FEDERAL AVIATION ADMINISTRATION (FAA)

MEDXPRESS USER GUIDE

Federal Aviation Administration

Account | **Help**

FAA MEDXPRESS

Release v.3.0.1.0

The FAA MedXPress system allows anyone requesting an FAA Medical Clearance or 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.

NOTE: A medical examination by an AME is required to complete the medical clearance/certification 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 to meet 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.
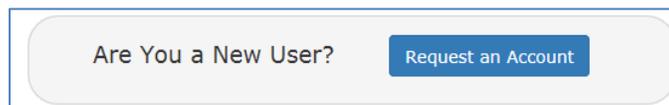
Figure 1 - Request an Account Button

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.
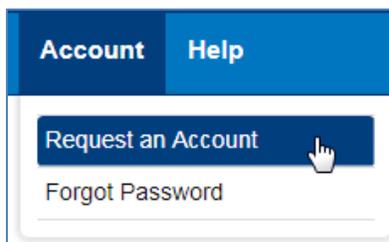
Figure 2 - Request an Account Submenu

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.

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.
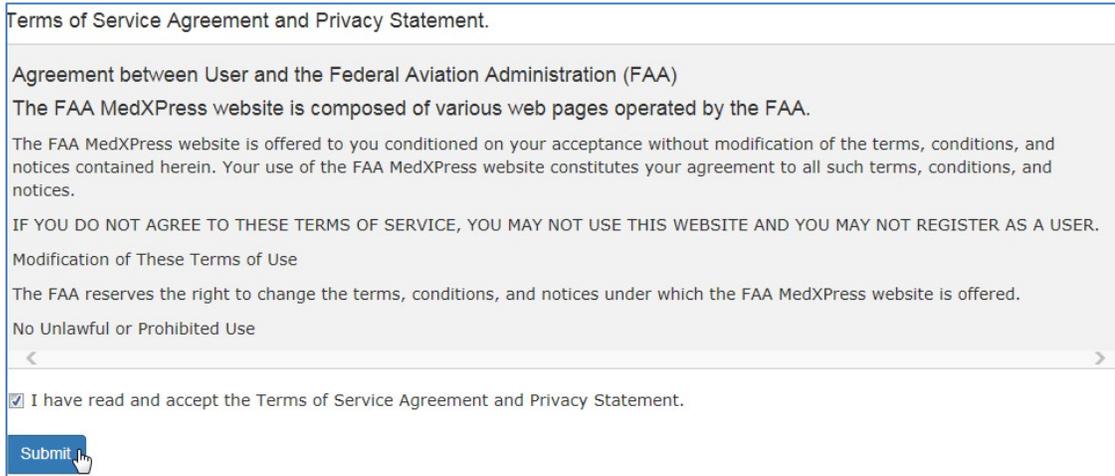
Terms of Service Agreement and Privacy Statement.

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

Figure 4 - Request an Account -- TOS and Privacy Statement

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.

