Aerospace Cardiology, LLC

Coronary Heart Disease

Protocol to Re-issue Certification

A. Requirements are for consideration for any class of airman medical certification.

1. Recovery periods before consideration can be given for medical certification:
   a. 6 months: after angina, infarction, bypass surgery, angioplasty, stenting, rotoblation, or atherectomy
   b. 3 months: after ablation or valve replacement
   c. None: after supraventricular tachycardia, atrial fibrillation, and syncope. NOTE: if any of these conditions required any cardiac intervention that is listed in subparagraphs a and b above, then the applicable waiting periods do apply.

Hospital admission summary (history and physical), coronary catheterization report, and operative report regarding all cardiac events and procedures.

A current cardiovascular evaluation must include an assessment of personal and family medical history; a clinical cardiac and general physical examination; an assessment and statement regarding the applicant's medications, functional capacity, modifiable cardiovascular risk factors, motivation for any necessary change, prognosis for incapacitation; and blood chemistries (fasting blood sugar and current blood lipid profile to include total cholesterol, HDL, LDL, and triglycerides).

A current maximal GXT – See GXT Protocol.

A SPECT myocardial perfusion exercise stress test using technetium agents and/or thallium may be required for consideration for any class if clinically indicated or the exercise stress test is abnormal by any of the usual parameters. The interpretive report and all SPECT images, preferably in black and white, must be submitted.
Note: If cardiac catheterization and/or coronary angiography have been performed, all reports and the actual films (if films are requested) must be submitted for review. Copies should be made of all films as a safeguard against loss. Films should be labeled with the name of the applicant and a return address.

B. Additional requirements for first or unlimited* second-class medical certification. The following should be accomplished no sooner than 6-months post event:

1. Post-event coronary angiography. The application may be considered without post-event angiography but certification for first- and unlimited second-class is unlikely without it.
3. FAA Form 8500-20, Medical Exemption Petition (Operational Questionnaire). The applicant should indicate if a lower class medical certificate is acceptable in the event ineligible for class sought.

* Limited second-class medical certificate refers to a second-class certificate with a functional limitation such as, Not Valid for Carrying Passengers for Compensation or Hire, Not Valid for Pilot in Command, Valid Only When Serving as a Pilot Member of a Fully Qualified Two-Pilot Crew, etc.

C. Certification.
Applicants found qualified for an airman medical certificate will be required to provide periodic follow-up cardiovascular evaluations including maximal stress testing. Additional diagnostic testing modalities, including radionuclide studies, may be required if indicated.

No consideration will be given for an Authorization until all the required data have been received. The use of the applicant's full name, date of birth, and social security number on all correspondence and reports will aid the agency in locating the proper file.
It is the responsibility of each applicant to provide the medical information required to determine his/her eligibility for airman medical certification. In order to expedite processing, it is suggested that the information be sent in one mailing, when possible, to either:

Medical Appeals Section, AAM-313  
Aerospace Medical Certification Division  
Federal Aviation Administration  
Post Office Box 26080  
Oklahoma City OK 73125-9914  
Medical Appeals Section, AAM-313  
Aerospace Medical Certification Division

Federal Aviation Administration  
6700 S MacArthur Blvd., Room B-13  
Oklahoma City OK 73169

D. Coronary Intervention (CABG, Rotoblation, Atherectomy, PTCA, and STENT).

In addition, the applicant must provide the operative or post procedure report. If a STENT was placed, the report must include make of STENT, implant location(s), length and diameter of each STENT.