

Medical Portal Registration

For

Applicant

Login as Applicant

Sign In



[Sign in](#) [Nafath](#)

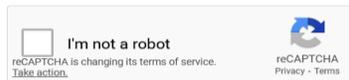
Welcome 🙌

Please sign in to benefit from the services

Username

Password

[Forgot Password ?](#)



[Sign in](#)

Don't have an account ? [SIGN UP](#)

[User Guide](#)

Login as Applicant Sign in

There are two ways to login to Medical Portal:

1. Sign in with username and password, if you already have an active account. or, sign up to register and create a new account.
2. Sign in through Nafath.



Select a designation to register



Aviation Physician

Request to be designated as
GACA Aviation Medical
Examiner



Aviation Personnel

Register as an applicant to
request your GACA Airman
Medical Certificate

Do you have an Account ? [SIGN IN](#)

Click on **register as Aviation Personnel** button.

Warning:

If you are citizen or resident of Saudi Arabia, please sign-in first using Nafath to complete your registration [Sign-in using Nafath](#)

Login Information

Email Address	Repeat E-mail Address
<input type="text"/>	<input type="text"/>
Password ¹	Retype Password
<input type="password"/>	<input type="password"/>
Mobile ¹	
Ex: 00966532652412	

Applicant information

Please verify carefully the information entered below before proceeding as it will reflect in your medical certificate.

ID Type	ID Number	
Select ID Type	<input type="text"/>	
Exp Date	Nationality ¹	
<input type="text"/>	Select Nationality	
Gender	Title	Full Name (as in Passport or national ID)
Select Gender	Mr.	<input type="text"/>
Birth Date		
<input type="text"/>		

Personal Address

Country ¹	Region	City	District
Select Country	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Details (Building Number, Street, ...)			
<input type="text"/>			
PO Box	Zip Code		
<input type="text"/>	<input type="text"/>		

Disclaimer

I HEREBY CERTIFY THAT ALL STATEMENTS AND ANSWERS PROVIDED BY ME ON THIS APPLICATION FORM ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE, AND I AGREE THAT THEY ARE TO BE CONSIDERED PART OF THE BASIS FOR THE ISSUANCE OF ANY GACA DOCUMENT.



CANCEL **SEND**

Fill your Login information, Applicant information, Applicant Identification, Address and Disclaimer. Then, click **send**.

New Applicant Account (Aviation Personnel)



Your registration has been saved successfully

An activation link has been sent to your email, please click on it to activate your account.

[HOME](#)

**Activate your account
through the link that sent to
your registered email.**

Success ! Your account successfully activated. Please login using your email/password



Sign in

Nafath

Welcome 🙌

Please sign in to benefit from the services

Username

Enter your username

Password

[Forgot Password ?](#)

Enter your password

I'm not a robot
reCAPTCHA is changing its terms of service.
Take action.



Sign in

Don't have an account ? [SIGN UP](#)

[User Guide](#)

Sign in again after activating your account with username and password. And you will receive four digit number to login.



Two-Step Verification

Enter the OTP code sent to your email and mobile ending by

789

[Verify my account](#)

Did not Get the code ?

[Go Back](#) Or [Change your mobile number](#)

Insert 4 digits code and then click **Verify**.

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Contact and Support

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- [Whistleblowing Channel](#)
- [Complaints & Suggestions](#)
- [Correspondence Reception](#)
- [Careers](#)
- [Sign Language](#)
- [FAQs](#)

Related Links

- [Vision 2030](#)
- [Ministry of Transport and Logistic Services](#)
- [Saudi Business Center](#)
- [National Unified Portal](#)
- [Digital Government Authority](#)
- [Etimad](#)
- [KSA Budget Statement](#)
- [Reporting of Corruption to \(Nazaha\)](#)

Social Media





Login as Applicant

Nafath



AVMED
Aviation Medicine Portal

Sign in Nafath

Welcome 🌞

Please sign in to benefit from the services

NIC
مركز المعلومات الوطني
National Information Center

Login Via Nafath

You are not citizen or resident of Saudi Arabia ?

Go Back

User Guide

Login as Applicant Nafath

Sign in through Nafath by entering the ID number.

