



The logo features the EAA Airventure Oshkosh 2025 branding. At the top left is the EAA logo, which consists of a stylized blue airplane flying in a circle above the letters 'EAA'. To the right of this is the word 'AIRVENTURE' in a blue, sans-serif, all-caps font. Below 'AIRVENTURE' is the word 'OSHKOSH' in a much larger, bold, blue, sans-serif, all-caps font. A horizontal red line is positioned below 'OSHKOSH'. Underneath the red line, the year '2025' is written in a large, bold, red, sans-serif, all-caps font.

# EAA Legal Advisory Council

Member	Location
Ronnie Gipson (Chair)	Pennsylvania
Kathy Yodice (Vice-Chair)	D.C.
Mike Van Hoomisen	Oregon, Washington
Greg Reigel	Texas
James Cooling	Kansas, California
Don Andersen	Georgia, Florida
Dale Egan	Wisconsin
John Taylor	South Dakota
Hal Reiland	California
Robert Walker	California

# Legal Issues

## In FAA Medical Certification Matters

### EAA's AirVenture 2025

Presented by members of the EAA Legal Advisory Council

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# What Are We Going To Talk About?

- **The FAA Medical Application – Troublesome spots**
- **Part 67 Standards and Special Issuance**
  - **Availability of FAA Guidance**
- **Role of the AME**
- **Deferral, Denial, Final Denial of Medical Application**
- **Special Issuance Decisions**
- **Legal Options to Challenge FAA**
- **Your Questions**

# FAA Form 8500/MedXPress

**INFORMATION FOR APPLICANT**

**Application For Airman Medical Certificate or Airman Medical and Student Pilot Certificate**

**Privacy Act Statement**

The information on the attached FAA Form 8500-A, Application For Airman Medical Certificate of Airman Medical and Student Pilot Certificate, is submitted under the authority of Title 49, United States Code (U.S.C.) (Transportation) sections 109(b), 4013(b), 44701-44703, and 44709 (1994) formerly codified in the Federal Aviation Act of 1958, as amended, and Title 14, Code of Federal Regulations (CFR), part 67, Medical Standards and Certification.

Except for your Social Security Number (SSN), submission of this information is mandatory. Incomplete submission will result in delay of further consideration or denial of your application for a medical certificate of medical and student pilot certificate. Other than your SSN, the purpose of the information is to determine whether you meet Federal Aviation Administration (FAA) medical requirements to hold a medical certificate or medical and student pilot certificate. The information will also be used to provide data for the FAA's automated medical certification system to support certain population patterns and to update certification procedures and medical standards. For air traffic control specialists (ATCS) employed by the Federal Government, the information requested will be used as a basis for determining medical eligibility for initial and continuing employment. The information becomes part of the FAA Privacy Act system of records, DOT/FAA-847-General Air Transportation Records on Individuals. These records and information in these records may be used (a) to provide basic airman certification and qualification information to the public upon request; (b) to disclose information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities; (c) to provide information about former to Federal, state, and local law enforcement agencies when engaged in the investigation and apprehension of drug law violators; (d) to provide information about enforcement actions among out of violations of the Federal Aviation Regulations to government agencies, the aviation industry, and the public upon request; (e) to disclose information to another Federal agency, or to a court or an administrative tribunal, when the Government or one of its agencies is a party to a judicial proceeding before the court or involved in administrative proceedings before the tribunal; (f) to disclose information to other Federal agencies for verification of the accuracy or completeness of the information; and (g) to comply with the Privacy Statement of General Future Uses for the Department of Transportation.

Submission of your SSN is not required by law and is voluntary. Refusal to furnish your SSN will not result in the denial of any right, benefit, or privilege provided by law. Your SSN is collected to assist in performing the agency's functions under 49 U.S.C. (Transportation), if supplied, it will be used by the FAA to associate all information in agency files relating to you, if you choose to supply your SSN, a validatable number or other identifier will be assigned, as required.

The written consent authorization of this form under No. 20, Applicant's Declaration, permits the FAA to request information, if any, pertaining to your driving record from the National Driver Register (NDR). The FAA will then match only probable violators; the FAA will verify the NDR information it receives with the state of record. You have the right to request an NDR file check to determine if it contains any information and, if so, the accuracy of such information. BIDDZSC requests may be sent to: DOT/NHTSA/DS-32, 400 7th Street, S.W., Washington, DC 20590-0001, and must contain your complete name and date of birth. Other information about height, weight, and eye color will ensure correct possible identification.

**Paperwork Reduction Act Statement:**  
The information collected on this form is necessary to ensure applicants meet the minimum requirements as set forth under the authority of 49 U.S.C. (Transportation). This information will be used to determine applicant eligibility for a medical certificate, medical and student pilot certificate, or ATCS eligibility for employment. When all requirements have been met, an appropriate medical certificate, medical and student pilot certificate, or medical clearance will be issued. It is estimated that it will take each applicant 2 hours to complete this form and provide all the information called for (including providing medical history information and physical examination). The information is required to obtain a certificate and is confidential. The information will become part of the Privacy Act system of records, DOT/FAA-847-General Air Transportation Records on Individuals. Note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this collection of information is 2120-0046.

