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**FAA  
MEDICAL CERTIFICATION STANDARDS AND PROCEDURES TRAINING  
(MCSPT)  
CORRESPONDENCE  
FOR  
AME'S AND STAFF**

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*presented by the*

**U.S. Department of Transportation  
Federal Aviation Administration  
Aviation Standards  
Office of Aviation Medicine**

*and the*

**Civil Aerospace Medical Institute  
Aerospace Medical Education Division  
Oklahoma City, Oklahoma**

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## TABLE OF CONTENTS

I.	OUTCOMES OF THIS COURSE ( <i>Course Objectives, Instructions for Completion of the Course</i> ).....	3
II.	THE CERTIFICATION TEAM, THE ROLE OF EACH MEMBER, AND THE CERTIFICATION PROCESS .....	8
III.	THE FRONT OF FAA FORM 8500-8 ( <i>Items 1-20</i> ).....	22
IV.	THE BACK OF FAA FORM 8500-8 ( <i>Items 21-64</i> ).....	41
V.	AFTER FAA FORM 8500-8 IS COMPLETE.....	50
VI.	SECURITY OF THE FAA CERTIFICATION SYSTEM AND FAA FORM 8500-8 .....	54
VII.	MEDICAL CURRICULUM DEVELOPERS.....	58
APPENDIX I	MEDICAL FORMS AND STATIONARY REQUISITION	
APPENDIX II	AME PERFORMANCE SUMMARY REPORT	
APPENDIX III	APPLICATION FOR AIRMAN MEDICAL CERTIFICATE	
APPENDIX IV	CARDIOVASCULAR EVALUATION SPECIFICATIONS	
APPENDIX V	DIABETIC ORAL MEDICATION SPECIFICATIONS and MEDICAL CERTIFICATION OF INSULIN TREATED DIABETIC APPLICANTS	
APPENDIX VI	FAA FORM 8500-8 WITH ERRORS	
APPENDIX VII	PRE TEST	
APPENDIX VIII	FINAL TEST	
APPENDIX IX	REGISTRATION FORM	
APPENDIX X	CRITIQUE	
APPENDIX XI	TEST AND CRITIQUE ANSWER SHEET	

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## **I. OUTCOMES OF THIS COURSE (*Course Objectives, Instructions for Completion of the Course*)**

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After taking this course, you will understand the Federal Aviation Administration (FAA) medical certification process and be able to function as an Aviation Medical Examiner (AME) and an AME staff member.

This course was developed for you because you can have a great impact on the efficiency of the certification process. For example, an error you detect and correct prior to sending a Form 8500-8 to the FAA greatly reduces the administrative costs to the agency. In addition, by decreasing errors from the onset, administrative costs to the AME's office are also reduced.

### **COURSE OBJECTIVES**

Upon successful completion of this course you will have the knowledge and skills to perform your duties as an AME and an AME staff member. If you follow the procedures outlined in this course your office will receive good ratings on the AME summary report, the certification process will flow smoothly and efficiently, and you will have contributed greatly to the goal of achieving aviation safety. You will be able to:

1. Describe the aeromedical certification process, and how the AME and his/her staff function as a member of the certification team.
2. Identify the team members and their roles in the certification process.
3. Advise the AME on the administrative aspects of the FAA form 8500-8, and check for accuracy of the AME's entries or omissions.
4. Achieve at least 95% accuracy in completing FAA Form 8500-8.
5. Assist the applicant in the completion of the front of the FAA Form 8500-8, and check for errors or omissions.
6. Process the form after it is complete.
7. Perform your role in assuring the security of the FAA form 8500-8 and the certification process.
8. Use your Guide For Aviation Medical Examiners (AME Guide) which can be found at:  
[www.faa.gov/other\\_visit/aviation\\_industry/designees\\_delegations/designee\\_types/ame/ame\\_guide/](http://www.faa.gov/other_visit/aviation_industry/designees_delegations/designee_types/ame/ame_guide/)

### **INSTRUCTIONS FOR COMPLETION OF THE COURSE**

During this course you will use the AME Guide, and this text. You should also use Appendix III, FAA Form 8500-8, for reference.

Complete the Pre-Test (Appendix VII), the Final Test (Appendix VIII), the course Registration Form (Appendix IX), and the Course Critique (Appendix X). When you have finished the course return the Registration Form, Course Critique and Test Answer Sheet to either address below or fax to (405) 954-8016 attn: Sharon Holcomb.

Federal Aviation Administration, MMAC  
Aerospace medical Education Division, AAM-400  
ATTN: Sharon Holcomb  
P.O. Box 25082  
Oklahoma City, Oklahoma, 73125

Federal Aviation Administration, MMAC  
Aerospace medical Education Division, AAM-400  
ATTN: Sharon Holcomb  
6500 S. MacArthur Blvd.  
Oklahoma City, Oklahoma, 73169

You will not receive credit for this course and designation of new AMEs will not be processed unless these required materials are returned.

Should you have questions about this program, Please call Sharon Holcomb, Program Assistant, (405) 954-4829; Ridge Smith, Instructional Systems Specialist, (405) 954-4378; or Douglas Burnett, Program Manager, (405) 954-6214.

Throughout this course you will be referring to your AME Guide and will sometimes be asked to use it to locate information necessary to answer questions.

You will be asked to respond to questions (Response Items) at various points throughout the program. These will be multiple choice and fill in the blank questions requiring you to circle your response. The correct answers will appear on the back of the page and at the end of the series of questions. If you do not respond correctly to the question, refer back to the applicable text. Answer all questions in the series before referring to the correct answers.

Along with this text staff members should review the video, [15 Disqualifying Conditions for Pilots on-line at: www.faa.gov/other\\_visit/aviation\\_industry/designees\\_delegations/designee\\_types/ame/media/15\\_disQ.wmv](http://www.faa.gov/other_visit/aviation_industry/designees_delegations/designee_types/ame/media/15_disQ.wmv). It should be completed prior to module II, The Certification Process. AMEs will view this video during the Basic Seminar

After you have viewed the videotape, answer the following questions:

1. When an airman physical examination is performed and FAA Form 8500-8 is completed, where is the form sent?
2. What class of airman medical certificate requires an ECG after age 35?
3. When might an ECG be required for any class of certification?
4. What happens when an FAA Form 8500-8 is sent in with some of the items left blank?
5. A person who possesses an airman's certificate to operate an aircraft must also possess
  - A. Any certified medical certificate.
  - B. A valid medical certificate of the appropriate class.
  - C. A medical certificate at least one class higher.
  - D. A separate medical certificate for each class.

6. How often must transport pilots renew their medical certificates?
- A. After a medical illness
  - B. Every 24 months
  - C. Every 12 months
  - D. Every 6 months
7. How often must pilots renew their second class medical certificates?
- A. After a medical illness
  - B. Every 24 months
  - C. Every 12 months
  - D. Every 6 months
8. To determine conditions that might adversely affect aviation safety or pilot fitness for aviation duties, medical examinations are performed by
- A. The Aerospace Medical Education Division.
  - B. The Aerospace Medical Certification Division.
  - C. Aviation Medical Examiners.
  - D. Regional Flight Surgeons.
9. Applications and other pertinent data for medical certification of aviators are usually forwarded to the
- A. Aerospace Medical Education Division.
  - B. Aerospace Medical Certification Division.
  - C. Office of Aviation Medicine, Washington, D.C.
  - D. Regional Flight Surgeon.
10. Of the following which is NOT true concerning the Aerospace Medical Certification Division?
- A. Maintains aviation certification records for over 3/4 million active airmen.
  - B. The central screening facility and repository within the FAA for collection, processing, adjudication and analysis of aeromedical data.
  - C. Manages the national system for medical examination and certification of U.S. civil airmen in the U.S. and abroad.
  - D. Provides all training for Aviation Medical Examiners.
11. 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.

12. A Special Issuance is determined at the discretion of the

- A. Aviation Medical Examiner.
- B. Regional Flight Surgeon.
- C. Aerospace Medical Certification Division.
- D. Federal Air Surgeon.

13. The Civil Aerospace Medical Institute, which includes the Aerospace Medical Certification and Aerospace Medical Education Divisions, is located in

- A. Washington, DC.
- B. Atlantic City, NJ.
- C. Oklahoma City, OK.
- D. Burlington, MA.

## ANSWERS TO VIDEOTAPE QUESTIONS

1. When an airman physical examination is performed and FAA Form 8500-8 is completed, where is the form sent?

ANSWER: Manager, Aerospace Medical Certification Division, AAM-300.

2. What class of airman medical certificate requires an ECG after age 35?

ANSWER: First-class

3. When might an ECG be required for any class of certification?

ANSWER: When there is evidence or history of hypertension or other medical condition that would require an ECG.

4. What happens when an FAA Form 8500-8 is sent in with some of the items left blank?

ANSWER: The form is rejected by the computer and must be processed manually.

5. A person who possesses an airman's certificate to operate an aircraft must also possess

B. a valid medical certificate of the appropriate class.

6. How often must transport pilots renew their medical certificates?

D. Every 6 months

7. How often must pilots renew their second class medical certificates?

C. Every 12 months

8. To determine conditions that might adversely affect aviation safety or pilot fitness for aviation duties, medical examinations are performed by

C. Aviation Medical Examiners.

9. Applications and other pertinent data for medical certification of aviators are usually forwarded to the

B. Aerospace Medical Certification Division.

10. Of the following which is NOT true concerning the Aerospace Medical Certification Division, CAMI?

D. Provides all training for Aviation Medical Examiners.

11. When the Aerospace Medical Certification Division computer system identifies an error on a medical application it is

A. processed manually.

12. A Special Issuance is determined at the discretion of the

D. Federal Air Surgeon.

13. The Civil Aerospace Medical Institute, which includes the Aerospace Medical Certification and Aerospace Medical Education Divisions, is located in

C. Oklahoma City, OK.

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## II. THE CERTIFICATION TEAM, THE ROLE OF EACH MEMBER, AND THE CERTIFICATION PROCESS

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### THE CERTIFICATION TEAM

Medical certification of pilots is a team effort and you are an important part of the process. The contribution of each team member is equally important. The collective success of the certification process ultimately depends on the efforts of each person involved.

The certification team consists of the Office of the Aviation Medical Examiner, Office of the Regional Flight Surgeon, Aerospace Medical Education Division, Aerospace Medical Certification Division, the Federal Air Surgeon, and the applicant (who is also your customer).

To function as a team, everyone involved in the certification process must understand the goals that are common to all members of the team. AVIATION SAFETY is the reason that the certification process and the certification team exists.

