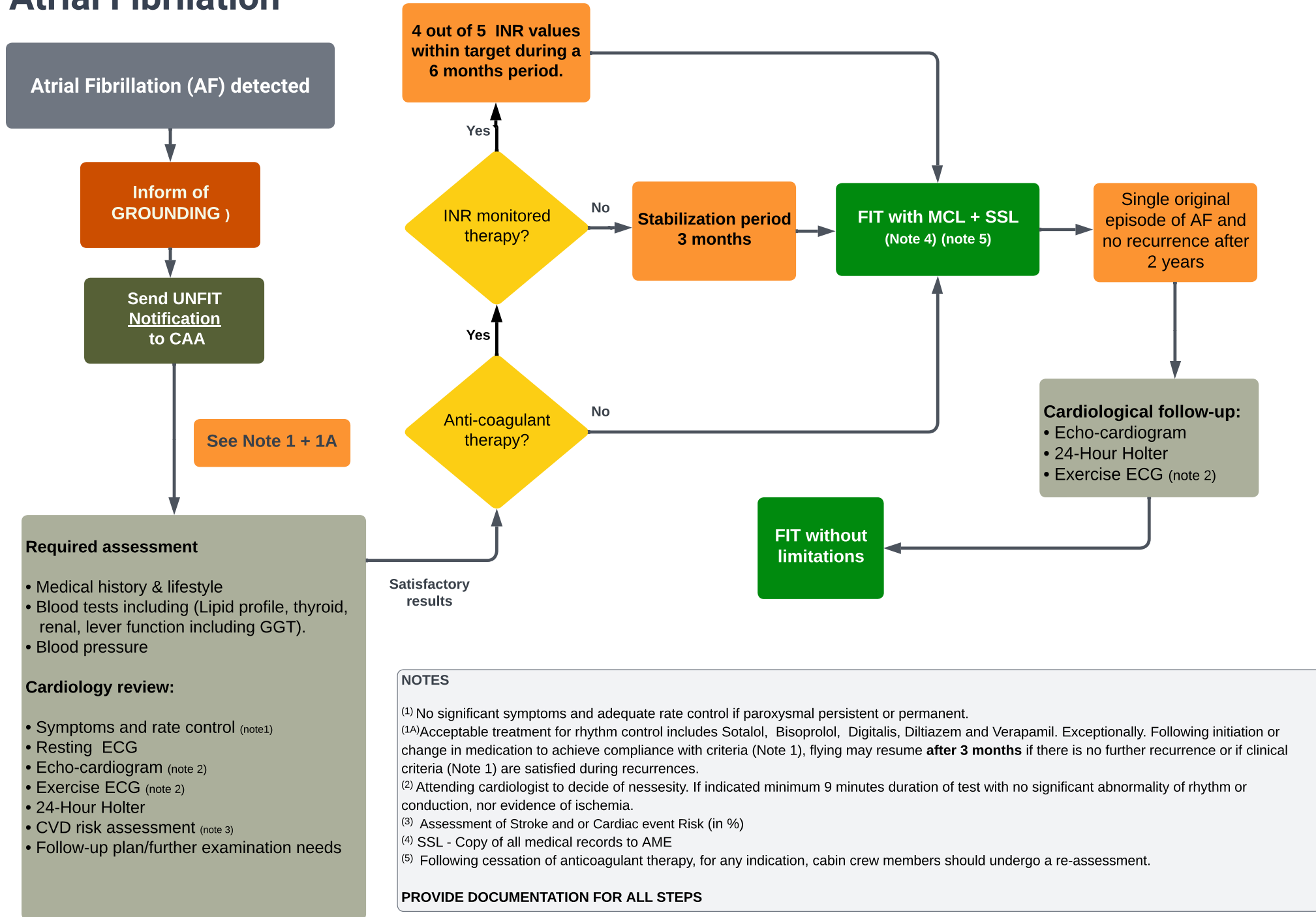


Atrial Fibrillation



Required assessment

- Medical history & lifestyle
- Blood tests including (Lipid profile, thyroid, renal, lever function including GGT).
- Blood pressure

Cardiology review:

- Symptoms and rate control (note1)
- Resting ECG
- Echo-cardiogram (note 2)
- Exercise ECG (note 2)
- 24-Hour Holter
- CVD risk assessment (note 3)
- Follow-up plan/further examination needs

NOTES

(1) No significant symptoms and adequate rate control if paroxysmal persistent or permanent.

(1A) Acceptable treatment for rhythm control includes Sotalolol, Bisoprolol, Digitalis, Diltiazem and Verapamil. Exceptionally. Following initiation or change in medication to achieve compliance with criteria (Note 1), flying may resume **after 3 months** if there is no further recurrence or if clinical criteria (Note 1) are satisfied during recurrences.

(2) Attending cardiologist to decide of nessesity. If indicated minimum 9 minutes duration of test with no significant abnormality of rhythm or conduction, nor evidence of ischemia.

(3) Assessment of Stroke and or Cardiac event Risk (in %)

(4) SSL - Copy of all medical records to AME

(5) Following cessation of anticoagulant therapy, for any indication, cabin crew members should undergo a re-assessment.

PROVIDE DOCUMENTATION FOR ALL STEPS