**Tear off this cover sheet before submitting this form.**

FAA Form 8500-A (04-01) (Supersedes Previous Edition) NPR: 1802-01-04-0000

**Instructions for Completion of the Application for Airman Medical Certificate**

Applicant must fill in the appropriate column (1) through (3) of the application using the shaded area. Each applicant prepares to make height measurements. The following information applies to the shaded heading on the application form that follows this page.

**NOTE** - removed and replaced items may be found in previous editions. Applicant's information may be used in suspension or revocation of an airmen's certificate or for medical certificate or airmen's rating by you, or as well as some of the applications for medical certificate.

**1. APPLICATION FOR** - Check the appropriate box.

**2. CLASS OF AIRMAN MEDICAL CERTIFICATE APPLIED FOR** - Check the appropriate box for the class of airmen medical certificate for which you are making application.

**3. FULL NAME** - If your name has changed for any reason, list your name on the application and list any former names in the EXPLANATIONS box of number 18 on the application.

**4. SOCIAL SECURITY NUMBER** - The social security number is a permanent number. Do not use a company identifier (such as airmen's identification).

**5. ADDRESS** - Give permanent mailing address and country. Include your complete one digit ZIP Code if known. Provide your current area code and telephone number.

**6. DATE OF BIRTH** - Specify month (MM), day (DD), and year (YYYY). If unknown, give: (XXXXXX). Indicate citizenship: (C) U.S.A.

**7. COLOR OF HAIR** - Specify as brown, black, blond, gray, or red. If hair is bald, do not address.

**8. COLOR OF EYES** - Specify actual eye color as brown, blue, hazel, gray, or green. Do not abbreviate.

**9. SEX** - Indicate male or female.

**10. TYPE OF AIRMAN CERTIFICATE(S) YOU HOLD** - Check appropriate box(es). If "Other," check, provide name of certificate.

**11. OCCUPATION** - Indicate major assignment(s). "None" will be used for those having not involved by filing.

**12. EMPLOYER** - Provide your employer's full name. If self-employed, so state.

**13. HAS YOUR FAA AIRMAN MEDICAL CERTIFICATE EVER BEEN DENIED, SUSPENDED, OR REVOKED** - If "yes" it includes one month and part of action in number 14.

**14. TOTAL PILOT TIME TO DATE** - Give total number of full-time flight hours. Indicate whether logged or unlogged. Abbreviate as follows:

**15. TOTAL PILOT TIME LAST 6 MONTHS** - Give number of full-time flight hours in the 6-month period immediately preceding this date. Indicate whether logged or unlogged. Abbreviate as Log or Unlog.

**16. MONTH AND YEAR OF LAST FAA MEDICAL EXAMINATION** - Show month and year in numerals. If none, so state.

**17. DO YOU CURRENTLY USE ANY MEDICATION (Prescription or Nonprescription)** - Check "yes" or "no." If "yes" it includes one form of medication and indicate in the EXPLANATIONS box in a previous FAA medical examination. See NOTE below.

**17a.** Indicate whether you use near vision contact lenses (yes/no).

**18. MEDICAL HISTORY** - Each item under this heading must be checked either "yes" or "no." The word "never" and "no" every condition you have ever been diagnosed with, had, or every "yes" and describe the condition and appropriate date in the EXPLANATIONS box.

If information has been reported on a previous application for airman medical certificate and there has been no change in your condition, you may mark "PREVIOUSLY REPORTED, NO CHANGE" in the EXPLANATIONS box, but you must still check "yes" or "no" to the condition. Do not report common chronic diseases such as osteo or stress fracture.

**NOTE** - If you space is required to respond to "yes" questions in numbers 17, 18, or 19, use a plain sheet of paper showing the information, your signature, and the date signed.

Applicant - Please Tear Off This Sheet After Completing the Application Form.