#### ✦ *AEROMEDICAL CERTIFICATION TEAM* ✦

AME & STAFF	REGIONAL FLIGHT SURGEON	FEDERAL AIR SURGEON
APPLICANT	AEROSPACE MEDICAL CERTIFICATION DIVISION	AEROSPACE MEDICAL EDUCATION DIVISION

### THE FEDERAL AIR SURGEON

The Federal Air Surgeon has overall responsibility for the entire Aeromedical Certification System. Although the Manager, Aerospace Medical Certification Division, and the 9 Regional Flight Surgeons have been delegated the authority for day-to-day management of the system, the Federal Air Surgeon is ultimately responsible.

The Federal Air Surgeon is also responsible for updating certification policies and procedures in response to advances in medical science.

The Federal Air Surgeon is actively involved in complex certification decisions that fall outside of normal interpretation of established standards and procedures. When airmen do not meet the established medical standards, the Federal Air Surgeon must assess their ability to perform as authorized by the class of medical certificate applied for without endangering air commerce during the period in which the certificate would be in force.



The Federal Air Surgeon must also decide on cases in which applicants who have been denied certification by a Regional Flight Surgeon or the Manager, Aerospace Medical Certification Division, have requested reconsideration. In these cases the Federal Air Surgeon may obtain opinions of consultant medical specialists as considered appropriate and determine whether a Special Issuance may be granted without compromising aviation safety.

### **OFFICE OF THE REGIONAL FLIGHT SURGEON**

Within the Office of Aviation Medicine there are nine regional Aviation Medical Divisions (AMD), each headed by a Regional Flight Surgeon.

The Regional Flight Surgeon's office (Aviation Medical Division) is responsible for providing aeromedical information and consultation, making certification decisions in select cases, interpreting pertinent rules and regulations concerning certification, preparing medical cases requiring enforcement action, answering questions regarding medications, and providing local management of the AME program. The Regional Flight Surgeon for your region or appropriate Medical Field Office is your primary contact with the FAA.

Aviation Medical Examiners may receive a variety of correspondence from their Regional Flight Surgeon's office (Aviation Medical Division). This correspondence may include reminders to attend seminars, letters with information regarding policy or procedure changes, letters of recognition for exceptional performance, and letters of reprimand or other negative action.

Letters of reprimand are rare, and some common reasons for receiving them may include a high error rate, incorrect certification decisions, inappropriate issuance of a medical certificate, or non-compliance with required medical procedures.

When an examiner has a question or needs assistance in carrying out responsibilities, the Regional Flight Surgeon should be contacted for certain kinds of information. Regional staffs include, but are not limited to, a Certification Program Analyst, and an AME Program Analyst/Assistant.

For airman medical certification questions, you should contact the Certification Program Analyst in your region.

Direct administrative questions or requests regarding the AME Program to your regional AME Program Analyst. Some of these may include requests to update an address or phone number, inquire about dates for AME Seminars, or instructions on how to obtain FAA forms or supplies.

### **RESPONSE ITEM:**

The Office of the Regional Flight Surgeon (AMD) should be contacted for questions pertaining to

- A. Attendance at AME Seminars.
- B. Problem certification cases which they initiated.
- C. Designation and re-designation of AMEs.
- D. All of the above.

### **RESPONSE ITEM:**

The Regional Flight Surgeon is responsible for

- A. All certification decisions.
- B. All cases of Special Issuance.
- C. Local management of the AME program, for assisting in certification cases, and cases requiring enforcement action.
- D. Distribution of AME supplies such as FAA Form 8500-8.

RESPONSE ITEM:

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.

ANSWERS TO RESPONSE ITEMS

RESPONSE ITEM:

The Office of the Regional Flight Surgeon should be contacted for questions pertaining to

D. all of the above.

RESPONSE ITEM:

The Regional Flight Surgeon is responsible for

C. Local management of the AME program, for assisting in certification cases, and cases requiring enforcement action.

RESPONSE ITEM:

Your primary contact with the FAA is with the

C. Regional Flight Surgeon's Office.

## **THE AEROSPACE MEDICAL EDUCATION DIVISION**

The Aerospace Medical Education Division provides you with a variety of services. These include:

1. Providing required forms and materials, including Form 8500-8.
2. Providing training sessions, including AME seminars, workshops, and instructional programs.
3. Updating the national AME directory.
4. Providing information on international or U.S. military AMEs.

The Federal Air Surgeon's Medical Bulletin is published quarterly and distributed to approximately 10,000 physicians, aviation safety inspectors, and others interested in aviation safety. The Bulletin provides you with news and information about aeromedical certification and aviation medicine. AMEs are encouraged to submit articles to the Aerospace Medical Education Division (AAM-400) for publication in the Federal Air Surgeon's Bulletin.

AMEs may access the Civil Aerospace Medical Institute's library which offers approximately 5,000 publications and 20,000 technical reports. For more information call 405-954-4398.

FAA Order 8520.2E, signed by the Federal Air Surgeon in February 1999, describes the policies and procedures governing the AME program. It is located in the appendices of the AME Guide.

The Order requires new AMEs to attend a 4½ day basic AME seminar at the Civil Aerospace Medical Institute (CAMI) in Oklahoma City, OK, prior to initial designation.

Aviation Medical Examiner (AME) refresher training is required every three years by FAA Order 8520.2E, Paragraph 11 a (2) (d), The FAA Aviation Medical Examiner System. On-site (seminar) training is required at least every six years; distance learning Multimedia Aviation Medical Examiner Refresher Course (MAMERC) or Clinical Aerospace Physiology Review for AME's Course (CAPAME) may be substituted for on-site training in alternating three-year cycles.

All AME designations terminate at the end of 12 months from designation date, and renewal of designation is necessary for continued authority to perform FAA exams.

AMEs designated to issue first-class medical certificates must have access to an audiometer and electronic ECG equipment for direct transmittal to the Aerospace Medical Certification Division in Oklahoma City.

AMEs must perform at least one exam within 12 months of initial designation, perform at least 15 exams per year after 24 months, maintain an error rate of less than 10% on AME performance reports, and remain in the location of practice where presently designated.

When questions arise regarding interpretation of the FAA Order they should be referred to the Division Manager, Aerospace Medical Education Division or the Regional Flight Surgeon.

APPENDIX I is a sample of the on-line order form for Medical Forms and Stationary which can be located at: [http://ame.cami.jccbi.gov/form\\_and\\_brochure/medicalform.asp](http://ame.cami.jccbi.gov/form_and_brochure/medicalform.asp).

Your initial issue of AME supplies will come from your regional office. After the initial issue, all FAA supplies will be issued through the Aerospace Medical Education Division, Civil Aerospace Medical Institute, Oklahoma City, OK. **ALWAYS PRINT** the AME number, name and address in the spaces

provided on the form. Specify the number of each item ordered, and allow at least 2-3 weeks for delivery of supplies.

The Aerospace Medical Education Division also provides various training materials to AMEs to assist in aviation safety briefings and seminars within their local communities. For more information on training materials call 405-954-6208.

The Aerospace Medical Education Division prepares the AME Performance Summary Report which is mailed annually to all Regional Flight Surgeons and AMEs. Errors on specific exams are not provided in the report so you should keep a copy of the completed exams for the AME to review.

APPENDIX II is a sample of an AME Performance Summary Report. This records the last training date, the number of exams performed, and identifies types of errors and error rate.

AMEs will receive appropriate letters from the Regional Flight Surgeon (RFS) to inform them when they need to attend a seminar, their error rate is too high, or they have performed too few exams. Attached to the sample Performance Summary Report are definitions of errors as they appear on the summary.

FAA Order 8520.2E provides the basis for termination or non-renewal of designation. Review of this report is used as criteria for renewal/non-renewal of the AME's designation.

A certain percentage of error rates reported is attributable to data input at the Aerospace Medical Certification Division in Oklahoma City, which is taken into consideration in the review process.

RESPONSE ITEM

Forms required by AMEs to perform aviation medical examinations can be obtained from the

- A. Office of Aviation Medicine.
- B. Aerospace Medical Education Division.
- C. Aerospace Medical Certification Division.
- D. Flight Standards District Office.

RESPONSE ITEM:

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%

RESPONSE ITEM:

If the AME needs to attend a seminar, performs too few exams, or the error rate is too high, the AME will receive notification from the

- A. Regional Flight Surgeon.
- B. Aerospace Medical Certification Division.
- C. Aerospace Medical Education Division.
- D. Office of Aviation Medicine.

ANSWERS TO RESPONSE ITEMS

RESPONSE ITEM:

Forms required by AMEs to perform aviation medical examinations can be obtained from the

B. Aerospace Medical Education Division.

RESPONSE ITEM:

On the AME performance summary that is prepared annually by the Aerospace Medical Education Division, an AME is allowed an error rate of \_\_\_\_.

B. 10%

RESPONSE ITEM:

If the AME needs to attend a seminar, performs too few exams or the error rate is too high, the AME will receive notification from the

A. Regional Flight Surgeon.

## **THE AEROSPACE MEDICAL CERTIFICATION DIVISION**

Although the Federal Air Surgeon is the final authority on all certification issues except those appealed to the National Transportation Safety Board (NTSB), the Aerospace Medical Certification Division in Oklahoma City has been delegated the authority to act on most medical certification decisions.

The Aerospace Medical Certification Division processes approximately half a million applications for medical certificates annually. In addition, they make decisions on approximately 2,400 cases requiring special review, and of these cases, approximately 1,400 pilots per year receive Special Issuance medical certificates.

The staff at the Aerospace Medical Certification Division presents lectures, conducts clinical sessions, and provides aeromedical or administrative consultation to AMEs and their staffs through AME Seminars and Medical Certification Standards and Procedures Training.

The Airman Medical Certification System (AMCS) is an Aerospace Medical Certification Division program designed for the electronic transmission of FAA Form 8500-8. It is intended to eliminate most common errors and expedite receipt of the form. Information and training on AMCS is provided by the Aerospace Medical Certification Division at AME seminars and kept current for AMEs on a continuous basis as changes are made to the system. You can call the AMCS unit at (405) 954-3238 for information. They will answer any questions about the AMCS.

### **RESPONSE ITEM:**

The \_\_\_\_\_ 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

### **RESPONSE ITEM:**

The Aerospace Medical Certification Division program for the electronic transmission of FAA Form 8500-8 is

- A. AMCS.
- B. CAMI.
- C. ECG/TRANS.
- D. COMPUFORM.



