

APPENDIX I

Web Address:

http://ame.cami.jccbi.gov/form_and_brochure/medicalform.asp

Federal Aviation Administration
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<input type="text"/>	FAA 8065-1	Electrocardiogram Transmittal
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<input type="text"/>	FAA 8500-7	Report of Eye Evaluation
<input type="text"/>	FAA 8500-8	Application for Airman Medical Certificate
<input type="text"/>	FAA 8500-9	Medical Certificate
<input type="text"/>	FAA 8500-14	Ophthalmological Evaluation of Glaucoma
<input type="text"/>	FAA 8500-19	Cardiovascular Evaluation Specifications
<input type="text"/>	AC 1360-57	Aeromedical Certification, Self-Addressed Envelope

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U.S. Department of Transportation
Federal Aviation Administration
800 Independence Avenue, SW
Washington, DC 20591

APPENDIX II

INDIVIDUAL AME PERFORMANCE SUMMARY REPORT

REPORT DATE: 10/14/2005

PAGE

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THIS IS A REPORT LISTING YOUR PERFORMANCE FOR THE PERIOD OCTOBER 1, 2004 THROUGH SEPTEMBER 30, 2005. IF YOU HAVE QUESTIONS ABOUT THIS REPORT, CONTACT YOUR REGIONAL FLIGHT SURGEON. MILITARY, FEDERAL, AND INTERNATIONAL EXAMINERS SHOULD CONTACT THE MANAGER, AEROSPACE MEDICAL EDUCATION DIVISION, AAM-400, P.O. BOX 25082, OKLAHOMA CITY, OKLAHOMA, 73125.

AME NAME AND ADDRESS

REGION: COUNTRY: CITY:
AME #: STATUS: Active SENIOR AME: N APPOINTMENT DATE: ##/##/####

1. INFORMATION REGARDING TRAINING AND DELINQUENCY

LAST CLASS TRAINING DATE: LAST SELF TRAINING DATE: YEARS DELINQUENT:
##/##/## ##/##/## 0

2. NUMBER OF TIMES AME ISSUED A CERTIFICATE WHEN IT SHOULD HAVE BEEN DEFERRED OR DENIED, REQUIRING REVERSAL BY AMCD: 0

3. NUMBER OF TIMES HISTORY WAS INADEQUATE, HARD COPY AND TRANSMITTED HISTORIES DID NOT MATCH, OR THERE WAS A SIGNIFICANT TRANSMISSION DELAY: 3

NOTE: We are performing a test on tracking these errors. At this time, please do not call or be concerned. Next year we will provide more detailed information on each case, so that you may do quality control.

4. TRANSMISSION DELAYS: NUMBER OF EXAMS FOR RANGES OF DELAY

15-30 DAYS: 31-60 DAYS: 60 + DAYS: % OVER 60 DAYS:
21 32 0 0.0

NOTE: Delayed exams may have been performed earlier than this report period, so total numbers in para 4 & 5 may differ.

5. EXAMINATION INFORMATION (BASED ON EXAMINATION TYPE REQUESTED BY THE AIRMAN)

<u>1ST</u>	<u>2ND</u>	<u>3RD</u>	<u>TOTAL EXAMS</u>	<u>DEFERRED</u>	<u>DENIED</u>	<u>% DEFERRED / DENIED</u>
46	1	5	52	0	1	1.9

<u>EXAMS WITH ERRORS</u>	<u>ERROR RATE</u>	<u>TOTAL ERRORS</u>
5	9.6	5

INFORMATION REGARDING EXAMS WITH ERRORS

<u>MID</u>	<u>APPLICANT NAME</u>	<u>EXAM DATE</u>	<u>ERROR DESCRIPTION</u>
		03/03/2005	NV CORRECTED VALUE EXCEEDS STANDARDS OR BLANK
		10/12/2004	NV CORRECTED VALUE EXCEEDS STANDARDS OR BLANK
		03/24/2005	DV CORRECTED VALUE EXCEEDS STANDARDS OR BLANK
		07/25/2005	DV CORRECTED VALUE EXCEEDS STANDARDS OR BLANK
		07/25/2005	AME NOT AUTHORIZED FOR FIRST CLASS

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
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.

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.

"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.

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

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, No Prior Application

17. a. Do You Currently Use Any Medication (Prescription or Nonprescription)? No, Yes, Previously Reported Yes, No

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 columns: Condition, Yes, No for various medical conditions like headaches, heart trouble, high blood pressure, etc.

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), 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.