FAA Form 8500-A (04-01) (Supersedes Previous Edition) NPR: 2002-02-04-0000

**Applicant Must Complete ALL 20 Items (Except For Shaded Areas) PLEASE PRINT** Form Approved OMB No. 2120-0046

**FOR REFERENCE ONLY**

**MEDICAL CERTIFICATE CLASS AND STUDENT PILOT CERTIFICATE**

**THIS FORM CANNOT BE USED FOR MEDICAL TURBULENCE OR FALG MEDPRESS.**

**1. Application For:**  Class of Airman Medical Certificate  Student Pilot Certificate Applied For

**2. Name:**  Last  First  Middle Initial

**3. Social Security Number:** \_\_\_\_\_

**4. Address:** \_\_\_\_\_

**5. Date of Birth:** \_\_\_\_\_

**6. Sex:**  Male  Female

**7. Color of Hair:** \_\_\_\_\_

**8. Color of Eyes:** \_\_\_\_\_

**9. Type of Airman Certificate(s) You Hold:** \_\_\_\_\_

**10. Occupation:** \_\_\_\_\_

**11. Employer:** \_\_\_\_\_

**12. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?**  Yes  No

**13. Total Pilot Time (Hours):** \_\_\_\_\_

**14. Total Pilot Time Last 6 Months (Hours):** \_\_\_\_\_

**15. Month and Year of Last FAA Medical Examination:** \_\_\_\_\_

**16. Do You Currently Use Any Medication (Prescription or Nonprescription)?**  Yes  No

**17. Do You Currently Use Near Vision Contact Lenses?**  Yes  No

**18. Medical History:** \_\_\_\_\_

**19. Within 6 Months Preceding Within Last 3 Years:**  Yes (Specify Below)  No See Instructions Page

**20. Applicant's National Driver Register and Certification Declaration:** \_\_\_\_\_

**21. Signature:** \_\_\_\_\_

**22. Date:** \_\_\_\_\_

**23. City:** \_\_\_\_\_

**24. State:** \_\_\_\_\_

**25. ZIP Code:** \_\_\_\_\_

**26. Telephone:** \_\_\_\_\_

**NOTE: FAA/Original Copy of the Report of Medical Examination Must be Typed.**

**REPORT OF MEDICAL EXAMINATION**

**1. Applicant's Name:** \_\_\_\_\_

**2. Address:** \_\_\_\_\_

**3. Date of Birth:** \_\_\_\_\_

**4. Sex:**  Male  Female

**5. Social Security Number:** \_\_\_\_\_

**6. Occupation:** \_\_\_\_\_

**7. Employer:** \_\_\_\_\_

**8. Type of Airman Certificate(s) You Hold:** \_\_\_\_\_

**9. Total Pilot Time (Hours):** \_\_\_\_\_

**10. Total Pilot Time Last 6 Months (Hours):** \_\_\_\_\_

**11. Month and Year of Last FAA Medical Examination:** \_\_\_\_\_

**12. Do You Currently Use Any Medication (Prescription or Nonprescription)?**  Yes  No

**13. Do You Currently Use Near Vision Contact Lenses?**  Yes  No

**14. Medical History:** \_\_\_\_\_

**15. Within 6 Months Preceding Within Last 3 Years:**  Yes (Specify Below)  No See Instructions Page

**16. Applicant's National Driver Register and Certification Declaration:** \_\_\_\_\_

**17. Signature:** \_\_\_\_\_

**18. Date:** \_\_\_\_\_

**19. City:** \_\_\_\_\_

**20. State:** \_\_\_\_\_

**21. ZIP Code:** \_\_\_\_\_

**22. Telephone:** \_\_\_\_\_

**23. Examiner's Name:** \_\_\_\_\_

**24. Examiner's Address:** \_\_\_\_\_

**25. Examiner's Date of Birth:** \_\_\_\_\_

**26. Examiner's Sex:**  Male  Female

**27. Examiner's Social Security Number:** \_\_\_\_\_

**28. Examiner's Occupation:** \_\_\_\_\_

**29. Examiner's Employer:** \_\_\_\_\_

**30. Examiner's Type of Airman Certificate(s) You Hold:** \_\_\_\_\_

**31. Examiner's Total Pilot Time (Hours):** \_\_\_\_\_

**32. Examiner's Total Pilot Time Last 6 Months (Hours):** \_\_\_\_\_

**33. Examiner's Month and Year of Last FAA Medical Examination:** \_\_\_\_\_

**34. Examiner's Do You Currently Use Any Medication (Prescription or Nonprescription)?**  Yes  No

**35. Examiner's Do You Currently Use Near Vision Contact Lenses?**  Yes  No

**36. Examiner's Medical History:** \_\_\_\_\_

**37. Examiner's Within 6 Months Preceding Within Last 3 Years:**  Yes (Specify Below)  No See Instructions Page

**38. Examiner's Applicant's National Driver Register and Certification Declaration:** \_\_\_\_\_

**39. Examiner's Signature:** \_\_\_\_\_

**40. Examiner's Date:** \_\_\_\_\_

**41. Examiner's City:** \_\_\_\_\_

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**292. Examiner's Date:** \_\_\_\_\_

**293. Examiner's City:** \_\_\_\_\_

**294. Examiner's State:** \_\_\_\_\_

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**465. Examiner's Signature:** \_\_\_\_\_

