Where the medical Assessment is performed within the last 45 days of its validity period, such assessment is deemed to have taken place on the last day of the validity period.
  - d) The period of validity of a medical certificate may be reduced when clinically indicated.
5. The requirements to be met for the renewal or re-issue of a medical certificate are the same as those for the initial certificate except where otherwise specifically stated.
6. Limitation or denial. Director General may, for medical reasons justified and notified to the applicant, limit or deny a medical certificate.
7. Holder of foreign license issued by ICAO contracting states who applies for license validation shall have medical certification under this part.



### **67.23 Aviation Medical Assessor**

1. The Aviation Medical Assessor will periodically evaluate the competence of each AME
2. Aviation Medical Assessor will review the medical assessment report.
3. When justified by operational considerations, the medical assessor shall determine to what extent pertinent medical information is presented to relevant officials of the Director General.
4. Director General will use the services of physicians experienced in the practice of aviation medicine when it is necessary to evaluate reports.
5. Duties and responsibilities of aviation medical assessor are determined by Director General.

### **67.25 Unruly or other unauthorized conduct**

1. No person may:
  - a) Copy or intentionally remove medical records or some part of the medical record, which is used in the process of issuing a medical certificate.
  - b) Giving or receiving one part / copy of the medical records from other person.
  - c) Providing assistance in medical assessment, or receiving assistance from someone during a medical assessment being held .
  - d) Use a part of the medical record belongs to other person.
  - e) Use of materials for medical assessment belong to other person, or;
  - f) Intentionally doing , assist , or participate in activities that are not permitted in this section
2. No person who commits an act prohibited in part **67.25** above is eligible for medical certificate application for a period of 1 (one) year after the date of the act.

### **67.27 Medical Report**

1. All medical reports and records shall be securely held with accessibility restricted to authorized personnel.
2. The procedure of Record keeping will be determined by Director General Decree.

## **SUBPART B – MEDICAL REQUIREMENTS**

### **67.101 General**

An applicant for a Medical Certificate issued in accordance with this Part, shall undergo a medical assessment based on the following requirements:

- a. Physical and mental;
- b. Visual and colour perception;
- c. Hearing

### **67.103 Physical and Mental Requirements**

1. An applicant for any class of Medical Assessment shall be required to be free from :
  - a) Any abnormality, congenital or acquired; or
  - b) Any active, latent, acute or chronic disability; or
  - c) Any wound, injury or sequelae from operation; or
  - d) Any effect or side-effect of any prescribed or non-prescribed therapeutic medication taken; such as would entail a degree of functional incapacity which is likely to interfere with the safe operation of an aircraft or with the safe performance of duties.
2. An applicant with depression, being treated with antidepressant medication, shall be assessed as unfit unless the aviation medical assessor, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's license and rating privileges.

### **67.105 Visual Acuity Test Requirements**

1. Visual acuity tests should be conducted in an environment with a level of illumination that corresponds to ordinary office illumination (30-60cd/m<sup>2</sup>).
2. Visual acuity must be measured by means of a series of Snellen Chart, Landolt rings or similar optotypes, placed at a distance from the applicant appropriate to the method of testing adopted.

### **67.107 Colour Perception Requirements**

1. The methods of examination are used shall be guaranteed the reliability testing of colour perception.
2. The applicant shall be required to demonstrate the ability to perceive readily those colours the perception of which is necessary for the safe performance of duties.

3. The applicant shall be tested for the ability to correctly identify a series of pseudoisochromatic 38 plates in daylight or in artificial light of the same colour temperature such as that provided by CIE standard illuminants C or D65 as specified by the International Commission of Illumination (CIE).
4. Sunglasses worn during the exercise of the privileges of the licence or rating held should be non-polarizing and of a neutral grey tint.
5. An applicant obtaining a satisfactory result as prescribed by the Director General shall be assessed as fit. An applicant failing to obtain a satisfactory result in such a test shall be assessed as unfit.

#### **67.109 Hearing Test Requirements**

1. The methods of examination are used shall be guaranteed the reliability testing of hearing.
2. Applicants shall be required to demonstrate hearing performance sufficient for the safe exercise of their license and rating privileges.
3. The hearing test may be conducted using a pure tone audiometer or alternate method that will provide equivalent results. This test shall be performed at the first medical assessment and then at specified intervals according to the class of medical assessment.
4. If a pure tone audiometer is used, the reference zero for calibration is that of the International Organisation for Standardisation (ISO) Recommendation R389, 1964.
5. For hearing tests where audiometry is not performed, applicants shall be tested in a quiet room by whispered and spoken voice tests under the following conditions:
  - a) A quiet room is a room in which the intensity of the background noise is less than 35 dB(A) when measured on "slow" response of an "A"-weighted sound level meter.
  - b) the sound level of an average conversational voice at 1 m from the point of output is 60dB(A) and that of a whispered voice is 45dB(A). At 2 m from the speaker, the sound is 6 dB(A) lower.

6. The holder of a PPL with an instrument rating shall meet the hearing requirements for the Class 1 medical certificate.
7. Alternatively, other methods providing equivalent results may be used.