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Social Media





Nafath

Welcome ! 🌟

Enter your National or Resident ID

ID (Please enter 10 digits to proceed)



I'm not a robot
reCAPTCHA is changing its terms of service.
[Take action.](#)



reCAPTCHA
[Privacy - Terms](#)

Submit

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Social Media



Insert your national ID or Resident Id.

Click **I'm not a robot** and then click **Submit**.



Nafath

Welcome! 🍌

Please open Nafath application and confirm the request by choosing the number below

44

[You didn't receive the code? Resend](#)

[Cancel](#)

[You are not citizen or resident of Saudi Arabia ?](#)

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Social Media



Verify your sign in through Nafath Application.

Login Information

Email Address	Repeat E-mail Address
<input type="text"/>	<input type="text"/>
Mobile	
<input type="text"/>	

Applicant Information

Please verify carefully the information below from Nafath and update it if needed before proceeding as it will reflect in your medical certificate.

ID Type	ID Number	
<input type="text" value="Select ID Type"/>	<input type="text"/>	
Exp Date	Nationality	
<input type="text" value=""/>	<input type="text" value="Uruguay"/>	
Gender	Title	Full Name (as in Passport or national ID)
<input type="text" value="Select Gender"/>	<input type="text" value="Select Title"/>	<input type="text"/>
Birth Date		
<input type="text" value=""/>		

Personal Address

Country	Region	City	District
<input type="text" value="Select Country"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Details (Building Number, Street, ...)			
<input type="text"/>			
PO Box	Zip Code		
<input type="text"/>	<input type="text"/>		

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Fill your Login information, Applicant information, Applicant Identification, Address and Disclaimer. Then, click **send**.



New Applicant Account (Aviation Personnel)



Your registration has been saved successfully

Please go back to the login page and sign-in to your account using Nafath

[SIGN IN](#)

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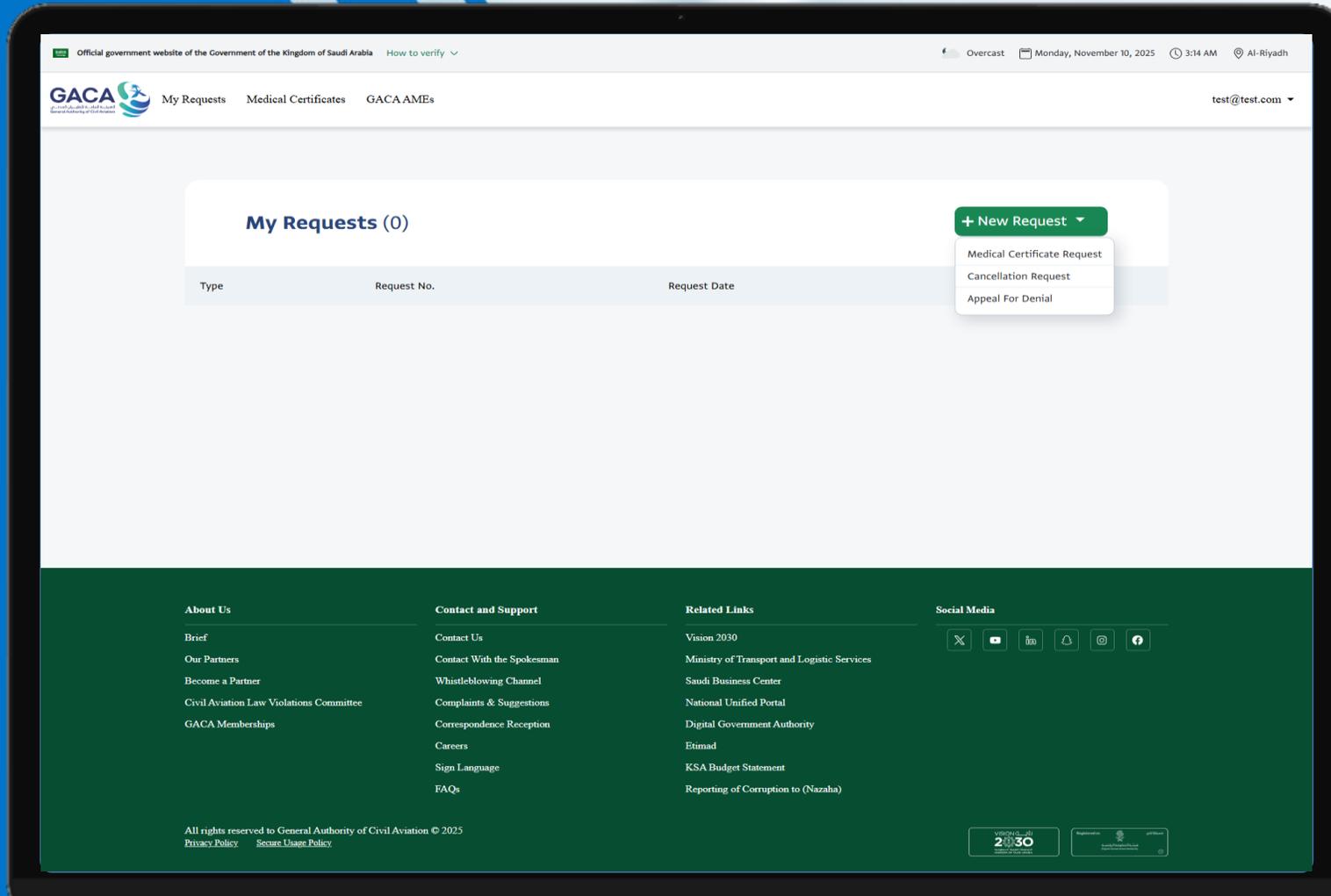
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Social Media



