

# FEDERAL AVIATION ADMINISTRATION (FAA)

# MEDXPRESS USER GUIDE

Federal Aviation Administration		Log In   Contact Us
	Account	Help
FAA MEDXPRESS		
Release v.3.0.1.0		
The FAA MedXPress system allows anyone requesting an FAA Medical Clearan MedXPress is available to your FAA-designated Aviation Medical Examiner (AM		l Certificate to electronically complete an application. Information entered into w at the time of your medical examination.
NOTE: A medical examination by an AME is required to complete the medica	l clearance/c	ertification process.

September 2016

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## **1 INTRODUCTION**

FAA MedXPress is managed by the Office of Aerospace Medicine (OAM) inside the FAA's Civil Aerospace Medical Institute (CAMI). OAM/CAMI is responsible for a broad range of medical programs and services both the domestic and international aviation communities. Services provided by the OAM/CAMI include:

- Medical clearance of air traffic control specialist and other FAA employees required tomeet medical standards to perform safety-sensitive duties
- Pilot medical certification.

As such, OAM/CAMI has the responsibility for collecting and maintaining any information related to the medical conditions of pilots and certain covered positions within the FAA.

All airmen, air traffic controllers (ATCs) and certain other designated FAA employees are required to have FAA Medical Certificates or Clearance. The process of applying for an FAA Medical Certificate, Student Pilot Medical Certificate, or Clearance requires completion of the OMB-approved, FAA Medical History Form 8500-8, and performance of a medical examination of the applicant by an FAA-designated Aviation Medical Examiner (AME). The AME is a private physician who is approved by the FAA to perform this function.

FAA MedXPress allows applicants to complete and submit their FAA Form 8500-8 on-line. FAA MedXPress securely transmits the completed form and makes it available to a designated AME to review at the time of the applicant's medical examination.

## **1.1 The Medical Certification Process at a Glance**

- 1. Connect to MedXPress at https://medxpress.faa.gov
- 2. Request an account or login using your existing account
- 3. Enter medical application data on the FAA 8500-8
- 4. Submit your application
- 5. Print the summary sheet
- 6. Give summary sheet with confirmation number to your AME

## 2 REQUEST AN ACCOUNT

The first step in gaining access to the electronic medical form is to create a MedXPress account. From the FAA MedXPress Login page, click the **Request an Account** button to go to the Request an Account Screen.

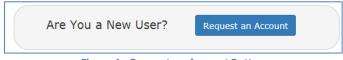


Figure 1 - Request an Account Button

Alternatively, you can click **Account / Request an Account** from the Menu Bar on the FAA MedXPress Login Screen. This will also go to the Request an Account Screen.

Account	Help	
Request an	Account	Ju
Forgot Pase	sword	

Figure 2 - Request an Account Submenu

### 2.1 Request an Account Form

On the Request an Account Screen, you will be presented with a Request an Account Form. Complete the Form to request an FAA MedXPress account. An email containing your initial password and instructions for completing the Account Request process will be sent to the email address provided.

Complete the following steps to request an FAA MedXPress Account:

- 1. Enter your Last, First, and Middle Name, or initial, if applicable.
- 2. Enter and confirm your email address. Take care to ensure the email address entered is accurate, as the password you will need to access the FAA MedXPress application will be emailed to you.
- 3. Select three security questions and enter an answer for each (you will be able to change the answers at any time). Select questions and answers that you will readily remember. You will be required to provide the correct responses to these questions should you ever need to make inquiries related to your FAA MedXPress account.

Requ	est Ar	n Account				
complet	ing the A	ccount Request proc			aining your initial p	assword and instructions fo
*Indicate	es Requi	ired field				
*Last Nan	ne:	Last Name	*First Name:	First Name	Middle Name:	Middle Name
Email Ado	dress:	Email Address	*Con	firm Email Address:	Confirm Email /	Address
Security	Questio	ns				
*1:	Sele	ct one question	Answer 1:	Answer 1		
*2:	Sele	ct one question	Answer 2:	Answer 2		
*3:	Folo	ct one question	Answer 3:	Answer 3		

Figure 3 - Request an Account Form

4. Read the 'Terms of Service Agreement and Privacy Statement' and, if you agree and accept the terms, check the box.



5. Click on the **Submit** button. If the account is created successfully, you will see the Account Request Result Screen.

If the email address you provided is already associated with an account, you will receive an error message indicating the account already exists. You can reset your password from the MedXPress Login Screen by clicking the 'Forgot your Password?' link.

Request An Account Please correct following error(s): · Given email address is already associated with an account. You cannot register more than one user with same email address. Figure 5 - Account Already Exists

# 2.2 Account Request Result

The Account Request Result Screen confirms your account request is received and the next steps in the process. You will be sent an email to the account provided with a temporary password and instructions on how to complete the process.

Click the **Return to Login** button to return to the MedXPress Login Screen.

Federal Aviation Administration	1	Contact Us
Account Help		
FAA MEDXPRESS Release v.3.0.0		
Your request for an FAA MedXPress account has been received. A <b>temporary</b> password and instructions for completing the Account Request process will be sent to your of If you do not receive an e-mail or if you require further assistance, please contact AVS National IT Service Email : 9-NATL-AVS-IT-ServiceDesk@faa.gov(Monitored Monday through Friday, 6 a.m. to 5 p.m., CS	e Desk	
Phone : 1-877-AVS-NSD1 or 1-877-287-6731 (Monitored 24/7) Return To Login FAA.gov   Privacy Policy   Web Policies & Notices   Site Map   Contact Us   Frequently Asked Ques	tions	Forms
Readers & Viewers: PDF Reader		

Figure 6 - Account Request Result Screen

## 2.3 Registration Confirmation

Wait a few minutes and log in to your email account. You should receive the message shown below soon after submitting your information. If you do not receive the message within a reasonable amount of time you can obtain the temporary password by contacting the AVS National IT Service Deskby email at: 9-NATL-AVS-IT-ServiceDesk@faa.gov or by phone at: 1-877-AVS-NSD1 or 1-877-287-6731.

To complete the registration process, you must return to the MedXPress site and log in using the account information provided in the email sent to you. You can return to the MedXPress site by clicking on the link provided in the email. You will be taken to the Terms of Service Agreement and Privacy Statement screen.

If the link provided in the email does not work, you can return to the MedXPress site by copying the following link and pasting it into the address bar of your browser: https://medxpress.faa.gov/medxpress/Medcert.exe/login.

Enter your email address and the password provided in the appropriate fields and click the Login button.

# FAA MedXPress

#### **Password Reset Notification**

Dear [Your Name]:

You requested an FAA MedXPress account.

FAA MedXPress allows anyone requesting an FAA Medical Clearance, Medical Certificate. or Student Pilot Medical Certificate to electronically complete an application (FAA Form 8500-8). Information entered into MedXPress is available to your FAA designated Aviation Medical Examiner (AME) for review at the time of your medical examination.

NOTE: A medical examination by an AME is required to complete the clearance/certification process.

Your MedXPress account information is:

Email- your\_email\_address@provider.com

Temporary Password- vdgB4grrv7xw

You can return to MedXPress by clicking on the link below. To complete the registration process, you must return to MedXPress and log in using the account information provided in this email. When logging in for the first time, you will be required to change your password, log out, and then log back in.

