

U.S. Department of Transportation Federal Aviation Administration

## INFORMATION FOR APPLICANT

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

Privacy A	ct Sta	iteme	ent
-----------	--------	-------	-----

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., Ú.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
- 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 adated by the applicant after the applicant has read it. 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, eve, 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

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.

		ust Comple	ete <u>AL</u>	<u>L</u> 20 Item	s (Excep	ot For Sha	aded A	reas) <u>PL</u>	EASE P	RINT	Form A	pproved Of	MB NO.	2120-0034
Copy	of FAA Form 86 cal Cartificate) o 8430-2 Medicali	"L FE	. M	0007	A	1. Application Airman Certific	on For: n Medical	☐ Ajiman Me	edical and ilot Certificate	2. Cla	ss of Me	dical Certific	•	plied For: 3rd
Plict	Cartificate) issue	d.				3. Last Nam		— Student P	ilot Certificate First N	ame		Middle N		, 014
M		ERTIFICA	***************************************		ASS	:								
		IDENT PILI Pull name and d		Reilfileyax		4. Social Se	curity Num	ber				-		
1.00	CEREMEN COM	R.cet trevie with a				5. Address			1 016	ephone Nur	nder (	)		
		,				Number / Street	st .							
		/_				City		<del></del>	State / C	country				Zip Code
	Date of Birth		eletti t	air Eves	Sex	6. Date of B	irth			7. Colo	r of Hair	8. Color of	Eyes	9. Sex
	Date of Billing	Heigh M	easter :	air Eyes	384	Citizensh	M M dn	/ D D /	Y Y Y Y					
ha:	metalie met	eal tanques	rescribe	5 in part 67, F	ederal			rtificate(s) You	u Hold:			· · · · · · · · · · · · · · · · · · ·		
Αv	ayon Regul <b>a</b>	iops, for this cla	ss of Me	iicai Certifica	de.	☐ None	-		Specialist	_	ht Instru		Recreat	ional
						☐ Airlin	e Transpo		t Engineer t Navigator	□ Priv		ПС	Other	
2		1				11. Occupat		L i ligit	it Mayigator	12. Emp		· · ·		<del> </del>
ŝ					1									
<u> </u>		/()	,					nan Medical Co □ No	ertificate Ever	Been De yes, give (				
	J.	\V,	1			Total Pilot		· · · · · · · · · · · · · · · · · · ·	***		мм	/ D D / Y		
Oat	e of Examenation		Examiner	Designation N	io.	14. To Date		15. Past 6	5 months	l		1	□ No	Prior
	/ . \					17 a. Do You	u Currentiv	Lise Any Med	lication (Presc			cription)?	AI	oplication
*	Signature					□ No □	Yes (If yes	, below list me	edication(s) use	d and che	eck approp	oriate box).	Previou Ye	sty Reported
	Typed Name	•			1								Ë	
						-			·				<u></u>	88. III
AIR	man's Signa'	TURE						<del></del>	e space is requi	<del></del>	*****		reet).	