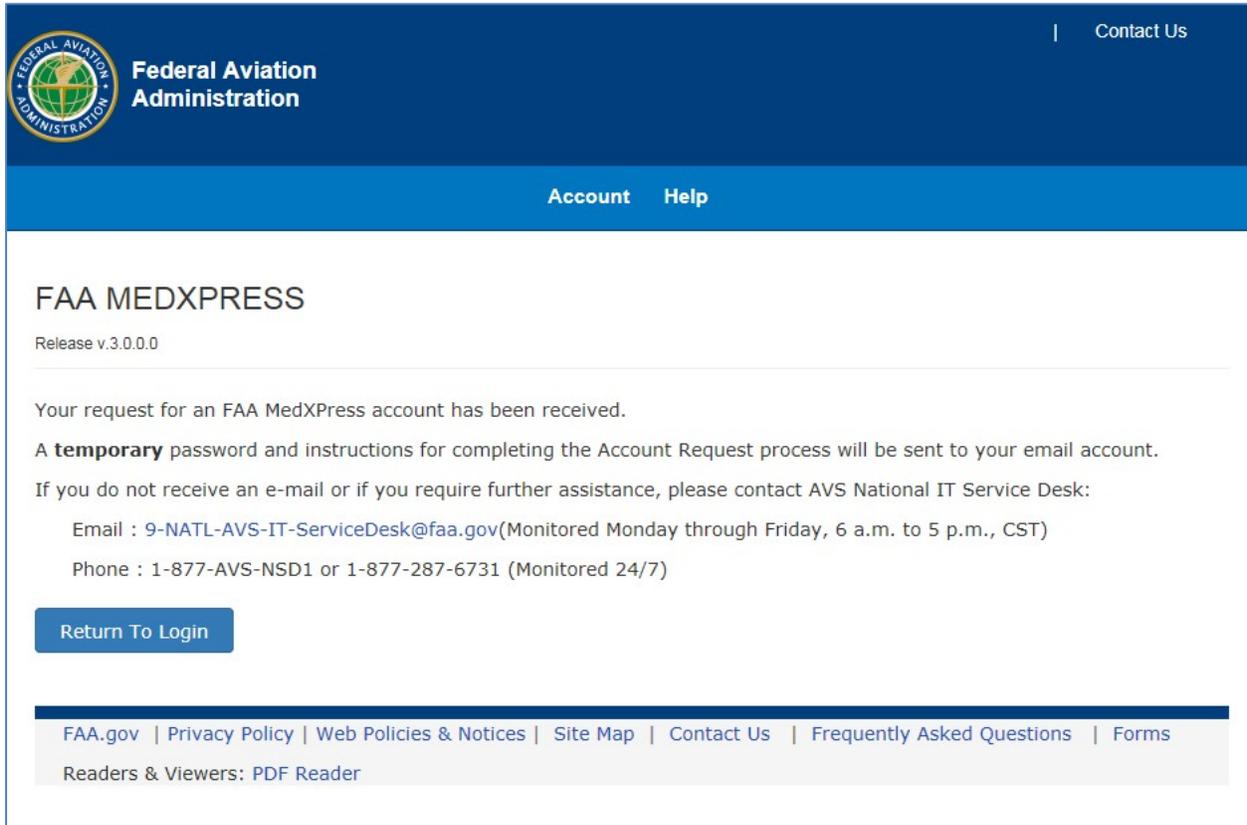Click the **Return to Login** button to return to the MedXPress Login Screen.

