



# BasicMed Physician Guide

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## **For the Physician - Understanding BasicMed**

Your patient is asking you to perform a medical exam following a simple checklist that the FAA has specifically created to be completed by any state-licensed physician. If this is the first time a pilot has ever asked you to complete this checklist, that's because it's part of the FAA's new medical rules that allow a private pilot flying certain small aircraft for non-commercial purposes to obtain a medical examination from any state-licensed physician.

The examination needed to complete this checklist is just like a wellness exam, similar to those conducted for high school athletics, scuba diving certification, or for a U.S. Department of Transportation commercial driver's license. Conducting this examination is similar to determining if an individual can safely operate a car, truck, motorcycle, boat or other motor vehicle.

### **Am I qualified to perform a BasicMed exam?**

All state-licensed physicians are qualified to perform a BasicMed exam. Advanced practice providers, such nurse practitioners, may assist with the exam but only a state-licensed physician may make the final affirmation on the checklist.

### **What is the purpose of a BasicMed exam?**

The exam is used to discuss with the individual any medications he or she is taking could interfere with his or her ability to safely operate a motor vehicle or aircraft and perform an exam of each of the items on the checklist. Based upon this discussion and exam, you as the physician then determine whether, in your medical opinion, you are aware of any medical condition that, as presently treated, could interfere with the individual's ability to safely operate an aircraft. It is like assessing if an individual can safely operate a motor vehicle such as a car, truck, motorcycle, or boat.



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## How do I perform a BasicMed exam?

A BasicMed examination is like many other physical or wellness examinations that physicians perform daily.

- Step 1** - Your patient will arrive at your office having completed the “individual information” portion of the FAA’s Comprehensive Medical Exam Checklist. This assessment will capture the patient’s personal information and his/her medical history. It is intended to facilitate your examination as well as increase the pilot’s self-awareness of any medical conditions that may impact his/her ability to safely operate a small recreational aircraft. Note that before every flight, FAA regulations require pilots to assess if they are feeling well enough to safely operate an aircraft. The regulations state that the final go/no-go decision belongs to the pilot in command of the aircraft.
- Step 2** - After reviewing and discussing the aeromedical self-assessment, you will perform the physical examination as indicated in Section 3 of the FAA checklist.
- Step 3** - If, in your medical opinion, after completing the examination and discussing the patient’s medical history, the patient can safely operate a motor vehicle, in this case a small aircraft, you will complete Section 3 of the FAA examination form and return it to the patient. No further action is required of you.
- Step 4** - If, in your medical opinion, after completing the examination, you are aware of anything that could interfere with the safe operation of a motor vehicle, in this case a small aircraft, you are encouraged to work with the patient to develop an appropriate treatment regimen. Following treatment, you may complete Section 3 of the FAA examination form and return it to the patient. No further action is required of you.

## How is it determined that a pilot is eligible for BasicMed?

It is the responsibility of the pilots to understand the regulations and determine if they are eligible to fly under BasicMed.

## What should I be concerned about during the examination?

Persons who have a medical history of, or are diagnosed with, the conditions described below as identified by the FAA, may not use BasicMed until they have been seen by an FAA Aviation Medical Examiner (AME) and have been granted a special issuance medical certificate by the FAA. If they previously held a special issuance medical certificate for any condition below, it must have been valid within the ten years prior to July 15, 2016 for the pilot to be eligible for BasicMed. In other words, if your patient has any of the conditions below, and they were not previously granted a special issuance medical certificate for that condition by the FAA within the allowed timeframe, you should advise them to contact AOPA’s Pilot Information Center about seeing an AME.



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**I. Mental Health** - A mental health disorder, limited to an established medical history or clinical diagnosis of any of the following:

- Personality disorder that is severe enough to have repeatedly manifested itself by overt acts.
- Psychosis, defined as a case in which an individual:
  - >> Has manifested delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of psychosis; or
  - >> May reasonably be expected to manifest delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of psychosis.
- Bipolar disorder.
- Substance dependence within the previous 2 years.

