

APPENDIX I

U.S. DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION		
MEDICAL FORMS & STATIONERY REQUISITION		
Concur	Routing Symbol	Date
Please send me the quantity of items requested below:		
QTY.	FAA/AC FORM #	TITLE
	FAA 8025-1	AME Aircraft Accident Report
	FAA 8025-2	AME Aircraft Accident Medical Information
	FAA 8065-1	Electrocardiogram Transmittal
	FAA 8420-2	Student Medical Certificate
	FAA 8500-1	Near Vision Acuity Test Card
	FAA 8500-2	Letter of Denial
	FAA 8500-7	Report of Eye Evaluation
	FAA 8500-8	Application for Airman Medical Certificate
	FAA 8500-9	Medical Certificate
	FAA 8500-14	Ophthalmological Evaluation of Glaucoma
	FAA 8500-19	Cardiovascular Evaluation Specifications
	FAA 8500-21	Authorization for Release of Medical Information to the FAA
	AC 1360-57	Aeromed. Cert., Self-Addressed Envelopes
	AC 3150-7	Application for Physiological Training
	AC 8500-33	Medical Forms and Stationery Requisition
AME NO. (REQUIRED)		PHONE NUMBER
		DATE
NAME OF AME OR MILITARY INSTALLATION		
STREET ADDRESS		
CITY AND STATE		ZIP CODE

APPENDIX II

DATE: 08/03/99

AC 8520-7 PAGE: 3

AME PERFORMANCE SUMMARY REPORT

NOTE: THIS PERFORMANCE REPORT REFLECTS INFORMATION FOR AVIATION MEDICAL EXAMINERS DESIGNATED DURING: **OCTOBER, NOVEMBER, OR DECEMBER (OF ANY YEAR)**
 THIS IS A COPY OF YOUR PERFORMANCE REPORT LISTING THE ERRORS NOTED ON THE FAA FORM 8500-8, (APPLICATION FOR AIRMAN MEDICAL CERTIFICATE) RECEIVED FROM YOUR OFFICE DURING THE PREVIOUS 12 MONTH PERIOD. IF YOU AND YOUR STAFF WOULD MAKE A CAREFUL REVIEW OF THE FAA FORM 8500-8 TO ASSURE THAT ALL BLANKS ARE FILLED IN, AND MAKE A COMMENT ON ANY POSITIVE HISTORY OR PHYSICAL FINDING YOU NOTE, MANY OF THE TIME CONSUMING ERRORS COULD BE ELIMINATED. IF YOU HAVE QUESTIONS ABOUT THIS REPORT, CONTACT YOUR REGIONAL FLIGHT SURGEON. MILITARY FACILITIES AND INTERNATIONAL EXAMINERS SHOULD CONTACT THE MANAGER, AEROMEDICAL EDUCATION DIVISION, AAM-400. P.O. BOX 25082, OKLAHOMA CITY, OKLAHOMA, 73125. THIS REPORT CONCERNS PRIMARILY ADMINISTRATIVE ERRORS AND NOT YOUR PROFESSIONAL COMPETENCE.

Examiner's Name
 Address is entered here

COUNTY:

Active

EXAMINER #	DATE OF BIRTH	03/01/35	DATE OF APPT	12/01/1965	DATE OF LAST TRNG	11 /30/1996
	FIRST CLASS	19	SECOND CLASS	25	THIRD CLASS	31
	PEND/DENIED	1	TOTAL EXAMS	76		

TYPES OF ERRORS	FREQUENCY	TOTAL EXAM RATE (%)
A * COMPUTER ISSUED CORRECTED CERTIFICATE	4	5.3
B * CORRECTED CERT ISSUED BY CERTIFICATION PERSONNEL	1	1.3
E * FIELD OF VISION, ITEM 53 BLANK	1	1.3
F * COLOR VISION, ITEM 52 BLANK		
G * ALL OR PART OF MEDICAL HISTORY, ITEM 18, BLANK	3	3.9
H * ABNORMALITIES, ITEMS 25-48, BLANK		
I * AME NOT AUTHORIZED FIRST CLASS		
J * DISTANT VISION, ITEM 50, BLANK	8	10.5
K * NEAR/INTERMEDIATE VISION BLANK OR EXCEEDS STANDARDS		
L * DISTANT OR NEAR VISION EXCEEDS STANDARDS - CERTIFICATE ISSUED - NO WAIVER HELD	2	2.6
M * CLASS OF CERTIFICATE ISSUED HIGHER THAN APPLIED FOR	1	1.3
N * STUDENT/MEDICAL COMBINATION ISSUED TO AIRMAN LESS THAN 16 YEARS OF AGE		
O * BLOOD PRESSURE, ITEM 55, EXCEEDS STANDARDS OR OMITTED - CERTIFICATE ISSUED	2	2.6
P * PULSE, ITEM 56, OMITTED - CERTIFICATE ISSUED		
Q * CERTIFICATE ISSUED OF HIGHER CLASS THAN WAIVER ISSUED CLASS	2	2.6
R * MEDICATION FIELD, ITEM 17, BLANK		
S * HEARING FIELD, ITEM 49, BLANK		
T * URINALYSIS FIELD, ITEM 57, BLANK	1	1.3
V * DENIAL LETTER SENT TO AIRMAN; AME ERROR LETTER SENT TO AME		
W * CERTIFICATE ISSUED TO APPLICANT INCORRECTLY BY AME (insufficient data)		

TOTAL NUMBER OF EXAMS	NUMBER OF EXAMS WITH ERRORS	PERCENTAGE OF EXAMS WITH ERRORS
76	20	26.3

- A. Failure to leave the certificate on the form while it is being typed generates the errors listed. Because when the exam is coded in Oklahoma City it cannot be determined WHICH CLASS physical was issued (only what the pilot asked for- which is not always what he/she receives.

A is also shown when the computer recognizes the lack of appropriate limitation.

A STRIKE-OVER on the certificate portion is considered an error. If you will initial any error shown on the copy (that was letter perfect on the original) perhaps an error will be averted. The certificate given to the pilot MUST BE PERFECT.