#### CLICK HERE TO COMPLETE THE REGISTRATION PROCESS

If the above link does not work, return to MedXPress by copying the following link and pasting it into the address bar of your browser. Enter your email address and password in the spaces provided, and click the login button.

#### PLEASE DO NOT RESPOND TO THIS EMAIL.

If you need further assistance, please contact the AVS National IT Service Desk:

- Email at: <u>9-NATL-AVS-IT-ServiceDesk@faa.gov</u> (Monitored Monday through Friday, 6 a.m to 5 p.m., CST)
   Phone at: 1-877-AVS-NSD1 or <u>1-877-287-6731</u> (Monitored 24/7)

Figure 7 - Sample Registration Confirmation Email

## 2.4 Terms of Service Agreement and Privacy Statement

If you have read and accept the Terms of Service Agreement and Privacy Statement, select the checkbox stating this and click on the **Submit** button. You will be taken to the Change Password Screen.

It is required that your temporary password be changed when entering the site for the first time.

Terms of Service Agreement and Privacy Statement.	-
Agreement between User and the Federal Aviation Administration (FAA)	
The FAA MedXPress website is composed of various web pages operated by the FAA.	
The FAA MedXPress website is offered to you conditioned on your acceptance without modification of the terms, conditions, and notices contained herein. Your use of the FAA MedXPress website constitutes your agreement to all such terms, conditions, and notices.	
IF YOU DO NOT AGREE TO THESE TERMS OF SERVICE, YOU MAY NOT USE THIS WEBSITE AND YOU MAY NOT REGISTER AS A USER.	
Modification of These Terms of Use	
The FAA reserves the right to change the terms, conditions, and notices under which the FAA MedXPress website is offered.	
No Unlawful or Prohibited Use	
As a condition of your use of the FAA MedXPress website, you warrant to the FAA that you will not use the FAA MedXPress website for any purpose that is unlawful or prohibited by these terms, conditions, and notices. You may not use the FAA MedXPress website in any manner which could damage, disable, overburden, or impair the FAA MedXPress website or interfere with any other party's use of the FAA MedXPress website. You may	,
I have read and accept the Terms of Service Agreement and Privacy Statement.	
Submit In, Close	
Figure 9. Terms of Complete and Drive suffections at	

Figure 8 - Terms of Services and Privacy Statement

Click **Close** to return to the MedXPress Login Screen.

## 2.5 Change Password

Enter a new password of your choice. Passwords must be 8 to 12 characters in length and include at least three of the following four character groups:

- English upper case characters (A through Z)
- English lower case characters (a through z)
- Numerals (0 through 9)
- Non-alphabetic characters (such as !, \$, #, %).

Passwords are case sensitive.

Federal Aviation Administration	Log In	Contact	Us
Account Help			
FAA MEDXPRESS Release v.3.0.0.0			
Change Password			
You have accessed the FAA MedXPress site using a temporary password. You must change your pa	ssword in	order to cont	inue.
Passwords must begin with a letter, contain between 8 and 12 characters and include at least thre groups: English upper case characters (A through Z); English lower case characters (a through z); alphabetic characters (such as !, \$, #, %). Passwords are case sensitive. Log out and log back in a password.	Numerals	(0 through 9	); Non-
Email Address			
your_email_address@provider.com			
New Password			
Password			
Confirm New Password			
Confirm Password			
Change Password			
FAA.gov   Privacy Policy   Web Policies & Notices   Site Map   Contact Us   Frequently Aske Readers & Viewers: PDF Reader	d Question	ns   Forms	

Figure 9 - Change Temporary Password Screen

Confirm the new password and click the **Change Password** button. You will be taken to the FAA MedXPress Home Page with a message stating that your password was successfully updated.

## **3 LOGIN AND APPLICATION INFORMATION**

The FAA MedXPress system allows anyone requesting an FAA Medical Clearance, Medical Certificate, or Student Pilot Medical Certificate to electronically complete an application. Information entered into MedXPress is available to your FAA-designated Aviation Medical Examiner (AME) for review at the time of your medical examination.

Log in to the MedXPress application using your confirmed email address and password.

If you do not have an account, you can Request an Account.

Federal Aviation Administration	Contact Us
	Account Help
FAA MEDXPRESS Release v.3.0.0.0	
to electronically complete an application. Info Examiner (AME) for review at the time of you	questing an FAA Medical Clearance, Medical Certificate, or Student Pilot Medical Certificate rmation entered into MedXPress is available to your FAA-designated Aviation Medical r medical examination. equired to complete the medical clearance/certification process.
Email A Pa	ddress your_email_address@provider.com ssword Forgot Your Password? Login
Are Yo	ou a New User? Request an Account
networks, and network devices, is provided for prohibited, and may result in civil and crimina transiting this system may be, for any lawful this system, you understand and consent to s	ment information system. This information system, including all related equipment, or U.S. Government-authorized use only. Unauthorized or improper use of this system is al penalties, or administrative disciplinary action. The communications and data stored or Government purpose, monitored, recorded, and subject to audit or investigation. By using such terms.
Readers & Viewers: PDF Reader	
Fi	gure 10 - MedXPress Existing User Login

## 3.1 Terms of Service Agreement and Privacy Statement

Read the Terms of Service Agreement and Privacy Statement and accept the terms by selecting the checkbox at the bottom of the screen. Click on the **Submit** button and the Login Confirmation Screen will display.

Terms of Service Agreement and Privacy Statement.
Agreement between User and the Federal Aviation Administration (FAA)
The FAA MedXPress website is composed of various web pages operated by the FAA.
The FAA MedXPress website is offered to you conditioned on your acceptance without modification of the terms, conditions, and notices contained herein. Your use of the FAA MedXPress website constitutes your agreement to all such terms, conditions, and notices.
IF YOU DO NOT AGREE TO THESE TERMS OF SERVICE, YOU MAY NOT USE THIS WEBSITE AND YOU MAY NOT REGISTER AS A USER.
Modification of These Terms of Use
The FAA reserves the right to change the terms, conditions, and notices under which the FAA MedXPress website is offered.
No Unlawful or Prohibited Use
< >>
I have read and accept the Terms of Service Agreement and Privacy Statement.
Submit In



## 3.2 Login Confirmation

The Login Confirmation Screen verifies that you are logged into MedXPress and can complete the FAA Form 8500-8. Your logged-in username will be displayed in the upper-right corner of the header along with the '<u>Contact Us</u>' and '<u>Log Out'</u> links.

Federal Aviation Administration	your_email_address@p	rovider.com	Contact Us	Log out
	Home	Form 8500-8	Account	Help
FAA MEDXPRESS				
You are currently logged into FAA MedXPress Sys	tem as your_email_address@	provider.com		
FAA.gov   Privacy Policy   Web Policies & Noti Readers & Viewers: PDF Reader	ices   Site Map   Contact Us	Frequently A	sked Questio	ns   Forms

Figure 12 - FAA MedXPress Login Confirmation Screen

## **3.3 Home**

The following options are also available in the header and menubar:

• **Home** – Returns you to the Login Confirmation Screen from anywhere within the MedXPress application



## 3.4 Accessing Form 8500-8

- (Only available after successful login) Form 8500-8 on the Menu Bar or Open Application button on the Confirmation Login Screen both navigate to the same place when clicked
   o For existing Form 8500-8, displays the 8500-8 Step-by-Step
  - When no Form 8500-8 is in progress, displays the Exam Selection Screen

#### Figure 14 - Access Complete 8500-8 Form

### 3.5 Account

- Account / My Account
  - Displays the My Account Screen where you can update your personal information, email address, password, or security answers

Home	Form 8500-8	<u>Account</u>	Help
		My Account	t
		Log out	

Figure	15 -	Account Menu
--------	------	--------------

- Account / Log Out or Log Out in the Header (Only available after successful login)
  - A message is displayed indicating you will be logged out of MedXPress. Click **OK** to log out or **Cancel** to return to MedXPress.



