

Medical Portal Registration

For Doctor



Login as Doctor

Sign In



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

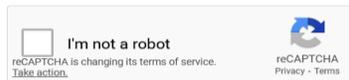
Welcome 🙌

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 Doctor 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 Physician** button.



New Doctor Account (AME Designation)

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

Instructions

This service allows the beneficiaries to be designated as an aviation medical examiner to issue airman medical certificates.

Required documents:

- Medical school graduation certificate
- Certificate of postgraduate professional training
- Certificate of Medical Specialty Board
- Ministry of Health Practice License
- Saudi commission for health specialties registration (or equivalent for physicians practice outside Saudi Arabia)
- Valid ID number
- Updated CV

* Please refer to GACA E-Book Volume 14 (Chapter 8; Aviation Medical Examiner) for more information and carefully read the conditions of designation as an AME.

I Agree on [CONDITIONS OF DESIGNATION AS AN AME](#)

NEXT

Read instructions and agree on conditions, then click on **NEXT** button.

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

Login Information

Email Address: Password: Register E-mail Address: Repeat Password:

Mobile: Ex: 0096650262412

Doctor Information

Gender: Year: Full Name (as in passport or national ID) :

Select Gender: Mr. Ms.

Birth Date:

Doctor Identification

ID Type: ID Number:

Select ID Type:

Exp Date: Select Nationality:

Address

Country: Region: City: District:

Select Country:

Address Details (Building Number, Street, ...):

PO Box: Zip Code:

Practice Information

Medical Facility Name:

Opening Hours:
Ex: Sunday - Thursday : 09:30 - 17:45
Friday : Closed
Saturday : 10:00 - 14:00

Practice Address

Country: Region: City: District:

Select Country:

Address Details (Building Number, Street, ...):

PO Box (Optional): Zip Code (Optional):

Practice Contact

Email: Telephone (Optional): Mobile:

Ex: 0096650487924 Ex: 0096650487924 Ex: 0096650487924

Ex (Optional): After Hours Contact (Optional):

Health Specialization

Health Practice License Number: Medical Degree:

Medical School: Graduation Year:

Internship, Post-Graduate and Specialist Training: Experience in Aviation Medicine:

Affiliations with Aviation Medicine Organizations:

Attendance of aviation medical scientific meetings in the last three years (Please mention the date and the country):

Current Job description and duties:

Required Documents

All the requested documents need to be attached, should be pdf or image and less than 10 megabytes.

Medical school graduation certificate

Certificate of postgraduate professional training

Certificate of Medical Specialty Board (Optional)

Ministry of Health Practice License

Saudi commissions for health specializations registration (or equivalent for physicians practice outside Saudi Arabia)

Valid ID Number

Updated CV

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 GRANTING OF ANY GACA DOCUMENT.

I'm not a robot I agree with the Terms of Service

Fill Login Information, Doctor Information and Identification, Address, Practice Information, Health Specialization, the required Documents and Disclaimer. Then, click on **SEND** button.



New Doctor Account (AME Designation)



AME Registration Request Sent

Your AME registration request has been sent successfully to GACA for evaluation and consideration

Your tracking No. is **AME.2025.0005023**

Meanwhile, an activation link has been sent to your email, please click on it to activate your account and follow-up your request.

[SIGN IN](#)

The request will send to GACA with tracking number to evaluate it and then approve the request.

Meanwhile, activate your account through the link that was 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

Password [Forgot Password ?](#)

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

Sign in

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

[User Guide](#)

Sign in again after activating your account with username and password.



Login as Doctor

Nafath



Sign in Nafath

Welcome 🌞

Please sign in to benefit from the services

Login Via Nafath

You are not citizen or resident of Saudi Arabia ?

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Login as Doctor Nafath

Sign in through Nafath by entering the ID number.

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- 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





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.



Submit

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Insert your national ID or Resident Id.

