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GOVERNMENT OF INDIA

**OFFICE OF DIRECTOR GENERAL OF CIVIL AVIATION**  
TECHNICAL CENTRE, OPP SAFDARJANG AIRPORT, NEW DELHI

**CIVIL AVIATION REQUIREMENTS**  
**SECTION 7 - FLIGHT CREW STANDARDS,**  
**TRAINING AND LICENSING**  
**SERIES C PART II**  
**ISSUE I, 5<sup>TH</sup> MAY 2014**

**EFFECTIVE: FORTHWITH**

F. No. AV/22025/28/DMS/MED

**SUBJECT: MEDICAL REQUIREMENTS AND EXAMINATION FOR CABIN CREW**

**1. INTRODUCTION**

The Rule 38B of the Aircraft Rules, 1937 deals with carriage of cabin crew. The sub-clause (d) of clause (3) of this rule provides that the operator shall ensure that each cabin crew member remains medically fit to discharge the duties specified in the Operations Manual. For this purpose this CAR is issued to lay down uniform requirements of medical fitness of cabin crew to be ensured by the operators. This CAR is issued under the provisions of Rule 38B and Rule 133A of the Aircraft Act, 1937.

With the issue of this CAR, (a) the provisions of Para 4.1.2 of Civil Aviation Requirement (CAR) Section 7, Series M, Part I issued on 15 Mar 2010 would stand modified and (b) the Cabin Safety Circular 3 of 2012 dated 24 Jul 2012 stands cancelled.

**2. REQUIREMENTS FOR MEDICAL EXAMINATION**

- 2.1 All cabin crew shall undergo initial and renewal medical examination of **equivalent to** Class 2 Medical Examination.
- 2.2 All cabin crew shall undergo a medical examination based on the following requirements:
- (a) Physical and mental;
  - (b) Visual and colour perception; and

(c) Hearing.

2.3 Cabin crew shall 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, diagnostic or preventive medication (including herbal/ alternative medicine modalities) taken;

such as would entail a degree of functional incapacity which is likely to interfere with the safe performance of their duties.

2.4 The medical examination shall take into account the medical history, general and systemic clinical examination findings.

2.5. Frequency of Medical Examination. The Initial Medical Examination shall be conducted upon induction. Subsequently, cabin crew shall undergo renewal medical examination once every four years till the age of 40 yrs, once every two years till the age of 50 yrs and yearly thereafter. The frequency of medical examination may be increased in case of specific cabin crew where a disease/condition has been detected and a more frequent follow up is desirable.

2.6 All cabin crew shall undergo the following investigations/ records using Form CA-34 & 35:

Initial Medical Examination	<ul style="list-style-type: none"> <li>• Record of height, weight &amp; Body Mass Index (BMI)</li> <li>• Blood Pressure</li> <li>• Complete Ophthalmic Examination (visual fields, distance and near visual acuity with and without correction, colour vision on Ishihara/Tokyo Medical College (TMC) chart, ocular muscle balance)</li> <li>• Complete Ear Nose &amp; Throat (ENT) Examination including Pure Tone Audiogram</li> <li>• Haemogram (Complete Blood Counts)</li> <li>• Urine routine &amp; microscopic examination</li> <li>• Blood Group &amp; Rh Type</li> <li>• Electrocardiogram (ECG) - standard 12 lead with long lead II</li> <li>• Radiograph Chest PA view</li> <li>• Blood Sugar Fasting</li> <li>• Lipid Profile</li> <li>• Thyroid Function Test (T3, T4 &amp; TSH)</li> <li>• Liver Function Test</li> </ul>
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	<ul style="list-style-type: none"> <li>• Kidney Function Test</li> <li>• Ultrasonography Abdomen &amp; Pelvis</li> <li>• Any other test deemed fit based on history/ clinical examination</li> </ul>
Renewal Medical Examination	<ul style="list-style-type: none"> <li>• Haemogram (Complete Blood Counts)</li> <li>• Urine routine &amp; microscopic examination</li> <li>• Record of height, weight, BMI</li> <li>• Blood Pressure</li> <li>• Complete Ophthalmic Examination (visual fields, distance and near visual acuity with and without correction, colour vision on Ishihara/ TMC chart, ocular muscle balance)</li> <li>• Complete ENT Examination</li> <li>• ECG*</li> <li>• Pure Tone Audiogram*</li> <li>• Blood Sugar Fasting</li> <li>• HbA1c</li> <li>• Lipid Profile</li> <li>• Thyroid Function Test (T3, T4 &amp; TSH)</li> <li>• Ultrasonography Abdomen &amp; Pelvis</li> <li>• Any other test deemed fit based on history/clinical examination</li> </ul> <p><i>* ECG &amp; Audiogram are to be done only if clinically indicated in renewal medical examinations till the age of 50. After 50, it is to be done once every 2 years (that is during the medical that is due after completing the age of 50, 52, and so on)</i></p>

Note: Procedure for disposal for high BMI cases is given in Appendix I.