Furthermore, the FAA's new medical rules do not apply to an individual with a clinically diagnosed mental health condition if, in the judgment of the individual's state-licensed physician, the condition:

- Renders the individual unable to safely perform the duties of or exercise the privileges of a pilot in command of a small aircraft under the FAA's new medical rules;
- May reasonably be expected to make the individual unable to safely perform the duties of or exercise the privileges of a pilot in command of a small aircraft under the FAA's new medical rules; or
- The individual's driver's license is revoked by the issuing agency as a result of a clinically diagnosed mental health condition.

**II. Neurological** - A neurological disorder, limited to an established medical history or clinical diagnosis of any of the following:

- Epilepsy.
- Disturbance of consciousness without satisfactory medical explanation of the cause.
- A transient loss of control of nervous system functions without satisfactory medical explanation of the cause.



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Furthermore, an individual with a clinically diagnosed neurological condition, is prohibited from exercising BasicMed privileges if, in the judgment of the individual's state-licensed physician, the condition:

- Renders the individual unable to safely perform the duties of or exercise the privileges of a pilot in command of a small aircraft under the FAA's new medical rules; or
- May reasonably be expected to make the individual unable to safely perform the duties of or exercise the privileges of a pilot in command of a small aircraft under the FAA's new medical rules; **or**
- If the individual's driver's license is revoked by the issuing agency as a result of a clinically diagnosed neurological condition.

**III. Cardiovascular** - A cardiovascular condition, limited to a one-time special issuance for each diagnosis of the following:

- Myocardial infarction.
- Coronary heart disease that has required treatment.
- Cardiac valve replacement.
- Heart replacement.

Pilots requiring a special issuance medical certificate should contact the Aircraft Owners and Pilots Association for more information about seeing an AME.

### Medication

When a pilot visits his or her physician for the BasicMed examination, the pilot information and medical history portion of medical exam checklist completed by the pilot will list any prescription or non-prescription medication that the pilot currently uses, as well as information such as the medication name and dosage. The physician will then address, as medically appropriate, any medications the individual is taking and discuss the medication's potential to interfere with the safe operation of an aircraft or motor vehicle.

While there is no list of specific medications that are prohibited for pilots flying under BasicMed rules, certain medications are not safe to be used at all while flying and others require a reasonable waiting period after use. Physicians should be mindful of prescription and over-the-counter drugs that may impact the safe operation of a motor vehicle, in this case a private recreational aircraft. This can include, but is not necessarily limited to, the use of sedatives, psychotropic drugs, antihistamines, narcotics or any other medication that can impair cognition if used while the pilot is operating an aircraft.

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Pilots, in discussion with their physician, should consult available aeromedical resources to understand potential flight hazards associated with any medications being taken, such as whether the underlying condition the medication is being taken for makes flight unsafe, or to understand side-effects that may be unnoticeable before flight but could impair the ability of a pilot to make sound decisions. In addition to the BasicMed rules, pilots taking medication must also comply with existing Federal Aviation Regulations, such as the self-grounding requirements of FAR 61.53 and FAR 91.17's prohibition on operations while using any drug that has affects contrary to safety. AOPA's online medical education course will include medication considerations when evaluating you fitness to fly. The final go/no-go decision is made by the pilot.

## Questions?

If you have any further questions, contact the AOPA Pilot Information Center by calling **(888) 462-3976** Monday through Friday, 8:30 a.m. to 6:00 p.m., Eastern Time or email at [pilotassist@aopa.org](mailto:pilotassist@aopa.org). Please identify yourself as a physician interested in performing the BasicMed examination.

## III. FAA BasicMed Form

## **SECTION 1 – Instructions to the Individual and State-Licensed Physician**

This checklist is to be used by individuals seeking to operate certain small aircraft in accordance with Title 14 of Code of the Federal Regulations (14 CFR), § 61.113(i). This rule (BasicMed) allows pilots to use this checklist, and other requirements, in lieu of holding a third-class FAA Airman Medical Certificate. Under BasicMed, an individual may only act as pilot-in-command (PIC) of an aircraft that is authorized to carry not more than 6 occupants, and that has a maximum certificated takeoff weight of not more than 6,000 pounds.