## **SUBPART C – CLASS 1 MEDICAL CERTIFICATE**

### **67.201 Certificate Issue and Renewal**

1. The level of medical fitness to be met for the renewal of a medical certificate shall be the same as that for the initial assessment except where otherwise specifically stated;
2. An applicant for ATPL, CPL, and FE shall undergo an initial medical assessment for the issue of a Class 1 Medical Certificate.
3. Except where otherwise stated in this subpart, holders of ATPL, CPL, FE and FN shall have their Class 1 medical certificate renewed at intervals not exceeding those specified below.
4. A Class 1 medical certificate will be issued when the applicant complies with the requirements of this Part.

### **67.203 Physical and Mental Requirements**

1. The applicant shall not suffer from any disease or disability which could render that applicant likely to become suddenly unable either to operate an aircraft safely or to perform assigned duties safely.
2. The applicant shall have no established medical history or clinical diagnosis of any of the following such as might render the applicant unable to safely exercise the privileges of the license applied for or held:
  - a) An organic mental disorder
  - b) A mental or behavioural disorder due to use of psychoactive substances; this induces dependence syndrome induced by alcohol or other psychoactive substances;
  - c) Schizophrenia or a schizotypal or delusional disorder;
  - d) A mood (affective) disorder;
  - e) A neurotic, stress-related or somatoform disorder;
  - f) A disorder of adult personality or behaviour, particularly if manifested by repeated overt acts
  - g) Mental retardation;
  - h) A disorder of psychological development;
  - i) A behavioural or emotional disorder, with onset in childhood or adolescence; or
  - j) A mental disorder not otherwise specified.
3. An applicant with depression, being treated with antidepressant medication, should be assessed as unfit unless the aviation medical assessor, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's licence and rating privileges

4. The applicant shall have no established medical history or clinical diagnosis of any of the following:
  - a) A progressive or non-progressive disease of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe exercise of the applicant's license and rating privileges;
  - b) Epilepsy; or
  - c) Any disturbance of consciousness without satisfactory medical explanation of cause
5. The applicant shall not have suffered any head injury, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe exercise of the applicant's license and rating privileges shall be assessed as unfit.
6. The applicant shall not possess any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe exercise of the applicant's license and rating privileges. A history of proven myocardial infarction shall be disqualifying.
7. An applicant who has undergone coronary by-pass grafting or angioplasty (with or without stenting) or other cardiac intervention or who has a history of myocardial infarction or who suffers from any other potentially incapacitating cardiac condition shall be assessed as unfit unless the applicant's cardiac condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's license or rating privileges.
8. An applicant with an abnormal cardiac rhythm shall be assessed as unfit unless the cardiac arrhythmia has been investigated and evaluated in accordance with the safe exercise of the applicant's license or rating privileges.
9. Electrocardiography shall form part of the heart examination for the first issue of a medical certificate.
10. Electrocardiographic Examination (ECG):
  - a) Renewal must be done at the age of 20 and 30;
  - b) Renewal of an applicant aged between 30 and 40.
    - (1) ECG resting annually; and
    - (2) ECG exercise/treadmill stress test at the age of 35.

- c) Renewal shall be done by an applicant above 40 years old, ECG resting at the first 6 (six) months, ECG exercise/ Treadmill Stress Test (TMT) at the next 6 (six) months or vice versa.
11. The systolic and diastolic blood pressures shall be within normal limits.
  12. An applicant with blood pressure above 160/95 mmHg will be declared as unfit in their aeromedical status.
  13. The use of drugs for control of high blood pressure is disqualifying except for those drugs, the use of which, according to accredited medical conclusion is compatible with the safe exercise of the applicant's license and rating privileges.
  14. There shall be no significant functional or structural abnormality of the circulatory system.
  15. There shall be no acute disability of the lungs or any active disease of the structures of the lungs, mediastinum or pleura likely to result in incapacitating symptoms during normal or emergency operations.
  16. Chest radiography should form part of the initial examination.
  17. Chest Radiography examination conducted every year.
  18. Applicant's with chronic obstructive pulmonary disease shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's license or rating privileges.
  19. Applicant's with asthma causing significant symptoms or likely to cause incapacitating symptoms during normal or emergency operations shall be assessed as unfit.
  20. The use of drugs for control of asthma shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's license and rating privileges.
  21. Applicants with active pulmonary tuberculosis shall be assessed as unfit.

22. Applicants with quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, may be assessed as fit.
23. Applicants with significant impairment of the function of the gastrointestinal tract or its adnexa shall be assessed as unfit.
24. The applicant shall be completely free from those hernias that might give rise to incapacitating symptoms.
25. Applicants with sequela of disease of, or surgical intervention on any part of the digestive tract or its adnexa, likely to cause incapacity in flight, in particular any obstructions due to stricture or compression shall be assessed as unfit.
26. An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexa, with a total or partial excision or a diversion of any of these organs should be assessed as unfit until such time as the medical Authority designated for the purpose by Indonesia and having access to the details of the operation concerned considers that the effects of the operation are not likely to cause incapacity in flight.
27. Applicants with metabolic, nutritional or endocrine disorders that are likely to interfere with the safe exercise of the applicant's license and rating privileges shall be assessed as unfit.
28. Applicants with insulin-treated diabetes mellitus shall be assessed as unfit.
29. Applicants with non-insulin-treated diabetes mellitus shall be assessed as unfit unless the condition is shown to be satisfactorily controlled by diet alone or by diet combined with oral anti-diabetic medication, the use of which is compatible with the safe exercise of the applicant's license and rating privileges.
30. Applicants with disease of the blood and/or the lymphatic system shall be assessed as unfit unless adequately investigated and their condition found unlikely to interfere with the safe exercise of the applicant's license and rating privileges.