**466. Examiner's Date:** \_\_\_\_\_

**467. Examiner's City:** \_\_\_\_\_

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# Cover Sheet & Privacy Act

 <p>U.S. Department of Transportation <b>Federal Aviation Administration</b></p>	<b>INFORMATION FOR APPLICANT</b>
	<b>Application For Airman Medical Certificate or Airman Medical and Student Pilot Certificate</b>
<b>Privacy Act Statement</b>	
<p>The information on the attached FAA Form 8500-8, Application For Airman Medical Certificate or Airman Medical and Student Pilot Certificate, is solicited under the authority of Title 49, United States Code (U.S.C.) (Transportation) sections 109(9), 40113(a), 44701-44703, and 44709 (1994) formerly codified in the Federal Aviation Act of 1958, as amended, and Title 14, Code of Federal Regulations (CFR), part 67, Medical Standards and Certification.</p> <p>Except for your Social Security Number (SSN), submission of this information is mandatory. Incomplete submission will result in delay of further consideration or denial of your application for a medical certificate or medical and student pilot certificate. Other than your SSN, the purpose of the information is to determine whether you meet Federal Aviation Administration (FAA) medical requirements to hold a medical certificate or medical and student pilot certificate. The information will also be used to provide data for the FAA's automated medical certification system to depict airman population patterns and to update certification procedures and medical standards. For air traffic control specialists (ATCS) employed by the Federal Government, the information requested will be used as a basis for determining medical eligibility for initial and continuing employment. The information becomes part of the FAA Privacy Act system of records, DOT/FAA-847, General Air Transportation Records on Individuals. These records and information in these records may be used (a) to provide basic airman certification and qualification information to the public upon request; (b) to disclose information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities; (c) to provide information about airmen to Federal, state, and local law enforcement agencies when engaged in the investigation and apprehension of drug law violators; (d) to provide information about enforcement actions arising out of violations of the Federal Aviation Regulations to government agencies, the aviation industry, and the public upon request; (e) to disclose information to another Federal agency, or to a court or an administrative tribunal, when the Government or one of its agencies is a party to a judicial proceeding before the court or involved in administrative proceedings before the tribunal; (f) to disclose information to other Federal agencies for verification of the accuracy or completeness of the information; and (g) to comply with the Prefatory Statement of General Routine</p> <p>Submission of your SSN is not required by law and is voluntary. Refusal to furnish your SSN will not result in the denial of any right, benefit, or privilege provided by law. Your SSN is solicited to assist in performing the agency's functions under 49 U.S.C. (Transportation). If supplied, it will be used by the FAA to associate all information in agency files relating to you. If you refuse to supply your SSN, a substitute number or other identifier will be assigned, as required.</p> <p>The written consent authorization of this form under No. 20, Applicant's Declaration, permits the FAA to request information, if any, pertaining to your driving record from the National Driver Register (NDR). The FAA will then match such NDR information with the information you provide on the medical history part of the form. Since the NDR identifies only probable matches, the FAA will verify the NDR information it receives with the state of record. You have the right to request an NDR file check to determine if it contains any information and, if so, the accuracy of such information. <u>Notarized</u> requests may be sent to: DOT/NHTSA/NTS-32, 400 7th Street, S.W., Washington, DC 20590-0001, and must contain your complete name and date of birth. Other information about height, weight, and eye color will ensure correct positive identification.</p>	
<b>Paperwork Reduction Act Statement:</b> <p>The information collected on this form is necessary to ensure applicants meet the minimum requirements as set forth under the authority of 49 U.S.C. (Transportation). This information will be used to determine applicant eligibility for a medical certificate, medical and student pilot certificate, or ATCS eligibility for employment. When all requirements have been met, an appropriate medical certificate, medical and student pilot certificate, or medical clearance will be issued. It is estimated that it will take each applicant 2 hours to complete this form and provide all the information called for (includes providing medical history information and physical examination). The information is required to obtain a certificate and is confidential. The information will become part of the Privacy Act system of records DOT/FAA 847, General Air Transportation Records on Individuals. Note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this collection of information is 2120-0034.</p>	
<b>Tear off this cover sheet before submitting this form.</b>	
<small>FAA Form 8500-8 (9-08) Supersedes Previous Edition</small>	
<small>NSN: 0052-00-670-6002</small>	

# Item 17(a) "Use" of Medications

Applicant Must Complete ALL 20 Items (Except For Shaded Areas) PLEASE PRINT Form Approved OMB NO. 2129-0034

Copy of FAA Form 8500-8 (Medical Certificate) or FAA Form 8420-2 (Medical/Student Pilot Certificate) Issued

**FOR REFERENCE ONLY**

**MEDICAL CERTIFICATE CLASS AND STUDENT PILOT CERTIFICATE**

This certifies that (Full name and address):

Date of Birth Height Weight Hair Eyes Sex

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

**Limitations THIS FORM CANNOT BE USED IN LIEU OF TURBOMEDICAL OR FAA MEDXPRESS.**

Date of Examination Examiner's Designation No.

Signature Typed Name

1. Application For:  Airman Medical Certificate  Airman Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied For:  1st  2nd  3rd

3. Last Name First Name Middle Name

4. Social Security Number

5. Address Telephone Number ( )

Number / Street City State / Country Zip Code

6. Date of Birth M / D / D / Y Y Y Y 7. Color of Hair 8. Color of Eyes 9. Sex

Citizenship

10. Type of Airman Certificate(s) You Hold:  
 None  ATC Specialist  Flight Instructor  Recreational  
 Airline Transport  Flight Engineer  Private  Other  
 Commercial  Flight Navigator  Student

11. Occupation 12. Employer

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?  
 Yes  No If yes, give date M / M / D / Y Y Y Y

Total Pilot Time (Civilian Only) 16. Date of Last FAA Medical Application  
 14. To Date 15. Past 6 Months M / M / D / D / Y Y Y Y  No Prior Application

17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)?  
 No  Yes (If yes, below list medication(s) used and check appropriate box). Previously Reported

		Yes	No
e. <input type="checkbox"/> Hay fever or allergy	k. <input type="checkbox"/> Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
f. <input type="checkbox"/> Asthma or lung disease	l. <input type="checkbox"/> Neurological disorders, epilepsy, seizures, stroke, paralysis, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Arrest, Conviction, and/or Administrative Action History -- See Instructions Page		<input type="checkbox"/>	<input type="checkbox"/>
v. <input type="checkbox"/> History of (1) any arrest(s) and/or conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any arrest(s), and/or conviction(s), and/or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.	w. <input type="checkbox"/> History of nontraffic conviction(s) (misdemeanors or felonies).	<input type="checkbox"/>	<input type="checkbox"/>

Explanations: See Instructions Page

FOR FAA USE Review Action Codes

19. Visits to Health Professional Within Last 3 Years.  Yes (Explain Below)  No See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason

— NOTICE —  
 Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and wilfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001, 3571).