Figure 16 - Verify Log Out

PLEASE NOTE: Each applicant must create and use their own account. Do not enter your application information into someone else's MedXPress account.

## 3.6 Help

•

- Help / FAQ
  - Displays a list of questions and answers commonly asked about MedXPress
  - Help / Contact Us or the Contact Us link in the header
    - Displays contact information for the AVS National IT Service Desk that helps with MedXPress account-related issues, logging in, account lockout, and related
- Help / User Guide
  - Opens the MedXPress User Guide
- Help / Instructions (Only available after successful login)
  - Opens an Instruction page with detailed descriptions of the fields in the Form 8500-8 and how they should be populated

Home	Form 8500-8	Account	Help
			FAQ
			Contact Us
			User Guide
			Instructions

Figure 17 - Help Menu

## **4** ACCOUNT MAINTENANCE

If you would like to update your personal information or change your password you can select the **Account / My Account** at any time from the Menu Bar.

## 4.1 Update Account Information

To update your account information, click in the appropriate section and change the fields. You will receive this message below the screen title when information in any section is successfully changed: Account Updated Successfully.

#### Update your Personal Information

If you update your First, Middle, or Last name, the same name will be displayed on the Form 8500-8

- 1. To update your Personal Information, click the field and update to the new value. To complete the change, enter and confirm your email address.
  - 2. Click the **Submit** button.

#### Change your Password

If you change your password, you will be logged out of the application and must sign in again.

- 1. Enter your current password
- 2. Enter and confirm your new password
- 3. Click the **Submit** button.

Change your password			
Passwords must begin with a letter, contain between 8 four character groups: English upper case characters (A Numerals (0 through 9); Non-alphabetic characters (su back in after successfully changing the password.	A through Z); English low	er case characters (a th	nrough z);
Old Password: Old Password New Password:	New Password	Confirm New Password:	Confirm New Password

Figure 18 - Account Maintenance - Change your Password

#### Update your Security Question Answers

Your security question answers are used to identify you when resetting your password or contacting the Help Desk.

- 1. Enter the new security question answers in their appropriate fields
- 2. Click the Submit button

Chang	Change Answers to Security Questions				
Secu 1:	rity Questions Mother's maiden name	Security Answers Answer 1: * Galapagos			
2:	Elementarv school name	Answer 2: * Riverside			
3:	Zodiac sign	Answer 3: * Leo			
Sut	pmit				

Figure 19 - Account Maintenance - Change Answers to Security Questions

#### 4.2 Forgot Password

If you forget your password you can request a new password by clicking on **Account / Forgot Password** from the menu bar or the "Forgot Password" link on the MedXPress Login Screen.

The following steps will walk you through the process to change your password if you forgot or cannot log into MedXPress. At any time, you can click the **Cancel** button to be returned to the MedXPress Login Screen.

Step 1: Enter your email address in the box provided and click on the Next button.





Step 2: Answer the security questions in the boxes provided and click on the Next button.

ima	ili: your_email_address@provide	i.com		
ecu	urity Questions	Security Ar	swers	
:	Mother's maiden name	Answer 1:	Galapagos	
•	Elementary school name	Answer 2:	Rive	
	Zodiac sign	Answer 3:	Leo	

Figure 21 - Request to Reset Password - Security Questions

**Step 3**: Your password has been reset. A temporary password and instructions for completing the Password Reset process will be sent to your email account.



## 4.3 Password Reset Notification

Wait a few minutes and log in to your email account. You should receive the message shown below soon after submitting your password reset request. If you do not receive the message within a reasonable amount of time you can obtain the temporary password by contacting the AVS National IT Service Desk by email: 9-NATL-AVS-IT-ServiceDesk@faa.gov or by phone: 1-877-AVS-NSD1 or 1-877-287-6731.

To complete the password reset process, you must return to the MedXPress site and log in using the account information provided in the email sent to you. You can return to the MedXPress site by clicking on the link provided in the email. You will be taken to the Terms of Service Agreement and Privacy Statement screen.

If the link provided in the email does not work, you can return to MedXPress by copying the following link and pasting it into the address bar of your browser: https://medxpress.faa.gov/medxpress/Medcert.exe/login.

Enter your email address and the password provided in the appropriate fields and click the Login button. Once you have returned to the MedXPress site you will be required to change your password on login.

# FAA MedXPress

#### **Password Reset Notification**

Dear [Your Name]:

You requested an FAA MedXPress account.

FAA MedXPress allows anyone requesting an FAA Medical Clearance, Medical Certificate, or Student Pilot Medical Certificate to electronically complete an application (FAA Form 8500-8). Information entered into MedXPress is available to your FAA designated Aviation Medical Examiner (AME) for review at the time of your medical examination.

NOTE: A medical examination by an AME is required to complete the clearance/certification process.

Your MedXPress account information is:

Email- your\_email\_address@provider.com

Temporary Password- vdqB4qrrv7xw

You can return to MedXPress by clicking on the link below. To complete the registration process, you must return to MedXPress and log in using the account information provided in this email. When logging in for the first time, you will be required to change your password, log out, and then log back in.

#### CLICK HERE TO COMPLETE THE REGISTRATION PROCESS

If the above link does not work, return to MedXPress by copying the following link and pasting it into the address bar of your browser. Enter your email address and password in the spaces provided, and click the login button.

#### PLEASE DO NOT RESPOND TO THIS EMAIL.

If you need further assistance, please contact the AVS National IT Service Desk:

Email at: <u>9-NATL-AVS-IT-ServiceDesk@faa.gov</u> (Monitored Monday through Friday, 6 a.m to 5 p.m., CST)

Phone at: 1-877-AVS-NSD1 or 1-877-287-6731 (Monitored 24/7)

Figure 23 - Password Reset Notification Email

## 4.4 Session Timeout

The MedXPress times out after 20 minutes of inactivity. If a user allows MedXPress to sit idle for 20 minutes or more, the session will time out and the user will be directed back to the MedXPress login screen

On the 8500-8 screen of the MedXPress, the user will receive a warning message after 15 minutes of inactivity. If the user does not click on the **Continue** button on the session timeout warning message within five minutes of receiving the message, the session will time out. Once the session times out, any update or refresh action will send the user back to the MedXPress Login screen.

Your Session is about to Expire		
You will be logged off in 60 seconds.		
Do you wish to continue your session?		
Continue		

Figure 24 - Session Timeout Message

## 5 EXAM TYPE AND THE FORM 8500-8

The Exam Type Selection Screens display a series of questions to determine the appropriate form 8500-8 questions to display and complete for the applicable FAA Medical Clearance or Certification. Accurate responses are essential to proper routing and processing of your application.

The first question asks "Why are you applying for a Medical Certification or Clearance?". Select the response that best represents the reason for your application.

