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U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION
National Policy

ORDER
3930.3C

Effective Date:
06/17/19

SUBJECT: Air Traffic Control Specialist Health Program

The health of Air Traffic Control Specialists is important to the consistency of performance and accuracy of judgment directly affecting public safety in the National Airspace System. Policies and procedures of the Air Traffic Control Specialist Health Program help ensure a safe and efficient air traffic system by use of safety-sensitive medical qualification standards for selection and retention of personnel. A secondary benefit of medical standards and qualification is that it promotes healthful practices and conditions conducive to the continued mental and physical well-being necessary for a productive career and safe operations.

Daniel K. Elwell
Acting Administrator

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Chapter 1. General Information

1. Purpose of this Order. This order provides the policies and procedures for the administration of the Federal Aviation Administration (FAA or Agency) Air Traffic Control Specialist (ATCS) Health Program.

2. Audience. Administrator; Deputy Administrator; Associate and Assistant Administrators; Chief Operating Officer Air Traffic Organization (ATO), ATO Operations Business Unit in Headquarters, ATO Service Centers and Areas, FAA Academy at the Mike Monroney Aeronautical Center, and service delivery points; Office of the Chief Counsel (AGC); Office of Communications (AOC); Office of Aerospace Medicine (AAM), Regional Aerospace Medicine Divisions, Medical Field Offices, and Civil Aerospace Medical Institute Divisions; Office of Human Resource Management (AHR) and Aviation Careers Division (AHF-C420); and Aviation Medical Examiner-Employee Examiners (AME-EE), who are authorized to perform employee examinations.

3. Where Can I Find This Order. You can find this order on the MyFAA Employee Web site: https://employees.faa.gov/tools_resources/orders_notices/. This order is available to the public at http://www.faa.gov/regulations_policies/orders_notices/.

4. What This Order Cancels. FAA Order 3930.3B, Air Traffic Control Specialist Health Program, dated May 9, 2010, and subsequent change orders.

5. Explanation of Policy Changes.

a. Reflects organizational and procedural changes in AHR, AAM and the ATO.

b. Adds a new appendix (Appendix C) that contains responsibilities concerning the use of selective serotonin reuptake inhibitor medications while performing duties of an ATCS.

c. All applicant medical records must be reviewed before a medical clearance can be issued. We will no longer issue medical clearances based upon pending military or VA medical records.

6. Policy. It is in the public interest that the FAA develop and maintain a qualified ATCS workforce. This goal requires the development and implementation of a health program that ensures an appropriate selection of ATCSs and promotes retention of experienced ATCSs in the system without compromising air safety. It is the policy of the Agency to apply medical standards and available technology concurrent with effective management to achieve these objectives. When an ATCS experiences health problems, it is Agency policy to maintain the employee in the performance of productive other duties as long as air safety is not adversely affected. Holding a medical clearance is a mandatory requirement for the performance of operational air traffic control duties by ATCSs.

7. Scope. This Order:

a. Applies to applicants seeking medical clearance to perform ATCS duties as an FAA employee. This order does not cover contract tower operators or contract flight service station air traffic control specialists. This order shall be referenced and applied in conjunction with the appropriate collective bargaining agreements (CBA), if applicable. Where there is a conflict between

this order and a CBA, the CBA will govern.

b. Provides guidance to:

(1) Flight Surgeons (FS), Aviation Medical Examiners-Employee Examiner (AME-EE), and medical staff who conduct applicant examinations, and/or make medical status determinations reported in the medical clearance.

(2) Officials of the ATO, AHR, and their respective designees, who make administrative decisions based on medical recommendations.

(3) Applicants for medical clearance to perform safety-related air traffic control duties.

(4) Health professionals and/or physician consultants who perform referral examinations or evaluations.

8. Aerospace Medicine Responsibilities.

a. Federal Air Surgeon (FAS):

(1) Establishes and administers medical policies and procedures of the ATCS Health Program.

(2) Establishes ATCS medical standards.

(3) Oversees administration of the ATCS Health Program by the Regional Aerospace Medicine divisions.

(4) Consults, as appropriate, with the ATO Chief Operating Officer and the Office of Human Resource Management (AHR) regarding administration of the ATCS Health Program.

(5) Evaluates the effectiveness of the ATCS Health Program.

(6) Makes final Agency determinations of medical clearances on requests for reconsideration.

b. Deputy Federal Air Surgeon (DFAS): Appoints the Virtual Hiring Team Flight Surgeon (VHT-FS) who oversees the medical application process for all new hire ATCSs. This flight surgeon also has the delegated authority to make a qualification determination. They may also review their determination prior to an appeal to the FAS, if the applicant is disqualified.

c. Manager, **Medical Specialties Division (AAM-200):**

(1) Develops and recommends medical standards, policies, and procedures utilized in the management of the ATCS Health Program to the FAS and Regional Medical Division.

(2) Consults, as appropriate, with the Director, ATO Administration and Talent Management, and the Office of Human Resource Management (AHR), regarding administration of the ATCS Health Program.

(3) Provides final recommendations of medical standards, policies, and procedures utilized in the management of the ATCS Health Program to the FAS.

(4) Reviews requests for reconsideration and provides the final recommendation to the FAS.

(5) Reviews information for appeal processing /reconsideration, recommends further medical evaluation of disqualified ATCSs, and makes recommendations on medically disqualified applicants to the FAS.

d. Senior Regional Flight Surgeon (SRFS): Has the responsibility to oversee the operational aspects of the regional field program.

e. Regional Flight Surgeon (RFS): The RFS may delegate duties to regional medical staff, as appropriate, but retains final responsibility for all regional action taken. Determination of medical incapacitation must be made by appropriately qualified medical personnel. Medical determinations that find the applicant disqualified, qualified, or qualified under special consideration must be made by a FS within 20 calendar days after all medical information is made available and cannot be delegated to non-physician staff. The RFS/FS performs the following:

(1) Implements the medical provisions, policies, and procedures of the ATCS Health Program.

(2) Conducts or arranges for the ATCS medical examination.

(3) Determines the need for referral or follow-up examination and evaluates any medical information obtained.

(4) Consults, as appropriate, with ATO Directors of Operations, and Air Traffic Managers, CAMI Divisions, and the Manager, AAM-200, concerning the administration of the ATCS Health Program.

(5) Consults with ATO Air Traffic Managers when a medical clearance action may affect facility operations and/or an ATCS's employment status.

(6) Makes medical status determinations and issues medical clearances as provided in this Order. Also, notifies the appropriate ATO Air Traffic Manager and Human Resource Services Division (HRSD) when an ATCS is permanently disqualified.

(7) Provides recommendations regarding medical standards, policies and procedures utilized in the management of the ATCS Health Program to the Manager AAM-200.

(8) Provides medical advice to ATO management officials on an as needed basis.

(9) Refers requests for reconsideration by the Manager AAM-200 through the Manager, Medical Appeals Branch of AAM-200 (AAM-240).

(10) Has the responsibility to assist AHR and the Office of the Chief Counsel with litigation in which medical issues are involved.

9. Air Traffic Organization (ATO) Responsibilities.

a. Vice-President, Management Services:

(1) Develops and implements supplemental ATO administrative policies and procedures for the personnel management provisions of the ATCS Health Program.

(2) Evaluates the air traffic provisions of the ATCS Health Program.

b. Vice President, Mission Support Services:

(1)Acts upon the request of a medically disqualified ATCS for retention in positions not subject to the medical requirements of this program in coordination with the servicing HRSD.

(2) Consults, as appropriate, with the Manager AAM-200, AHR and AHF-C420, regarding administration of the ATCS Health Program.

c. Director, ATO Operations:

(1) Administers the air traffic personnel management provisions of the ATCS Health Program at the regional level.

(2) Consults with RFSs and AHR on administration of the ATCS Health Program.

(3) Provides guidance to Air Traffic managers regarding administration of the ATCS Health Program.

(4) Makes employment status determination of a medically disqualified ATCS in coordination with the servicing Human Resource Services Division (HRSD).

(5) Makes recommendations to Air Traffic managers concerning the suitability and feasibility of retaining medically disqualified ATCS to perform other duties within the air traffic control system that do not require medical clearance.

(6) Coordinates with the RFS, as appropriate, on the determination of a Special Consideration medical clearance.

d. Air Traffic Manager (ATM):

(1) Ensures that ATCSs are informed of the requirements, provisions, and objectives of the ATCS Health Program.

(2) Consults with the FS when the medical status of an ATCS is in question.

(3) Notifies the FS when he/she becomes aware of an ATCS's illness or absence for medical (physical or mental) reasons, if the illness or injury affects safety and the ATCSs medical status.

(4) Notifies the FS when an ATCS reports, or when management becomes aware of, an off-duty drug or alcohol related offense.

(5) Notifies the FS and the FAA National Employee Safety and Workers Compensation Team in AHR immediately about any occupationally related disease, illness, or incapacitation. This information is necessary to determine if the illness or injury affects safety, the ATCS's medical status, and to coordinate AHR guidance.