31. Applicants with renal or genito-urinary disease shall be assessed as unfit, unless adequately investigated and their condition found unlikely to interfere with the safe exercise of the applicant's license and rating privileges.
32. Urine examination shall form part of the medical assessment and abnormalities shall be adequately investigated.
33. Applicants with sequelae of disease or surgical procedures on the kidneys or the genitourinary tract, in particular any obstructions due to stricture or compression, shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with the best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's license or rating privileges.
34. Applicants who have undergone nephrectomy shall be assessed as unfit unless the condition is well compensated.
35. Applicants who are seropositive for *human immunodeficiency virus* (HIV) shall be assessed as unfit.
36. Applicants who are pregnant shall be assessed as unfit.
37. Following confinement or termination of pregnancy, the applicant shall not be permitted to exercise the privileges of her license until she has undergone re-evaluation in accordance with best medical practice and has been assessed as fit to safely exercise the privileges of her license and ratings.
38. The applicant shall not possess any abnormality of the bones, joints, muscles, tendons or related structures which is likely to interfere with the safe exercise of the applicant's license and rating privileges.
39. The applicant shall not possess any abnormality or disease of the ear or related structures which is likely to interfere with the safe exercise of the applicant's license and rating privileges.
40. There shall be :
  - 1) No disturbance of vestibular function;
  - 2) No significant dysfunction of the Eustachian tubes;  
and
  - 3) No unhealed perforation of the tympanic membranes;

41. A single dry perforation of the tympanic membrane need not render the applicant unfit.
42. There shall no nasal obstruction and no malformation nor disease of the buccal cavity or upper respiratory tract which is likely to interfere with the safe exercise of the applicant's license and rating privileges.
43. Applicants with stuttering or other speech defects sufficiently severe to cause impairment of speech communication shall be assessed as unfit.
44. Electro Encephalography (EEG) examination conducted by indication;
45. Dental and Mouth Examination:
  - 1) conducted for identification; and
  - 2) No significant dental and mouth disorder found in relation with systemic disorder, predisposition of barodontologic or articulation disorder which affect aviation safety.

#### **67.205 Visual Requirements**

1. The function of the eyes and their adnexae shall be normal. There shall be no active pathological condition, acute or chronic, or any sequelae of surgery or trauma of the eyes or their adnexae likely to reduce proper visual function to an extent that would interfere with the safe exercise of the applicant's license and rating privileges.
2. Distant visual acuity with or without correction shall be 6/6 or better in each eye separately, and binocular visual acuity shall be 6/6 or better. No limits apply to uncorrected visual acuity. Where this standard of visual acuity can be obtained only with correcting lenses, the applicant may be assessed as fit provided that :
  - 1) Such correcting lenses are worn during the exercise of the privileges of the license or rating applied for or held; and
  - 2) In addition, a pair of suitable correcting spectacles is kept readily available during the exercise of the privileges of the applicant's license.

3. Applicants may use contact lenses to meet the requirement of (b) provided that :
  - 1) The lenses are monofocal and non-tinted;
  - 2) The lenses are well tolerated; and
  - 3) A pair of suitable correcting spectacles is kept readily available during the exercise of the license privileges.
4. Applicants with a large refractive error shall use contact lenses or high-index spectacle lenses.
5. Applicants whose uncorrected distant visual acuity in either eye is worse than 6/60 shall be required to provide a full ophthalmic report prior to initial Medical Assessment and every 5 (five) years thereafter.
6. Applicants who have undergone surgery affecting the refractive status of the eye shall be assessed as unfit unless they are free from those sequelae which are likely to interfere with the safe exercise of their license and rating privileges.
7. The applicant shall have the ability to read, while wearing the correcting lenses (as stated in number 2 in this section), the N5 chart or its equivalent at a distance selected by that applicant in the range of 30 to 50 cm and the ability to read the N14 chart or its equivalent at a distance of 100 cm. If this requirement is met only by the use of near correction, the applicant may be assessed as fit provided that this near correction is added to the spectacle correcting already prescribed in accordance with this paragraph; if no such correction is prescribed, a pair of spectacles for near use shall be kept readily available during the exercise of the privileges of the license. When near correction is required, the applicant shall demonstrate that one pair of spectacles is sufficient to meet both distant and near visual requirements.
8. When near correction is required in accordance with this paragraph, a second pair of near-correction spectacles shall be kept available for immediate use.
9. The applicant shall be required to have normal fields of vision.
10. The applicant shall be required to have normal binocular function.

