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# Medical matters

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See the CAA website for Civil Aviation Rules, advisory circulars, airworthiness directives, forms, and more safety publications. Visit [aviation.govt.nz](http://aviation.govt.nz).

Every effort is made to ensure the information in this booklet is accurate and up-to-date at the time of publishing. But numerous changes can occur with time, especially in regard to airspace and legislation. Readers are reminded to get appropriate up-to-date information.

# Introduction

Safe flying starts with you.

This booklet explains all things medical – from types of medical certificates and the application process, through to how endorsements work and how to renew your medical.

There's also information and advice about human factors, and where to look for more information.

While this booklet generally refers to pilots, it's equally applicable to air traffic controllers.



# Types of medical certification

There are four types of medical certificates, and the one you get depends on the type of flying activities you're wanting to do.

## Class 1 certificate

This is required for any airline and commercial operations in helicopter, general aviation (GA) fixed-wing aircraft (excluding microlight operations), and commercial balloon operations.

## Class 3 certificate

This is required for air traffic controllers.

## Class 2 certificate

This is required for private operations in helicopter and fixed-wing aircraft.

It's also required for adventure aviation operations in gliders and microlights, as well as commercial parachuting and hang-gliding operations, ie, those under Part 115 *Adventure Aviation Certification and Operations* other than those requiring the Class 1 medical certificate.

## DL9 driver licence medical certificate

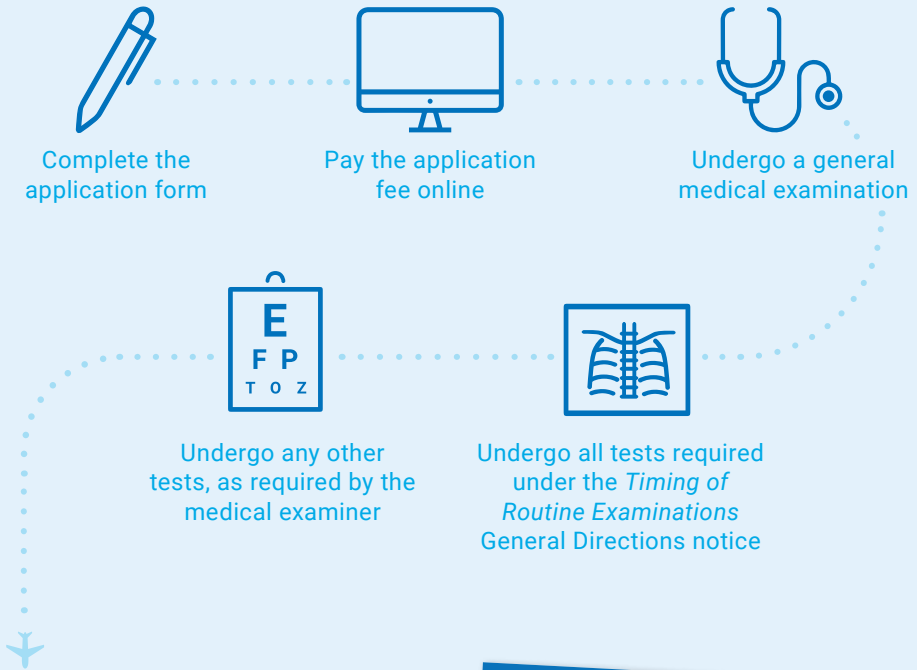
The DL9 driver licence medical certificate allows restricted light GA aircraft operations. To be able to fly on a DL9, it needs to have been approved under at least a class 2 (2,3,4,5) licence class category, with passenger (P) endorsement.

DL9 certificates are issued by GPs. See Part 61 *Pilot Licences and Ratings* for more information.

Check the CAA website to see what is, and isn't, allowed if you have a DL9. Go to [aviation.govt.nz](http://aviation.govt.nz) > licensing and certification > pilots > pilot licensing.

# Applying for a medical certificate

There are some important steps to follow to get your medical certificate, starting with the application form.



## The application form

To start with, you need to complete the 24067/001 *Medical certificate application form*. Complete pages 1 to 3, leaving page 4 to be completed during your medical examination. You can print this form out then fill it out, or you can fill it in electronically, then print it.

Remember that the application form is your responsibility. Your medical examiner should write only in the final section as witness to you signing the form.

Medical Certificate Application Form

1. Complete the form of this patient by a medical practitioner and health care provider. All information must be completed. The form is to be completed by the medical practitioner and health care provider. The form is to be completed by the medical practitioner and health care provider. The form is to be completed by the medical practitioner and health care provider.

2. Complete the form of this patient by a medical practitioner and health care provider. All information must be completed. The form is to be completed by the medical practitioner and health care provider. The form is to be completed by the medical practitioner and health care provider. The form is to be completed by the medical practitioner and health care provider.