- If "Required for my employment" option is selected, Question 2 for Exam Type Selection will be presented.
- If "All Other" option is selected, the "Pilot's Bill of Rights" will be presented followed by the form 8500-8.

Accurate responses to the following question(s) will help ensure your application is routed and processed in the most efficient and timely manner.
Why are you applying for a Medical Certificate or Clearance?
<ul> <li>Required for my employment</li> <li>All Other</li> </ul>
Back Start Over Cancel Next

Figure 25 - Exam Selection Question 1

The second question asks "Who is your employer?". Select the response that best describes why you are completing the application.

- If "Nongovernment", "Contract Company to FAA/DOT", "Government Agency other than FAA/DOT" is selected, the Pilot's Bill of Rights will be displayed followed by the form 8500-8.
- If "FAA/DOT" option is selected, Question 3 will be displayed.
- If "Not yet employed by the FAA. I received a tentative offer letter from the FAA to become an Air Traffic Controller" is selected; the FAA ATC Applicant Verification Screen will be displayed.

Accurate responses to the following question(s) will help ensure your application is routed and processed in the most efficient and timely manner.
1. Why are you applying for a Medical Certificate or Clearance? Required for my employment
2. Who is your employer?
Non-government
© FAADOT
Not yet employed by the FAA. I received a Tentative Offer Letter(TOL) from the FAA to become an Air Traffic Controller
Contract Company to FAA/DOT
Government Agency other than FAA/DOT
Back Start Over Cancel Next

Figure 26 - Exam Selection Question 2

The third question asks FAA employees to select their occupation(s). Select the response that best describes why you are completing the application.

Accurate responses to the following question(s) will help ensure your application is routed and processed in the most efficient and timely manner.
1. Why are you applying for a Medical Certificate or Clearance? Required for my employment 2. Who is your employer? FAA/DOT
3. You have indicated you are an FAA/DOT employee. What is the purpose of this application?
FAA ATCS Medical Clearance Airman Medical Certificate
Arman Medical Certificate     Both
Back Start Over Cancel Next

#### Figure 27 - Exam Selection Question 3

The FAA ATC Applicant Verification is displayed to applicants getting their Medical Clearance as part of their application to become an ATC with FAA. This screen will lead to the form 8500-8 with guidance provided on the questions that are required.



## 6 STEP-BY-STEP FORM 8500-8

The Step-By-Step Form 8500-8 is a wizard-based format that breaks the form into smaller sections with the ability to save and quickly navigate through different sections.

The FAA Form 8500-8 is broken down into the following sections

- General (Items 1 2)
- Demographics (Items 3 9)
- Prior Certification (Items 10 16)
- Medication (Items 17)
- Medical History (Exam Items 18 19)
- Declarations and Submissions (Item 20)

1 General	2 Demographics	3 Prior Certification	4 Medication	5 Medical History	6 Declarations and Submissions	
		Figure 29	– Step-By-Step Se	ections		

To navigate between sections, use the navigation buttons below the screen in each section

NAVIGATION	DESCRIPTION		
Save and Complete	Validates the on-screen fields		
Later	<ul> <li>Saves the form, if no validation errors are found</li> </ul>		
	<ul> <li>Displays validation failures, if found (does not save the current content)</li> </ul>		
Cancel My Application	Cancelling an application is the same as deleting the application, all data previously entered is lost. There is no way to retrieve this information once you cancel		
Check for Errors	Performs a validation check on the form fields		
	<ul> <li>Displays validation failures, if applicable</li> </ul>		
Next	Validates the current section fields		
	<ul> <li>Saves the form, if no validation errors are found and moves to the next form</li> </ul>		
	section		
	o If validation errors found, displays them to the user (does not navigate to the		
	next section)		
Previous	Validates the current section fields		
	<ul> <li>If no validation errors are found, moves to the previous form section</li> </ul>		
	<ul> <li>If validation errors found, displays them to the user (does not navigate to the</li> </ul>		
	previous section)		

Previous	Save And Complete Later	Cancel My Application	Check For Errors	Next

Figure 30 – Navigation Options

## 6.1 Pilot's Bill of Rights

You will be required to read and accept the Pilot's Bill of Rights Notification before being allowed to proceed to the Form 8500-8 data entry screen.

Read the Pilot's Bill or Rights Notification and accept by selecting the checkbox at the bottom of the screen. Click on the **Submit** button and the Step-By-Step Form 8500-8 will display. Click **Back** to return to the Exam Type Selection screen.

PILOT'S BILL	OF RIGHTS WRITTEN NOTIFICATION	

The information you submit on the FAA Form 8500-8 Application for an Airman Medical Certificate will be used by the Administrator of the Federal Aviation Administration as part of the basis for issuing an airman medical certificate to you under Title 49, United States Code (USC) section 44703(a), if the Administrator finds, after investigation, that you are qualified for, and physically able to perform the duties related to the certificate for which you are applying. Therefore, in accordance with the Pilot's Bill of Rights, Public Law 112-153, the Administrator is providing you with the applicable written notifications related to this investigation of your qualifications for an airman medical certificate:

- The nature of the Administrator's investigation, which is precipitated by your submission of this application, is to determine whether you meet the medical standards for airman medical certification under Title 14, Code of Federal Regulations (CFR) part 67.
- Any response to an inquiry by a representative of the Administrator by you in connection with this investigation of your qualifications for an airman
  medical certificate may be used as evidence against you.
- · A copy of the releasable portions of your airman medical file is available to you upon your written request addressed to:

Federal Aviation Administration

Aerospace Medical Certification Division

Medical Records Department, AAM-331

~

I have read and accept the Pilot Bill of Rights Agreement and Privacy Statement.



Figure 31 - Pilot's Bill of Rights

## 6.2 General Section (Items 1 and 2)

This section contains Items 1 and 2 related to the type and class of certificate. NOTE: These Items are not required for FAA ATC Applicants and Incumbents.

FAA MEDXPRE	SS				
Release v.3.0.0.0					
1 General 2	Demographics	3 Prior Certification	4 Medication	5 Medical History	6 Declarations and Submissions
General					*Indicates Required field
* 1. Application For: (	Airman Medical (	Cert. 💿 Airman Medical	& Student Pilot Cert.		
* 2. Class of Medical (	Cert: 🖲 1st 🔘 2n	d 🔘 3rd			
Save And Complete Later	Cancel My Applica	tion Check For Erro	ors Next		
		Figure 3	2 – General		

**6.2.1 General Section (Items 1 and 2)** For FAA ATC Applicants and Incumbents this section (Items 1 and 2) would appear as in the screen shot below. They will be required to provide the Applicant ID the very first time and on subsequent visit the Applicant Id will be pre-filled.

FAA MEDXPRESS
Release v.3.0.1.0
1 General 2 Demographics 3 Prior Certification 4 Medication 6 Medical History 6 Declarations and Submissions
General
*Indicates Required field
Exam type selected: Air Traffic Controller - FAA employee (must have written authorization for this examination)
Applicant ID:* This is the Personal ID number you received from your Servicing Medical Office.
Based on your previous responses on this application, Questions 1 and 2 are not applicable. Please click ne
1. Application For: O Airman Medical Cert. O Airman Medical & Student Pilot Cert.
2. Class of Medical Cert: O 1st O 2nd O 3rd
Save And Complete Later Cancel My Application Check For Errors Next
Figure 32.1 – General

## 6.3 **Demographics (Items 3 - 9)**

The demographics section contains Items 3 – 9 and contains your name, SSN, address/phone number, date of birth, and identifying characteristics. Note that your last, first, and middle name is populated exactly as it appears in the **Account / My Account** screen and can't be edited here.

