

**This AIC replaces AIC 02/25, which is hereby cancelled.**

## **MEDICAL STANDARDS TESTS AND CERTIFICATION**

### **1. Introduction**

- 1.1. Air Navigation Regulation (ANR) 56 requires applicants for certain licenses, permits and ratings issued or renewed by the Authority ANR 53 (2) and ANR 66 to conduct a medical examination by an Approved Medical Authority
- 1.2. This Circular contains the list the Approved Medical Authorities appointed by the Authority for this purpose and expands and clarifies on information contained within the CAAF Standards Document - Medical Standards, Tests and Certification. Refer to the Standards Document for all other matters relating to Aviation Medical requirements.

### **2. List of Approved Medical Authorities**

#### **2.1. Fiji**

<b>Doctor</b>	<b>Address</b>	<b>TEL</b>	<b>FAX</b>	<b>EMAIL</b>
<b>NADI</b>				
Dr Anish Chandra CAAF AMA	Zens Medical Centre 40 Lodhia Street Nadi Town	9447558	6702406	<a href="mailto:anishchandra1991@gmail.com">anishchandra1991@gmail.com</a>
Dr Ram Raju CAAF AMA	2 Lodhia Street Nadi Town PO Box 87, Nadi	6700240 992044	6727944 9309450	<a href="mailto:rraju@connect.com.fj">rraju@connect.com.fj</a>
Dr L William CAAF Specialist Ophthalmology	Concave Drive Namaka PO Box 3041 Lautoka	6727944 9309450	-	<a href="mailto:eyecentercoltd@gmail.com">eyecentercoltd@gmail.com</a>
Dr Nahina Naaz CAAF AMA	Ace Medical Clinic RB, Jetpoint Complex Martintar, NADI	6727530	6727532	<a href="mailto:drnahina.naaz@gmail.com">drnahina.naaz@gmail.com</a>

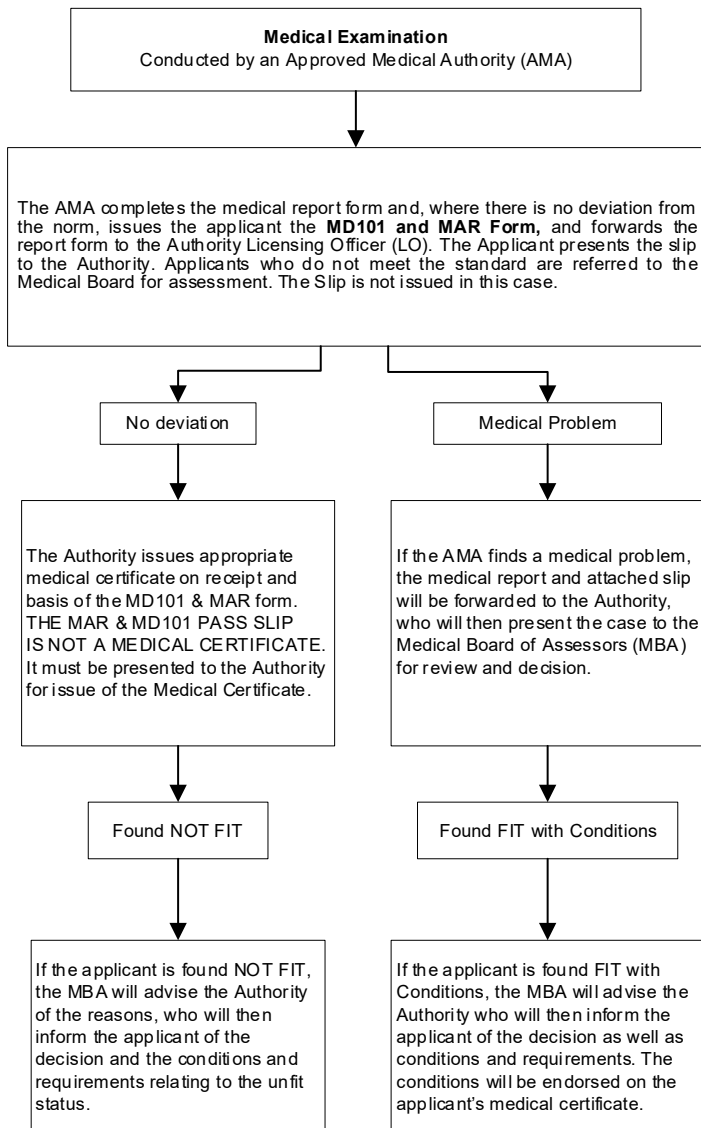
<b>LAUTOKA</b>				
Dr Pradeep RAM CAAF Specialist (Ophthalmology)	Laser Eye Centre Ltd, Lautoka PO Box 4723 Lautoka	9763727		pardeepram@yahoo.com