11. Reduced stereopsis, abnormal convergence not interfering with near vision, and ocular misalignment where the fusional reserves are sufficient to prevent asthenopia and diplopia may not be disqualifying.
12. Phoria test - should not exceed 2 prism dioptres hyperphoria, 5 prism dioptres exophoria, 10 prism dioptres esophoria, and 1 prism dioptre cyclophoria. (For other than cockpit crew phoria test will not be conducted)

#### **67.207 Hearing Requirements**

1. The applicant, when tested on a pure-tone audiometer, shall not have a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz.
2. Show the ability to hear (using both ears) normal conversation at empty rooms. The examiner will be standing 6 feet/2 meters away from the applicant.
3. Applicants are not allowed to use hearing devices;
4. Applicant prescribed with any ear, nose, pharynx or larynx symptoms which results :
  - a) distracted by the environment
  - b) disturbing clear and effective communications
  - c) Vertigo or equilibrium problems
5. The applicant has a hearing performance in each ear separately equivalent to that of a normal person, against a background noise that will simulate the masking properties of flight deck noise upon speech and beacon signals;
6. Alternatively, a practical hearing test conducted in flight in the cockpit of an aircraft of the type for which the applicant's license and ratings are valid may be used.

## **SUBPART D - CLASS 2 MEDICAL CERTIFICATE**

### **67.301 Certificate Issue and Renewal**

1. The level of medical fitness to be met for the renewal of a medical certificate shall be the same as that for the initial assessment except where otherwise specifically stated;
2. An applicant for a FN PPL, Student Pilot License, Sport Pilot License and Flight Attendant Certificate shall undergo an initial medical assessment for the issue of a Class 2 Medical Certificate;
3. Except where otherwise stated in this subpart, holders of a PPL, Student Pilot License, Sport Pilot License and Flight Attendant Certificate shall have their Class 2 Medical Certificate renewed at intervals not exceeding those specified in this subpart.
4. A Class 2 Medical Certificate will be issued when the applicant complies with the requirements of this Part.

### **67.303 Physical and Mental Requirements**

1. The applicant shall not suffer from any disease or disability which could render that applicant likely to become suddenly unable either to operate an aircraft safely or to perform assigned duties safely.
2. The applicant shall have no established medical history or clinical diagnosis of any of the following such as might render the applicant unable to safely exercise the privileges of the license applied for or held:
  - 1) An organic mental disorder
  - 2) A mental or behavioural disorder due to use of psychoactive substances; this induces dependence syndrome induced by alcohol or other psychoactive substances;
  - 3) Schizophrenia or a schizotypal or delusional disorder;
  - 4) A mood (affective) disorder;
  - 5) A neurotic, stress-related or somatoform disorder;
  - 6) A disorder of adult personality or behaviour, particularly if manifested by repeated overt acts
  - 7) Mental retardation;
  - 8) A disorder of psychological development;
  - 9) A behavioural or emotional disorder, with onset in childhood or adolescence; or
  - 10) A mental disorder not otherwise specified.

3. An applicant with depression, being treated with antidepressant medication, should be assessed as unfit unless the aviation medical assessor, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's licence and rating privileges.
4. The applicant shall have no established medical history or clinical diagnosis of any of the following:
  - 1) A progressive or non-progressive disease of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe exercise of the applicant's license and rating privileges;
  - 2) Epilepsy; or
  - 3) Any disturbance of consciousness without satisfactory medical explanation of cause
5. The applicant shall not have suffered any head injury, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe exercise of the applicant's license and rating privileges shall be assessed as unfit.
6. The applicant shall not possess any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe exercise of the applicant's license and rating privileges. A history of proven myocardial infarction shall be disqualifying.
7. An applicant who has undergone coronary by-pass grafting or angioplasty (with or without stenting) or other cardiac intervention or who has a history of myocardial infarction or who suffers from any other potentially incapacitating cardiac condition shall be assessed as unfit unless the applicant's cardiac condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's license or rating privileges.
8. An applicant with an abnormal cardiac rhythm shall be assessed as unfit unless the cardiac arrhythmia has been investigated and evaluated in accordance with the safe exercise of the applicant's license or rating privileges.
9. Electrocardiography shall form part of the heart examination for the first issue of a medical certificate.

10. Electrocardiographic Examination (ECG):
  - a) Renewal must be done at the age of 20 and 30;
  - b) Renewal of an applicant aged between 30 and 40:
    - (1) EKG resting annually; and
    - (2) EKG exercise/treadmill stress test at the age of 35
    - (3) Renewal shall be done by an applicant above 40 years old, ECG resting at the first 6 (six) months, EKG exercise/ Treadmill Stress Test (TMT) at the next 6 (six) months or vice versa.
  - c) Renewal shall be done by an applicant above 40 years old, ECG resting at the first 6 (six) months, ECG exercise/ Treadmill Stress Test (TMT) at the next 6 (six) months or vice versa.
11. The systolic and diastolic blood pressures shall be within normal limits.
12. An applicant with blood pressure above 160/95 mmHg will be declared as unfit in their aeromedical status.
13. The use of drugs for control of high blood pressure is disqualifying except for those drugs, the use of which, according to accredited medical conclusion is compatible with the safe exercise of the applicant's license and rating privileges.
14. There shall be no significant functional or structural abnormality of the circulatory system.
15. There shall be no acute disability of the lungs or any active disease of the structures of the lungs, mediastinum or pleura likely to result in incapacitating symptoms during normal or emergency operations.
16. Chest radiography should form part of the initial examination.
17. Thoracic Radiography examination conducted every year.
18. Applicant's with chronic obstructive pulmonary disease shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's license or rating privileges.
19. Applicant's with asthma causing significant symptoms or likely to cause incapacitating symptoms during normal or emergency operations shall be assessed as unfit.