ANSWERS TO RESPONSE ITEMS

RESPONSE ITEM:

The \_\_\_\_\_ is the delegated authority on most medical certification decisions.

D. Aerospace Medical Certification Division

RESPONSE ITEM:

The Aerospace Medical Certification Division program for the electronic transmission of FAA Form 8500-8 is

A. AMCS.

## **AMEs and STAFF**

AMEs and their staff members are the FAA's representatives in local communities that provide guidance to the public on matters dealing with the medical aspects of aviation safety and aeromedical certification. You provide the essence of the certification program. Customer service, quality physical exams, and the efficient administration of the certification process locally are totally dependent upon you.

As an AME staff member you provide customer service, instruction and oversight of the completion of the form, and quality assurance in the completion and submission of the form. You are usually responsible for monitoring and ordering AME supplies, and play a vital role in the security of the certification system.

Your role as an AME staff member could be divided into the following key elements:

1. Customer Service: You are the applicant's first point of contact with the certification process. You establish the first impression of the process, the AME, and the FAA.
2. Quality assurance: By carefully reviewing FAA Form 8500-8 to prevent omissions, errors in transcription, or erroneous entries, you provide support to both the AME and the FAA.
3. Security: FAA Form 8500-8 is a controlled document and you play a vital role in its protection.

One of your responsibilities is to notify the Regional FAA Aviation Medical Division (AMD) of any changes of address or phone number your AME may have. If the AME moves to another city or state, it is very important that the regional AMD for your area be notified, since re-designation is NOT automatic at the doctor's new location. Ensure that the AME's name, address, and AME number are on ALL correspondence sent to the FAA.

Notify the appropriate regional office if the AME is retiring, entering residency training, the military, or wishes to resign from the AME program, so the necessary FAA paperwork can be initiated.

To perform first-class examinations, the AME must upgrade to Senior AME status. The AME should apply to the Regional Flight Surgeon (RFS) for Senior AME Status. This status requires that the AME has had three or more years of satisfactory performance, an error rate below 10% and must have access to an audiometer and electronic ECG equipment capable of transmitting ECG reports to the Aerospace Medical Certification Division.

## **THE APPLICANT (YOUR CUSTOMER)**

The applicant plays two roles, one as a valued member of the certification team, and the other as your customer. Certainly the goal of aviation safety is as important to the applicant as it is to any other member of the certification team.

As a member of the certification team the applicant is responsible for giving the AME/AME Staff honest and complete information.

As a customer the applicant deserves good and complete instructions on FAA policies as they pertain to airman medical certification.

The FAA tries at every opportunity through air shows, trade shows, and with safety oriented publications, to inform the aviation public of medical policies and updates to past practices.

## **THE CERTIFICATION PROCESS**

The primary goal of the airman medical certification program is to protect air travelers and the general public, provide professional, proficient service to airman and administer the medical certification process in an efficient manner.

The efficiency and timeliness of service to the airmen depends upon successful completion of FAA Form 8500-8. Approximately 50% of the computer rejections could be avoided by accuracy in completing the form. The majority of error rejections are due to items left blank on the form. Thus, by working with your AME in ensuring the accuracy of FAA Form 8500-8, you fulfill a vital role in the certification process.

The certification process begins when an applicant for medical certification enters your office. You will be the applicant's first contact in the aeromedical certification process and your service will influence the airman's impression of both the AME and the FAA.

Also, your first contact with the applicants will influence the way they view themselves in the certification process. By communicating that you recognize them as team members as well as valued customers you will make them feel that they are part of the team.

Even though applicants are both team members and customers, our primary responsibility is to the flying public. Thus, it is sometimes necessary for the AME to deny or defer certification to the Aerospace Medical Certification Division.

Now, locate your AME Guide and review it at:

***[www.faa.gov/other\\_visit/aviation\\_industry/designees\\_delegations/designee\\_types/ame/ame\\_guide/](http://www.faa.gov/other_visit/aviation_industry/designees_delegations/designee_types/ame/ame_guide/)***

There are 15 specific disqualifying conditions for which an AME must deny or defer certification to the Aerospace Medical Certification Division. Please check your AME Guide now to determine the specific disqualifying conditions.

Applicants who are medically disqualified for any reason, may be considered by the FAA for a Special Issuance. This is also described in the AME Guide.

### **RESPONSE ITEM:**

When an applicant indicates, on FAA Form 8500-8, a history of Diabetes Mellitus requiring insulin or hypoglycemic medication, an AME should

- A. Issue the certificate with the condition that medication must be available at all times while flying.
- B. Defer the application to the FAA.
- C. Issue the certificate so long as the condition is unchanged.
- D. Request further testing to determine if the condition would interfere with safe flying.

RESPONSE ITEM:

An applicant with a history of angina pectoris

- A. Must be irrevocably denied certification.
- B. May be certified by the AME so long as the condition is not considered a hindrance to the airman's ability to operate an aircraft.
- C. Must not be certified by the AME, but may be considered for a Special Issuance by the FAA.
- D. Must be certified by the AME as this is not a specifically disqualifying condition.

ANSWERS TO RESPONSE ITEMS

RESPONSE ITEM:

When an applicant indicates, on FAA Form 8500-8, a history of Diabetes Mellitus requiring insulin or hypoglycemic medication, an AME should

B. Defer the application to the FAA.

RESPONSE ITEM:

An applicant with a history of angina pectoris

C. Must not be certified by the AME, but may be considered for a Special Issuance by the FAA.

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### **III. THE FRONT OF FAA FORM 8500-8 (Items 1-20)**

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The first step in certification is the applicant's completion of the front side of FAA Form 8500-8. The front side of Form 8500-8 is to be completed in your presence, in the applicant's own handwriting, PRINTED in ball-point pen, preferably black. Refer to the 8500-8 section of Appendix III, Application for Airman Medical Certificate.

Before handing the form to the applicant you should remove the Form 8420-2, Medical Certificate and Student Pilot Certificate (yellow), and Form 8500-9, Medical Certificate (white) from the front of the form. This will prevent someone from leaving your office with a blank form that could be fraudulently used.

Also, a photo I.D. should be used to determine the identity of the applicant, if there is any doubt. This will help to ensure that a certificate is not issued to someone other than the person examined.

Note the design of the instruction sheet that allows the applicant to read the instructions while completing the front side of the form. The instructions are easily accessible by placing the form on a clipboard and folding back the first page. The applicant should review the instructions, especially the first 2 paragraphs and item 20 before completing the form.

It is important that you request the applicant to read the Privacy Act Statement on the front of the form.

The FAA Form 8500-8 is a legal document and the information submitted on the front side is the applicant's information. Any changes must be made and initialed by the applicant. The AME and staff are prohibited from writing on the front side of FAA Form 8500-8, except for the gray-shaded (certificate) area.

The information provided is protected by the Privacy Act and cannot be released without written consent from the applicant.

By signing the form the applicant authorizes the FAA a one-time access to their driver records. The National Driver Registry (NDR) address is provided, in case the applicant wishes to obtain a copy of any information regarding the driving history.

Medical history section: Requires each item to be checked either "yes" or "no." Applicant should provide a "yes" answer for any condition they have had in their whole life. This is because some conditions may be debilitating for many years (or permanently) and may adversely affect the applicant's ability to meet the medical standards in Federal Aviation Regulation (FAR), Part 67.

If a response has been "yes" on one application, the same response must always be affirmative on all future applications. If the condition was previously noted and cleared by the FAA, then a response of "no change" or "previously reported" may be entered in the explanations block.

Note the applicant's declaration, Item #20 on the instruction page for airmen. The AME is NOT to issue a certificate if the applicant fails to sign the application.

FAR, Part 67, provides the medical certification standards and procedures which the AME must follow in performing the examination and issuing airman certificates. The AME Guide was developed to explain FAR, Part 67, and to assist in performing airman medical certification. FAR, Part 67, is provided in the Appendices of your AME Guide.

RESPONSE ITEM:

The front side of FAA Form 8500-8 must be completed in

- A. your presence.
- B. the applicants own hand.
- C. printed ball-point pen.
- D. all conditions above.

RESPONSE ITEM:

Any changes to the front side of FAA Form 8500-8 must be made and initialed by the

- A. AME.
- B. applicant.
- C. AME staff member.
- D. Regional Flight Surgeon.

RESPONSE ITEM:

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 others.
- D. that has not been previously reported only.

ANSWERS TO RESPONSE ITEMS

RESPONSE ITEM:

The front side of FAA Form 8500-8 must be completed in

D. All conditions above.

RESPONSE ITEM:

Any changes to the front side of FAA Form 8500-8 must be made and initialed by the

B. Applicant.

RESPONSE ITEM:

Medical history requires the applicant to provide a “Yes” answer for any condition experienced

A. In his/her entire life.



## **REFER TO FAA FORM 8500-8**

### **Item 1: Application For**

The applicant must check the applicable box to indicate the type of certificate requested and this must correspond with the type issued.

International applicants may receive student pilot certificates from AMEs in foreign countries.

If applicants from foreign countries are coming to the United States, they may obtain the student pilot certificate from an AME while in the U.S.

If the applicant applies for a medical certificate for use as a power boat operator, glider pilot, balloon pilot, or auto racer the procedures for medical certification are the same as if they were an airplane pilot.

### **Item 2: Class of MEDICAL CERTIFICATE Applied For**

The applicant must check the applicable box to indicate the class of medical certificate requested and this must correspond with the class issued.

A student pilot may be issued any class medical certificate requested as long as the medical standards are met.

An applicant can request a class of certificate higher than needed for the type of flying planned. An applicant who requests a combination medical/student pilot certificate may be issued any class medical certificate, provided the medical standards for that class are met.

If the class of the certificate requested is changed during the course of the exam, the airman must change the class indicated in item 2 and initial the change.

Note that the class of certificate must agree with that issued or the application will be incorrect and the AME will receive an error.

The AME should apply standards appropriate to the class sought, not to the airman's duties either performed or anticipated.

### **Item 3: Name**

To ensure that the applicant is properly identified, the complete name, including complete middle name, is needed. Many names are the same, therefore birth dates are used for identification. No abbreviations or nicknames may be used. Applicants should enter last name, first name, and middle name or initial. If they have no middle name or initial, "none" or "NMI" should be entered.

If the applicant has changed names (s)he must:

1. Enter current name in item 3.
2. List previous name(s) in explanations box of Item 18.
3. Provide a copy of appropriate legal documents if available.

### **Item 4: Social Security Number**

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Occasionally, people are reluctant to provide their Social Security Number. Applicants are not legally required to give their Social Security Number, even though it provides an excellent identifier and this is the only purpose for which it is used.

