

2.12.1 Ear, Nose and Throat Standard – CASR Part 67

CASR 67 The ear, nose and throat 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 1.27 – 1.28
CASR 67.155	For medical standard 2	CASR 67.155(7) Table 67.155 2.26 – 2.27
CASR 67.160	For medical standard 3	CASR 67.160(7) Table 67.160 3.25 – 3.26

2.12.2 Hearing Requirements Standard – CASR Part 67

CASR 67 The hearing requirements 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 1.29 – 1.30
CASR 67.155	For medical standard 2	CASR 67.155(7) Table 67.155 2.28 – 2.30
CASR 67.160	For medical standard 3	CASR 67.160(7) Table 67.160 3.27 – 3.28

2.12.3 Examination of the Ear

There should be no signs of active disease of the middle ear cavity. Applicants should be able to ventilate the middle ear.

Perforations of the tympanic membrane are acceptable, however the cause of the condition should be sought and investigations initiated, if appropriate.

2.12.4 Hearing

An applicant for a Class 2 Certificate must be able to hear an average conversational voice at two metres with the back to the examiner. Accordingly, applicants who are deaf in one ear may pass.

More rigid standards apply to professional licence holders. Audiograms are required for initial Class 1 and 3 and at defined intervals thereafter.

If any doubt arises as to the acceptability of an applicant's hearing, an audiogram should be obtained and, if appropriate, specialist consultation recommended. The audiogram printout should be enclosed with the medical report for initial issue Class 1 and 3 examinations.

Audiograms are acceptable from any qualified audiologist. Where the deficit is long-standing and has been previously recorded, an audiogram should be provided to demonstrate that there has been no significant deterioration.

If a supplementary speech test is required, this should only be performed by an audiologist provided calibrated tapes and other required equipment are available.

If the applicant fails the speech-based hearing test, in some cases an in-flight test may be offered if he/she has a high level of aeronautical experience. Such an operational check will involve evaluation of relevant aspects of the applicant's hearing by a CASA Flying Operations Inspector or an Authorised Testing Officer with test material transmitted from a control tower. Ideally the test should be conducted in the class of aircraft, which is the same as that which the applicant normally operates or intends to operate.

Applicants for Class 2 Certificates may wear hearing aids during testing. Any applicant who meets the hearing standard in this way is required to wear the aid during all communications on the ground that relate to the conduct of a flight. Adequate amplification during flight may be achieved by the use of headphones. Headphones with ear cups have the added advantage of blocking out aircraft noise. All pilots should be encouraged to fly with headphones, in the interests of improving hearing and for hearing conservation.

2.12.5 Vestibular Function

Any history of vertigo or dizziness should be fully investigated and the presence of nystagmus noted. If there is concern about vestibular function, referral for caloric testing and electronystagmography should be considered.

2.12.6 Speech

Any significant speech impediment or stuttering should be reported, and full details are required. As a minimum, reports from an ENT specialist and from a speech pathologist should be obtained and forwarded to Aviation Medicine Section, together with the DAME's own assessment of the condition and its likely effects on the safety of air navigation.

2.12.7 Sinuses

Applicants with acute sinusitis are "temporarily unfit" for aviation duties. Chronic sinusitis is unacceptable until appropriately referred, treated and improved.

Designated Aviation Medical Examiner's Handbook

2. Medical Aspects

2.12 Ear, Nose and Throat and Hearing

Approved by Assistant Director, Aviation Safety Standards Version 3.5: September 2008

Blank page