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/	Right 20/	Corrected to 20/	Right 20/	Corrected to 20/	Right 20/	Corrected to 20/			<input type="checkbox"/> Pass		
Left 20/	Corrected to 20/	Left 20/	Corrected to 20/	Left 20/	Corrected to 20/	Left 20/	Corrected to 20/			<input type="checkbox"/> Fail		
Both 20/	Corrected to 20/	Both 20/	Corrected to 20/	Both 20/	Corrected to 20/	Both 20/	Corrected to 20/					
53. Field of Vision <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		54. Heterophoria 20' (in prism diopters)		Esophoria		Exophoria		Right Hyperphoria		Left Hyperphoria		
55. Blood Pressure		56. Pulse (Resting)		57. Urinalysis (if abnormal, give results)				58. ECG (Date)				
Sitting, mm of Mercury	Systolic / Diastolic			<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

FAA FORM 8500-8 WITH ERRORS

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

UNITED STATES OF AMERICA 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: <u>DOE</u> First Name: <u>John</u> Middle Name: <u>A</u>		4. Social Security Number: <u>999 - 99 - 9999</u>	
Date of Birth: <u>09-20-43</u> Height: <u>72"</u> Weight: <u>190</u> Hair: <u>Brown</u> Eyes: <u>Blue</u> Sex: <u>Male</u>		5. Address: <u>123 SAFETY ST.</u> Telephone Number (405) <u>555 - 0005</u>		6. Date of Birth: <u>09 20 1943</u> 7. Color of Hair: <u>BRN</u> 8. Color of Eyes: <u>BLU</u> 9. Sex: <u>Male</u>	
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: <u>COMPUTER PROGRAMER</u> 12. Employer: <u>EEFC CORPORATION</u>	
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: _____		14. Total Pilot Time (Civilian Only): 14. To Date: <u>270 hrs</u> 15. Past 6 months: <u>170 hrs</u> 16. Date of Last FAA Medical Application: <u>01 05 1996</u>	
Date of Examination: <u>01-04-99</u> Examiner's Serial No.: <u>11111-6</u>		Signature: <u>John Q. Public, MD</u> Typed Name: <u>John Q. Public, M.D.</u>		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). <u>THEOBID, ASTHMA PREVENTATIVE</u>	
AIRMAN'S SIGNATURE: <u>John Allen Doe</u>		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 Yes No Condition		a. <input type="checkbox"/> Frequent or severe headaches g. <input checked="" 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 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 type="checkbox"/> Hay fever or allergy k. <input checked="" type="checkbox"/> Diabetes q. <input checked="" 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		19. Visits to Health Professional Within Last 3 Years. <input checked="" type="checkbox"/> Yes (Explain Below) <input type="checkbox"/> No See Instructions Page	
v. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> History of nontraffic conviction(s) (misdemeanors or felonies).		FOR FAA USE Review Action Codes	
Explanations: See Instructions Page <u>e. Previously Reported, No change</u>		Date: <u>01 04 1999</u>		Signature of Applicant: <u>John Allen Doe</u>	
20. Applicant's National Driver Register and Certifying Declarations I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note. NOTE: ALL persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.		I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.		Signature of Applicant: <u>John Allen Doe</u>	

APPENDIX VII

MEDICAL CERTIFICATION STANDARDS AND PROCEDURES TRAINING

PRE TEST

INSTRUCTIONS: Record your responses to this test on the answer sheet (Appendix XI). Choose the ONE response which you feel best answers the question.

1. **In completing the Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate, FAA Form 8500-8, the Aviation Medical Examiner or staff member notices that the applicant fails to complete three or four boxes. What should be done?**
 - A. Allow the applicant to leave the boxes blank.
 - B. Discuss the fact the boxes were left blank and have applicant complete them.
 - C. After discussion with the applicant, AME fills in the blanks.
 - D. AME considers the blanks unimportant, doesn't question the applicant, and leaves the boxes blank.

2. **You notice that an applicant is taking a long time to complete the application for Airman Medical Certificate and has left the office a couple of times to get information. You should**
 - A. Offer assistance by typing the form as he/she provides the information.
 - B. Advise the AME of the situation.
 - C. Observe the applicant but do nothing.
 - D. Tell applicant what to put in each block based on discussion.

3. **If an airman applicant indicates that an airman medical certificate, FAA Form 8500-9, has previously been denied, suspended, or revoked, what should be done?**
 - A. Issue the medical certificate if the applicant appears to meet the medical standard.
 - B. Automatically issue a letter of denial.
 - C. Defer the case and forward it to Aerospace Medical Certification Division unless written evidence is provided that the FAA has previously considered the case and determined that the condition is compatible with flying safety, upon examination the condition has not worsened, and any reports requested by the FAA have been provided.
 - D. Automatically issue a letter of suspension.