Your registration successfully. You can sign in to Medical portal via link below:

<https://md.gaca.gov.sa>

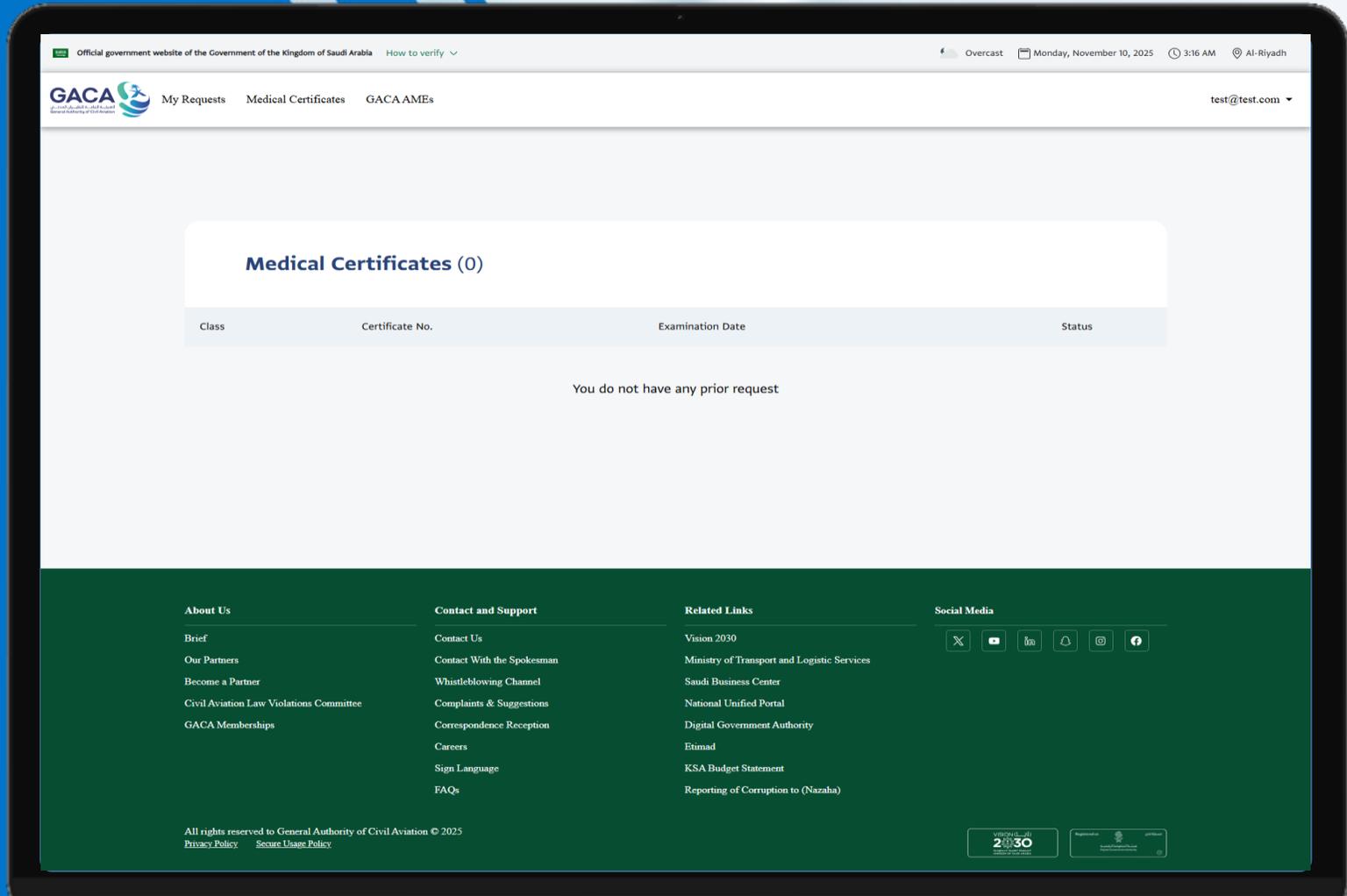


After activating your account, when you sign in in to your account as applicant, you will see interfaces below:

1. My request page:

New request contains:

- Medical Certificate Request
- Cancellation Request
- Appeal for denial Request



2. Medical Certificate page: it contains Certificate status and Issue date for Applicants request. Click on the certificate for more information about the certificate.

GACA AMEs (7)

AME Name	Medical Facility	Country	City	
[REDACTED]	SGH	Bahrain	Manama	More details
[REDACTED]	GACA	Algeria	أدرار	More details
[REDACTED]	Medical Facility Name	Algeria	city	More details
[REDACTED]	SGH	Saudi Arabia	Riyadh	More details
[REDACTED]	GACAV234	Algeria	city	More details
[REDACTED]	Facility	Finland	C1	More details
[REDACTED]	SGH	Bahrain	Manama	More details

3. GACA AMEs page: it contains doctors list who will evaluate Applicants requests.

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Social Media





New Request

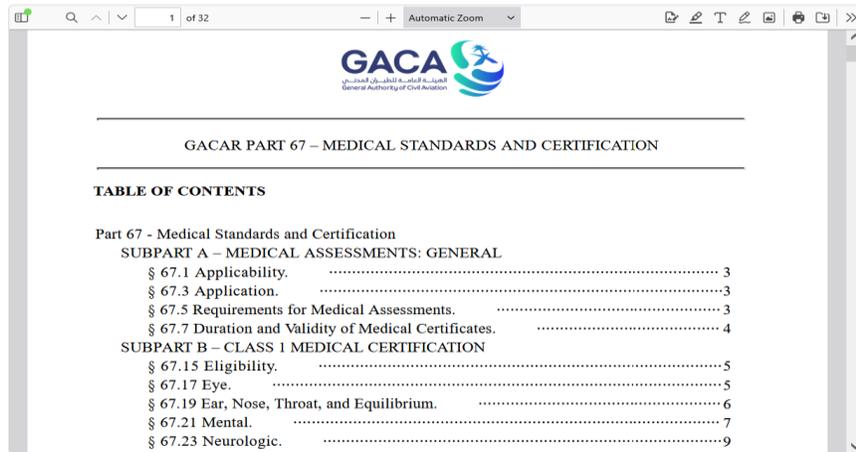


Medical Certificate Request Instructions

This service allows the beneficiaries to:

- Submit a medical certificate request
- Schedule an appointment with aviation medical examiner (AME)
- Receive the issued medical certificate

Please review the applicable GACA regulations before submitting your request.



NEXT