20. The use of drugs for control of asthma shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's license and rating privileges.
21. Applicants with active pulmonary tuberculosis shall be assessed as unfit.
22. Applicants with quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, may be assessed as fit.
23. Applicants with significant impairment of the function of the gastrointestinal tract or its adnexa shall be assessed as unfit.
24. The applicant shall be completely free from those hernias that might give rise to incapacitating symptoms.
25. Applicants with sequela of disease of, or surgical intervention on any part of the digestive tract or its adnexa, likely to cause incapacity in flight, in particular any obstructions due to stricture or compression shall be assessed as unfit.
26. An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexa, with a total or partial excision or a diversion of any of these organs should be assessed as unfit until such time as the medical Authority designated for the purpose by Indonesia and having access to the details of the operation concerned considers that the effects of the operation are not likely to cause incapacity in flight.
27. Applicants with metabolic, nutritional or endocrine disorders that are likely to interfere with the safe exercise of the applicant's license and rating privileges shall be assessed as unfit.
28. Applicants with insulin-treated diabetes mellitus shall be assessed as unfit.
29. Applicants with non-insulin-treated diabetes mellitus shall be assessed as unfit unless the condition is shown to be satisfactorily controlled by diet alone or by diet combined with oral anti-diabetic medication, the use of which is compatible with the safe exercise of the applicant's license and rating privileges.



30. Applicants with disease of the blood and/or the lymphatic system shall be assessed as unfit unless adequately investigated and their condition found unlikely to interfere with the safe exercise of the applicant's license and rating privileges.
31. Applicants with renal or genitourinary disease shall be assessed as unfit, unless adequately investigated and their condition found unlikely to interfere with the safe exercise of the applicant's license and rating privileges.
32. Urine examination shall form part of the medical assessment and abnormalities shall be adequately investigated.
33. Applicants with sequelae of disease or surgical procedures on the kidneys or the genitourinary tract, in particular any obstructions due to stricture or compression, shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with the best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's license or rating privileges.
34. Applicants who have undergone nephrectomy shall be assessed as unfit unless the condition is well compensated.
35. Applicants who are seropositive for *human immuno deficiency virus* (HIV) shall be assessed as unfit.
36. Applicants who are pregnant shall be assessed as unfit.
37. Following confinement or termination of pregnancy, the applicant shall not be permitted to exercise the privileges of her license until she has undergone re-evaluation in accordance with best medical practice and has been assessed as fit to safely exercise the privileges of her license and ratings.
38. The applicant shall not possess any abnormality of the bones, joints, muscles, tendons or related structures which is likely to interfere with the safe exercise of the applicant's license and rating privileges.
39. The applicant shall not possess any abnormality or disease of the ear or related structures which is likely to interfere with the safe exercise of the applicant's license and rating privileges.

40. There shall be :
  - a) No disturbance of vestibular function;
  - b) No significant dysfunction of the Eustachian tubes;  
and
  - c) No unhealed perforation of the tympanic membranes;
41. A single dry perforation of the tympanic membrane need not render the applicant unfit.
42. There shall no nasal obstruction and no malformation nor disease of the buccal cavity or upper respiratory tract which is likely to interfere with the safe exercise of the applicant's license and rating privileges.
43. Applicants with stuttering or other speech defects sufficiently severe to cause impairment of speech communication shall be assessed as unfit.
44. Electro Encephalography (EEG) examination conducted by indication;
45. Dental and Mouth Examination:
  - a) conducted for identification; and
  - b) No significant dental and mouth disorder found in relation with systemic disorder, predisposition, barodontologic or articulation disorder which affect aviation safety

#### **67.305 Visual Requirements**

1. The function of the eyes and their adnexae shall be normal. There shall be no active pathological condition, acute or chronic, or any sequelae of surgery or trauma of the eyes or their adnexae likely to reduce proper visual function to an extent that would interfere with the safe exercise of the applicant's license and rating privileges.
2. Distant visual acuity with or without correction shall be 6/6 or better in each eye separately, and binocular visual acuity shall be 6/6 or better. No limits apply to uncorrected visual acuity. Where this standard of visual acuity can be obtained only with correcting lenses, the applicant may be assessed as fit provided that :
  - a) Such correcting lenses are worn during the exercise of the privileges of the license or rating applied for or held; and

- b) In addition, a pair of suitable correcting spectacles is kept readily available during the exercise of the privileges of the applicant's license.
3. Applicants may use contact lenses to meet the requirement of (b) provided that :
  - a) The lenses are monofocal and non-tinted;
  - b) The lenses are well tolerated; and
  - c) A pair of suitable correcting spectacles is kept readily available during the exercise of the license privileges.
4. Applicants with a large refractive error shall use contact lenses or high-index spectacle lenses.
5. Applicants whose uncorrected distant visual acuity in either eye is worse than 6/60 should be required to provide a full ophthalmic report prior to initial Medical Assessment and every five years thereafter.
6. Applicants who have undergone surgery affecting the refractive status of the eye shall be assessed as unfit unless they are free from those sequelae which are likely to interfere with the safe exercise of their license and rating privileges.
7. The applicant shall have the ability to read, while wearing the correcting lenses (as stated in number 2 in this section), the N5 chart or its equivalent at a distance selected by that applicant in the range of 30 to 50 cm and the ability to read the N14 chart or its equivalent at a distance of 100 cm. If this requirement is met only by the use of near correction, the applicant may be assessed as fit provided that this near correction is added to the spectacle correcting already prescribed in accordance with this paragraph; if no such correction is prescribed, a pair of spectacles for near use shall be kept readily available during the exercise of the privileges of the license. When near correction is required, the applicant shall demonstrate that one pair of spectacles is sufficient to meet both distant and near visual requirements.
8. When near correction is required in accordance with this paragraph, a second pair of near-correction spectacles shall be kept available for immediate use.
9. The applicant shall be required to have normal fields of vision.