Click on I'm not a robot and then click on **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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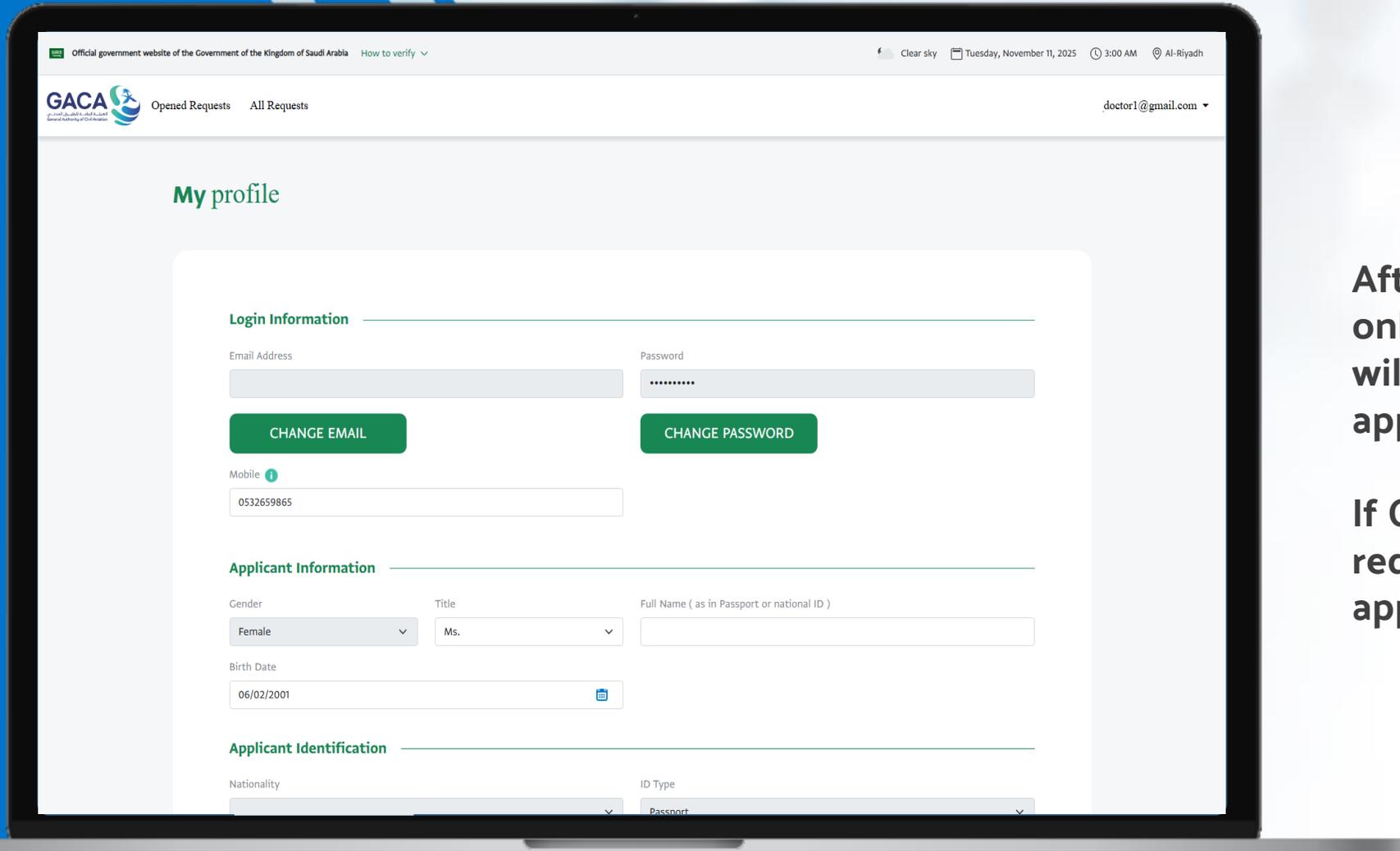
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Social Media



Verify your sign in through Nafath Application.



After Sign in, AME will see only his profile and status will be pending until GACA approve it.

If GACA approves the request, AME can Open applicants Requests.



OPEN REQUEST

Request No.	Applicant	Airman Certificate	Request Date	Status
MC.2025.0056033		Commercial Pilot	Oct 21, 2025	PENDING
MC.2025.0056009		Sport Pilot	Apr 30, 2025	DEFERED

After signing in, the Requests page will appear, where you can view and open applicants' requests.