When the Social Security Number is not provided, the Aerospace Medical Certification Division will assign a pseudo number.

The Social Security Number is the only information requested on the front of FAA Form 8500-8 that is not mandatory.

**Item 5: Address**

The permanent mailing address is required. The street name and number is preferred over a post office box.

The phone number should be one at which the applicant may be reached in the daytime, if possible.

The city, state, country and zip code are self explanatory, but you should ensure that these are not omitted. The zip code (first five digits) is very important. It allows the address to be entered into the computer.

**Item 6: Date of Birth**

The month, day, and year must be provided in numerics, MM/DD/YYYY (Ex. 10/03/2000). International applicants should spell out the month (Jan., Feb., Mar., etc.) to avoid confusion between different numbering systems.

**Item 7: Color of Hair**

The only acceptable hair colors are brown, black, blonde, gray, or red. Do not abbreviate. Lack of hair is referred to as "bald". The color is the natural color whether dyed or not.

**Item 8: Color of Eyes**

The only acceptable eye colors are brown, black, blue, hazel, gray, or green. Do not abbreviate. The actual eye color must be provided and not contact lens color.

**Item 9: Sex**

The sex is what is stated by the applicant even if there is anatomical evidence to the contrary. The courts have ruled that the psychological status of people as well as their physical attributes may be used to determine sex. Therefore, the applicant's stated sex should not be challenged. If the stated sex conflicts with evidence, a comment should be made in item 60. Sex change is not grounds for disqualification. Psychological examination work-ups provided to AMEs may be forwarded to the Aerospace Medical Certification Division with the application.

**Item 10: Type of Airman Certificate(s) You Hold**

All applicable boxes must be checked.

**Item 11: Occupation**

This information is used for statistical data as well as priority handling.

The primary position of employment should be used. In some cases student, retired, or unemployed should be used as appropriate.

A person who earns his/her living by flying is the only one who should list their occupation as pilot.

**Item 12: Employer**

In this space either a specific employer or “self-employed” should be entered.

**Item 13: Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked ?**

This item requires a “yes” or “no” response. If checked “yes” the airman must enter the date of the action and report the details in the explanation box of item 18. If a time limited certificate has been issued with follow-up, this is not considered a denial. If the applicant has a current certificate issued since denial, be sure that it is valid by having the applicant provide the appropriate letter.

The AME may not issue a certificate when the response is “yes” except:

1. When an airman presents written evidence from the FAA that further issuance was made and the AME is authorized to issue.
2. When the AME obtains verbal authorization from the Regional Flight Surgeon or Aerospace Medical Certification Division.

**Items 14 & 15: Total Pilot Time (civilian only)**

This refers to estimated or logged civilian, not military, flying time. Enter zero (0) if there has been no flight time. This is used for statistics and when making a determination of issuance based on operational experience. Military time may be included in item 18 or 60. The time provided should be identified in Items 14 and 15, estimated (EST) or logged (LOG). Total pilot time can be used for statistical data as well as providing information in regard to the airman’s pilot experience.

**Item 16: Date of Last FAA Medical Application**

If the applicant cannot remember the exact date, the approximate date or year is acceptable, even if it did not result in the issuance of a medical certificate. Check the appropriate box if there is none.

**Item 17a: Do You Currently Use Any Medication (Prescription or Non prescription)?**

The question of medications is very important because many medications (or the underlying condition requiring the use of medications) may be disqualifying. Any mind or mood altering medications, or medications that cause dizziness or drowsiness are disqualifying. It is not necessary to declare the use of vitamins.

This requires a “yes” or “no” response. If the response is “yes”, the name, purpose, dosage, and frequency of the medication must be given. (Failure to disclose the type of medication following a “yes” answer causes approximately 20,000 application rejections per year.) Also “yes” or “no” should be marked to indicate if this was previously reported.

Medications that are mind or mood altering, cause dizziness, drowsiness, or affect the central nervous system MAY NOT be used while exercising the privileges of airman duties.

In 1991, over-the-counter drugs were “a contributing factor” in 9% of all fatal aviation accidents. This figure is 1% higher than the fatal accidents that were attributed to the use of alcohol.

If an applicant refuses to provide a response in this item, DEFER!

**Item 17b: Do You Ever Use Near Vision Contact Lens(es) While Flying?**

This requires a “yes” or “no” response.

**RESPONSE ITEM:**

When conducting an aviation medical examination, the AME should apply the standards for the

- A. Airman’s duty performance.
- B. Airman’s anticipated duties.
- C. Class of certificate sought.
- D. Best physical profile of the airman.

**RESPONSE ITEM:**

The only information on the front of FAA Form 8500-8 that is NOT mandatory is the applicant’s

- A. Middle initial.
- B. Zip code.
- C. Phone number.
- D. Social Security Number.

**RESPONSE ITEM:**

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.

**RESPONSE ITEM:**

If the applicant has a current certificate issued since denial, validity should be determined by

- A. Having the applicant provide an appropriate letter.
- B. Having the applicant cross his/her heart and promise.
- C. Having the applicant sign a sworn statement.

D. Verifying currency with the applicant's employer.

RESPONSE ITEM:

If a "yes" answer is given in item 17: 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. Only the type and duration of the medication
- D. The name, dosage, purpose and frequency of the medication

ANSWERS TO RESPONSE ITEMS

RESPONSE ITEM:

When conducting an aviation medical examination, the AME should apply the standards for the  
C. Class of certificate sought.

RESPONSE ITEM:

The only information on the front of FAA Form 8500-8 that is NOT mandatory is the applicant's  
D. Social Security Number.

RESPONSE ITEM:

An applicant's sex is determined by  
A. What is stated by the applicant.

RESPONSE ITEM:

If the applicant has a current certificate issued since denial, validity should be determined by  
A. Having the applicant provide an appropriate letter.

RESPONSE ITEM:

If a "yes" answer is given in item 17: Do you currently use any medication (prescription or non prescription), what other information is required?  
D. The name, dosage, purpose and frequency of the medication

**Item 18: Medical History**

Frequent errors are made on this item. These errors result in the highest percentage of application rejects. Each item (a-x) must be checked “yes” or “no”. All “yes” responses MUST be brought to the AMEs attention.

***PLEASE NOTE THE FOLLOWING:***

1. Please review carefully, item x is frequently left blank when it should be completed.
2. Additionally, if “yes” is checked, it MUST be explained under “explanations”.
  - a. The AME will inquire about each “yes” answer and comment in Item 60 on the back side of Form 8500-8.
  - b. Of particular importance are conditions that have developed since the last FAA medical examination.
  - c. If it has been previously explained in an earlier application, the statement “no change” is acceptable.
  - d. If more space is needed for explanations, use a plain sheet of paper signed by the applicant, with typed name, date of birth, and Social Security Number (optional).
  - e. Most “yes” answers require additional documentation, which should be stapled, not clipped, to the FAA copy of the application and submitted to Oklahoma City.

An applicant, when asked direct questions by the AME, is likely to be candid and willing to discuss medical problems. Try to establish rapport with the applicant and develop a complete medical history.

For any “yes” answer on item 18, medical history, there must be a comment from the AME on block 60. Block 60 should also contain comments for all abnormal findings of the exam. If “yes” is checked and “no change” indicated, ask the applicant about it and comment in block 60. It is important that you watch for this because sometimes “no change” is improperly indicated on a first exam.

The Regional Flight Surgeon may be contacted for advice on how to expedite certification when a “yes” response is entered.

**Item 18a: Frequent or severe headaches**

Severe headaches, especially ones of sudden onset, may cause incapacitation while piloting an aircraft. Full explanation of type, frequency, severity, cause, and treatment may be required before determining the applicants eligibility.

Frequent or severe headaches that require medication or treatment, such as migraines and cluster headaches, need further evaluation or additional documentation.

**Item 18b. Dizziness or fainting spell**

Dizziness or a fainting spell that was not severe enough to require treatment usually requires only an explanation.

Dizziness may indicate an inner ear disorder, cerebral disease, central nervous system (neurological) disease, or a circulatory disorder (cardiovascular). Further evaluation or documentation is needed if treatment was required.

**Item 18c: Unconsciousness for any reason**

An unexplained disturbance of consciousness is disqualifying. In the event the disturbance is explained and is not likely to recur, the AME may issue a certificate.

The AME should defer issuance and submit any available medical records and specialty reports with the application if surgical treatment was necessary to correct the cause.

**Item 18d: Eye or vision trouble except glasses**

The AME should question the applicant concerning any changes in visual experiences, injuries, surgery, current use of medication, and family history of serious eye disease, such as glaucoma. A “yes” response may indicate cataract, retinal, glaucoma, malignant or neurologic disorders, or the presence of a cataract or glaucoma.

Refractive surgery is acceptable; however, refer to the AME Guide for specific information.

Applicants with a documented history of Glaucoma must provide a current Ophthalmology evaluation and FAA Form 8500-14. The form can be reviewed at: <http://forms.faa.gov/forms/faa8500-14.pdf>.

An AME can issue a certificate as long as pressures are within standards, are well controlled, and there is no loss of visual fields.

**Item 18e: Hay fever or allergy**

Allergy controlled by desensitization is not disqualifying.

Occasional, seasonal therapy may be certified by the AME with the stipulation that the airman not fly when symptoms occur and treatment is required.

The AME must warn the airman and comment in Item 60 on the backside of Form 8500-8 if it is determined that occasional treatment is required.

**Item 18f: Asthma or lung disease**

History of frequent, severe attacks, or need for preventive therapy requires documentation before eligibility for medical certification can be determined. A current Forced Expiratory Volume, one second (FEV1) and Forced Volume Capacity (FVC) must be provided with a narrative summary from the treating physician.

History of a single episode of spontaneous pneumothorax is disqualifying until there is evidence of resolution and that no condition would be likely to cause recurrence.

Results of a complete pulmonary evaluation must be favorable and must be stapled to the application.

Childhood Asthma is usually outgrown, but adult onset Asthma may be severely debilitating. Significant bronchial spasms in Asthma or obstructive ventilation, such as in Chronic Obstructive Pulmonary Disease (COPD), may cause significant Hypoxia at altitude and may be incapacitating. High doses of medication may have adverse side effects.

The AME may check with the Regional Flight Surgeon for certification.

**Item 18g: Heart or vascular trouble**



Refer to Appendix IV, Cardiovascular Evaluation Specifications. The AME should assist applicants in providing required documentation to the FAA. The AME should NOT issue the certificate if the response was “yes.”

