

Are You Fit to Fly?

Aviation regulations and common sense require that we periodically inspect the aircraft we fly and that we correct any mechanical discrepancies that we discover. In a sense, the same is true for pilots. Similar to an annual or 100-hour inspection, most pilots are required to have periodic medical examinations to assess their health and overall fitness for flight. Medical professionals, like Aviation Medical Examiners (AMEs), are specifically trained to perform those exams and medically certify a pilot to fly based on the standards required for the class of medical certificate a pilot is applying for. But what about in between those “inspections” or exams?

With an aircraft, that’s why we do pre- and post-flight inspections. We want to take a good look at critical components and systems before we fly. And a good post-flight inspection can detect discrepancies that should be addressed before the next flight.

For pilots, it means that before each flight we need to check how we’re feeling, whether we’re adequately fed, hydrated and rested, and whether internal and external pressures are likely to compromise our ability to perform.



Of course, the goal of all this inspection and – in the case of pilots – introspection is to affirm that on a given day, we are physically and emotionally fit to fly. While making that determination, we also aim to detect and correct small problems before they become big ones. Incidentally, that’s a best practice not only for flying, but for everyday living!

I'MSAFE

Similar to a preflight checklist you use to inspect critical parts of your aircraft, pilots should also use the I'MSAFE checklist to assess their own personal fitness for flight. The checklist is designed to address six key areas:

- **(Illness)** *Am I feeling ill today?* If the answer is yes, it's probably not a good day to fly or even drive.
- **(Medication)** *Am I taking any prescription or over-the-counter medication that could compromise my ability to fly?* Many medicines caution against operating machinery and aircraft certainly qualify as complex machines.

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- **(Stress)** *Am I under unusual stress today?* If we're under moderate to heavy stress, our performance will not be our best and it may even be dangerous.
- **(Alcohol)** *Have I ingested any alcohol in the previous twenty-four hours?* The rule says eight hours but lingering effects can persist.
- **(Fatigue)** *Am I adequately rested before this flight? And just as important, will I become fatigued during the flight?*
- **(Eating/Emotion)** *Am I adequately nourished and hydrated? And am I emotionally ready for this flight?* We like to say we leave our problems on the ground when we fly but, for most of us, that's not really true. If we're worried or even very happy about something, we may dwell on the topic at the expense of our flight duties or our decision-making may be compromised.

Medical Examinations

While being honest with your self-assessment before each flight is critical, it's equally important to be honest and up-front with your AME or doctor during a medical exam and with any forms required for airman medical certification. The medical certification process is no time to hold back, so commit to sharing everything about your health on your application and with your examiner. That includes your medical history and any medications you use along with the medical condition requiring their use.

Don't try to "game the system" by withholding information. Your AME needs to know everything to make an accurate fitness determination and, equally importantly, to make useful recommendations for improvement.

Pilots and Medication

As you know, some drugs and medical conditions can compromise a pilot's ability to control the aircraft and/or adversely affect judgment and decision-making. When the FAA reviews an application for a medical certificate, it endeavors to ensure that the risk from any medical condition and/or treatment has been adequately mitigated for safe flight. Failing to disclose medical information deprives the AME of an opportunity to suggest steps to enhance safety. Both the undisclosed condition(s) and the treatment can endanger you, your passengers, and the public.

Impairment from medication, particularly OTC medication, has been cited in a number of accidents in general aviation. In a 2011 study from the FAA Civil Aerospace Medical Institute's Toxicology Lab, drugs/medications were found in 570 pilots (42%) from 1,353 total fatal pilots tested. Of the pilots with positive drug results, **90%**, were flying under [14 CFR part 91](#).

When taking an OTC medication, there is a lot to consider. A helpful tool for pilots to review is the FAA's "[What OTC Medications Can I Take and Still Be Safe to Fly?](#)" (see faa.gov/go/pilotmeds). This document highlights several important questions pilots should ask themselves before taking any OTC medications, including whether the underlying condition you have makes you unsafe to fly.

The OTC medication guide also helps pilots identify the active ingredients and understand the dosage intervals, waiting periods, and any warning statements for a particular medication. The guide also provides pilots with a list of commonly used OTC medications that are generally safe (GO) and those that are not (NO-GO). Please note that this list is not all-inclusive or intended to take the place of consultation(s) with your primary care physician and/or AME.