- B. Same
- D. thru F. - Self explanatory.
- G. Any "Yes" must be EXPLAINED in the "remarks" section. The doctor must question any "Yes" statements made by the applicant under items 21 or 23. He must then comment in "Block 61."
- H. Please comment on anything that the pilot was not born with (or if it is a birth defect) or if abnormality was caused by an accident or surgery. TATTOOS count as abnormal.
- I. When a 1st Class certificate is issued by an AME who is not designated as a Senior Examiner, correspondence is almost always generated from CAMI. If you have an error listed as such, and have not received a letter from them, you may assume the error was incorrectly assigned to you.
- J. thru K. - Self explanatory.
- L. If the vision exceeds the standards for the class requested, you may NOT issue - A waiver must be obtained.
- M. If the standards meet a lower class than what has been requested, and the pilot wants THAT class instead, the class requested in Block 9A MUST be changed BY THE PILOT and INITIALED.
- N. STUDENT must be over 16 years of age.
- O. thru V. - Self explanatory.

APPENDIX III

APPLICATION FOR AIRMAN MEDICAL CERTIFICATE OR
AIRMAN MEDICAL AND STUDENT PILOT CERTIFICATE

UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration		FF-			
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	 				
Date of Examination			Examiner's Designation No.		
Examiner	Signature				
	Typed Name				
AIRMAN'S SIGNATURE					

FA Form 8420-2 (3-99) Supersedes Previous Edition

INSTRUCTIONS TO THE AVIATION MEDICAL EXAMINER
GENERAL INSTRUCTIONS FOR ISSUANCE OF ANY MEDICAL CERTIFICATE

Remove this page of instructions and attached certificate as well as the next page of instructions and attached certificate before giving the applicant any part of this form.

INSTRUCTIONS FOR ISSUANCE OF THIS (Medical-Student Pilot) CERTIFICATE

1. Applicant must (a) be at least 16 years of age; (b) be able to read, speak, write, and understand the English language; and (c) qualify at least for a third-class medical certificate.
2. Destroy these instructions and the following page's Medical Certificate and instructions which are printed on white paper.
3. Give the applicant the instructions for completion of the medical history form and the history forms. Have the applicant complete the history form in triplicate.
4. When the application part is completed, destroy its instructions, remove the AME Work Copy (middle sheet in set), and record your medical findings and actions on the AME Work Copy. Type your findings and actions on the FAA/Original Copy. Give the Applicant Copy to the applicant.
5. If the applicant qualifies for a certificate: (a) reassemble the FAA/Original Copy and the AME Work Copy in their original order; (b) superimpose the Medical-Student Pilot Certificate (yellow) on the FAA/Original Copy, upper left area; (c) complete the certificate by typewriter; (d) sign the certificate in ink (both the AME and applicant must sign); and (e) issue the signed certificate to the airman.
6. AME's who are required to use the electronic transmission capability of the Aeromedical Certification System (AMCS) must maintain the FAA/Original Copy in their files or, if directed, forward it to the FAA in Oklahoma (see address below). If the FAA/Original Copy is forwarded to the FAA, the AME Work Copy must be retained as the file copy.
7. AME's who are not required to use the AMCS (e.g., International AME's) must forward the typed, completed FAA/Original Copy as follows and retain the AME Work Copy as a file copy:
 FAA AEROMEDICAL CERTIFICATION DIVISION, AAM-300
 P.O. BOX 26080
 OKLAHOMA CITY, OK 73126-5063
8. BE SURE TO COMPLETE AND SIGN ITEM 64 ON THE FAA/ORIGINAL COPY.

(FRONT SIDE)

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE _____ CLASS

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

Date of Examination Examiner's Designation No.

Examiner Signature

Examiner Typed Name

EXAMINER'S SIGNATURE

FA Form 8500-9 (3-99) Supersedes Previous Edition

INSTRUCTIONS FOR ISSUANCE OF THIS MEDICAL CERTIFICATE

1. This certificate is for issuance to applicants other than those applying for a Medical-Student Pilot Certificate.
2. Destroy these instructions and the attached Medical-Student Pilot Certificate and its instructions which are printed on yellow paper.
3. Give the applicant the instructions for completion of the medical history form and the history forms. Have the applicant complete the history form in triplicate.
4. When the application part is completed, destroy its instructions, remove the AME Work Copy (middle sheet in set), and record your medical findings and actions on the AME Work Copy. Type your findings and actions on the FAA/Original Copy. Give the Applicant Copy to the applicant.
5. If the applicant qualifies for a certificate: (a) reassemble the FAA/Original Copy and the AME Work Copy in their original order; (b) superimpose the Medical Certificate (white) on the FAA/Original Copy, upper left area; (c) complete the certificate by typewriter; (d) sign the certificate in ink (both the AME and applicant must sign); and (e) issue the signed certificate to the airman.
6. AME's who are required to use the electronic transmission capability of the Aeromedical Certification System (AMCS) must maintain the FAA/Original Copy in their files or, if directed, forward it to the FAA in Oklahoma (see address below). If the FAA/Original Copy is forwarded to the FAA, the AME Work Copy must be retained as the file copy.
7. AME's who are not required to use the AMCS (e.g., International AME's) must forward the typed, completed FAA/Original Copy as follows and maintain the AME Work Copy:

For all applicants except Air Traffic Control Specialists to:
FAA AEROMEDICAL CERTIFICATION DIVISION, AAM-300
P.O. BOX 26080
OKLAHOMA CITY, OK 73126-5063

For Air Traffic Control Specialist applicants to:
FAA REGIONAL FLIGHT SURGEON (RFS)
(address to appropriate RFS)
8. BE SURE TO COMPLETE AND SIGN ITEM 64 ON THE FAA/ORIGINAL COPY.

(FRONT SIDE)

CONDITIONS OF ISSUE

This certificate shall be in the personal possession of the airman at all times while exercising the privileges of his or her airman certificate. The issuance of a medical certificate by an Aviation Medical Examiner may be reversed by the FAA within 60 days. Unless reversed or otherwise limited in duration, this certificate, in accordance with § 61.23 (14 CFR part 61) becomes valid for the time limits specified below.

- a. **FIRST-CLASS** – 6 calendar months for those operations requiring a First-Class Medical Certificate; 12 calendar months for those operations requiring only a Second-Class Medical Certificate; or 24 or 36 calendar months, as set forth in § 61.23, for those operations requiring only a Third-Class Medical Certificate.
- b. **SECOND-CLASS** – 12 calendar months for those operations requiring a Second-Class Medical Certificate; or 24 or 36 calendar months, as set forth in § 61.23, for those operations requiring only a Third-Class Medical Certificate.
- c. **THIRD-CLASS** – 24 or 36 calendar months, as set forth in § 61.23, for those operations requiring only a Third-Class Medical Certificate.

