

67.00.9 DUTIES OF HOLDER OF MEDICAL CERTIFICATE

1. Medication and flying

- (1) This Chapter outlines the general principles for the use of medications in flying.
- (2) Any intake of medicine or narcotic substance must be declared in the formal declaration signed by aviation personnel and handed to physicians in charge of the evaluation of flying fitness at each medical examination. In principle, pilots taking medication either prescribed or obtained 'over the counter' have to be regarded as unfit unless a DAME /IAM / SACAA have been contacted and endorsed resumption of flying duties. The use of herbal medication and alternative treatment modalities requires particular attention to possible side effects and should also be reported to the DAME/IAM and the SACAA.
- (3) The decision as to whether a aviation personnel is medically fit for the privileges' of the license they apply for whilst taking medication has always to be taken in conjunction with knowledge of the applicants clinical situation , the dosage and side effects associated with the medication. The consumption of such substances may have consequences on qualification for three reasons:
 - (a) the disease requiring treatment may be cause for disqualification;
 - (b) flight conditions may modify the reactions of the body to a treatment (e.g. jet lag, dehydration, moderate hypoxia)
 - (c) and most importantly, medication may cause adverse side effects that impair flight safety.
- (4) It should be noted that the effects of medication do not necessarily immediately appear when treatment is started or disappear when the treatment is stopped, and that the subject may be temporarily disqualified during the withdrawal period.
- (5) Flying personnel should nevertheless not be deprived of an efficient treatment because of their professional occupation. What is important is to find a compromise between flying fitness requirements, medical treatment and illness that is the most suitable both for the patient and flying safety.
- (6) Flying personnel must be declared fit by their DAME according to the circumstances and not by their medical practitioner. One of the goals of the DAME must be to make flying personnel aware of the problems caused by treatment so that they refrain from taking unreported medication whose side effects may not have been assessed.
- (7) It is possible that new therapeutic agents will become available that offer significant treatment advantages. If such agents are considered by the SACAA to be appropriate for use by aircrew, due consideration given to aero medical and safety aspects, their use may be approved. However, as a general rule, medication shall only be endorsed by the DAME, if the applicant has taken the respective medication whilst not on flying duty for an appropriate period of time (temporary disqualification) with proven efficacy and without any side effects that could interfere with flying duties.

2. Guidelines

- (1) The medical condition is the primary concern, and a clinical assessment of being unfit to exercise aviation related task will determine the period of unfitness.
- (2) The class of medical fitness determines which medical conditions will be allowable for the exercise of the aviation license, or how it may be waived.
- (3) Knowledge of existing criteria and protocols as produced by SACAA is mandatory for proper interpretation of aviation medical fitness.
- (4) All drugs not published in the SA-CATS 67 need to be verified by SACAA before prescribing.
- (5) Central acting drugs generally are unacceptable and unsafe as medication for aviation personnel.
- (6) The side effect profile needs careful attention to determine acceptability.
- (7) The applicant's co-morbidities may cause medical unfitness.
- (8) The applicant's possible adverse reactions to the medication must be monitored before a decision regarding fitness may be made. The period of being unfit after the use of unacceptable medications largely depends on the manner and time of elimination of the drug.

Table A1: Medication List Guidelines

[Table substituted by the Director of Civil Aviation through SA-CATS 1/2017 w.e.f. 1 June 2017 and through SA-CATS 2/2025 w.e.f. 20 June 2025.]

CENTRAL NERVOUS SYSTEM			
Central nervous system stimulants: All pharmacological in this group are unacceptable. The disease condition per se does preclude aviation-related activity.			
Name	Acceptable	Unacceptable	Comments
Benzodiazepines	Temazepam	-	No flying within 72 hours; this drug is addictive and shall not be used with alcohol at the same time
Other	Zopiclone Zolpidem Zaleplon	-	Applicants must wait 24-48 hours after these medications have been taken before flying. These drugs must not be used more than twice a week to avoid habituation
Food supplement	-	Melatonin (not generally recommended for flight crew and cabin crew)	If considered, it shall be given a 'ground trial' during a period when the crew member will not be engaged in flying duties and