10. The applicant shall be required to have normal binocular function.
11. Reduced stereopsis, abnormal convergence not interfering with near vision, and ocular misalignment where the fusional reserves are sufficient to prevent asthenopia and diplopia may not be disqualifying.
12. Phoria test - should not exceed 1 prism dioptic hyperphoria, 10 prism diptri exophoria and 10 prism Dioptri Esophoria  
(Phoria tests are not carried out on Flight attendants)

**67.307 Hearing Requirements**

1. The applicant, when tested on a pure-tone audiometer, shall not have a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz.
2. Show the ability to hear (using both ears) normal conversation at empty rooms. The examiner will be standing 6 feet/2 meters away from the applicant.
3. Applicants are not allowed to use hearing devices;
4. Applicant prescribed with any ear, nose, pharynx or larynx symptoms which results :
  - a) Distract by the environment
  - b) Disturbing clear and effective communications
  - c) Vertigo or equilibrium problems
5. The applicant has a hearing performance in each ear separately equivalent to that of a normal person, against a background noise that will simulate the masking properties of flight deck noise upon speech and beacon signals;
6. Alternatively, a practical hearing test conducted in flight in the cockpit of an aircraft of the type for which the applicant's license and ratings are valid may be used.

## **SUBPART E – CLASS 3 MEDICAL CERTIFICATE**

### **67.401 Certificate Issue and Renewal**

1. The level of medical fitness to be met for the renewal of a medical certificate shall be the same as that for the initial assessment except where otherwise specifically stated;
2. An applicant for an Air Traffic Controller license and other an applicant license which are required by specified regulation shall undergo an initial medical assessment for the issue of a Class 3 Medical Certificate;
3. Except where otherwise stated in this subpart, holders of an Air Traffic Controller license, Flight Operation Officer, and other an applicant license which are required by specified regulation shall have their Class 3 Medical Certificate renewed at intervals not exceeding those specified in this subpart.
4. A Class 3 Medical Certificate will be issued when the applicant complies with the requirements of this Part.

### **67.403 Physical and Mental Requirements**

1. The applicant shall not suffer from any disease or disability which could render that applicant likely to become suddenly unable either to operate an aircraft safely or to perform assigned duties safely.
2. The applicant shall have no established medical history or clinical diagnosis of any of the following such as might render the applicant unable to safely exercise the privileges of the license applied for or held:
  - a) An organic mental disorder
  - b) A mental or behavioural disorder due to use of psychoactive substances; this induces dependence syndrome induced by alcohol or other psychoactive substances;
  - c) Schizophrenia or a schizotypal or delusional disorder;
  - d) A mood (affective) disorder;
  - e) A neurotic, stress-related or somatoform disorder;
  - f) A disorder of adult personality or behaviour, particularly if manifested by repeated overt acts
  - g) Mental retardation;
  - h) A disorder of psychological development;
  - i) A behavioural or emotional disorder, with onset in childhood or adolescence; or
  - j) A mental disorder not otherwise specified.

3. An applicant with depression, being treated with antidepressant medication, should be assessed as unfit unless the aviation medical assessor, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's licence and rating privileges.
4. The applicant shall have no established medical history or clinical diagnosis of any of the following:
  - a) A progressive or non-progressive disease of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe exercise of the applicant's license and rating privileges;
  - b) Epilepsy; or
  - c) Any disturbance of consciousness without satisfactory medical explanation of cause
5. The applicant shall not have suffered any head injury, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe exercise of the applicant's license and rating privileges shall be assessed as unfit.
6. The applicant shall not possess any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe exercise of the applicant's license and rating privileges. A history of proven myocardial infarction shall be disqualifying.
7. An applicant who has undergone coronary by-pass grafting or angioplasty (with or without stenting) or other cardiac intervention or who has a history of myocardial infarction or who suffers from any other potentially incapacitating cardiac condition shall be assessed as unfit unless the applicant's cardiac condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's license or rating privileges.
8. An applicant with an abnormal cardiac rhythm shall be assessed as unfit unless the cardiac arrhythmia has been investigated and evaluated in accordance with the safe exercise of the applicant's license or rating privileges.
9. Electrocardiography shall form part of the heart examination, treadmill stress test shall be done as indication.