- 4. If the airman applicant indicates that he/she has a Statement of Demonstrated Ability, (SODA) what should be done?**
- A. Ask to see the Statement of Demonstrated Ability.
 - B. Be sure that the functional loss which is being "waived" has not worsened.
 - C. Not issue a certificate of a higher class than specified on the Statement of Demonstrated Ability.
 - D. All of the above.
- 5. An airman applicant who is applying for a first-class Medical Certificate will be required to submit an ECG**
- A. At age 25 and annually thereafter.
 - B. At age 40 and every two years thereafter.
 - C. At age 35 initially and at age 40, then annually thereafter.
 - D. At age 35, every two years until 40, then annually thereafter.
- 6. The FAA medical standard for hearing is**
- A. Whispered voice in one ear at 3 feet.
 - B. Conversational voice using both ears at 6 feet.
 - C. Whispered voice in both ears at 8 feet.
 - D. Conversational voice using both ears at 10 feet.
- 7. When a vision restriction is required for any class of medical certificate, what should be done?**
- A. Improvise a restriction that meets the requirement of the FAA.
 - B. Defer the case to the Aerospace Medical Certification Division for them to decide upon the proper restrictions.
 - C. Use the exact wording for lens restriction as stated in the AME Guide.
 - D. All of the above.
- 8. An airman applicant who wears contact lenses**
- A. Does not require a Statement of Demonstrated Ability (SODA).
 - B. Should not show evidence of eye irritation due to contact lenses.
 - C. Should not show evidence of tinted lenses that cause significant diminution of transmitted light.
 - D. All of the above.

- 9. When must the report of the medical examination (back side of the FAA Form 8500-8) be typed?**
- A. Only if you have a secretary.
 - B. Only if you have poor handwriting.
 - C. Never
 - D. When it is not sent electronically.
- 10. If an airman applicant refuses to complete the examination because of medical history or physical deficiency which would require denial, what should be done?**
- A. Refund the airman applicant's money and tear up the FAA Form 8500-8.
 - B. Tell the applicant there is no need to do the medical examination as he/she is not qualified to fly and tear up the FAA Form 8500-8.
 - C. Allow the airman applicant to tear up the incomplete FAA Form 8500-8.
 - D. Immediately forward all of the information possessed by the AME to the Aerospace Medical Certification Division in Oklahoma City for appropriate action.
- 11. When an applicant has a requirement for a Second Class Medical Certificate, how often must it be renewed?**
- A. After a medical illness
 - B. Every 24 months
 - C. Every 12 months
 - D. Every 6 months
- 12. What happens if the Aerospace Medical Certification Division computer system identified an error on a medical application?**
- A. It is processed manually.
 - B. It is returned to the AME.
 - C. It is sent to the Regional Flight Surgeon.
 - D. It is sent to the Office of Aviation Medicine.
- 13. Your primary contact with the FAA is with the**
- A. Federal Air Surgeon's Office.
 - B. Aerospace Medical Education Division.
 - C. Regional Flight Surgeon's Office.
 - D. Aerospace Medical Certification Division.

- 14. Forms required by AMEs to perform aviation medical examinations are to be obtained from the**
- A. Office of Aviation Medicine.
 - B. Aerospace Medical Education Division.
 - C. Aerospace Medical Certification Division.
 - D. Flight Inspection District Office.
- 15. On the AME performance summary that is prepared annually by the Aerospace Medical Education Division, an AME is allowed an error rate of _____.**
- A. 15%
 - B. 10%
 - C. 5%
 - D. 2%
- 16. Who is the delegated authority on most medical certification decisions?**
- A. Federal Air Surgeon
 - B. Aviation Medical Examiner
 - C. Aerospace Medical Education Division
 - D. Aerospace Medical Certification Division
- 17. Medical history requires the applicant to provide a "Yes" answer for any condition experienced**
- A. In his/her entire life.
 - B. That required medication or hospitalization only.
 - C. That is considered significant and no other.
 - D. That has not been previously reported only.
- 18. The highest percentage of application rejects occur due to errors in which section of FAA Form 8500-8?**
- A. Class of certificate applied for
 - B. Medical history
 - C. Name and address information
 - D. The back of the form