*3.Last Name:	Doe	* First Name:	John	Middle Name:		5	Suffix Select
*4.SSN:	SSN	International/I	Declined to Submit (An SSI	N will be generated	by the system)		
*5.Address:	Address	Telephone:	Non-Numeric	City:* City		State:* S	elect State 🗸
		Country:*	Select Country	Zip Code:* Zip Co	de		
6. Date of Birth:*	Date of Birth	7.Hair Color:*	Select Hair Color 🔽 8.Eye	Color: * Select Eye	e Color 💙 9.Sex:*	⊖ Male ⊂	Female
Citizenship:*	Select Country						

Figure 33 – Demographics

**6.4 Prior Certification (Items 10 - 16)** This section contains Items 10 - 16. These include any airman certificates you hold, occupation/employer, reporting of FAA Med Cert suspense/revocation/denial, and total pilot time (in hours).

FAA MEDXPRESS Release v.3.0.0
1 General 2 Demographics 3 Prior Certification 4 Medication 6 Medical History 6 Declarations and Submissions
Prior Certification
*Indicates Required field
10.Type of Airman Certificate(s) You Hold: *
□ None □ ATC Specialist □ Flight Instructor □ Recreational
Airline Transport     Flight Engineer     Private     Other     Other       Commercial     Flight Navigator     Student
11.Occupation: Occupation 12.Employer: Employer
13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? 🔿 Yes 🔗 No
If yes, give date: Date Denied-Suspende
14. To Date: To Date 15. Past 6 Months: Past 6 Months 16. Date of Last FAA Medical Application: * Date of Last Medical Ap
Previous Save & Complete Later Next
FAA.gov   Privacy Policy   Web Policies & Notices   Site Map   Contact Us   Frequently Asked Questions   Forms
Readers & Viewers: PDF Reader



## 6.5 Medication (Items 17a and 17b)

This section contains Item 17a and 17b. Item 17a requires any prescription or non-prescription medication currently being used be added. For 17b, indicate whether or not you wear contact lenses that correct for near vision when flying. NOTE: Item 17b is not required for FAA ATCApplicants.

FAA MEDXP	RESS				
Release v.3.0.0.0	NEO0				
1 General Medication	2 Demographics	Prior Certification 4 Medicati	6 Medical History	6 Declarations and Submi	ssions
*Indicates Required	field				
For each medication pre Medication Name:	escribed, enter medication inform	rescription or Nonprescription)? * ) 1 hation and click the Add button. Medication Dosage Unit:	Name is required, all other fields	·	Previously Reported
Medication	Dosage Amount	Dosage Unit	Frequency	Previously Reported	
LEVOXYL				N	Delete
17.b. Do You Ever U	se Near Vision Contact Lens	(es) While Flying? 🔿 Yes 🔿 No			
Previous Save 8	& Complete Later Next				
	Policy   Web Policies & Not	ces   Site Map   Contact Us   Free	quently Asked Questions   F	Forms	
Readers & Viewers	s: PDF Reader		Modications		

Figure 35 - Medications

#### Adding Medications

For each prescription of non-prescription medication being used:

- 1. Enter the medication name, dosage, dosage unit, and frequency. If the medication was previously reported on an FAA medical examination, select the Previously Reported checkbox and click the **Add** button
  - a. If an exact match for the medication name is **found**, medication and its associated dosage information will display below the appropriate column headings.
  - b. If an exact match for the medication name is **not found**, an error message is displayed and a drop down of possible matches is provided.

🕜 17.a. Do You Ci	urrently Use Any Medi	cation (Prescription or Nonprescri
For each medication pr	escribed, enter medicatio	on information and click the Add buttor
Medication Name:	WEBUTRIN V	
Dosage: Dosage	WEBUTRIN WEYBUTRIN WP THYROID	Dosage Unit: mcg 🔻

Figure 36 - Medication Exact Match Not Found

2. If the correct medication name is not listed in the drop down, select the 'Could notLocate Medication' check box and click the **Add** button.

The medication and its associated dosage information will display below the appropriate column headings as "Medication Not Listed".

 If the correct medication name is listed, select the medication name from the Medication Name drop down box and click the Add button.
 The medication and its associated dosage information will display below the appropriate column headings.

#### **Removing Medications**

Medication information can be deleted by clicking on the "Delete" link displayed to the right of each medication listed

## 6.6 Medical History (Items 18 and 19)

This section contains Items 18 and 19. Items 18a-18y requires you to indicate if you were ever diagnosed with, had, or presently have any of the specified conditions. Item 19 requires you to provide information related to visits to health professionals in the past three years, if applicable.

#### Medical History (Items 18a through 18y)

Select **Yes** or **No** for each of the items 18a through 18y. For all answers where the response is 'Yes,' you are required to add explanation/comments.

FAA MEDXPRESS			
Release v.3.0.0.0			
1 General 2 Demographics 3 Prior	Certification	Medication 6 Medical History 6 Declarations and Submissions	
Medical History *Indicates Required field			
* 18. Medical History - HAVE YOU		BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOV 'equire a comment. Click Add Comments to add or edit a comment).	VING?
Description	Response	Description	Response
a. Frequent or severe headaches	⊖ Yes ⊖ No	m. Mental disorders of any sort: depression, anxiety, etc.	⊖ Yes ⊖ No
b. Dizzlness or fainting spell	○ Yes ○ No	n. Substance dependence or failed a drug test ever, or substance abuse or use of illegal substance in the last 2 years.	⊖ Yes ⊖ No
c. Unconsciousness for any reason	○ Yes ○ No	o. Alcohol dependence or abuse	⊖ Yes ⊖ No
d. Eye or vision trouble except glasses	○ Yes ○ No	p. Suicide attempt	🔿 Yes 🔿 No
e. Hay fever or allergy	⊖ Yes ⊖ No	q. Motion sickness requiring medication	⊖ Yes ⊖ No
f. Asthma or lung disease	○ Yes ○ No	r. Military medical discharge	⊖ Yes ⊖ No
g. Heart or vascular trouble	○ Yes ○ No	s. Medical rejection by military service	⊖ Yes ⊖ No
h. High or low blood pressure	⊖ Yes ⊖ No	t. Rejection for life or health insurance	⊖ Yes ⊖ No
i. Stomach, liver, or intestinal trouble	○ Yes ○ No	u. Admission to hospital	○ Yes ○ No
j. Kidney stone or blood in urine	⊖ Yes ⊖ No	x. Other illness, disability, or surgery	⊖ Yes ⊖ No
k. Diabetes	○ Yes ○ No	y. Medical disability benefits	⊖ Yes ⊖ No
I. Neurological disorders: epilepsy, seizures, stroke, paralysis, etc.	○ Yes ○ No		
Arrest and/or Conviction and/or Administrative Action Hist	ory		
	n(s) involving an offense	d by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any (s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or	○ Yes ○ No
w. History of nontraffic conviction(s) (misdemeanors or fel	lonies).		○ Yes ○ No
Add Comments			

Figure 37 - Medical History

#### Health Professional Visits in the Last 3 Years

If you've seen a health professional in the past three years, select Yes and enter the relevant information in the fields for Item 19.