(6) Schedules ATCSs for the required periodic examination, ensures that any change in medical clearance resulting from the examination is immediately acted upon, and takes appropriate and timely action on the subsequent medical status determination submitted by the FS.

(7) Coordinates with the FS in scheduling authorized medical examinations when agency medical facilities are not available or services cannot be provided.

(8) Complies with FS requests for information such as informing the ATCS to comply with requests or modifying work schedules to obtain special medical evaluations.

(9) Consults with FS as to whether medications used by an ATCS might affect the safe performance of duties.

(10) Informs the FS about any arrest or conviction of an ATCS involving the use of alcohol, illegal substances, findings of substance dependence or abuse, or any legal or administrative action that might affect safety and the medical clearance status.

(11) Notifies the gaining RFS when an ATCS reports for duty after a transfer.

(12) Notifies all persons assigned to a testing-designated position of the drug and alcohol testing policy and procedures.

e. Air Traffic Control Specialist (ATCS):

(1) Maintains current medical clearance and reports for medical examinations as scheduled. Completes Form 8500-8, *Application for Airman Medical Certificate*, by using the FAA MedXPress system. All responses must be truthful and accurate, and provide full disclosure of all information requested. ATCSs must consult with their FS if they are unclear about any question on Form 8500-8. An ATCS, who has a change in their health between periodic medical examinations, must report the change to their FS as these changes may adversely impact public safety. Illnesses or injuries including but not limited to occupationally-related injuries and illness, or any medical procedure (i.e., refractive surgery to correct vision), must be reported except for exempt conditions as noted below.

Exempt conditions, that do not need to be reported include cuts, colds or sore throat, self-limited conditions (i.e., do not require hospital evaluation/ care or more than one healthcare visit), do not recur, and require no prescribed medications.

(2) Informs the appropriate FS, as soon as he/she becomes aware of the change, but in any event, prior to performing any safety-related duties and in accordance with applicable Agency policy, if any of the following events occur in the interval between periodic examinations:

(a) Any reportable off-duty alcohol misuse, as noted in Chapter 1 paragraph 9.e.(5).

(b) Any use of illegal drugs.

(c) Any use of a controlled substance.

(d) The diagnosis of any condition or issuance of a prescription medication that may make him/her unable to meet the requirements for a medical clearance.

NOTE: ATCSs are not required to inform facility management of the actual condition, specific medication, or nature of their illness unless otherwise specified in this Order, an Agency Order, in a medical guideline or when authorized by law, rule, or regulation.

(3) Provides the FS with the results of all requested medical or mental health evaluations conducted, the results of any tests, treatments performed or visits to health professionals, before performing safety-related duties. Visits for counseling may be excluded unless:

(a) The visit was for, or related to, substance use disorder such as substance dependence, abuse, or misuse (includes alcohol); and/or any mental condition such as anxiety or depression.

(b) Prescription medication(s) were prescribed or recommended, or

(c) A recommendation or referral for psychiatric and/or psychological consultation or treatment is made unless that referral is for counseling without a specific psychiatric diagnosis (e.g. marital counseling).

(4) Reports the use of prescribed medications and over-the -counter medications (except for commonly used non-sedating over-the-counter medications; e.g., antacids, aspirin, acetaminophen) to FS prior to the resumption of safety-related duties.

(5) Prior to assuming ATCS duties the employee must comply with all conduct and reporting requirements, such as those found in FAA Order 7210.3, Human Resources Operating Instructions, HRPM ER 4.1, DOT Order 3910.1 series, THERAPEUTIC DRUG GUIDELINES FOR AIR TRAFFIC CONTROL SPECIALISTS, and this Order.

(6) Provides a copy of FAA Form 3900-7 to his or her Operations Supervisor (OS) upon return to duty after a periodic medical exam.

10. Office of Human Resource Management (AHR) Responsibilities.

a. Assistant Administrator for Human Resource Management:

(1) Develops personnel policies and procedures in relation to all employee issues, except for medical certificate or medical clearance policies and procedures for safety employees who are required to obtain and hold a medical certificate or clearance.

(2) Provides guidance to management regarding ATCS employee benefits, education, and counseling.

(3) Develops policies and procedures regarding placement considerations.

(4) Evaluates the effectiveness of employee counseling, placement programs, and the dissemination of employee benefits information.

(5) Consults, as appropriate, with ATO Management, and the FAS regarding administration of the ATCS Health Program.

(6) Provides Employee Assistance Program Services to ATCSs in conformance with DOT Order 3910.1 series Drug and Alcohol Free Departmental Workplace, and other applicable Agency Orders or policies.

(7) Collaborates with FAS or designee in all aspects of drug/alcohol rehabilitation for employees who are required to maintain a medical certification or medical clearance.

(8) Provides notice to all persons who are assigned to a testing-designated position of the drug and alcohol testing policy and procedures.

b. Manager, Human Resource Services Division (HRSD):

(1) Implements personnel policies and procedures.

(2) Performs all personnel services.

(3) Consults, as appropriate, with ATO and Aerospace Medicine management officials on ATCS Health Program administration.

(4) Processes personnel actions for medically disqualified applicants in a timely manner.

(5) Provides Regional Employee Assistance Program (EAP) services to ATCSs in conformance with DOT Order 3910.1 series Drug and Alcohol Free Departmental Workplace, and other applicable Agency Orders or policies.

(6) All requests for transfer must be coordinated with the RFSs of both the gaining and losing regions, see Chapter 3, section 1, paragraph 4.

c. Manager, Aviation Careers Division (AHF-C420):

(1) Initiates medical clearance process by providing applicants for employment with instructions for scheduling and completing medical clearance obligations.

(2) Performs all personnel services, including rating, ranking, and referring candidates to ATO service areas for employment consideration.

(3) Exchanges pertinent information concerning the medical clearances status of applicants for employment with headquarters and regional Aerospace Medicine Divisions.

(4) Issues tentative and firm offer letters to qualified and selected applicants, to include notice of FAA Order 7210, Human Resources Operating Instructions, HRPM ER 4.1, and DOT Order 3910.1 series.

(5) Adjudicates the final Agency determination on suitability for employment cases.

(6) Consults, as appropriate, with ATO and Aerospace Medicine management officials on the ATCS Health Program administration.

(7) For new employees assigned to an Automated Flight Service Station in the Alaska Region, the Alaskan HRSD will perform the duties described in this section.

d. Regional EAP Manager: Works in partnership with the RFS in all aspects of the drug and alcohol rehabilitation for employees who are required to maintain a medical certificate or medical clearance, or as otherwise specified in DOT Order 3910.1 series.

11. Medical Qualification Standards. The medical standards for Air Traffic Control Series, AT-2152, are contained in Appendix A, Medical Qualification Standards.

Chapter 2. Medical Clearance Examinations

1. Scope of Examination and Medical Clearance. This chapter describes the administrative requirements for applications for medical clearance and for medical clearance determinations; and the structure for the information gathering process for applicants. Medical examinations and instructions for performing such examinations must be in accordance with this Order, Appendix A, and other guidance provided by the FAS.

2. Who May Perform Medical Examinations. ATCS medical examinations shall be performed at FAA medical offices by a FS or an AME-EE. When the capability does not exist within an FAA facility, the FS shall authorize an AME-EE within the local commuting area of the ATCS's duty station to perform the required examination.

a. FS or AME-EE will import the medical history from the Web-based system MedXPress. This information will be entered along with any relevant supplementary information into the computerized ATCS medical database, Covered Position Decision Support Subsystem (CPDSS) via the Aerospace Medical Certification Subsystem (AMCS). The AME-EE promptly sends all other related information to the appropriate Regional Aerospace Medical Office for review and determination of medical status. (For applicants for hire, the information is sent to the VHT).

b. For applicants presently employed by the FAA, complete FAA Form 3900-7, *ATCS Health Program Report* after performing the examination and provide the form to the ATCS for delivery to his/her supervisor. This form shall not be used for persons seeking employment by the FAA.

c. Examinations of female applicants conducted by male FAA physicians shall be conducted in the presence of a female attendant who may be a nurse, physician assistant or administrative staff. A male applicant examined by female FAA physician may request a male attendant.

3. Scheduling. The responsibility for scheduling FAA medical examinations is assigned as follows:

a. Applicants presently employed by the FAA as an ATCS.

The ATO Air Traffic Manager or designee schedules an ATCS for a medical examination while on duty time, preferably in his or her birth month. The frequency of medical clearance examination is age and option related as specified by paragraph 4 below. An incumbent ATCS may be issued a Second Class or Third Class medical certificate only if they choose the option "Both" when they entered and submitted their information into MedXPress, and are otherwise qualified.

b. Applicants not presently employed by FAA who have been issued a candidate instruction letter (CIL). For new employees assigned to an Automated Flight Service Station in the Alaska Region, the HMRO in Alaska will be responsible for the duties assigned to AHF-C420 in items 1 and 2 below.

(1) AHF-C420 is responsible for notifying and providing qualified applicants with a CIL.