- 19. Which of the following is a TRUE statement?**
- A. A single DUI or administrative action is not cause for denial if there are no other indications of substance abuse.
 - B. Routine traffic convictions must be declared on the applications.
 - C. The date of the application and the date of certification must always be the same.
 - D. If "yes" is checked and "no change" is indicated on a first exam, no further explanation is required.
- 20. Who is ultimately responsible for completion of the entire aviation medical application including the information provided on the electronically transmitted form?**
- A. The AME
 - B. The AME staff member
 - C. The regional Flight Surgeon
 - D. The Federal Air Surgeon
- 21. Which item is FALSE concerning medical certificates?**
- A. They must be typed.
 - B. White-out may not be used for corrections.
 - C. Roman numerals may be used to indicate the class of certificate.
 - D. A correcting typewriter may be used to prepare the form.
- 22. The main purpose of the Aeromedical Certification process is to**
- A. Provide a service for pilots.
 - B. Enhance national aviation safety.
 - C. Promote the national economy.
 - D. Enforce federal rules and regulations.
- 23. As much as possible, positive identification of applicants for medical certification should be made. Which of the following is the best method to be used?**
- A. Information provided by the applicant on 8500-8 is satisfactory identification.
 - B. Verbal identification is adequate for medical certification.
 - C. The applicants identification is taken care of when the appointment is made.
 - D. Photo identification should be used to identify the applicant.

- 24. In filling out items 1 through 20 on the FAA Form 8500-8, the applicant**
- A. Must complete all items.
 - B. Must complete all items except the Social Security Number.
 - C. May omit any item that does not apply.
 - D. May have Special Issuance of certificate with out signing item 20.
- 25. The applicant must complete the front side of the FAA Form 8500-8, Items 1-20**
- A. In your presence.
 - B. In his or her own printing.
 - C. By using a ballpoint pen.
 - D. All of the above are correct.
- 26. When a "yes" response is given to Item 17 on the front of the FAA Form 8500-8 "Do you currently use any Medication (Prescription or Non prescription)", what other information is required?**
- A. None
 - B. Who prescribed the medication and why
 - C. The type of medication and how long it has been used
 - D. The name of the medication and if it was listed in a previous exam.
- 27. The back of the FAA Form 8500-8 is completed by the**
- A. Applicant.
 - B. AME and Staff.
 - C. Regional Flight Surgeon.
 - D. Aerospace Medical Certification Division.
- 28. An applicant's sex (item 9) is determined by**
- A. What is stated by the applicant.
 - B. Anatomical observation.
 - C. Psychological evaluation.
 - D. Medical documentation for sex change patients.

- 29. Any changes to the front side of the FAA Form 8500-8 must be made and initialed by the:**
- A. AME.
 - B. Applicant.
 - C. AME Staff member.
 - D. Regional Flight Surgeon.
- 30. A person who possesses an airman certificate to operate an aircraft must also possess**
- A. Any type of medical certification.
 - B. A valid medical certificate of appropriate class.
 - C. A valid medical certificate at least one class higher than airman certificate.
 - D. A separate medical certificate for each class of airman certificate held by applicant.
- 31. To be eligible for an Airman Medical and Student Pilot Certificate, FAA Form 8420-2 (yellow), to operate powered aircraft, the applicant must**
- A. Be 16 years of age.
 - B. Meet the medical standards of the class applied for.
 - C. Be able to read, speak, and understand English.
 - D. All of the above.
- 32. What is the proper disposition of the Medical Certificate, FAA Form 8500-9 (which is one of the Application For Medical Certificate forms) when it is not issued to the applicant?**
- A. The Medical Certificate 8500-9 and the 8500-8 should be destroyed.
 - B. Both the 8500-9 and the 8500-8 should be retained on file.
 - C. The 8500-8 and 8500-9 should be given to the applicant.
 - D. The 8500-9 should be attached to the 8500-8 and both sent to the Aerospace Medical Certification Division.
- 33. Applicants requesting a copy of the completed FAA Form 8500-8 should**
- A. Contact the Aerospace Medical Certification Division in Oklahoma City.
 - B. Be given a copy by the AME only.
 - C. Be given an office copy by the AME or staff member and be advised that official copies must be obtained from Oklahoma City if needed.
 - D. Be told that copies are not permitted.