2.7 The provisions of applicable for Class 2 Medical Examinations as brought out in ICAO Annex 1 Chapter 6 para 6.2.3, 6.2.4, 6.2.5, 6.4.1, 6.4.2, 6.4.3, 6.4.4 and 6.4.5 read in conjunction with ICAO document 8984 'Manual of Civil Aviation Medicine' as amended from time to time shall be followed. In addition, the provisions available in AICs 28/199, 3/2007, 4/2007, 9/2008, 10/2008 & 13/2008 as amended shall also serve as guidelines.

2.8 No cabin crew shall be accepted for rostering unless they have a valid medical examination report.

### 3. APPROVED MEDICAL EXAMINERS/MEDICAL EXAMINATION CENTRES

3.1 The following authorities can carry out Class 2 Medical Examinations:

(a) All DGCA authorised Class 1 Medical Examiners.

- (b) All DGCA authorised Class 2 Examiners.
- (c) Doctors or Airline Medical Department who have undergone a minimum one week training in Aerospace Medicine at the Institute of Aerospace Medicine, Bangalore.
- (d) In contentious cases, DMS (CA) may authorise a review/ special medical at IAM Bangalore/AFCME New Delhi/ MEC(East) Jorhat or any other IAF centre.

The list of centres & examiners listed in para 3.1 (a) & (b) is available on DGCA website (as amended from time to time). The choice of centre/ examiner shall be of the Airline Medical Department/ Operator.

- 3.2 The induction of Medical Examiners, their training requirements and recurrent training is as per the CAR Section 7 Series 'C' Part I.

#### 4. **PROCEDURE AND GENERAL REQUIREMENTS FOR MEDICAL EXAMINATION**

- 4.1 Maintenance of Medical Records. The concerned department of scheduled airlines and the Operator of non-scheduled airlines shall maintain the individual medical records of all their cabin crew. A yearly summary of the total number of induction and renewal medical examinations conducted and their outcome may be forwarded to DGCA for scrutiny and retention.
- 4.2 Maintenance of schedule for Medical Examination. The concerned department of scheduled airlines and the Operator of non-scheduled airlines shall be responsible for maintaining a schedule to ensure timely conduct of medical examinations of all their cabin crew.
- 4.3 Disposal of Cases. Cabin crew shall be handed over a medical report at the end of the medical examination. The following disposals may be granted:
  - (a) Fit
  - (b) Temporary Unfit
  - (c) Permanent Unfit
- 4.4 Disposal of Temporary Unfit Cases. Cases may be declared Temporary Unfit for a specified duration for a disease/ condition with specific annotation regarding the next review and guidance on the investigations/ opinion/ treatment required before next review.
- 4.5 Disposal of Permanent Unfit Cases. Cases requiring to be placed 'Permanently Unfit' may be referred to Medical Assessor at DGCA with full justification and supporting medical documents.
- 4.6 Disposal of contentious cases & arbitration. The first level of dealing with such cases would be the Airline Medical Department itself. In cases where the

matter is not resolved, the same may be referred to Medical Assessor at DGCA. The Medical Assessor may advise for investigations/ opinions/ fresh medicals at IAF centres before finalising the case.

- 4.7 If the medical standards prescribed for Class 2 Medical Examination and those laid down by DGCA are not met, the Medical Fitness shall not be issued or renewed 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 duties 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 medical fitness is endorsed with any special limitation or limitations when the safe performance of the cabin crew duties is dependent on compliance with such limitation or limitations.

## **5 PROCEDURE FOR APPEAL MEDICAL EXAMINATION**

- 5.1 In the event of a cabin crew being declared temporarily medically unfit for more than six months at a stretch or in aggregate or permanently unfit, the applicant may appeal to the Medical Assessor at DGCA for a review of the medical assessment within a period of 90 days from the date of applicant having been declared unfit.
- 5.2 The appeal shall be addressed to Director, Medical Services (Civil Aviation), Director General of Civil Aviation, Technical Centre, Opposite Safdarjung Airport, New Delhi-110003. The appeal shall be sent by registered post with acknowledgement due or by Speed Post or through a reputed courier company or may be delivered in person to the Receipt & Despatch Section in the O/o DGCA and obtain a receipt for the same. The appeal must be accompanied by the following documents:
- (a) All documents in original obtained by the applicant from reputed medical institutions/ specialists clearly certifying that the applicant is fit for duties as cabin crew, with specific reference to the cause of unfitness stated in the medical assessment issued by the office of DGCA. The medical practitioner/ specialist certifying the fitness in such a case should give sound reasons justifying their opinion.
  - (b) Reports of the medical examination and results of investigations, in original, conducted by the medical practitioner/ specialist giving the aforesaid certificate.
- 5.3 The appeal shall be considered by DGCA, and if found justified, it may be referred to DGMS (Air). Medical records of the concerned cabin crew shall be summoned by DGCA. If adequate medical evidence is provided for medical review, DGMS (Air) may recommend to DGCA an appeal/ review medical examination at any