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All Requests (4)

Request No.	Applicant	Airman Certificate	Request Date	Status
MC.2025.0056036		Flight Instructor	Oct 22, 2025	DENIED
MC.2025.0056035		Commercial Pilot	Oct 22, 2025	CANCELLED
MC.2025.0056033		Commercial Pilot	Oct 21, 2025	PENDING
MC.2025.0056009		Sport Pilot	Apr 30, 2025	DEFERED

In addition, you can display all applicants requests.

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OPEN REQUEST

Request No.	Applicant	Airman Certificate	Request Date	Status
MC.2025.0056033		Commercial Pilot	Oct 21, 2025	PENDING
MC.2025.0056009		Sport Pilot	Apr 30, 2025	DEFERED

To Open requests, click on **Open Request** button.

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Open MC Request

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Enter request number (For example: P.MD.2019.0012345 or MC.2022.0012345):

MC.2025.0056044

OPEN REQUEST

Insert request number for Applicant which starts with MC.xxxx.xxxxxxxx.

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Social Media



Open MC Request

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Verification code sent to the applicant by email and by sms, please enter it in the below form to open the evaluation.



Enter Application verification Code:

OPEN REQUEST

Enter the verification code sent to the applicant via email or SMS.

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Evaluation Details

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Request Number MC.2025.0056044

PENDING

Type	Class	Age	Application date	Status Date
MC Request	Class 1	22	10/11/2025	11/11/2025

Submitted Form

Medical Data

Limitations

Medical Evaluation

Application Information

1. Class of medical certificate applied for:

Class 1

2. Name

3. Date of birth

4. National ID

5. Nationality

08/01/2003

28920126289

6. Hair Color

7. Eyes color

8. Gender

Grey

Brown

Female

9. Country

10. Region

11. City

12. District

13. P.O Box

14. Zip Code

15. Address Details

16

10

16. Phone No.

17. Mobile

18. Email

01223466789

test@test.com

19. Airman Certificate

Type of airman certificate held :

Flight Engineer

Employment Information

20. Occupation

21. Employer

Self employed

Occupation

Employer

22. Medical Certificate Previously Denied

When the request is opened, there are sections for evaluating it. In the “Submitted Form” section, the doctor can view the applicant’s submitted information.

Evaluation Details

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Request Number MC.2025.0056044

PENDING

Type	Class	Age	Application date	Status Date
MC Request	Class 1	22	10/11/2025	11/11/2025

Submitted Form

Medical Data

Limitations

Medical Evaluation

General characteristics and body measurements

29. Hair Color <input type="text" value="Select"/>	30. Eyes Color <input type="text" value="Select"/>	31. Gender <input type="text" value="Female"/>
32. Height(m) <input type="text"/>	33. Weight(KG) <input type="text"/>	34. BMI (KG/m) <input type="text"/>

SODA

35. SODA (Optional)

NO. Soda (Optional) <input type="text"/>	Defect noted (Optional) <input type="text"/>	Validity date (Optional) <input type="text" value="Date"/>
---	---	---

Medical Items

Please make sure to give your feedback for all the below items.

36. Head, face, neck, and scalp	<input type="text" value="Normal"/>	<input type="text" value="Abnormal"/>	<input type="text" value="Not Applicable"/>
37. Vascular system (Pulse, amplitude and character, arms, legs, others)	<input type="text" value="Normal"/>	<input type="text" value="Abnormal"/>	<input type="text" value="Not Applicable"/>

In Medical Data Section, a doctor can fill medical data for the applicant.



Evaluation Details

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Request Number MC.2025.0056044 **PENDING**

Type	Class	Age	Application date	Status Date
MC Request	Class 1	22	10/11/2025	11/11/2025

[Submitted Form](#) [Medical Data](#) **[Limitations](#)** [Medical Evaluation](#)

Limitations

Please select at least one limitation(NONE if no limitation found)

- Full third class privileges
- Holder shall possess glasses for near/intermediate vision.
- Holder shall wear corrective contact lens
- HOLDER SHALL WEAR LENSES THAT CORRECT FOR DISTANT VISION AND POSSESS GLASSES THAT CORRECT FOR NEAR VISION
- Limited second class/Full third class privileges.
- Must have available glasses for near vision.
- must use Ortho-K lenses while performing pilot duties
- MUST WEAR CORRECTIVE LENSES
- Must wear corrective lenses for near and distant vision.
- Must wear corrective lenses, possess glasses for near/intermediate vision.

In Limitations Section, a doctor can mark some limitations for the applicant.