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Note: Some medical examiners use online medical certification systems rather than the paper form. Check with your examiner to see which process you should follow.

## The application fee

There are two main fees associated with the application process – one to the CAA, and one to your medical examiner.

Before your appointment, you'll need to pay the medical certificate application fee to the CAA, as required by the Civil Aviation Fees and Charges Regulations 2012. This can easily be done on the CAA website.

Your appointment with the medical examiner will also incur a fee – payable directly to the examiner.

If any other reports or investigations are required, these will also be charged separately by the providers involved.

## The medical examination

After you've completed the application form, you'll need to visit a medical examiner.

You can find medical examiners and optometrists near you by using the lists available on the CAA website. There are two directories; one for approved medical examiners in New Zealand, and one for those based overseas.

### *What do you need to take?*

- Receipt of payment for your medical certificate application to the CAA
- Your last CAA medical certificate (if you have previously been issued with a CAA medical certificate)
- Your last CAA Medical Assessment Report (if you have previously made an application for a medical certificate)
- Any letter issued by your medical examiner with the above documents
- If you have seen a specialist since the last assessment, or in recent times, a copy of any report from these appointments

- A copy of any results of blood tests you may have had within the past 12 months
- Your main visual aid and spare spectacles, if any required
- If you wear contact lenses – wear them to the appointment and bring along your contact lens case and spare spectacles
- A list of all medication that you take, including time of administration and dose.

### *What should you expect at your appointment?*

At your appointment you'll sign your application form in front of your medical examiner. You'll also review any relevant positive answers in your application with your examiner.

Ensure you declare any past and current medical condition(s) as it's an offence not to do so.

Sometimes you may be unsure whether to declare a health condition because you're concerned it could lead to your application being declined, or if you feel the condition isn't relevant. This is usually not the case. Pilots are routinely being certified for medical conditions that were cause for disqualification 10–20 years ago.

The more information provided by you about your medical conditions, allows a better and usually faster consideration of your application. Of course, occasionally there are pilots who have medical conditions that are incompatible with flight safety. However, the percentage of medical certificates declined by the CAA is very small.

After signing and reviewing your application form, you'll undergo a comprehensive medical examination. Parts of it may be conducted by a practice nurse, for instance, blood pressure test, visual acuity recording, and an electrocardiogram.

Your medical examiner will then get information from you, and conduct any tests as required by the legislation and as guided by your medical history and examination.

Once this information is available, your medical examiner can complete the assessment and issue a medical certificate if you meet the medical standards.

***What if you don't meet the medical standards?***

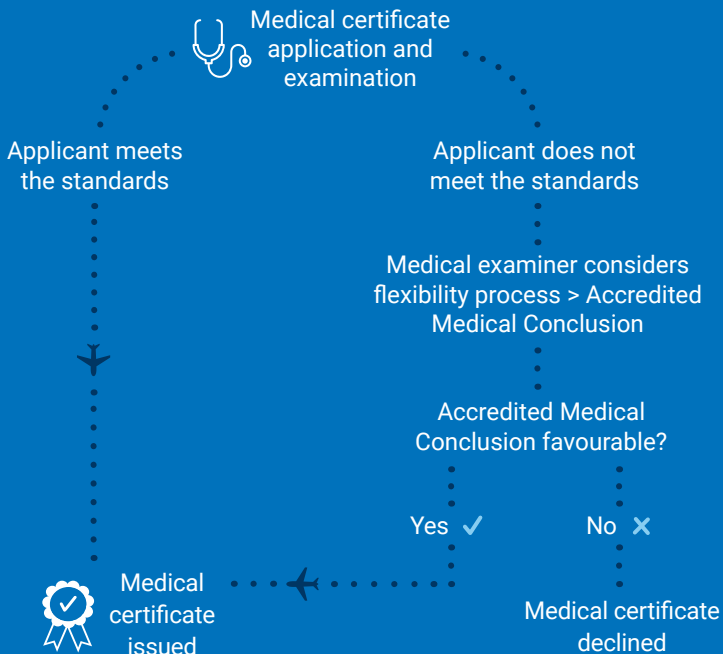
Applicants who don't meet the medical standards may be issued a medical certificate following a flexibility process. This requires

an Accredited Medical Conclusion (AMC) conducted by an expert(s) identified by the Director of Civil Aviation.

The first two hours of work involved in the production of an AMC are free of charge. Any additional time is charged for. If the CAA needs to consult an external specialist, the specialist's time will be added to that time.

For more details on the AMC process, go to [aviation.govt.nz](http://aviation.govt.nz) > licensing and certification > medical certification > accredited medical conclusion FAQ.

**Medical certificate application process**



# Medical certificate expiry date

Your medical certificate has an expiry date for each class of certificate that has been issued. Pay great attention to the expiry date(s).