40	Modical Histor	y - HAVE YOU E\	/FR IN YO	UR LIFE REEN	N DIAGNOSE	D WITH HAD	OR DO YO	U PRESENTI	Contact Lens(e	OF THE F	OLLOWIE	☐ Yes ¥G? Answ	er "ves"	No or "no"
	for every condit	ion listed below. revious application	In the EXI	LANATIONS b	iox below, vol	ı mav note " Pi	REVIOUSLY	Y REPORTEE	3⊗NO CHANG	E" onlv⊸f	the expla	mation of the	e condit	ion was
Yes	No C	ondition	Y	s No	Condition	1	Yes No	Condit	ion	Yes	No	Condit		
•-	☐ Frequent or	severe headache		☐ Heart or	vascular troub			ental disorders opression, anxie		1.0	Ε	ry medical di		
b.	☐ Dizziness o	r fainting spell	h.	<del></del>	ow blood pres			bstance depen ig test ever, or use of illegat to	dence or failed substance abus ubstance in the		H	cal rejection		<del></del> ,
		isness for any reas			, liver, or intes		- 200 <b>0</b> - 2000	<del>000-10000</del>				ction for life o		insurance
	<u> </u>	n trouble except g		☐ Kidney s	<del>m8000-00</del>	000 <b>0</b> 0000000 <b>0</b> 00 <b>0</b> 0	: <b>33¥</b> 333 .71	phol depender	nce or abuse	u	<b> </b>	ssion to hosp		
	☐ Hay fever o			Diabetes	50000000 700050005 60			icide attempt			☐ Other	r illness, disa	ibility, or	surgery
1	Asthma or I	ung disease or Administrat		D Neurolog seizures			4 U U MO	tion sickness r	equiring medica	ation	<u> </u>		· · · · ·	·
Yes	No	f (1) any convic	3000 30000			······································	ile impaire	ad by or whi	le under the	Ye	No		4ma66:a	
v. 🗆	influence	of alcohol or a which resulte	i drug; o	(2) history o	of any convi	ction(s) or ac	lministrati\	ve action(s) i	involving an	W.L	or cor	tory of non viction(s)		
		i) which resulte sulted in attenda						i or arraing t	Divileges of		(mi	sdemeànoi	rs or te	ionies).
Ex	planations: §	iee Instructions F	<u>age</u>									833		AA USE tion Codes
l														
40	Welter Ac III-	IAh Deefessis	al Maral	Lest 9 Vac-			Contain P	alaus)	□ Ne	0	Inet4	ione Basa		
19.	Visits to Hea	Ith Profession				Li Yes ( ssional Cons	Explain Be	eiow)	□ No		instruct ason	ions Page		
-			, 41	,pe o				<b> </b>	·					
	NOTIC	\ <u></u>			00.0	1141- 21-41		- Dan'-4 :		- De -1				
		atter within the			ational Driver I	Register (NDR)	, through a c	designated Star	i <b>nd Certifyin</b> g ite Department i	of Motor \	/ehicles, to			
age	ncy of the	department or United States	informatio	n pertaining to	my driving rec	ord. This cons	ent constitu	tes authorization	on for a single a nake the informa	ccess to 1	he informa	ation contain	ed in the	
cond	wingly and wi ceals or covers	up by any trick,	my review	and written co	mment. Author	ority: 23 U.S. C	ode 401, No	ote.	wever, does no				•	
sche	eme, or device			application	on for <b>Me</b> dica	il Certificate or	Medical C	ertificate and	Student Pilot	Certificat	<b>0.</b>			
or	fraudulent s	statements or entry, may be	I hereby of agree that	ertify that all sta they are to be	atements and considered pa	answers provid art of the basis t	led by me or for issuance	n this application of any FAA ce	on form are corr ertificate to me.	nplete and I have als	I true to th so read an	e best of my ad understand	knowled d the Pr	ige, and I ivacy Act
fine	d up to \$250,00	0 or imprisoned _	statemen	that accompar								Date		
	more than 5 yea U.S. Code Secs		Signature i	of Applicant			* ***					M.M. /		YYYY
														0.070.000