(2) AHF-C420 will provide appropriate procedures for scheduling a medical examination, drug test and psychological test after issuance of a CIL[1]

[1]. This may be arranged by and coordinated by the ATO at the time of a facility interview.

(a) Direct the applicant to contact the VHT. The VHT program analyst provides the applicant with interview questions and information regarding scheduling of a medical examination.

(b) Provide the applicant with the contact information to schedule the drug test with the DOT collection contractor. Notify the DOT collector and the appropriate Regional Drug Program Coordinator (DPC).

(c) Provide the applicant with ATO contact information to schedule a psychological evaluation. (Applicants who were former FAA air traffic controllers and have not had a lapse of employment with the FAA do not require repeat psychological evaluation, unless indicated by case history.)

4. Validity Period for Medical Examinations:

a. Interval between Required Periodic Examinations:

AGE	TERMINAL/ CENTER	FLIGHT SERVICE/ COMMAND CENTER
Age 39 and below	2 Years	3 Years
Age 40 and over	1 Year	2 Years

NOTE: Medical clearances expire on the last day of the birth month or the month of the examination following the appropriate validity period. All pre-placement examinations will be valid for a period of 2 years.

b. When the applicant for hire reports to the FAA Academy (ATCS student) or directly to an FAA facility:

(1) The medical clearance memorandum will be sent to AHF-C420 at the time of the initial medical clearance for each applicant.

(2) AHF-C420 will supply the Interim Health Status Declaration (IHSD) to each ATCS student who reports to the Academy for initial training. Upon completion of the IHSD, AHF-C420 will provide the IHSD of each student to the VHT.

(3) Direct reports AHF-C420 will supply the IHSD to a facility to be completed by the ATCS and returned to the gaining RFS.

c. ATCS student who has had a change in their medical status:

(1) The VHT will review the IHSD and if indicated, withdraw the medical clearance of the ATCS student and will direct the ATCS student to obtain the necessary medical information to make a medical clearance eligibility determination.

(2) While the ATCS student is at the Academy, the Academy Air Traffic Division, AMA-500, will serve as a liaison for the ATO Air Traffic Manager who has the responsibility to take any formal administrative action.

(3) Actions such as removal or other disciplinary actions for failure to provide medical information, requiring HR services will be coordinated with the servicing HRSD and the VHT.

d. ATCS reports to an ATO facility.

(1) This applies to students who have completed academy training or who are direct reports to a facility.

(2) The Academy will provide the assignment list to the VHT for those students who have successfully completed Academy training.

(3) The VHT will distribute the assignment list to the gaining RFS office. The gaining RFS will issue a medical clearance to the gaining facility.

5. Psychological Evaluation. A psychological test is administered as part of the initial qualification examination after a Candidate Instruction Letter (CIL), but prior to being hired. The applicant is scheduled to perform the psychological test, which is administered in accordance with prescribed instructions in paragraph 5.e. (The psychological test is not a requirement of the periodic examination process. However, it may be administered along with other psychological evaluations or test(s) to any applicant at any time where there is a clinical indication as determined by an Agency FS.)

a. The Office of Aerospace Medicine will establish the procedure for testing in coordination with the ATO.

b. The ATO is responsible for complying with the testing procedure in accordance with the Office of Aerospace Medicine and the test publisher's requirements.

c. Test results will be processed at a facility designated by the FAS.

d. An applicant for employment as an ATCS may not be disqualified solely on the basis of an unsatisfactory psychological screening test. In order to make an informed medical determination in the event of an unsatisfactory evaluation, the RFS must take the following actions:

(1) Provide the applicant an opportunity to undergo further psychological evaluation that will include a review of available records, clinical interview, mental status examination and additional psychological testing to be determined by the evaluator.

(2) In cases where psychological and psychiatric evaluations are required to determine if the applicant is qualified, the agency will pay for those evaluations. The applicant bears all costs if deemed not qualified. The applicant must agree to release the results of all testing and evaluations conducted to the FAA. The RFS informs the applicant that failure to provide the additional information will result in a disqualification determination.

e. Psychological Examination Guidance:

(1) All individuals applying for initial employment as an ATCS must take the MMPI-2 and be found qualified.

(2) Applicants who have taken the initial MMPI-2 test but have not been hired within 24 months of the initial physical examination must retake the MMPI-2.

(3) If the previously cleared applicant fails to clear the MMPI-2, the RFS will contact the Psychologist, AAM-203, to determine if further evaluation is necessary.

(4) The date of the psychological exam is considered the same date as the physical exam for the purposes of administering the validity period of the medical clearance.

(5) ATCSs who have a medical history or a work place behavior that could be related to a medical condition covered by the qualification medical standards will be evaluated on a case-by-case basis by the RFS to determine if repeat psychological/medical testing is warranted.

(6) ATCSs who have been continuously employed, in any capacity by the FAA, and passed the initial psychological test, do not need further psychological testing unless their medical history or work place behavior, as described above, is present.

6. Electrocardiograms. Standard routine resting electrocardiograms will be performed at the pre-employment medical examination and at the first regularly scheduled periodic examinations after ages 40, 45, 50, and every two years after the age of 50.

7. Color Vision Testing Exam Guidance. Any applicant who cannot pass an acceptable color vision screening test identified in the Guide for Aviation Medical Examiner's will be given the Air Traffic Controller Color Vision test (ATCOV)

a. Applicants who pass the ATCOV will be found medically qualified.

b. Applicants who cannot pass the ATCOV and are assigned at an FAA facility:

(1) The RFS reviews ATCOV results with AAM-500 to determine which equipment the ATCS failed.

(2) The RFS discusses operational limitations with the ATM. If the ATCS is assigned to a position or can be assigned to a position that would not involve the use of the restricted equipment, the RFS will issue a special consideration medical clearance outlining equipment limitations; otherwise the ATCS will be medically disqualified and may seek an appeal.

8. Review of Medical Records. RFS reviews and evaluates all essential medical records necessary for a medical clearance determination, including military and Veterans Administration medical records, where applicable.

9. Referral Examinations. Health professionals outside the FAA may be utilized for conducting examinations or assessing medical records, when necessary.

a. RFS, or their designee, may determine referral examinations, as appropriate. Payments to health professionals by the FAA require authorization before the examination or evaluation.

b. Report of referral examination must be sent to the authorizing RFS for review and appropriate action. The report will be placed into the medical file.

10. Release of Medical Information. Medical information obtained in the course of a medical examination or an evaluation performed on an applicant for medical clearance will be released only in accordance with the Privacy Act (5 CFR section 552a), 42 U.S.C. 290dd (formerly 42 U.S.C. sec 4582; 42 CFR Pt.2.13, FAA Order 3920.1C, 49 CFR Sub-Part A, Sec. 10, 38 U.S.C. sec 7332-Confidentiality of Certain Medical Records, 42 U.S.C. sec 290ee-3, Collective Bargaining Agreements, Freedom of Information Act (5 CFR section 552); Privacy Act System of Records DOT/FAA 847, Aviation Records on Individuals; FAA Order 1370.121, FAA Information Security and Privacy Program & Policy. The FAA is not a covered entity under the Privacy Rule of HIPAA, Pub L 104-91. Disclosure of privacy information may be authorized as required by statute, Federal Regulations or under the public safety exemptions or other applicable exemptions within the above provisions, including but not limited to the routine uses identified in DOT/FAA 847 or as needed in the performance of the Agency's mission. Medical personnel shall treat all personal medical information with privacy and only divulge the information to management on a need to know basis.

11. Medical Clearance Notifications.

a. RFS informs the Manager, AHF-C420, of the medical clearance determination as required.

b. RFS informs the Air Traffic Manager as required per section 4.b.

c. RFS informs the Air Traffic Manager of the medical clearance determination for an ATCS prior to the expiration of FAA Form 3900-7 issued as part of a periodic or within 30 days of a referral examination.

12. Professional Services.

a. *Medical Examination Authorization*, must be used to authorize medical examination by an AME-EE, consultant physician, or other health professional. This is supplied by the ATO facility through the Regional Flight Surgeons Office.

b. Payment for the services in Chapter 2, Paragraph 1, above must be approved and negotiated by an authorized AAM management official in accordance with applicable FAA Acquisition policy and guidance. Fees should not be in excess of the customary charges established by others in the same general locality for similar services.