			any unwanted side effects can be assessed.
SSRI	Fluoxetine Sertraline Citalopram, or Escitalopram Paroxetine Vortioxetine	-	Selected non-sedating selective serotonin reuptake inhibitors (SSRI) require a minimum of three (3) months grounding period. The Authority will evaluate affected applicants on a case-by case basis and will issue medical certificates based on medical findings, refer to the protocol
SNRI	Venlafaxine Desvenlafaxine Duloxetine Levomilnacipran		
Barbiturates	-	These agents are unacceptable	-
Anxiolytics	-	These agents are unacceptable	-
Anti-psychotics	-	These agents are unacceptable	-
Anti-epileptics	-	These agents are unacceptable to Pilots & ATC Including Gabapentin which is used for conditions other than epilepsy	These medications may be considered for cabin crew, case-case presentation. A 3-month stabilisation period is required. Refer to Protocol.
Anti-Parkinson agents	-	These agents are unacceptable	-
Anti-vertigo and anti-emetics	-	These agents are unacceptable	-
Anti-migraine agents	-	Maxalt Triptans	The underlying condition is disqualifying. The Authority shall evaluate affected applicants on a case-by-case basis and will issue medical certificates based on the medical findings. An applicant using these medications may not fly for 24 hours after being treated with

			these medications. Beta-blockers may be considered acceptable for prophylaxis. Refer to Protocol
Alzheimer's disease	-	These agents are unacceptable	-
Anaesthetics	Acceptable	-	A minimum of 24 hours following local or regional (including dental) anaesthetics. (The condition for which the anaesthetic has been administered must also be considered prior to returning an individual to flying or controlling duties).
-	-	-	A minimum of 72 hours following general, spinal or epidural anaesthetic. This prescription includes drug-induced sedation. (The condition for which the anaesthetic has been administered must also be considered prior to returning an individual to flying or controlling duties).
ANALGESICS & ANTI-INFLAMMATORIES			
-	Acceptable	Unacceptable	Comment
Central Nervous System	-	Morphine Codeine Codethyline Cocaine Cannabis	Central-acting, analgesics and narcotics /opioid, analgesics are strictly incompatible with flying status.
-	-	Doxylamine Promethazine Meprobamate Orphenadrine Propoxyphene Diphenhydramine Tramadol	-

NSAIDS Peripheral analgesics	Acetyl Salicylic Acid	-	-
Non-Selective Cox-Inhibitors	Acceptable	Unacceptable	-
Acetaminophen	Paracetamol	Sulindac Phenlybutazone	These substances, prescribed for short periods at moderate doses, may be compatible with flying status if the condition which justifies their prescription is itself compatible with flying status.
Salicylates	Acetyl Salicylic Acid	-	
Propionic acid derivatives	Ibuprofen Naproxen Fenoprofen Ketoprofen Flurbiprofen Indomethacin	-	
Acetic acid derivatives	Ketorolac	-	-
-	Diclofenac Nabumetone Piroxicam	- - -	- - -
Enolic acid (Oxicam)	Meloxicam Tenoxicam Lornoxicam Mefenamic acid		
Fenamic acid derivatives	Meclofenamic acid Flufenamic acid Tolfenamic acid	- - -	- - -
COX Inhibitors	Meloxicam	-	-
Selective COX2 inhibitors	Celecoxib Etoricoxib Parecoxib	- - -	- - -
MUSCULOSKELETAL AGENTS			
Anti-Gout	Allopurinol	Colchicine	This medication may be acceptable, each application

			shall be considered on a case-by-case basis Flying is prohibited while on colchicine. Stable GIT must be demonstrated after discontinuation of colchicine.
Topical agents	These agents are acceptable	-	-
Gold	-	These agents are unacceptable	-
Osteoporosis	Bisphosphonates Alendronate Risedronate Calcium and Vit D supplements Other drugs: Selective oestrogen receptor Modulators -Raloxifene Parathyroid hormone Teriparatide	-	Reserved on a case-by-by case basis.
Autonomic	-	Sympathomimetics Sympatholytics Cholinergic Anti-cholinergics	All centrally acting agents are unacceptable
AUTACOIDS			
Antihistamines	Ebastine Loratadine Desloratadine Acrivastine Fexofenadine	-	Sedating oral antihistamines is not authorised for flying personnel and is incompatible with flying status. New-generation, non-sedating oral (e.g. fexofenadine) and topical antihistamines may be acceptable.