PROHIBITIONS ON OPERATION DURING MEDICAL DEFICIENCY

The holder of this certificate is governed by the provisions of §§ 61.53, 63.19, and 65.49(d) relating to medical deficiency (14 CFR parts 61, 63, and 65).

(BACK SIDE)
TO
FAA Form 8500-9



U.S. Department
of Transportation
Federal Aviation
Administration

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 8500-8, 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.

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; and (f) to comply with the Prefatory Statement of General Routine 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 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.

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. Notarized 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.

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 (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.

Tear off this cover sheet before submitting this form.

Instructions for Completion of the Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate, FAA Form 8500-8

Applicant must fill in completely numbers 1 through 20 of the application using a ballpoint pen. Exert sufficient pressure to make legible copies. The following numbered instructions apply to the numbered headings on the application form that follows this page.

NOTICE — Intentional falsification may result in federal criminal prosecution. Intentional falsification may also result in suspension or revocation of all airman, ground instructor, and medical certificates and ratings held by you, as well as denial of this application for medical certification.

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

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

3. **FULL NAME** — If your name has changed for any reason, list current name on the application and list any former name(s) in the EXPLANATIONS box of number 18 on the application.

4. **SOCIAL SECURITY NUMBER** — The social security number is optional; however, its use as a unique identifier does eliminate mistakes.

5. **ADDRESS** — Give permanent mailing address and country. Include your complete nine 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) in numerals; e.g., 01/31/1950. Indicate citizenship; e.g., U.S.A.

7. **COLOR OF HAIR** — Specify as brown, black, blond, gray, or red. If bald, so state. Do not abbreviate.

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

9. **SEX** — Indicate male or female.

10. **TYPE OF AIRMAN CERTIFICATE(S) YOU HOLD** — Check applicable block(s). If "Other" is checked, provide name of certificate.

11. **OCCUPATION** — Indicate major employment. "Pilot" will be used only for those gaining their livelihood by flying.

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" is checked, give month and year of action in numerals.

14. **TOTAL PILOT TIME TO DATE** — Give total number of civilian flight hours. Indicate whether logged or estimated. Abbreviate as Log. or Est.

15. **TOTAL PILOT TIME PAST 6 MONTHS** — Give number of civilian flight hours in the 6-month period immediately preceding date of this application. Indicate whether logged or estimated. Abbreviate as Log. or Est.

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

17.a. **DO YOU CURRENTLY USE ANY MEDICATION (Prescription or Nonprescription)** — Check "yes" or "no." If "yes" is checked, give name of medication(s) and indicate if the medication was listed in a previous FAA medical examination. See NOTE below.

17.b. Indicate whether you use near vision contact lens(es) while flying.

18. **MEDICAL HISTORY** — Each item under this heading must be checked either "yes" or "no." You must answer "yes" for every condition you have ever been diagnosed with, had, or presently have and describe the condition and approximate date in the EXPLANATIONS block.

If information has been reported on a previous application for airman medical certificate and there has been no change in your condition, you may note "PREVIOUSLY REPORTED, NO CHANGE" in the EXPLANATIONS box, but you must still check "yes" to the condition. Do not report occasional common illnesses such as colds or sore throats.

"Substance dependence" is defined by any of the following: increased tolerance; withdrawal symptoms; impaired control of use; or continued use despite damage to health or impairment of social, personal, or occupational functioning. "Substance abuse" includes the following: use of an illegal substance; use of a substance or substances in situations in which such use is physically hazardous; or misuse of a substance when such misuse has impaired health or social or occupational functioning. "Substances" include alcohol, PCP, marijuana, cocaine, amphetamines, barbiturates, opiates, and other psychoactive chemicals.

Conviction and/or Administrative Action History — Letter (v) of this subheading asks if you have ever been: (1) convicted (which may include paying a fine, or forfeiting bond or collateral) of an offense involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) convicted or subject to an administrative action by a state or other jurisdiction for an offense for which your license was denied, suspended, cancelled, or revoked or which resulted in attendance at an educational or rehabilitation program. Individual traffic convictions are not required to be reported if they did not involve: alcohol or a drug; suspension, revocation, cancellation, or denial of driving privileges; or attendance at an educational or rehabilitation program. If "yes" is checked, a description of the conviction(s) and/or administrative action(s) must be given in the EXPLANATIONS box. The description must include: (1) the alcohol or drug offense for which you were convicted or the type of administrative action involved (e.g., attendance at an alcohol treatment program in lieu of conviction; license denial, suspension, cancellation, or revocation for refusal to be tested; educational safe driving program for multiple speeding convictions; etc.); (2) the name of the state or other jurisdiction involved; and (3) the date of the conviction and/or administrative action. The FAA may check state motor vehicle driving licensing records to verify your responses. Letter (w) of this subheading asks if you have ever had any other (nontraffic) convictions (e.g., assault, battery, public intoxication, robbery, etc.). If so, name the charge for which you were convicted and the date of conviction in the EXPLANATIONS box. See NOTE below.

19. VISITS TO HEALTH PROFESSIONAL WITHIN LAST 3 YEARS

— List all visits in the last 3 years to a physician, physician assistant, nurse practitioner, psychologist, clinical social worker, or substance abuse specialist for treatment, examination, or medical/mental evaluation. List visits for counseling only if related to a personal substance abuse or psychiatric condition. Give date, name, address, and type of health professional consulted and briefly state reason for consultation. Multiple visits to one health professional for the same condition may be aggregated on one line. Routine dental, eye, and FAA periodic medical examinations and consultations with your employer-sponsored employee assistance program (EAP) may be excluded unless the consultations were for your substance abuse or unless the consultations resulted in referral for psychiatric evaluation or treatment. See NOTE below.

20. APPLICANT'S DECLARATION

— Two declarations are contained under this heading. The first authorizes the National Driver Register to release adverse driver history information, if any, about the applicant to the FAA. The second certifies the completeness and truthfulness of the applicant's responses on the medical application. The declaration section must be signed and dated by the applicant after the applicant has read it.

