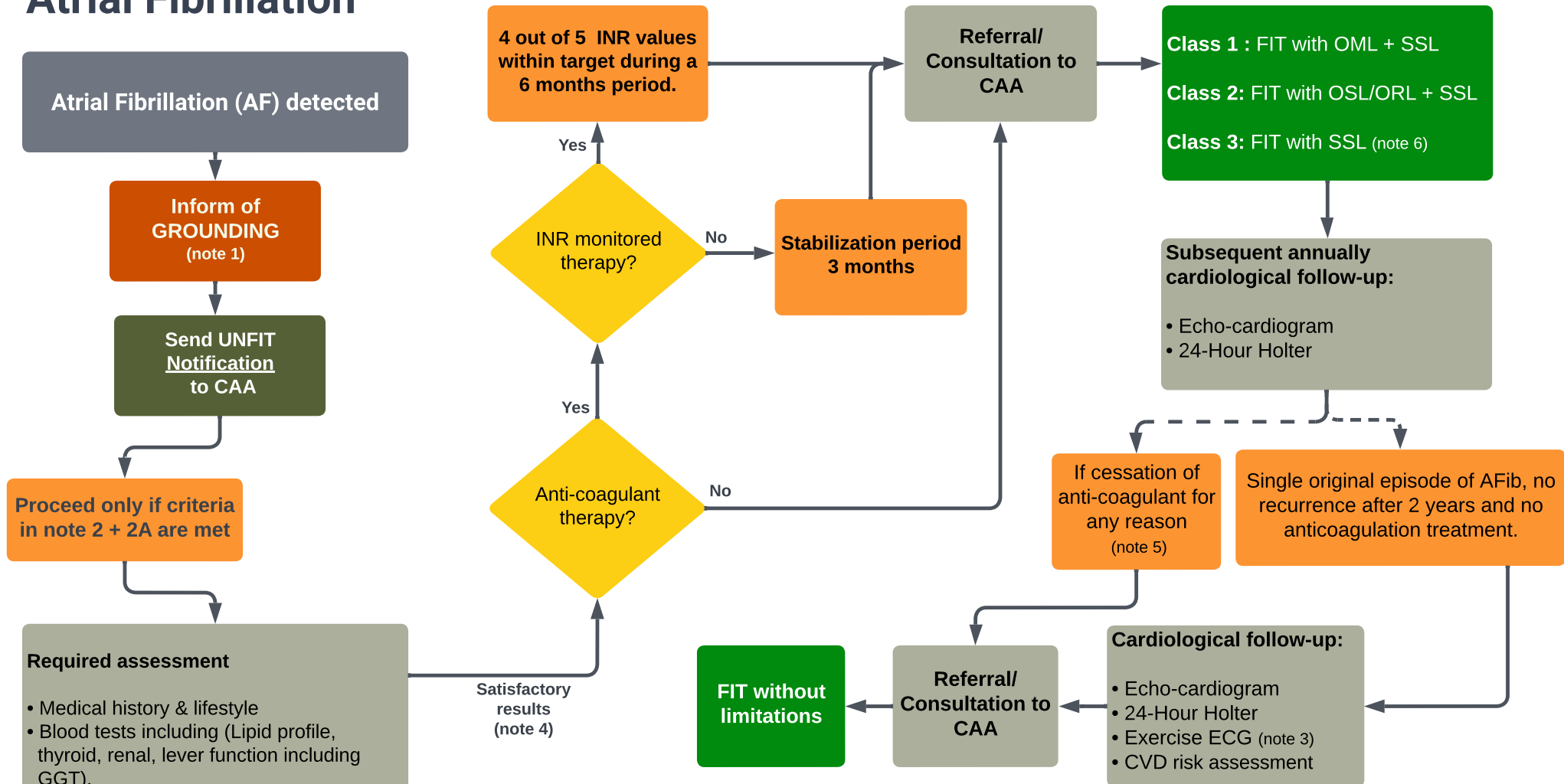


Atrial Fibrillation



NOTES

- (1) Assessment below can proceed if in this period if 2 and 2A are achieved. For initial applicants with atrial fibrillation/flutter, a fit assessment should be limited to those with a single episode of arrhythmia which is considered to be unlikely to recur.
- (2) No significant symptoms and adequate rate control if paroxysmal persistent or permanent.
- (2A) Acceptable treatment for rhythm control includes Bisoprolol, Metoprolol, Digitalis, Diltiazem and Verapamil. Others may be acceptable in consultation with CAA. Risk assessment needed from specialist.
- (3) Minimum 9 minutes duration of test with no significant abnormality of rhythm or conduction, nor evidence of ischemia. METS ≥ 10 must be achieved.
- (4) For unsatisfactory results collect all medical documents and refer/consult for possible suspension/revocation.
- (5) Stroke and Cardiac event Risk assessment using ESC Calculators (app)
- (6) Possible SSL: cannot work alone. Applicants who measure their INR on a 'near patient' testing system within 12 hours prior to flight and only exercise the privileges of their license if the INR is within the target range, may be assessed as fit. Results should be recorded. To be defined in SSL limitation letter.

PROVIDE DOCUMENTATION FOR ALL STEPS