An applicant with any of the specifically disqualifying conditions should not be issued a certificate by the AME. Specific evaluations may be required to determine if an airman may be certified by Special Issuance.

Many other conditions may prevent the applicant from meeting the standard but may not fall into the Special Issuance category. Some of these are:

1. Arrhythmia.
2. Cardiomyopathies.
3. Valvular disease (May require artificial valve replacement).
4. Conductive disorders (May require a pacemaker).
5. Dissecting aortic aneurysms.
6. Congenital cardiac disorders (e.g., Coarctation of the aorta, ventricular septal defects, and others).

**Item 18h: High or low blood pressure**

Refer to the blood pressure section of the AME Guide.

If the response is “yes,” indicating high blood pressure, a cardiovascular evaluation by the applicant’s attending physician, personal and family medical history, resting ECG, and a report of fasting Plasma Glucose, Cholesterol, Triglycerides, Potassium and Creatinine levels are required.

If there is a history of low blood pressure, other tests may be required. A stress ECG should be accomplished only if clinically indicated.

The AME may issue if all tests are negative and the application is for a second- or third-class certificate. The AME must defer if the application is for a first-class certificate. Staple all required reports to the FAA copy of the application and mail them to Oklahoma City. In these cases, DO NOT TRANSMIT THE ECG report. A history of low blood pressure requires elaboration.

**Item 18i: Stomach, liver, or intestinal trouble**

History of an Ulcer is not disqualifying as long as it has healed and the applicant is asymptomatic. The use of Zantac, Tagamet, and antacids is acceptable.

**Item 18j: Kidney stone, or blood in urine**

History of Kidney Stones is not disqualifying with proof of a clear Intravenous Pyelogram (IVP) or Ultrasound showing no residual calculi, or significant likelihood of recurrence.

Reports must be stapled to the FAA copy of the application and mailed to the Aerospace Medical Certification Division. If the occurrence was years before and there has been no recurrence, a comment from the AME in item 60 is sufficient.

Blood in the urine may indicate that a renal tumor exists. If there is no kidney stone condition identified and a renal tumor or other kidney disease (Glomerulonephritis, chronic renal failure) is diagnosed, the condition is disqualifying until successful treatment and full recovery is documented.

**Item 18k: Diabetes**

Diabetes requiring Insulin is a disqualifying condition requiring authorization for Special Issuance. Diabetics controlled by diet or oral agents must be deferred, but the AME can assist the applicant by providing the information from Appendix V.

**Item 18l: Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.**

Diagnosis of Epilepsy or seizures is cause for disqualification no matter how remote the history. Applicants with a history of Epilepsy MUST be medication and seizure free for 10 years before they can be considered for Special Issuance.

Neurological conditions that may incapacitate MUST be deferred.

Other neurological conditions that may cause sudden incapacitation (other than seizure) are:

1. Multiple Sclerosis.
2. Myasthenia Gravis.
3. Muscular Dystrophy
4. Central nervous system tumors that affect neurologic functions.

Generally Transient Ischemic Attacks (TIAs), strokes, Transient Global Amnesia, and Reversible Ischemic Neurological Defects, require a two-year recovery period.

Seizures (other than Epilepsy) may require 2, 5, or 10-year recovery periods, seizure-free, off medication before an applicant can be considered for medical certification.

**Item 18m: Mental disorders of any sort; depression, anxiety, etc.**

History of Psychosis is a specifically disqualifying condition. Use of antidepressants, narcotics, or any mood or mind altering drug MUST be deferred. Any supporting documentation must be stapled to the FAA copy of the application and mailed to the Aerospace Medical Certification Division.

Persons with psychological disorders may not have the ability to use good judgment in critical situations during aircraft operations. Conditions of concern are:

1. Psychoses: A specifically disqualifying condition.
2. Personality disorder with repeated overt acts: A specifically disqualifying condition.
3. Phobias.
4. Bipolar disorders.
5. Major depression.

**Items 18n and 18o: Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years/Alcohol dependence or abuse**

“Substance dependence” or “substance abuse” may indicate an ongoing condition that prevents the applicant from meeting the medical standards in FAR, Part 67. The instructions are very clear on “substance dependence” and “substance abuse” and the drugs of concern. Refer to your AME Guide.

Conviction and/or administrative action history may indicate a condition, either substance abuse or personality disorder, that would prevent the applicant from meeting the standards.

History of alcoholism and drug dependency is processed under Special Issuance.

Special programs are set up for corporate/Air Transport Pilots. The AME should assist the applicant in obtaining proper documentation which must be stapled to the FAA copy of the application.

If an applicant has a record of only one Driving Under the Influence (DUI) action or conviction, it is up to the AME to determine if there is an alcohol problem. An applicant with a previous DUI who has a second DUI within the last two years, or three in a lifetime, may suggest a serious problem and medical certificate issuance should be deferred.

The disposition of applicants is determined by FAA personnel in all cases of dependency and most cases of abuse.

Special Issuance is only possible for first-class Airline Transport Pilots who are employed by an airline company that has a special rehabilitation program approved by the FAA.

**Item 18p: Suicide attempt**

If the answer is “yes,” additional documentation must be provided, to include hospital reports and psychological evaluations.

**Item 18q: Motion sickness requiring medication**

The AME should defer if a problem occurs in flight, or medication is repeatedly required. There is no motion sickness medication, including the scopolamine patch, that is acceptable while exercising the privileges of an airman medical certificate.

**Items 18r, 18s and 18t. Military medical discharge/ medical rejection by military service/ rejection for life or health insurance:**

A “yes” response to any of these items requires discussion with the applicant. Additional information may be required and reviewed before a determination can be made. As an example, paraplegics may have been discharged from the military, denied life or health insurance, but can be considered for airman medical certification through a Statement of Demonstrated Ability.

**Item 18u: Admission to hospital**

For each admission, the applicant should record the date to the best of recollection, name of facility, and reason. A history here does not necessarily disqualify, but the medical condition requiring the hospital admission may.

**Item 18x: Other illness, disability, or surgery**

If the applicant declines to complete this item, the AME MUST NOT issue a certificate. This item includes history of cancer, which requires the applicant to be in total remission with no evidence of metastases. In such an instance, all treatment must be complete with no further treatment required. The AME MUST defer to the Aerospace Medical Certification Division.

To meet issuance criteria, copies of hospital reports, to include biopsy findings, and a report from the treating physician that includes follow-up visits, must be stapled to the FAA copy of the application and mailed to the Aerospace Medical Certification Division.

Applicants who are Human Immunodeficiency Virus (HIV) positive who have not had symptoms and are not on medication, even for prophylactic use, are eligible for certification. Once they are on medication, or show symptoms of Acquired Immune Deficiency Syndrome (AIDS) related diseases, they will NOT be considered for certification.

All supporting documentation must be stapled to the FAA copy of the application and mailed to the Aerospace Medical Certification Division.

**Item 18v: Conviction and/or Administrative Action History**

The applicant should answer “yes” for any:

1. Convictions involving driving while intoxicated, impaired by, or under the influence of either drugs or alcohol.
2. Administrative action resulting in the denial, suspension, cancellation, or revocation of driving privileges.
3. Administrative action which resulted in attendance at an educational or rehabilitation program.

The applicant must provide the name of the state or other jurisdiction involved, the date of conviction and/or administrative action.

A single DUI or administrative action is not cause for denial if there are no other indications of substance dependence. A statement from the applicant regarding the event should be stapled to the FAA copy of the application. The AME must be satisfied with documentation provided by the applicant that there is no alcohol or drug dependence and that it was an isolated incident.

If this has been previously reported, it is acceptable for the applicant to declare “previously reported, no changes.” However, the AME MUST comment on year of conviction(s) and reason(s) in Item 60.

**Item 18w: History of non-traffic conviction(s) (misdemeanors or felonies)**

The date, reason for conviction, and a copy of the final court decree must be provided for review prior to issuance.

NOTE: Routine traffic violations need not be declared.

Other convictions, such as murder, armed robbery, or child molestation, etc., may indicate a significant personality disorder that prevents the applicant from meeting the medical standards.

EXPLANATIONS: If the applicant does not have sufficient space in this block, an additional sheet with name, date of birth, Social Security number (optional) may be used, and should be stapled to the FAA copy of the application, and mailed to the Aerospace Medical Certification Division.

For any “yes” answer on Item 18, Medical History, there must be a comment from the AME on Item 60. Item 60 should also contain comments for all abnormal findings of the exam. If “yes” is checked and “no change” is indicated, question them about it and make comment in item 60. Sometimes an applicant will incorrectly indicate “no change” on a first exam. Watch for this.

**Item 19: Visits to Health Professional Within Last 3 Years**

Be sure to check this item. It is frequently omitted. Also, if the applicant makes remarks under this item, check to see that the AME also commented under item 60.

Visits to health professionals within the last three years are important for several reasons:

1. The applicant may have had a debilitating condition after the previous medical certificate application.
2. There may be an on-going condition that would prevent the applicant from meeting the standards.
3. The applicant may have a current condition or treatment that may be disqualifying.

The applicant must list visits for counseling only if related to a personal substance abuse or psychiatric condition as it pertains to THE APPLICANT ONLY.

The applicant should list all visits in the last three years to a physician, physician assistant, nurse practitioner, psychologist, clinical social worker, or substance abuse specialist for treatment, examination, or medical/mental evaluation.

Information about visits to health professionals should include the date, name, address, and type of 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 an employer sponsored Employee Assistance Program may be excluded, unless the consultations were for the applicant's substance abuse, or the consultations resulted in referral for psychiatric evaluation or treatment.

Visits to diet specialists, chiropractors, etc., should be listed.

**Item 20: Applicant's National Driver Registry (NDR) & Certifying Declarations**

It is your responsibility to ensure that the applicant reads the declaration and the NOTICE on the bottom left-hand corner of the application. Note that falsification could result in a \$250,000 fine or imprisonment for not more than five years, or both.

The applicant's signature must be in ink and the month, day, and year entered. NO SIGNATURE – NO CERTIFICATE! Please note that this consent authorizes the FAA a ONE-TIME ONLY access to information contained in the NDR. Keep in mind that any changes made must be initialed by the applicant. When the applicant has finished the front side of the application, it must be reviewed by a staff member for completeness.

All "yes" responses MUST be brought to the AME's attention.

**RESPONSE ITEM:**

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

RESPONSE ITEM:

Which is a TRUE statement when a “yes” is checked in the medical history section of FAA Form 8500-8?

