

Alcohol, oxygen, and flying while unwell — three regulations quoted whole, with the cabin-pressure-altitude wording most summaries drop, and the AIM's symptom lists for hypoxia, hyperventilation, and carbon monoxide kept clearly apart from the rules: regulation renders solid, guidance renders dashed.

1 · Alcohol & drugs — § 91.17 REGULATION

Acting as a crewmember — the four prohibitions: Four prohibitions joined by "or" — each stands on its own. The 8-hour clock, the influence clause most summaries forget, the drug clause, and the 0.04 threshold: clearing one does not clear the rest.

"(a) No person may act or attempt to act as a crewmember of a civil aircraft—

(1) Within 8 hours after the consumption of any alcoholic beverage;

(2) While under the influence of alcohol;

(3) While using any drug that affects the person's faculties in any way contrary to safety; or

(4) While having an alcohol concentration of 0.04 or greater in a blood or breath specimen. Alcohol concentration means grams of alcohol per deciliter of blood or grams of alcohol per 210 liters of breath."

§ 91.17(a)

Passengers under the influence: The pilot's duty about who rides along — with the rule's own emergency and medical-patient exceptions built in.

"(b) Except in an emergency, no pilot of a civil aircraft may allow a person who appears to be intoxicated or who demonstrates by manner or physical indications that the individual is under the influence of drugs (except a medical patient under proper care) to be carried in that aircraft."

§ 91.17(b)

Alcohol tests — law enforcement and the FAA:

"(c) A crewmember shall do the following:

(1) On request of a law enforcement officer, submit to a test to indicate the alcohol concentration in the blood or breath, when—

(i) The law enforcement officer is authorized under State or local law to conduct the test or to have the test conducted; and

(ii) The law enforcement officer is requesting submission to the test to investigate a suspected violation of State or local law governing the same or substantially similar conduct prohibited by paragraph (a)(1), (a)(2), or (a)(4) of this section.

(2) Whenever the FAA has a reasonable basis to believe that a person may have violated paragraph (a)(1), (a)(2), or (a)(4) of this section, on request of the FAA, that person must furnish to the FAA the results, or authorize any clinic, hospital, or doctor, or other person to release to the FAA, the results of each test taken within 4 hours after acting or attempting to act as a crewmember that indicates an alcohol concentration in the blood or breath specimen."

§ 91.17(c)

Drug-test results:

"(d) Whenever the Administrator has a reasonable basis to believe that a person may have violated paragraph (a)(3) of this section, that person shall, upon request by the Administrator, furnish the Administrator, or authorize any clinic, hospital, doctor, or other person to release to the Administrator, the results of each test taken within 4 hours after acting or attempting to act as a crewmember that indicates the presence of any drugs in the body."

§ 91.17(d)

What the results can be used for:

"(e) Any test information obtained by the Administrator under paragraph (c) or (d) of this section may be evaluated in determining a person's qualifications for any airman certificate or possible violations of this chapter and may be used as evidence in any legal proceeding under section 602, 609, or 901 of the Federal Aviation Act of 1958."

§ 91.17(e)

2 · Supplemental oxygen — § 91.211 REGULATION

The words the rule turns on: Every threshold in paragraph (a) is written in "cabin pressure altitudes" — the qualifier most summaries drop. That is why the three paragraphs are quoted here, not reduced to a table of numbers. Paragraph (b), for pressurized aircraft, switches to flight levels instead.

How the section opens:

"(a) General. No person may operate a civil aircraft of U.S. registry—"

§ 91.211(a)

Required crew — the timed window:

"(1) At cabin pressure altitudes above 12,500 feet (MSL) up to and including 14,000 feet (MSL) unless the required minimum flight crew is provided with and uses supplemental oxygen for that part of the flight at those altitudes that is of more than 30 minutes duration;"

§ 91.211(a)(1)

Required crew — the whole time at altitude:

"(2) At cabin pressure altitudes above 14,000 feet (MSL) unless the required minimum flight crew is provided with and uses supplemental oxygen during the entire flight time at those altitudes; and"

§ 91.211(a)(2)

Every occupant:

"(3) At cabin pressure altitudes above 15,000 feet (MSL) unless each occupant of the aircraft is provided with supplemental oxygen."

§ 91.211(a)(3)

Pressurized cabins — beyond most trainers: Quoted so the section is complete on this sheet — and badged for what it is: flight-level territory, not the trainer's.

"(b) Pressurized cabin aircraft. (1) No person may operate a civil aircraft of U.S. registry with a pressurized cabin—

(i) At flight altitudes above flight level 250 unless at least a 10-minute supply of supplemental oxygen, in addition to any oxygen required to satisfy paragraph (a) of this section, is available for each occupant of the aircraft for use in the event that a descent is necessitated by loss of cabin pressurization; and

(ii) At flight altitudes above flight level 350 unless one pilot at the controls of the airplane is wearing and using an oxygen mask and that either supplies oxygen at all times or automatically supplies oxygen whenever the cabin pressure altitude of the airplane exceeds 14,000 feet (MSL), except that the one pilot need not wear and use an oxygen mask while at or below flight level 410 if there are two pilots at the controls and each pilot has a quick-donning type of oxygen mask that can be placed on the face with one hand from the ready position within 5 seconds, supplying oxygen and properly secured and sealed."

§ 91.211(b)(1)

One pilot leaves the controls:

"(2) Notwithstanding paragraph (b)(1)(ii) of this section, if for any reason at any time it is necessary for one pilot to leave the controls of the aircraft when operating at flight altitudes above flight level 350, the remaining pilot at the controls shall put on and use an oxygen mask until the other pilot has returned to that crewmember's station."