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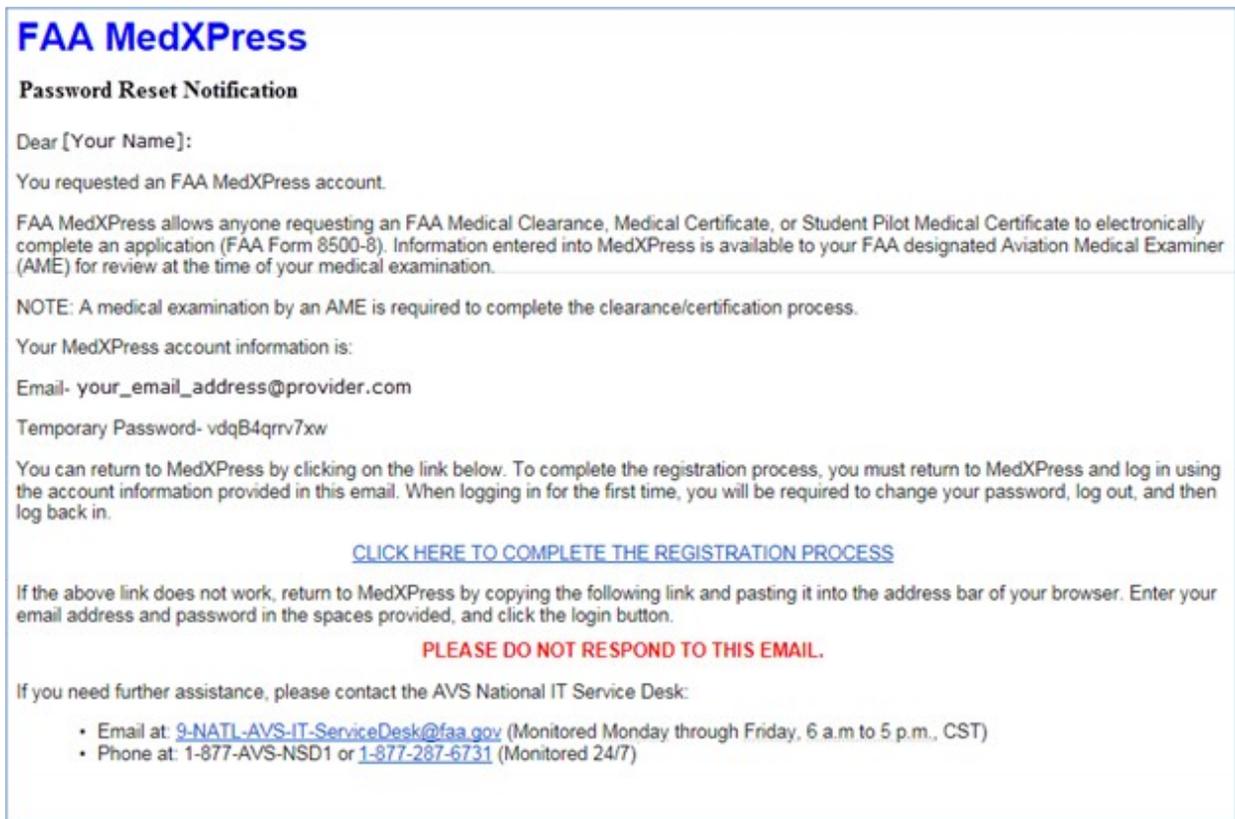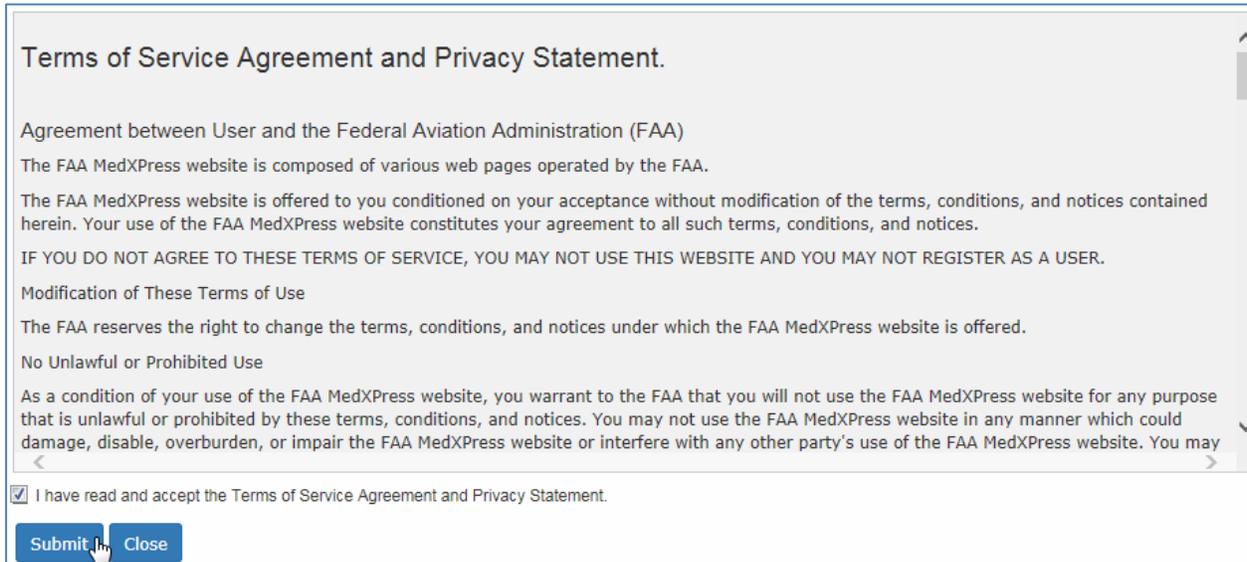- Phone at: 1-877-AVS-NSD1 or 1-877-287-6731 (Monitored 24/7)

Figure 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.

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.

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.

Figure 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.

Figure 11 - Existing Account - Terms of Service Agreement

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 'Contact Us' and 'Log Out' links.