					REPOR	T OF ME	DICAL EX	AMINATIC	ON						
21. Height (inches)	22. Weig	ght (pounds)	2	3. Statem		nonstrated	d Ability (SO	DA) fect Noted:				1	24. SOD	A Serial	Number
CHECK EACH ITEM	IN APPR	OPRIATE (	COLUI		Normal	Abnormal	T	<del> </del>	M IN APP	ROPRIA	TE COLUM	L		Namel	1
25. Head, face, neck			OOLO!	14114	Normai	Abnorma					haracter, arms			Normal	Abnorm
26. Nose	, and soan	<b></b>	<del></del> -		-	<del> </del>	1		/iscera (Inc			, iega, ou			
27. Sinuses						1	1		ng digital exam		<u>''</u>				ļ · · · ·
28. Mouth and throat	,					<del></del>	40. Skin	(1400 HOUGH	ig digital dital	illa Addorny			$\neg \uparrow$		1
29. Ears, general (Int		ernal canals. He	eerina ur	oder item 4	91	İ	1	vstem (N	ot including pe	lvic evemina	tion)				†
30. Ear Drums (Perform		ariai ocarcio, re	ourney un	IGOI NOITI 4	<del>"</del>	<del> </del>		<del></del>			ith and range o	f motion)			
31. Eyes, general (vi		me 50 to 54)			1	†	<del>- ''</del>		ısculoskek	<del></del>	uranurange o	i inotori)	-		
32. Ophthalmoscopic		118 50 10 54)	•		+	-					08 (6: 8 1		-		<del> </del>
				-	+	+	45. Lymp		marks, se	Jaio, tatto	OS (Size & loc	canori)	-		<del> </del>
33. Pupils (Equality and		-8-1			-	<del> </del>			don reflexes, o	equilibrium, s	enses, cranial	nerves,	$\rightarrow$		<del> </del>
34. Ocular motility (As				nusj	<del></del> -	<del> </del>								<del>, _`-</del>	
35. Lungs and chest					<del> </del>	-	T		_	avior, mood,	communication	n, and me	mory)		+
36. Heart (Precordial act				tor onnli	anhla itan	. number		ral system		litional ab	anto if name				io forma
NOTES: Describe ev	ery apriori	nanty ni ue	tan. Er	itei appii	cable iteri	Humber	Deloie ezu	n commen	n. Use aud	illionai Sii	eets n nece	ssary a	mu alla	ich to tr	115 101111.
													ř.		
		metric Speech	1				Right Ear	•				Left E	Ear		
Conversational	Discrimination	Score Below	Audi	ometer	500	1000	2000	3000	4000	500	1000	200		3000	4000
Voice Test at 6 Feet			Thre	shold in cibels	300	1000	2000	3000	4000	300	1000	200		3000	4000
☐ Pass ☐ Fail			<u> </u>	1					<u> </u>	L	<u> </u>	L	<b>—</b> —	<u> </u>	
50. Distant Vision			51	.a. Near	Vision			51.b	. intermed	diate Visi	on – 32 Inc	hes	52.	. Color	Vision
	Corrected		1 .	ght 20		Correcte		Rig			orrected to		1	□ Pa	iss
	Corrected		Le			Correcte		Lef			orrected to			☐ Fa	ıit
Both 20/	Corrected	10 20/		oth 20	)/ 	Correcte	0 10 20/	Bot	th 20/	C	orrected to	20/			
53. Field of Vision		54. Hete	ropho	ria 20' (ir	prism diopte	ers)	Esophoria	1	Exopho	ria	Right Hype	rphori	a Le	ft Hype	rphoria
☐ Normal ☐	Abnorma	1													
55. Blood Pressure			Pulse	57. Urli	nalysis (i	f abnormal	, give results)					58.	ECĢ (	Date)	
(Sitting. Systoli	ic Dia	stolic (Re	esting)					AI	bumin		Sugar	М	<u>м D</u>	DY	(YY)
mm of Mercury)	1			□ No	mal	☐ Abi	normal	1				1			
59. Other Tests Giv	ren														
60. Comments on I	listory an	d Findings	: AMI	E shall co	omment o	n all "YES	S" answers	in the Med	dical Histor	ry section	and for		FOI	R FAA I	USE
abnormal findings of	the exami	nation. (Att	tach al	l consulta	ation repo	rts, ECG	s, X-rays, et	tc. to this i	report befo	re mailing	J.)	F	atholog	gy Code	es:
															9000
												C	Coded E	<b>Зу</b> т	
												C	Clerical	Reject	
Significant Medica	al History	☐ YES			10	Abnor	mal Physic	al Findin	ne 🗇	YES	□ NO	.			
