



4th May 2026

CAC REFERENCE NUMBER:	CAC 02/2026
APPLICABILITY:	FLIGHT OPERATIONS
EFFECTIVE DATE:	04/05/2026
DOCUMENT(S) EFFECTED:	CAD 1004 – MEDICAL REQUIREMENTS

REVISED CADs REQUIREMENTS AND GUIDANCE

1 Introduction

- 1.1 This Civil Aviation Circular (CAC) is issued by the Chief Executive Officer (CEO) of the Civil Aviation Authority of Malaysia (CAAM), as CAC 02/2026, in exercise of the powers conferred by section 240 of the Civil Aviation Act 1969 [Act 3].
- 1.2 This CAC, including the attachments is a legally binding document that supersedes the relevant paragraph(s) of the current published standards, requirements, procedures, or guidelines in the CADs.
- 1.3 The standards, requirements, procedures, or guidelines stated in this CAC will be incorporated into the relevant CADs in the next planned revision cycle.
- 1.4 Without prejudice, any revision(s) in this CAC is only applicable to the aforementioned chapter or paragraph of the CADs herewith thereto.

2 Revision(s)

2.1 Paragraph 1.6

- 2.1.1 Added new paragraphs as follows:

Cardiovascular Risk Scoring means a clinical assessment tool used to estimate an individual's probability of developing cardiovascular disease such as myocardial infarction, stroke, or cardiovascular-related death within a specified time period commonly over ten years based on established cardiovascular risk factors.

- 2.1.1.1 **Reason for change:** To define Cardiovascular Risk Scoring following its inclusion in Chapter 11, Paragraph 11.4, Appendix 4 for clarity in reference and application.



2.2 Paragraph 3.1

2.2.1 Paragraph **3.1.2 (a)** has been amended as follows:

The tenure of a DME will be up to two (2) years. It may be renewed, provided the DME has maintained professional competence including familiarity and interest in aviation medicine and provides satisfactory service.

2.2.1.1 **Reason for change:** Moving from a three (3) years to a two (2) years audit cycle enhances regulatory compliance, aligns with international aviation medical best practices, improves monitoring of clinic standards, and strengthens safety oversight of all DME activities.

2.2.2 Paragraph **3.1.2 (b)** has been amended as follows:

The tenure of a DME will not be extended or even revoked in the event of DME fails to demonstrate satisfactory performance. The DME shall perform at least twenty (20) medical assessments in a year to remain as an DME in CAAM. Incidents of unacceptable professional deficiency and contravention of the Malaysian Civil Aviation Regulations 2016 [P.U.(A) 97/2016] and any Civil Aviation Directives and guidelines set in this CAD, shall be reported to the CAAM.

2.2.2.1 **Reason for change:** Performing at least twenty (20) medical assessments in a year ensures DMEs retain adequate hands-on experience, clinical judgement, stay updated with emerging risks, and maintain sharp assessment skills.

2.3 Paragraph 3.2

2.3.1 Paragraph **3.2.1** has been amended as follows:

To qualify as a CAAM DME, the following qualifications, training, and job experience in aviation medicine are required:

- a) MBBS or equivalent Medical Degree;
- b) Diploma in Aviation Medicine or a recognised approved postgraduate training in aviation medicine by CAAM;
- c) Minimum five (5) years clinical practice experience;
- d) Experience in aeromedical assessment or exposure to an aviation operational environment, preferable through service in an aviation operations facility such as an air force unit or airline organisation;
- e) Six (6) months on job training; and



- f) No history of suspension, revocation, or restriction of a medical licence or practice privileges, and no current or pending disciplinary actions, regulatory investigations, legal proceedings or enforcement actions taken by any regulatory authority.

2.3.1.1 **Reason for change:** Enhanced training and experience requirements align with ICAO and global best practices, ensuring that only fully trained, experienced, and operationally competent practitioners are authorised to perform aviation medical examinations.