Evaluation Details

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Request Number MC.2025.0056044 **PENDING**

Type	Class	Age	Application date	Status Date
MC Request	Class 1	22	10/11/2025	11/11/2025

Submitted Form Medical Data Limitations **Medical Evaluation**

Application Information

1. Class of medical certificate applied for:

Class 1

2. Name

3. Date of birth

National ID

Nationality

08/01/2003 28920126289

Medical Examiner Declaration

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.

ISSUE

DENIAL

DEFER

In Medical Evaluation, a doctor can ISSUE, REJECT or DEFER the request based on the given information and evaluation.

Medical Examiner Declaration

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.

DEFER REASON

Please share your thoughts with GACA in order to proceed :

SEND

CANCEL

In case of deferring the request, a doctor can write reasons for deferring and send it to GACA

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Success !
1. Your changes have been saved successfully.

Evaluation Details

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Request Number MC.2025.0056044 **DEFERED**

Type	Class	Age	Application date	Status Date
MC Request	Class 1	22	10/11/2025	11/11/2025

- Submitted Form**
- Medical Data
- Limitations
- Medical Evaluation

Application Information

1. Class of medical certificate applied for:

Class 1

2. Name: [Text Field] 3. Date of birth: 08/01/2003 4. National ID: 28920126289 5. Nationality: [Dropdown]

6. Hair Color: Grey 7. Eyes color: Brown 8. Gender: Female

Then, the request status will change to deferred and GACA will decide on the request.



OPEN REQUEST

Request No.	Applicant	Airman Certificate	Request Date	Status
MC.2025.0056044		Flight Engineer	Nov 10, 2025	ADDITIONAL INFO
MC.2025.0056033		Commercial Pilot	Oct 21, 2025	PENDING
MC.2025.0056009		Sport Pilot	Apr 30, 2025	DEFERED

After GACA makes a decision, the request status will appear in the doctor's account as either "ADDITIONAL INFO" or "DENIED."

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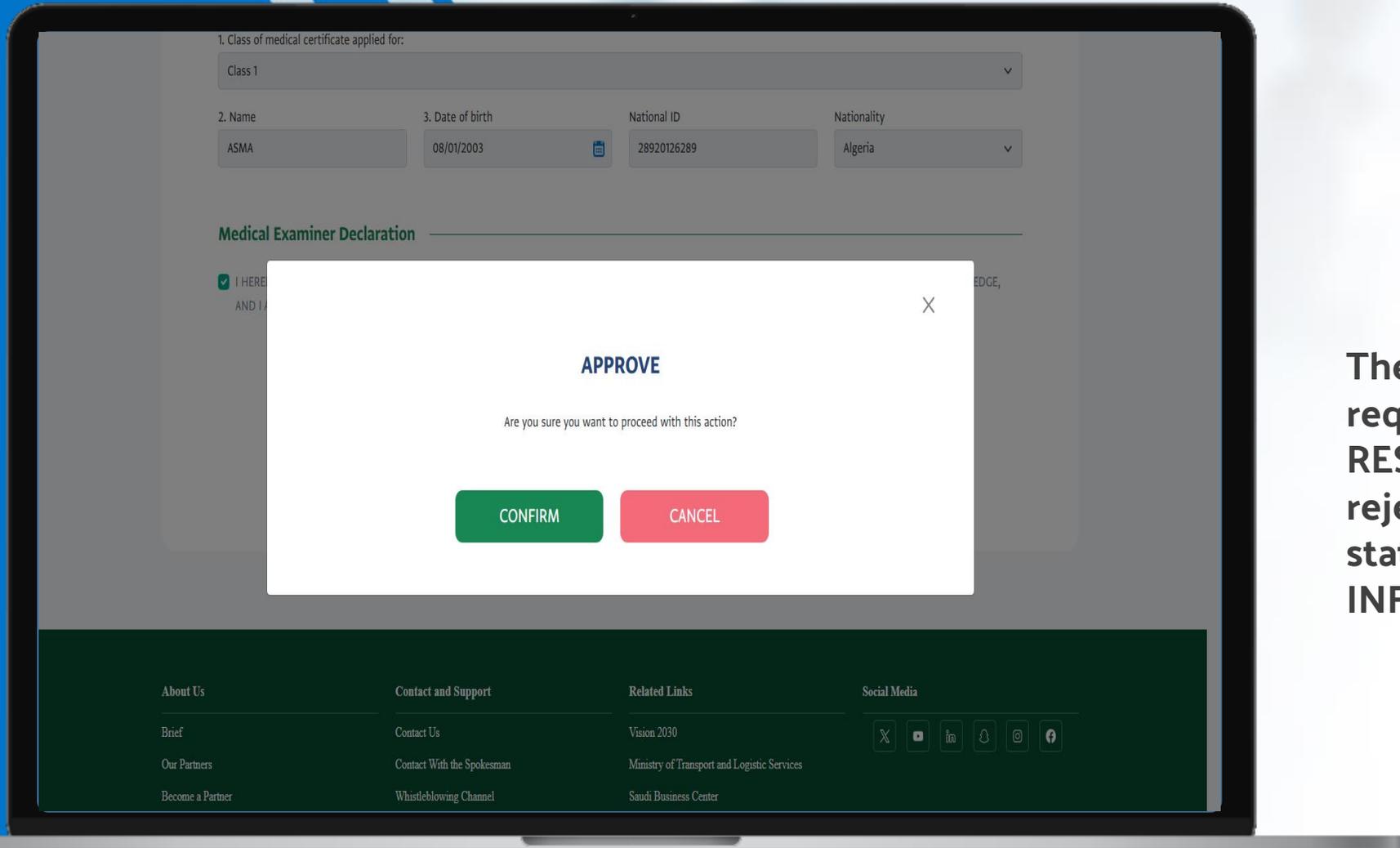
- Contact Us
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The doctor will process the request based on the **GACA RESPONSE** and issue or reject the request when the status is **“ADDITIONAL INFO”**.