1. The individual must complete SECTION 2 of this checklist and provide the checklist in its entirety (including the completed SECTION 2) to the state-licensed physician performing the medical examination.
2. The state-licensed physician must perform a comprehensive medical examination addressing all items in SECTION 3 of this checklist. The physician completes the “Physician’s Signature and Declaration” if the physician determines that he/she is not aware of any medical condition that, as presently treated, could interfere with the individual’s ability to safely operate an aircraft.
3. The completed checklist shall be retained in the individual's logbook (in any legible paper or electronic format) and made available on request.
4. In order to act as PIC under BasicMed, an individual must receive a comprehensive medical examination by a state-licensed physician during the previous 48 months in accordance with 14 CFR 61.23(c)(3)(i).

## Comprehensive Medical Examination Checklist

**NOTICE:** Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly 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.C Secs. 1001; 3571)

### **Paperwork Reduction Act Statement:**

The information collection is conducted in accordance with the requirements of 44 USC § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. The information collected on this form is necessary to determine eligibility to exercise pilot privileges under BasicMed and is consistent with the FAA's authority to regulate and promote safety in air commerce under 49 USC 44701; see also the Federal Aviation Administration Extension, Safety, and Security Act of 2016, Pub. L. 114-190 § 2307, Medical Certification of Certain Small Aircraft Pilots. The FAA estimated that it will take each user 0.5 hours per user to complete the BasicMed Comprehensive Medical Examination Checklist. The information is required to be eligible to exercise pilot privileges under BasicMed. 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 2120-0770.

## Comprehensive Medical Examination Checklist

### SECTION 2 – Information to be completed by the Airman

To operate an aircraft under BasicMed, you may only use this checklist to comply with 14 CFR 61.113(i) if you:

- Hold or have held a valid first-, second-, or third-class medical certificate issued by the FAA at any time after July 14, 2006; and
- The most recent medical certificate held (including an authorization for a special issuance certificate) must have not been denied, suspended, revoked, or withdrawn.

**INSTRUCTIONS:** After completing all mandatory fields in SECTION 2, provide both SECTION 2 and SECTION 3 to the state-licensed physician who will perform your medical examination.

1. **OMITTED:** Leave blank
2. **OMITTED:** Leave blank
3. **FULL NAME:** List current name. List any former name(s) in the “additional comments or explanation” box found in #18 of the checklist form.
4. **SOCIAL SECURITY NUMBER:** Entry is optional.
5. **ADDRESS:** Enter permanent mailing address and country of residence. Include the nine digit ZIP code, if known. (e.g., 20003-3230). Provide your current telephone number, including area code.
6. **DATE OF BIRTH:** List month, day, and year (e.g., 01/31/1960). **COUNTRY OF CITIZENSHIP:** Enter citizenship (e.g., USA).
7. **COLOR OF HAIR:** Specify as black, blond, brown, gray, red, or bald.
8. **COLOR OF EYES:** Specify actual (not contact lenses) eye color as black, blue, brown, green, gray, or hazel.
9. **SEX:** Indicate male or female.
10. **TYPE OF AIRMAN CERTIFICATE(S) YOU HOLD:** Select the checkboxes that apply. If "Other" is selected, write in the name of the type of certificate.
11. **OCCUPATION:** Enter major employment. Entry is optional.
12. **EMPLOYER:** Enter your employer. Entry is optional.
13. **HAS YOUR FAA AIRMAN MEDICAL CERTIFICATE EVER BEEN DENIED, SUSPENDED, REVOKED, OR WITHDRAWN:** Select "Yes" or "No." If "Yes" is selected, list the month and year (e.g., 01/1999) of the action.
14. **OMITTED:** Leave blank
15. **OMITTED:** Leave blank
16. **DATE OF LAST FAA MEDICAL APPLICATION:** Enter month and year. If you have no prior application, you cannot use BasicMed.
17. **a. DO YOU CURRENTLY USE ANY MEDICATION (prescription or non-prescription):** Select "Yes" or "No." If "Yes" is selected, enter the name of the medication(s), dosage, and frequency used.  
**b. DO YOU EVER USE NEAR VISION CONTACT LENSES WHILE FLYING:** Select “Yes” or “No.”  
Example: If you have one contact that is calibrated to give you near vision and one that is calibrated to give you distant vision, check “Yes.” If you wear a contact in only one eye to correct for near vision, check “Yes.”
18. **a – x. MEDICAL HISTORY:** Select “Yes” or “No” for each item listed. For every condition you have ever been diagnosed with, had, or presently have, you must answer "Yes." Give the approximate date, description of the condition, its severity, treatment, and any medication(s) you used or continue to use for treatment. You must give an explanation for each item marked “Yes” in the “additional comments or explanation” box.
  - Do not report common, occasional illnesses such as colds or sore throats.
  - “Substances” include alcohol, PCP, marijuana, cocaine, amphetamines, barbiturates, opiates, and other psychoactive chemicals.