Figure 12 - FAA MedXPress Login Confirmation Screen

3.3 Home

The following options are also available in the header and menu bar:
- **Home –** Returns you to the Login Confirmation Screen from anywhere within the MedXPress application

Figure 13 - Home Menu

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
  - o When no Form 8500-8 is in progress, displays the Exam Selection Screen
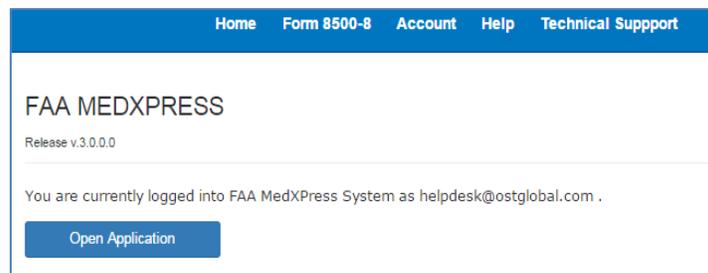
Figure 14 - Access Complete 8500-8 Form

3.5 Account

- **Account / My Account**
  - o Displays the My Account Screen where you can update your personal information, email address, password, or security answers
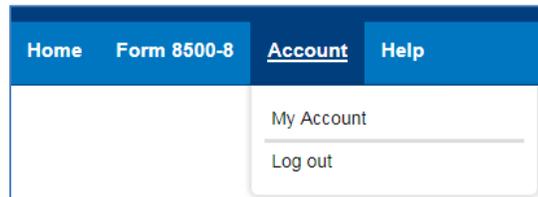
Figure 15 - Account Menu

- **Account / Log Out** or Log Out in the Header (Only available after successful login)
  - o A message is displayed indicating you will be logged out of MedXPress. Click **OK** to log out or **Cancel** to return to MedXPress.
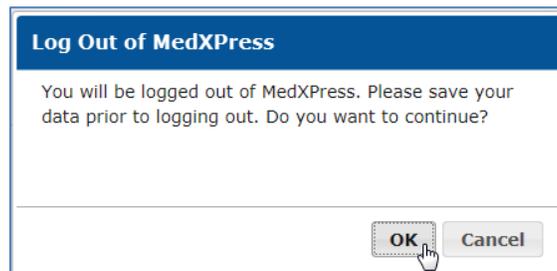
Figure 16 - Verify Log Out

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**
  - o   Displays a list of questions and answers commonly asked about MedXPress
- **Help / Contact Us** or the Contact Us link in the header
  - o   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**
  - o   Opens the MedXPress User Guide
- **Help / Instructions** (Only available after successful login)
  - o   Opens an Instruction page with detailed descriptions of the fields in the Form 8500-8 and how they should be populated
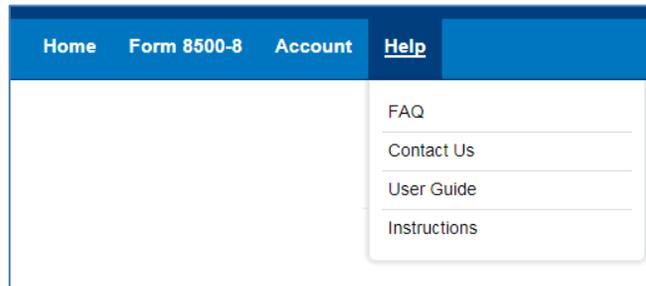
Figure 17 - Help Menu

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.

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

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.

Figure 20 - Request to Reset Password

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

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.
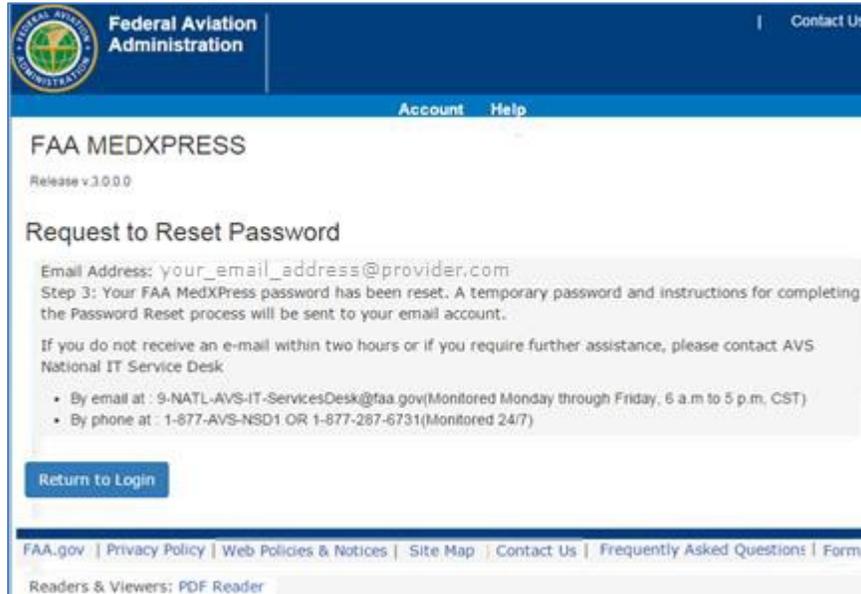
Figure 22 - Reset Password Confirmation