20. Applicant's National Driver Register and Certifying Declarations  
 I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 22 U.S. Code 401, Note.  
**NOTE: ALL persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.**  
 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 issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant Date M / M / D / D / Y Y Y Y

FAA Form 8500-8 (9-08) Supersedes Previous Edition NSN: 0952-00-070-6002

# Item 18 Medical History – “Ever”

**Applicant Must Complete ALL 20 Items (Except For Shaded Areas) PLEASE PRINT** Form Approved OMB NO. 2120-0634

Copy of FAA Form 8500-8 (Medical Certificate or FAA Form 8400-2 (Medical/Student Pilot Certificate) issued) **FOR REFERENCE ONLY**

**MEDICAL CERTIFICATE CLASS AND STUDENT PILOT CERTIFICATE**

This certifies that (Full name and address):

Date of Birth Height Weight Hair Eyes Sex

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

**Limitations THIS FORM CANNOT BE USED IN LIEU OF TURBOMEDICAL OR FAA MEDXPRESS.**

Date of Examination Examiner's Designation No.

Signature  
Typed Name  
**AIRMAN'S SIGNATURE**

1. Application For:  Airman Medical Certificate  Airman Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied For:  1st  2nd  3rd

3. Last Name First Name Middle Name

4. Social Security Number

5. Address Telephone Number ( )

Number / Street City State / Country Zip Code

6. Date of Birth M / M / D D / Y Y Y Y 7. Color of Hair 8. Color of Eyes 9. Sex

Citizenship

10. Type of Airman Certificate(s) You Hold:  
 None  ATC Specialist  Flight Instructor  Recreational  
 Airline Transport  Flight Engineer  Private  Other  
 Commercial  Flight Navigator  Student

11. Occupation 12. Employer

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?  
 Yes  No If yes, give date M / M / D D / Y Y Y Y

14. Total Pilot Time (Civilian Only) 15. Past 6 Months 16. Date of Last FAA Medical Application  
 No  Yes (if yes, below list medication(s) used and check appropriate box)  No Prior Application

17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)?  
 No  Yes (if yes, below list medication(s) used and check appropriate box) Previously Reported Yes No

17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying?  Yes  No

**18. Medical History - HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING? Answer "yes" or "no" for every condition listed below. In the EXPLANATIONS box below, you may note "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition. See Instructions Page**

Unconsciousness or passing out  High or low blood pressure  A drug test ever or substance abuse or use of illegal substance in the last 2 years  Medical rejection by military service

Stomach, liver, or intestinal trouble  Kidney stone or blood in urine  Alcohol dependence or abuse  Rejection for life or health insurance

Eye or vision trouble except glasses  Diabetes  Suicide attempt  Admission to hospital

Hay fever or allergy  Neurological disorders; epilepsy; seizures; stroke; paralysis, etc.  Motion sickness requiring medication  Other illness, disability, or surgery

Asthma or lung disease  Medical disability benefits

Arrest, Conviction, and/or Administrative Action History — See Instructions Page

Yes No History of (1) any arrest(s) and/or conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any arrest(s), and/or conviction(s), and/or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program. Yes No History of nontraffic conviction(s) (midemeanors or felonies).

Explanations: See Instructions Page **FOR FAA USE**  
Review Action Codes

19. Visits to Health Professional Within Last 3 Years.  Yes (Explain Below)  No See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason

— NOTICE —

Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both (18 U.S. Code Secs. 1001; 3571).

20. Applicant's National Driver Register and Certifying Declarations

I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note.

**NOTE: ALL persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.**

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 issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant Date M / M / D D / Y Y Y Y

FAA Form 8500-8 (9-08) Supersedes Previous Edition NSN: 0052-00-670-6002

# Item 18(v) DWIs – arrests, conviction, driving privileges, program attendance

Applicant Must Complete ALL 20 Items (Except For Shaded Areas) PLEASE PRINT Form Approved OMB NO. 2120-0034

Copy of FAA Form 8500-9 (Medical Certificate) or FAA Form 8500-8 (Medical Student Pilot Certificate) issued. **FOR REFERENCE ONLY**

**MEDICAL CERTIFICATE CLASS AND STUDENT PILOT CERTIFICATE**

This certifies that (Full name and address):

Date of Birth Height Weight Hair Eyes Sex

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

**Limitations THIS FORM CANNOT BE USED IN LIEU OF TURBOMEDICAL OR FAA MEDXPRESS.**

Date of Examination Examiner's Designation No.

Signature Typed Name

1. Application For:  Airman Medical Certificate  Airman Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied For:  1st  2nd  3rd

3. Last Name First Name Middle Name

4. Social Security Number

5. Address Telephone Number ( )

Number / Street City State / Country Zip Code

6. Date of Birth M / M / D D D / Y Y Y Y Y

7. Color of Hair 8. Color of Eyes 9. Sex

Citizenship

10. Type of Airman Certificate(s) You Hold:  None  ATC Specialist  Flight Instructor  Recreational  Airline Transport  Flight Engineer  Private  Other  Commercial  Flight Navigator  Student

11. Occupation 12. Employer

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?  Yes  No If yes, give date: M / M / D D D / Y Y Y Y Y

Total Pilot Time (Civilian Only): 14. To Date 15. Past 6 Months 16. Date of Last FAA Medical Application  No Prior Application M / M / D D D / Y Y Y Y Y