13. Funding.

a. The Office of Aerospace Medicine funds the ATCS Health Program. AAM funds must be used, except as noted below, to determine whether applicant meets the medical standards contained in Appendix A of this Order. Payment for all required examinations and any other medical examinations or tests must be approved and negotiated by an authorized AAM management official in accordance with applicable FAA Acquisition policy and guidance.

b. An applicant pays no expense for agency required ATCS medical examinations for the purpose of determining whether he or she meets the medical standards in Appendix A of this Order.

c. In cases where a determination is made that medical standards are not met, the applicant is responsible for payment for any tests, examinations, or reports associated with review or appeal actions (e.g., examinations or tests related to qualification for a medical clearance under Special Consideration).

d. An applicant subject to ATCS medical qualification standards assumes the cost of refraction or lenses, other medical appliances, or any other treatment required to meet the medical standards.

e. Authorized medical examinations should not exceed in scope that which is necessary to determine qualification under the medical standards, unless a valid safety concern exists.

f. An airman medical certificate may only be issued to an FAA ATCS if they selected "Both" when the MedXPress application was submitted, and are otherwise qualified. Applicants who are not FAA employees are not eligible to receive an FAA medical certificate in connection with their pre-placement qualification medical examination unless otherwise required by agency directives.

g. The Office of Aerospace Medicine also administers the DOT Drug and Alcohol-Free Departmental Workplace Order, DOT Order 3910.1 series. Aerospace medical program funds are used to pay for all tests conducted under the Order.

h. All FAA ATCSs who are required to have a drug or alcohol test must be tested at an FAA facility, unless otherwise provided by the Order or attendant circumstances. The FS or Manager, Internal Substance Abuse Branch (AAM-210), will decide if the attendant circumstances such as time, distance, clinic readiness, etc., justify collection at an alternate site.

i. ATO is responsible for reimbursement of travel expenses for FAA ATCSs in accordance with applicable FAA travel policy (FAATP). This will normally consist of mileage costs for an FAA employee using their privately owned vehicles to commute to the site determined by the agency.

j. Any drug or alcohol related assessment conducted under AHR or ATO policy will be paid by the ATO.

k. The ATO is responsible for payment of all specialized tests to include psychological tests (currently MMPI-2 and others as necessary), specialized color vision testing, etc. and associated travel for all of the above.

Chapter 3. Status Determination

Section 1. Medical Status

1. General. ATCS Medical Standards (Appendix A) apply to all applicants. Medical examinations are performed and notifications of determinations are made in accordance with this Order.

2. New Medical Condition Prior to Hire.

a. Using the Interim Health Status Medical Declaration document, an applicant for employment must inform an RFS, through AHF-C420 personnel or directly, of any occurrence of illness or injury evaluated by a health care professional between the initial physical examination and the date of hire. The applicant must provide all the information available or requested by the FS for evaluation. For new employees assigned to an Automated Flight Service Station in the Alaska Region, the HMRO will perform these duties in lieu of AHF-C420.

b. The FS obtains and reviews available medical data regarding this subsequent illness or injury to determine if any further evaluation is required.

c. If another examination or other evaluations are required, the information must be considered as part of the pre-placement/pre-appointment applicant examination, and determinations must be made prior to employment.

3. Interim Medical Condition of an ATCS. Illnesses, injuries, or other medical conditions that could affect the employee's eligibility for medical clearance may occur between periodic examinations.

a. When an ATO Air Traffic management official becomes aware of an ATCS's absence due to a medical condition, treatment, or drug/alcohol related incident, the Air Traffic management official must promptly inform the FS so that a determination may be made whether the illness or injury affects the ATCSs medical status.

b. An ATCS must report to the FS office the following as soon as he/she becomes aware of the condition, but in any event before performing safety-related duties:

(1) Any assessment or treatment of injuries, illness or other medical conditions by a health professional, except for conditions as noted in Chapter 1 paragraph 9.e,

(2) Any occupationally related injury or illness, and

(3) Any conduct that represents a violation under a DOT or FAA Order such as DOT Order 3910.1 series.

c. Air Traffic management must inform the FS when an ATCS receives medical attention and may request an opinion from the FS regarding the medical status of the ATCS.

d. The FS evaluates available information, obtains additional data if needed, and arranges for examinations or further evaluations as required to make a medical status determination in accordance with this Order.

4. Inter-Regional Transfers of an ATCS. If an ATCS is medically cleared in one region of the FAA, the ATCS is cleared in all regions of the FAA. Coordination of healthcare resources and administrative processes is necessary before the transfer can be affected. AHR will notify the gaining Regional Aerospace Medical Division before extending the offer to the employee but no less than 30 days before the actual transfer of the employee. The medical file will be reviewed by the gaining medical division and for coordination of healthcare services, if necessary. If a managerial or medical conflict ensues over the transfer of an ATCS to another region, the ATO, AHR, and the RFSs will work together to resolve the conflict. If a resolution cannot be reached, the matter will be referred to the FAS through the Medical Specialties Division (AAM-200). Review of the ATCS's medical file may result in an amended medical clearance status.

5. Medical Qualification. An individual is qualified for a medical clearance when the FS determines that the medical standards are satisfied.

6. Special Consideration for Medical Clearance. Special Consideration for medical clearance may be granted when it is determined that the status of a disqualifying medical condition does not constitute a hazard to public safety; adversely affect the performance of ATCS duties; and would not adversely affect the individual's own health, when performed under such requirements, duration, and limitations as deemed appropriate.

a. Authority to grant Special Consideration for medical clearance is delegated by the FAS to all RFSs, and their FS designees.

b. Special Consideration for medical clearance may be granted on the basis of available medical information, referral examinations, a practical/functional test, additional information provided by the employee or a combination of the above, as appropriate. Current medical status reports or the results of referral examinations may be required more frequently than periodic examinations, depending on the nature of the condition(s) being considered.

c. An RFS must consider the possibility of Special Consideration for medical clearance before issuing a medical disqualification.

7. Restriction from ATCS Safety-Sensitive Duties. If there is reliable information available to indicate that an ATCS may not be eligible to hold a medical clearance, FS may restrict the ATCS from performing safety-sensitive duties. If the FS issues a medical restriction, the restriction expires when there is sufficient information available to the FS to make a medical clearance determination.

8. Medical Incapacitation. Decisions will be made on available medical information and any other available information that may affect a medical determination. When there is sufficient information available to determine that the ATCS does not meet the medical qualification standards, but there is reasonable medical certainty that the ATCS will be able to requalify in 12 months or less, the applicant must be incapacitated. Decisions will be made on available information. An ATCS may request a one-time review per condition of the RFS determination of incapacitation. The RFS will process the review in accordance with established procedures and will notify the ATCS of the review.

9. Medical Disqualification. When it is determined that the applicant does not meet the medical standards and is not eligible for a Special Consideration medical clearance, the applicant must be disqualified. The disqualification letter to the applicant must include the specific medical standard not met and if applicable, a statement of potential qualification if they elect different therapy in the future. A copy of the disqualification must be sent to the servicing HRSD and, if applicable, AHF-C420.

10. Limitations. Each option has unique functional and operational requirements. If an applicant is not qualified, but is eligible for medical clearance under Special Consideration, the applicant may be limited to duties of a specific option or to a particular facility.

a. The FS, in coordination with the Air Traffic manager, may limit duties to particular options where an applicant can perform the required duties without compromising public safety or personal health. These limitations must remain in effect as long as medically appropriate.

b. The FS must determine the medical clearance of an ATCS who is being transferred from one assignment to another when the medical clearance requires a facility limitation or Special Consideration to ensure the conditions of the limitations are met.

c. When the FS identifies a medical condition that restricts, incapacitates, or limits the ATCS, only the Air Traffic manager, after engaging in the interactive process and in accordance with DOT Order 1011.1, *DOT Procedures for Processing Reasonable Accommodation Requests by Employees and Applicants with Disabilities* and FAA Order 1400.12, *Processing Accommodation Requests for People with Disabilities*, may grant a work place reasonable accommodation. NOTE: A finding under this paragraph does not necessarily mean that the employee is deemed to be a qualified individual with a disability who is entitled to reasonable accommodation.

11. Review of Medical Disqualification. An applicant who is medically disqualified may request review of the decision made by the RFS. **A written request, to appeal the disqualification decision, must be provided to the RFS within 15 calendar days after receipt of the disqualification action.** Additional medical information may be provided at this time. For new employees assigned to an Automated Flight Service Station in the Alaska Region, the HRSD in Alaska will perform the duties for AHF-C420 in paragraphs b and e below. The RFS will follow the disqualification procedure as defined in AAM-RFS-300-003-ATCS-Disqualification procedure.

a. Applicants must request the review of a medical disqualification to the RFS.

b. In the case of an applicant for hire, the RFS must notify AHF-C420, or for an employee ATCS, the Air Traffic manager and the servicing HRSD.

c. RFSs may reconsider their own determination. If the RFS does not overturn his/her prior determination, the RFS must refer the case for reconsideration by the FAS (see paragraph 12 below).

d. Administrative actions (procedures) related to the medical disqualification must be deferred pending the medical qualification determination resulting from these reviews, provided that the applicant is compliant with all requests for information.

e. RFS, upon completion of the final agency review, (see FAS review - 12f below), must promptly notify the Air Traffic manager and servicing HRSD for employee ATCS; and AHF-C420 for applicants seeking employment of the resulting medical determination.