10. Electrocardiography shall be included in re-examinations of applicants after the age of 50 no less frequently than every two years.
11. The systolic and diastolic blood pressures shall be within normal limits.
12. An applicant with blood pressure above 160/95 mmHg will be declared as unfit in their aeromedical status.
13. The use of drugs for control of high blood pressure is disqualifying except for those drugs, the use of which, according to accredited medical conclusion is compatible with the safe exercise of the applicant's licence and rating privileges.
14. There shall be no significant functional or structural abnormality of the circulatory system.
15. There shall be no disability of the lungs or any active disease of the structures of the lungs, mediastinum or pleura likely to result in incapacitating symptoms.
16. Radiography should form a part of the initial chest examination.
17. Applicant's with chronic obstructive pulmonary disease shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's license or rating privileges.
18. Applicant's with asthma causing significant symptoms or likely to cause incapacitating symptoms during normal or emergency operations shall be assessed as unfit.
19. The use of drugs for control of asthma shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's license and rating privileges.
20. Applicants with active pulmonary tuberculosis shall be assessed as unfit.
21. Applicants with quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, may be assessed as fit.

22. Applicants with significant impairment of the function of the gastrointestinal tract or its adnexa shall be assessed as unfit.
23. Applicants with sequela of disease of, or surgical intervention on any part of the digestive tract or its adnexa, likely to cause incapacitation, in particular any obstructions due to stricture or compression shall be assessed as unfit.
24. An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexa, with a total or partial excision or a diversion of any of these organs should be assessed as unfit until such time as the medical Authority designated for the purpose by Indonesia and having access to the details of the operation concerned considers that the effects of the operation are not likely to cause incapacitation.
25. Applicants with metabolic, nutritional or endocrine disorders that are likely to interfere with the safe exercise of the applicant's license and rating privileges shall be assessed as unfit.
26. Applicants with insulin-treated diabetes mellitus shall be assessed as unfit.
27. Applicants with non-insulin-treated diabetes mellitus shall be assessed as unfit unless the condition is shown to be satisfactorily controlled by diet alone or by diet combined with oral anti-diabetic medication, the use of which is compatible with the safe exercise of the applicant's license and rating privileges.
28. Applicants with disease of the blood and/or the lymphatic system shall be assessed as unfit unless adequately investigated and their condition found unlikely to interfere with the safe exercise of the applicant's license and rating privileges.
29. Applicants with renal or genitourinary disease shall be assessed as unfit, unless adequately investigated and their condition found unlikely to interfere with the safe exercise of the applicant's license and rating privileges.
30. Urine examination shall form part of the medical assessment and abnormalities shall be adequately investigated.



31. Applicants with sequelae of disease or surgical procedures on the kidneys or the genitourinary tract, in particular any obstructions due to stricture or compression, shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with the best medical practice and is assessed not likely to interfere with the safe exercise of the applicant's license or rating privileges.
32. Applicants who have undergone nephrectomy shall be assessed as unfit unless the condition is well compensated.
33. Applicants who are seropositive for *human immuno deficiency virus* (HIV) shall be assessed as unfit.
34. Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicate a low-risk uncomplicated pregnancy.
35. During the gestational period, precautions should be taken for the timely relief of an air traffic controller in the event of early onset of labour or other complications.
36. For applicants with a low-risk uncomplicated pregnancy, evaluated and supervised in accordance with **67.403 (34)**, the fit assessment should be limited to the period until the end of the 34th week of gestation.
37. Following confinement or termination of pregnancy, the applicant shall not be permitted to exercise the privileges of her license until she has undergone re-evaluation in accordance with best medical practice and has been assessed as fit to safely exercise the privileges of her license and ratings.
38. The applicant shall not possess any abnormality of the bones, joints, muscles, tendons or related structures which is likely to interfere with the safe exercise of the applicant's license and rating privileges.
39. The applicant shall not possess any abnormality or disease of the ear or related structures which is likely to interfere with the safe exercise of the applicant's license and rating privileges.

40. There shall be no malformation nor any disease of the nose, buccal cavity or upper respiratory tract which is likely to interfere with the safe exercise of the applicant's licence and rating privileges.
41. Applicants with stuttering or other speech defects sufficiently severe to cause impairment of speech communication shall be assessed as unfit.
42. Dental and Mouth Examination:
  - a) conducted for identification; and
  - b) No significant dental and mouth disorder found in relation with systemic disorder, predisposition, barodontologic or articulation disorder which affect aviation safety.

#### **67.405 Visual Requirements**

1. The function of the eyes and their adnexae shall be normal. There shall be no active pathological condition, acute or chronic, or any sequelae of surgery or trauma of the eyes or their adnexae likely to reduce proper visual function to an extent that would interfere with the safe exercise of the applicant's license and rating privileges.
2. Distant visual acuity with or without correction shall be 6/9 or better in each eye separately, and binocular visual acuity shall be 6/6 or better. No limits apply to uncorrected visual acuity. Where this standard of visual acuity can be obtained only with correcting lenses, the applicant may be assessed as fit provided that :
  - 1) Such correcting lenses are worn during the exercise of the privileges of the license or rating applied for or held; and
  - 2) In addition, a pair of suitable correcting spectacles is kept readily available during the exercise of the privileges of the applicant's license.
3. Applicants may use contact lenses to meet the requirement of (b) provided that :
  - a) The lenses are monofocal and non-tinted;
  - b) The lenses are well tolerated; and
  - c) A pair of suitable correcting spectacles is kept readily available during the exercise of the license privileges.
4. Applicants with a large refractive error shall use contact lenses or high-index spectacle lenses.