To submit a new request follow the instructions below:
 1. Read instructions, then click on NEXT button.



Please verify carefully your information below as it will reflect in your medical certificate. Update it from your profile before proceeding if needed.

Application Information

1. Class of medical certificate applied for:
Select class

2. Name: [Text Field] 3. Date of birth: 08/01/2003 4. National ID: 2892026289 5. Nationality: [Dropdown]

6. Hair Color: [Dropdown] 7. Eyes color: [Dropdown] 8. Gender: Female

9. Country: [Dropdown] 10. Region: [Text Field] 11. City: [Text Field] 12. District: [Text Field]

13. P.O Box: 16 14. Zip Code: 10 15. Address Details: [Text Field]

16. Phone No. (Optional): [Text Field] 17. Mobile: 01223466789 18. Email: test@test.com

19. Airman Certificate

Type of airman certificate held :
Select

Employment Information

20. Occupation: [Text Field] 21. Employer: [Text Field] Self employed

22. Medical Certificate Previously Denied

Has your GACA or any national airman medical certificate ever been denied, suspended or revoked? If yes select date: [Text Field]

23. Total Pilot Time (Civilian Only)

I am Pilot

Total Pilot Time To Date: [Text Field] Type: [Dropdown] Total Pilot Time Past 6 months: [Text Field] Type: [Dropdown]

24. Last Medical Application

Date of last GACA medical application: [Text Field] No prior application

25. Current Medication

Do you currently use any medication (Prescription or Nonprescription)?

