



GOVERNMENT OF INDIA
OFFICE OF DIRECTOR GENERAL OF CIVIL AVIATION
TECHNICAL CENTRE, OPP SAFDARJANG AIRPORT, NEW DELHI

CIVIL AVIATION REQUIREMENTS
SECTION- 7, FLIGHT CREW STANDARDS
SERIES 'C', PART V
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EFFECTIVE: FORTHWITH

SUBJECT: DISPOSAL OF ANAEMIA & POLYCYTHAEMIA CASES

1. INTRODUCTION

- 1.1 Rule 39B of the Aircraft Rules, 1937 stipulates that no licence or rating required for any of the personnel of the aircraft shall be issued or renewed unless the applicant undergoes a medical examination with an approved medical authority and satisfies the medical standards as notified by the Director General.
- 1.2 This CAR is issued under Rule 133B and lays down the requirements for disposal of cases relating to Medical Fitness of Candidate/ Aircrew having Anaemia & Polycythaemia.

2. ANAEMIA

- 2.1** The lower level of Haemoglobin acceptable for safe performance of flight crew in civil aviation is as follows:-

- (a) Males - ≥ 13 gm/dl
(b) Female - ≥ 11.5 gm/dl

2.2 Disposal of Anaemia Cases

- 2.2.1 Flight crew with haemoglobin lesser than that specified in para 2.1 above need to be observed as 'Temporary Unfit' and be investigated for the cause of low haemoglobin. The investigations should preferably precede empirical/ specific treatment.
- 2.2.2 Once the cause of anaemia is ascertained the treatment and follow up for the same is to be undertaken under supervision of the treating physician/ specialist.

- 2.2.3 Subsequent review at IAM/AFCME/MEC (East) can be sought after achieving acceptable Hb level (except for conditions specifically dealt with in subsequent sub-paras).
- 2.2.4 Nutritional deficiency anaemias not fully responding to therapy, but having achieved atleast a Hb of 11.5 gm/dl for male and 10.5 gm/dl for female flight crew may be assessed 'PIC with QEP', with a caveat of subsequent reviews at IAM/AFCME/MEC (East) only with opinion of Haematologist after 03 months.
- 2.2.5 Proven cases of Thalasaemia trait having achieved atleast a Hb of 11 gm/dl for male and 10 for female flight crew may be assessed 'PIC with QEP' with a caveat of subsequent reviews at IAM/AFMCE/MEC (East) only.
- 2.2.6 For all other diseases/ Clinical entities resulting in haemoglobin less than acceptable, the final outcome shall depend on (i) the disease being diagnosed and treated fully and (ii) haemoglobin levels being achieved and maintained over a period of observation.

3. **POLYCYTHAEMIA**

- 3.1 Cases where Haemoglobin is higher than the laboratory range for normal haemoglobin need to be investigated.
- 3.2 Assessment of Polycythaemia
- 3.2.1 Detailed history to rule out common causes of high Hb (smoking, visit/ stay on high altitude, dehydration, haemo-concentration). If positive history is elicited, the test shall be redone to establish/ rule out the diagnosis.
- 3.2.2 If the elevated Hb persists, it shall be followed by investigations for causes of high haemoglobin including a thorough evaluation and opinion by haematologist.
- 3.3 Disposal of Polycythaemia
- 3.3.1 In case no treatable cause for elevated Hb is detected after complete evaluation, the flight crew can be given P1 status. Subsequent reviews at IAM/AFCME/MEC (East) are to be done once in two years along with an opinion of haematologist. The other medical exams can be done by any Class I Renewal Centre/ Class I Examiner.
- 3.3.2 In case of detection of an illness/ clinical entity/ syndrome, the flight crew shall be declared 'Temporary Unfit'. Further review shall be at IAM/AFCME/MEC (East) after achieving acceptable Hb level, clinical and Haematological cure. Such cases need to be opined by haematologist on the condition, current status and prognosis.