

Guidance on Thyroid Dysfunction

Initial applicants with an established diagnosis of thyroid dysfunction will have the issue of their medical certificate referred until acceptable reports have been received. On diagnosis of thyroid dysfunction, a certificate holder shall be assessed as unfit.

A report from an endocrinologist or GP will be required to confirm details of history, investigations, diagnosis and treatment, optimised thyroid function, no side-effects from either the disorder or the treatment and plans for follow-up care.

Hypothyroidism

Any changes in management, including medication changes, must be notified to the aeromedical examiner (AME). If the certificate holder is asymptomatic then no grounding period will be required for minor (up to $25\mu g$) changes in dose of thyroxine. If any symptoms are present, then the certificate holder will be assessed as unfit until symptom free.

An annual blood test confirming euthyroid status should be provided to the AME.

Hyperthyroidism

Anti-thyroid drugs in the absence of side-effects are not disqualifying.

Class 1 and Class 3 certificate holders must undergo review with an ophthalmic specialist to ensure satisfactory eye movements and no diplopia. If normal, a fit assessment can be made by the AME, otherwise review by a Civil Aviation Authority (CAA) medical assessor will be required. An OML may be required.

An annual report as detailed above must be submitted to the AME for review.

Class 2 certificate holders must undergo annual review with an AME to ensure satisfactory eye movements and no diplopia.

All certificate holders require an annual blood test confirming euthyroid status, with results provided to their AME.

Any changes in management must be notified to an AME and the certificate holder will be assessed as unfit until clinically euthyroid and a satisfactory report has been received.

Thyroidectomy

Following thyroid surgery (complete or partial) the certificate holder will be assessed as unfit. A fit assessment can be made following full surgical recovery and demonstrated stability of thyroid function.

A report from the specialist will be required confirming details of the surgery, recovery and ongoing treatment, and confirmation of euthyroid state. Minimum follow-up is an annual blood test confirming euthyroid status.

Radioactive iodine treatment

The certificate holder will be assessed as unfit until all treatment is complete and a euthyroid state has been achieved. A report from the specialist will be required and should confirm details of treatment and follow-up care, including confirmation of euthyroid state. Minimum follow-up is an annual blood test confirming euthyroid status.