place and may also ask for any such investigation/ report or opinion of any specialist to determine the fitness of the applicant. In case the appeal for medical review is not found justified, DGMS (Air) will inform DGCA about the same giving the reasons and the cabin crew shall be informed accordingly.

- 5.4 If the medical review is accepted, it shall be carried out at the centre specified for the purpose. The fresh medical examination reports will be considered to assess the medical fitness. The decision of the DGMS (Air) on behalf of DGCA shall be final. The result thereof shall be intimated by the Medical Board to the O/o DGCA and the final assessment shall be issued accordingly by DGCA.

6. **MAINTENANCE OF RECORDS**

The records of the medical examination of cabin crew shall be maintained by the concerned department of scheduled airline/ operators. These would be examined during the DGCA inspections.

7. **CONCLUSION**

All operators are to ensure that a system for cabin crew initial (induction/ employment) and periodic medical examination based on guidelines above is instituted, documented and implemented.



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APPENDIX I

**DISPOSAL OF HIGH BMI CASES**

1. Body Mass Index (BMI) is a derived index. It can be calculated by the following formula:

$$\text{BMI} = \frac{\text{Weight (in kilograms)}}{(\text{Height in metres}) \times (\text{Height in metres})}$$

2. The range of BMI is as follows:

<b>BMI</b>	<b>Normal</b>	<b>Overweight</b>	<b>Obese</b>
<b>Male</b>	18-25	25- 29.9	30 and above
<b>Female</b>	18-22	22- 27	27 and above

3. Cabin crew with weight above normal range will undergo **clinical examination** to look for features of secondary obesity due to endocrine diseases (hypothyroidism, Cushing's disease, insulin resistance, Hypothalamic dysfunction) and associated lipid abnormalities (xanthema/xanthelesma) . Presence of diseases like metabolic syndrome, hypertension, diabetes mellitus, hypoventilation syndrome, premature atherosclerosis should be carefully looked for. Any disease suspected or detected is to be evaluated to conclusion and treated. Evaluation of cases of overweight will include the following **investigations**:

- (a) Biochemical screening: Blood Glucose (Fasting & 2 h after 75g glucose stress, HbA1c), lipid profile, uric acid, LFT and USG Abdomen.
- (b) ECG-Resting.
- (c) Screening for Endocrine disorders, including thyroid function, if indicated.
- (d) For obese cases, TMT also needs to be done.
- (e) For cases with evidence of sleep apnea, sleep studies are also to be conducted.

4. **Disposal of cases of High BMI**

- (a) A cabin crew who is found to be **overweight** (based on BMI), the cabin crew shall be examined and investigated.
  - (i) If the investigations are normal, the cabin crew shall be given a 3 month time to reduce weight to acceptable levels (normal BMI), failing which the cabin crew would be declared 'Temporary Unfit' for cabin crew duties.

- (ii) If the investigations are abnormal, the cabin crew shall be declared 'Temporary Unfit' for cabin crew duties for a period of 3 months. After the 3 months is over, the cabin crew shall be re-assessed. If BMI and investigations have normalised, cabin crew can be made 'Fit' for duty. If not, the cabin crew would be declared 'Temporary Unfit' for cabin crew duties for another 3 months.
  - (b) A cabin crew who is found to be **obese** (based on BMI) shall be examined and investigated. The cabin crew shall be declared 'Temporary Unfit' for cabin crew duties for a period of 6 months. After the 6 months of unfitness is over, the cabin crew shall be re-assessed.
    - (i) If the BMI is in normal range and the investigations are also normal, the cabin crew can be declared 'Fit' for duties.
    - (ii) If the BMI is in overweight/ obese range, cabin crew shall be declared 'Temporary Unfit' for cabin crew duties for another period of 6 months.
  - (c) Unfitness beyond 18 months would merit 'Permanent Unfitness'.
5. Cabin crew declared unfit should undergo a gradual reduction of weight by a combination of diet, exercise and life-style change under periodic monitoring by the Airline/operator. Drastic weight reduction plans, medication and surgery for weight reduction have drawbacks which may affect the cabin crew adversely and are to be avoided.