- A. If it has been explained in an earlier application, the statement “no change” is acceptable.
- B. Most “yes” answers require no additional documentation.
- C. The AME will inquire about significant “yes” answers and write comments in section 18.
- D. Additional documentation should be attached to the application with paper clips.

RESPONSE ITEM:

Which of the following is a TRUE statement?

- A. An unexplained disturbance of consciousness is disqualifying.
- B. Allergy controlled by desensitization is disqualifying.
- C. History of a single episode of spontaneous pneumothorax is never disqualifying.
- D. When the answer pertaining to high blood pressure is “yes,” a stress ECG is required.

RESPONSE ITEM:

Which of the following is a FALSE statement?

- A. History of a recent bleeding Ulcer is not disqualifying if the patient is asymptomatic.
- B. Remote history of Kidney Stones and no recurrence requires no comment from the AME.
- C. Diabetes requiring Insulin is a disqualifying condition.
- D. Diagnosis of recurrent seizures is a specifically disqualifying condition.

RESPONSE ITEM:

Which of the following is a FALSE statement?

- A. History of Psychosis is a specifically disqualifying condition.
- B. History of alcoholism and drug dependency is processed under Special Issuance.
- C. For each hospital admission the applicant should record the date, name of facility, and reason for admission.
- D. Applicants who are HIV positive may not be certified.

RESPONSE ITEM:

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 the application is signed by the applicant 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.

ANSWERS TO RESPONSE ITEMS

RESPONSE ITEM:

The highest percentage of application rejects occur due to errors in which section of FAA Form 8500-8?

B. Medical history

RESPONSE ITEM:

Which is a TRUE statement when a “yes” is checked in the medical history section of FAA Form 8500-8?

A. If it has been explained in an earlier application, the statement “no change” is acceptable.

RESPONSE ITEM:

Which of the following is a TRUE statement?

A. An unexplained disturbance of consciousness is disqualifying.

RESPONSE ITEM:

Which of the following is a FALSE statement?

A. History of a recent bleeding ulcer is not disqualifying if the patient is asymptomatic.

RESPONSE ITEM:

Which of the following is a FALSE statement?

D. Applicants who are HIV positive may not be certified. (May be certified if they have no symptoms and are not on medication).

RESPONSE ITEM:

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.



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**IV. THE BACK OF FAA FORM 8500-8, REPORT OF MEDICAL EXAMINATION**  
**(Items 21-64)**

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During the physical examination the AME will complete the reverse side of the form, items 25-48. Even though you cannot know if all entries made during the physical were correct, there are some ranges of entries and other clues that may help you detect errors. The certification summary page ii of your AME Guide can assist you in determining whether any entries are outside of the acceptable limits specified in FAR, Part 67.

Remove the Privacy Act/Instruction sheet from the form, and turn the form over on the clipboard (if using a clipboard).

***Important!***

*Place a piece of paper or other material between the AME's working copy and the sheet containing the applicants original entries to serve as a barrier to prevent the doctor's entries from showing through. Sometimes the clipboard is inserted between the sheets to serve as a barrier.*

**Items 21 & 22: Height (inches) /Weight (pounds)**

Height and weight should actually be measured for true and accurate recording. Height and weight values should be rounded off to the nearest full number.

**Items 23 & 24: Statement Of Demonstrated Ability/SODA Serial Number**

A person who does not meet the medical standards in FAR, Part 67, but has a static defect and can demonstrate his/her ability to safely perform pilot duties can be issued a Statement of Demonstrated Ability (SODA) by the FAA to operate the aircraft with minimal or no limitations.

This SODA is a separate certificate which the applicant must bring to the exam.

See your AME Guide for more information on SODAs.

The AME is responsible for reviewing any SODA and assuring that the applicant is not issued a medical certificate that does not correspond with the SODA held by that airman. An airman who has a SODA for third-class must get a new SODA for second- or first- class. Refer to the sample SODA and code schedule in the AME Guide.

1. Note the physical defect on the SODA.
2. SODAs are valid for an indefinite period or until an adverse change occurs that worsens the condition.
3. The most frequently issued SODAs are for uncorrected distant visual acuity and color vision deficiencies.

**Items 25-48: (NOTE: These Items Must Be Examined By The AME)**

Any selection of “abnormal” on items 25-48 must result in a corresponding note in the block provided for NOTES. Should one of the items be checked “abnormal” with no description in the Notes section, you should bring it to the attention of your AME.

Every abnormality must be described in detail. The AME should comment on Item 44 whenever appropriate.

If additional sheets are required, ensure that the applicant’s name, date of birth, and Social Security Number (optional) are included. Staple the extra pages to the FAA copy of the application and mail it to the Aerospace Medical Certification Division.

Pelvic and breast exams are not required.

NOTE: AMEs may test applicants at the highest class standards they are allowed to issue in the event the applicant requests an upgrade of the airman medical certificate.

**Item 49: Hearing**

The conversational voice test is presently the standard of measurement for hearing. This requires that the applicant be able to hear the AME speaking from a distance of six feet using both ears.

At the discretion of the AME, an applicant may be given an audiometric evaluation instead of the voice test. In addition, a speech discrimination evaluation could also be done.

If an applicant wears a hearing aid and can pass the test without the aids, no comment needs to be made other than noting it in Item 60.

A SODA application is appropriate if the applicant does not meet the standards without the hearing aid. In this case, a certificate may be issued by the Aerospace Medical Certification Division with the limitation “Not valid for flying where radio use is required,” until such SODA testing can be accomplished.

The applicant must provide an audiometric evaluation with speech discrimination and threshold levels to apply for a SODA.

**Item 50: Distant Vision**

Applicants for First and Second Class examinations must have corrected Distant Visual Acuity (DVA) of 20/20. Applicants for Third Class must correct to 20/40.

Monocular pilots may qualify for a SODA of any class certificate, based on a medical flight test, if the good eye has no pathology, corrects to 20/20, and has no greater refractive error than + or – 3.50 diopters.

An applicant who has been treated by refractive surgery may be issued a medical certificate by the examiner if the applicant meets the acuity standards and the Report of Eye Evaluation indicates that healing is complete, visual acuity remains stable, and the applicant does not suffer from significant glare intolerance. This state of recovery is usually reached within 6–12 weeks after surgery. The examiner may defer issuance and forward the Ophthalmology Report and FAA Form 8500-8 to the Aerospace Medical Certification Division.

**Item 51a: Near Vision**

Applicants for all classes of medical certificates must have near vision acuity of at least 20/40 (uncorrected or corrected).

**Item 51b: Intermediate Vision – 32 Inches**

Applicants 50 years old and older seeking First and Second Class Medical Certificates must have intermediate vision acuity of at least 20/40 (uncorrected or corrected) at 32 inches. There is no intermediate vision requirement for Third Class Medical Certificates.

**Item 52: Color Vision**

Refer to the AME Guide for current color vision standards.

Please note that if the applicant passes the physical in all other respects except color vision, the AME may issue the certificate with the limitation “Not valid for night flight or by color signal control,” as stated on page 82 of the AME Guide. X-Chrom lenses are not acceptable.

Note: Color vision. Check “Pass” or “Fail.” “Pass” is the proper response if the color vision is sufficient for the class of certificate requested.

**Item 53: Field of Vision**

For instructions on examination procedures refer to the AME Guide.

Only “normal” or “abnormal” should be checked.

**Item 54: Heterophoria 20’ (in prism diopters)**

A Phoria test is recommended for all classes of Medical Certificates. Even though the Phoria test is not required for Third Class it would allow the applicant to upgrade to a higher class if desired.

If an airman fails the Phoria test, the AME can still issue a certificate for any class, however, FAA personnel may require the applicant to take an eye exam by an eye specialist.

The concern here is diplopia and confusion of visual cues while performing pilot duties.

**Item 55: Blood Pressure**

Certain medications are acceptable by the FAA for control of hypertension. Refer to your AME Guide for acceptable medications. If blood pressure is controlled by medications, reports are required.

The concern of hypertension is cardiovascular disease or cerebrovascular events that may cause sudden incapacitation.

The AME Guide specifies that an applicant should not be issued a medical certificate if the recumbent Blood Pressure exceeds 155/95.

**Item 56: Pulse (resting)**

This refers to the resting pulse only. If the applicant is an athlete with very slow pulse, please comment in Item 60. Also note any irregularity of pulse.

**Item 57: Urinalysis**

The FAA only requires testing urine for the presence of albumin (protein) and sugar. If either is present, the “abnormal” box should be marked and the values recorded. In the absence of evidence of renal disease, a trace, or 1+ albumin in a urine test is of no concern and does not require further evaluation. A 2+ to 4+ albumin will require a Urology or Nephrology evaluation. If there is a trace of sugar, the test must be repeated, and a Medical Certificate may be issued if the follow-up is negative.

Any positive test for Glucose requires further evaluation.

**Item 58: ECG**

FAR, Part 67 states that the first-class airman’s ECG shall show an absence of Myocardial Infarction.

If other abnormalities are noted (e.g. Arrhythmia, conduction defects, etc.) an evaluation will be required before determination can be made of the airman’s eligibility.

ECG transmission is required for First Class only. The first ECG is required at age 35, then annually at age 40 and thereafter.

Since this is only required annually, at the time of the second exam that year, the date of the transmitted ECG should be entered.

ECGs transmitted from locations other than the AME’s office (Cardiologist, hospital, Air Carrier Medical Department, etc.) should be indicated by the AME in Item 60 and, when possible, the date recorded in Item 58.

**Item 59: Other Tests Given**

There are no other tests routinely required for pilot applicants.

**Item 60: Comments on History and Findings**

For any “yes” answer on Item 18, Medical History, the AME must make a comment in Item 60. This Item should also contain comments for all abnormal findings of the exam. If “yes” is checked and “no change” is indicated, question the applicant about it and make comment in this Item. Sometimes an applicant will incorrectly indicate “no change” on a first exam. Watch for this.

The AME may comment on any concerns about the applicant’s behavior, unusual findings, unreported history, and other information thought pertinent to aviation safety. The AME MUST check the appropriate box at the bottom of Item 60.

**Item 61: Applicant’s Name**

The applicant’s name must be typed because the forms may be photo copied during processing. Should the back of the form be separated from the front, it cannot be identified without the name typed on it. This does not need to be done on the hard copy if the information is provided electronically and transmitted to the AMCD via the Internet.

**Item 62: Has Been Issued**

1. Medical Certificate: The Medical Certificate is the white copy. The Medical & Student Pilot Certificate is the yellow copy.
2. No Certificate Issued: This block should be used on all deferrals where further evaluation is necessary.