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.
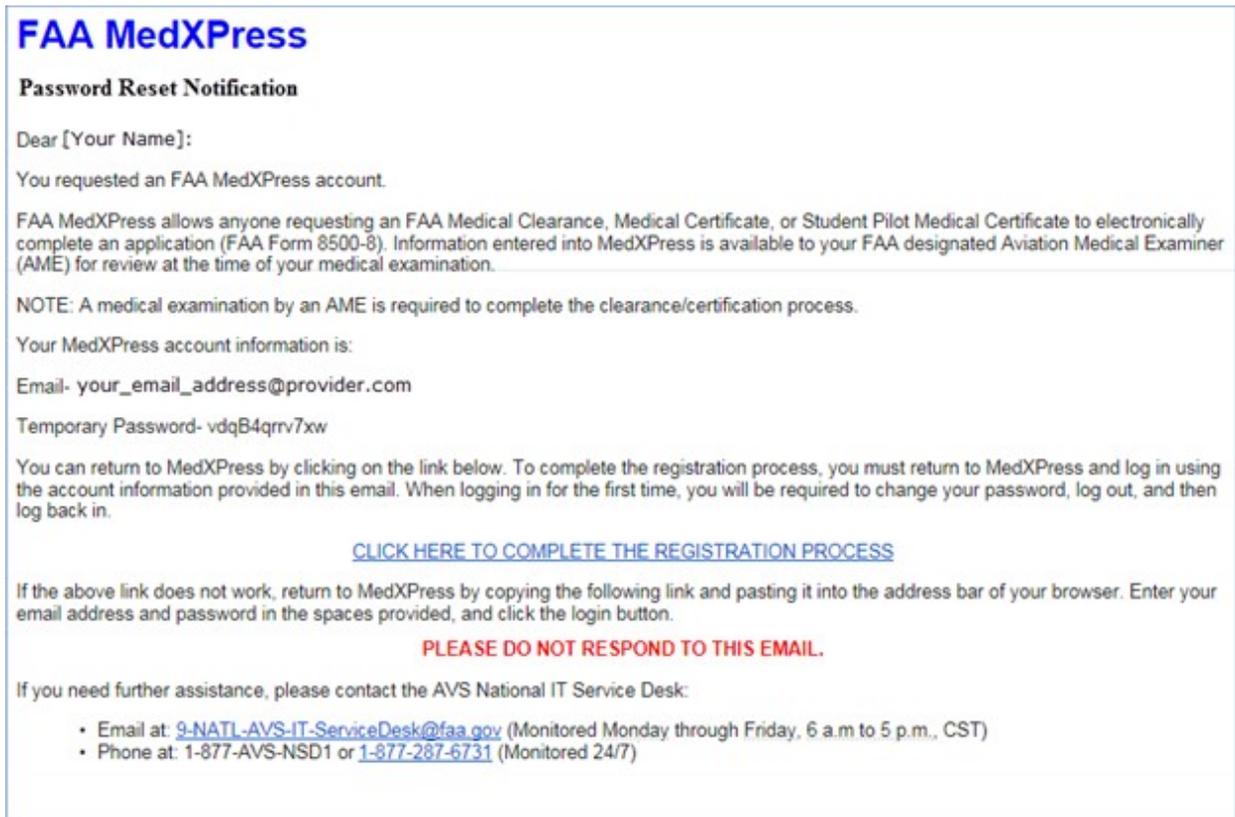
Figure 23 - Password Reset Notification Email

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   Logout

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.

