



Flight Safety Notification

General

Flight Safety Notifications (FSNs) are not mandatory in nature, but provide means such as guidance, methods, procedures and practices acceptable to the Authority for complying with regulations and other requirements in a systematic manner. These are not necessarily the only means of compliance. FSNs may also contain explanations of regulations, other guidance material, best practices or information useful to the aviation community. Unless incorporated into a regulation by reference, FSNs are not regulatory and do not create or change a regulatory requirement. A change of a regulatory requirement may come in the form of a Directive. A Flight Safety Notification is not a Directive.

Changes to Application Form for Medical Certificate

Form 202A

Purpose

This Flight Safety Notification (FSN) is to inform the aviation industry of the changes to the Application Form for Medical Certificate (Form 202A).

References

Eight "B" Schedule – SUBPARTS C and D.

Applicability

This FSN applies to all Jamaican licenced Airmen as follows:

- 1a) Student Pilot Licence holders both fixed wing and rotorcraft.
- 1b) Private Pilot Licence holders both fixed wing and rotorcraft.
- 1c) Commercial Pilot Licence Holders both fixed wing and rotorcraft.
- 1d) Airline Transport Pilot Licence Holders both fixed wing and rotorcraft.
- 2) Air Traffic Controllers.
- 3) Civil Aviation Medical Examiners (CAMEs).

Effectivity

This FSN takes effect immediately.

Definitions

Not Applicable

Background

The changes are aimed at providing clarity to the application form and the general processing of medical certificates for airmen.

The changes made are as follows:

- Item 17a: Non-prescription drugs extended to include specifically the use of Cannabis/Marijuana products.
- Item 18a (f): The word “Asthma” has been changed to “Respiratory Disease”, to allow the inclusion of respiratory disorders of recent interest in aviation; eg. Obstructive Sleep Apnea (OSA) and COVID-19 Pneumonia.
- Items 21/22: These items have been adjusted to accommodate documentation of calculated Body Mass Index (BMI).
- Item 49: This item has been reorganized to allow entry of an Audiogram date.
- Item 60: This item has been amended to include risk assessment for Obstructive Sleep Apnea (OSA), if considered significant.
- Item 62: (i) When, “Has Been Issued Medical Certificate” is selected, the following information will be added:

The CLASS of Medical Certificate issued; Class 1, Class 2, or Class 3 (as this may not be the CLASS applied for)

(ii) LIMITATION (Code):

There are specific statements of LIMITATION for Vision and Hearing which will be indicated on the Airman’s medical certificate as applicable, for example:

“HOLDER SHALL POSSESS GLASSES THAT CORRECT FOR NEAR VISION”

These statements of LIMITATION will be coded by the CAME and processed by the Personnel Licensing (PEL) Office accordingly. The LIMITATION Coding Chart is as follows:

Aviation Medical Certificate, Limitation statements and Codes
(Vision & Hearing)

Code	Limitation
V1	HOLDER SHALL WEAR CORRECTIVE LENSES (and have an extra pair readily available)
V2	HOLDER SHALL WEAR LENSES THAT CORRECT FOR DISTANT VISION AND POSSESS GLASSES THAT CORRECT FOR NEAR VISION
V3	HOLDER SHALL WEAR LENSES THAT CORRECT FOR DISTANT VISION AND POSSESS GLASSES THAT CORRECT FOR NEAR VISION AND INTERMEDIATE VISION
V4	HOLDER SHALL POSSESS GLASSES THAT CORRECT FOR NEAR VISION
V5	HOLDER SHALL POSSESS GLASSES THAT CORRECT FOR NEAR AND INTERMEDIATE VISION
V6	VALID DAYTIME ONLY
V7	NOT VALID FOR NIGHT FLYING
H1	NOT VALID FOR CONTROL ZONES OR AREAS WHERE RADIO COMMUNICATION IS REQUIRED
H2	VALID ONLY WITH USE OF HEARING AMPLIFICATION
0	NONE

Current Application Form - Pages 1 & 2



1. Application Form For Medical Certificate

2. CLASS OF MEDICAL CERTIFICATE APPLIED FOR 1st 2nd 3rd

3. Name (Last, First, Initial) 4. Licence # Citizenship

5. Address to Appear on Licence: Number/Street City County/Region State Postal Code

6. Date of Birth DD/MM/YYYY 7. Hair Colour 8. Eye Colour 9. Sex M F

10. Type of licence you hold:

<input type="checkbox"/> Airline Transport	<input type="checkbox"/> ATC Specialist	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Balloon
<input type="checkbox"/> Commercial	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Private	<input type="checkbox"/> Glider
<input type="checkbox"/> ATC	<input type="checkbox"/> Flight Navigator	<input type="checkbox"/> Student	<input type="checkbox"/> Other