For Class 1 certificates there are two expiry dates:

- One expiry date for “single pilot air operations carrying passengers”;
- One expiry date for “operations other than single pilot air operations carrying passengers”.

For applicants under age 40, the two dates are generally the same.

For applicants aged 40 or over, the validity period of a Class 1 certificate is limited to six months for “single pilot air operations carrying passengers” and to twelve months for “operations other than single pilot air operations carrying passengers”.

New Zealand Civil Aviation Authority

## Medical Certificate

Issued pursuant to section 27B of the Civil Aviation Act and in accordance with the Act



Surname: <b>Blogg</b>	Client no: <b>123456</b>
Given names: <b>John</b>	Date of birth: <b>17/08/1969</b>
<b>Class 1</b> for single pilot air operations carrying passengers	<b>Expiry dates</b> <b>29/11/2022</b>
<b>Class 1</b> for operations other than single pilot air operations carrying passengers	<b>29/05/2023</b>
<b>Class 2</b>	<b>29/05/2024</b> _____
Date signed: <b>29/05/2022</b>	ME stamp
Signature of Director or Delegate _____	



## Endorsements on your medical certificate

### Operational endorsements

Endorsements of an operational nature are normally placed on the back of your medical certificate. Example: *Not valid for night flying or spectacles must be worn.*

Conditions, restrictions, or endorsements applicable:

**001** Spectacles  
(distance vision)  
must be worn

Example endorsements on a medical certificate

In the case of a Class 1 certificate where “single pilot air operations carrying passengers” are not permitted, there won’t be any expiry date for that part of the certificate. It should be either blank or showing N/A.

### Other endorsements

Non-operational endorsements refer to a number of requirements, such as medical surveillance that must be complied with, during the validity period of the medical certificate.

These requirements are usually detailed in a letter attached to the medical certificate and referred to on the medical certificate.

For example:

- “Subject to medical surveillance in a medical examiner letter dated dd/mm/yyyy”, or
- “Restricted in accordance with a medical examiner letter dated dd/mm/yyyy”. Please be familiar with the content of any letter to ensure compliance.

Conditions, restrictions, or endorsements applicable:

**059** Subject to medical  
surveillance as specified  
in examiner’s letter dated  
29 May 2022

Example of other endorsements on a medical certificate

### Complying with endorsements

Under Part 61.35 a person who holds a pilot licence must not exercise the privileges of the licence unless—

- 1) The person ...
  - (iii) is complying with all the conditions, restrictions and endorsements on the medical certificate

This means, for example, that if you have omitted any of the required surveillance, you may not exercise your licence privileges.

### Decision review options

Some of the decisions made by the Director or a medical examiner are subject to a right of review and appeal. Examples include:

- a decision to decline to issue a medical certificate
- imposing conditions or restrictions on a medical certificate
- disqualifying someone from holding a medical certificate.

The CAA website provides information about the process, what can be appealed and how to apply. Note: An application for review by the Medical Convener must be sent within **20 working days** of the decision.

For more information, go to [aviation.govt.nz](http://aviation.govt.nz) > licensing and certification > medical certification > review a medical decision.

## Renewing your medical certificate(s)

The process to renew your medical certificate(s) is the same as the standard application process.

To avoid running out of certificate validity, we recommend you apply for renewal, and undergo an examination, within 30 days before the expiry date of the medical certificate.

A new certificate issued within 30 days of the expiry date of the existing certificate can have the new expiry date calculated from the upcoming expiry date of the original certificate.

## Change in your medical condition

If you have a change in medical condition, you need to stop your flying or air traffic control activities and report the change to the Director.

This requirement can be found under Section Part 27C of the Civil Aviation Act 1990. The Act requires participants to cease exercising any privileges of their licence to which the medical certificate relates and report the change to the Director.

You can report the change by emailing [med@caa.govt.nz](mailto:med@caa.govt.nz) or advising your medical examiner.

Under the Act, you need only to *suspect* that you have a medical condition that may affect flight safety. This is a very low threshold for having to stop exercising one's privileges and reporting your change in condition.

However, there are a number of conditions that do not need reporting. These are listed in the *General Directions – Temporary Medical Conditions* Notice on the CAA website. Consult your medical examiner if in doubt.

For more information, go to [aviation.govt.nz](http://aviation.govt.nz) > licensing and certification > medical certification > general directions.

## Pregnancy

Pregnancy deserves a special mention. While the most natural event, the physiological changes occurring during pregnancy may affect flight safety.

The CAA commissioned a study from the University of Auckland to assist with the design of its policy. This is explained in a medical information sheet about pregnancy, available on the CAA website.

Go to [aviation.govt.nz](http://aviation.govt.nz) > licensing and certification > medical certification, then scroll down to 'medical information sheets'.

