AUTHENTICATED
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INFORMATION
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(iv) Operations manuals and MEL/CDL.
(v) Performance and limitations.
(f) Flight Planning.
(i) Route of flight.
1. Standard Instrument Departures and Standard Terminal Arrival Routes.
2. En route charts.
3. Operational altitude.
4. Departure and arrival charts.
(ii) Minimum departure fuel.
1. Climb.
2. Cruise.
3. Descent.
(g) Weight and balance.
(h) Economics of flight overview (Performance, Fuel Tankering).
(i) Decision to operate the flight.
(j) ATC flight plan filing.
(k) Flight documentation.
(i) Flight plan.
(ii) Dispatch release.
(3) Authorize flight departure with concurrence of pilot in command.
(4) In-flight operational control:
(a) Current situational awareness.
(b) Information exchange.
(c) Amend original flight release as required.
(5) Post-Flight:
(a) Arrival verification.
(b) Weather debrief.
(c) Flight irregularity reports as required.

[Doc. No. FAA–1998–4553, 64 FR 68925, Dec. 8, 1999]

PART 67—MEDICAL STANDARDS AND CERTIFICATION

Subpart A—General

Sec.
67.1 Applicability.
67.3 Issue.
67.7 Access to the National Driver Register.

Subpart B—First-Class Airman Medical Certificate

67.101 Eligibility.
67.103 Eye.
67.105 Ear, nose, throat, and equilibrium.
67.107 Mental.
67.109 Neurologic.
67.111 Cardiovascular.
67.113 General medical condition.
67.115 Discretionary issuance.

Subpart C—Second-Class Airman Medical Certificate

67.201 Eligibility.
67.203 Eye.
67.205 Ear, nose, throat, and equilibrium.
67.207 Mental.
67.209 Neurologic.
67.211 Cardiovascular.
67.213 General medical condition.
67.215 Discretionary issuance.

Subpart D—Third-Class Airman Medical Certificate

67.301 Eligibility.
67.303 Eye.
67.305 Ear, nose, throat, and equilibrium.
67.307 Mental.
67.309 Neurologic.
67.311 Cardiovascular.
67.313 General medical condition.
67.315 Discretionary issuance.

Subpart E—Certification Procedures

67.401 Special issuance of medical certificates.
67.403 Applications, certificates, logbooks, reports, and records: Falsification, reproduction, or alteration; incorrect statements.
67.405 Medical examinations: Who may give.
67.407 Delegation of authority.
67.409 Denial of medical certificate.
67.411 Medical certificates by flight surgeons of Armed Forces.
67.413 Medical records.
67.415 Return of medical certificate after suspension or revocation.

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Subpart A—General

§67.1 Applicability.

This part prescribes the medical standards and certification procedures for issuing medical certificates for airmen and for remaining eligible for a medical certificate.

§67.3 Issue.

Except as provided in §67.5, a person who meets the medical standards prescribed in this part, based on medical examination and evaluation of the person's history and condition, is entitled to an appropriate medical certificate.

§67.7 Access to the National Driver Register.

At the time of application for a certificate issued under this part, each

person who applies for a medical certificate shall execute an express consent form authorizing the Administrator to request the chief driver licensing official of any state designated by the Administrator to transmit information contained in the National Driver Register about the person to the Administrator. The Administrator shall make information received from the National Driver Register, if any, available on request to the person for review and written comment.

Subpart B—First-Class Airman Medical Certificate

§ 67.101 Eligibility.

To be eligible for a first-class airman medical certificate, and to remain eligible for a first-class airman medical certificate, a person must meet the requirements of this subpart.

§ 67.103 Eye.

Eye standards for a first-class airman medical certificate are:

(a) Distant visual acuity of 20/20 or better in each eye separately, with or without corrective lenses. If corrective lenses (spectacles or contact lenses) are necessary for 20/20 vision, the person may be eligible only on the condition that corrective lenses are worn while exercising the privileges of an airman certificate.

(b) Near vision of 20/40 or better, Snellen equivalent, at 16 inches in each eye separately, with or without corrective lenses. If age 50 or older, near vision of 20/40 or better, Snellen equivalent, at both 16 inches and 32 inches in each eye separately, with or without corrective lenses.

(c) Ability to perceive those colors necessary for the safe performance of airman duties.

(d) Normal fields of vision.

(e) No acute or chronic pathological condition of either eye or adnexa that interferes with the proper function of an eye, that may reasonably be expected to progress to that degree, or that may reasonably be expected to be aggravated by flying.

(f) Bifoveal fixation and vergence-phoria relationship sufficient to prevent a break in fusion under conditions that may reasonably be expected to occur in performing airman duties. Tests for the factors named in this paragraph are not required except for persons found to have more than 1 prism diopter of hyperphoria, 6 prism diopters of esophoria, or 6 prism diopters of exophoria. If any of these values are exceeded, the Federal Air Surgeon may require the person to be examined by a qualified eye specialist to determine if there is bifoveal fixation and an adequate vergence-phoria relationship. However, if otherwise eligible, the person is issued a medical certificate pending the results of the examination.

§ 67.105 Ear, nose, throat, and equilibrium.

Ear, nose, throat, and equilibrium standards for a first-class airman medical certificate are:

(a) The person shall demonstrate acceptable hearing by at least one of the following tests:

(1) Demonstrate an ability to hear an average conversational voice in a quiet room, using both ears, at a distance of 6 feet from the examiner, with the back turned to the examiner.

(2) Demonstrate an acceptable understanding of speech as determined by audiometric speech discrimination testing to a score of at least 70 percent obtained in one ear or in a sound field environment.

(3) Provide acceptable results of pure tone audiometric testing of unaided hearing acuity according to the following table of worst acceptable thresholds, using the calibration standards of the American National Standards Institute, 1969 (11 West 42d Street, New York, NY 10036):

Frequency (Hz)	500 Hz	1000 Hz	2000 Hz	3000 Hz
Better ear (Db)	35	30	30	40
Poorer ear (Db)	35	50	50	60

(b) No disease or condition of the middle or internal ear, nose, oral cavity, pharynx, or larynx that—

(1) Interferes with, or is aggravated by, flying or may reasonably be expected to do so; or

(2) Interferes with, or may reasonably be expected to interfere with, clear and effective speech communication.