

2.10.1 Introduction

Applicants with haematological conditions are considered individually depending on the nature of the condition, its cause (if known) and natural history. The overriding concern is that the blood must carry sufficient oxygen to satisfy metabolic requirements during all phases of flight.

2.10.2 Reticulo-endothelial System Standard – CASR Part 067

CASR 67 The Reticulo-endothelial System standards are found in the following paragraphs of CASR Part 67:

CASR 67.150	For medical standard 1	CASR 67.150(7) Table 67.150 1.17 – 1.18
CASR 67.155	For medical standard 2	CASR 67.155(7) Table 67.155 2.16 – 2.17
CASR 67.160	For medical standard 3	CASR 67.160(7) Table 67.160 3.16

2.10.3 Anaemia

Applicants whose haemoglobin is less than 100 g/l should be investigated as clinically indicated. Final assessment depends on the results of haematological investigations and response to treatment. Full reports are required.

2.10.4 Polycythaemia

Applicants with higher than normal haemoglobin must be appropriately investigated. In secondary polycythaemia due to lung disease, the lung disease is more important. Applicants with polycythaemia vera, untreated or uncontrolled, will be assessed as failing to meet the standard, but will be reconsidered depending on their response to treatment, and on specialists' reports.

2.10.5 Acute Leukaemia

Acute leukaemia of any type is disqualifying. Applicants assessed as in remission may be permitted to exercise the privileges of the licence held, depending on specialists' reports. Full details are required.

2.10.6 Chronic Leukaemia

Chronic leukaemias are assessed individually. A specialist's report is required in every case, including a statement on prognosis for the next year (re-certification is year by year, if at all). Some chronic leukaemias, e.g. CGL, CLL and other myeloproliferative diseases, are usually associated with an enlarged spleen. There is a consequent risk of splenic infarction and rupture (spontaneous or traumatic) in these applicants.

2.10.7 Lymphomas

Applicants with lymphoma are assessed individually. A lymphoma in remission, especially Hodgkin's Disease, is usually consistent with a pass assessment for applicants concerned. Annual specialist reports are required in all cases.

2.10.8 Haemoglobinopathy

Applicants with abnormal haemoglobins (HbS) are assessed individually. Full reports to Aviation Medicine Section are required.

2.10.9 Haemophilia

Applicants may be certified at the Class 2 level if the condition is stable. Full reports from the treating physician are required.

2.10.10 Oncology

Assessment of applicants with any diagnosis of malignancy is based upon the following considerations:

- Nature of tumour
- Stage of development/invasion
- Response to therapy
- Likelihood of recurrence in a form likely to be incapacitating, e.g. cerebral metastasis.

In general, applicants who are no longer receiving chemotherapy or radiotherapy, in whom the risk of incapacitation is considered to be low during the period of currency of the Medical Certificate, are given a pass assessment subject to continued medical surveillance.

Also see [Section 2.14](#) Malignancy.

2.10.11 HIV Disease

Applicants who are HIV positive but without clinical disease may be certified at the Class 2 level and receive restricted certification (as or with co-pilot) at the Class 1 level.

Applicants should obtain reports (including CD4 helper cell count) from their treating physicians prior to seeking renewal.

When an applicant develops clinical illness associated with HIV disease, further certification is determined on a case-by-case basis. Full clinical details are required.

2.10.12 Blood Donation

In healthy individuals, the fluid depletion that accompanies donation of one unit of blood is replaced within several hours. Any effects from the loss of haemoglobin should not be significant for normal flying operations.

Active pilots should be discouraged from flying until 24 hours have elapsed following blood donation.

Designated Aviation Medical Examiner's Handbook

2. Medical Aspects

2.10 Haematology and Reticulo-endothelial Conditions

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