12. Reconsideration. If the RFS does not overturn the disqualification in paragraph 9 above, the file will be forwarded for review by the FAS.

a. RFS must forward the request, case summaries, and complete medical files to the Manager, Medical Appeals Branch, AAM-240.

b. The Manager, AAM-240, is responsible for preparing the cases for review by the FAS. The complete medical file and all available medical information that has been considered must be forwarded to the FAS, through AAM-200. The ATCS may request an additional 30 days from the original DQ date to gather medical information that may support the appeal. AAM-240 may grant additional time to provide the requested information. If the applicant fails to provide information within agreed upon time period, the process will continue with available information.

c. The FAS, in making a final medical clearance determination, may seek consultative opinions, further evaluations by consultant physicians, or other relevant information from the applicant.

d. The determination of the FAS represents the final medical status determination action for the FAA.

e. Following final determination by the FAS, the medical files must be returned to the referring RFS with the final determination documents. The FAS will notify the applicant in writing of the final medical determination.

f. The RFS must notify the Air Traffic manager and the servicing HRSD or AHF-C420 of the final determination by the FAS.

Section 2. Duty and Employment Status

1. Duty Status Determination. The duty status of a medically restricted or incapacitated ATCS must be reviewed by ATO management and addressed in accordance with applicable agency policy.

a. The duty status determination of a restricted or incapacitated ATCS must be evaluated periodically by the FS at least every 30 calendar days.

b. If an ATCS has recovered and has been medically cleared, he or she must be assigned to ATCS safety-related duties, provided the ATCS is otherwise qualified.

2. Employment Status Determination. A disqualified ATCS may request placement consideration. The Air Traffic manager must notify the servicing HRSD to determine the operational suitability and feasibility of retaining the ATCS in the ATO. If the ATCS is medically disqualified, the employee must request placement consideration in accordance with HRPM EMP-1.14, paragraphs 11 and 12.

Chapter 4. Administrative Information

1. Distribution. This Order is distributed to the Administrator; Deputy Administrator; Associate and Assistant Administrators; Chief Operating Officer Air Traffic Organization (ATO), ATO Operations Business Unit in Headquarters, ATO Service Centers and Areas, FAA Academy at the Mike Monroney Aeronautical Center, and service delivery points; Office of the Chief Counsel (AGC); Office of Communications (AOC); Office of Aerospace Medicine (AAM), Regional Aerospace Medicine Divisions, Medical Field Offices, and Civil Aerospace Medical Institute Divisions; Office of Human Resource Management (AHR) and Aviation Careers Division (**AHF-C420**); and Aviation Medical Examiner-Employee Examiners (AME-EE), who are authorized to perform employee examinations.

2. Authority to Change this Order. The Administrator has the authority to approve changes in policy, delegations of authority, and assignment of responsibility. The Federal Air Surgeon (FAS) has the authority to approve changes in the medical aspects of the administration of the program. The Director, ATO Administration and Talent Management, and the Office of Human Resource Management have the authority to approve changes in the administration of the program as it respectively applies to ATO personnel. Proposed changes must be coordinated with the appropriate offices and services.

3. Definitions. For the purpose of this Order, the following definitions apply:

a. Air Traffic Control Specialist (ATCS) – A person who is employed by the FAA as an Air Traffic Control Specialist job series 2152 ATCSs. This term also applies to OS in the center, terminal, flight service station, and Command Center options who are actively engaged in the separation and control of air traffic or providing pre-flight, in-flight, and airport advisory services.

b. Applicant is any person seeking to be assigned, or is assigned, to a position requiring medical clearance.

c. Aviation Medical Examiner-Employee Examiner (AME-EE) is a physician designated as an Aviation Medical Examiner by the FAA who is authorized by the Regional Flight Surgeon (RFS) to perform FAA employee examinations, or for the purposes of this Order is an FAA physician.

d. Consultant physician is a medical specialist who is appointed or retained by the Office of Aerospace Medicine to provide medical case review in a specialized area of medicine.

e. Duty status determination - An ATO management decision, in consultation with the FS, regarding the nature of tasks to be assigned an ATCS.

f. Employee is an individual who is employed by the FAA and occupies a position covered by this Order.

g. Employment status determination - ATO management decision regarding the operational suitability and feasibility of retaining an ATCS. The decision is made in consultation with the RFS, servicing HRSD, and when appropriate, a representative of AGC.

h. Flight Surgeon (FS) is an agency physician employed by the FAA.

i. Health professional is a physician, physician assistant, nurse practitioner, occupational health nurse, occupational health specialist, psychologist, clinical social worker, substance abuse specialist, or other licensed allied health personnel.

j. HIMS AME is an AME who has received additional training in substance use disorders and SSRI case management.

k. Interim medical condition is an illness or injury occurring between periodic examinations, whether occupationally acquired or not.

l. Limitation is a medical restriction as determined by an FS, in coordination with ATO Air Traffic management, regarding specific operational duties, working conditions, or geographic location of an ATCS.

m. Medical clearance is a document used to define and communicate the medical status of the applicant.

n. Medical examination is an examination performed by a health care provider in accordance with the ATCS Health Program. It encompasses physical, mental and psychological components.

o. Medical status determination is a FS's finding regarding an individual's eligibility for medical clearance to perform safety-related air traffic control duties under the standards set forth in this Order. There are five (5) possible status determinations: Qualified, Qualified under Special Consideration, Disqualified, Medically Incapacitated and Medically Restricted.

(1) Medically qualified - a medical status determination that an applicant meets established medical standards as defined in this Order.

(2) Medically qualified under special consideration - a medical status determination that an applicant does not meet medical standards, but the Office of Aerospace Medicine has determined that, the individual's present medical condition does not compromise safety and, therefore could be assigned to safety-related duties.

(3) Medical disqualification - determination made by an RFS after review of the agency medical file, and any relevant evidence that pertains to the issuance of a medical clearance, that the medical standards in this Order are not met, and a Special Consideration for medical clearance (waiver) is not granted.

(4) Medical Incapacitation - a medical status determination that the applicant cannot perform safety-related duties safely.

(5) Medical Restriction is an administrative decision, based upon reliable information and medical judgment that the ATCS may be unable to perform safety related duties.

p. Periodic examination is a medical examination required by this Order to be performed at prescribed intervals.

q. Physician is a Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.).

r. Referral examination is a further professional healthcare evaluation, authorized by the Regional Flight Surgeon office, which may include additional medical examination, procedures and/or laboratory tests.

s. Regional Flight Surgeon (RFS) is a Flight Surgeon who is a manager of one of the Regional Aerospace Medicine Divisions of the Office of Aerospace Medicine.

t. Virtual Hiring Team Flight Surgeon (VHT-FS) is a Flight Surgeon who is a manager responsible for the coordination of regional program staff and for the process of clearing applicants for hire to the position of ATCS.

Appendix A. Medical Qualifications Standards

Air Traffic Control Series

1. This appendix contains the medical standards for any person seeking a medical clearance for the position of FAA Air Traffic Control Specialist job series: AT-2152. The following persons are required to maintain a medical clearance:

a. Any person seeking employment or appointment as an FAA ATCS AT-2152.

b. FAA ATCSs and OSs in the center, terminal, flight service station, and Command Center options who are actively engaged in the separation and control of air traffic or providing pre-flight, in-flight, and airport advisory services.

2. Medical Exam.

a. Periodic Medical Examinations. Employees who perform or encumber positions, as specified in paragraph 1.b., above, are required to qualify with periodic medical examinations (preferably performed in their birth-month).

b. Medical Results. The AME-EE or FS will enter the medical examination results into the Aerospace Medical Certification Subsystem (AMCS). The FAA Form 8500-8 must be transmitted within 14 days. The FAA medical office and the information transmitted electronically via AMCS, will be used to update the covered position subsystem (CPDSS) database.

(1) The application must be completed in its entirety. Reports regarding rectal, breast, and pelvic examinations are required only if clinically indicated. Other tests may be performed if clinically indicated.

(2) The examination, including laboratory tests and consultations, must be accomplished to the extent required to make a determination of medical status for continued duty.

(3) The examination will also include a urine test for sugar and protein.

(4) A standard 12-lead resting electrocardiogram will be obtained at the first pre-employment medical examination; then at the first regularly scheduled medical examination at age 40, 45, 50, and thereafter every two years in conjunction with the regularly scheduled medical examination.

(5) Unless otherwise indicated, the medical standards are identical for all ATCS options.

3. Eye.

a. Distant visual acuity:

(1) Terminal and Center. Distant visual acuity of 20/20 or better in each eye separately, with or without visual acuity correction. If visual acuity correction (spectacles or contact lenses) is necessary for 20/20 vision, the person may be qualified only on the condition that corrective lenses are worn if an ATCS task is performed that requires the use of distant vision.

(2) Flight Service and Command Center. Distant visual acuity of 20/20 or better in either eye, with or without visual acuity correction. If visual acuity correction (spectacles or contact lenses) is necessary for 20/20 vision, the person may be qualified only on the condition that a corrective lenses is worn if an ATCS task is performed that requires the use of distant vision.

b. Near visual acuity:

(1) Terminal and Center. Near visual acuity of 20/40 or better, Snellen equivalent, at 16 inches in each eye separately, with or without visual acuity correction. 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 visual acuity correction. An ATCS who requires near or intermediate visual acuity correction to meet these standards must wear corrective lenses for near and/or intermediate vision (32 inches) when an ATCS task is performed that requires the use of near and/or intermediate vision corrective lenses.

