

Obtaining a Medical Certificate

Most pilots must have a valid medical certificate to exercise the privileges of their airman certificates. Glider and free balloon pilots are not required to hold a medical certificate. Sport pilots may hold either a medical certificate or a valid state driver's license.

Acquisition of a medical certificate requires an examination by an aviation medical examiner (AME), a physician with training in aviation medicine designated by the Civil Aerospace Medical Institute (CAMI). There are three classes of medical certificates. The class of certificate needed depends on the type of flying the pilot plans to do.

A third-class medical certificate is required for a private or recreational pilot certificate. It is valid for 3 years for those individuals who have not reached the age of 40; otherwise it is valid for 2 years. A commercial pilot certificate requires at least a second-class medical certificate, which is valid for 1 year. First-class medical certificates are required for airline transport pilots, and are valid for 6 months.

The standards are more rigorous for the higher classes of certificates. A pilot with a higher class medical certificate has met the requirements for the lower classes as well. Since the required medical class applies only when exercising the privileges of the pilot certificate for which it is required, a first-class medical certificate would be valid for 1 year if exercising the privileges of a commercial certificate, and 2 or 3 years, as appropriate, for exercising the privileges of a private or recreational certificate. The same applies for a second-class medical certificate. The standards for medical certification are contained in Title 14 of the Code of Federal Regulations (14 CFR) part 67 and the requirements for obtaining medical certificates can be found in 14 CFR part 61.

Students who have physical limitations, such as impaired vision, loss of a limb, or hearing impairment may be issued a medical certificate valid for "student pilot privileges only" while learning to fly. Pilots with disabilities may require special equipment installed in the aircraft, such as hand controls for pilots with paraplegia. Some disabilities necessitate a limitation on the individual's certificate; for example, impaired hearing would require the limitation "not valid for flight requiring the use of radio." When all the knowledge, experience, and proficiency requirements have been met and a student can demonstrate the ability to operate the aircraft with the normal level of safety, a "statement of demonstrated ability" (SODA) can be issued. This waiver, or SODA, is valid as long as the physical impairment does not worsen. Contact the local Flight Standards District Office (FSDO) for more information on this subject.

Health and Physiological Factors Affecting Pilot Performance

A number of health factors and physiological effects can be linked to flying. Some are minor, while others are important enough to require special attention to ensure safety of flight. In some cases, physiological factors can lead to inflight emergencies. Some important medical factors that a pilot should be aware of include hypoxia, hyperventilation, middle ear and sinus problems, spatial disorientation, motion sickness, carbon monoxide (CO) poisoning, stress and fatigue, dehydration, and heatstroke. Other subjects include the effects of alcohol and drugs, anxiety, and excess nitrogen in the blood after scuba diving.

Hypoxia

Hypoxia means "reduced oxygen" or "not enough oxygen." Although any tissue will die if deprived of oxygen long enough, usually the most concern is with getting enough oxygen to the brain, since it is particularly vulnerable to oxygen deprivation. Any reduction in mental function while flying can result in life-threatening errors. Hypoxia can be caused by several factors, including an insufficient supply of oxygen, inadequate transportation of oxygen, or the inability of the body tissues to use oxygen. The forms of hypoxia are based on their causes: hypoxic hypoxia, hypemic hypoxia, stagnant hypoxia, and histotoxic hypoxia.

Hypoxic Hypoxia

Hypoxic hypoxia is a result of insufficient oxygen available to the body as a whole. A blocked airway and drowning are obvious examples of how the lungs can be deprived of oxygen, but the reduction in partial pressure of oxygen at high altitude is an appropriate example for pilots. Although the percentage of oxygen in the atmosphere is constant, its partial pressure decreases proportionately as atmospheric pressure decreases. As the airplane ascends during flight, the percentage of each gas in the atmosphere remains the same, but there are fewer molecules available at the pressure required for them to pass between the membranes in the respiratory system. This decrease in number of oxygen molecules at sufficient pressure can lead to hypoxic hypoxia.