61. Applicant's Nam				<del></del>	<del></del>		— □ Medi		<del>-</del>			10000		· · · · · ·	
or. Applicant a Ham				02. 7	_						dical & Stud	dent Pil	ot Cent	псате	
					_		e Issued —								
00 DI					□ US2	Deen De	nied — Let	ter or Den	iai issueo	(Copy Att	acned)				
63. Disqualifying De	PTOCES (Lis	it by item n	umber	)											
04 88-21 15		41:	L - ·		4 - 4 - 4			AL					<del></del>		
64. Medical Examinathis medical examina											onally exam	nined th	e applic	cant nai	med on
	Т						,ays								
Date of Examination	1	Aviation M	edica!	⊏xamin€	rs Name				Avi	ation Med	lical Exami	ners Si	gnature	3	
	, , , , , <del> </del>	Street Add	rese												
M M D D Y	<u> </u>									ME Serial	Number				
		City	<del></del> .		State	-	7in Cad	•				`		<del> </del>	
		City			SIBIE		Zip Code	<del>-</del>	^1	ME Telep	INDIRE (	)			

		<u>L</u> 20 Items (Exce	ept For S	haded A	reas) PLEASE P	RINT	Form A	pproved ON	B NO.	2120-0034
Copie of PAA Form 8601A Nactical Cartificate) or FAA Form \$4.0-7 Medical Statement Plick Cartificate) seven	FF- 00	00076	1. Applica	ition For: nan Medical ificate	Airman Medical and Student Pilot Certificate	2. Cl	ess of Me	dical Certific		plied For: 3rd
		CLASS	3. Last No		First N	ame		Middle Na		
MEDICAL CERT			4 Societ	Security Num	har					
This certifies that (Full o		KIIIIOAIL	5. Addres			sphone Nur	nber (	<del>-</del>	_	
			Shumbas ( Sh			· 				
	•		Number / St							
	A 13		City		State / C				•	Zip Code
Date of Birth . H		ar Eyes Sex	6. Date of	M M	/ D D / Y Y Y Y	7. Color	of Hair	8. Color of	Eyes	9. <b>Se</b> x
has mer the medical s	gracy glascics.	in pari 67. Federal			tificate(s) You Hold:					
Aviation Regulations.	this class of Med	dical Certificate.	□ No		☐ ATC Specialist		ht Instru		ecreati	ional
	f.		1 1	line Transpo mmercial	rt ☐ Flight Engineer ☐ Flight Navigator	☐ Priv		0	tner	
# · ·			11. Occup			12. Emp	loyer			
	<i>j</i> = 1		13 Has V	our EAA Airm	an Medical Certificate Ever	Been De	niad Sue	nended or F	evoker	12
5 /	<u>^</u>		1 1	_				/ D D / Y		
7.	().			t Time (Civilian	ı Only)	16. Da	te of Las	t FAA Medic	al Appli	cation
Date of Exemptition	Exercise	Designation No.	14. To De	ite	15. Past 6 months	<u></u>	/ D D /	<del> </del>		Prior plication
	* #				Use Any Medication (Preso	ription of	Nonpres	cription)?	<u> </u>	·
E Stretch	•			l Yes (If yes	, below list medication(s) use	ed and che	ck approp	oriate box).	Previous Yes	
Target Name "			<u> </u>							
AIRMAN'S SIGNATURE			1							
AUGUATORE			17.b. Do Y	ou Ever Use	(If more space is requi	***************************************		Matruction sh	7770000	No
18. Medical History - HA	E YOU EVER IN YO	UR LIFE BEEN DIAGNOS			J PRESENTLY HAVE ANY REPORTED, NO CHANG	A. * 000000000	2000	000000		
reported on a previous	application for an aim	nan medical certificate and	there has been	no change in	your condition. See instruc	tions Pag	je –	,,		UII Was
Yes No Condition  a. ☐ ☐ Frequent or severe		S No Condition  Heart or vascular tro		Yes No	Condition  rital disorders of any sort;  ression, anxiety, etc.	¥94	No Milita	Conditi ry medical dis		
b. Dizziness or fainting					444444444444444444444444444444444444444	×	<del> </del> <u> </u>	cal rejection t		
c. Unconsciousness		☐ Stomach, liver, or int		- dru	ostance dependence or failed gliest ever or substance abu- ise of illegal substance in the 2 years.	• -	<del> </del>	ction for life or	<u> </u>	<del></del>
d. ☐ Eye or vision troub		☐ Kidney stone or bloo		-	phol dependence or abuse	u.□	☐ Admi	ssion to hosp	ital	
e.		☐ Diabetes		p. 🗆 🗆 Sui	cide attempt	x.□	☐ Othe	r iliness, disal	oility, or	surgery
f.   Asthma or lung dis		<b>~ ****************</b>	rs; epilepey,		tion sickness requiring medical	ation				
Conviction and/or Ad		n History — See Instr	uctions Pag							
offense(s) which	th resulted in the	LASSINGTON OF GITY COIL	incellation, o	r revocation	ed by, or while under the re action(s) involving an of driving privileges or	Ye.	Cor	itory of nont nviction(s) sdemeanor		lonies).