- 34. The class of medical certificate issued to the applicant should be**
- A. The highest class the applicant qualifies for regardless of what class he or she applied for.
 - B. The class required for specific flying duties only.
 - C. The class applied for providing the applicant qualifies.
 - D. Always First Class since it will revert to Second Class in six months and Third Class in twelve months, providing the applicant qualifies.
- 35. Which of the following groups is regarded as the FAA Aeromedical Certification Team?**
- A. Regional Flight Surgeon, Aerospace Medical Education Division, Applicant, Aerospace Medical Certification Division, Federal Air Surgeon, the AME and staff.
 - B. Applicant, AME and Staff, Regional Flight Surgeon, Aerospace Medical Education Division, Federal Air Surgeon, and FAA Administrator.
 - C. Aerospace Medical Certification Division, Aerospace Medical Education Division, Federal Air Surgeon, FAA Administrator, AME and Staff, and Regional Flight Surgeon.
 - D. AME and Staff, Regional Flight Surgeon, Applicant, Aerospace Medical Certification Division, Federal Air Surgeon, and FAA Administrator.
- 36. If your AME is away from the office for an extended time and an airman urgently needs a medical certificate, what should you do?**
- A. Have the applicant contact another AME for his/her medical certificate.
 - B. Have the applicant visit your AME at his/her location even if it is away from the regular office location.
 - C. Have an associate physician perform the medical exam and issue a temporary certificate.
 - D. Have an associate physician perform the medical exam and sign the FAA medical certificate for your AME.

APPENDIX VIII

MEDICAL CERTIFICATION STANDARDS AND PROCEDURES TRAINING

FINAL TEST

INSTRUCTIONS: Record your responses to this test on the answer sheet (Appendix XI). Choose the ONE response which you feel best answers the question.

- 1. You notice that an applicant is taking a long time to complete the application for Airman Medical Certificate and has left the office a couple of times to get information. You should**
 - A. Offer assistance by typing the form as (s)he provides the information.
 - B. Advise the AME of the situation.
 - C. Observe the applicant but do nothing.
 - D. Tell the applicant what to put in each block based on discussion.

- 2. Forms required by AMEs to perform aviation medical examinations are to be obtained from the**
 - A. Office of Aviation Medicine.
 - B. Aerospace Medical Education Division.
 - C. Aerospace Medical Certification Division.
 - D. Flight Standards District Office.

- 3. As much as possible, positive identification of applicants for medical certification should be made. Which of the following is the best method to be used?**
 - A. Information provided by the applicant on the 8500-8 is satisfactory identification.
 - B. Verbal identification is adequate for medical certification.
 - C. The applicants identification is taken care of when the appointment is made.
 - D. Photo identification should be used to identify the applicant.

- 4. What should be done if you notice an applicant fails to complete three or four boxes on the front of the FAA Form 8500-8?**
 - A. Allow the applicant to leave the boxes blank.
 - B. Discuss the fact the boxes were left blank and have the applicant complete them.
 - C. After discussion with the applicant, AME fills in the blanks.
 - D. AME considers the blanks unimportant, doesn't question the applicant, and leaves the boxes blank.

5. **Who normally performs the examination for items 25-48, FAA Form 8500-8?**
- A. AME staff member
 - B. AME
 - C. Applicant
 - D. Aerospace Medical Certification Division
6. **Any changes to the front side of the FAA Form 8500-8 must be made and initialed by the**
- A. AME.
 - B. Applicant.
 - C. AME staff member.
 - D. Regional Flight Surgeon.
7. **The FAA medical standard for hearing is**
- A. Whispered voice in one ear at 3 feet.
 - B. Conversational voice using both ears at 6 feet.
 - C. Whispered voice in both ears at 8 feet.
 - D. Conversational voice using both ears at 10 feet.
8. **If the airman applicant indicates that (s)he has a Statement of Demonstrated ability (SODA), what should be done?**
- A. Ask to see the Statement of Demonstrated Ability.
 - B. Be sure that the functional loss which is being "waived" has not worsened.
 - C. Do not issue a certificate of a higher class than specified on the Statement of Demonstrated Ability.
 - D. All of the above.
9. **Who is delegated authority to make medical certification decisions?**
- A. AME staff
 - B. FAA Security Division
 - C. Aerospace Medical Certification Division
 - D. Aerospace Medical Education Division

- 10. If an airman applicant indicates that an airman medical certificate, FAA Form 8500-9, has previously been denied, suspended, or revoked, what should be done?**
- A. Issue the medical certificate if the applicant appears to meet the medical standard.
 - B. Automatically issue a letter of denial.
 - C. Without proper documentation, defer the case to the Aerospace Medical Certification Division. With proper documentation, the AME may issue.
 - D. Automatically issue a letter of suspension.
- 11. The class of medical certificate issued to the applicant should be**
- A. The highest class the applicant qualifies for regardless of the class applied for.
 - B. The class required for specific flying duties only.
 - C. The class applied for providing the applicant qualifies.
 - D. First-class since it will revert to second-class in 6 months and third-class in 12 months, providing the applicant qualifies.
- 12. Medical history requires the applicant to provide a "yes" answer for any condition experienced**
- A. In his/her lifetime.
 - B. That required medication or hospitalization only.
 - C. That is considered significant and no other.
 - D. That has not been previously reported only.
- 13. The back of the FAA Form 8500-8 is completed by the**
- A. Applicant.
 - B. AME and staff.
 - C. Regional Flight Surgeon.
 - D. Aerospace Medical Certification Division.
- 14. An applicant's sex is determined by**
- A. What is stated by the applicant.
 - B. Anatomical observation.
 - C. Psychological evaluation.
 - D. Medical documentation for sex change patients.