Click on the **Add** button and the information you entered will appear under the appropriate headings. The fields will clear so that additional visits may be added if necessary. The Edit and Delete options that correspond with each visit allow you to update the visit information or completely delete the visit from the record.

19. Have you visited any To add a Medical Visit, en					
Note: You must click the	add button for each v	visit entered.			
Date of Visit (MM/YYYY):	Enter Date	Name:	Name	Street:	Street
City:	City	State:	Select State 🔻	Zip Code:	Zipcode
Country:	Select Country 🔻	Type Professional:	Type of Professional	Reason:	Reason
Add			L		
Add					

Figure 38 – Medical History

Clicking on the Edit link will display that visit's information in the fields provided and **Update** and **Cancel** buttons will replace the **Add** button. Update as necessary and click the **Update** button. The fields will clear, the **Add** button returns, and the information will again appear under the appropriate headings. You may cancel the editing process by clicking the **Cancel** button

🛛 🕜 19. Have	🕜 19. Have you visited any health professionals within the last 3 years?: * 💿 Yes 🛛 🔘 No									
		sit, enter inform k the add buttor			ided and cli	ick the Ac	ld button.			
Date of V	isit (MM/Y	YYY): Enter Dat	e	222222	Name: Na	me	Str	eet: Stre	et	
		City: City			State: Se	elect State	e 🔻 Zip C	ode: Zipc	ode	
	Cou	ntry: Select Co	ountry 🔻	Type Profes	sional: Typ	pe of Prof	essional Rea	son: Reas	on	
Add										
Date	Name	Number/Street	City	State	Zip Code	Country	Type Professional	Reason		
04/2015	John	Wilson	Clarksburg	МА	22207	USA	Psychiatrist	Epilepsy	Edit	Delete

Figure 39 – Medical History Records

## 6.7 Declarations and Submissions

This section covers the Applicant's National Driver Register and Certifying Declarations. This is a statement certifying that all reported answers are correct and that the National Driver Register may access information pertaining to your driving record.

FAA MEDXPRESS
Release v.3.0.0.0
1 General 2 Demographics 3 Prior Certification 4 Medication 5 Medical History 6 Declarations and Submissions
Declarations and Submissions
*Indicates Required field
20. Applicant's National Driver Register and Certifying Declarations: *
I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note.
NOTE: ALL persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.
I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form. $\bigcirc$ Yes $\bigcirc$ No
- NOTICE -
Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571).
Your application is not complete until you click the "Submit my Application" button and enter your password when prompted.
To cancel the application please click the "Cancel My Application" button below.
Submit My Application Cancel My Application
Previous Save & Complete Later

Figure 40 – Declaration and Submissions

## 6.8 Validate and Submit Application

	our application is not complete until you click the "Submit my Application" button and enter your password when ompted.
То	o cancel the application please click the "Cancel My Application" button below.
Sub	mit My Application Cancel My Application
Previo	us Save & Complete Later



## 6.8.1 Save and Complete Later

Click the **Save and Complete Later** button to save changes to your application. Be sure to save your entries before exiting FAA MedXPress. You may save a partially completed form and return at a later time to finish. The following message will display when you click on the **Save and Complete Later** button.

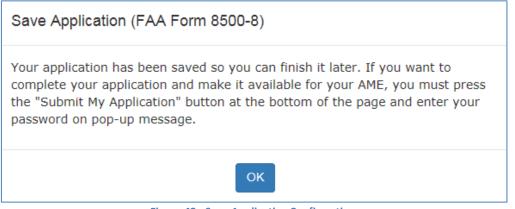


Figure 42 - Save Application Confirmation

## 6.8.2 Cancel My Application

If you have inadvertently selected the wrong type of exam from the Exam Type Selection page, or if you have changed your mind and do not wish to submit an application at this time, you can cancel the application at any time prior to submitting the application by clicking on the **Cancel My Application**. A message will display asking you to confirm the cancellation.

Cancel 8500-8 Form
Canceling the application will discard any information entered. Are you sure you want to cancel the application?
Yes No

Figure 43 - Cancel Application

Cancelling an application is the same as deleting the application, all data previously entered is lost. There is no way to retrieve this information once you cancel the application.

Click the **Yes** to cancel the application return to the Login Confirmation screen. Click **No** to remain on the current application.

## 6.8.3 Check for Errors

Click the **Check for Errors** button at any time to display a list of validation errors. Data must pass validation requirements before the application can be submitted. Validation errors will appear at the top of the Form 8500-8 data entry screen.

#### Please correct following error(s):

- · 4. SSN must be completed or the International/Declined to Submit checkbox selected. SSN must be numeric.
- · 5. Address is required.
- . 5. City is required.
- 5. Country is required.
- 5. Invaild zip code.
- · 6. Date of Birth is required.
- 7. Color of Hair is required.
- · 8. Color of Eyes is required.
- · 9. Sex is required.
- · Country of Citizenship is required.
- 10. Type of Airman Certificate(s) You Hold is required (check none if applicable).
- · Please either check question # 13 reponse or enter denied date into text box
- 16. If No Prior Application is not checked, Date of Last FAA Medical Application is required.
- · 18. Medical History items must all be marked either Yes or No.
- · Please provide repsonse to question # 20.

#### Figure 44 - Section Error Check

## 6.8.4 Submit My Application

If you are sure all of the information entered is correct, click the **Submit My Application** button and enter your password when prompted. If there are any errors, they will be shown after clicking **Submit My Application** and you will be able to correct them.

Submit Application (FAA Form 8500-8)
I understand that by entering my password, I certify that I agree with the National Driver Register and Certifying Declarations. I further understand that I will not be able to change my application after I submit the information (only your AME will be able to change the application at the time of the physical exam). NOTE: NDR Consent does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.
Password: Password
Submit Return to My Application

Figure 45 - 8500-8 Step-by-Step Submit Prompt

\*\*\*IMPORTANT\*\*\* Once you submit your application, you will not be able to make any changes to it.

### 6.8.4.1 Application Successfully Submitted

If there are no errors you will be taken to the Submission Confirmation Screen that tells you your application has been successfully submitted. The screen displays your confirmation number and gives you the option of downloading the completed application.

#### FAA MEDXPRESS

Release v.3.0.0.0

You have submitted your application. Your confirmation number is 20484485.

Take your confirmation number to your FAA exam. Without it, your AME will not be able to retrieve your application. An email containing this confirmation number has been sent to the email address associated with your MedXPress account.

To view, print, or save your submitted application, click the Completed Application button to display it in PDF format.

Please print the PDF application and take it to your exam.

Your application will be available for 60 days. If your AME does not retrieve your application within 60 days, it will be purged.

**Warning:** If you are accessing MedXPress from a public or shared computer, it is recommended that you do not display the PDF version of the application. The file will be stored in the temporary internet files folder and may be accessible by others.

Completed Application

Figure 46- Submission Confirmation

Write down the confirmation number. If you do not wish to view the **Completed Application**, click on the Logout link or **Account / Log Out** to exit to the MedXPress Login Screen.