NOTE: If more space is required to respond to "yes" answers for numbers 17, 18, or 19, use a plain sheet of paper bearing the information, your signature, and the date signed.

Applicant — Please Tear Off This Sheet After Completing The Application Form.

FF-

MEDICAL CERTIFICATE AND STUDENT PILOT CERTIFICATE CLASS

This certifies that (Full name and address):

Table with columns: 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

Date of Examination: Examiner's Designation No.

Signature: Typed Name

AIRMAN'S SIGNATURE

1. Applicant is: Airman Medical Certificate, Airman Medical and Student Pilot Certificate, 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 (MM/DD/YYYY), 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

Total Pilot Time (Civilian Only), 14. To Date, 15. Past 6 months, 16. Date of Last FAA Medical Application

17. a. Do You Currently Use Any Medication (Prescription or Nonprescription)?

Table for medication use with columns: Medication, Previously Reported (Yes/No)

(If more space is required, see 17. a. on the instruction sheet).

17. b. Do You Ever Use Near Vision Contact Lenses 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.

Table with 4 columns of conditions: a. Frequent or severe headaches, b. Heart or vascular trouble, c. Mental disorders, d. Military medical discharge, e. Dizziness or fainting spell, f. High or low blood pressure, g. Substance dependence, h. Medical rejection, i. Unconsciousness, j. Stomach, liver, or intestinal trouble, k. Rejection for life or health insurance, l. Eye or vision trouble, m. Kidney stone or blood in urine, n. Alcohol dependence, o. Admission to hospital, p. Hay fever or allergy, q. Diabetes, r. Suicide attempt, s. Other illness, disability, or surgery, t. Asthma or lung disease, u. Neurological disorders, v. Motion sickness requiring medication

Conviction and/or Administrative Action History - See Instructions Page

History of (1) any 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 conviction(s) 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.

FOR FAA USE: Review Action Codes

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

Table with columns: Date, Name, Address, and Type of Health Professional Consulted, Reason

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. 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.

Signature of Applicant, Date

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 (SODA) <input type="checkbox"/> YES <input type="checkbox"/> NO Defect Noted:			24. SODA 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, others)	
26. Nose				38. Abdomen and viscera (Including hernia)	
27. Sinuses				39. Anus (Not including digital examination)	
28. Mouth and throat				40. Skin	
29. Ears, general (Internal and external canals; Hearing under item 49)				41. G-U system (Not including pelvic examination)	
30. Ear Drums (Perforation)				42. Upper and lower extremities (Strength and range of motion)	
31. Eyes, general (Vision under items 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 (Associated parallel movement, nystagmus)				46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)	
35. Lungs and chest (Not including breast examination)				47. Psychiatric (Appearance, behavior, mood, communication, and memory)	
36. Heart (Precordial 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	Record Audiometric Speech Discrimination Score Below		Right Ear					Left Ear				
Conversational Voice Test at 6 Feet <input type="checkbox"/> Pass <input type="checkbox"/> Fail		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/ Both 20/ Corrected to 20/		Right 20/ Corrected to 20/ Left 20/ Corrected to 20/ Both 20/ Corrected to 20/	Right 20/ Corrected to 20/ Left 20/ Corrected to 20/ Both 20/ Corrected to 20/					<input type="checkbox"/> Pass <input type="checkbox"/> Fail				
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 Sitting, mm of Mercury	Systolic / Diastolic	56. Pulse (Resting)	57. Urinalysis (if abnormal, give results)				58. ECG (Date)					
		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Albumin	Sugar	M M D D Y Y Y Y							
59. Other Tests Given												

50. 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: Clerical/Reject
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)
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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 attachment 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	
	City State Zip Code	AME Serial Number
		AME Telephone ()



U.S. Department
of Transportation
**Federal Aviation
Administration**

APPENDIX IV

CARDIOVASCULAR EVALUATION SPECIFICATIONS

These specifications have been developed by the Federal Aviation Administration (FAA) to determine an applicant's eligibility for airman medical certification. Standardization of examination methods and reporting is essential to provide sufficient basis for making determinations and the prompt processing of applications. This cardiovascular evaluation, therefore, must be reported in sufficient detail to permit a clear and objective evaluation of the cardiovascular disorder(s) with emphasis on the degree of functional recovery and prognosis. It should be forwarded to the FAA immediately upon completion. Inadequate evaluation, reporting, or failure to promptly submit the report to the FAA may delay the certification decision. As a minimum, the evaluation must include the following:

I. MEDICAL HISTORY. Particular reference should be given to cardiovascular abnormalities—cerebral, visceral, and/or peripheral. A statement must be included as to whether medications are currently or have been recently used, and if so, the type, purpose, dosage, duration of use, and other pertinent details must be provided. A specific history of any anticoagulant drug therapy is required. In addition, any history of hypertension must be fully developed and if thiazide diuretics are being taken, values for serum potassium should be reported as well as any important or unusual dietary programs.

II. FAMILY, PERSONAL, AND SOCIAL HISTORY. A statement of the ages and health status of parents and siblings is required; if deceased, cause and age at death should be included. Also, any indication of whether any near blood relative has had a "heart attack," hypertension, diabetes, or known disorder of lipid metabolism must be provided. Smoking, drinking, and recreational habits of the applicant are pertinent as well as whether a program of physical fitness is being maintained. Comments on the level of physical activities, functional limitations, occupational, and avocational pursuits are essential.

III. RECORDS OF PREVIOUS MEDICAL CARE. If not previously furnished to the FAA, a copy of pertinent hospital records as well as out-patient treatment records with clinical data, x-ray, laboratory observations, and originals or copies of all electrocardiographic tracings should be provided. Detailed reports of surgical procedures as well as cerebral and coronary arteriography and other major diagnostic studies are of prime importance.

IV. GENERAL PHYSICAL EXAMINATION. A brief description of any comment-worthy personal characteristics as well as height, weight, representative blood pressure readings in both arms, funduscopic examination, condition of peripheral arteries, carotid artery auscultation, heart size, heart rate, heart rhythm, description of murmurs (location, intensity, timing, and opinion as to significance), and other findings of consequence must be provided.