11. Occupation 12. Employer Telephone Number

13. Has your CAA Airman Medical Certificate ever been denied, suspended or revoked?
 Yes No If yes, give date ____/____/____

Total pilot time (Civilian Only) 16. Date of Last CAA Medical Application

14. To Date 15. Past 6 Months DD / MM / YYYY No prior application

17a. Do you currently use any medication (prescription or non-prescription)
 No Yes (if yes, list medication(s) used and indicate whether previously reported)

		Previously Reported	
		Yes	No
		Yes	No
		Yes	No
		Yes	No

17b. Do you ever use near vision contact lens(es) when flying? Yes No

18a. MEDICAL HISTORY – HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR, DO YOU HAVE PRESENTLY ANY OF THE FOLLOWING?
 Answer "yes" or "no" for every condition listed below. In the Explanations box below, you may note: "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition. See Instruction Page.

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
a		Frequent or severe headaches	g		Heart or vascular trouble	m		Mental disorders of any sort; anxiety depression, etc.	s		Medical rejection by military service
b		Dizziness of fainting spells	h		High or low blood pressure	n		Substance abuse or dependence, or failed a drug test ever, or use of illegal substance(s)	t		Rejection for life or health insurance
c		Unconsciousness for any reason	i		Stomach, liver or intestinal trouble	o		Alcohol abuse or dependence; failed an alcohol test	u		Admission to hospital
d		Eye or vision trouble except glasses	j		Kidney stone or blood in urine	p		Suicide attempt	x		Other illness, disability or surgery
e		Hay fever or allergy	k		Diabetes	q		Motion sickness medication required			
f		Asthma or lung disease	l		Neurological disorders, epilepsy, seizures, stroke, paralysis, etc.	r		Military medical discharge			

Explanations: See Instruction Page

18b. Conviction and/or Administration Action History – See Instructions Page

Yes	No	History of (1) any convictions (s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any conviction (s) or administrative action(s) involving an offence(s) which resulted in the denial, suspension, cancellation or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.	Yes	No	History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See instructions Page.

19. Visit to health professional within the last 3 years Yes (Explain Below) No See Instructions Page.

Date DD/MM/YYYY	Name, Address, and Type of Health Professional Consulted	Reason


20. I hereby certify that all statements and answers provided by me on this application are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any CAA licence and certificate to me.

Signature of Applicant Date

Report Of Medical Examination

21. Height (cm)	22. Weight (kg)	23. Statement of Demonstrated Ability (SODA) <input type="checkbox"/> Yes <input type="checkbox"/> No Defect Noted:				24. SODA Serial No.							
CHECK EACH ITEM IN APPROPRIATE COLUMN		Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN		Normal	Abnormal						
25	Head, face, neck and scalp			37	Vascular system (Pulse, amplitude and character, arms, legs, others)								
26	Nose			38	Abdomen and viscera (including hernia)								
27	Sinuses			39	Anus (not including digital examination)								
28	Mouth and Throat			40	Skin								
29	Ears, general (internal and external canals, Hearing under item 49)			41	G-U System (Not including pelvic examination)								
30	Ear Drums (Perforation)			42	Upper and lower extremities (Strength and range of motion)								
31	Eyes, general (Vision under items 50 to 54)			43	Spine, other musculoskeletal								
32	Ophthalmoscopic			44	Identifying body marks, scars, tattoos (size and location)								
33	Pupils (Equality and reaction)			45	Lymphatics								
34	Ocular motility (Associated parallel movement, nystagmus)			46	Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc)								
35	Lungs and chest (not including breast examination)			47	Psychiatric (Appearance, behaviour, mood, communication, and memory)								
36	Heart (Precordial activity, rhythm, sounds, and murmurs)			48	General systemic								
NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form.													
49. Hearing		Record Audiometric Speech Discrimination Score Below		Right Ear					Left Ear				
Conversational Voice Test at 2 meters <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Audiometer Threshold in decibels		500	1000	2000	3000	4000	500	1000	2000	3000	4000
50. Distant Vision Right 6/ Corrected to 6/ Left 6/ Corrected to 6/ Both 6/ Corrected to 6/		51a. Near Vision <input type="checkbox"/> Pass <input type="checkbox"/> Fail			51b. Intermediate Vision <input type="checkbox"/> Pass <input type="checkbox"/> Fail				52. Colour Vision <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
53. Field of Vision <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		54. Heterophoria 20' (in prism dioptres)		Esophoria		Exophoria		Right Hyperphoria		Left Hyperphoria			
55. Blood Pressure Systolic Diastolic (Sitting, mm of Mercury)		56. Pulse (Resting)		57. Urinalysis (if abnormal, give results) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Albumin		Sugar		58. ECG (Date) DD MM YYYY			
59. Other tests given													
60. Comments on History and Findings: CAME shall comment on all "YES" answers in the Medical History section and for abnormal findings of the examination (Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing).										FOR CAA USE			
										Pathology Codes:			
										Coded By:			
										Clerical Reject			
Significant Medical History <input type="checkbox"/> Yes <input type="checkbox"/> No				Abnormal Physical Findings <input type="checkbox"/> Yes <input type="checkbox"/> No									
61. Applicant's Name				62		<input type="checkbox"/> Has Been Issued - Medical Certificate <input type="checkbox"/> No Certificate Issued - Deferred for Further Evaluation <input type="checkbox"/> Has Been Denied - Letter of Denial Issued (Copy Attached)							
63. Disqualifying Defects (List by item number)													
64. Medical Examiner's Declaration - I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.													
Date of Examination		Civil Aviation Medical Examiner's Name					Civil Aviation Medical Examiner's Signature						
ADDRESS		Number / Street City					CAME Serial Number						
Country		Postal Code					CAME Telephone						