(2) Flight Service and Command Center. Near visual acuity of 20/40 or better in either eye, Snellen equivalent, at 16 inches, with or without visual acuity correction. If age 50 or older, near vision of 20/40 or better, Snellen equivalent, at both 16 inches and 32 inches, with or without visual acuity correction. An ATCS who requires near or intermediate visual correction to meet these standards must wear corrective lenses for near and/or intermediate vision (32 inches) when an ATCS task is performed that requires the use of near and/or intermediate vision.

c. Ability to perceive those colors necessary for the safe performance of ATCS duties.

d. Normal fields of vision.

(1) Terminal and Center. In each eye separately.

e. Fixation and Phorias:

(1) Terminal and Center. Bifoveal fixation and vergence-phoria relationship sufficient to prevent a break in fusion under conditions that may reasonably be expected to occur in performing ATCS 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 FAS 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 qualified, the person is issued a medical clearance pending the results of the examination.

(2) Flight Service and Command Center. Absence of diplopia in the cardinal fields of gaze.

f. 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 the degree that interferes with proper function, or that may reasonably be expected to interfere with air traffic control duties.

4. Ear, Nose, Throat, and Equilibrium Standards.

a. Provide acceptable results of pure tone audiometric testing of unaided hearing acuity in each ear separately according to the following acceptable thresholds, using the calibration standards of the American National Standards Institute, 2010:

FREQUENCY (Hz)	500	1000	2000	3000	4000
(dB)	35	30	30	40	50

b. No disease or condition of the middle or internal ear, nose, oral cavity, pharynx, or larynx that interferes with the performance of air traffic control duties or may reasonably be expected to do so; or interferes with, or may reasonably be expected to interfere with, clear and effective speech communication.

c. No disease or condition manifested by, or that may reasonably be expected to be manifested by, vertigo or a disturbance of equilibrium.

5. Mental. No established medical history or clinical diagnosis of any of the following:

a. A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.

b. A psychosis. As used in this section, "psychosis" refers to a mental disorder in which an individual has manifested delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of this condition; or may reasonably be expected to manifest delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of this condition.

c. Bipolar disorder.

d. Substance dependence.

(1) Except where there is established clinical evidence, satisfactory, to the FAS, of recovery, including sustained total abstinence from the substance(s) for not less than the preceding 2 years.

(2) As used in this section "substance" includes: alcohol; other sedatives and hypnotics; anxiolytics; opioids; central nervous system stimulants such as cocaine, amphetamines, and similarly acting sympathomimetics; hallucinogens; phencyclidine or similarly acting arylcyclohexylamines; cannabis; inhalants; and other psychoactive drugs and chemicals; and, "substance dependence" means a condition in which a person is dependent on a substance, other than tobacco or ordinary xanthine-containing (e.g., caffeine) beverages, as evidenced by:

(a) Increased tolerance;

(b) Manifestation of withdrawal symptoms;

(c) Impaired control of use; or,

(d) Continued use despite damage to physical health or impairment of social, personal, or occupational functioning.

e. No substance abuse within the preceding 2 years defined as:

(1) Use of a substance in a situation in which that use is physically hazardous, if there has been at any other time an instance of the use of a substance also in a situation in which that use was physically hazardous;

(2) A verified positive drug test result, or a refusal to submit to drug testing (including adulteration or substitution) acquired under a drug-testing program of the DOT or any other Administration within the DOT; or

(3) A confirmed alcohol test with an alcohol concentration of 0.04 or greater, or a refusal to submit to alcohol testing required by the DOT any other Administration within the DOT; or

(4) Misuse of a substance that the FAS, based on case history and appropriate, qualified medical judgment relating to the substance involved, finds:

(a) Makes the person unable to safely perform air traffic control duties; or

(b) May reasonably be expected, for the maximum duration of the medical clearance period, to make the person unable to safely perform air traffic control duties.

f. Any conduct that would constitute a violation under DOT Order 3910.1 series or the FAA Human Resources Operating Instruction.

g. No other personality disorder, neurosis, or other mental condition that the FAS, based on the case history and appropriate, qualified medical judgment relating to the condition involved:

(1) Makes the person unable to safely perform air traffic control duties; or

(2) May reasonably be expected, for the maximum duration of the medical clearance period, to make the person unable to safely perform air traffic control duties.

6. Neurologic.

a. No established medical history or clinical diagnosis of any of the following:

(1) Epilepsy;

(2) A disturbance of consciousness without satisfactory medical explanation of the cause; or

(3) A transient loss of control of nervous system function(s) without satisfactory medical explanation of the cause.

b. No other seizure disorder, disturbance of consciousness, or neurologic condition that the FAS, based on case history and appropriate, qualified medical judgment relating to the condition involved, finds:

(1) Makes the person unable to safely perform air traffic control duties; or

(2) May reasonably be expected, for the maximum duration of the medical clearance period, to make the person unable to safely perform air traffic control duties.

7. Cardiovascular.

a. No established medical history or clinical diagnosis of any of the following:

(1) Myocardial infarction;

(2) Angina pectoris;

(3) Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant;

(4) Cardiac valve replacement;

(5) Permanent cardiac pacemaker;

(6) Automatic implantable cardioverter defibrillator; or

(7) Heart Transplantation.

b. Must demonstrate an absence of myocardial infarction and other clinically significant abnormality on electrocardiographic examination.

c. Must demonstrate a seated blood pressure of no greater than 155 mm mercury systolic or 95 mm mercury diastolic. Special consideration provisions apply to medical qualification for blood pressure requiring medication for control.

8. General Medical Condition.

a. No established medical history or clinical diagnosis of diabetes mellitus that requires insulin or any other drug for control.

b. No other organic, functional, or structural disease, defect, or limitation that the FAS finds, based on the case history and appropriate, qualified medical judgment relating to the condition involved

(1) Makes the person unable to safely perform air traffic control duties; or

(2) May reasonably be expected, for the maximum duration of the medical clearance period, to make the person unable to safely perform air traffic control duties.

c. No medication or other treatment that the FAS finds based on the case history and appropriate, qualified medical judgment relating to the medication or other treatment involved

(1) Makes the person unable to safely perform air traffic control duties; or

(2) May reasonably be expected, for the maximum duration of the medical clearance period, to make the person unable to safely perform air traffic control duties.

9. Special Consideration for Medical Clearance (Waiver). A person who does not meet the provisions of the medical standards may be granted a medical clearance under the special consideration provisions under chapter 3, section 1, paragraph 6 of this Order.

Appendix B. Insulin-Treated Diabetes Mellitus

Section 1. Guidelines for Initial Evaluation of Air Traffic Controllers with Insulin Treated Diabetes Mellitus (ITDM)

1. Insulin-treated FAA ATCSs.

a. This appendix provides authority and direction for the consideration of requests by insulin-treated applicants for medical clearance to perform safety-related air traffic control duties. Applicants who are not employed by the FAA will not have an OS to provide information. In these instances, the applicant is exempt from providing supervisory statements or reports until they have reported on duty.

b. Clearance may be granted and must be based on the medical history, the results of a comprehensive medical evaluation, documentation of proper education regarding diabetes, and consideration of the diabetic control skills demonstrated by each subject ATCS. See Section 1 of this appendix.

c. The protocol to be used and guidelines for its application are described within this appendix.

2. Medical clearance. Medical clearance of an insulin-treated ATCS is through Special Consideration. Continued clearance requires control of diabetes with prevention of hypoglycemia through close monitoring and maintenance of appropriate blood glucose levels throughout every work day (Section 2 of this appendix). In order to ensure system safety, an insulin-treated ATCS shall follow the "guidelines for glucose management during working hours," described in Section 3 of this appendix. No deviations from these guidelines are permitted.

3. Responsibilities.

a. Regional Flight Surgeons:

(1) Facilitate and monitor adherence to the protocol by each subject ATCS; determine each ATCSs eligibility for Special Consideration and, if appropriate, grant it.

(2) Review, evaluate, appropriately act on, and retain the required, quarterly reports from medical specialists; periodically review individual blood glucose logs;

(4) Arrange for periodic review by medical personnel of facilities with assigned, insulin-treated diabetic ATCSs.

b. Air Traffic Organization (ATO) shall distribute information developed by the medical staff that will assist OS in identifying any hypoglycemic reaction in an insulin-treated ATCS and in initiating proper action (Section 4).

(1) The OS should be reasonably familiar with the blood testing requirements in the "guidelines for glucose management during working hours";

(2) The OS should periodically (at least twice a week) ascertain through observation of recorded glucometer readings that the subject ATCS is accomplishing the required blood glucose

determinations; and report to RFS when subject employee fails to maintain proper documentation or fails to perform the provisions of this section.

c. Insulin-treated ATCSs who have been granted Special Consideration may be assigned work according to the policies and directives of the ATO with the following limitation:

(1) They may not perform safety-related duties unless at least one other employee is present in the immediate work area and that employee is aware that the subject uses insulin.