## Reporting pregnancy to the CAA

Pregnancy must be reported to the CAA as soon as it's known. Air traffic controllers can continue to work, if well, while pilots must ground themselves until the end of the first 12 weeks of pregnancy. They may return to flying if all is well, as documented by a lead maternity carer – and following an ultrasound to confirm how many weeks pregnant you are and that your pregnancy is progressing normally.

Once notified, the CAA will impose conditions and operational restrictions on the pilot's medical certificate to mitigate any risk. These are explained in the medical information sheet.

## Informing your GP

It's important to inform your GP of your aviation activities, so they're able to prescribe appropriately or check with the CAA medical team, if needed. Doctors also have reporting obligations to the CAA.



For more detail and the latest information on the medical certification process, go to the 'medical certification' section on the CAA website. Go to [aviation.govt.nz](https://aviation.govt.nz) > licensing and certification > medical certification.

# Human factors

You've got your medical! It's time to go flying or get to work as an air traffic controller. But remember – every flight requires preflight checks, including on yourself.

Human factors account for some 80 percent of accidents. A healthy mind and body are critical to human performance and sound decision-making.

## I'M SAFE

A great tool to remember your personal preflight is the mnemonic I'M SAFE:

- **I**llness – free of illness and symptoms
- **M**edication – safe medication only
- **S**tress – managing stress well at home and work
- **A**lcohol and drugs – free of alcohol and drugs and their effects
- **F**atigue – rested and sleeping well
- **E**ating – fed, watered, and ready to go.

## Illness

*Do you have any illness, pain, or discomfort that may cause impairment or incapacitation?*

Keep in mind that the physiological effects of flying can aggravate a medical condition or reduce tolerance to a problem that may seem benign on the ground.

## Medication

*Are you taking any medication or drugs that could affect your mental function or increase the risk of incapacitation?*

If you are, it should have been approved by your medical examiner or the CAA. Also, sufficient time should have lapsed since beginning to take the medication to ensure there aren't any side effects.

Overseas accident investigations have found that medication may have been a contributing factor to about six percent of GA aircraft accidents.

When considering taking medication there are two issues to think about:

**The medical condition being treated:** Is the condition compatible with safely exercising your licence privileges? While the medication may well be acceptable, the condition may not be.

**The medication taken:** If a medication is effective, side effects are likely to be part of the deal. This varies from person to person. Some medication is not compatible with flight safety. For acceptable medication, a trial period is generally required. The duration of the trial varies depending on the medication.

Two to three doses may be enough to make sure there are no side effects for some medication, such as antihistamines, paracetamol, ibuprofen or similar. However, for other preparations, as much as four weeks or more may be necessary to be confident that the treatment is safe. You may need blood tests to check this.

AM I FIT TO FLY? REMEMBER THE

# I'M SAFE

✈️ CHECKLIST

I



M



**ILLNESS**  
Free of illness  
and symptoms



**MEDICATION**  
Safe medication only

S



A



**STRESS**  
Managing stress well  
at home and at work



**ALCOHOL  
AND DRUGS**  
Free of alcohol and  
drugs and their effects

F



E



**FATIGUE**  
Rested and  
sleeping well



**EATING**  
Fed, watered,  
and ready to go



**Te Kāwanatanga o Aotearoa**  
New Zealand Government



**CIVIL AVIATION AUTHORITY**  
OF NEW ZEALAND  
Te Mana Kōwhiri Tōmaitanui o Aotearoa

Get advice from your medical examiner or the CAA if you're taking a new medication. You may also refer to the *General Directions – Temporary Medical Conditions* Notice on the CAA website.

For more information, go to [aviation.govt.nz](http://aviation.govt.nz) > licensing and certification > medical certification > general directions.

### Allergic rhinitis or hay fever

A special mention of hay fever is made here because it's so common and often self-medicated.

The condition needs to be reported at the time of any application, but not when starting treatment, unless the condition is not well controlled, or the medication is not acceptable. Nasal and sinus blockage can lead to inflight incapacitation and no flying should take place when affected by symptoms.

The preferred treatment is steroid nasal sprays. These are permitted without pre-approval and are very effective but must be taken daily during the period of allergy.

If this is insufficient, or only very intermittent treatment is required, an oral antihistamine can be used following a short time of taking it, on the ground.

Antihistamines are generally sedating. They've been found quite frequently in post-mortem examinations of pilots and are considered to have contributed to aircraft accidents overseas.

Only three generics are permitted: *Loratadine (Lora-tabs)*, *Desloratadine* and *Fexofenadine*. They've been shown not to induce aeromedically-significant sedation. However, some people do report sedation so it's important to try these on the ground, ideally on three or more occasions. All other antihistamines are not permitted to be taken within 48 hours prior to flying. That includes the most-commonly prescribed Cetirizine.