26. Other medical information

Do you have ever use near vision contact Lens(es) while flying?

PREVIOUS

NEXT

2. Fill the Application Information Section, and click **NEXT** button . You can click **PREVIOUS** to go back to the previous section.



New Request



Have you ever or have now any of the following ? Choose Yes or No. If Yes elaborate in the explanation box. You may note "PREVIOUSLY REPORTED NO CHANGE" only if the explanation of the condition was reported on a prior application for an airman medical certificate and there has been no change in your condition.

27. Previous Medical History

- a. Frequent or severe headaches Yes No
- b. Dizziness or fainting spell Yes No
- c. Unconsciousness for any reason Yes No
- d. Eye or vision trouble except glasses Yes No
- e. Have fever or allergy Yes No

3. Fill the Medical History Section then click **NEXT** button.



New Request



28. Recent Visits To Health Professionals

Have you visited any health professionals within the last 3 years?

Yes

No

PREVIOUS

NEXT

4. Fill Other Medical Information Section, then click **Next** button.

New Request



Disclaimer

AS PRESCRIBED IN GACAR § 67.89 AND GACAR PART 3 "NO PERSON MAY MAKE OR CAUSE TO BE MADE A FRAUDULENT OR INTENTIONALLY FALSE STATEMENT OR INTENTIONALLY MISLEADING STATEMENT WHEN CONVEYING INFORMATION TO THE PRESIDENT RELATED TO APPLICATIONS FOR CERTIFICATES OR AUTHORIZATIONS TO BE ISSUED UNDER THE GACAR OR IN ANY OTHER RECORD OR REPORT REQUIRED TO BE PREPARED UNDER THE GACAR. THE COMMISSION BY ANY PERSON OF AN ACT PROHIBITED UNDER PARAGRAPH (A § 67.89) IS A BASIS FOR -

(1) SUSPENDING OR REVOKING ALL AIRMAN, GROUND INSTRUCTOR, AND MEDICAL CERTIFICATES AND RATINGS HELD BY THAT PERSON;

(2) WITHDRAWING ALL AUTHORIZATIONS OR SODAS HELD BY THAT PERSON;

AND (3) DENYING ALL APPLICATIONS FOR MEDICAL CERTIFICATION AND REQUESTS FOR AUTHORIZATIONS OR SODAS, OR WHATEVER LEGAL ASPECTS TO BE CONDUCTED.

I HEREBY CERTIFY THAT ALL STATEMENTS AND ANSWERS PROVIDED BY ME ON THIS APPLICATION FORM ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE, AND I AGREE THAT THEY ARE TO BE CONSIDERED PART OF THE BASIS FOR THE ISSUANCE OF ANY GACA DOCUMENT.



PREVIOUS

CANCEL

SEND ▶

5. Click on Disclaimer, then I'm not a robot. Then **send** the request.



Request sent successfully

You can track it using the next request number: **MC.2025.0056044**

Next Steps

Please check GACA AMEs list to arrange for an appointment within 30 days. Note that once this request is imported by your AME, it can not be imported anymore by another AME.

Submitted applications can not be modified on this system. If corrections are required, provide them to your AME at the time of your exam.

Take your Tracking number to your GACA exam. Without it, your AME will not be able to retrieve your application.

How was your experience?

1. How satisfied are you with the e-service request procedures?



What were the main positive aspects and challenges you encountered while receiving this service?

Please mention the most notable positive and negative aspects during your creation of this e-service.

Submit Rating

After sending the request, a confirmation message will appear with tracking number. You can rate the Medical Certificate Request Service and submit your feedback.

GACA

الهيئة العامة للطيران المدني
General Authority of Civil Aviation



GACA Medical Portal