New Application Form – Pages 1 & 2



1. Application Form For Medical Certificate

2. CLASS OF MEDICAL CERTIFICATE APPLIED FOR 1st 2nd 3rd

3. Name (Last, First, Initial)

4. Licence #

Citizenship

5. Address to Appear on Licence: Number/Street City County/Region State Postal Code

6. Date of Birth DD/MM/YYYY

7. Hair Colour

8. Eye Colour

9. Sex M F

10. Type of licence you hold:

<input type="checkbox"/> Airline Transport	<input type="checkbox"/> ATC Specialist	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Balloon
<input type="checkbox"/> Commercial	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Private	<input type="checkbox"/> Glider
<input type="checkbox"/> ATC	<input type="checkbox"/> Flight Navigator	<input type="checkbox"/> Student	<input type="checkbox"/> Other

11. Occupation

12. Employer

Telephone Number

13. Has your CAA Airman Medical Certificate ever been denied, suspended or revoked?

Yes No If yes, give date ____/____/____

Total pilot time (Civilian Only)

16. Date of Last CAA Medical Application

14. To Date

15. Past 6 Months

DD / MM / YYYY

No prior application

17a. Do you currently use any medication (prescription or non-prescription), including Marijuana/Cannabis?

No Yes (if yes, list medication(s) used and indicate whether previously reported)

		Previously Reported	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	

17b. Do you ever use near vision contact lens(es) when flying? Yes No

18a. MEDICAL HISTORY – HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR, DO YOU HAVE PRESENTLY ANY OF THE FOLLOWING? Answer "yes" or "no" for every condition listed below. In the Explanations box below, you may note: "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition. **See Instruction Page.**

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
a		Frequent or severe headaches	g		Heart or vascular trouble	m		Mental disorders of any sort; anxiety depression, etc.	s		Medical rejection by military service
b		Dizziness of fainting spells	h		High or low blood pressure	n		Substance abuse or dependence, or failed a drug test ever, or use of illegal substance(s)	t		Rejection for life or health insurance
c		Unconsciousness for any reason	i		Stomach, liver or intestinal trouble	o		Alcohol abuse or dependence; failed an alcohol test	u		Admission to hospital
d		Eye or vision trouble except glasses	j		Kidney stone or blood in urine	p		Suicide attempt	x		Other illness, disability or surgery
e		Hay fever or allergy	k		Diabetes	q		Motion sickness medication required			
f		Respiratory disease including: OSA, Asthma, COPD, COVID-19, etc.	l		Neurological disorders, epilepsy, seizures, stroke, paralysis, etc.	r		Military medical discharge			

Explanations: See Instruction Page

18b. Conviction and/or Administration Action History – See Instructions Page

Yes	No	History of (1) any convictions (s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any conviction (s) or administrative action(s) involving an offence(s) which resulted in the denial, suspension, cancellation or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.	Yes	No	History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See instructions Page.