Nose drops to unblock the air passages are unsuitable. They don't control the allergy and only temporarily unblock the nose. Prolonged use over four to five days may result in worsening of nasal obstruction.

### Stress

*Are you stressed?*

High stress and mental health issues can cause distraction and impair concentration, resulting in poor judgement and bad decision-making. This increases the likelihood of missing critical information and making errors.

If you feel that life stressors are affecting your wellbeing, or follow you into the cockpit, it may be time to defer your flying. See page 21 for more information on finding support for stress.

### Alcohol and drugs

*Have you recently consumed any alcohol or drugs?*

The CAA considers that there is **no safe level** of blood alcohol. Alcohol can also have after-effects, even when the blood alcohol level has returned to an undetectable level.

Unfortunately, there is a culture in New Zealand towards the normalisation of unhealthy alcohol use. This exists also in the aviation world and may result in some pilots and air traffic controllers developing an unsafe relationship with alcohol. There may be consequences for health, relationships, legal status, work, and finances.

Many individuals will be aware of hangover symptoms. These are due to dehydration, gastric irritation, and other toxic effects on the body, including the brain. Less known are possible balance problems, increased susceptibility to air sickness, and low blood sugar.

**Rule 19.7 of the Civil Aviation Rules states:**

*No crew member while acting in his or her official capacity shall be in a state of intoxication or in a state of health in which his or her capacity so to act would be impaired by reason of his or her having consumed or used any intoxicant, sedative, narcotic, or stimulant drug or preparation.*

**Low-risk alcohol drinking advice**

To reduce risk to your long-term health, the Health Promotion Agency (HPA) recommends drinking no more than:

- two standard drinks a day for women and no more than 10 standard drinks a week
- three standard drinks a day for men and no more than 15 standard drinks a week

AND

- at least two alcohol-free days every week.

In addition, the HPA recommends that to reduce your risk of injury, don't drink more than:

- four standard drinks for women on any single occasion
- five standard drinks for men on any single occasion.

A standard drink contains 10g of alcohol (equivalent to a 100 ml glass of 13% wine). A common serve, or pour, of an alcoholic beverage is often more than a standard drink.

More recent guidelines overseas consider these levels to be excessive, recommending no more than two drinks per day for men and one for women. Aviation participants are best to follow those stricter guidelines.

For more information, go to [alcohol.org.nz](http://alcohol.org.nz) > help and advice > low-risk alcohol drinking advice.

**Alcohol and aviation**

While low-level alcohol use should call for a minimum of 12 hours stand-down, 24 hours 'bottle to throttle' is recommended for alcohol consumption of more than 1-2 standard drinks. Some operators have a 24 hour stand-down period following the consumption of any alcohol. Higher alcohol consumption on a single occasion should preclude flying for much longer, such as 48 hours.

Some people develop a progressive loss of control of their use of alcohol over time and continue to use, despite the consequences of this use, or concerns from family, friends or colleagues. This is what an alcohol use disorder is like. Often the person is in denial about their drinking despite the problems it causes. This is clearly a major risk for aviation safety.

Some people with an alcohol use disorder may seek help themselves. Though more often it's family, friends and colleagues who notice something is not right.

It can be difficult to know what to do if you're concerned about a fellow pilot or air traffic controller. Doing nothing may seem the easiest option but how would you feel if a serious event occurred and you'd ignored the problem?

If you have genuine reasons to be concerned about a peer, do something. It may well save their life and possibly the lives of others. It may also save their aviation career in the long term with medical certification possible once they've been successfully treated.

Options include contacting Human Intervention Motivation Study (HIMS) or Peer Assistance Network New Zealand (PAN NZ), talking about your concerns with a trusted senior colleague, manager, or medical examiner.

## Charges and convictions

If you're charged or convicted with an alcohol-related offence, eg, driving in Charge of a Vehicle (DIC), then you have a legal responsibility to inform your medical examiner and the CAA.

The CAA advises pilots and air traffic controllers to adopt a healthy approach to the use of alcohol. If you're concerned about your own drinking, seek help through your GP, your medical examiner, HIMS, PAN NZ, or by contacting the CAA.

See page 21 for more information on finding support for alcohol abuse.

## Drugs

While occasional use of recreational drugs may seem benign to some, their use is not acceptable to the CAA. The safe option is to never use any such mind-altering substances.

A participant found to be using such substances will need to demonstrate they don't have an ongoing problem. This generally requires repeated testing over a prolonged period during which no privileges may be exercised.

If you're a drug user, the best option for your aviation future is to seek help early and report to the CAA. HIMS and PAN NZ and other similar organisations can assist.

The CAA and its medical team will be able to help you with a pathway for a returning of medical certification. The more an affected participant engages with the CAA, the easier the journey toward resuming aviation privileges will be.

