

TYPE 2 DIABETES AVIATION MEDICAL SUMMARY

PILOTS REQUIRED TO SUBMIT PRIOR TO AVIATION MEDICAL APPOINTMENT:

- ATTENDING PHYSICIAN LETTER**
 - DIABETIC HISTORY
 - MEDICATION HISTORY AND DATE OF ANY DOSING ADJUSTMENTS
 - ANY EPISODES OF HYPOGLYCEMIA, COMPLICATIONS, ADMISSIONS TO HOSPITAL
 - DIABETIC EDUCATION/COMPLIANCE

- BLOOD TEST RESULTS**
 - HBA1C
 - RENAL FUNCTION
 - LIPID PROFILE

- GLUCOMETER DATA(90 DAYS)**

- EYE EXAM REPORT**
 - STATING NO DIABETIC RETINOPATHY

- ECG OR STRESS TEST**
 - ONE OR THE OTHER REQUIRED ON ALTERNATING YEARS

Summary of assessment and surveillance considerations for pilots with Diabetes Mellitus (DM):

1 . MEDICATION

Applicants who require medications to control blood sugars should be on a stable dosage. For agents with a low hypoglycemic risk, the dose should be established and stable over a minimum of 3 months. For those who require agents at a higher risk of hypoglycemia, the established dose should be stable for a minimum of 6months.

Insulin pumps for drug delivery may be authorized with a precaution for the risk of over delivery in the event of a rapid decompression.

2 . HYPOGLYCEMIA

For those who require agents at risk of hypoglycemia, documentation of any history of symptomatic or biochemical hypoglycemia in the preceding 12 months is required along with details of any ensuing intervention.

3 . BLOOD GLUCOSE CONTROL

All applicants must provide evidence of stable blood glucose control for at least 3months as measured by;

1. HbA1c (the result should approximate current diabetes guidelines and generally be between 6 and 8.5
2. Blood glucose metering values ABOVE 3.5 mmol/L.

4 . BLOOD GLUCOSE MONITORING

Blood glucose monitoring will be carried out using a memory chip glucometer (equipment must be verified for accuracy annually), together with a readily absorbable source of glucose, will be carried by the applicant while exercising the privileges of the licence.

5 . NEUROLOGIC OR RENAL COMPLICATIONS

There should be no neurological or renal complications of DM that could result in sudden or subtle incapacitation while exercising the privileges of the licence. This determination should be provided annually and can be provided by the treating physician or CAME. Measurements of renal function such as eGFR and Albumin to Creatinine ratios are encouraged.

6 . VISION

A vision care specialist (ophthalmologist or optometrist) assessment is required on initial application and every year thereafter. There should be no evidence of significant diabetic retinopathy.

7 . CARDIOVASCULAR

An assessment of cardiovascular risk will start at the time of diagnosis or the initial application and is required annually. This must include a lipid panel, blood pressure measurement and information on lifestyle management including smoking status. Screening tests for cardiovascular disease should commence after age 40. An exercise electrocardiogram reaching 8.5 METS on the Bruce protocol is the preferred exam but a CT calcium score may be acceptable. Although the periodicity for screening may be individualized, generally, the treadmill exercise test should be expected every two years. A routine ECG will be required on alternate years when the Exercise Stress Test is not required.

8 . VALIDITY

The validity period of medical certification will be no greater than 1year.