3. Has Been Denied: This block should only be used by the AME when a numerical standard (such as vision or blood pressure) is not met or when one of the ten specifically disqualifying conditions exists.

The AME may issue a Letter of Denial for any of the specifically disqualifying conditions in the Guide for Aviation Medical Examiners.

**Item 63: Disqualifying Defects**

When the AME defers an application it is helpful if the condition for which the certificate is being deferred is indicated by Item Number. This should be provided on the electronically transmitted form.

**Item 64: Medical Examiner's Declaration**

The AME is ultimately responsible for the entire examination, including the typing. This item states "I hereby certify that I have personally reviewed the medical history and personally examined the applicant."

This item also includes the date of the examination. This is the official date for certification purposes which will appear on the certificate. Also, be sure the Aviation Medical Examiner's name, address, and zip code are included.

NOTE: All of this information should be typed or stamped on any form not transmitted to the AMCD electronically. It is not required if the information is transmitted electronically.

If you are not sending the application to the AMCD electronically for any reason, the Aviation Medical Examiner's signature must be on the form. The AME must sign it in ink. Also, check to see that the AME's serial number and telephone number are on the form. The telephone number should include the area code and should be typed. This is not required if the information is sent electronically via the Internet.

**RESPONSE ITEM:**

The back of the FAA Form 8500-8 is completed by the

- A. Applicant.
- B. AME & Staff.
- C. Regional Flight Surgeon.
- D. Aerospace Medical Certification Division.

**RESPONSE ITEM:**

A person who does not meet the standards of FAR, Part 67 that has a static physical defect and can demonstrate the ability to safely perform pilot duties

- A. May be issued a waiver by the AME.
- B. Should be issued a SODA to operate aircraft.

- C. Can be issued a SODA by the FAA to operate aircraft with little or no limitations.
- D. May not be certified.

RESPONSE ITEM:

The standards for hearing on an aviation medical examination are

- A. Whispered voice.
- B. Conversational voice.
- C. 10 feet in each ear for second-class.
- D. 20 feet in each ear for second-class.

RESPONSE ITEM:

Which is TRUE for monocular applicants?

- A. May not be certified
- B. May be certified, following appropriate flight testing, for any class.
- C. May be certified, following appropriate flight testing, for third-class only.
- D. May be certified, following appropriate flight testing, for second- or third-class only.

RESPONSE ITEM:

Which is a FALSE statement?

- A. X-Chrom lenses are not acceptable.
- B. An applicant who fails the initial color vision test may request a signal light test for a SODA.
- C. An applicant who fails the initial color vision test and an alternate color vision test must pass a signal light test to receive a SODA for any class of certificate.
- D. An applicant who passes in all other respects except color vision may be certified without limitation.

RESPONSE ITEM:

Which statement is TRUE?

- A. Phoria tests are required for all classes of medical certificates.
- B. If an applicant fails a Phoria test, the AME can still issue a third class certificate.
- C. There are no medications acceptable for certification of applicants with hypertension.
- D. Any indication of albumin in a urine test will require a urology or nephrology evaluation.

RESPONSE ITEM:

An ECG is required for

- A. All classes of certificates at age 35.
- B. All classes of certificates at age 40.
- C. First-class certificates at age 40 and annually thereafter.
- D. First-class certificates at age 35 and annually at age 40 and after.

RESPONSE ITEM

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

RESPONSE ITEM:

The AME Guide specifies that an applicant should not be issued a medical certificate if the recumbent blood pressure exceeds

- A. 145/85.
- B. 150/90.
- C. 155/95.
- D. 160/90.

ANSWERS TO RESPONSE ITEMS

RESPONSE ITEM:

The back of the FAA Form 8500-8 is completed by the

B. AME & Staff.

RESPONSE ITEM:

A person who does not meet the standards of FAR, Part 67 that has a static physical defect and can demonstrate the ability to safely perform pilot duties

C. Can be issued a SODA by the FAA to operate aircraft with little or no limitations.

RESPONSE ITEM:

The standards for hearing on an aviation medical examination are

B. Conversational voice.

RESPONSE ITEM:

Which is true for monocular applicants?

B. May be certified, following appropriate flight testing, for any class.

RESPONSE ITEM:

Which is a FALSE statement?

D. An applicant who passes in all other respects except color vision may be certified without limitation.

RESPONSE ITEM:

Which statement is TRUE?

B. If an applicant fails a Phoria test, the AME can still issue a third-class certificate.

RESPONSE ITEM:

An ECG is required for

D. First-class certificates at age 35 and annually at age 40 and after.

RESPONSE ITEM



Who is ultimately responsible for completion of the entire aviation medical application including the typing?

A. The AME

**RESPONSE ITEM:**

The AME Guide specifies that an applicant should not be issued a medical certificate if the recumbent blood pressure exceeds

C. 155/95.

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## **V. AFTER THE FAA FORM 8500-8 IS COMPLETE**

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Medical Certificates: After you have reviewed the form, ascertained its completeness and correctness, and it has been approved by the AME, you are ready to issue the certificate.

First, go to Item 1 on the front of the form and determine which box the applicant checked. The first box is for the white medical certificate, which gives nothing more than medical clearance based on meeting the standards for the class applied for.

The applicant can be any age, speak any language, and does not have to be able to read to qualify for this certificate.

The second box is for an airman medical certificate and a student pilot certificate. It is conveniently packaged by the FAA into one piece of paper. To qualify for this certificate, the applicant must meet the standards for at least a Third-Class Medical Certificate, be able to speak, read, and understand the English language, and be at least 16 years of age.

The difference between the two certificates is basically the requirements of the student pilot certificate. If the applicant is unable to meet the criteria for the student pilot certificate portion, the AME is only allowed to issue the white medical clearance.

If the applicant is 15 years and 11 months old and wants to solo on his/her 16th birthday, the AME may issue the combined certificate with the limitation "Not Valid as Student Pilot Certificate until (date of 16th birthday)."

If the applicant cannot speak English well enough for the AME to understand, only the white medical certificate should be issued. The Student Pilot Certificate portion may be issued by the Flight Standards District Office.

If the applicant holds a SODA, note the class of certificate for which it was issued and make sure that the medical certificate is not issued for a higher class.

When you know which type certificate to issue, proceed with preparation of the certificate.

Medical certificates must be typed. No White-Out is allowed. With correctable typewriters, it is acceptable to retype a few characters so long as the copy sent to the Aerospace Medical Certification Division is totally legible.

Before typing, ensure that the medical certificate is placed on the FAA Form 8500-8 over the gray area so that it will print through onto the form. In lieu of this you may type the information from the medical certificate directly onto the form but check that the information is the same on both the form and the certificate.

Spell out the class of certificate issued. **DO NOT USE ROMAN NUMERALS** because it is easy to alter the class.

Correct limitations must be typed. Visual limitations are in the AME Guide.

If the certificate is not issued, it does not need to be completed, but must be re-attached to the FAA Form 8500-8 and mailed to the Aerospace Medical Certification Division. Be sure the appropriate block is checked in Item 62 on the reverse side of the form.

The FF# is for combination medical and student pilot certificates only. Don't worry if it doesn't show through on the white certificate.

When a new certificate needs to be made because of typing errors, you may use Form 8500-9 (white certificate) or FAA Form 8420-2 (yellow certificate), but remember to attach a copy to the exam form. Staple the good copy to the gray area.

**DO NOT REISSUE A MEDICAL CERTIFICATE TO AN AIRMAN AFTER 30 DAYS HAS LAPSED SINCE THE EXAMINATION. THE AEROSPACE MEDICAL CERTIFICATION DIVISION MUST REISSUE BEYOND 30 DAYS. ON THE FAA FORM 8420.2, IT IS ABSOLUTELY NECESSARY THAT THE FF# FROM THE EXAM FORM BE TYPED ON THE NEW COMBINATION (REPLACEMENT) CERTIFICATE IN THE SPACE PROVIDED.**

The official file copy of the Form 8500-8 is the FAA copy. The AME's copy is a working file copy only.

Make a copy of the FAA copy of the Form 8500-8 for the AME and keep it in a separate file for performance evaluation reference. You may issue a copy to an applicant who requests it, but they should be advised that any official copy must come from the Aerospace Medical Certification Division in Oklahoma City. (Change 03/24/98)

**REMINDER: APPLICATIONS SHOULD NOT BE HELD IN YOUR OFFICE LONGER THAN 10 WORKING DAYS AFTER THE EXAMINATION. INFORM THE AIRMAN THAT DELAYS WILL OCCUR IF THE APPLICATION IS FORWARDED TO THE AEROSPACE MEDICAL CERTIFICATION DIVISION WITHOUT SUPPORTING DOCUMENTATION.**

RESPONSE ITEM:

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. You may use a correcting typewriter to prepare the form.

RESPONSE ITEM:

To qualify for an Airman Medical Certificate and Student Pilot Certificate, the applicant must meet the standards of at least a Third Class Medical Certificate and

- A. Be at least 18 years old.
- B. Meet the standards for first-class certification on first application.
- C. Be able to speak, read, and understand the English language and be at least 16 years of age.
- D. Can be any age, speak any language, and does not have to be able to read.

PRACTICE EXERCISE

Refer to Appendix VI, FAA Form 8500-8 With Errors. Study the completed FAA Form 8500-8 and see how many errors you can identify. Compare your responses to the Answer Key on the next page.

## ANSWERS TO RESPONSE ITEMS

### RESPONSE ITEM:

Which item is FALSE concerning medical certificates?

C. Roman numerals may be used to indicate the class of certificate.

### RESPONSE ITEM:

To qualify for an airman medical certificate and student pilot certificate, the applicant must meet the standards of at least a third-class medical certificate and

C. Be able to speak, read, and understand the English language and be at least 16 years of age.

## ANSWER KEY FOR PRACTICE EXERCISE

You should have identified the following items on the 8500-8 Practice Form as incorrect. A brief explanation is provided for each error.

- #3 Initial used for middle name. The applicant's last, first, and middle names should be printed.
- #7 Color of hair must be spelled out (ex. brown).
- #8 Color of eyes must be spelled out (ex. blue).
- #17 Did not provide dosage and frequency information.
- #18f. Conflicts with Asthma as indicated in Item #17.
- #19 Failed to provide explanation for visit to health professional within the last 3 years.
- #21 Height information is not provided.
- #22 Weight information is not provided.
- #57 Stated that urinalysis is abnormal but Albumin and Sugar information not provided.
- #60 If an applicant has any condition marked "yes" in blocks 17, 18, or 19, or if there are abnormal findings during the physical, an explanation must be provided in Item 60.
- #61 Applicant's name is not provided (must be typed).
- #62 Incorrect for 2 reasons:
  - 1. Applicant did not apply for Medical & Student Pilot Certificate.
  - 2. The applicant's Distant Vision did not correct to minimum requirements (Item 50)
- #63 Distant Vision in right eye (Item 50) does not correct to standards.
- #64 Complete information concerning the AME is not provided (AMEs name and complete address must be typed).