17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)?  No  Yes (If yes, below list medication(s) used and check appropriate box). Previously Reported Yes No

**Arrest, Conviction, and/or Administrative Action History --- See Instructions Page**

Yes v.  No  History of (1) any arrest(s) and/or conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any arrest(s), and/or conviction(s), and/or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.

e.  Hay fever or allergy k.  Diabetes p.  Suicide attempt r.  Other illness, disability, or surgery

f.  Asthma or lung disease l.  Neurological disorders; epilepsy, seizures, stroke, paralysis, etc. q.  Motion sickness requiring medication s.  Medical disability benefits

**Arrest, Conviction, and/or Administrative Action History --- See Instructions Page**

Yes v.  No  History of (1) any arrest(s) and/or conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any arrest(s), and/or conviction(s), and/or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.

Yes v.  No  History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page FOR FAA USE Review Action Codes

19. Visits to Health Professional Within Last 3 Years.  Yes (Explain Below)  No See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason

**NOTICE**

Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both, (18 U.S. Code Secs. 1001, 3571).

20. Applicant's National Driver Register and Certifying Declarations

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NOTE: ALL persons using this form must sign it, NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.

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 issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant Date M / M / D D D / Y Y Y Y Y

FAA Form 8500-9 (9-08) Supersedes Previous Edition NSN: 0052-00-670-6002

# Item 18(w) Other Convictions

Applicant Must Complete ALL 20 Items (Except For Shaded Areas) PLEASE PRINT Form Approved OMB NO. 2120-0034

Copy of FAA Form 8500-9 (Medical Certificate) or FAA Form 8500-2 (Medical Student Pilot Certificate) issued.

**FOR REFERENCE ONLY**

**MEDICAL CERTIFICATE CLASS AND STUDENT PILOT CERTIFICATE**

This certifies that (Full name and address):

Date of Birth	Height	Weight	Hair	Eyes	Sex
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has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

**Limitations THIS FORM CANNOT BE USED IN LIEU OF TURBOMEDICAL OR FAA MEDXPRESS**

1. Application For:  Airman Medical Certificate  Airman Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied For:  1st  2nd  3rd

3. Last Name First Name Middle Name

4. Social Security Number

5. Address Telephone Number ( )

Number / Street

City State / Country Zip Code

6. Date of Birth M M / D D / Y Y Y Y 7. Color of Hair 8. Color of Eyes 9. Sex

Citizenship

10. Type of Airman Certificate(s) You Hold:  None  ATC Specialist  Flight Instructor  Recreational  Airline Transport  Flight Engineer  Private  Other  Commercial  Flight Navigator  Student

11. Occupation 12. Employer

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?

<p><b>Yes</b></p> <p>w. <input type="checkbox"/></p>	<p><b>No</b></p> <p><input type="checkbox"/></p>	<p><b>History of nontraffic conviction(s) (misdemeanors or felonies).</b></p>
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Explanations: See Instructions Page

FOR FAA USE Review Action Codes

19. Visits to Health Professional Within Last 3 Years.  Yes (Explain Below)  No See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason

— NOTICE —

20. Applicant's National Driver Register and Certifying Declarations

Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571).

I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note.

**NOTE: ALL persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.**

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 issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant Date

—M M / D D / Y Y Y Y—

FAA Form 8500-9 (9-06) Supersedes Previous Edition NSN: 0052-00-670-6002



# Item 19 Visits to Health Professionals

Applicant Must Complete ALL 20 Items (Except For Shaded Areas) PLEASE PRINT Form Approved OMB NO. 2120-0034

Copy of FAA Form 8500-9 Medical Certificate or FAA Form 8500-1 Student Pilot Certificate issued. **FOR REFERENCE ONLY**

**MEDICAL CERTIFICATE CLASS AND STUDENT PILOT CERTIFICATE**

This certifies that (Full name and address):

Date of Birth Height Weight Hair Eyes Sex

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

**Limitations THIS FORM CANNOT BE USED IN LIEU OF TURBOMEDICAL OR FAA MEDXPRESS.**

Date of Examination Examiner's Designation No.

Signature Typed Name

1. Application For:  Airman Medical Certificate  Airman Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied For:  1st  2nd  3rd

3. Last Name First Name Middle Name

4. Social Security Number

5. Address Telephone Number ( )

Number / Street City State / Country Zip Code

6. Date of Birth M / M / D / D / Y / Y / Y / Y 7. Color of Hair 8. Color of Eyes 9. Sex

Citizenship

10. Type of Airman Certificate(s) You Hold:  None  ATC Specialist  Flight Instructor  Recreational  Airline Transport  Flight Engineer  Private  Other  Commercial  Flight Navigator  Student

11. Occupation 12. Employer

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?  Yes  No If yes, give date M / M / D / D / Y / Y / Y / Y

Total Pilot Time (Civilian Only) 16. Date of Last FAA Medical Application 14. To Date 15. Past 6 Months M / M / D / D / Y / Y / Y / Y  No Prior Application

17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)?  No  Yes (if yes, below list medication(s) used and check appropriate box). Previously Reported  No  Yes

**19. Visits to Health Professional Within Last 3 Years.**  Yes (Explain Below)  No See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason

e.  Hay fever or allergy f.  Asthma or lung disease g.  Diabetes h.  Neurological disorders: epilepsy, seizures, stroke, paralysis, etc. i.  Suicide attempt j.  Motion sickness requiring medication k.  Other illness, disability, or surgery l.  Medical disability/benefits

Arrest, Conviction, and/or Administrative Action History—See Instructions Page

Yes  No  History of (1) any arrest(s) and/or conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any arrest(s), and/or conviction(s), and/or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.