You will receive a Form 8500-8 confirmation email that will also provide your confirmation number. If you lose your confirmation number, you can obtain it by logging back into MedXPress and clicking on the "Form 8500-8" link that will take you to the Submission Confirmation Screen or by contacting the AVS National IT Service Desk by email: 9-NATL-AVS-IT-ServiceDesk@faa.gov or by phone: 1-877-AVS-NSD1 or 1-877-287-6731.

**6.8.4.2** Application Summary (Items 1 to 17b) The application summary displays the information you entered into the Form 8500-8. It is recommended that you print the Summary for review and take it to your exam.

Copy of FAA Form 8500-9 (Medical Certificate) or FAA Form 8420-2 (Medical/Student Pilot Certificate) Issued							1. Application For:       2. Class of Medical Certificate Applie         X       Airman Medical       Airman Medical and Student Pilot Certificate         X       1st       2nd	d For: 3rd			
MEDICAL CERTIFICATE AND STUDENT PILOT CERTIFICATE						ΔTF	3. Last Name First Name Middle Name JORDAN HAL				
							4. Social Security Number 888229316				
This certifies that (Full name and address): HAL JORDAN				ame and ac	idress):		5. Address Number / Street         Telephone Number           1 Oa Sector 0         5558765309				
1 Oa Sector 0							City State/Country Zip Code Coast City CA USA 20814				
Coast City, CA 20814							6. Date of Birth 02/20/1970 7. Color of Hair 8. Color of Eyes 9. Set				
	of Birth	Height	Weight	Hair	Eyes	Sex	Citizenship USA BROWN BROWN M	ale			
02/20/1970         BROWN         M           has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.         M				prescribed i	in part 67, Feo		10. Type of Airman Certificate(s) You Hold:         None       ATC Specialist         Hight Instructor       Recreational         Airline Transport       Flight Engineer         Commercial       Flight Navigator         Student       Test Pilot         11. Occupation       12. Employer				
							13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?				
Examiner's Designation No.				Examiner's	Designation	No.	Total Pilot Time (Civilian Only)         16. Date of Last FAA Medical Application           14. To Date         15. Past 6 months         16. Date of Last FAA Medical Application           99999.99         4400         X         No Prior Application				
Signature Typed Name							17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)?         No       Yes       (If yes, below list medication(s) used and check appropriate box).         Previously Reported         ALCOHOL :       Yes				
							LEV: X				
AIRMAN'S SIGNATURE					17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying?						

Figure 47 – Application Summary (Items 1 to 17b)

# 6.8.4.3 Application Summary (Items 18 to 20)

18. Medical History         HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING? Answer "yes" or "no"           for every condition listed below. In the EXPLANATIONS box below, you may note "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition.         See Instructions Page							
Yes No Condition Yes No Condition		Yes No Condition	Yes No Condition				
a. X Frequent or severe headaches	g. X Heart or vascular trouble	m. Kental disorders of any sort; depression, anxiety, etc.	r.				
b. Dizziness or fainting spell	Dizziness or fainting spell h. X High or low blood pressure		e s. X Medical rejection by military service				
c. X Unconsciousness for any reason	i. 🔲 💢 Stomach, liver, or intestinal trouble	or use of illegal substance in the last 2 years.	t. X Rejection for life or health insurance				
d.X Eye or vision trouble except glasses	j. 🔲 🔀 Kidney stone or blood in urine	<sup>0.</sup> X Alcohol dependence or abuse	u. X Admission to hospital				
e. X Hay fever or allergy	k.	p. X Suicide attempt	x. X Other illness, disability, or surgery				
f. X Asthma or lung disease	I. Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.	q. X Motion sickness requiring	y. X Medical disability benefits				
, , , ,	strative Action History See Instruc	5					
Yes No       History of (1) any arrest(s) and/or conviction(s) involving driving while indivicated by, while impaired by, or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or while under the influence of alcohol or a drug, or (2) history of any arrest(s), and/or conviction(s), and/or conviction(s), m.X       Yes No       History of nontraffic conviction(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or while under the influence of alcohol or a drug, or (2) history of any arrest(s), and/or conviction(s), and/or conviction(s), and/or conviction(s), and/or conviction(s), involving privileges or which resulted in attendance at an educational or a rehabilitation program.       Yes No       History of nontraffic conviction(s) (misdemeanors or felonies).         Explanations:       See Instructions Page       FOR FAA USE       FOR FAA USE         18D '-1@#\$%^k, *(^)_=+       Review Action Codes       Review Action Codes         19. Visits to Health Professional Within Last 3 Years,       X Yes (Explain Below)       No       See Instructions Page							
	s, and Type of Health Professional Co		Reason				
	,		Readen				
- NOTICE - Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceal or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, o both. (18 U.S. Code Secs. 1001; 3571).	20. Applicant's National Driver Register and Certifying Declarations I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note.      NOTE: ALL persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.      I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.						
	Signature of Applicant	Date 5/4/2015 3					

Figure 48 - Application Summary (Items 18 to 20)

**6.8.4.4** Application Summary (Continuation Page) The Summary also captures the Confirmation Number, Date/Time the form was submitted, and the IP Address from which the application was submitted. The Continuation Sheet contains comments and medication information that did not fit on the first page of the 8500-8.

	Form 8	3500-8 Continu	uation Sheet		
17.a.Medications (From page 1): Previously				Reported	
Medication			Yes	No	
LEVOXYL	.175	mcg		х	
where house v 18D Temporar 18U Temporar 18V Temporar 18W Temporar	roblems related to vas repossessed, o y medical conditior y medical conditior y medical conditior y medical conditior	a period of time ran dog died, and had th n brought on by stree n brought on by stree n brought on by stree n brought on by stree	ging from 2013-2014 e flu. ss and living conditions. ss and living conditions. ss and living conditions. ss and living conditions. ast 3 Years. (From		
Date/Time For	m Submitted:	5/4/2015 3:33:4	48 PM		
IP Address Form Submitted From: 10.143.133.94					
Fig	ure 49 – Applica	ation Summary (Co	ontinuation Page)		

#### 6.8.4.5 Application Submission Confirmation Email

You should receive the following confirmation email after you submit your application. It displays your confirmation number. You will need this number in order for your AME to view your application so either write the confirmation number down or print a copy of the email to take with you. If you lose your confirmation number, you can obtain it by logging back into MedXPress and clicking on the "form 8500-8" link that will take you back to the saved Form 8500-8 data entry screen with your confirmation number displayed at the top of the screen or by contacting the AVS National IT Service Desk by email: 9-NATL-AVS-IT-ServiceDesk@faa.gov or by phone: 1-877-AVS-NSD1 or 1-877-287-6731.

# FAA MedXPress

#### Form 8500-8 Application Submission Confirmation

Dear John Doe:

Thank you for using MedXPress to electronically submit your application. Your confirmation number is 08408432287.

You will need to provide the confirmation number to your Aviation Medical Examiner prior to your exam.

#### PLEASE DO NOT RESPOND TO THIS EMAIL

If you need technical support, please contact the AVS National IT Service Desk:

- . Email: 9-NATL-AVS-IT-ServiceDesk@faa.gov (Monitored Monday through Friday, 6 a.m to 5 p.m., CST)
- Phone: 1-877-AVS-NSD1 or 1-877-287-6731 (Monitored 24/7)

Figure 50 - Submission Confirmation Email

# 7 Tracking an Application after Submission

Once you have submitted your application, you will not be able to make any changes to it. You will see the following message when you try to access the Form 8500-8 data entry screen until the AME imports your application.

