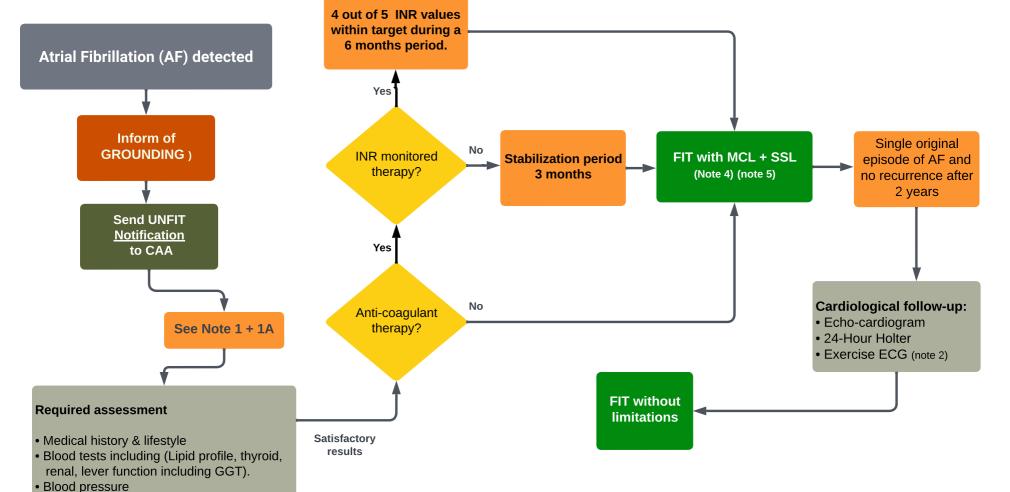


Atrial Fibrillation



Cardiology review:

- Symptoms and rate control (note1)
- Resting ECG
- Echo-cardiogram (note 2)
- Exercise ECG (note 2)
- 24-Hour Holter
- CVD risk assessment (note 3)
- Follow-up plan/further examination needs

NOTES

- (1) No significant symptoms and adequate rate control if paroxysmal persistent or permanent.
- (1A) Acceptable treatment for rhythm control includes Metoprolol, Bisoprolol, Digitalis, Diltiazem and Verapamil.
- (2) Attending cardiologist to decide of necessity. If indicated minimum 9 minutes duration of test with no significant abnormality of rhythm or conduction, nor evidence of ischemia.
- (3) Assessment of Stroke and or Cardiac event Risk (in %)
- (4) SSL Yearly specialist examination according to letter of DD/MM/YYYY + Copy of all medical records to AME. Consider TML.
- (5) Following cessation of anticoagulant therapy, for any indication, cabin crew members should undergo a re-assessment.

PROVIDE DOCUMENTATION FOR ALL STEPS

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