

## INSTRUCTIONS FOR COMPLETION

### TARGETED EXEMPTION: **MEDICAL CERTIFICATE VALIDITY (MED)**

A TE form must be submitted by the National Continuous Monitoring Coordinator (NCMC) or authorized user from a Member State.

#### Part A. ICAO Use only

States **should not complete** any of Part A.

**Part A** provides a unique reference number for the TE in order that it can be quickly and unambiguously referred to, and to ensure other States are able to easily find the information provided regarding this TE. This includes identifying where concurrent use of TEs is in place.

Details will be added by ICAO on submission of a fully completed TE form that meets the requirements as outlined in the following sections. Completion of this section with the TE reference and cross-referencing for other TEs (where applicable) indicates the TE has been successfully submitted and recorded by ICAO.

When States are reviewing TE forms submitted by another State, it should be noted that where Section A has not been completed, the TE form has either not been submitted to ICAO, or does not meet the requirements for completion of Parts B and C as outlined in the following sections.

#### Part B. Targeted Exemption Details

**Part B** provides specific detail on the targeted exemption, including which Standard it relates to, when the TE is applicable and who in the State is to be contacted for more details, if required.

The information in **Part B** is also used to enter the TE details into a searchable database, allowing the TE to be easily found by States, reference number, affected Standard or applicability. This actions forms part of the ICAO process following submission of a correctly completed form.

Note: Targeted Exemptions should be requested for clearly defined situations requiring exemptions to meet specific aviation needs or requirements.

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#### 1. State

This section should be completed with the full name of the State issuing the TE.

## **2. Notification Date**

Enter the date on which the TE was completed and submitted to ICAO for publication. *It is not related to the applicability date.*

Notification should be as far in advance of the start date of the TE as is practicable to allow for submission and processing by ICAO; thereby, ensuring the TE details will be available to view at the start of the applicability period.

## **3. Reason for granting TE**

Provide a clear and concise description of the need for a TE. An example could be as follows:

*Medical resources are scarce due to the extra demands placed on the health system by the COVID-19 pandemic. Prioritization of medical assessments has been done to ensure the most efficient use of available resources. This requires relaxation of medical certificate validity for certain groups.*

TEs should only be granted for issues that are the result of restrictions imposed by the COVID-19 pandemic, and not in response to systemic issues.

TEs should be drafted for clearly defined situations. They should apply to the subset of people or operators who must comply with a standard affected by the COVID-19 restrictions as opposed to a blanket alleviation.

Details regarding the plan for a return to normal operation when the TE expires should also be included.

## **4. Associated SARP (Target group)**

For medical (MED) TEs, the references for Annex 1 are provided. States should indicate which Standard the TE is related to by checking the relevant check box.

## **5. TE Applicability period**

TEs are granted for a specific time period reflected using **From** and **To** dates (in UTC). Indicate the start of the TE applicability period and the end date after which the TE will no longer apply.

Should a TE be required beyond the supplied applicability period, the completion of a new TE form will be required and submitted to ICAO.

Database entries for TEs will be filtered to ensure that only TEs that have not expired (current and future) will be shown to the States when looking for information on existing exemptions.

## **6. TE approved for use by:**

This section should aim to describe as accurately as possible which group is affected by the exemption, clearly identifying whether the TE is operator-specific or specific to a particular subset of individuals across multiple operators. An example of a particular subset of individuals across multiple operators might be "Pilots under the age of 40, having completed a telemedical assessment within the last 3 months".

As described above, TEs are aimed at a very specific group experiencing an issue with compliance to a Standard due to COVID-19 restrictions, be it individuals or an operator specific group. If the conditions are not exactly the same, separate TEs must be completed and approved prior to implementation.

Note that:

- a. The TE should only be granted where all other options have been explored and there is no other alternative.
- b. TEs should only apply to a distinct group affected by the issue described in 'Reason for granting TE'. In the case of medical TEs the applicable group should be specified in such a way as to limit, as far as practicable, the applicability to only those individuals that are necessary. It should avoid general applicability to the whole group affected by the Standard where possible.
- c. Detail provided in this section should be sufficient to identify who is subject to the TE without the need for follow up with the State focal point.

## **7. Operator accountable person**

Where a MED TE is specific to an operator, an accountable person within the affected organization should also provide their details to acknowledge that they have accepted and understood the conditions under which the TE is granted. This should be either the operator chief medical officer, where applicable, or a chief pilot who will be responsible to ensure compliance with the TE requirements by ensuring crew are adequately informed of the details.

Where a MED TE is not specific to an operator, do not complete this section.

## **8. State focal point**

Specify the individual who can be contacted by ICAO or another State in the event that additional information is required in respect of the issued TE.

Such questions might include (but are not limited to):

- a. Clarification on the applicability of the TE;
- b. Additional information on the risk assessment conducted by the State before granting the TE;
- c. Additional detail on specific mitigations put in place.

## **9. State/CAA Accountable person**

Enter the State Accountable individual. The TE needs to be authorized by a person of authority within the State. For MED TEs, this could be the equivalent position to the Medical Assessor, or if necessary the DG of the CAA.