Hypemic Hypoxia

Hypemic hypoxia occurs when the blood is not able to take up and transport a sufficient amount of oxygen to the cells in the body. Hypemic means "not enough blood." This type of hypoxia is a result of oxygen deficiency in the blood, rather than a lack of inhaled oxygen, and can be caused by a variety of factors. It may be due to reduced blood volume (due to severe bleeding), or it may result from certain blood diseases, such as anemia. More often hypemic hypoxia

occurs because hemoglobin, the actual blood molecule that transports oxygen, is chemically unable to bind oxygen molecules. The most common form of hypemic hypoxia is CO poisoning. This is explained in greater detail on page 16-11. Hypemic hypoxia can also be caused by the loss of blood due to blood donation. Blood can require several weeks to return to normal following a donation. Although the effects of the blood loss are slight at ground level, there are risks when flying during this time.

Stagnant Hypoxia

Stagnant means “not flowing,” and stagnant hypoxia, or ischemia, results when the oxygen-rich blood in the lungs is not moving, for one reason or another, to the tissues that need it. An arm or leg “going to sleep” because the blood flow has accidentally been shut off is one form of stagnant hypoxia. This kind of hypoxia can also result from shock, the heart failing to pump blood effectively, or a constricted artery. During flight, stagnant hypoxia can occur with excessive acceleration of gravity (Gs). Cold temperatures also can reduce circulation and decrease the blood supplied to extremities.

Histotoxic Hypoxia

The inability of the cells to effectively use oxygen is defined as histotoxic hypoxia. “Histo” refers to tissues or cells, and “toxic” means poisonous. In this case, enough oxygen is being transported to the cells that need it, but they are unable to make use of it. This impairment of cellular respiration can be caused by alcohol and other drugs, such as narcotics and poisons. Research has shown that drinking one ounce of alcohol can equate to about an additional 2,000 feet of physiological altitude.

Symptoms of Hypoxia

High-altitude flying can place a pilot in danger of becoming hypoxic. Oxygen starvation causes the brain and other vital organs to become impaired. One noteworthy attribute of the onset of hypoxia is that the first symptoms are euphoria and a carefree feeling. With increased oxygen starvation, the extremities become less responsive and flying becomes less coordinated. The symptoms of hypoxia vary with the individual, but common symptoms include:

- Cyanosis (blue fingernails and lips)
- Headache
- Decreased reaction time
- Impaired judgment
- Euphoria
- Visual impairment
- Drowsiness

- Lightheaded or dizzy sensation
- Tingling in fingers and toes
- Numbness

As hypoxia worsens, the field of vision begins to narrow, and instrument interpretation can become difficult. Even with all these symptoms, the effects of hypoxia can cause a pilot to have a false sense of security and be deceived into believing everything is normal. The treatment for hypoxia includes flying at lower altitudes and/or using supplemental oxygen.

All pilots are susceptible to the effects of oxygen starvation, regardless of physical endurance or acclimatization. When flying at high altitudes, it is paramount that oxygen be used to avoid the effects of hypoxia. The term “time of useful consciousness” describes the maximum time the pilot has to make rational, life-saving decisions and carry them out at a given altitude without supplemental oxygen. As altitude increases above 10,000 feet, the symptoms of hypoxia increase in severity, and the time of useful consciousness rapidly decreases. [Figure 16-1]

Altitude	Time of Useful Consciousness
45,000 feet MSL	9 to 15 seconds
40,000 feet MSL	15 to 20 seconds
35,000 feet MSL	30 to 60 seconds
30,000 feet MSL	1 to 2 minutes
28,000 feet MSL	2½ to 3 minutes
25,000 feet MSL	3 to 5 minutes
22,000 feet MSL	5 to 10 minutes
20,000 feet MSL	30 minutes or more

Figure 16-1. *Time of useful consciousness.*

Since symptoms of hypoxia can be different for each individual, the ability to recognize hypoxia can be greatly improved by experiencing and witnessing the effects of it during an altitude chamber “flight.” The Federal Aviation Administration (FAA) provides this opportunity through aviation physiology training, which is conducted at the FAA CAMI and at many military facilities across the United States. For information about the FAA’s one-day physiological training course with altitude chamber and vertigo demonstrations, visit the FAA web site: www.faa.gov/pilots/training/airman_education/aerospace_physiology/index.cfm.

Hyperventilation

Hyperventilation is the excessive rate and depth of respiration leading to abnormal loss of carbon dioxide from the blood. This condition occurs more often among pilots than is generally recognized. It seldom incapacitates completely, but