Introduction: From 2017 on, the EASA rules cl3 for medical certification of air traffic controllers became applicable in the European Union; they are an update of the former EUROCONTROL cl3 requirements for medical certification of ATCO's. These rules foresee that these medical certificates can only be made by cl3 AME's who have followed an advanced aeromedical training, and have knowledge and experience of the operational environment of these ATCO's. However, due to the shortage of this specific type of AME's, many examinations are done by AME's cl1 (for professional pilots) which may lack specific knowledge of the operational environment. The wide variety of tasks done by different kinds of ATCO's (tower, approach and en route) have an important influence on the medical assessment of fitness or fitness with limitations (which is a typical European instrument replacing waivers).

Background: Therefore cl1 AME's without experience of the ATCO environment and tasks, starting to do cl3 medical certifications, should be trained in the differences of the medical assessment between pilots and ATCO's, and specific attention points should be highlighted. One important aspect is the risk for sudden or hidden incapacity (which is similar to pilots), another aspect is the sensorial functioning (vision, colour vision, hearing...). This process has started in several European countries via special training sessions for cl1 AME's wanting to also examine ATCO's.

Summary: My presentation will give a short historical oversight how we came in Europe to a standardised medical assessment of ATCO's, highlight some important differences from pilot medical examinations, and mark specific attention points taking into account the different roles and tasks air traffic controllers can have, and their impact on the aeromedical assessment.