2.4 **Paragraph 3.4**

2.4.1 Paragraph **3.4.1** has been amended as follows:

The MA of CAAM shall arrange refresher training programmes in aviation medicine for all the MEs of CAAM annually. In addition, MEs are to participate in international aviation health conferences at least once every two (2) years. The new medical-related provisions must be discussed during refresher training. The duration of the refresher training programme shall be at least one full working day. For the convenience of the MEs, the schedule of the refresher training programme shall be e-mailed to the participants at least two (2) weeks before the refresher training. The documents showing the attendance of the participants and the subject matter discussed shall be preserved by the MA of CAAM.

2.4.1.1 **Reason for change:** To standardise the requirement to align DME professional development with the two (2) years DME tenure cycle.

2.5 **Paragraph 3.7**

2.5.1 Paragraph **3.7.1** has been amended as follows:

The MA of CAAM shall supervise and control the DMEs of CAAM to resolve safety concerns of the DMEs. The DMEs shall be audited by the MA at least once every two (2) years, followed by random unscheduled competency assessments to ensure the DMEs demonstrate the use of the latest aviation medical rules/procedures.

2.5.1.1 **Reason for change:** To standardise the requirement to align DME professional development with the two (2) years DME tenure cycle.

2.5.2 Paragraph **3.7.2 (a)** has been amended as follows:

The MA will conduct competency assessment on the DMEs at least once every two (2) years.



2.5.2.1 **Reason for change:** To standardise the requirement to align DME professional development with the two (2) years DME tenure cycle.

2.6 Paragraph 3.8

2.6.1 New paragraph **3.8 – Restriction on Locum or Sessional Practice**

2.6.2 Added new paragraphs after 3.8 as follows:

3.8.1 DMEs shall not engage in locum or sessional medical practice at any aviation medical centre.

3.8.2 Each DME shall be a full-time practitioner or the Person-in-Charge (PIC) or owner of the clinic where aviation medical examinations are conducted, to ensure accountability, oversight, and quality control.

3.8.3 Non-compliance with the above restrictions may result in suspension or revocation of the DME's designation by CAAM.

2.6.2.1 **Reason for change:** Locum or sessional practice increases the risk of documentation errors, incomplete records, and inconsistent application of CAAM medical standards due to limited familiarity with clinic workflows and the eCLIPSE system. It is also unsuitable for complex or high-risk aeromedical cases that require stable oversight and dedicated commitment to aviation safety in accordance with ICAO expectations. In addition, working across multiple centres may compromise examiner independence, create conflicts of interest, and weaken the regulatory integrity expected of CAAM-designated medical examiners.

2.7 Paragraph 3.9

2.7.1 New paragraph **3.9 – Appointment of DMEs from Government Organisations (Institute of Aviation Medicine – IAM)**

2.7.2 Added new paragraphs after 3.9 as follows:

3.9.1 Recommendation for DME Appointments

All recommendations for new DME appointments from IAM shall be submitted formally by the Director of IAM to the CAAM Medical Unit.

3.9.2 Scope of Practice Limitation

DMEs appointed from IAM are authorised to conduct aviation medical examinations solely within IAM premises or other government aviation medical facilities approved by CAAM.



3.9.3 Employment Status Requirement

DMEs appointed under IAM shall be full-time resident officers of IAM. Locum, part-time, or sessional practice outside IAM premises is strictly prohibited.

3.9.4 Non-transferability of Appointment Status

A DME appointment under IAM is non-transferable. The appointment does not continue automatically if the officer resigns, retires, or is transferred out of IAM. Any change in employment status shall require a new application and reassessment by CAAM.

3.9.5 Authority of the Director of IAM

The Director of IAM retains the authority to review, endorse, or withdraw recommendations for IAM-appointed DMEs based on service requirements, performance, or professional conduct.