- 15. An airman applicant who wears contact lenses**
- A. Does not require a Statement of Demonstrated Ability (SODA).
 - B. Should not show evidence of eye irritation due to contact lenses.
 - C. Should not show evidence of tinted lenses that cause significant diminution of transmitted light.
 - D. All of the above.
- 16. The applicant must complete the front side of the FAA Form 8500-8, Items 1 - 20**
- A. In your presence.
 - B. In his/her own printing.
 - C. Using a ball-point pen.
 - D. All of the above.
- 17. The Regional Flight Surgeon's office should be contacted by an AME to**
- A. Obtain replacement forms and supplies after the initial stock is depleted.
 - B. Determine how much to charge for airman medical examinations.
 - C. Get information concerning designation or re-designation as an AME.
 - D. Get information on how to install AMCS.
- 18. When the Aerospace Medical Certification Division computer system identifies an error on a medical application it is**
- A. Processed manually.
 - B. Returned to the AME.
 - C. Sent to the Regional Flight Surgeon.
 - D. Sent to the Office of Aviation Medicine.
- 19. When must the report of the medical examination (back side of the FAA Form 8500-8) be typed?**
- A. Only if you have a secretary
 - B. Only if you have poor handwriting
 - C. Never
 - D. When it is not sent electronically

- 20. Who is ultimately responsible for the completion of the entire aviation medical application including the information provided on the electronically transmitted form?**
- A. AME
 - B. AME staff
 - C. Regional Flight Surgeon
 - D. Federal Air Surgeon
- 21. The highest percentage of application rejects occur due to errors in which section of FAA Form 8500-8?**
- A. Class of Certificate Applied For
 - B. Medical History
 - C. Name and Address information
 - D. The back of the form
- 22. When an applicant has a requirement for a second-class medical certificate, how often must it be renewed?**
- A. After a medical illness
 - B. Every 24 months
 - C. Every 12 months
 - D. Every 6 months
- 23. An airman applicant who is applying for a first-class medical certificate will be required to submit an ECG at age**
- A. 25 and annually thereafter.
 - B. 40 and every two years thereafter.
 - C. 35 initially, at age 40, then annually.
 - D. 35, every two years until 40, then annually.
- 24. Which item is FALSE concerning medical certificates?**
- A. They must be typed.
 - B. White-out may not be used for corrections.
 - C. Roman numerals should be used to indicate the class of certificate.
 - D. A correcting typewriter may be used to prepare the form.

- 25. A person who exercises the privilege of an airman certificate must also possess**
- A. Any type of medical certification.
 - B. A valid medical certificate of appropriate class.
 - C. A valid medical certificate at least one class higher than the airman certificate.
 - D. A separate medical certificate for each class of airman certificate held.
- 26. The main purpose of the Aeromedical Certification process is to**
- A. Provide a service for pilots.
 - B. Enhance national aviation safety.
 - C. Promote the national economy.
 - D. Enforce Federal rules and regulations.
- 27. Your primary contact with the FAA is the**
- A. Federal Air Surgeon's Office.
 - B. Aerospace Medical Education Division.
 - C. Regional Flight Surgeon's Office.
 - D. Aerospace Medical Certification Division.
- 28. Applicants who are medically disqualified for any reason may be considered by the FAA for a:**
- A. Special Issuance.
 - B. Medical Subsystem Waiver.
 - C. Statement of Demonstrated Ability.
 - D. Examination Standards Waiver Program.
- 29. If an airman applicant refuses to complete the examination because of medical history or physical deficiency which would require denial, what should be done?**
- A. Refund the airman applicant's money and tear up the FAA Form 8500-8.
 - B. Tell the applicant there is no need to do the medical examination as (s)he is not qualified to fly, and tear up the FAA Form 8500-8.
 - C. Have the applicant to tear up the FAA Form 8500-8.
 - D. Forward all of the information possessed by the AME to the Aerospace Medical Certification Division for appropriate action.