See page 21 for more information on finding support for drug abuse.

## Fatigue

### *Are you tired?*

Fatigue can be described as a physiological state of reduced physical and mental performance capability. It's caused by four main factors:

- Sleep loss
- Extended time awake
- Working and sleeping at suboptimal times in the circadian body clock cycle
- Workload (mental and physical).

Fatigue can affect our ability to perform tasks safely. The more fatigued you are, the more you might find it difficult to maintain concentration, alertness, or to simply stay awake. Fatigue can therefore increase the risk of errors, which can increase the potential for incidents and/or accidents.

It's easy to underestimate our own level of fatigue and equally as easy to overestimate our ability to cope with it.

Simulator studies in the US have demonstrated that being awake for 17 hours had the same effect on mental performance as alcohol above the legal driving limit.

If we add the effect of altitude, turbulence and other flight stressors, it's easy to see that fatigue can have a serious effect on flight safety.

The International Civil Aviation Organization has recognised fatigue as a leading cause of concern for aviation safety. Rest must be taken away from the cockpit or radar room.

There's lots of resources online sharing ways to promote good sleep and mitigate fatigue. Spend some time reading through these for some good tips.

See [aviation.govt.nz](http://aviation.govt.nz) > safety > human factors for more information on fatigue.



## Eating

### *Have you eaten enough?*

One shouldn't fly on an empty stomach, especially to avoid the risk of low blood sugar, associated fatigue and impaired concentration during flight. Moreover, air sickness is more likely if fasting.

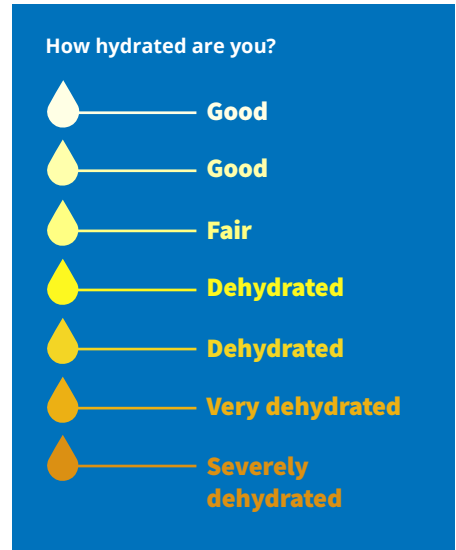
It's best to have a light meal not long before flying. If the flight is likely to be long, take along some spare food such as a muesli bar or banana. The right foods, in the right quantities at the right times, allow pilots to remain active and alert.

Similarly, good hydration is important. While large intakes of fluid aren't recommended (for fear of an impatient bladder during flight), adequate hydration is needed for optimum mental and physical performance, including G-tolerance.

Lack of adequate fluids and food can result in fatigue, hypoglycaemia, decreased concentration and increased susceptibility to air sickness and G-loads. These problems can be made worse if we add fatigue to the mix.

A visual way to assess your level of hydration is to note the colour of your urine. The 'pee chart' in the next column gives a good indication of your hydration.

Student pilots may be more prone to studying until late, and missing meals. There are examples of pilots suffering a fainting episode during flight as a result. The subsequent grounding and investigations needed to exclude more serious pathology can be costly and will inevitably delay flight training.



However, it's not just young and inexperienced pilots who might skip lunch or use inappropriate 'fuel' to keep them going. In today's time-poor world, even some commercial pilots will grab a quick coffee instead of eating a sandwich, before returning to the flight deck.

But a meal rich in complex carbohydrates – potatoes, brown rice, whole wheat bread, kumara, oatmeal-type cereals – will sustain a pilot a lot longer than a chocolate bar or a can of their favourite energy drink. And it'll keep that pilot genuinely alert, and safe.

## Spectacles

Spectacles are used for two reasons – as a visual aid to correct imperfect vision and for sun protection.

### *Vision correction*

Use contact lenses or spectacles. Generally, if you require a visual aid to meet medical standards, you must carry a spare pair of spectacles in case you break, or lose, your main pair.

This is also true for near vision correction. In this situation, the main correction should be prescribed by an optometrist. The spare spectacles can be lenses of the same power purchased from the local chemist but must then be used only in an emergency. They are not suitable for use as main correction. This is because their visual axis is generally not well aligned with the eyes' visual axis, thus inducing a prism effect that results in eye strain, possibly headache and double vision.

Near vision spectacles must allow you to look at the distance while wearing them. This can be achieved by using half spectacles (look-over) or multifocal spectacles.