Serotonin antagonists	-	All agents in this group are unacceptable Methysergide Cyproheptadine Pizotifen Ondansetron Grinesatron	-
Neurokinin1 (NK1) Antagonists	-	All agents in this group are unacceptable Aprepitant Casopitant	Novel class of medications that possesses unique antidepressant, anxiolytic, and antiemetic properties
CARDIO-VASCULAR AGENTS			
Positive Inotropic Agents	Digoxin		Up to 0.25mg daily A specialist report shall be required indicating the stability of the underlying condition and there must be no side effects. Case-by-case by medical Assessor.
Anti-Arrhythmic	Amiodarone	-	Case-by-case presentation, individual medical may be considered. Side effects profile. Restrictions (VFR; multicrew; under supervision)
Anticoagulants	Rivaroxaban Dabigatran Eliquis Warfarin	-	A specialist report is required. The underlying condition shall be assessed on a case-by-case basis and no side effects. Refer to Warfarin protocol
ANTI-HYPERTENSIVES			
Central-acting sympathetic nervous system inhibitors	-	All agents in this group are unacceptable	-
Alpha-receptor blockers	Tamsulosin - e.g. Tamsul	All other agents in this group are unacceptable	All L.U.T.S cases -cases presentation, individual medication may be considered.

			An applicant on Tamsulosin shall be monitored for postural hypotension with every medical as per underlying condition protocol requirements
Beta-receptor blockers	Atenolol Metoprolol Bisoprolol Carvedilol	Non-selective drugs are unacceptable	Cardio-selective beta blockers are acceptable, but no longer the first line of choice.
Sympathetic nervous blockers	-	These drugs are unacceptable as they may impair alertness.	-
Direct-acting vasodilators	-	Dihydralazine Prazosin -Urapidil	These drugs are unacceptable because they frequently have adverse side effects such as orthostatic hypotension.
Calcium channel blockers	Diltiazem Verapamil Nicardipine Nitrendipine Long-acting Nifedipine	Short-acting Nifedipines are unacceptable.	These medications may be compatible with flying status. They may induce peripheral oedema or headache, but they are generally well tolerated. Preference shall be given to medications with the most flexible use. If used for angina these medications are not compatible with flying status.
ACE inhibitors	Captopril Enalapril Lisinopril Benazepril Fosinopril Perindopril Quinapril Ramipril	-	-
	Candesartan	-	-

Angiotensin receptor antagonists	Eprosartan Irbesartan Losartan Telmisartan Valsartan		
Anti-anginal agent	-	-	Angina pectoris per se is disqualifying.
Diuretics	Hydrochlorothiazide (< 25 mg/day) Furosemide (up to 40mg daily) Potassium/magnesium sparing diuretics such as amiloride and spironolactone	Bumetanide Torasemide Acetazolamide Eplerenone	Low-dose diuretics are acceptable. Furosemide must go with potassium supplement High dose kaliuretic diuretics (> 25 mg hydrochlorothiazide or equivalent) are unacceptable.
Other vasodilators	-	-	The indications for use are disqualifying.
Vasoconstrictors	-	-	The indications for use are disqualifying.
HYPOLIPIDAEMIC AGENTS			
Dyslipidaemia in flying personnel shall be treated in conjunction with an appropriate diet and weight reduction if appropriate.			
Fibrates	-	-	Treatment with fibric acids (e.g. fenofibrate or gemfibrozil) shall be discontinued in the case of gastrointestinal side effects or elevated transaminase concentration
Statins	- Atorvastatin Lovastatin Fluvastatin Ezetimibe Pravastatin Rosuvastatin		HMG-CoA reductase inhibitors are acceptable with preference for hydrophilic molecules such as pravastatin rather than lipophilic substances such as simvastatin which may induce sleep disorders.