V. LABORATORY DATA. As a minimum, include actual values of:

- A. Routine urinalysis and complete blood count.
- B. Blood chemistries (values and normal ranges of the laboratory).
 - 1. Total cholesterol, HDL, LDL, and triglycerides after 12- to 16-hour fast.
 - 2. Fasting blood sugar. If the fasting blood sugar is elevated, submit a glycated hemoglobin (preferably A_{1c}) or evaluation for diabetes mellitus by the treating physician.
- C. Electrocardiograms (ECG).
 - 1. Resting tracing.
 - 2. Exercise stress test (maximal) using preferably Bruce protocol.
 - a. Provide blood pressure determinations at rest, at each stage of the exercise stress test, and every minute during the recovery period.
 - b. Submit representative ECG tracings for the baseline exercise and recovery periods. (Computer generated, sample cycle tracings are not acceptable).
 - c. Obtain recovery ECG tracings until there is a return to the baseline configuration and/or until the baseline level of heart rate has been achieved.

NOTE: If exercise stress testing is contraindicated, or if the person being tested is unable to perform a maximal effort test because of symptoms, conditioning, or concurrent use of medication, please provide a full explanation.

- D. If there is a history of valve replacement:
 - 1. Echocardiogram.
 - 2. 24-hour Holter Monitor Study.
 - 3. Coagulation studies if appropriate.
- E. If there is a history of pacemaker implantation:
 - 1. 24-hour Holter Ambulatory ECG Study.
 - 2. Results of current periodic electronic pacemaker surveillance.

APPENDIX V

DIABETIC - ORAL MEDICATION SPECIFICATIONS

The condition should be adequately controlled for at least two months (60 days).

1. Following initiation of treatment with oral hypoglycemic medications, a 60-day period must elapse prior to certification to assure adequate control, stabilization, and the absence of side effects or complications from the medication.
2. Report from the treating physician to include:
 - A. A statement regarding the medication used, dosage, the presence or absence of side effects and clinically significant hypoglycemic episodes and indication of satisfactory control of the diabetes.
 - B. A statement regarding the presence or absence of cardiovascular, neurological, renal, and ophthalmological disease.
 - C. Control should be documented by a glycosylated hemoglobin test (i.e., hemoglobin A1c) within the past 30 days.

MEDICAL CERTIFICATION OF INSULIN-TREATED DIABETIC APPLICANTS

The FAA has established a policy that permits the special issuance medical certification of insulin-treated applicants for third-class medical certification. Consideration will be given only to those individuals who have been clinically stable on their current treatment regimen for a period of six-months or more. Consideration is *not* being given for first- or second-class certification. Individuals certificated under this policy will be required to provide substantial documentation regarding their history of treatment, accidents related to their disease, and current medical status. If certificated, they will be required to adhere to stringent monitoring requirements and are prohibited from operating aircraft outside the United States. The following is a summary of the evaluation protocol and an outline of the conditions that the FAA will apply:

INITIAL CERTIFICATION

1. The applicant must have had no recurrent (two or more) episodes of hypoglycemia in the past 5 years and none in the preceding 1 year resulting in loss of consciousness, seizure, impaired cognitive function or requiring intervention by another party, or occurring without warning (hypoglycemia unawareness).
2. The applicant will be required to provide copies of all medical records as well as accident and incident records pertinent to their history of diabetes.
3. A report of a complete medical examination preferably by a physician who specializes in the treatment of diabetes will be required. The report must include, as a minimum:
 - A. Two measurements of glycated hemoglobin (total A₁ or A_{1c} concentration and the laboratory reference range), the first at least 90 days prior to the current measurement.
 - B. Specific reference to the applicant's insulin dosages and diet.
 - C. Specific reference to the presence or absence of cerebrovascular, cardiovascular, or peripheral vascular disease or neuropathy.
 - D. Confirmation by an eye specialist of the absence of clinically significant eye disease.
 - E. Verification that the applicant has been educated in diabetes and its control and understands the actions that should be taken if complications, especially hypoglycemia, should arise. The examining physician must also verify that the applicant has the ability and willingness to properly monitor and manage his or her diabetes.
 - F. If the applicant is age 40 or older, a report, with ECG tracings, of a maximal graded exercise stress test.
 - G. The applicant shall submit a statement from his/her treating physician, aviation medical examiner, or other knowledgeable person attesting to the applicants dexterity and ability to determine blood glucose levels using a recording glucometer.

We recommend that the medical information and Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate (FAA Form 8500-8) be submitted prior to beginning or resuming flight instruction or training.

March 10, 1997

APPENDIX VI

SUPPLEMENT INSTRUCTIONS FOR FAA FORM 8500-8

A. Completion of Front Side of FAA Form 8500-8

Front Part 8500-8

NOTE: This portion of the FAA Form 8500-8 must be completed in ink, in the applicant's handwriting.

1. Item 1 - "Type of Certificate Applied for" Check applicable block
2. Item 2 - "Class of Medical Certificate Applied for" Check applicable block
3. Item 3 - "Full Name" Print last name first, then first name, then middle
4. Item 4 - "Social Security Number" Optional - Applicant does not have to give SSN; however, encourage furnishing this number. It is used as an identifying number only and expedites handling and locating medical record when inquiries are made. Aeromedical Certification Division (AMCD) will assign a pseudo number if applicant does not provide the SSN
5. Item 5 - "Address" Print full address, including ZIP CODE. Give permanent mailing address. Include current daytime telephone number
6. Item 6 - "Date of Birth" Specify month, day, and year. Example 10/24/55
7. Item 7 - "Color of Hair" Specify as Brown, Black, Blonde, Grey, Red, or Bald. Do not abbreviate
8. Item 8 - "Color of Eyes" Specify as Brown, Black, Blue, Hazel, Grey, or Green. Do not abbreviate
9. Item 9 - "Sex" Specify Male or Female
10. Item 10 - "Type of Airman Certificate(s) Held" Check all applicable blocks
11. Item 11 - "Occupation" Indicate major employment. student, retired, unemployed, etc
12. Item 12 - "Employer" Specify employer. If self-employed, so state