Yes  No  History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page FOR FAA USE Review Action Codes

**19. Visits to Health Professional Within Last 3 Years.**  Yes (Explain Below)  No See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason

— NOTICE —

Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and wilfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571).

I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR for my review and written comment. Authority: 23 U.S. Code 401, Note.

**20. Applicant's National Driver Register and Certifying Declarations**

**NOTE: ALL persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.**

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 issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant Date M / M / D / D / Y / Y / Y / Y

NSN: 0052-00-670-6002

FAA Form 8500-9 (9-08) Supersedes Previous Edition

# Item 20 Signature/Certification

Applicant Must Complete ALL 20 Items (Except For Shaded Areas) PLEASE PRINT Form Approved OMB NO. 2120-0034

Copy of FAA Form 8500-8 (Medical Certificate) or FAA Form 8420-2 (Medical Student Pilot Certificate) issued. **FOR REFERENCE ONLY**

**MEDICAL CERTIFICATE CLASS AND STUDENT PILOT CERTIFICATE**

This certifies that (Full name and address):

Date of Birth Height Weight Hair Eyes Sex

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

**Limitations THIS FORM CANNOT BE USED IN LIEU OF TURBOMEDICAL OR FAA MEDXPRESS.**

Date of Examination Examiner's Designation No.

Signature

1. Application For:  Airman Medical Certificate  Airman Medical and Student Pilot Certificate 2. Class of Medical Certificate Applied For:  1st  2nd  3rd

3. Last Name First Name Middle Name

4. Social Security Number

5. Address Telephone Number ( ) - -

Number / Street

City State / Country Zip Code

6. Date of Birth M M / D D / Y Y Y Y 7. Color of Hair 8. Color of Eyes 9. Sex

Citizenship

10. Type of Airman Certificate(s) You Hold:  None  ATC Specialist  Flight Instructor  Recreational  Airline Transport  Flight Engineer  Private  Other  Commercial  Flight Navigator  Student

11. Occupation 12. Employer

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?  Yes  No If yes, give date M M / D D / Y Y Y Y

Total Pilot Time (Civilian Only) 16. Date of Last FAA Medical Application

14. To Date M M / D D / Y Y Y Y 15. Past 6 Months M M / D D / Y Y Y Y  No Prior Application

17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)?  No  Yes (If yes, below list medication(s) used and check appropriate box). Previously Reported Yes No

**20. Applicant's National Driver Register and Certifying Declarations**

I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note.

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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 issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant Date M M / D D / Y Y Y Y

f.  Asthma or lung disease i.  Neurological disorders; epilepsy, seizures, stroke, paralysis, etc. n.  Motion sickness requiring medication y.  Medical disability benefits

**Arrest, Conviction, and/or Administrative Action History -- See Instructions Page**

Yes No  History of (1) any arrest(s) and/or conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any arrest(s), and/or conviction(s), and/or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program. Yes No  History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page FOR FAA USE Review Action Codes

19. Visits to Health Professional Within Last 3 Years.  Yes (Explain Below)  No See Instructions Page

Date Name, Address, and Type of Health Professional Consulted Reason

— NOTICE —  
Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571).

**20. Applicant's National Driver Register and Certifying Declarations.**

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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 issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant Date M M / D D / Y Y Y Y

FAA Form 8500-8 (9-08) Supersedes Previous Edition NSN: 0052-00-670-6002

# AME's Back Side

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED.