Explanations: See line	Fuctions Page							5333		AA USE tion Codes
19. Visits to Health Pr	ofessional Within	Last 3 Years.	☐ Yes	(Explain Be	iow) 🗆 No	See	Instruct	ions Page		
Date N	ame, Address, an	d Type of Health Prof	essional Co	nsulted		Re	ason			
	· · ·		·						, <u>-</u>	
— NOTICE — Whoever in any matter w jurisdiction of any depart agency of the United knowingly and willfully conceals or covers up by a scheme, or device a mate or who makes any false,	ment or States informatio verify informatio verify informatio verify informatio verify information verification ve	uthorize the National Drive n pertaining to my driving n rmation provided in this and and written comment. Au E: ALL persons using the application for Media	r Register (NDI ecord. This co plication. Upon thority: 23 U.S. this form must cal Certificate	R), through a constitution of the constitution	r Register and Certifying esignated State Department es authorization for a single a e FAA shall make the informate. consent, however, does no ertificate and Student Pilot this application form are con	of Motor \ access to the stion received apply use the control of t	ehicles, to the information to the from the second the second the second the second the	ation containe the NDR, if ar s form is use	ed in the ny, avail d as an	lable for
or fraudulent stateme representations, or entry, fined up to \$250,000 or im- not more than 5 years, or h	may be agree that statement	they are to be considered that accompanies this form	part of the basi		of any FAA certificate to me.					
not more than 5 years, or b (18 U.S. Code Secs. 1001;		n Applicatit							DD/	YYYY

				REPOR	T OF ME	DICAL EXAI	MIN	IATION							
21. Height (inches)	22. Weight (pound	is)	23. Statem		onstrated	Ability (SOD) Defe	•	ioted:				24.	SODA Serial	Number	
CHECK EACH ITEM	IN APPROPRIATE	E COL	UMN	Normal	Abnormal	CHECK E	AC	H ITEM	IN APP	ROPRIA	TE COLUMI	N	Normal	Abnormal	
25. Head, face, neck	and scalp					37. Vascula	ar s	ystem	(Pulse, amp	litude and o	character, arms,	lege, others			
26. Nose						38. Abdom	en	and vis	cera (Incl.	.ding hemi:	1)				
27. Sinuses						39. Anus (	39. Anus (Not including digital examination)								
28. Mouth and throat						40. Skin									
29. Ears, general (Int	ernal and external canals;	; Hearing	under hom 49	0		41. G-U system (Not including pelvic examination)								1	