13. Item 13 - Concerns "previous denial, suspension, or revocation of a medical certificate" and is of major importance. If yes, give date (month and year)
- If this item is marked "yes", the Aviation Medical Examiner (AME) CANNOT issue the medical certificate unless the applicant has written evidence of clearance by the FAA. If the applicant has no written evidence of clearance, defer the case to the AMCD in Oklahoma City (OKC) for determination of eligibility after the examination has been completed.
14. Item 14 and 15 - "Pilot Time, civilian only" Logged or estimated. May abbreviate log or est.
- Must be completed. If there has been no flight time, enter a zero (0).
15. Item 16 - "Date of Last FAA Physical Examination"
- If none, so state, give month and year.
16. Item 17 - "Currently Use Any Medication"
- Check "no" or "yes". If "yes", state type, purpose, dosage and frequency. Any medication taken on a regular basis, whether prescription or not.
17. Item 18 - "Medical History"
- Frequent errors are made on this item. Each item (a-x) must be checked "yes" or "no". Many applicants check "yes" only when they currently have one of the listed conditions. This is not the intent of item 18. If they have EVER had one of these conditions, it should be checked "yes". Additionally, if "yes" is checked, it MUST be explained under Explanations. If it has been previously explained in an earlier application, the statement "no change" is acceptable. However, the AME should inquire about each "yes" answer and comment in item 60 on the back side of the form if appropriate. Of particular importance are conditions which have developed in the interim since last FAA medical examination. If more space is needed for Remarks, use a plain sheet of paper, signed by the applicant.
18. Item 18v - "Record of Traffic Convictions" History of (1) any convictions involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug, or (2) history of any conviction(s) 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.
- The applicant should report all moving violations that resulted in convictions. Examples of such violations include, but are not limited to, speeding, reckless driving, leaving the scene of an accident, or driving while intoxicated (DWI) or driving while under the influence of alcohol or drugs (DUI).

19. Item 18w - "Record of Other Convictions"

The applicant should report all other misdemeanor or felony convictions. Under explanations, the applicant should fully describe the circumstance that resulted in each conviction. These include: nature of offense, date of conviction, and locality (State).

20. Item 19 - "Visits to health professional within last 3 years"

1. This item is frequently omitted.
2. If applicant makes remarks under this item, the AME should also comment on this under Item 60.
3. List all treatment, examination, or medical/mental evaluation within the last three (3) years. The applicant must list visits for counseling only if related to a personal substance abuse or psychiatric condition. Consultations with an employer-sponsored employee assistance program (EAP) may be excluded unless the consultations were for the applicant's substance abuse or resulted in referral for psychiatric evaluation or treatment.

IF YOU ARE USING THE "DOUBLE D" SERIAL-NUMBERED FAA FORM 8500-8, YOU MUST PROVIDE A COPY OF THE REVISED INSTRUCTIONS TO EACH EXAMINEE TO READ PRIOR TO HIS/HER COMPLETION OF THE MEDICAL HISTORY PART OF THE FORM.

When the current inventory of "Double D" forms is depleted, the "Double E" series will be issued reflecting the revised instructions for item No. 19.

21. Item 20 - "Applicant's signature and Declaration"

1. Applicant should be instructed to read declaration
2. Signature and date must be in INK. Make certain date is correct

The front of the 8500-8 is essentially the airman applicant's personal data and medical history. To the AME, the airman applicant is a real person who can be questioned and evaluated. Once the form has left the AME's office, the airman applicant is a piece of paper and the only knowledge of the individual is what is contained on that piece of paper. Any item left blank causes a hole in that knowledge and constitutes an incomplete application. Furthermore,

computers cannot deal with blanks and the application must be handled by certification personnel. Also, a blank constitutes an error on the part of the AME.

It is important in any medical examination that the medical history be coordinated with the results of the physical examination. The AME must review the medical history for this to be accomplished. The AME is not limited to the questions printed on the form. If there is a problem area, it should be clarified with additional questions and commented on in Item 60.

**B. Completion of the Back Side of the
FAA Form 8500-8**

Back Part 8500-8

1. Let us now consider the Report of Medical Examination on the back of the form. It is not our intention to tell you how to do a physical examination. It is, however, important for you to record the results of your examination completely and accurately in a way that justifies your final certification determination of each case. The medical standards for each class of medical certificate are clearly stated in the Guide for Aviation Medical Examiners (AMEs).
2. Examiner will personally conduct examination required of these items.
3. It should be emphasized that the AME take time to thoroughly review front of 8500-8 and note applicant's history before proceeding with physical exam.
4. If in doubt over applicant's explanation of any item, DO NOT ISSUE CERTIFICATE.
5. AME File Copy (last sheet) This is AME's work copy from which information should be typed onto original for FAA. Both sides of FAA Form 8500-8 that are sent to AMCD should be considered original. All entries on back should be typed with the exception of AME's signature.

1 Item 21 - "Height"

In inches to the nearest inch, i.e., 72

2 Item 22 - "Weight"

In pounds to the nearest pound, i.e., 180

3. Item 23 - "Waiver"
 Must be completed and, if a Statement of Demonstrated Ability (waiver) has been issued, it should be shown to the AME. Be sure the class of medical certificate applied for and the class indicated on the waiver are the same. Each waiver indicates the class and the disability being waived. If the disability has worsened or if the applicant requests a higher class medical certificate, the case should be referred to OKC for further evaluation.
4. Item 24 - "Waiver Serial Number"
 Self Explanatory
5. Items 25 through 48
 Self Explanatory
- Items 49-60
 Conduct of the exam required for completion of Items 49-60 may be delegated to a qualified physician's assistant, nurse, aide or laboratory assistant. AME IS RESPONSIBLE FOR ACCURACY OF FINDINGS.
6. Item 49 - "Hearing Conversational Voice" Six feet using both ears
 Audiometry is acceptable and must include 500, 1000, 2000 Hz; however, regulations currently only require conversational voice.
7. Items 50 and 51 - "Distant Vision and Near Vision"
Equipment - Distant Vision
1. Snellen 20-foot chart
 2. Acceptable substitute
 - a. Projector with screen
 - b. Keystone Orthoscope
 - c. Bausch and Lomb Orthorator
 - d. AOC Site Screen
 - e. Titmus Optical Vision Tester
 - f. Keystone Telebinocular
1. Should be carefully checked to ensure that the medical standards are met. Contact lenses should be removed 24 hours before exam. Check your AME Guide for standards and restrictions/limitations
 2. Wording of Limitation of Medical Certificate is found in AME Guide.
 3. If wording is incorrect, a corrected certificate will be issued by the AMCD This creates an error on AME Performance Summary Report.