19. Visit to health professional within the last 3 years Yes (Explain Below) No See Instructions Page.

Date DD/MM/YYYY	Name, Address, and Type of Health Professional Consulted	Reason

20. I hereby certify that all statements and answers provided by me on this application are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any CAA licence and certificate to me.

Signature of Applicant

Date

Report Of Medical Examination

21.Height (cm)	22.Weight (kg)	BMI	23. Statement of Demonstrated Ability (SODA) <input type="checkbox"/> Yes <input type="checkbox"/> No Defect Noted:					24. SODA Serial No.					
CHECK EACH ITEM IN APPROPRIATE COLUMN			Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN					Normal	Abnormal		
25	Head, face, neck and scalp				37	Vascular system (Pulse, amplitude and character, arms, legs, others)							
26	Nose				38	Abdomen and viscera (including hernia)							
27	Sinuses				39	Anus (not including digital examination)							
28	Mouth and Throat				40	Skin							
29	Ears, general (internal and external canals, Hearing under item 49)				41	G-U System (Not including pelvic examination)							
30	Ear Drums (Perforation)				42	Upper and lower extremities (Strength and range of motion)							
31	Eyes, general (Vision under items 50 to 54)				43	Spine, other musculoskeletal							
32	Ophthalmoscopic				44	Identifying body marks, scars, tattoos (size and location)							
33	Pupils (Equality and reaction)				45	Lymphatics							
34	Ocular motility (Associated parallel movement, nystagmus)				46	Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc)							
35	Lungs and chest (not including breast examination)				47	Psychiatric (Appearance, behaviour, mood, communication, and memory)							
36	Heart (Precordial activity, rhythm, sounds, and murmurs)				48	General systemic							
NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form.													
49. Hearing		Record Audiometric Speech Discrimination Score Below	Audiogram (Date)	Hearing Threshold (dB) - Right Ear					Hearing Threshold (dB) - Left Ear				
Conversational Voice Test at 2 meters <input type="checkbox"/> Pass <input type="checkbox"/> Fail			DD MM YYYY	500	1000	2000	3000	4000	500	1000	2000	3000	4000
50. Distant Vision Right 6/ Left 6/ Both 6/		Corrected to 6/ Corrected to 6/ Corrected to 6/	51a. Near Vision <input type="checkbox"/> Pass <input type="checkbox"/> Fail		51b. Intermediate Vision <input type="checkbox"/> Pass <input type="checkbox"/> Fail			52. Colour Vision <input type="checkbox"/> Pass <input type="checkbox"/> Fail					
53. Field of Vision <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		54. Heterophoria 20' (in prism dioptres)		Esophoria		Exophoria		Right Hyperphoria		Left Hyperphoria			
55. Blood Pressure Systolic Diastolic (Sitting, mm of Mercury)		56. Pulse (Resting)		57. Urinalysis (if abnormal, give results) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal			Albumin		Sugar		58. ECG (Date) DD MM YYYY		
59. Other tests given													
60. Comments on History and Findings: CAME shall comment on all "YES" answers in the Medical History section and on abnormal findings of the examination (include OSA Risk Assessment if considered to be significant). Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing.										FOR CAA USE			
										Pathology Codes:			
										Coded By:			
										Clerical Reject			
Significant Medical History <input type="checkbox"/> Yes <input type="checkbox"/> No			Abnormal Physical Findings <input type="checkbox"/> Yes <input type="checkbox"/> No										
61. Applicant's Name				62. <input type="checkbox"/> Has Been Issued - Medical Certificate: >> Class _____ Limitation (Code) _____ <input type="checkbox"/> No Certificate Issued - Deferred for Further Evaluation <input type="checkbox"/> Has Been Denied - Letter of Denial Issued (Copy Attached)									
63. Disqualifying Defects (List by item number)													
64. Medical Examiner's Declaration - I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.													
Date of Examination		Civil Aviation Medical Examiner's Name					Civil Aviation Medical Examiner's Signature						
ADDRESS		Number / Street City					CAME Serial Number						
Country		Postal Code					CAME Telephone						

Areas amended.

Action

Airmen requiring medical certifications, Civil Aviation Medical Examiners and Assessors are to make note of the changes to Medical Certificate Form (Form 202A).

Approved by: _____



Date: 11 January 2022

Noel Ellis
Director, Flight Safety
for Director-General of Civil Aviation
Jamaica Civil Aviation Authority