(2) A suitable source of readily absorbable glucose must be carried by the insulin-treated ATCS.

4. Medical Clearance Status. The ATCS medical clearance status must be changed to incapacitated by the RFS office if:

a. The subject ATCS fails to maintain appropriate blood glucose control or to follow the guidelines for glucose management, including documentation; or

b. If removal of safety related duties is recommended by an endocrinologist charged with evaluating or following the case; or

c. If the ATCS develops complications of diabetes mellitus likely to interfere with the performance of air traffic control duties; or

d. If the ATCS develops a hypoglycemic reaction resulting in impaired cognitive function without warning symptoms, loss of consciousness, seizure; or requires intervention by another party.

5. Permanent Disqualification. Permanent disqualification of the ATCS, when appropriate, shall be by the FAS in consideration of the recommendations of the RFS.

6. Condition of Medical Clearance. As a condition of medical clearance, an insulin-treated ATCS must agree to report immediately to the agency medical authority and to provide records regarding all hypoglycemic episodes; all hospitalizations; all involvement in accidents, with or without injuries; and all other significant illness. The medical status determination shall be changed to medical restriction in the presence of any illness; e.g., febrile or gastrointestinal, that predisposes to loss of glucose control.

7. Glucose Measurements. The subject ATCS should be able to accomplish the required, accurate blood glucose measurements and documentation at their facilities within a reasonable period of absence from the assigned workstation. This period normally should not exceed 10 minutes for each measurement. Management will consider the subject's continued suitability for an operational ATCS assignment if this time constraint cannot be met.

8. Guidelines for individuals with ITDM.

a. Individuals with ITDM who have no other disqualifying condition, especially significant diabetes-related complications such as arteriosclerotic coronary or cerebral disease, or retinal disease, will be eligible for Special Consideration if they:

(1) Have no complications of diabetes mellitus likely to interfere with their ability to safely control air traffic; or

(2) Have had no hypoglycemic reaction resulting in impaired cognitive function, without warning symptoms, loss of consciousness, seizure; or requiring intervention by another party during the last five years.

b. To provide an adequate basis for an individual medical determination, an individual with ITDM shall submit the following information to the FAA:

(1) A copy of the hospitalization records if admitted for any diabetes-related cause, including accidents and injuries.

(2) Complete reports explaining any aircraft, automobile, or other incidents or accidents, whether or not resulting in injury or vehicular/equipment damage, if due in part or totally to diabetes.

(3) Results of a complete medical evaluation by a board-certified/board eligible endocrinologist or other diabetes specialist approved by the FAS or RFS concerning the individual's medical history and current status. The report must include a general physical examination and, at a minimum, the following:

(i) Two readings of glycated hemoglobin (total Al or A1c concentration and laboratory reference concentration) during the last three months (three months prior and current).

(ii) Confirmation by an ophthalmologist of the absence of clinically significant retinal disease. The eye examination should assess visual acuity, ocular tension, presence of lenticular opacities, and include a careful examination of the retina for evidence of any diabetic retinopathy or macular edema. The presence of microaneurysms, exudates, or other findings of background retinopathy, by themselves, are not sufficient grounds for disqualification unless visual acuity is affected and prevents the subject from meeting current visual standards. However, individuals with active proliferative retinopathy or vitreous hemorrhages should not be medically cleared until the condition has stabilized and this has been confirmed by an ophthalmologist.

(iii) Examination and tests to detect any peripheral neuropathy or circulatory deficiencies of the extremities, when symptomatic.

(iv) A detailed report of insulin dosages, types, and diet utilized for control.

c. Verification by a specialist that the individual has been educated in diabetes and its control and has been thoroughly informed of, and understands, the monitoring and management procedures for the condition and the actions that should be followed if complications, including hypoglycemia, arise.

d. The verification must also contain the specialist's evaluation as to whether the individual has the ability and willingness to properly monitor and manage his/her diabetes and whether the ATCS diabetes will adversely affect their ability to safely control air traffic.

9. When the individual is first started on insulin treatment, the ATCS must be reassigned to non-safety related duties for at least three months or until criteria for acceptable blood glucose regulations are met, if later (see section 3).

Appendix B

Section 2. Guidelines for Individuals with ITDM Who Have Been Granted Special Consideration for Air Traffic Control Duties

Individuals with ITDM granted Special Consideration to control air traffic are required to:

1. Submit to a medical evaluation by a specialist every three months. The evaluation must:

a. Include readings of glycated hemoglobin (total A1 or A1c) concentrations.

b. Contain the specialist's evaluation as to whether the individual has the ability and willingness to properly monitor and manage his/her diabetes and whether diabetes will adversely affect his/her ability to safely control air traffic.

2. Carry and use a digital, whole blood glucose monitoring device with memory. Records of blood glucose measurements must be provided to the specialist for review during each quarterly evaluation.

3. Provide annually to the FAA:

a. Confirmation by a specialist that the individual can demonstrate accuracy of measurements of blood glucose concentrations.

b. Ophthalmological confirmation of the absence of clinically significant retinal disease that would affect visual acuity and prevent the individual from meeting current visual standards.

Appendix B

Section 3. Guidelines for Glucose Management during Working Hours

1. Individuals with ITDM shall maintain appropriate medical supplies at all times while working. Such supplies shall include:

a. Blood glucose monitor with memory, and associated supplies.

b. A source of rapidly absorbable glucose,

c. Insulin and syringes or pump, as appropriate, and associated supplies.

d. All disposable materials must be within their expiration dates.

2. Blood glucose concentration must be tested within one-half hour prior to assuming duties and approximately every two hours during work. Appropriate actions must be taken according to the guidelines below.

3. While working, should circumstances preclude a particular blood glucose test, intake of an appropriate snack or other source of glucose (minimum 10 grams) is an acceptable alternative.

4. No two consecutive tests may be replaced by the ingestion of glucose. Listed below are blood glucose concentration ranges for individuals who control air traffic and the appropriate actions to be taken when they occur.

a. Blood glucose less than 60 mg/dl: Individual shall stop work, eat an appropriate snack containing glucose (minimum 10 gm) and recheck blood glucose in 30 minutes.

b. If the blood glucose at recheck is less than 100 mg/dl, the individual shall eat an additional snack containing glucose and recheck blood glucose in 30 minutes. This process shall be repeated until the blood glucose is 100 mg/dl or greater.

c. The individual may resume work when the blood glucose is 100 mg/dl or greater.

5. Blood glucose 60-99 mg/dl: individual shall eat an appropriate snack containing glucose (minimum 10 gm) and recheck blood glucose in 30 minutes. Repeat until blood glucose is 100 mg/dl or greater.

6. Blood glucose 100-300 mg/dl: No action needed. Recheck blood glucose in two hours, or eat a snack containing minimum of 10 gm carbohydrate in 2 hours and recheck blood glucose in 4 hours.

7. Blood glucose 301-400 mg/dl: Take appropriate action to lower blood glucose to 100-300 mg/dl (i.e., with insulin injection, exercise, time).

a. Recheck blood glucose in 30 minutes.

b. If symptoms such as blurred vision occur, stop work until symptoms disappear.

8. Blood glucose greater than 400 mg/dl: Individual shall stop work and take corrective action (e.g., insulin, exercise, time). Recheck blood glucose every 30 minutes until blood glucose is less than 400 mg/dl before resuming work.

Appendix B

Section 4. Guide For the Operations Supervisor (OS) / controller in charge (CIC) of Insulin-Treated Air Traffic Control Specialists (ATCS)

1. At the beginning of your shift, those controllers who are insulin-treated diabetics (subject ATCS) are required to identify themselves to you.

2. A subject ATCS must advise you that he/she has a glucometer (blood sugar meter) available at the work site.

3. A subject ATCS will advise you that he/she has a source of rapidly absorbing glucose immediately available and will give you their location so that you have access to them in the unlikely event the subject ATCS is incapacitated.

4. Observe all subject ATCSs performing safety-related duties periodically during the shift to assure yourself that each is functioning normally. (See the description of symptoms of low blood sugar below.)

5. Note that within the 30 minutes prior to beginning and every two hours (plus or minus 15 minutes) during the shift, a subject ATCS must measure his/her blood sugar. This requires no more than 10 minutes each, and, as the OS/CIC, you must operationally accommodate this requirement.

a. If a sugar measurement is below 60 mg/dl, the subject ATCS will leave the "boards" and begin corrective action as outlined in the guidelines

b. The subject ATCS may return to safety-related duties when blood sugar reaches 100 mg/dl or above. Blood sugar measured between 100 and 60 mg/dl will require ingestion of glucose and additional measurements though the ATCS may continue work.