Success!
1. Your changes have been saved successfully.

Evaluation Details

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Request Number MC.2025.0056044 **ISSUED**

Type	Class	Age	Application date	Status Date
MC Request	Class 1	22	10/11/2025	11/11/2025

Submitted Form

Medical Data

Limitations

Medical Evaluation

Application Information

1. Class of medical certificate applied for:

Class 1

2. Name

3. Date of birth

08/01/2003

4. National ID

28920126289

5. Nationality

6. Hair Color

Grey

7. Eyes color

Brown

8. Gender

Female

After approval of the request, the status of the request changes to ISSUED.

Please print the below certificate and sign it, then make sure to **upload the signed document** to the system using the **Upload Signed Certificate** button below.

Print, Sign & Upload

Upload Signed Medical Certificate

Kingdom of Saudi Arabia
General Authority of Civil Aviation
Aviation Medicine



Medical Certificate: Class 1

Certificate No.: MC-50028

Name of Holder:		Address		
Date of Birth: 08/01/2003				
Height	Weight	Hair	Eyes	Sex
1.65	65	Black	Black	Female

Has met medical standards prescribed in GACAR 67, for this class of medical certificate.

Limitations

- 1. NONE

Aviation Medical Examiner	Date of Medical Examination 11/11/2025
---------------------------	---

AME's Designation Number: DAME.085

AME's Signature:

Airman's Signature:

Print

CONDITIONS OF ISSUE:

The holder of this certificate must:

1. Have it in his or her personal possession at all times while exercising privileges of an airman certificate (GACAR 61.9, 64.2).
2. Understand that the issuance of a medical certificate by an Aviation Medical Examiner may be reversed by GACA within 60 days.
3. Comply with validity standards specified for medical certificates (GACAR 61.9, 64.2).
4. Comply with any statement of functional, operational, and/or time limitation issued as a condition of certification (GACAR 67.87) (Note: A letter of authorization (or SODA) describing any such limitation must be kept with this certificate at all times while exercising the privileges of an airman certificate).
5. Comply with the standards relating to prohibitions on operation during medical deficiency (GACAR 61.9, 64.2).

Then, the doctor prints the certificate and the applicant signs the certificate.

Please print the below certificate and sign it, then

button below.

Upload Signed Medical Certificate

+

SAVE

Print, Sign & Upload

Upload Signed Medical Certificate

Print

Kingdom of Saudi Arabia
General Authority of Civil Aviation
Aviation Medicine



Medical Certificate: Class 1

Certificate No.: MC-50028

Name of Holder:		Address		
Date of Birth: 08/01/2003				
Height	Weight	Hair	Eyes	Sex
1.65	65	Black	Black	Female

Has met medical standards prescribed in GACAR 67, for this class of medical certificate.

