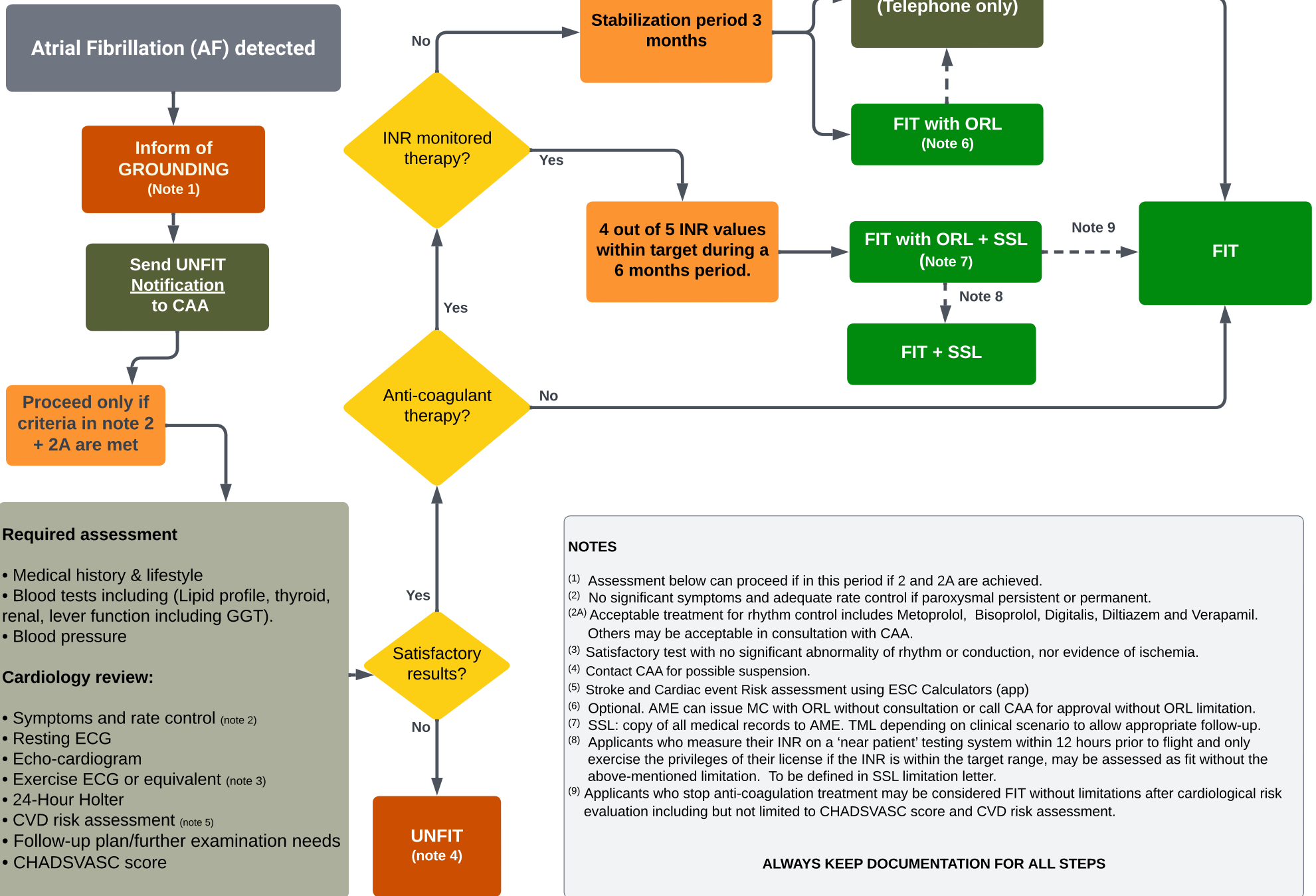


Atrial Fibrillation



Required assessment

- Medical history & lifestyle
- Blood tests including (Lipid profile, thyroid, renal, lever function including GGT).
- Blood pressure

Cardiology review:

- Symptoms and rate control (note 2)
- Resting ECG
- Echo-cardiogram
- Exercise ECG or equivalent (note 3)
- 24-Hour Holter
- CVD risk assessment (note 5)
- Follow-up plan/further examination needs
- CHADSVASC score

NOTES

- (1) Assessment below can proceed if in this period if 2 and 2A are achieved.
- (2) No significant symptoms and adequate rate control if paroxysmal persistent or permanent.
- (2A) Acceptable treatment for rhythm control includes Metoprolol, Bisoprolol, Digitalis, Diltiazem and Verapamil. Others may be acceptable in consultation with CAA.
- (3) Satisfactory test with no significant abnormality of rhythm or conduction, nor evidence of ischemia.
- (4) Contact CAA for possible suspension.
- (5) Stroke and Cardiac event Risk assessment using ESC Calculators (app)
- (6) Optional. AME can issue MC with ORL without consultation or call CAA for approval without ORL limitation.
- (7) SSL: copy of all medical records to AME. TML depending on clinical scenario to allow appropriate follow-up.
- (8) 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 without the above-mentioned limitation. To be defined in SSL limitation letter.
- (9) Applicants who stop anti-coagulation treatment may be considered FIT without limitations after cardiological risk evaluation including but not limited to CHADSVASC score and CVD risk assessment.

ALWAYS KEEP DOCUMENTATION FOR ALL STEPS