§ 91.211(b)(2)

What the AIM recommends — guidance, not the rule: The AIM's recommendation starts lower than any of the regulation's thresholds. It renders in the guidance treatment here on purpose.

“For optimum protection, pilots are encouraged to use supplemental oxygen above 10,000 feet during the day, and above 5,000 feet at night.”
AIM 8-1-2

3 · Medical deficiency — § 61.53

“Prohibition on operations during medical deficiency” **REGULATION**

Holding a medical certificate: A valid medical in your pocket does not settle it — the question this paragraph asks is whether you could meet its standards today, and it names medication and treatment as squarely as the condition itself.

“(a) Operations that require a medical certificate. Except as provided for in paragraph (b) of this section, no person who holds a medical certificate issued under part 67 of this chapter may act as pilot in command, or in any other capacity as a required pilot flight crewmember, while that person:
(1) Knows or has reason to know of any medical condition that would make the person unable to meet the requirements for the medical certificate necessary for the pilot operation; or
(2) Is taking medication or receiving other treatment for a medical condition that results in the person being unable to meet the requirements for the medical certificate necessary for the pilot operation.”
§ 61.53(a)

Operations without a medical certificate: This paragraph keys on the operation, not the pilot — for operations that do not require a medical certificate at all, whoever flies them, the test is different: safe operation of the aircraft, not certificate standards.

“(b) Operations that do not require a medical certificate. For operations provided for in § 61.23(b) of this part, a person shall not act as pilot in command, or in any other capacity as a required pilot flight crewmember, while that person knows or has reason to know of any medical condition that would make the person unable to operate the aircraft in a safe manner.”
§ 61.53(b)

Medical certificate or U.S. driver’s license: Operations flown under § 61.23(c) split on which document you hold — the rule routes you back to paragraph (a) or paragraph (b).

“(c) Operations requiring a medical certificate or a U.S. driver’s license. For operations provided for in § 61.23(c), a person must meet the provisions of—
(1) Paragraph (a) of this section if that person holds a medical certificate issued under part 67 of this chapter and does not hold a U.S. driver’s license.
(2) Paragraph (b) of this section if that person holds a U.S. driver’s license.”
§ 61.53(c)

4 · Symptoms — AIM guidance, not regulation

AIM chapter 8, section 1 **FAA GUIDANCE**

Everything in this band is the AIM — it renders dashed, apart from the rules above, on purpose. Paragraph numbers and titles are the frozen page’s own.

Hypoxia (AIM 8-1-2, “Effects of Altitude”)
Filed under the AIM’s “Effects of Altitude” paragraph — and the list to know includes euphoria: the impairment can feel like well-being. (The hyphen in “well-being” below is the frozen page’s own character.)

“Hypoxia is a state of oxygen deficiency in the body sufficient to impair functions of the brain and other organs.”
AIM 8-1-2

“Although a deterioration in night vision occurs at a cabin pressure altitude as low as 5,000 feet, other significant effects of altitude hypoxia usually do not occur in the normal healthy pilot below 12,000 feet. From 12,000 to 15,000 feet of altitude, judgment, memory, alertness, coordination and ability to make calculations are impaired, and headache, drowsiness, dizziness and either a sense of well-being (euphoria) or belligerence occur.”
AIM 8-1-2

“At cabin pressure altitudes above 15,000 feet, the periphery of the visual field grays out to a point where only central vision remains (tunnel vision). A blue coloration (cyanosis) of the fingernails and lips develops.”
AIM 8-1-2

“The effects of hypoxia are usually quite difficult to recognize, especially when they occur gradually.”
AIM 8-1-2

Hyperventilation (AIM 8-1-3, “Hyperventilation in Flight”)
The trap is the overlap: its early symptoms mirror hypoxia’s, and the AIM’s answer is oxygen first, breathing second.

“As hyperventilation “blows off” excessive carbon dioxide from the body, a pilot can experience symptoms of lightheadedness, suffocation, drowsiness, tingling in the extremities, and coolness and react to them with even greater hyperventilation.”
AIM 8-1-3

“The symptoms of hyperventilation subside within a few minutes after the rate and depth of breathing are consciously brought back under control.”
AIM 8-1-3

“Early symptoms of hyperventilation and hypoxia are similar. Moreover, hyperventilation and hypoxia can occur at the same time. Therefore, if a pilot is using an oxygen system when symptoms are experienced, the oxygen regulator should immediately be set to deliver 100 percent oxygen, and then the system checked to assure that it has been functioning effectively before giving attention to rate and depth of breathing.”
AIM 8-1-3

Carbon monoxide (AIM 8-1-4, “Carbon Monoxide Poisoning in Flight”)

An exhaust smell, or a headache with the heater on, is the AIM’s cue to act — shut the heater off and open the vents.

“Carbon monoxide is a colorless, odorless, and tasteless gas contained in exhaust fumes. When breathed even in minute quantities over a period of time, it can significantly reduce the ability of the blood to carry oxygen. Consequently, effects of hypoxia occur.”
AIM 8-1-4

“A pilot who detects the odor of exhaust or experiences symptoms of headache, drowsiness, or dizziness while using the heater should suspect carbon monoxide poisoning, and immediately shut off the heater and open air vents. If symptoms are severe or continue after landing, medical treatment should be sought.”
AIM 8-1-4

Sources, kept apart. The rules are 14 CFR at eCFR issue date 2026-08-24, each section quoted whole. The symptom bands and the oxygen recommendation quote the AIM — guidance, not regulation. Retrieved 2026-08-31 (14 CFR and the AIM page); every quoted artifact is frozen and hashed in the repository. Medical-certificate durations are deliberately not on this sheet — they live on the currency sheet, runuplab.com/printables/currency. This is a study aid — it does not replace the regulations, the AIM, your AME, or your CFI. Verify against the primary source before you act on it.