6. Two times a week, randomly, you (or another OS) should ask to see the recorded glucometer readings. This is a spot check only to help ensure that the subject ATCS is accomplishing the required blood sugar measurements. No interpretation of the recorded values is required of you.

7. The symptoms of low blood sugar (hypoglycemia) may vary with the rapidity of onset, severity, and individual susceptibility and may include any or all of the following:

a. Rapid onset symptoms: sweating, shaking, nervousness or agitation, weakness, palpitations (unpleasant sensation of heart beating), fatigue, hunger, nausea.

b. Slow onset symptoms: headache, lightheadedness, blurring of vision, restlessness, yawning, faintness, sensation of unreality.

c. Severe symptoms: difficulty talking, slowness or difficulty in thinking, disorientation, and, if untreated, possible loss of consciousness and/or convulsions.

NOTE: The subject may not recognize these symptoms at times; e.g. an affirmative answer to, "Do you feel O.K.?" is not proof that he/she is okay.

8. Although significant symptoms of low blood sugar are unlikely to occur in someone following the attached guidelines, if they do occur, sugar or food will abort the problem and cannot hurt the subject ATCS. Therefore, when in doubt, have the subject ATCS take a snack or rapidly absorbable glucose. If he/she is unable to ingest glucose in his/her mouth, call for medical assistance. Using sugar when it is not needed is safe, but not using sugar when it is needed may be dangerous.

9. If a 2-hour blood sugar level cannot be checked because of operational considerations, the subject ATCS must take a snack or a glucose source instead, and accomplish a blood sugar check at the following 2-hour point or stop performing safety-related duties until it can be accomplished.

Insulin Treated Diabetes Mellitus Report Agreement

I, _____, an insulin-treated diabetic, have read and understand Appendix B of FAA Order 3930.3C formerly Medical Guideline Letter (MGL) #B-86, Medical clearance; diabetic air traffic control specialists who use insulin. I agree to report immediately to agency medical authority and to provide records regarding all hypoglycemic episodes; all hospitalizations; all involvement in accidents with or without injuries; and all illnesses and to comply with all terms and conditions. In addition, I understand that medical clearance will be temporarily withdrawn when I have any illness that may cause loss of blood sugar control. Examples include gastrointestinal disturbances and conditions with fever.

_____ _____

Signed Date

Appendix C – Selective Serotonin Re-uptake Inhibitor Medication (SSRI)

Section 1. Guidelines for Initial Evaluation of Air Traffic Control Specialists Treated with an SSRI

1. FAA ATCSs treated with an SSRI.

a. This appendix provides authority and direction to consider ATCS applicants for hire or incumbent FAA ATCSs who require a Special Consideration medical clearance to perform safety-related air traffic control duties who are disqualified either by their condition or use of an SSRI medication (SSRI-treated). In Accordance with the HIMS AME Checklist - SSRI Initial Certification and FAA Certification Aid –SSRI INITIAL Certification/ Clearance published in the Guide for Aviation Medical Examiners.

b. Special Consideration may be granted after a thorough medical history, receipt and review of all medical records, and the results of a comprehensive medical evaluation and Air Traffic Manager (ATM) observational reports of each subject FAA ATCS.

c. The protocol to be used and guidelines for its application are described within this appendix.

2. Medical clearance. Medical clearance of an SSRI-treated FAA ATCS is through Special Consideration. Continued clearance requires control of the underlying disorder, absence of exclusionary criteria, quarterly reports from the ATM, periodic medical evaluation, and additional evaluations as medically indicated. In order to ensure system safety, SSRI-treated FAA ATCS must provide all required reports described in the clearance letter to the HIMS AME. No deviations from these guidelines are permitted.

3. Responsibilities.

a. Regional Flight Surgeons:

(1) Facilitate and monitor adherence to the protocol by each subject FAA ATCS; determine each FAA ATCS's eligibility for Special Consideration and, if appropriate, grant it.

(2) Enter all records in the FAA ATCS electronic medical record. Review, evaluate, and retain, all reports from medical specialists, HIMS AMEs, and ATMs.

(3) Send a copy of the signed FAA ATCS OBSERVATION AGREEMENT to the ATM, if the ATCS is found qualified under Special Consideration.

b. Air Traffic Organization (ATO) shall distribute information developed by the Agency medical staff that will assist ATMs concerning medical privacy considerations, operational principles, and observations.

c. FAA ATCS shall comply with all requests for information and submit to all necessary evaluations requested by all approved medical providers and Agency physicians (see section 2 below).

4. Medical Clearance Status. The FAA ATCS medical clearance must be changed to Incapacitated Status by the RFS office if:

a. The FAA ATCS has stopped the medication or had a dosage change or change in the underlying conditions;

b. If removal of safety related duties is recommended by the HIMS AME; or

c. Operational issues come to light that could represent a safety concern. Applicants who are not yet employed by the FAA will not have a manager to provide operational reports. In these instances, the applicant may be exempt from providing operational reports until they have reported on duty.

5. Permanent Disqualification. Permanent disqualification of the FAA ATCS, when appropriate, shall follow the procedures described above in this Order.

6. Condition of Medical Clearance. As a condition of a Special Consideration Medical Clearance, an SSRI-treated FAA ATCS must agree to report immediately to the agency medical authority and to provide records regarding all changes to dosage or medications, all hospitalizations, all involvement in accidents (with or without injuries); and all other significant illness. The medical status determination shall be changed to medical incapacitation in the presence of any of the above, or exclusionary associated conditions or events until medically assessed.

7. Guidelines for individuals treated with an SSRI. All requirements and specifications **c**an be found on the FAA public website, Guide for Aviation Medical Examiners.

Appendix C

Section 2. Guidelines for SSRI-Treated Individuals who have been Granted Special Consideration for Air Traffic Control Duties

1. Individuals treated with an SSRI medication and granted Special Consideration to control air traffic are required to submit to medical monitoring by a trained HIMS AME and to submit all required reports as required documentation defined in the Guide for Aviation Medical Examiners.

2. FAA ATCS shall sign the FAA ATCS OBSERVATIONAL AGREEMENT and provide it to the RFS in the initial packet of information.

Appendix C

Section 3. Guide for ATMs Operational Reporting for SSRI - Treated FAA ATCSs

1. ATMs must maintain the medical privacy of the individual FAA ATCS while ensuring a safe operational environment. Employee's medical condition or treatment must not be disclosed.

2. Observe all FAA ATCSs performing safety-related duties periodically and receive formal or verbal reports from front-line managers without disclosing the medical condition or treatment.

3. The symptoms of SSRI medication effect may include behavioral changes, easy distraction, inattentiveness, drowsiness, and nervousness manifested by agitation or restlessness and sleep disturbance. While ATMs are not considered a medical professional, they only need to rely on their basic managerial skills in assessing an unsafe operation.

4. Quarterly operational reports must be submitted describing the ATM observation, if any, which occurred during the previous quarter. If the ATM is not made aware of a performance or conduct based safety concern, the report should indicate, "no known safety concerns." If the facility has multiple employees being observed, a separate report for each ATCS must be sent to the HIMS AME who is monitoring the ATCS. In the event the ATM is made aware of a safety concern, immediately notify the appropriate monitoring HIMS AME and the Regional Flight Surgeon.

FAA ATCS OBSERVATION AGREEMENT

I,_____, have read and understand Appendix C of FAA Order 3930.3C regarding FAA Air Traffic Control Specialists who use Selective Serotonin Reuptake Inhibitors (SSRI).

I agree to immediately report and provide all records to my HIMS AME and my Regional Flight Surgeon office regarding:

- All changes to my medication and dosing (including discontinuation of medication); and
- Any change to my underlying condition for which I take an SSRI.
- Report immediately to the agency medical authority and to provide records regarding all changes to dosage or medications, all hospitalizations, all involvement in accidents where the ATCS was involved as an operator (with or without injuries), injured as a passenger, or all other significant illness.
- Any other condition required under this Order.

If the Special Consideration medical clearance is issued, I agree and request the Flight Surgeon to send a copy of this signed agreement to my ATM for the purpose of observation and reporting to the HIMS AME and Flight Surgeon.

I understand that any change as described above may result in my medical clearance being temporarily restricted (medical Incapacitation Status) while my eligibility to continue on a Special Consideration is being reassessed. This also applies to any Part 67 Airman Medical Certificate or Special Issuance issued to me. I also understand that the RFS will need this signed and received before a clearance can be issues.

Email address

ATCS Signed Date

HIMS AME Name: _____

Address: _____

Phone number: _____

Fax number: _____

Email address:_____

Appendix D. Electronic Forms

1. FAA Form 3900-7, ATCS Health Program Report by Examining Physician

2. Medical Examination Authorization Form supplied by Regional Flight Surgeons office.

3. FAA Form 8500-8, Application for Airman Medical Certificate https://medxpress.faa.gov/

4. Covered Position Decision Support Subsystem, (CPDSS) – internal FAA https://medxpress.faa.gov/loginnet/login.aspx?app=CPDSS&rk=WUdDXjl9bcCxWcvp7Jip9Q%3d%3d\