	Simvastatin		
Omega-3-acid ethyl esters	Omega-3-acid ethyl ester Icopent ethyl		
Nicotin Acid	Niacin		
Fibric Acid	Fenofibrate (Antara, Tricor, Triglide, Trilipix) Gemfibrozil		
Adenosine Triphosphate-Citrate Lyase (ACL)	Bempedoic acid		
Others	Acipimox (niacin derivative) used in low doses and accepted on a case-by-case basis.	-	-
Plasma expanders	-	All agents in this group are unacceptable	-
Blood and Haemopoietic	Anticoagulants – Warfarin – refer to the protocol-acceptable	Haemostatics, the indications for use are disqualifying	-
Fibrinolytics	-	All agents in this group are unacceptable	-
Haematological agents inhibitors, Injectables	Disprin/Aspirin in low-dose ($\leq 150\text{mg/day}$) acceptable		-
Sclerosing	-	All agents in this group are unacceptable	-
Haematinics	Prophylactics in pregnancy are acceptable	-	Anaemia must be corrected before consideration.
Haemoglobin-based Oxygen carrier	-	This medication is not considered	-
RESPIRATORY SYSTEM			
Coughs and cold	Drugs containing only carbocysteine, guaifenesin or acetyl	Tripolidine Pseudoephedrine	-

	cysteine without an alcohol base are accepted	Ephedrine Codeine & modified Theophylline Dextromethorphan Diphenhydramine Promethazine Noscapine Phenyltoloxamine Methadone	
Bronchodilators	Spiriva	-	Sympathomimetics: The use of Short-acting Beta Agonists (SABA)/Long-acting Beta Agonists (LABA) shall be restricted to eight (8) hours or more prior to flying, but may be used in an unusual asthmatic attack in flight to allow the safe completion of the flight.
Methylxanthines and combinations	-	All agents in this group are unacceptable	-
Anticholinergic	-	All other agents in this group are unacceptable	-
Combinations	Only acceptable combinations are Salmeterol with Fluticasone and Budesonide and Formoterol.	-	-
Mucolytics	Carbocysteine Acetylcysteine Bromhexidine	-	-
Anti-asthmatics	Inhaled Glucocorticoids Leucotrine receptor antagonists	-	-
Chromones	Cromolyn sodium Nedocromil sodium	-	The drugs are also called cromoglycates. They are alternative choices when

			initiating regular controller therapy in patients with mild asthma, although inhaled corticosteroids (ICS) are the preferred agents. They have the advantage of having a lower side effect profile than ICS.
Other anti-asthmatics	-	All agents in this group are unacceptable	-
Surfactants	-	This medication is not compatible with flying.	-
EAR, NOSE AND THROAT			
Topical nasal preparations	These medications are acceptable.	-	-
Ear drops and ointments	These medications are acceptable.	-	-
Mouth and Throat preparations	These medications are acceptable.	-	-
GASTRO-INTESTINAL TRACT			
Digestants	These medications are acceptable.	-	-
Appetite suppressants	-	All agents in this group are unacceptable	-
Anti-spasmodics	Mebeverine Alverine Peppermint Oil	Hyoscine Diphenhydramine Alcohol substrates Belladonna Chlordiazepoxide Propentheline Methixene	Antimuscarinics (e.g. dicyclomine, mepenzolate, piperzolate, poldine and propentheline) are used to reduce smooth muscle spasm in non-ulcerative dyspepsia, irritable bowel syndrome and diverticular disease. They all have atropine-like side-effects of confusion, dry mouth, reduced power of accommodation, difficulty with micturition and constipation, which preclude their use.