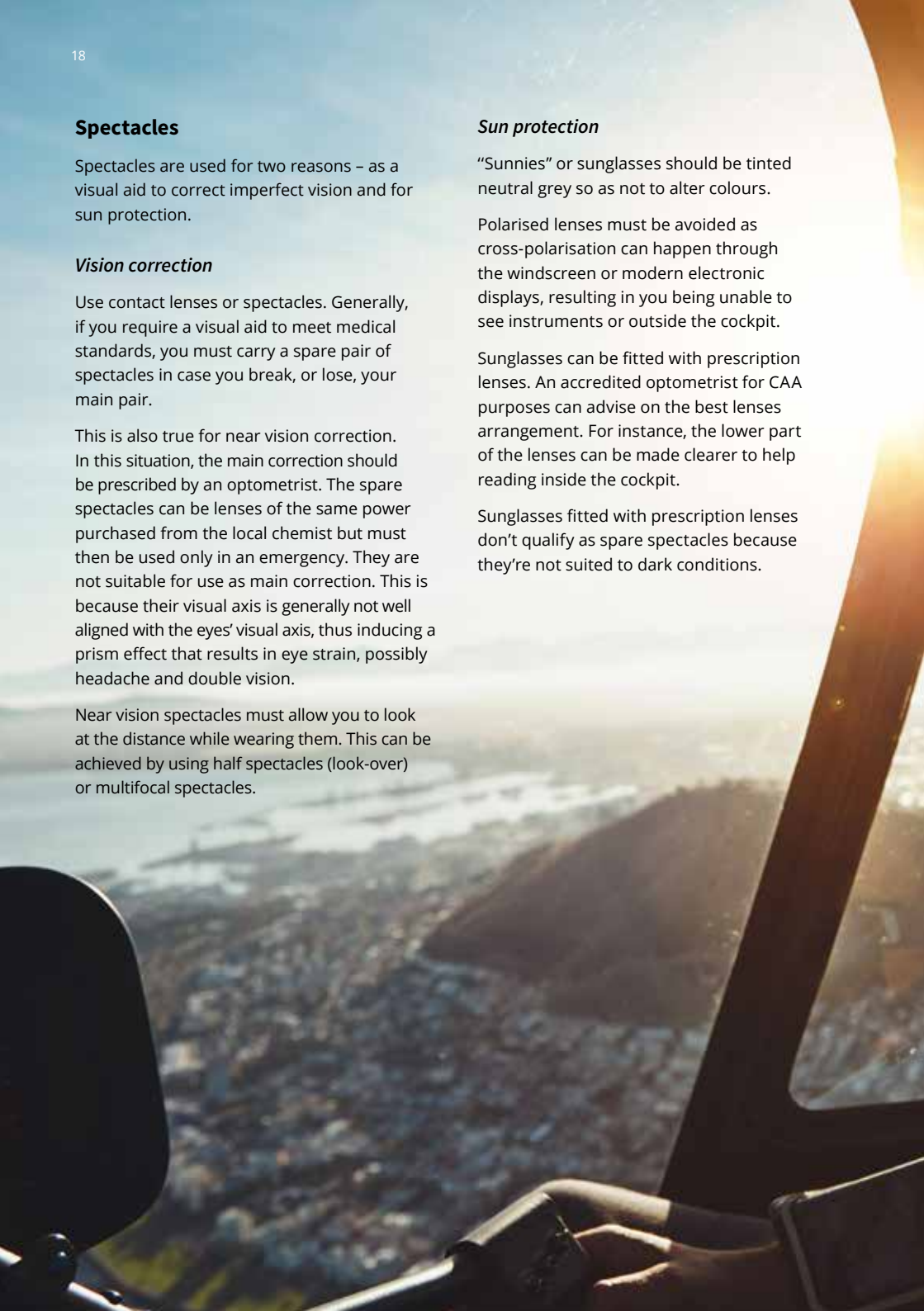
### *Sun protection*

“Sunnies” or sunglasses should be tinted neutral grey so as not to alter colours.

Polarised lenses must be avoided as cross-polarisation can happen through the windscreen or modern electronic displays, resulting in you being unable to see instruments or outside the cockpit.

Sunglasses can be fitted with prescription lenses. An accredited optometrist for CAA purposes can advise on the best lenses arrangement. For instance, the lower part of the lenses can be made clearer to help reading inside the cockpit.

Sunglasses fitted with prescription lenses don't qualify as spare spectacles because they're not suited to dark conditions.







# How to find support

Life can throw us curve balls. Being a pilot or air traffic controller does not make you immune from the effects of these.

Many of us have experienced physical health issues, life and work difficulties, stress, mental health symptoms or concerns about alcohol or other drug use.

There are times when you can manage these issues and operate or fly safely. Sometimes we can become overwhelmed and realise that we shouldn't be flying or operating. Although sometimes we don't recognise we've become impaired. In these circumstances, a family member, friend or work colleague may recognise it and raise it. Sometimes we try to soldier on hoping that things will just get better.