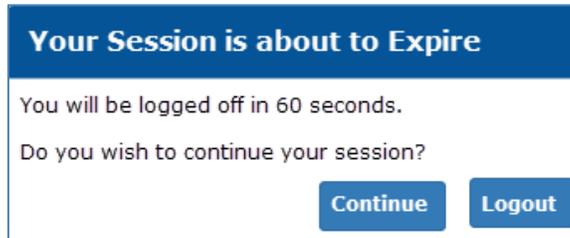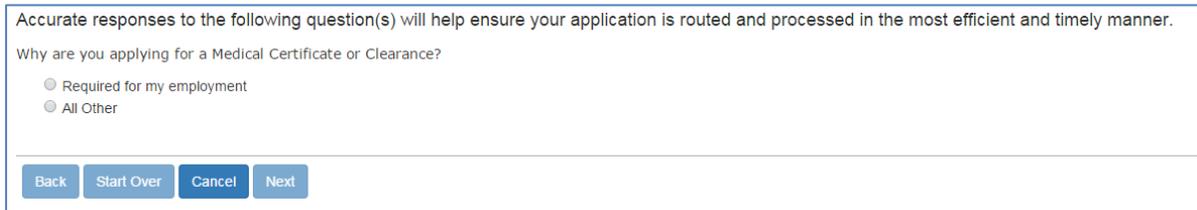Accurate responses to the following question(s) will help ensure your application is routed and processed in the most efficient and timely manner.

Why are you applying for a Medical Certificate or Clearance?

   ○ Required for my employment
   ○ All Other

[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.

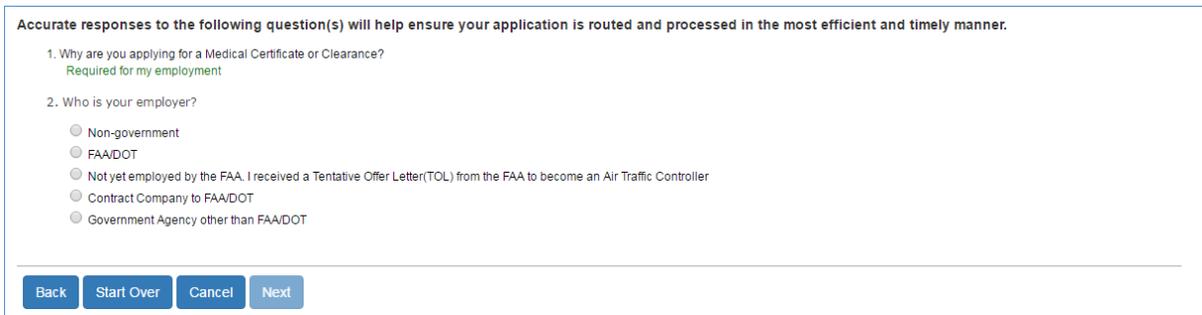1. Why are you applying for a Medical Certificate or Clearance?
   Required for my employment

2. Who is your employer?

   ○ Non-government
   ○ FAA/DOT
   ○ 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.

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.

Figure 28 - FAA ATC Applicant Verification

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)

Figure 29 – Step-By-Step Sections

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

NAVIGATION	DESCRIPTION

Save and Complete Later	Validates the on-screen fields
	  o Saves the form, if no validation errors are found
	  o Displays validation failures, if found (does not save the current content)

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 o Displays validation failures, if applicable

Next	Validates the current section fields
	  o Saves the form, if no validation errors are found and moves to the next form section
	  o If validation errors found, displays them to the user (does not navigate to the next section)

Previous	Validates the current section fields
	  o If no validation errors are found, moves to the previous form section
	  o If validation errors found, displays them to the user (does not navigate to the previous section)

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.

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.

Figure 32 – 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.

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.

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).

Figure 34 – Prior Certification

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 ATC Applicants.

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 check box 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.

Figure 36 - Medication Exact Match Not Found

2. 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.

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

3. 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.

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(1) General   (2) Demographics   (3) Prior Certification   (4) Medication   **5 Medical History**   (6) Declarations and Submissions

Medical History
*Indicates Required field

* 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 (All "yes" answers require a comment. Click Add Comments to add or edit a comment).

Description	Response	Description	Response
a. Frequent or severe headaches	○ Yes ○ No	m. Mental disorders of any sort: depression, anxiety, etc.	○ Yes ○ No
b. Dizziness 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
l. Neurological disorders: epilepsy, seizures, stroke, paralysis, etc.	○ Yes ○ No		

Arrest and/or Conviction and/or Administrative Action History

v. History of (1) any arrest(s) and/or conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any arrest(s), and/or conviction(s), and/or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.   ○ Yes ○ No

w. History of nontraffic conviction(s) (misdemeanors or felonies).   ○ 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.

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

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.