30. Ear Drums (Perfor		<u></u>				42. Upper		!							
31. Eyes, general (Va	ion under items 50 to 54	t)				43. Spine,	oth	er muse	culoskele	tal	_				
32. Ophthalmoscopic			· · · · · · · · · · · · · · · · · · ·			44. Identify	ring	body n	narks, sc	ars, tatto	OS (Size & loca	ntion)		I	
33. Pupils (Equality and						45. Lympha	atic	:5			9		1		
34. Ocular motility (A		ent, nyst	egmus)			46. Neurok	ogi	(Tendor	reflexes, e	quilibrium,	senses, cranial n	erves,	í	1	
35. Lungs and chest											communication,		y)		
36. Heart (Precordiel ac					į	48. Genera	al sy	ystemic							
49. Hearing	Record Audiometric Spee			<del></del>		Right Ear						Left Ear	· · · · · · · · · · · · · · · · · · ·		
Conversational	Discrimination Score Beld			500	4000	T- T	2	200	4000	*00	1000	2000	3000	4000	
Voice Test at 6 Feet		7	rdiometer hreshold in decibels	500	1000	2000		000	4000	500	1000	2000	3000	4000	
☐ Pass ☐ Fail 50. Distant Vision		┸┰	51.a. Near	Vision		<u> </u>	_	51 h J	ntermed	late Vie	on - 32 Incl	hee	52. Color	Vision	
Right 20/ Left 20/ Both 20/	Corrected to 20/ Corrected to 20/ Corrected to 20/		Right 20 Left 20 Both 20	V V V	Correcte Correcte	d to 20/ d to 20/		Right Left Both	20/ 20/ 20/	C	orrected to 2 orrected to 2 orrected to 2	20/ 20/ 20/	□ Pa	R93 ail	
53. Field of Vision		eterop	<b>horia 20'</b> (in	priem diopte	ers)	Esophoria		<del>                                     </del>	Exophor	12	Right Hype	rphona	Left Hype	rpnona	
☐ Normal ☐ 55. Blood Pressure	Abnormal	6. Puli	87 Hele	alveie (	/ abnormal	give results)	_	<u> </u>		1		I 58 FC	G (Date)	<del></del>	
Systol		o. Pun (Restin		y-: (.		, Aug. (marrier)	1	Alba	umin	1	Sugar	MM	1 ' 1	<b>Y Y Y</b>	
(Sitting, mm of Mercury)	1		□ Nor	mai	□ Abi	normai	$\vdash$		JE 1481 1	+	Ouger	100 100	1001	<u>, , , , , , , , , , , , , , , , , , , </u>	
59. Other Tests Giv															
60. Comments on abnormal findings of	History and Findin the examination. (	ngs: A (Attach	all consulta	omment o ation repo	n all "YE: rts, ECG:	s, X-rays, etc	n en 2. tc	this re	port befor	y section re mailin	g.)	Pat	FOR FAA hology Cod	**************	
												Cor	led By:		
												701	rical Reject		
	_		_								_				
Significant Medic		ES	□ N			mai Physica					□ NO	100000000			
61. Applicant's Nan	ne		62.1			— ☐ Medic					edical & Stud	ent Pilot	Certificate		
			1			e Issued —									
60 Dia	Seeds Attached			⊔ rias	DOON DE	nied — Lett	er C	N Deuis	1354 <b>6</b> 0	(CODY A	udici (BU)				
63. Disqualifying D	PTECTS (LIST by Item	n numl	per)												
64. Medical Examinathis medical examina	er's Declaration — ation report. This re	l here	eby certify to	hat i have chment e	persona mbodies	lly reviewed my findings	the	medica npletely	l history and corr	and pers	onally exam	ined the	applicant na	imed on	
Date of Examination	Aviation	<b>Me</b> di	cal Examine	er's Name					Avi	Aviation Medical Examiner's Signature					
MM DD Y	Y Y Y Street A	Addres	<b>S</b>												
											l Number				
	City	-		State		Zip Code			Al	ME Tele(	onone (	)			

Applicant Must Complete A	<u> LLL</u> 20 Items (Excep	ot For Snaded /	Areas) <u>Please P</u>			proved OMB NO	
Copy of FAA Form 6500-4 Marked Certificate) or FAA Form 8421-2 Medical/Burkets Plint Certificate) instead	0000078	1. Application For:	Airman Medical and Student Pilot Certificate	2. Cla	ss of Med	lical Certificate Ap	oplied For:
		Airman Medical Certificate  3. Last Name	Student Pilot Certificate First N	ame	IS(	Middle Name	_ 3IQ
MEDICAL CERTIFICATE_	CLASS						
AND STUDENT PILOT O	***************************************	4. Social Security Nu					
