

Aviation Medical Examiner Assisted Special Issuance (AASI)

Certificate Issuance

I have reviewed the enclosed medical report(s) and have determined that the report(s) is in accordance with this applicant's Authorization for Special Issuance of a Medical Certificate and the AASI Protocol established for certificate issuance.

I have issued a _____ -class medical certificate to the airman named below with all other limitations listed on the original certificate. The certificate issued is timed limited by the restriction "NOT VALID FOR ANY CLASS AFTER _____."

Date

Check all that apply:

Interim certificate issued for disease(s)/condition(s) below – No examination performed.

ALL	AASI CONDITION	ALL	AASI CONDITION	ALL	AASI CONDITION
	Arthritis		Diabetes Mellitus – Type II Medication Controlled		Paroxysmal Atrial Tachycardia
	Asthma		Glaucoma		Prostate Cancer
	Atrial Fibrillation		Hepatitis C		Renal Calculi
	Bladder Cancer		Hyperthyroidism		Renal Cancer
	Breast Cancer		Hypothyroidism		Sleep Apnea
	Chronic Lymphocytic Leukemia		Lymphoma and Hodgkins		Testicular Cancer
	Chronic Obstructive Pulmonary		Melanoma		Warfarin (Coumadin) Therapy for Deep Venous Thrombosis, Pulmonary Embolism, and/ or Hypercoagulopathies.
	Colitis (Ulcerative or Crohn's)		Migraine Headaches		
	Colon Cancer		Mitral and Aortic Insufficiency		
THIRD CLASS ONLY	AASI CONDITION			THIRD CLASS ONLY	AASI CONDITION
	Coronary Heart Disease				Single Valve Replacement

Certificate issued - New application and examination performed.

AIRMAN INFORMATION:

Name: _____

PI: _____ DOB: _____

AVIATION MEDICAL EXAMINER (AME) INFORMATION:

AME Name (Print): _____

AME Signature: _____

AME Number: _____ Date: _____