5. Applicants whose uncorrected distant visual acuity in either eye is worse than 6/60 shall be required to provide a full ophthalmic report prior to initial Medical Assessment and every 5 (five) years thereafter.
6. Applicants who have undergone surgery affecting the refractive status of the eye shall be assessed as unfit unless they are free from those sequelae which are likely to interfere with the safe exercise of their license and rating privileges.
7. The applicant shall have the ability to read, while wearing the correcting lenses (as stated in number 2), the N5 chart or its equivalent at a distance selected by that applicant in the range of 30 to 50 cm and the ability to read the N14 chart or its equivalent at a distance of 100 cm. If this requirement is met only by the use of near correction, the applicant may be assessed as fit provided that this near correction is added to the spectacle correcting already prescribed in accordance with this paragraph; if no such correction is prescribed, a pair of spectacles for near use shall be kept readily available during the exercise of the privileges of the license. When near correction is required, the applicant shall demonstrate that one pair of spectacles is sufficient to meet both distant and near visual requirements.
8. When near correction is required in accordance with this paragraph, a second pair of near-correction spectacles shall be kept available for immediate use.
9. The applicant shall be required to have normal fields of vision.
10. The applicant shall be required to have normal binocular function.
11. Reduced stereopsis, abnormal convergence not interfering with near vision, and ocular misalignment where the fusional reserves are sufficient to prevent asthenopia and diplopia may not be disqualifying.

#### **67.407 Hearing Requirements**

1. The applicant, when tested on a pure-tone audiometer, shall not have a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz.

2. An applicant with a hearing loss greater than the above may be declared fit provided that the applicant has normal hearing performance against a background noise that reproduces or simulates that experienced in a typical air traffic control working environment.
  - a) The frequency composition of the background noise is defined only to the extent that the frequency range 600 to 4 800 Hz (speech frequency range) is adequately represented.
  - b) In the speech material for discrimination testing, both aviation-relevant phrases and phonetically balanced words are normally used.
3. Applicants are not allowed to use hearing devices;
4. Applicant prescribed with any ear, nose, pharynx or larynx symptoms which results :
  - a) distracted by the environment
  - b) disturbing clear and effective communications
  - c) Vertigo or equilibrium problems
5. Alternatively, a practical hearing test conducted in an air traffic control environment representative of the one for which the applicant's licence and ratings are valid may be used.

## **SUBPART F – SPECIAL ISSUANCE OF MEDICAL CERTIFICATION**

### **67.501 Special Circumstances (Flexibility)**

1. If the medical requirements prescribed in this part for a particular license are not met, the appropriate medical certificate will not be issued, renewed or re-issued unless the following conditions are fulfilled:
  - a) Accredited medical conclusion indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the license applied for is not likely to jeopardize flight safety;
  - b) Relevant ability, skill and experience of the applicant and operational conditions have been given due consideration; and
  - c) The license is endorsed by Director General with any special limitation or limitations when the safe performance of the license holder's duties is dependent on compliance with such limitation or limitations.
2. The AME shall report to Director General any individual case where, in the AME's judgment, an applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the license being applied for, or held, is not likely to jeopardise flight safety.

### **67.503 Special issuance of Medical Certification**

1. Director General may issue a medical certificate for class 1 applicants with special condition and valid for specified time only.
2. Director General may issue a *Statement of Demonstrated Ability* (SODA) which given to :
  - a) Applicant whose disqualifying condition is static or nonprogressive and who has been found capable of performing airman duties without endangering public safety.
  - b) A SODA does not expire and authorizes a designated Examiner to issue a medical certificate of a specified class if the Examiner finds that the condition described on the SODA has not adversely changed.

- c) In granting a SODA, may consider the person's operational experience and any medical facts that may affect the ability of the person to perform airman duties including :
    - (1) medical assessment result; and
    - (2) The prognosis derived from professional consideration of all available information regarding the person
  - d) In granting a SODA, may consider the limitation of person's ability to perform airman duties
3. A SODA granted to a person who does not meet the applicable standards of this part may be withdrawn, at the discretion of Director General, at any time if:
- a) There is adverse change in the holder's medical condition;
  - b) The holder fails to comply with a statement of functional limitations or operational limitations issued under the special issuance
  - c) Public safety would be endangered by the holder's exercise of airman privileges;
  - d) The holder fails to provide medical information reasonably needed by the Federal Air Surgeon for certification under the special issuance ;
  - e) The holder makes or causes to be made a statement or entry that is the basis for withdrawal of a SODA under the falsification.
4. The holder of SODA are not required medical flight retesting.
5. If a SODA is withdrawn at any time, the following procedures apply:
- a) The holder of the SODA will be served a letter of withdrawal stating the reason for the action;
  - b) By not later than 60 days after the service of the letter of withdrawal, the holder of the SODA may request, in writing, that the Director General provide for review of the decision to withdraw. The request for review may be accompanied by supporting medical evidence;

- c) Within 60 days of receipt of a request for review, a written final decision either affirming or reversing the decision to withdraw will be issued; and
- d) A medical certificate rendered invalid pursuant to a withdrawal, in accordance with the special issuance shall be surrendered to the Administrator upon request.

MENTERI PERHUBUNGAN  
REPUBLIK INDONESIA,

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BUDI KARYA SUMADI

Salinan sesuai dengan aslinya

KEPALA BIRO HUKUM,



  
SRI HASTARI RAHAYU

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