FAA MEDXPRESS
Release v.3.0.0.0
You submitted your application on 04/23/2015. Your application will expire on 06/22/2015.
Your confirmation number is 20484485.
Take your confirmation number to your FAA exam. Without it, your AME will not be able to retrieve your application.
To view, print, or save your submitted application, click the Completed Application button to display it in PDF format.
Please print the PDF application and take it to your exam.
<b>Warning:</b> If you are accessing MedXPress from a public or shared computer, it is recommended that you do not displute PDF version of the application. The file will be stored in the temporary internet files folder and may be accessible others.
Completed Application Figure 51 – Submission Confirmation and Expiration Date
rigure 51 – Submission Commation and Expiration Date
After your application is imported, you will see the following message, indicating that your AME imported the application and a new application cannot be created.

## FAA MEDXPRESS

Release v.3.0.0.0

An application cannot be submitted at this time. A pending exam already exists in the FAA system and has not been transmitted. Please contact your AME.

Figure 52 – Application Imported by AME into FAA System

## 8 CREATING A NEW APPLICATION AFTER SUBMISSION

Once the AME submits your application to the FAA, you will be able to create a new application (only available after successful login).

## **9 APPENDIX A: FORM 8500-8 APPLICATION ITEM DESCRIPTIONS**

1. Application For (Disabled for FAA Air Traffic Controller Applicants Only) Select either the Airman Medical Cert or Airman Medical & Student Pilot Cert radio button to indicate the type of certificate being applied for. (Required)

2. Class Of Medical Cert. (Disabled for FAA Air Traffic Controller Applicants Only) Select either the 1st, 2nd or 3rd radio button to indicate the class of certificate being applied for. (Required)

3. Last Name Enter your last name. (Required)

First Name Enter your first name. (Required)

Middle Name Enter your middle name.

Suffix

Select the appropriate suffix from the drop down list provided, if applicable.

#### 4. SSN

Enter your Social Security Number or pseudo SSN if you prefer not to provide your SSN.

NOTE: If you do not have a pseudo SSN and do not wish to provide your SSN, select the check box next to International/Declined to Submit When this option is selected, a pseudo SSN will be assigned to you. You should make a note of the SSN to use on future 8500-8 applications.

#### 5. Address

Enter your street address. When entering your street address DO NOT use any punctuation (e.g., Rolling Ave. should be entered Rolling Ave). (Required)

Telephone Number

Enter your telephone number.

#### City

Enter the name of the city you live in. When entering the name of the city be sure that no numbers or punctuation are used if you live in the United States (e.g., St. Louis should be entered St Louis). If you live in a foreign country, the city name may contain numbers, but no punctuation. (Required)

#### State

Select the state you live in from the drop down list provided, or leave blank if international. (Required for USA Addresses)

#### Country

Select the country you live in from the drop down list provided, or select Other (Unknown). When selecting your State and Country, either a state or foreign country must be selected, but not both. (Required)

#### Zip Code

Enter your zip code. (Required for USA Address)

#### 6. Date of Birth

Enter your date of birth in the (MM/DD/YYYY) format with or without slashes. If applying for an Airman Medical & Student Pilot Certificate, your birthday must be at least 15 years, 11 months prior to today's

date. The date entered must also be a valid date, no later than today's date and no earlier than the 20th or 21st century. (Required)

7. Hair Color

Select the appropriate hair color from the drop down list provided. (Required)

8. Eye Color

Select the appropriate eye color from the drop down list provided. (Required)

9. Sex

Select either the Male or Female radio button. (Required)

#### Citizenship

Select the country you are currently a citizen of. (Required)

#### 10. Type of Airman Certificate(s) You Hold

Check all that apply. If the None checkbox is selected, no other boxes should be checked. If Other is checked you must enter something into the text box to the right. (Required)

11. Occupation Enter your occupation.

12. Employer Enter the name of your employer.

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended or Revoked? Select either the Yes or No radio button. If yes is selected, you must enter the date of the denial, suspension or revocation in the (MM/DD/YYYY) format. The date entered must be a valid date, nolater than today's date, and no earlier than the 20th or 21st century. (Required for Pilot Applicant's Only)

14. Total Pilot Time (Civilian Only) To Date Enter the number of pilot hours (in whole numbers) to date.

15. Total Pilot Time (Civilian Only) Past 6 Months Enter the number of pilot hours (in whole numbers) during the past 6 months. The number of hours listed in 15 should not exceed the number of hours listed in 14.

#### 16. Date of Last FAA Medical Application

If you had a previous exam, enter the date in the (MM/DD/YYYY) format. If this is your first application, check the No Prior Application check box. (If "No Prior Application" is NOT checked, Date of Last FAA Medical Application is required.)

If Item 13 is "Yes", a date must be entered into Date of last FAA Medical Application field.

17a. Do You Currently Use Any Medication (Prescription or Nonprescription) Select either the Yes or No radio button. If Yes is selected, continue entering the necessary medication information. (Required)

- 1. Enter the name of the first medication in the Medication Name text box.
- 2. Enter dosage information in the Dosage text box.
- 3. Select a dosage unit from the Dosage Unit drop down box.
- 4. Select a frequency from the Frequency drop down box.
- 5. If the medication was previously reported on an FAA medical examination, select the Previously Reported check box.
- 6. Click the **Add** button.
- 7. If an exact match for the medication could not be found, an error message will display and a drop down box of possible matches will be provided.

- 8. If the correct medication name is not listed in the drop down, select the 'Could not Locate Medication' check box and click the **Add** button.
- 9. The medication and its associated dosage information will display below the appropriate column headings as "Medication not listed".
- 10. If the correct medication name is listed, select the medication name from the Medication Name drop down box and click the **Add** button.
- 11. Medication information can be deleted by clicking on the "Delete" link displayed to the right of each medication listed.

17b. Do You Ever Use Near Vision Contact Lens(es) While Flying (Enabled for Pilot Applicants Only) Select either the Yes or No radio button. (Required)

18. Medical History - Have You Ever In Your Life Been Diagnosed With, Had, Or Do You Presently Have Any Of The Following:

Select either the Yes or No radio button for each of the items a. thru y. All items marked "yes" require a comment. (Required)

Provide an explanation for all medical history items where the Yes radio button was selected in the Applicant Explanation box provided for each applicable item

19. Have You Visited any Health Professionals Within last 3 Years Select either the Yes or No radio button. If Yes is selected, enter at a minimum, the date of the visit in the (MM/YYYY) format and the reason for seeing a physician into the fields provided. The date entered must be a valid date, no later than today's date, and no earlier than the 20th or 21st century. (Required)

Click on the **Add** button and the information you entered will appear under the appropriate headings. The fields will clear so that additional visits may be added if necessary. The Edit and Delete options that correspond with each visit allow you to update the visit information or completely delete the visit from the record.

Clicking on the Edit link will display that visit's information in the fields provided and **Update** and **Cancel** buttons will replace the **Add** button. Update as necessary and click the Update button. The fields will clear, the **Add** button returns, and the information will again appear under the appropriate headings. You may cancel the editing process by clicking the **Cancel** button

20. Applicant's National Driver Register and Certifying Declarations Read the declaration and select the Yes radio button. Selecting No will prevent you from submitting the application. (Required)