## Comprehensive Medical Examination Checklist

- "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" is defined as 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.

### 18. v. CONVICTION, AND/OR ADMINISTRATIVE ACTION HISTORY:

(1) Have you ever been 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) Have you ever been convicted, and/or subject to an administrative action by a state or other jurisdiction for an offense for which your driver's 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/drugs, suspension, revocation, cancellation, or denial of driving privileges, or attendance at an educational or rehabilitation program. If "Yes" is checked, you must give a description of the conviction(s) and/or administrative action(s) in the "additional comments or explanation" box. The description must include:

- The alcohol or drug offense for which you were arrested and/or 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.);
- The name of the state or other jurisdiction involved; and
- The date of the conviction(s) and/or administrative action(s). The FAA may check state motor vehicle driving licensing records to verify your responses.

**19. w. HISTORY OF NON-TRAFFIC CONVICTIONS(S) (MISDEANORS OR FELONIES):** Have you ever had any other (non-traffic) 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 "additional comments or explanation" box.

### 20. 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 it was related to a personal substance abuse or psychiatric condition.

Enter the date of visit as month and year (e.g., 01/1990), name, address, and type of health professional consulted and briefly state reason for consultation. Repeat this process to add all relevant visits to medical professionals in the past 3 years. Multiple visits to one health professional for the same condition may be grouped together on one line. You do not need to report:

- Occasional common illnesses such as colds or sore throats that resolved;
- Routine dental, eye, and FAA periodic medical examinations; or
- Consultations with your employer-sponsored employee assistance program (EAP) unless the consultations were for substance abuse or unless the consultations resulted in referral for psychiatric evaluation or treatment.

**NOTE:** After completing SECTION 2, carefully review and read the affirmation statements under the "Airman's Signature and Declarations." If you agree with the statements, sign and date the document. Once you have completed, signed, and dated SECTION 2, you must provide ALL sections (SECTION 1-3) of this checklist to the state-licensed physician who will perform and complete the comprehensive medical examination, as required by Section 2307(a)(7) of FESSA.

**Comprehensive Medical Examination Checklist**  
**BASICMED SECTION 2: INDIVIDUAL INFORMATION**  
 (To be completed by the airman)

Form approved OMB No: 2120-0770  
 Expires: 04/30/2020

1-2	Omitted			
3	Name: Last:	First:	Middle:	4 SS # (optional)
5	Address/street:		Telephone:	
	City	State/Country	Zip Code:	
6.	Date of birth:	Country of Citizenship:		
7	Color of hair:	8 Color of eyes:	9	Sex:
10	Type of airman certificate(s) you hold:	<input type="checkbox"/> Airline Transport <input type="checkbox"/> ATC Specialist <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Flight Navigator <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Student <input type="checkbox"/> None <input type="checkbox"/> Other _____		
11	Occupation (optional):	12	Employer (optional):	
13	Has your FAA Airman Medical Certificate ever been denied, suspended, revoked, or withdrawn?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, give date _____	14. Omitted
			MM/YYYY	15. Omitted
16	Date of Last FAA Medical Application	_____ MM/YYYY   or <input type="checkbox"/> No Prior Application (If no prior application, STOP. You cannot use BasicMed.)		
17	Do You Currently Use Any Medication? (Prescription or over-the-counter)  <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list medication(s) and dosage used below.) <b>If additional space is needed, check this box <input type="checkbox"/></b>  <b>and list information on an additional sheet of paper</b>	Medication Name	Dosage	
		_____	_____	
		_____	_____	
		_____	_____	
		_____	_____	
17b.	Do you ever use near vision contact lens(es) while flying	<input type="checkbox"/> No <input type="checkbox"/> Yes	Answer "Yes" if you wear a contact in one eye only to correct for near vision or if you have one contact that adjusts for near vision and one in the other eye that adjusts for distant vision.	
18	Medical History: Mark "Yes" if you have or had any of the following conditions at ANY TIME in your life. Explain when it occurred, the severity, how it was treated, and if you are currently taking any medication or having treatment for the condition or have to see a physician for the condition. Discuss any "Yes" responses with the physician doing this exam.			
	Additional comments or explanations (Give details in the space below)			
		No	Yes	
a.	Frequent or severe headaches:			
b.	Dizziness or fainting spell:			
c.	Unconsciousness for any reason:			
d.	Eye or vision trouble (except for glasses):			
e.	Hay fever or allergy:			
f.	Asthma or lung disease:			
g.	Heart or vascular trouble:			
h.	High or low blood pressure:			
i.	Stomach, liver, or intestinal trouble:			
j.	Kidney stone or blood in urine:			
k.	Diabetes:			
l.	Neurological disorders (epilepsy, seizures, stroke, paralysis, etc.):			
		No	Yes	