Equipment - Near Vision

1. FAA Form 8500-1 Near Vision Acuity Test Card
2. Keystone Orthoscope
3. AOC Site Screener
4. Bausch and Lomb Orthorator
5. Titmus Optical Vision

Intraocular Tension is no longer required for the purpose of a medical certificate.

Air traffic controller physical examinations still require intraocular tension testing.

8. **Item 52** - "Color Vision"

Following Item 51 there is a blank space on purpose. This block may be used in the future for additional information.

Tonometry is required for intraocular tension testing on Air Traffic Controller (ATC) exams. Enter results in item 59 "other tests given".

The AME must correlate the test given with the specific standards in the AME Guide to determine whether color vision standards have been met. Current FAA Form 8500-8 only requires a report of normal or abnormal. If an airman applicant does not meet color vision standards, it is not necessary to deny. Restrict the certificate as outlined in the Guide and issue if there are no other disqualifying conditions (Pages 4-65 of Guide).

9. **Item 53** - "Field of Vision"

May be reported as normal/abnormal; determined by instructions in the AME Guide.

10 **Item 54** - "Heterophoria Diopters"

Not required for Class III. You are encouraged to perform this test on all applicants because the AMCD frequently receives requests to upgrade a certificate from Class III to a higher class. Cannot take this action without the information contained in item 54.

11 **Item 55** - "Blood Pressure"

Again, the medical standards are clearly stated in the AME Guide. If more than one blood pressure reading is taken, please include the results of each test. Enter acceptable readings in Item 55 and additional readings taken in Item 60

12 **Item 56** - "Pulse"

This also has specific standards recorded in the AME Guide. Resting pulse only is required.

13 **Item 57** - "Urinalysis"

Usually accomplished by a dipstick

14. Item 58 - "ECG"
1. Required only for first-class medical certificates at the time of the first examination after the 35th birthday and then annually after the 40th birthday. If performed, enter the date and transmit ECG to the AMCD. If the ECG is not performed, state "none" or "not required." Transmit electronically first-class only. AME is responsible for transmission of ECG, even if it is off-location transmission.
 2. Use SSN in ID space. If applicant refuses to divulge SSN or doesn't have one, call ECG Unit at (405) 680-4309, 7683, 3608, or 7682. A pseudo SSN will be assigned.
15. Item 59 - "Other Tests"
This area should be used to report intraocular pressure results on Air Traffic Controllers
- Should further testing be required to clarify a problem area, this should be indicated in Item 59 and complete results of all tests should be forwarded to the AMCD.
16. Item 60 - "Comments"
- Offers the AME the opportunity to make any comments or recommendations in each case. Some statement concerning your evaluation of the airman should be made. Item 60 is also used to further explain Item 18, if appropriate. If no significant medical history of findings, all that is required is to check the appropriate box(es).
17. Item 61 - "Applicant's Name"
- The applicant's name should be typed.
18. Item 62 - "Disposition of Certificate"
- Issued, Deferred or Denied You should clearly indicate whether you issued a medical certificate, or a medical and student pilot certificate. If you have not issued a medical certificate, indicate whether you have deferred issuing the certificate or issued a letter of denial. Deferral is recommended, if there is any question of the applicant's eligibility.
19. Item 63 - "Disqualifying Defects"
- Should be listed by item number; "none" is appropriate.
20. Item 64 - "AME Declaration"
- Should be completed and signed by the AME. Give complete office address, including Zip Code. Please include AME Serial number and current telephone number

Summary of Instructions on FAA Form 8500-8

In those areas where specific medical standards are not met, the AME is NOT allowed to deviate or make exceptions to these standards. The AME should ensure that he/she has given the FAA a complete picture of the airman (applicant). Some common problems are

1. Any item on either side of the form which is left blank will be recorded as an error, and;
2. AMEs are designated to perform second-class and third-class examinations. Only designated Senior AMEs are permitted to perform first-class

C. Medical Certificate

1. Should be completed after the AME has determined that the applicant qualifies for the certificate (upon completion of the exam portion of the application). The certificate is to be typed, error-free, and signed by both the AME and the airman. Spell out the class of certificate issued, i.e., First, Second, Third, the color of hair and eyes. Check accuracy of AME number. The wording of the restrictions placed on the medical certificate should exactly correspond to the wording contained in the AME Guide. Be sure the FAA copy of the certificate is legible. Corrections to the FAA copy can be made in ink and initialed by the AME.
 2. Be sure that any medical certificate issued corresponds in class to the medical certificate applied for. If it is necessary to change this during the course of the examination, the change should be explained in Item 60. If this changes item 2, it should be changed and initialed by applicant.
 3. Be sure AME's serial number is correct and legible. This is how each AME gets credit for performing medical exams.
 4. Once an AME has issued a medical certificate it is imperative that the completed examination form be forwarded to the AMCD in OKC within 3 days.
 5. To be eligible for a Student Pilot Certificate (yellow form) for powered aircraft, the applicant must be at least 16 years of age. There is no age restriction for the regular medical certificate (white form).
- D. Airmen applying for a second- or third-class certificate, taking medication for hypertension, can sometimes be issued by the AME, provided proper procedures have been carried out. If AME is in doubt, call AMCD or defer issuance.
- E. AME should tell airman to make sure his/her complete name, date of birth, and date of exam are on ALL correspondence (follow-up reports, flight test requests, etc.) sent to AMCD, OKC.
- F. Tell applicant it will take 2-3 weeks before OKC will have a report on his/her exam and it takes at least 7 to 10 working days after receipt of exam before it is entered in the computer.

