

Summary of Requirements for Initial Medical Certificate after “Coronary Event”

1. You must **wait a minimum amount of time** after the “event” (bypass, angioplasty, stent, heart attack, angina episode) during which time you have no symptoms of angina or other cardiovascular dysfunction.
 - Class 1 or 2: Routine stent or MI (3 mo); left main stent or CABG (6 mo)
 - Class 3: Discretion of treating physician
2. You will be required to **obtain all pertinent medical records** associated with your hospitalization for bypass surgery, stent placement, etc. and subsequent follow-up care.

The best way to get hospital records is to call the hospital, ask for the medical records department and tell them what you need. You can then arrange a time to pick up the records or have them sent to you. The FAA will usually ask for the following items:

- i. Admission history and physical exam (this is called the “Admission H&P”)
- ii. Cardiac catheterization report.
- iii. Operative report for bypass surgery, stent placement or other procedure.
- iv. Discharge summary.
- v. Reports of any other surgeries that may have been required during this hospitalization such as temporary pacemaker placement, repeat surgery to control bleeding, etc. (if any of these occurred, they will be referred to in the discharge summary).
- vi. CD of all interventional procedures.

The FAA will usually ask you to provide any subsequent outpatient studies done to evaluate you cardiac status. These can usually be obtained from the office where they were performed. Examples include:

- i. EKG’s
- ii. Stress tests
- iii. Echocardiograms
- iv. Angiograms

3. You will be required to **obtain a current cardiovascular evaluation**. “Current” usually means within about 1-2 months of the time you submit information to the FAA. The evaluation can be done by any physician but is usually done by your cardiologist. The evaluation must include at least the following items:

Medical history (at a minimum, your physician should address these issues):

- i. Particular reference to cardiovascular abnormalities (cerebral, visceral, peripheral).
- ii. Listing of all medications including dose, purpose and expected duration of need.
- iii. If current or past hypertension, full details regarding control.
- iv. Current functional capacity and predicted prognosis.
- v. Modifiable cardiovascular risk factors and motivation for making necessary lifestyle changes.

Physical exam (at a minimum, the physician should address these items):

- i. General exam including BP in both arms.
- ii. Cardiovascular exam including peripheral arteries, carotid auscultation, heart rate and rhythm, murmurs (description and opinion as to significance).

Blood chemistries (the actual test results need to be sent to the FAA):

- i. Fasting blood sugar
- ii. Hemoglobin A1c (if you are a diabetic)
- iii. Fasting lipid profile (total cholesterol, HDL, LDL, triglycerides)

Cardiovascular studies (the actual test results need to be sent to the FAA):

- i. EKG
- ii. Exercise stress test (with HR >85% of predicted max) – if contraindicated or unable to perform maximal effort, provide detailed explanation.
 - a. Bruce protocol is preferred.
 - b. Provide BP recordings at rest, at each exercise stage, every minute during recovery.
 - c. Submit representative EKG tracings for baseline, exercise and recovery periods (computer generated; sample cycle tracings are not acceptable).
 - d. Obtain recovery EKG tracings until return to baseline configuration and/or baseline HR.
 - e. Class 1 and 2 pilots will likely need a repeat cardiac cath.
- iii. Sometimes the FAA will require a sleep study as well.

4. Once all the info requested by the FAA is obtained, it is **submitted with a cover letter to the FAA** and then you wait for their decision or request for additional information.