Review the appropriate sections of this training program and/or the AME Guide if you did not identify the items above or if you identified items not indicated above.

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**VI. SECURITY OF THE FAA CERTIFICATION SYSTEM AND FAA FORM 8500-8**

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Most applicants are honest, responsible citizens, but a few are not. Thus, it is essential that both the yellow and white certificates are removed from the FAA Form 8500-8 before providing it to the applicant for completion.

The form is the property of the FAA and once begun, must be mailed to the Aerospace Medical Certification Division in Oklahoma City, regardless of the type or class of certificate applied for, even if the applicant decides to discontinue the application. The Federal Air Surgeon recommends sending the forms to Oklahoma City in daily or weekly batches. The FAA 8500-8 forms should never be held by the AME for more than two weeks.

FAA Form 8500-8 is a controlled document. The serial number is used to track each form from the time it is issued to the AME until it is completed and returned to the Aerospace Medical Certification Division in Oklahoma City or the Regional Flight Surgeon's Office. This is to ensure that they can be traced in case of fraud, theft, or misuse. It is essential that forms be maintained and used only by the AME to whom they are assigned. They are NOT to be taken out of your office. You may NOT let the airman take the form home to complete the front side. You may NOT borrow forms from nor loan forms to another AME.

If an applicant brings in a form, try to find out where the form came from and call your Regional Flight Surgeon's office or the Aerospace Medical Certification Division.

While in your office, and during the completion of the form, the applicant's behavior should be observed. Any indication that this is not the person he/she claims to be, or that the applicant is not completing the form honestly, should be noted and reported to your AME. For example: If the applicant leaves the office during the completion of the front of the form, it could be that the person is filling out the form for someone else and is getting information from them in order to complete the form.

Also, an applicant might behave differently in your presence than in the presence of the AME because such behavior would cause the AME to question the accuracy of the information provided during the exam. The smell of alcohol on the applicant's breath, or your observation of repeated use of breath spray while filling out the form, should be reported to the AME. This could be an indication of a substance abuse problem, which the AME might otherwise not detect.

Insure that the applicant has read the information on both sides of the instruction sheet and is aware of the National Driver Registry, falsification information, and Privacy Act statement prior to starting to fill out the form. Go over the instructions with the applicant to see if there are any questions.

If the applicant is a patient of the AME and there appears to be a falsification, review the patient record to verify your suspicions, then refuse To be a part of the falsification.

The FAA queries the National Driver Registry (NDR) for every applicant. This national registry contains reports of all convictions for alcohol-related driving offenses. If an NDR query turns up a conviction that the applicant has failed to report on his/her application, the Security Division of the FAA will consider this a falsification.

FAR 61.15 also requires all airmen to report all drug- or alcohol-related driving convictions to the FAA within 60 days of the conviction. Failure to do so could result in suspension or revocation of any pilot certificates the airman holds.

If a single DUI is reported, the AME should determine if there is an alcohol problem. Two DUIs in four years, or three in a lifetime, is considered a problem and the decision to issue a certificate should be deferred to Oklahoma City.

The date of certification and the date the applicant filled out the form may not be the same. This can occur when there is an interruption during the examination, such as an emergency for the physician, resulting in a delay between the time the applicant filled out the form and the time the examination was actually completed. The date on the medical certificate should be the date from Item 64.

The front page of the form informs the applicant that some of the information contained in the application may be used for compiling statistical data. All other information is protected under the Privacy Act. It also informs the applicant that, except for the Social Security Number, submission of all other information is mandatory. Although providing the Social Security Number is voluntary, its use helps to identify the applicant's current and future applications and any other information submitted for the airman's file. This page also informs the applicant of the requirement to sign the application. The signature gives written consent for the FAA to access the National Drivers Record for search of any DUI/DWI convictions and to match that information with the information provided on the application.

If the applicant fails to provide truthful and accurate information, action may be taken against any certificate the applicant holds due to falsification of the information on the application. This is an action taken by the FAA's Legal Counsel.

Falsification can also lead to action by the Justice Department and can include a fine up to \$250,000.00, 5 years in prison, or both.

The back of the front page of the application (FAA Form 8500-8) has instructions for the applicant to follow when filling it out. There is a warning against falsification at the top of the instruction sheet. The instructions are very clear and provide some specific responses allowed for certain questions, such as: color of hair, color of eyes, etc.

It is extremely important that proper security procedures be established and followed to protect FAA Form 8500-8 from fraudulent use. Your efforts and alertness can prevent theft and misuse of the form.

In the event the AME resigns or retires, all unused forms should be returned to the Aerospace Medical Certification Division. If the AME's designation can be moved to another address (this is determined by the Regional AME Program Analyst) the remaining forms can be moved to the new location.

RESPONSE ITEM:

Which of the following is INCORRECT concerning FAA Form 8500-8?

- A. They are recorded by serial numbers issued to the AME and may not be taken out of the AMEs office.
- B. All information on the form is mandatory.
- C. There is a warning against falsification at the top of the instruction sheet.
- D. It is the property of the FAA and should be returned to the Aerospace Medical Certification Division in Oklahoma City or the Regional Flight Surgeon.



ANSWER TO RESPONSE ITEM

RESPONSE ITEM:

Which of the following is incorrect concerning FAA Form 8500-8?

B. All information on the form is mandatory.

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## VII. MEDICAL CURRICULUM DEVELOPERS

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### **Henry K. Boren, D.O., M.P.H.**

Dr. Boren is the manager of the Medical Review Branch and has been a Medical Officer in Aviation Medicine with the FAA's Aerospace Medical Certification Division since 1989. Dr. Boren graduated from Oklahoma State University College of Osteopathic Medicine, Tulsa, OK in 1982. Prior to coming to the Civil Aerospace Medical Institute, he was a flight surgeon in the U.S. Air Force. After leaving active duty, he served as flight surgeon for the Oklahoma Air National Guard from 1989 to 1993, and then resumed the position in 1998 until the present. Dr. Boren's over 13 years in aerospace medicine and his experience as an FAA medical officer was an immeasurable benefit in the creation of the Multimedia AME Refresher Course. In addition, Dr. Boren has been instrumental in the development of FAA's Aviation Medical Examiner's Theme Seminar, Medical Certification Standards and Procedures Computer Based Instruction, the Legal Instruments Examiners' seminar, and the Medical Aspects of Aircraft Accident Investigation seminar.

Dr. Boren has served for 9 years on the Aerospace Medical Education Working Group, a Curriculum Advisory Committee reporting to the Federal Air Surgeon. He is a member of the American Osteopathic Association, American Osteopathic College of Preventive Medicine, and is Board-certified in Preventive/Aerospace Medicine.

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Author Disclosure: According to AAFP policy, authors must disclose all associations with proprietary entities that may have a direct relationship to the subject matter of their manuscript. Henry K. Boren, D.O. has returned a disclosure form indicating that he has no financial interest in any product, service or company discussed in this course.

### **Stephen Lewis Carpenter, M.D.**

Dr. Carpenter, a Medical Officer in Aviation Medicine with the FAA's Aerospace Medical Certification Division since 1990, is the manager of the Special Issuance Branch. Dr. Carpenter graduated from the University of Oklahoma School of Medicine, Norman, Oklahoma in 1977. Prior to coming to the Civil Aerospace Medical Institute, he was in private practice from 1984 through 1990, and with the United States Public Health Service from 1980-1984. He has been a flight surgeon for the Oklahoma National Guard since 1988. Dr. Carpenter has served as panel physician for Burlington Northern Railroad, Mobil Oil Company, Texaco Oil Company, and employee physician for the City of Ada. He was awarded a Fellow of the American Board of Family Practice, and USPHS Achievement Medal.

Dr. Carpenter has been instrumental in the development of FAA's Aviation Medical Examiner's Theme Seminar, Medical Certification Standards and Procedures Computer Based Instruction, the Legal Instruments Examiners' seminar, and the Medical Aspects of Aircraft Accident Investigation seminar.

Dr. Carpenter is a member of the American Academy of Family Physicians, Oklahoma Academy of Family Physicians, Civil Aerospace Medical Association, Aerospace Medical Association, Ada Aviation Association, Experimental Aircraft Association, International Aerobatics Club, and the Aircraft Owners and Pilots Association.

Author Disclosure: According to AAFP policy, authors must disclose all associations with proprietary entities that may have a direct relationship to the subject matter of their manuscript. Stephen L. Carpenter, M.D. has returned a disclosure form indicating that he has no financial interest in any product, service or company discussed in this course.

**Douglas R. Burnett, M.Ed.**

Mr. Burnett serves the FAA as Manager of the Medical Examiner Programs and is an Instructional Systems Developer. Prior to that he has Training Manager for Macklanburg Duncan Company of Oklahoma City and Corporate Training Manager for Technical Oil Tool Corporation of Norman, Oklahoma. He has served as Adjunct Professor for the University of Oklahoma's Office of Continuing Education for more than 10 years.

Mr. Burnett attended Oklahoma State University Technical Institute and received an Associates degree in Electronics. He received a Bachelor of Science degree in 1967 from Central State University, Edmond, Oklahoma and a Masters Of Education Degree in 1993 from the University of Oklahoma, Norman Oklahoma.

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**Phillip M. Bromley**

Mr. Bromley serves the FAA as an Instructional Systems Specialist at the Civil Aerospace Medical Institute. Mr. Bromley has been instrumental in development and delivery of all Aviation Medical Examiner training. Prior to this he was employed as a Training Instructor and Education Specialist by Oklahoma University at the FAA Air Traffic Control Academy. He retired from the U.S. Air Force as the Communications Command Air Traffic Control Occupational Account Code (272x0) Functional Manager.

Mr. Bromley attended Southern Illinois University and in 1987 received a Bachelor of Science degree in Education.

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Author Disclosure: According to AAFP policy, authors must disclose all associations with proprietary entities that may have a direct relationship to the subject matter of their manuscript. Phillip M. Bromley has returned a disclosure form indicating that he has no financial interest in any product, service or company discussed in this course.