<b>SUVA</b>				
Dr Keshwan Nandan CAAF AMA	Makoi Health Centre, PO Box 15939 Suva	8010315 9954613		<a href="mailto:keshwan7@gmail.com">keshwan7@gmail.com</a>
Dr Charlene Shekhar CAAF AMA	MIOT Pacific Medical, 98 Amy Street, SUVA	8924811 999385		<a href="mailto:Shalmeeta@gmail.com">Shalmeeta@gmail.com</a>
Dr Louise William, CAAF Specialist	The Eye Center, 44 Varani Street, Suva	7854073 5499		<a href="mailto:eyecentercoltd@gmail.com">eyecentercoltd@gmail.com</a>

## 2.2. Abroad

Dr David Payne, CAAF AMA	Medicine At Work Plaza 2 Habit Physio 100 Willis Street Wellington 6011	+6421265940		<a href="mailto:davidjepayne@googlemail.com">davidjepayne@googlemail.com</a>
--------------------------------	---	-------------	--	--

### 3. Flowchart of Medical Examination Process



#### 4. Summary of Minimum Periodic Requirements

	<b>CLASS 1</b>	<b>CLASS 2</b>	<b>CLASS 3</b>	<b>CLASS 4</b>
<b>LICENCE</b>	AIRLINE TRANSPORT PILOT	PRIVATE PILOT	AIR TRAFFIC CONTROLLER	AIRCRAFT MAINTENANCE ENGINEER
	COMMERCIAL PILOT	STUDENT PILOT	FLIGHT INFORMATION SERVICE OFFICER (1 <sup>st</sup> ISSUE ONLY)	AERONAUTICAL FACILITY TECHNICIAN **
	PRIVATE PILOT W/ INST RTG			FLIGHT INFORMATION SERVICE OFFICER (subsequent issues)
<b>VALIDITY OF CERTIFICATE</b>	< 40 – 1 yr	< 40 - 5 yrs	< 40 - 4 yrs	< 40 - 4 yrs
<b>ROUTINE MEDICAL EXAMINATION</b>	≥40–6 months	> 40 - 2 yrs	> 40 – 2 yrs > 60 – 1 yr	> 40 – 2 yr > 60 – 1yr
<b>CHEST X-RAY</b>	At initial	If indicated	At initial	If indicated
<b>ELECTROENCEPHALOGRA M</b>	At initial	If indicated	At initial	If indicated
<b>HAEMOGLOBIN</b>	At initial then every examination	At initial	At initial then If indicated	At initial
<b>ELECTROCARDIOGRAM</b>	<u>At initial then:</u>	<u>At initial after</u> <u>age of</u> <u>then:</u>	<u>At initial then</u> <u>after age</u> <u>of:</u>	-
	30 – 50 - 2 yrs	> 40 - 2 yrs > 50 – 1 yr	> 50 – 2 yrs	-
<b>AUDIOGRAM</b>	<u>At initial then:</u> < 40 - 5 yrs	<u>At initial then:</u>	<u>At initial then:</u> < 40 - 4 yrs	<u>At initial then:</u> < 40 - 4 yrs
	≥ 40 - 2 yrs	≥ 50 - 2 yrs	≥ 40 - 2 yrs	≥ 40 - 2 yrs
<b>EXTENDED OTORHINOLARYNGOLOGICAL EXAMINATION</b>	If indicated	If indicated	If indicated	If indicated
<b>EXTENDED OPHTHALMOLOGICAL EXAMINATION</b>	At initial then:	At initial then:	At initial then:	At initial then:
	If indicated	If indicated	If indicated	If indicated
<b>LIPID PROFILE</b>	At initial then:	At initial then:	At initial then:	At initial then:
	If indicated	If indicated	If indicated	If indicated
<b>PULMONARY FUNCTION TESTS</b>	At initial then:	At initial then:	At initial then:	At initial then:
	If indicated	If indicated	If indicated	If indicated
<b>URINALYSIS</b>	At initial then every examination	At initial then every examination	At initial then every examination	At initial then every examination

## **5. Appeal Process**

- 5.1. Applicants for the issue/renewal of a CAAF Medical Certificate may wish to appeal a decision made by the CAAF Medical Board which has resulted in the applicant as being assessed, either temporarily or permanently, unfit to hold a Medical Certificate.
- 5.2. Should an applicant decide to lodge an appeal then this must be submitted to the Chief Executive of CAAF in writing, no later than 14 days after the applicant has received written notification from CAAF with regard to their medical status. Applicants should also state their reasons for lodging an appeal and include any documentation that would assist the Chief Executive in her deliberations.
- 5.3. After arriving at a decision, the Chief Executive will convey in writing, the results of the appeal to the applicant and include, if appropriate, any further information that she considers relevant to the appeal process.
- 5.4. Although no time limit is specified on the appeal process, applicants are assured that any appeals lodged to the Chief Executive will be processed expeditiously.

## **6. Medical Validity Period**

- 6.1. A medical examination can be conducted by an AMA up to a maximum of 45 days prior to the expiry date of the existing medical certificate without a reduction of the 6-or 12-month validity period of the medical certificate which is subsequently issued.

## **7. Medical Board Assessment Schedule**

- 7.1. The Medical Board sitting for 2026.

Month	Date
January	21
February	12
March	18
April	15
May	20
June	17
July	15
August	19
September	17
October	15
November	19
December	16