This certifies that (Pall name and eddres	s):	5. Address	Tek	phone Nun	nber (	) –	
_		Number / Street					
		City	State / C	ountry			Zip Code
	X 5 5	6. Date of Birth		7. Color	of Hair	8. Color of Eyes	9. Sex
Date of Birth A Height Meight	Flair Eyes Sex	Citizenship	M DD / YYYY				
has met the medical standards preson			ertificate(s) You Hold:				
Aviation Regulations for this class of	Medical Certificate.	□ None	☐ ATC Specialist		ht Instru		tional
7		☐ Airline Trans	oort □ Flight Engineer □ Flight Navigator	☐ Priva☐ Stud		☐ Other	
s C		11. Occupation		12. Empl			
[Imfratton		44 11- 2	man Madia-1 Acade	Dag= 2:	-lad 6	anded on Posses	
§ .		13. Has Your FAA Air	man Medical Certificate Ever				
	2	Total Pilot Time (Civil	ian Only)	16. Da	M M te of Last	/ D D / Y Y Y Y FAA Medical App	dication
Date of Examination Exami	ner's Designation No.	14. To Date	15. Past 6 months	l	/ D D /	l n M	lo Prior
<i></i>		17.a. Do You Current	ly Use Any Medication (Presc				ppisason
Signature 8			es, below list medication(s) use			riate box). Previou	usly Reported
Typed Name					- 44		<u> </u>
m .							
AIRMAN'S SIGNATURE		17 b. Do You Ever He	(If more space is require Near Vision Contact Lens(e		- 100 m	**************************************	] No
18. Medical History - HAVE YOU EVER IN	YOUR LIFE BEEN DIAGNOSE	D WITH HAD OR DO Y	OU PRESENTLY HAVE ANY	OF THE F	OLLOWIN	G2 Answer "ves	" or "no"
for every condition listed below. In the reported on a previous application for an	EXPLANATIONS box below, you airman medical certificate and th	u may note " PREVIOUS iere has been no change	LY REPORTED, NO CHANG in your condition. <b>See instruc</b>	E" only in tions Pag	the expla	nation of the condi	tion was
Yes No Condition	Yes No Condition g. ☐ ☐ Heart or vascular troub	Yes No	Condition fental disorders of any sort, epression, anxiety, etc.	Yes r. □	No	Condition y medical discharg	
□ Frequent or severe headaches     □ Dizziness or fainting spell	h. High or low blood pres	277000000 0 2770	CONT.		Ε	al rejection by milit	
c. Unconsciousness for any reason	i.  Stomach, liver, or intes	************************************	ubstance dependence or failed rug test ever; or substance abu- r use of illegal substance in the		<del> </del>	tion for life or healt	
d. Eye or vision trouble except glasses	<del>                                     </del>	<del></del>	ist 2 years.  Scottol dependence or abuse	u.□	<u> </u>	sion to hospital	
e.  Hay fever or allergy	k. 🗆 🗆 Diabetes		suicide attempt	 ×.□		illness, disability, o	or surgery
f.  Asthma or lung disease	I.   Neurological disorders seizures, stroke, paraly	○○ ○○○ ○ <b>3</b> 8**	lotion sickness requiring medica	ition			
Conviction and/or Administrative A	Company Compan	VIV.		k	1		
Yes No History of (1) any conviction(s		ctions Page			•		
IN I III I . HOLOTY OF LEFT WITH WOLLD HAD	involving driving while intox	cicated by, while impa	ired by, or while under the		No □ Hisi	tory of nontraffic	
influence of alcohol or a drug offense(s) which resulted in t	; or (2) history of any convi the denial, suspension, can	kicated by, while impa iction(s) or administra icellation, or revocation	tive action(s) involving an		∏ Hist con	tory of nontraffic viction(s) sdemeanors or fe	
influence of alcohol or a drug offense(s) which resulted in it which resulted in attendance a	; or (2) history of any convi the denial, suspension, can	kicated by, while impa iction(s) or administra icellation, or revocation	tive action(s) involving an		∏ Hist con	viction(s) sdemeanors or fo	elonies).