- 30. When a "yes" response is given to Item 17 on the front of the FAA Form 8500-8 "Do you currently use any medication (Prescription or Non-prescription)", what other information is required?**
- A. None
 - B. Who prescribed the medication and why
 - C. The type of medication and how long it has been used
 - D. The name of the medication and indicate if it was listed in a previous exam.
- 31. To be eligible for an Airman Medical and Student Pilot Certificate, FAA Form 8420-2 (yellow), to operate powered aircraft, the applicant must**
- A. Be 16 years old.
 - B. Meet the medical standards of the class applied for.
 - C. Be able to read, speak, and understand English.
 - D. All of the above.
- 32. What is the proper disposition of the medical certificate, FAA Form 8500-9 (which is part of the Application for Airman Medical Certificate packet) when it is not issued to the applicant?**
- A. The Medical Certificate and the 8500-8 should both be destroyed.
 - B. Both the 8500-9 and 8500-8 should be retained on file.
 - C. The 8500-8 and 8500-9 should be given to the applicant.
 - D. The 8500-9 should be attached to the 8500-8 and both sent to the Aerospace Medical Certification Division.
- 33. Which of the following is a TRUE statement?**
- A. A single DUI or administrative action is not cause for denial if there are no other indications of substance abuse.
 - B. Routine traffic convictions must be declared on the application.
 - C. The date of the application and the date of certification must be the same.
 - D. If "yes" is checked and "no change" is indicated on a first exam, no further explanation is required.

- 34. If your AME is away from the office for an extended period of time and an airman urgently needs a medical certificate, what should you do?**
- A. Have the applicant contact another AME for the medical certificate.
 - B. Have the applicant visit your AME at his/her present location away from the office.
 - C. Have an associate physician perform the medical exam and issue a temporary certificate.
 - D. Have an associate physician perform the medical exam and sign the FAA medical certificate for your AME.
- 35. When a vision restriction is required for any class of medical certificate, what should be done?**
- A. Improvise a restriction that meets the requirements of the FAA.
 - B. Defer the case to the Aerospace Medical Certification Division for them to determine the proper restrictions.
 - C. Use the exact wording for lens restriction as stated in the AME Guide.
 - D. A, B, and C are correct.
- 36. On the AME Performance Summary that is prepared annually by the Aerospace Medical Education Division, an AME is allowed an error rate of ____.**
- A. 15%
 - B. 10%
 - C. 5%
 - D. 2%
- 37. When filling out Items 1 through 20 on the FAA Form 8500-8, the applicant**
- A. Must complete all items.
 - B. Must complete all items except the Social Security Number.
 - C. May omit any item that does not apply.
 - D. May have Special Issuance of certificate without signing Item 20.

APPENDIX IX

REGISTRATION FORM

AEROMEDICAL CERTIFICATION STANDARDS AND PROCEDURES TRAINING

What Is Your Name And Office Mailing Address?

(Last Name) (MD, DO, RN, LPN, etc.) (First Name) (Middle Initial)

(Office Address)

(City) (State) (Zip code)

(Phone) (FAX) (Email)

What Is The Name And Designation Number Of The Aviation Medical Examiner (AME)

(AME's Last Name) (M.D. or D.O.) (First Name) (MI) (AME Number)

Did The AME Attend A Seminar or Complete MAMERC or CAPAME?

___ MAMERC

___ CAPAME

___ SEMINAR: _____
(City) (State) (Date)

(Your Signature)

(Date)

APPENDIX X

CRITIQUE

Medical Certification Standards and Procedures Training

1. **What is your principle involvement with the processing of applications for FAA Medical Certificates, FAA Form 8500-8?**

- A. Clerical
- B. Medical
- C. Both clerical and medical
- D. Other (Describe)_____

2. **How often do you perform these duties?**

- A. Daily
- B. Several times a week but not daily
- C. Weekly
- D. Monthly
- E. Other (Describe)_____

3. **In the past 12 months, how many 8500-8 forms have you processed?**

- A. 0-10
- B. 11-20
- C. 21-30
- D. 31-40
- E. 41 or more

4. **What is your evaluation of Section I, Outcome of the course, Objectives, and Instructions for completing the course?**

- A. Excellent
- B. Good
- C. Fair
- D. Poor

5. **What is your evaluation of Section II, The Certification Team, the role of Each Member, and the Certification Process?**