REPORT OF MEDICAL EXAMINATION															
21. Height (inches)		22. Weight (pounds)		23. Statement of Demonstrated Ability (SCDA) <input type="checkbox"/> YES <input type="checkbox"/> NO Defect noted:				24. SCDA Serial Number							
CHECK EACH ITEM IN APPROPRIATE COLUMN						Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN				Normal	Abnormal		
25. Head, face, neck, and scalp								37. Vascular system (pulse, amplitude and character; arms, legs, absent)							
26. Nose								38. Abdomen and viscera (including hernia)							
27. Sinuses								39. Anus (per including digital examination)							
28. Mouth and throat								40. Skin							
29. Ears, general (external and external osials; hearing under item 49)								41. G-U system (stool including peric. examination)							
30. Ear (nares) (otoscopy)								42. Upper and lower extremities (strength and range of motion)							
31. Eyes, general (vision under item 50 to 54)								43. Spine, other musculoskeletal							
32. Ophthalmoscopic								44. Identifying body marks, scars, tattoos (size & location)							
33. Pupils (equality and reaction)								45. Lymphatics							
34. Ocular motility (assessant; parallel movement, registration)								46. Neurologic (reflexes, gait, equilibrium, mental, cranial nerves, etc.)							
35. Lungs and chest (stethoscopic, breast examination)								47. Psychiatric (mood, behavior, mood, consciousness, and memory)							
36. Heart (thoracic activity, rhythm, sounds, and murmurs)								48. General systemic							
NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form.															
49. Hearing															
Conversational Voice Test at 5 Feet <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Pneumotonometer (Right) (Audiometer Score Below)		Right Ear				Left Ear							
				Audiometer Threshold in decibels		500	1000	2000	3000	4000	500	1000	2000	3000	4000
50. Distant Vision			51.a. Near Vision				51.b. Intermediate Vision - 32 inches				52. Color Vision				
Right 20'	Corrected to 20'	Left 20'	Corrected to 20'	Right 20'	Corrected to 20'	Left 20'	Corrected to 20'	Right 20'	Corrected to 20'	Left 20'	Corrected to 20'	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Both 20'	Corrected to 20'	Both 20'	Corrected to 20'	Both 20'	Corrected to 20'	Both 20'	Corrected to 20'	Both 20'	Corrected to 20'	Both 20'	Corrected to 20'				
53. Field of Vision <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		54. Heterophoria 20' (in prism diopters)		Esophoria		Exophoria		Right Hyperphoria		Left Hyperphoria					
55. Blood Pressure (Systolic / Diastolic) (Using mm of Mercury)		56. Pulse (beats/min)		57. Urine Test (if abnormal, give results)				Albumin		Sugar		58. ECG (Date) M M   D D   Y Y Y Y			
				<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal											
59. Other Tests Given															
60. Comments on History and Findings: AME shall comment on all "YES" answers in the Medical History section and for abnormal findings of the examination. (Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing.)															
											FOR FAA USE				
											Pathology Codes:				
											Coded By:				
											Clinical History				
Significant Medical History <input type="checkbox"/> YES <input type="checkbox"/> NO      Abnormal Physical Findings <input type="checkbox"/> YES <input type="checkbox"/> NO															
61. Applicant's Name				62. Has Been Issued — <input type="checkbox"/> Medical Certificate <input type="checkbox"/> Medical & Student Pilot Certificate <input type="checkbox"/> No Certificate Issued — Deferred for Further Evaluation <input type="checkbox"/> Has Been Denied — Letter of Denial Issued (Copy Attached)											
63. Disqualifying Defects (List by item number)															
64. Medical Examiner's Declaration — I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachments embodies my findings completely and correctly.															
Date of Examination		Aviation Medical Examiner's Name				Aviation Medical Examiner's Signature									
M M   D D   Y Y Y Y		Street Address				AME Serial Number									
		City				State		Zip Code		AME Telephone ( )					

# MedXpress

- **FAA's on-line application**
  - Need FAA account
  - Complete on-line and submit upon completion
  - Take confirmation number to AME visit
  - 30 days to submit; 60 days for exam
- **Expanded instructions available for each question**
- **Same certification of completeness and truth**
  - 14 C.F.R. § 67.403 prohibiting falsification and incorrect statements or face revocation of all certificates
- **Track progress of application**

# Medical Standards

## 14 C.F.R. Part 67

→ Eye

→ Ear

→ Nose

→ Throat

→ Equilibrium

→ Mental

→ Neurologic

→ Cardiovascular

→ General

# Medical Standards

## → 14 C.F.R. § 67.3

→ Entitled to a medical certificate if the applicant meets the standards

→ Remains valid and effective until expiration

## → But.....14 C.F.R. § 61.53

→ Prohibition against operating during medical deficiency (know or have reason to know)

# Role of the AME

- **FAA Designee – Representative of FAA**
- **Duties**
  - **Follow FAA guidance – AME Guide**
    - **Pilots: “Know Before You Go” (on FAA website)**
  - **Disclose Info to FAA**
- **Confidentiality: AME v. Treating Physician**
- **HIPAA**

# **Deferral v. Denial of Application After Exam**

- AME Authority – 14 C.F.R. §§ 67.405 and 67.407**
- Issue, defer, or deny**
  - Defer – AME does not issue or deny and forwards application to FAA for decision**
  - Deny – Pilot may request reconsideration by FAA**
  - Issue – FAA can reverse AME decision w/in 60 days**
- Ultimately, an FAA decision**

# Denial v. Final Denial

- **14 C.F.R. § 67.409**
- **FAS authority vs. AME, Regional Flight Surgeon, CAMI in Oklahoma City**
- **If FAA asks for more information and/or reverse's AME issuance within 60 days = denial**
- **FAA provides medical basis for finding lack of qualification under a specific regulatory standard**

# Special Issuance

- **14 C.F.R. § 67.401**
- **FAA Exemption Authority**
- **CACI and AASI**
- **FAA has complete discretion**
  - **No NTSB right of review of FAS decision**
  - **Possible and *limited* Court of Appeals review that FAS is not arbitrary**

# Legal Options to Challenge FAA Denial



# Petition for Review to NTSB

- Due w/in 60 days after *final* denial
- Applicant has burden of proof to show Part 67 qualifications



# **Petition for Review to U.S. Court of Appeals**

- Court's limited standard of review**
  - Arbitrary or Capricious**
  - Abuse of Discretion**
  - Contrary to Law – FAA's guidance?**
- Court's review is on the record**
  - FAA's medical certification records of your application(s) and medical history**

# **FAA Failure/Delinquency to Act**

- May not act timely**
- May not act at all**
- Call and/or Write**
- File a lawsuit**
- Current Federal Air Surgeon's and Deputy Federal Air Surgeon's Commitment to Timeliness and Transparency**

# QUESTIONS?

*Kathleen A. Yodice*

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