These are situations that can affect how we fly or operate safely. They have led to significant or fatal flight events.

Pilots and air traffic controllers can feel trapped being unwell but not seeking help because of fear of losing income or their career.

The CAA encourages you to seek help early for these issues. This increases the chances of avoiding the loss of your medical certificate or minimising any down-time. The CAA also encourages you to get help early from peers, and health professionals with experience with pilots and air traffic controllers.

It's also a really good idea to involve your GP as early as possible so that you have access to the appropriate professional assistance.

Your medical examiner can also guide you about getting advice from health professionals who're experienced with working with pilots and air traffic controllers. They can help you navigate through the CAA system. You can also contact the CAA directly for advice and support.

It can be challenging seeking help through "official" CAA channels. Initially pilots and air traffic controllers may be more comfortable approaching peers, peer support groups, their New Zealand Air Line Pilots' Association (NZALPA) medical representative, or their trusted medical examiner.

Keep in mind that you may have an obligation to contact the CAA, as mentioned earlier.

The following organisations are a good start if you need support or advice:

## Human Intervention Motivation Study (HIMS)

HIMS is a programme for members of the aviation community, aimed at helping anyone whose use of alcohol or other drugs is of concern. A cornerstone of HIMS is the understanding that substance dependence is a treatable medical condition.

HIMS is modelled on well-established overseas programmes which have assisted thousands of pilots in getting back to work. It's an industry-wide effort in which employers, unions and the CAA work together to preserve careers and further flight safety.

[hims.org.nz](https://hims.org.nz)

## Peer Assistance Network New Zealand (PAN NZ)

PAN NZ is a multi-stakeholder programme for the whole of the New Zealand aviation community that provides confidential peer-based mental wellbeing support and assistance. Professional aviation organisations who hire or represent pilots and air traffic controllers can participate.

[pan.org.nz](http://pan.org.nz)

**The bottom line is to seek help  
when you need it – and seek it early**

A full disclosure early to the CAA, supported by your GP, medical examiner, a peer network, or NZALPA medical representative, is more likely to reduce the time you lose your medical certificate.

# For more information

## Online resources

### CAA – [aviation.govt.nz](http://aviation.govt.nz)

- For the latest medical certification information, go to [aviation.govt.nz](http://aviation.govt.nz) > licensing and certification > medical certification
- For the latest human factors information, go to [aviation.govt.nz](http://aviation.govt.nz) > safety > human factors

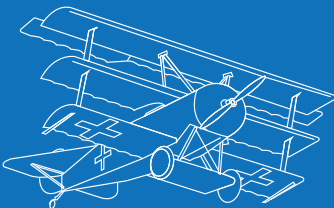
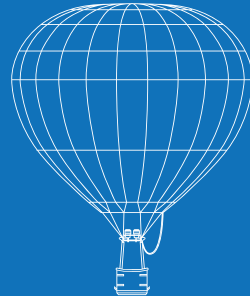
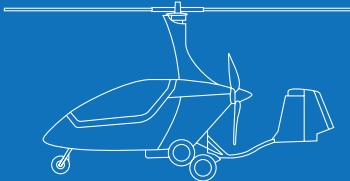
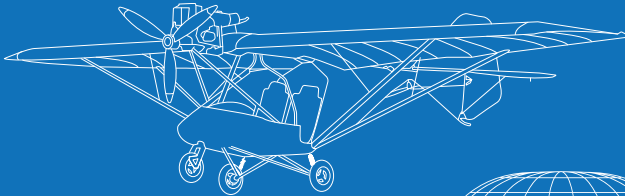
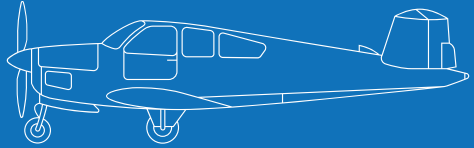
### Human Intervention Motivation Study (HIMS) – [hims.org.nz](http://hims.org.nz)

### Peer Assistance Network New Zealand (PAN NZ) – [pan.org.nz](http://pan.org.nz)

## Get in touch with the CAA’s medical team

It’s easy to get in touch – by

- email: [med@caa.govt.nz](mailto:med@caa.govt.nz)
- phone: +64 4 560 9400
- fax: +64 4 569 2024



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**Good Aviation Practice**

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PO Box 3555  
Wellington 6140

Tel: +64 4 560 9400  
Fax: +64 4 569 2024

Email: [info@caa.govt.nz](mailto:info@caa.govt.nz)

See the CAA website for Civil Aviation Rules, advisory circulars, airworthiness directives, forms, and more safety publications.

To order publications such as GAPs and posters, go to [aviation.govt.nz/education](http://aviation.govt.nz/education).

[aviation.govt.nz](http://aviation.govt.nz)



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