### Comprehensive Medical Examination Checklist

m.	Mental disorders of any sort (depression, anxiety, etc.):					
n.	Substance dependence, failed a drug test ever, or substance abuse or use of illegal substance in the last 2 years:					
o.	Alcohol dependence or abuse:					
p.	Suicide attempt:					
q.	Motion sickness requiring medication:					
r.	Military medical discharge:					
s.	Medical rejection by military service:					
t.	Rejection for life or health insurance:					
u.	Admitted to a hospital:					
x.	Other illness, disability, or surgery:					
v.	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:					
w.	History of non-traffic conviction(s) (misdemeanors or felonies): (e.g. battery, assault, public intoxication, robbery, etc.)					
19.	Any visits to a health professional within the last 3 years?  <input type="checkbox"/> No <input type="checkbox"/> Yes  If "Yes," list the date, name, address, type of provider and why you saw them.  If additional space is needed, check this box <input type="checkbox"/> and list information on an additional sheet of paper	<b>Date</b>	<b>Name</b>	<b>Address</b>	<b>Type of Provider</b>	<b>Reason</b>

#### Airman's Signature and Declarations

In accordance with section 2307(b)(2)(A) of the FAA Extension, Safety, and Security Act of 2016 (Public Law 114-190), I affirm that:

- The answers provided by me on this checklist, including my answers regarding my medical history, are true and complete;
- I understand that I am prohibited under Federal Aviation Administration regulations from acting as pilot in command, or in any other capacity as a required flight crewmember, if I know or have reason to know of any medical deficiency or medically disqualifying condition that would make me unable to operate the aircraft in a safe manner; and
- I am aware of the regulations pertaining to the prohibition on operations during medical deficiency and I have no medically disqualifying conditions in accordance with applicable law.

Printed Name

Airman Signature

**NOTE: You must provide ALL sections (SECTION 1-3) of this checklist to your state-licensed physician who will perform and complete the comprehensive medical examination as required by Section 2307(a)(7) of FESSA.**

## BasicMed SECTION 3: Instructions for State-Licensed Physician

### Comprehensive Medical Examination Checklist

This checklist is being submitted by an individual seeking to operate certain small aircraft in accordance with 14 CFR 61.113(i). This rule (BasicMed) allows pilots to use this checklist, and other requirements, in lieu of holding a FAA Airman Medical Certificate. The examination checklist may only be completed by a state-licensed physician. Under BasicMed, an individual may only act as pilot in command (PIC) of an aircraft that is authorized to carry not more than 6 occupants, and that has a maximum certificated takeoff weight of not more than 6,000 pounds.

As the examining physician, you are required to:

1. Review all sections of the checklist, particularly SECTION 2 completed by the airman.
2. Conduct a comprehensive medical examination in accordance with the checklist by:
  - a. Examining each item specified;
  - b. Exercising medical discretion, address, as medically appropriate, any medical conditions identified; and
  - c. Exercising medical discretion, determine whether any medical tests are warranted as part of the comprehensive medical examination.
3. Review and discuss all prescription and non-prescription medication(s) the individual reports taking and any potential to interfere with the safe operation of an aircraft or motor vehicle.
4. Complete the Physician's Signature and Declaration.
5. Complete the Physician's Information.

