



# Federal Aviation Administration

## Memorandum

Date: March 26, 2021

To: AAM-200, AAM-300, Regional Flight Surgeons, Aviation Medical Examiners

From: Penny Giovanetti, D.O., Director, Medical Specialties Division

Subject: Policy Memo Regarding Aviation Medical Examiner (AME) Evaluations of Airmen and Air Traffic Control Specialists (ATCS) with a History of COVID-19

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SARS-CoV-2, the virus that causes the disease COVID-19, is a novel virus with which the worldwide medical community has barely a year of experience, and it is known that infection can result in prolonged, significant sequelae. Consequently, it is important to adequately evaluate and track the health of airmen and Air Traffic Control Specialists (ATCS) who have disclosed a history of COVID-19 infection for sequelae that may affect their ability to perform safety-sensitive functions. To determine qualification in connection with COVID-19 infection under 14 CFR part 67 including 67.113(b), 67.213(b), and 67.313(b) (for airmen and ATCS credentialed under 14 CFR part 65), as well as FAA Order 3930.3C (for FAA-employed ATCS), aviation medical examiners (AMEs) should adhere to the following guidance:

- 1) AMEs should follow applicable State, local, territorial, or tribal guidance regarding screening of patients for entry to medical facilities. Airmen and ATCS should not present to the AME's office if they are symptomatic or have reason to believe they are at risk of transmitting disease.
- 2) For airmen and ATCS fully recovered (i.e., having no residual symptoms or clinical findings) following a laboratory confirmed asymptomatic or mild COVID-19 infection, AMEs should:
  - Report in Block 60: "[asymptomatic or mild, as applicable] outpatient COVID-19 infection with full recovery."
  - If the airman or ATCS is otherwise qualified, the AME **may issue** a medical certificate or interim Clearance.

- 3) For airmen and ATCS fully recovered following a prolonged outpatient course, AMEs should:
  - Report in Block 60: “prolonged outpatient COVID-19 infection with full recovery,” and should list the symptoms and their duration.
  - If the airman or ATCS is otherwise qualified, the AME **may issue** the medical certificate or interim Clearance.
- 4) For airmen and ATCS fully recovered following **hospitalization due to COVID-19**, but who **did not require intensive care**, AMEs should:
  - Report in Block 60: “inpatient treatment for COVID-19 infection with full recovery,” and should provide detail about the hospital course and treatments given.
  - If the airman or ATCS is otherwise qualified, the AME **may issue** the medical certificate or interim Clearance and forward applicable records to the FAA.
- 5) For airmen and ATCS fully recovered following **hospitalization due to COVID-19**, and who **did require intensive care**, the AME should:
  - **Defer the exam.**\*
  - Report in Block 60: “Intensive care COVID-19 infection with full recovery.”
- 6) For airmen and ATCS who are experiencing **ongoing residual signs and/or symptoms of confirmed COVID-19**, which may include but are not limited to cardiovascular dysfunction, respiratory abnormalities, kidney injury, neurological dysfunction, psychiatric conditions (e.g., depression, anxiety, moodiness), or symptoms such as fatigue, shortness of breath, cough, arthralgia, or chest pain, the AME should:
  - **Defer the exam.**\*
  - Report in Block 60: “Currently experiencing sequelae from COVID-19 infection to include [list pathology or symptoms].”

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\* Should an AME defer the exam, the FAA would request additional information, including from the hospital and treating physicians. The FAA will then determine whether to issue the airman medical certificate, or whether a special issuance or denial is indicated.