- A. Excellent
- B. Good
- C. Fair
- D. Poor

- 6. What is your evaluation of Section III, The Front of the Form 8500-8?**
- A. Excellent
 - B. Good
 - C. Fair
 - D. Poor
- 7. What is your evaluation of Section IV, The Back of the Form 8500-8?**
- A. Excellent
 - B. Good
 - C. Fair
 - D. Poor
- 8. What is your evaluation of Section V, After the FAA Form 8500-8 is completed?**
- A. Excellent
 - B. Good
 - C. Fair
 - D. Poor
- 9. What is your evaluation of Section VI, Security of the FAA Certification System and FAA Form 8500-8?**
- A. Excellent
 - B. Good
 - C. Fair
 - D. Poor
- 10. How usefulness is the course?**
- A. Very Useful
 - B. Moderately Useful
 - C. Average
 - D. Slightly Useful
 - E. Not Useful
- 11. How difficult was the course?**
- A. Very Difficult
 - B. Moderately Difficult
 - C. Average
 - D. Moderately Easy
 - E. Very Easy

12. Overall quality of the course was:

- A. Very Good
- B. Good
- C. Average
- D. Not very good
- E. Bad

13. Where did you complete this course?

- A. At the office
- B. At home
- C. Other than office or home.

14. How much time did you spend completing this training?

- A. 1-3 hours
- B. 4-5 hours
- C. 6-7 hours
- D. 7-8 hours
- E. More than 8 hours

15. Rate the organization of the overall training.

- A. Excellent
- B. Good
- C. Fair
- D. Poor

16. Rate the instructions provided with the overall training.

- A. Excellent
- B. Good
- C. Fair
- D. Poor

17. Rate the administrative information provided with the overall training.

- A. Excellent
- B. Good
- C. Fair
- D. Poor

- 18. How often did you refer to the AME Guide while completing the course?**
- A. Very
 - B. Often
 - C. Occasionally
 - D. Seldom/Didn't
- 19. How useful was the video as a supplement to the text?**
- A. Very
 - B. Moderately
 - C. Slightly
 - D. Not
 - E. Didn't Use
- 20. How effective were the RESPONSE ITEMS distributed throughout the Text?**
- A. Very
 - B. Moderately
 - C. Slightly
 - D. Not

Please explain any difficulty you encountered in completing the course or make other comments on a separate sheet of paper.

Thank you for completing the Aerospace Medical Certification Standards and Procedures Correspondence Training. Please return the answer sheet, Registration form, and Course Critique to the following address:

**Civil Aerospace Medical Institute
Attention: Sharon Holcomb
Aerospace Medical Education Division, AAM-400
P.O. Box 25082
Oklahoma City, Oklahoma, 73125**

APPENDIX XI

Students Name: _____

Doctors (AME's) Name: _____

AME Number: _____

TEST AND CRITIQUE ANSWER SHEET

Pre-Test Answers

- | | |
|----------|----------|
| 1. ____ | 33. ____ |
| 2. ____ | 34. ____ |
| 3. ____ | 35. ____ |
| 4. ____ | 36. ____ |
| 5. ____ | |
| 6. ____ | |
| 7. ____ | |
| 8. ____ | |
| 9. ____ | |
| 10. ____ | |
| 11. ____ | |
| 12. ____ | |
| 13. ____ | |
| 14. ____ | |
| 15. ____ | |
| 16. ____ | |
| 17. ____ | |
| 18. ____ | |
| 19. ____ | |
| 20. ____ | |
| 21. ____ | |
| 22. ____ | |
| 23. ____ | |
| 24. ____ | |
| 25. ____ | |
| 26. ____ | |
| 27. ____ | |
| 28. ____ | |
| 29. ____ | |
| 30. ____ | |
| 31. ____ | |
| 32. ____ | |

Final Test Answers

- | | |
|----------|----------|
| 1. ____ | 33. ____ |
| 2. ____ | 34. ____ |
| 3. ____ | 35. ____ |
| 4. ____ | 36. ____ |
| 5. ____ | 37. ____ |
| 6. ____ | |
| 7. ____ | |
| 8. ____ | |
| 9. ____ | |
| 10. ____ | |
| 11. ____ | |
| 12. ____ | |
| 13. ____ | |
| 14. ____ | |
| 15. ____ | |
| 16. ____ | |
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| 26. ____ | |
| 27. ____ | |
| 28. ____ | |
| 29. ____ | |
| 30. ____ | |
| 31. ____ | |
| 32. ____ | |

Critique Responses

- | |
|----------|
| 1. ____ |
| 2. ____ |
| 3. ____ |
| 4. ____ |
| 5. ____ |
| 6. ____ |
| 7. ____ |
| 8. ____ |
| 9. ____ |
| 10. ____ |
| 11. ____ |
| 12. ____ |
| 13. ____ |
| 14. ____ |
| 15. ____ |
| 16. ____ |
| 17. ____ |
| 18. ____ |
| 19. ____ |
| 20. ____ |