



Permanent Cardiac Pacemaker

Protocol to Re-issue Certification

Disease Protocols - Implanted Pacemaker

A 2-month recovery period must elapse after the pacemaker implantation to allow for recovery and stabilization. Submit the following:

1. Copies of hospital/medical records pertaining to the requirement for the pacemaker, make of the generator and leads, model and serial number, admission/discharge summaries, operative report, and all ECG tracings.
2. Evaluation of pacemaker function to include description and documentation of underlying rate and rhythm with the pacer turned "off" or at its lowest setting (pacemaker dependency), programmed pacemaker parameters, surveillance record, and exclusion of myopotential inhibition and pacemaker induced hypotension (pacemaker syndrome), Powerpack data including beginning of life (BOL) and elective replacement indicator/end of life (ERI/EOL).
3. Readable samples of all electronic pacemaker surveillance records post surgery or over the past 6 months, or whichever is longer. It must include a sample strip with pacemaker in free running mode and unless contraindicated, a sample strip with the pacemaker in magnetic mode.
4. An assessment and statement from a physician regarding general physical and cardiac examination to include symptoms or treatment referable to the cardiovascular system; the airman's interim and current cardiac condition, functional capacity, medical history, and medications.
5. A report of current fasting blood sugar and a current blood lipid profile to include: total cholesterol, HDL, LDL, and triglycerides.
6. A current Holter monitor evaluation for at least 24-consecutive hours, to include select representative tracings.
7. A current M-mode, 2-dimensional echocardiogram with Doppler.
8. A current [Maximal Graded Exercise Stress Test Requirements](#)

9. It is the responsibility of each applicant to provide the medical information required to determine his/her eligibility for airman medical certification. A medical release form may help in obtaining the necessary information.

All information shall be forwarded in one mailing to:

Medical Appeals Section, AAM-313
Aerospace Medical Certification Division
Federal Aviation Administration
Post Office Box 26080
Oklahoma City OK 73125-9914
Medical Appeals Section, AAM-313
Aerospace Medical Certification Division
Federal Aviation Administration
6700 S MacArthur Blvd., Room B-13
Oklahoma City OK 73169

No consideration can be given for special issuance until all the required data has been received.

The use of the airman's full name and date of birth on all correspondence and reports will aid the agency in locating the proper file.