Limitations

1. NONE

Aviation Medical Examiner	Date of Medical Examination 11/11/2025
---------------------------	---

AME's Designation Number: DAME.085

AME's Signature:

Airman's Signature:

CONDITIONS OF ISSUE:

The holder of this certificate must:

1. Have it in his or her personal possession at all times while exercising privileges of an airman certificate (GACAR 61.9, 64.2).
2. Understand that the issuance of a medical certificate by an Aviation Medical Examiner may be reversed by GACA within 60 days.
3. Comply with validity standards specified for medical certificates (GACAR 61.9, 64.2).
4. Comply with any statement of functional, operational, and/or time limitation issued as a condition of certification (GACAR 67.87) (Note: A letter of authorization (or SODA) describing any such limitation must be kept with this certificate at all times while exercising the privileges of an airman certificate).
5. Comply with the standards relating to prohibitions on operation during medical deficiency (GACAR 61.9, 64.2).

The doctor should upload signed certificate and click on **SAVE** button.



Renew AME Designation

Renew



Warning: Your designation will expire soon, please renew it from your profile.

OPEN REQUEST

Request No.	Applicant	Airman Certificate	Request Date	Status
MC.2025.0056033		Commercial Pilot	Oct 21, 2025	PENDING
MC.2025.0056009		Sport Pilot	Apr 30, 2025	DEFERED

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When a warning alert appears on the doctor's dashboard, it indicates that your AME designation is almost expired or already expired.



Renew AME Designation

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

Instructions

This service allows the beneficiaries to be designated as an aviation medical examiner to issue airman medical certificates.

Required documents:

- Copies of current Ministry of Health Practice License
- New postgraduate/training certificates
- Updated Saudi Commission for Health Specialties Certificate

* Please refer to GACA E-Book Volume 14 (Chapter 8; Aviation Medical Examiner) for more information and carefully read the conditions of designation as an AME.

I Agree on

[CONDITIONS OF DESIGNATION AS AN AME](#)

NEXT

Review the AME Designation Conditions. If you agree, click Next to proceed.

Official government website of the Government of the Kingdom of Saudi Arabia | 1443 H | 2021 | 10:00 AM | 10/10/2021 | 10/10/2021 | 10/10/2021

GACA | Riyadh Region | All Regions | Anonri@gmail.com

Renew AME Designation

Practice Information

Medical Facility Name:

PO Box:

Working Hours/Week:

Working Hours/Shift:

Practice Address

Country: Region: City: District:

Postcode:

Address Details (Building Number, Street, ...):

PO Box Number: PO Box System:

Practice Contact

Phone Number: Telephone Extension: Mobile:

Fax Number: Other Hours Contact (Optional):

Health Specialization

Health Practice License Number: Medical Degree:

Medical School: Graduation Year:

Internship, Post Graduate and Specialist Training: Experience in Jordan Medicine:

Affiliations with Academic Medicine Organizations:

Attendance of Jordan Medical scientific meetings in the last three years (Please mention the date and the country):

Current job description and duties:

Required Documents

All the required documents need to be attached, should be pdf or image and less than 10 megabyte.

Copies of current Ministry of Health Practice License

New postgraduate/training certificates (Optional)

Updated Saudi Commission for Health Specialization Certificate

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Fill in the required information for your AME designation renewal and submit the request by clicking on **SEND** button.

Renew AME Designation



AME Renewal Request Sent

Your AME Renewal request has been sent successfully to GACA to study it
Your tracking No. is **AME.2025.0005022**

MY PROFILE

After sending the request, a confirmation message will appear with tracking number.

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AME Requests

Request No.	Request Date	Type	Status
AME.2025.0005024	Nov 11, 2025	AME Designation Renewal	PENDING
AME.2025.0005021	Oct 22, 2025	AME Designation Renewal	APPROVED
AME.2025.0005020	Sep 28, 2025	AME Initial Designation	APPROVED

At the bottom of My Profile Page, the doctor can track his renewal request. The renewal request will be pending until it is reviewed and approved by the administrator.



GACA Medical Portal