Aerospace Medical Association



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Executive Director Secretary-Treasurer Russell B. Rayman, M.D., M.P.H. Association Home Office

Frederick E. Tilton, M.D. Federal Aviation Administration 800 Independence Avenue SW Washington, DC 20591

Dear Dr. Tilton:

The issue of medical certification standards and periodic medical examinations for cabin crew (flight attendants) has recently come to our attention. I am providing for your information the position of the Aerospace Medical Association on this recurring question.

Cabin crew have an important safety role but, unlike pilots, sudden incapacitation of a member of cabin crew does not have implications for the normal safe operation of the aircraft. The likelihood of sudden incapacitation in a member of cabin crew occurring at the same time as a cabin emergency which threatens the safety of the aircraft or its occupants is remote. We are not aware of an accident or passenger fatality or serious injury resulting from incapacitation of a member of cabin crew due to a medical condition that could have been detected on a periodic medical examination.

In contrast, an incapacitated pilot can affect the safety of other aircraft and individuals on the ground, in addition to the aircraft he or she is flying. It is of note that the International Civil Aviation Organization has recently carried out a review of flight crew periodic medical examinations and determined that the frequency of these may safely be reduced.

Therefore, the added burden to cabin crew and government agencies of implementing periodic medical assessment or examinations is not supported by an anticipated comparable increase in passenger safety. Few governments currently have the additional resources that would be necessary to establish this new monitoring requirement. Recurrent safety training requirements continue to be the most effective and efficient demonstration of a cabin crew members' ability to perform their duties.

There are a few medical conditions that may affect a cabin crew members' ability to perform their responsibilities or fitness to work in the environment. Following an appropriate risk assessment, a pre-employment questionnaire-based health assessment has been used successfully by a number of airlines. Some cabin crew will experience health problems during their carcer and it is important that they have access to advice from occupational health staff who are familiar with aviation operations, aviation physiology, and aviation medicine. However, there is no evidence that we are aware of that would support a requirement for periodic medical assessment of cabin crew.

In addition, although not a primary concern when establishing standards, a new requirement for certification may become an issue of contention during a collective bargaining process and may subsequently disrupt travel.

Consequently, the Aerospace Medical Association advises against the establishment of periodic medical assessments or examinations for cabin crew.

Sincerely,

Russell B. Rayman, M.D.

Executive Director