The CAAM Medical Unit, under the authority of CAAM, reserves the final operational approval, reclassification, suspension, or revocation of any IAM-appointed DME.

2.7.2.1

Reason for change: To establish clear governance and regulatory control over DME appointments from IAM. The provisions ensure a standardised appointment process, define the permitted scope of practice, and maintain accountability through employment and non-transferability requirements. The amendments also reaffirm IAM's internal authority while preserving CAAM's final oversight in accordance with regulatory and safety expectations.



**CIVIL AVIATION AUTHORITY OF MALAYSIA
CIVIL AVIATION CIRCULAR (CAC) 02/2026**

2.8 Chapter 11

2.8.1 Appendix 4 – Assessment Required for all classes (initial / Renewal) has been amended as follows:

Appendix 4 – Assessments Required for all classes (Initial / Renewal)

MEDICAL CERTIFICATE	CLASS 1	CLASS 2	CLASS 3
Licence Type	ATPL CPL MPL SPL for CPL SPL for MPL	PPL BPL SPL for PPL	ATCO
Initial Issue (Age Limit)	ATPL ≥ 21 years CPL, MPL ≥ 18 years	PPL, SPL ≥ 17 years BPL ≥ 16 years	ATCO ≥ 21 years
Validity	59 and below: 1 year 60 and above 6 Months 40 and over (single pilot): 6 Months	39 and below: 2 years 40 and above: 1 year	39 and below: 4 years 40 and above: 1 year
Ophthalmological Examination	At initial medical examination to be performed by CAAM approved Ophthalmologist , then every 5 years if visual acuity in each eye worse than 6/60 (uncorrected).		At initial medical examination to be performed by DME . Referral to CAAM approved Ophthalmologist required if clinically indicated or visual acuity in each eye worse than 6/60 (uncorrected).
Visual	At every medical examination.		
Full Blood Count and Fasting Glucose	At initial medical examination, then every medical examination.		
Urinalysis	At initial medical examination, then every medical examination.		
ECG	At initial medical examination, then		
	29 and below: 2 years 30 until 59: 1 year 60 and above: 6 months	39 and below: 2 years 40 and above: 1 year	39 and below: 4 years 40 and above: 1 year
	ECG tracings to be reported and to upload in the eCLIPSE portal. Doubtful cases will need cardiologist / physician evaluation and report.		
Audiogram	At initial medical examination, then		
	39 and below: 4 years 40 and above: 2 years	39 and below: 4 years 40 and above: 2 years	39 and below: 4 years 40 and above: 2 years
Fasting Lipid and Renal Profile	At initial medical examination, then every medical examination for 40 and above or if clinically indicated .		



CIVIL AVIATION AUTHORITY OF MALAYSIA
CIVIL AVIATION CIRCULAR (CAC) 02/2026

HbA1c	Every medical examination if Diabetic.	
Chest X-Ray	At initial medical examination, then 4 years interval. Doubtful cases will need radiologist evaluation and report.	
Stress Test	40 until 54: Cardiovascular Risk Scoring 55 until 59: 2 years 60 and above: 1 year	If clinically indicated risk factors / symptoms / abnormal ECG
	The Exercise Stress Test (EST) report must be certified by cardiologist / physician.	
	If positive or equivocal , stress echo and cardiac assessment report are required from the cardiologist.	
	Post cardiac event - yearly stress test / echo with cardiologist report.	

- 2.8.1.1 **Reason for change:** To align the medical assessment framework with current aviation medical standards and to improve clarity across all licence classes. These updates also enhance regulatory oversight by standardising examination intervals, strengthening assessment criteria, and ensuring consistency with contemporary clinical and operational requirements.

3 Incorporating Changes into CADs

- 3.1 The changes stated in this CAC will be incorporated into the next revision of the applicable CADs.



DATO' CAPTAIN NORAZMAN BIN MAHMUD
Chief Executive Officer
for Civil Aviation Authority of Malaysia
4 May 2026