influence of alcohol or a drug offense(s) which resulted in t	; or (2) history of any convi the denial, suspension, can	kicated by, while impa iction(s) or administra icellation, or revocation	tive action(s) involving an		∏ Hist con	viction(s) sdemeanors or fo	
influence of alcohol or a drug offense(s) which resulted in which resulted in attendance a Explanations: See instructions Page	; or (2) history of any convi the denial, suspension, can t an educational or a rehabi	cicated by, while impa iction(s) or administra cellation, or revocation dilitation program.	tive action(s) involving an on of driving privileges or	w.C	Instructi	viction(s) sdemeanors or fo	elonies). FAA USE
influence of alcohol or a drug offense(s) which resulted in which resulted in attendance a Explanations: See instructions Page	; or (2) history of any convi the denial, suspension, can t an educational or a rehabi	cicated by, while impa iction(s) or administra cellation, or revocation dilitation program.	tive action(s) involving an on of driving privileges or	w.C	Hist con (mis	viction(s) sdemeanors or for FOR I	elonies). FAA USE
influence of alcohol or a drug offense(s) which resulted in which resulted in attendance a Explanations: See instructions Page	; or (2) history of any convi the denial, suspension, can t an educational or a rehabi	cicated by, while impa iction(s) or administra cellation, or revocation dilitation program.	tive action(s) involving an on of driving privileges or	w.C	Instructi	viction(s) sdemeanors or for FOR I	elonies). FAA USE
influence of alcohol or a drug offense(s) which resulted in which resulted in attendance a Explanations: See instructions Page	; or (2) history of any convi the denial, suspension, can t an educational or a rehabi	cicated by, while impa iction(s) or administra cellation, or revocation dilitation program.	tive action(s) involving an on of driving privileges or	w.C	Instructi	viction(s) sdemeanors or for FOR I	elonies). FAA USE
influence of alcohol or a drug offense(s) which resulted in which resulted in attendance a Explanations: See instructions Page  19. Visits to Health Professional With Date Name, Address  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,	thin Last 3 Years.  and Type of Health Profese to the pertaining to my driving recipion pertaining to my driving recipion pertaining to my driving recipion my driving recipion and my driving recipion pertaining to my driving recipion and written comment. AuthorE:  ALL persons using the application for Medica	Licant's National Driver, Cord. This consent constitution. White impaction of the constitution program.    Yes (Explain   Second Consulted   Secon	Below) No  No  Register and Certifying a designated State Department tutes authorization for a single at the FAA shall make the information.  Note.  No Certificate and Student Pliot	See Read Part of Motor Voccess to the state of the second that	instructi ason ations /ehicles, to the informatived from the informatived from the informative from the informativ	FOR I Review A  ons Page  furnish to the FAA tion contained in the NDR, if any, ava form is used as a	elonies).  FAA USE  Action Codes  The NDR to aliable for an
influence of alcohol or a drug offense(s) which resulted in which resulted in attendance a which resulted in attendance a Explanations: See instructions Page  19. Visits to Health Professional Wife Date Name, Address  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	thin Last 3 Years.  and Type of Health Profese to pay authorize the National Driver Ination pertaining to my driving recinformation provided in this application of the National Driver Information provided in this application.	Licant's National Drives (National Consulted Drives)  Licant's National Drives (National Consulted Consult	Below) No  No Register and Certifying a designated State Department tutes authorization for a single a the FAA shall make the information on this application form are controlled to the polication form are controlled to the	See Rea  3 Declar of Motor V ccess to tition receive tapply un Certificate	instructiason ations /ehicles, to the informate defrom the interest this earth to the interest this earth true to the interest true true true true true true true tru	FOR I Review A cons Page	elonies).  FAA USE Action Codes  ne NDR to allable for an edge, and I