ACID REDUCERS			
Antacids	-	Magnesium as a single drug is unacceptable.	-
Antacids and combinations	-	Dicyclomine Magnesium dominant drugs Oxethazaine	-
H2 receptor antagonists	Cimetidine allowable if taken more than 8 hours before aviation activity. Ranitidine allowable if taken more than 12 hours before aviation activity	-	-
Proton pump inhibitors	Omeprazole	-	-
Cycloprotective	-	Misoprostol	-
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Motility enhancers	-	All agents in this group are unacceptable	-
Laxatives	-	Magnesium salts	-
Antidiarrheal	Loperamide not to be taken less than 6 hours before aviation activity.	Codeine phosphate Co phenotrope Morphine Atropine (Lomotil) Aminopentamide	-
Liver, gall bladder and bile	-	These agents are unacceptable due to disease profile	Treatment for the dissolution of gallstones is not compatible with flying status as it may cause diarrhoea and cholecystitis.
Suppositories and anal ointments	These agents are acceptable	-	Soothing preparations containing bismuth subgallate, zinc oxide and haemamelis often mixed with a small dose of corticosteroid

			may be acceptable in short courses for topical application.
Others	Sulfasalazine enteric coated may be used with 6 monthly ophthalmology reporting, FBC, UKE, and urinalysis Mesalazine	Sibutramine Budesonide Infliximab Orlistat Humira	-
Anti-inflammatory agents for Bowel Disease	Asacol: (5-aminosalicylic acid)	Salofalk	<p>Case-by case presentation, individual medication may be considered</p> <p>Sulfasalazine enteric coated may be used with 6 monthly ophthalmology reporting, FBC, UKE. and urinalysis</p> <p>The use of sulfasalazine in inflammatory bowel disease has declined due mainly to the fact that it yields the metabolite sulfapyridine which gives rise to side-effects such as agranulocytosis and hypospermia. However, the other metabolite of sulfasalazine, 5-aminosalicylic acid (5-ASA) is credited with causing the drug's therapeutic effect. Therefore, 5-ASA and other derivatives of 5-ASA, are now usually preferred and given alone (as mesalazine), despite their increased cost, due to their more favourable side-effect profile.</p> <p>Sulfasalazine, and its metabolite 5-ASA, are poorly absorbed from the small intestine. Its main mode of action is therefore believed to be inside the intestine.</p> <p>Approximately one third of a dose of sulfasalazine is absorbed from the small intestine. The remaining two thirds pass into the colon where it is split by bacteria into 5-ASA and SP. SP is well absorbed from the colon (estimated bioavailability 60%); 5-ASA is less well absorbed</p>

			(estimated bioavailability 10% to 30%)
ANTIHELMINTICS			
Anti-helminthics	Mebendazole Albendazole Praziquantel	Piperazine	-
DERMATOLOGICAL			
Anti-bacterial antiseptic agents	These medications are acceptable.	-	-
Anti-parasitics	These medications are acceptable.	-	-
Fungicides	These medications are acceptable.	-	-
Cortico-steroids	These medications are acceptable.	-	-
Psoriasis	-	Systemic Etretnate Acitretin	Systemic etretinate for psoriasis may cause serious drying of the skin and mucosa and particularly of the conjunctival tissues, intensified by flying conditions. It is not recommended for aircrew.
Acne		Tretinoin Cyproterone acetate Minocycline	
Melanin inhibitors and stimulants	-	These medications are unacceptable	-
Emollients and Protectives	These medications are acceptable	-	-
Others	-	Imiquimod Minoxidil	-
OPHTHALMICS			
Aviation activities only to commence once all visual normality is regained			
Anti-infective	Chloramphenicol Ciprofloxacin Ofloxacin		Anti-infective and anti-inflammatory eye preparations are not compatible with flying status due to the underlying

