GENERAL INFORMATION	
KEYWORDS	Category 3 aviation medical certificate, diabetes,
	hypertension, aortic valve replacement, coronary artery
	bypass graft (CABG)
FILE NO.	O-4754-01
SECTOR (Marine or Aviation)	Aviation
SPECIFIC JOB	Retired businessman
DIAGNOSIS (Primary, Secondary,	Type 2 diabetes, hypertension, history of aortic valve
etc.)	replacement, history of coronary artery bypass graft
	(CABG) and dilated ascending aorta.
REVIEW	
DATE OF DETERMINATION	September 15, 2022
MEMBER	Dr. Thomas V. Davis
DETERMINATION	The member confirms the Minister of Transport's
	decision to refuse to renew the applicant's unrestricted
	category 3 aviation medical certificate.

## REASONS FOR THE DETERMINATION

Refusal to renew the applicant's unrestricted category 3 aviation medical certificate (AMC) — The applicant is a retired businessman who started flight training with the goal of achieving a private pilot licence. He has the following medical conditions: type 2 diabetes, hypertension, history of aortic valve replacement, history of coronary artery bypass graft (CABG) and dilated ascending aorta. The applicant was advised that he did not meet the medical requirements of the Personnel Licensing and Training Standards, paragraphs 3.5, 3.6(b), 3.18, 4.5 and 4.17 of subsection 424.17(4) of the Canadian Aviation Regulations (CARs). However, flexibility had been applied and he was issued a restricted Student Pilot Permit and category 3 medical certificate, dependent on meeting several conditions (including that he be accompanied by a flight instructor who holds an unrestricted, medically valid pilot licence). Further, his medical certificate was annotated "12 Months Only." With the current restriction, he is unable to fly solo and is therefore unable to complete his private pilot training. Transport Canada (TC) acknowledged receipt of a recent echocardiogram and confirmed by letter to the applicant that the Aviation Medical Review Board (AMRB) had reviewed the file, keeping the same restrictions.

It is clear from the evidence submitted by the Minister of Transport that the major concern regarding the applicant's fitness for an unrestricted category 3 medical certification is the dilated ascending aorta. If the ascending aorta were to leak or rupture, the result would be pilot incapacitation. In a memorandum, the AMRB cardiologist also made note of the applicant's poorly controlled diabetes and hypertension which increase the risk from the dilated aorta. However, flexibility was applied in the applicant's case. The TC Staff Instruction Aeromedical Risk Assessment and Risk Management gives guidance regarding flexibility and states that a restricted category can be given for a private pilot if the risk of total acute incapacitation is 1 to 2% per year.

Given the combined risk of incapacitation from the dilated ascending aorta, hypertension, and diabetes, the decisions to not grant an unrestricted Canadian aviation document are reasonable and are supported by the evidence. Regrettably, it means from a practical perspective that the applicant will currently not be able to obtain his private pilot licence due to the solo flying requirement. The applicant presented evidence that he is actively trying to improve his health status and has made progress with respect to the control of his hypertension and diabetes. However, no weight has been given to this evidence as this information was not available to TC or the AMRB at the time the decisions in question were made. The applicant was encouraged to

send this information to Civil Aviation Medicine so that it can be reviewed as per the normal process.	
DATE OF DECISION	
MEMBERS	
DECISION	
REASONS FOR THE DECISION	
OTHER/COMMENTS	