You should consider consulting available aeromedical resources on the flight hazards associated with medical conditions/medications, to include:

- The FAA Guide for Aviation Medical Examiners (AME Guide) at <http://www.faa.gov/go/ameguide>;
- The FAA Pharmaceuticals (Therapeutic Medications) Do Not Issue - Do Not Fly list at <http://www.faa.gov/go/dni>;
- Chapter 8 of the FAA's Aeronautical Information Manual (AIM 8-1-1), which addresses medical facts for pilots and is available at [http://www.faa.gov/air\\_traffic/publications/](http://www.faa.gov/air_traffic/publications/);
- [www.faa.gov/go/basicmed](http://www.faa.gov/go/basicmed).

**Comprehensive Medical Examination Checklist**  
**BASICMED SECTION 3: MEDICAL EXAMINATION**  
 (To be performed by state-licensed physician only)

Physician Use Only		
	Patient/Pilot name:	
	Patient/Pilot Date of Birth:	Examined
1.	Head, face, neck and scalp:	<input type="checkbox"/>
2.	Nose, sinuses, mouth, and throat:	<input type="checkbox"/>
3.	Ears, general: (Internal and external (canals) and eardrums (perforation):	<input type="checkbox"/>
4.	Eyes (general), ophthalmoscopic, pupils, (equality and reaction), and ocular motility (associated parallel movement, nystagmus):	<input type="checkbox"/>
5.	Lungs and chest: (Not including breast examination):	<input type="checkbox"/>
6.	Heart: (precordial activity, rhythm, sounds, and murmurs):	<input type="checkbox"/>
7.	Vascular system: (pulse, amplitude, and character and arms, legs, and others):	<input type="checkbox"/>
8.	Abdomen and viscera: (including hernia):	<input type="checkbox"/>
9.	Anus: (not including digital examination):	<input type="checkbox"/>
10.	Skin:	<input type="checkbox"/>
11.	G-U system: (not including pelvic examination):	<input type="checkbox"/>
12.	Upper and lower extremities: (strength and range of motion):	<input type="checkbox"/>
13.	Spine and other musculoskeletal:	<input type="checkbox"/>
14.	Identifying body marks, scars, and tattoos (size and location):	<input type="checkbox"/>
15.	Lymphatics:	<input type="checkbox"/>
16.	Neurologic: (tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.):	<input type="checkbox"/>
17.	Psychiatric: (appearance, behavior, mood, communication, and memory):	<input type="checkbox"/>
18.	General systemic:	<input type="checkbox"/>
19.	Hearing:	<input type="checkbox"/>
20.	Vision: (distant, near, and intermediate vision, field of vision, color vision, and ocular alignment):	<input type="checkbox"/>
21.	Blood pressure and pulse:	<input type="checkbox"/>
22.	Anything else the physician, in his or her medical judgment, considers necessary.	<input type="checkbox"/>

## Comprehensive Medical Examination Checklist

In accordance with 14 CFR 68.5 and 68.7, the examining physician is instructed to:

- Exercise medical discretion to address, as medically appropriate, any medical conditions identified, and to exercise medical discretion in determining whether any medical tests are warranted as part of the comprehensive medical examination; and
- Discuss all drugs the individual reports taking (prescription and nonprescription) and their potential to interfere with the safe operation of an aircraft or motor vehicle.

### Physician's Signature and Declaration

In accordance with section 2307(b)(2)(C)(iv), of the FAA Extension, Safety, and Security Act of 2016 (Public Law 114-190), I certify that I discussed all items on this checklist with the individual during my examination, discussed any medications the individual is taking that could interfere with their ability to safely operate an aircraft or motor vehicle, and performed an examination that included all of the items on this checklist. I certify that I am not aware of any medical condition that, as presently treated, could interfere with the individual's ability to safely operate an aircraft.

Patient/Pilot Name (printed)

Patient/Pilot Date of Birth

Signature of Physician who performed the exam

### Physician's Information

1.	Full name of physician who performed the exam:	Last :	First:	Middle Initial:
	Printed or Stamp			
2.	State license number:	State	Medical license number	
3.	Telephone number:			
4.	Street address:	Address:	Suite:	
		City:	State:	Zip Code:
5.	Date of Examination:	<u>                    </u> (MM/DD/YYYY)		