	Oxytetracycline Fusidic Acid Moxycloxacillin		condition. The Authority must be consulted if there is any doubt.
Antiviral	Acyclovir		
Nonsteroidal anti-inflammatory (NSAIDs)	Kelopt Acular 0.4%		
Steroidai inflammatories:	Fluorometholone, Predforte, Maxidex		
Antibiotic-steroid drops:	Maxitrol Tobradex		
Other Eye Drops	Vuity Salagen Rhopressa		
2nd Generation Histamine-H1 receptor antagonist eye drops	Alcaftadine (Lastacaft) Azelastine (Optivar) Bepotastine (Bepreve) Cetirizine (Zerviate) Ketotifen (Alaway; Zaditor) Olopatadine (Pataday; Patanol; Pazeo)		Sedative anti-histamines not acceptable
Corticoids	These medications are acceptable	-	-
Combinations	-	All treatments containing Aminoglycosides are unacceptable	-
Decongestants	-	These medications are unacceptable.	-
Mydriatics	-	These agents are unacceptable	-
Glaucoma	Beta-Blocker(Timolol)	Cycloplegics (atropine)	Contraindications:

	Alpha2 Agonist (brimonidine)	Cholinergic	- Hypersensitivity to timolol or any of the excipients.
	Carbon Anhydrase Inhibitor (Trusopt)		-
	Prostaglandin (Xalatan)		Heart failure, unless adequately controlled, sinus bradycardia (<45 - 50 bpm) or heart block.
	Oral meds (Diamox)	Agonist (pilocarpine)	- Cardiogenic shock
	Rho Kinase Inhibitor		- History of bronchospasm and bronchial asthma/ Chronic obstructive pulmonary disease.
			- Pregnancy

Others	-	Injectables Verteporfin	-
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URINARY SYSTEM

Anti-diuretics	-	This medication is not compatible with flying	-
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Urinary alkalinizes	-	The chronic use of this medication is not compatible with flying	-
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Urinary antiseptics	Tamsulosin	Pipemidic acid Nalidixic acid Lanthanum Flavoxate	-
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Prostate Medication	Tamsulosin Alfuzosin Tasdiam Finasteride Dutasteride	Lanthanum Flavoxate	Selective Alpha Blockers after 2 weeks grounding period and 5 Alpha-Reductase Enzyme Inhibitors after 48 hours of grounding period
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GENITAL SYSTEM			
Contraceptives	These medications are acceptable	-	-
Vaginal Preparations	These medications are acceptable	-	-
Oxytocics	-	These agents are unacceptable	-
Uterine antispasmodics	-	These agents are unacceptable	-
Sexual dysfunction	-	-	Temporary colour vision disturbances have been reported after the use of phosphodiesterase-type-5 inhibitors (e.g. vardenafil, sildenafil). 72 hours shall elapse after use before flying.
ANTI-MICROBIALS			
Anti-Microbials	Beta-lactams, Erythromycin (short course) Azithromycin (short course) Other Macrolides, Chloramphenicols Sulphonamides and combinations Quinolones Clindamycin(short course) Na-Fusidate Fosfomycin Doxycycline	Telithromycin Roxithromycin Aminoglycosides	All antibiotics shall be used for 48 hours without any side effects before commencing aviation activities. Injectables are not acceptable.
Anti-viral agents	Acyclovir	-	Anti-retroviral to be considered on a case-by-case basis
ANTI-FUNGAL AGENTS			
Anti-fungal agents	Fluconazole Itraconazole	-	-

	Nystatin Terbinafine Griseofulvin Ketoconazole		
ANTI-PROTOZOA AGENTS			
Anti-protozoa agents	Metronidazole Atovaquone Chloroquine	Pirimethamine Tinidazole Halofantrine Mefloquine	-
ANTI-RETROVIRAL AGENTS			
Nucleoside Reverse Transcriptase Inhibitors (NRTIs)	Zidovudine Retrovir Lamivudine Didanosine Abacavir Emtricitabine Tenofovir	Efavirenz	Initially monthly FBC for 6 months
Non-Nucleoside Reverse Transcriptase Inhibitors	Nevirapine	-	Initially ALT & AST – 2 weeks, 6 weeks
Protease Inhibitors (PI)	Atazanavir Lopinavir/Ritonavir Saquinavir Nelfinavir	Indinavir	-
Others	Raltegravir Darunavir Etravirine Maraviroc Amprenavir	Tipranavir	-
-	Fosamprenavir	-	-
Fusion Inhibitors	Fuzeon	-	-