By completing and submitting the TE form, along with the accountable person details, the State is officially recognizing that in granting the exemption they have satisfied themselves that:

- a. A risk assessment has been conducted to identify the potential risks to the operation resulting from the TE.
- b. Suitable mitigations have been considered (see **Part C** below) and put in place to maintain an acceptable level of safety performance).
- c. Continued oversight on the part of the State will be conducted for the duration of the applicability period to ensure compliance with the requirements specified in the TE.

TE forms received by ICAO that are not authorized by a suitable individual from the issuing State will be returned for completion.

## Part C. Targeted Exemption Elements

**Part C** of the TE form is intended for the State to outline the additional measures associated with the use of the MED TE that have been put into place to maintain the acceptable level of safety. Additional measures will depend on the specific circumstances that the MED TE is addressing. Below, additional guidance on potential measures is provided which should be considered carefully by States.

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### 1. Maximum interval

In this section the maximum extension to the medical certificate validity should be specified.

Additional validity may not exceed 12 months. For instance a 6 month certificate may be extended to 18 total months and a 12 month certificate could be extended to 24 months.

### 2. Specific Mitigations

The risk assessment, approved by the State of the Operator, should include details of any and all mitigations intended to ensure an acceptable level of safety performance while the MED TE is valid.

The State should consider the available resources for medical assessment. Higher priority for examinations and/ or assessments should be given to essential service flights, medical emergency flights, cargo flights transporting essential medical supplies, humanitarian and repatriation flights, medevac and air ambulance services.

Other examinations pertaining to international flights considered to be essential travel by the state concerned should be afforded higher priority e.g. small island States.

The risk assessment and mitigations implemented should be reviewed on a regular basis. Recording of the use of the exemption should be maintained.

A procedure for the return to normal medical certificate validity should be developed to identify how the State will oversee the lifting of the exemption.

Section 2 should specify all such mitigations that have been put in place, in sufficient detail to provide evidence that they have adequately addressed and additional safety risks associated with the use of the MED TE.

The following guidance represents possible mitigations that could be considered by an operator:

#### a. Alternate means of aeromedical risk determination

Utilize alternate means of aeromedical risk determination and management, keeping in mind that flexibility should not be considered the "new normal" as it could have a detrimental impact on flight safety. New (ab initio) medical certificate applicants and high-risk existing medical certificate holders should still receive full in-person medical examinations.

In considering alternatives to full in-person medical examinations, mitigating measures should be based on a risk assessment to include:

- medical certificate class (e.g. commercial vs private flying), taking into account age and periodicity;
- medical limitations/restrictions (e.g. Low vs high risk, single pilot vs multi-pilot);
- changes in health status (e.g. Surgeries, hospitalization, new diagnoses, new or changed treatments);
- requirement for ongoing periodic surveillance of existing medical conditions (e.g. coronary disease).

Specific and clear criteria for eligibility as well as the relevant documentation (e.g. telemedicine forms and record keeping) for renewal using alternatives to in-person medical examination should be available to both applicants and aviation medical examiners.

Alternatives to full in-person medical examinations should be selected to appropriately mitigate risk. Options may include:

- **Limited in person medical examination or partial physical examination.** This option may be considered for existing medical certificate holders who require specific, targeted physical examination, medical investigation or medical report, possibly provided by a non-AME, to enable revalidation<sup>1</sup> of certification (e.g. Electrocardiogram, optometry examination, family physician report).
- **Telemedicine consultation.** This option may be considered for existing medical certificate holders who require review of their medical status with a medical examiner, but who do not require an in-person examination, unless deemed necessary as a result of the telemedicine consultation (e.g. review of a change in health status, such as a recent minor surgery or injury not requiring hospitalization, minor adjustment in existing medical treatment such as a dosage change).
- **Health questionnaire and/or, health declaration.** This option may be considered for low-risk existing medical certificate holders and no change in medical status since their last medical examination. Aviation medical regulators should provide specific and clear eligibility criteria to applicants (e.g. a List of disqualifying medical certificate limitations, medical diagnoses). Declared medical history should be reviewed by the AME or medical assessor and verified where considered to be applicable.

## **b. Operating limitations**

Specific limitations due to medical factors that have been considered as part of the risk assessment when decisions are made regarding the extension of medical assessment.

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<sup>1</sup> Revalidation refers to re-issue of a medical certificate to a current medical certificate holder; renewal refers to issue of a medical certificate to a medical certificate holder whose medical has expired

**c. Provision of intercurrent medical reports**

Specify the need for such reporting where identified by the licencing authority.

**d. Physical examinations**

Where the capacities to perform face-to-face physical examinations become available, a physical examination should be performed, especially for exempted medical certifications, taking into account practical considerations.

**3. Document to be issued**

In this section, any State-issued documentation that provides confirmation that crew are operating under a State approved TE, should be identified. Such documentation can be presented on ramp inspection in another State, where necessary. Where the TE form is presented as the document, it must include a completed Section A to verify that it has been received by ICAO.