APPENDIX VII

FAA FORM 8500-8 WITH ERRORS

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

FEDERAL BUREAU OF INVESTIGATION DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION MEDICAL CERTIFICATE CLASS AND STUDENT PILOT CERTIFICATE		1. Application For: <input checked="" type="checkbox"/> Airman Medical Certificate <input type="checkbox"/> Airman Medical and Student Pilot Certificate		2. Class of Medical Certificate Applied For: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd	
This certifies that: (Full name and address): John Allen Doe 123 Safety Street Oklahoma City, OK 70001		3. Last Name First Name Middle Name DOE John A		4. Social Security Number Telephone Number (405) 555 - 0005 999 - 99 - 9999 123 SAFETY ST.	
Date of Birth: 09-20-43 Height: 72" Weight: 190 Hair: Brown Eyes: Blue Sex: Male		5. Address Number / Street City State / Country Zip Code 123 SAFETY ST. Oklahoma City OK USA 70001		6. Date of Birth 7. Color of Hair 8. Color of Eyes 9. Sex 09-20-43 M M / D D / Y Y Y Y BRN BLU Male	
has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.		10. Type of Airman Certificate(s) You Hold: <input type="checkbox"/> None <input type="checkbox"/> ATC Specialist <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer <input checked="" type="checkbox"/> Private <input type="checkbox"/> Other <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Navigator <input type="checkbox"/> Student		11. Occupation 12. Employer COMPUTER PROGRAMER EFC CORPORATION	
Limitations: Holder shall wear corrective lenses.		13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 01-05-1996 270 hrs 170 hrs M M / D D / Y Y Y Y <input type="checkbox"/> No Prior Application	
Date of Examination: 01-04-99 Examiner's Serial No.: 1111-6		17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, below list medication(s) used and check appropriate box) Previously Reported		THEOBID, ASTHMA PREVENTATIVE Yes No <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Signature: John Q. Public, M.D. Typed Name: John Q. Public, M.D.		AIRMAN'S SIGNATURE: John Allen Doe		17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.					
Yes No Condition Yes No Condition Yes No Condition		a. <input type="checkbox"/> Frequent or severe headaches g. <input type="checkbox"/> Heart or vascular trouble m. <input checked="" type="checkbox"/> Mental disorders of any sort: depression, anxiety, etc. r. <input type="checkbox"/> Military medical discharge		b. <input checked="" type="checkbox"/> Dizziness or fainting spell h. <input type="checkbox"/> High or low blood pressure n. <input checked="" type="checkbox"/> Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years. s. <input type="checkbox"/> Medical rejection by military service	
c. <input checked="" type="checkbox"/> Unconsciousness for any reason i. <input type="checkbox"/> Stomach, liver, or intestinal trouble o. <input checked="" type="checkbox"/> Alcohol dependence or abuse t. <input type="checkbox"/> Rejection for life or health insurance		d. <input checked="" type="checkbox"/> Eye or vision trouble except glasses j. <input type="checkbox"/> Kidney stone or blood in urine p. <input checked="" type="checkbox"/> Suicide attempt u. <input type="checkbox"/> Admission to hospital		e. <input checked="" type="checkbox"/> Hay fever or allergy k. <input type="checkbox"/> Diabetes q. <input type="checkbox"/> Motion sickness requiring medication v. <input type="checkbox"/> Other illness, disability, or surgery	
f. <input checked="" type="checkbox"/> Asthma or lung disease l. <input type="checkbox"/> Neurological disorders: epilepsy, seizures, stroke, paralysis, etc.		Conviction and/or Administrative Action History - See Instructions Page			
Yes No History of (1) any 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 conviction(s) 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).		FOR FAA USE Review Action Codes	
Explanations: See Instructions Page E. Previously Reported, No change		19. Visits to Health Professional Within Last 3 Years. <input checked="" type="checkbox"/> Yes (Explain Below) <input type="checkbox"/> 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).			
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: John Allen Doe		Date: 01-04-1999 M M / D D / Y Y Y Y		NSN: 0052-00-670-6002	

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 (SODA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Defect Noted:						24. SODA Serial Number					
CHECK EACH ITEM IN APPROPRIATE COLUMN						Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN						Normal	Abnormal
25. Head, face, neck, and scalp						X		37. Vascular system (Pulse, amplitude and character; arms, legs, others)						X	
26. Nose						X		38. Abdomen and viscera (Including hernia)						X	
27. Sinuses						X		39. Anus (Not including digital examination)						X	
28. Mouth and throat						X		40. Skin						X	
29. Ears, general (Internal and external canals; Hearing under item 49)						X		41. G-U system (Not including pelvic examination)						X	
30. Ear Drums (Perforation)						X		42. Upper and lower extremities (Strength and range of motion)						X	
31. Eyes, general (Vision under items 50 to 54)						X		43. Spine, other musculoskeletal						X	
32. Ophthalmoscopic						X		44. Identifying body marks, scars, tattoos (Size & location)						X	
33. Pupils (Equality and reaction)						X		45. Lymphatics						X	
34. Ocular motility (Associated parallel movement, nystagmus)						X		46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)						X	
35. Lungs and chest (Not including breast examination)						X		47. Psychiatric (Appearance, behavior, mood, communication, and memory)						X	
36. Heart (Precordial activity, rhythm, sounds, and murmurs)						X		48. General systemic						X	
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		Record Audiometric Speech Discrimination Score Below		Right Ear					Left Ear						
Conversational Voice Test at 6 Feet <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		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/ 60	Corrected to	20/ 60	Right	20/ 20	Corrected to	20/20	Right	20/	Corrected to	20/	<input checked="" type="checkbox"/> Pass			
Left	20/ 70	Corrected to	20/ 20	Left	20/ 20	Corrected to	20/20	Left	20/	Corrected to	20/	<input type="checkbox"/> Fail			
Both	20/ 60	Corrected to	20/ 20	Both	20/ 20	Corrected to	20/20	Both	20/	Corrected to	20/				
53. Field Vision			54. Heterophoria 20' (in prism diopters)			Esophoria		Exophoria		Right Hyperphoria		Left Hyperphoria			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal															
55. Blood Pressure			56. Pulse (Resting)		57. Urinalysis (if abnormal, give results)				58. ECG (Date)						
(Sitting, mm of Mercury) Systolic / Diastolic			64		<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Abnormal				Albumin		Sugar		M M D D Y Y Y Y		
120 / 78															
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:			
												Clerical Reject			
Significant Medical History <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Abnormal Physical Findings <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO															
61. Applicant's Name				62. Has Been Issued — <input type="checkbox"/> Medical Certificate <input checked="" 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) None															
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 attachment embodies my findings completely and correctly.															
Date of Examination				Aviation Medical Examiner's Name				Aviation Medical Examiner's Signature							
01 04 1999 M M D D Y Y Y Y								<i>John Q. Ruben MD</i>							
				Street Address				AME Serial Number 11111-6							
				City State Zip Code				AME Telephone (405) 555-5555							