MALARIA MEDICATIONS			
	Mefloquine (Lariam)		<p>Mefloquine (Lariam) is associated with adverse neuropsychiatric side effects, even weeks after the drug is discontinued. Use of mefloquine must be discontinued for at least 4 weeks before consideration.</p> <p>Aviation personnel must contact the SACAA or their DAME before resuming aviation duties. For a return to pilot duties, there must be no history of neurologic or psychiatric symptoms during and or after mefloquine use</p>
VITAMINS, TONICS, MINERALS AND ELECTROLYTES			
Vitamins	These agents are acceptable.	-	Pilots, cabin crew, and ATC shall not exceed the Recommended Daily Allowances for these products.
Tonics	-	Alcohol-based combinations are unacceptable	-
Minerals and electrolytes	These agents are acceptable	-	Pilots, cabin crew, and ATC shall not exceed the Recommended Daily Allowances for these products.
Amino-Acids	These agents are acceptable	-	Pilots, cabin crew, and ATCs shall not exceed the Recommended Daily Allowances for these products
CYTOSTATICS			
Immunological			
Immunosuppressant's	-	-	-
Immunostimulants			
CHELATING AGENTS, ION EXCHANGE PREPARATIONS			
Chelating agents, Ion exchange Preparations	-	These agents are unacceptable	-
BIOLOGICAL			
Biological		-	No aviation-related duties for 24 hours after receiving the

Biologics	Immunisation regimens are acceptable	Revellex Humira	<p>following vaccinations (primary and boosters):</p> <p>Adult diphtheria and tetanus</p> <p>Poliomyelitis</p> <p>Hepatitis A & B</p> <p>Measles, mumps, rubella</p> <p>Yellow fever</p> <p>Typhoid</p> <p>Tuberculosis (Mantoux Test or Bacille Calmette-Guerin);</p> <p>Influenza</p> <p>Varicella</p> <p>Meningococcal</p> <p>Pneumococcal</p> <p>Cholera.</p> <p>After receiving the following immunisations (primary and boosters) there shall be no aviation-related duties for a minimum of 72 hours: Japanese Encephalitis.</p>
ENZYMES			
Enzymes	-	These agents are unacceptable	-
POISON ANTIDOTES			
Poison Antidotes	-	Bupropion is unacceptable	-
OTHERS			
Others	Nicotine adjuvants are acceptable	Bupropion is unacceptable	-
Biological	Immunisation regimens are acceptable	-	No aviation-related duties for 24 hours after receiving the following vaccinations (primary and boosters):

	<p>COVID-19 Vaccines: Not compulsory</p>	<p>Adult diphtheria and tetanus Poliomyelitis Hepatitis A & B Measles, mumps, rubella Yellow fever Typhoid Tuberculosis (Mantoux Test or Bacille Calmette-Guerin); Influenza Varicella Meningococcal Pneumococcal Cholera.</p> <p>After receiving the following immunisations (primary and boosters) there shall be no aviation-related duties for a minimum of 72 hours: Japanese Encephalitis.</p> <p>(a) Aviation personnel who receive a COVID-19 vaccine may not participate in aviation-related duties for 48 hours multicrew and 72 hours on single pilot after receiving the COVID-19 vaccine.</p> <p>(b) People with immunocompromising conditions (such as, but not limited to HIV/Aids, Diabetes Mellitus, Lymphomas/Other Cancers) or people who take immunosuppressive medications or therapies might be at increased risk for severe COVID-19 side effects. Currently there is no data available to establish COVID-19 vaccine safety and efficacy in these groups.</p>
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		<p>Research currently indicates that current COVID-19 vaccines are not live vaccines and can be used by personnel with immunocompromising conditions or people who take immunosuppressive medication. Aviation personnel presenting with immunocompromising conditions or who take immunosuppressive medications or therapies must consult with the treating specialist to get guidance on the appropriate COVID-19 vaccine.</p>
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