Figure 40 – Declaration and Submissions

6.8 Validate and Submit Application

Figure 41 - Validate and Submit

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.
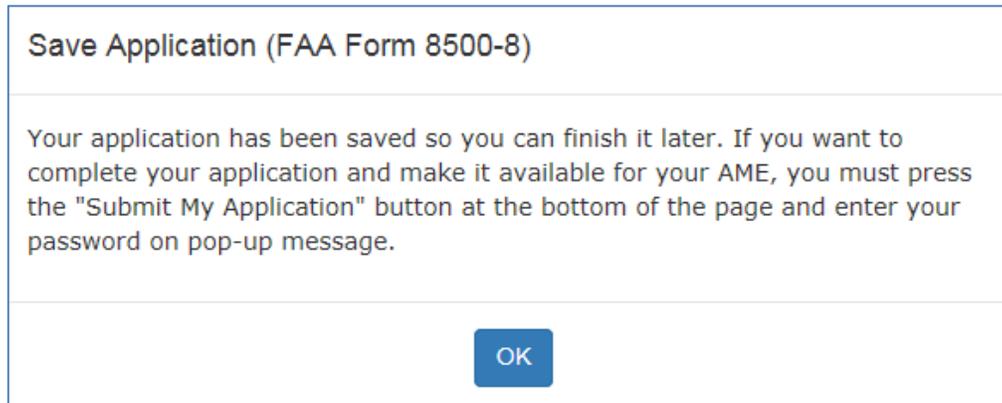
Figure 42 - Save Application Confirmation

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.
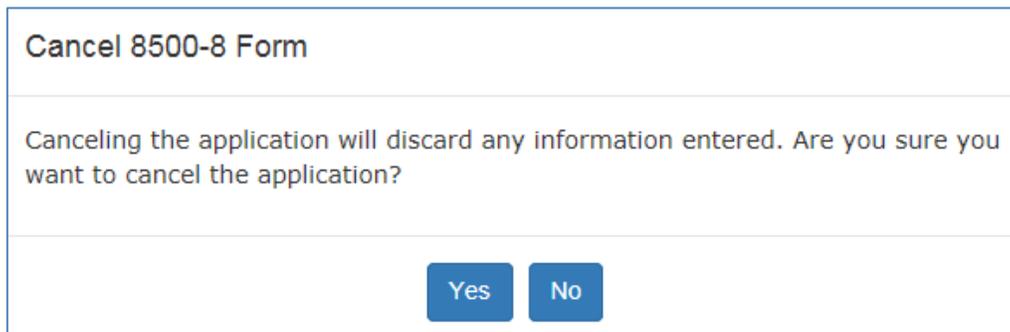
Figure 43 - Cancel Application

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.

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. ☐	☒	Frequent or severe headaches	g. ☐	☒	Heart or vascular trouble	m. ☐	☒	Mental disorders of any sort; depression, anxiety, etc.	r. ☐	☒	Military medical discharge
b. ☐	☒	Dizziness or fainting spell	h. ☐	☒	High or low blood pressure	n. ☐	☒	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.	s. ☐	☒	Medical rejection by military service
c. ☐	☒	Unconsciousness for any reason	i. ☐	☒	Stomach, liver, or intestinal trouble				t. ☐	☒	Rejection for life or health insurance
d. ☒	☐	Eye or vision trouble except glasses	j. ☐	☒	Kidney stone or blood in urine	o. ☐	☒	Alcohol dependence or abuse	u. ☐	☒	Admission to hospital
e. ☐	☒	Hay fever or allergy	k. ☐	☒	Diabetes	p. ☐	☒	Suicide attempt	x. ☐	☒	Other illness, disability, or surgery
f. ☐	☒	Asthma or lung disease	l. ☐	☒	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.	q. ☐	☒	Motion sickness requiring	y. ☐	☒	Medical disability benefits

Arrest, Conviction, and/or Administrative Action History --- See Instructions Page

Yes	No		Yes	No	
v. ☒	☐	History of (1) any arrest(s) and/or conviction(s) involving driving while intoxicated 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 revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.	w. ☒	☐	History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page
18D `~!@#$%^&;*()-_=+
18U `~!@#$%^&;*()-_=+
18V `~!@#$%^&;*()-_=+

FOR FAA USE
Review Action Codes

19. Visits to Health Professional Within Last 3 Years. ☒ Yes   (Explain Below)   ☐ No   See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason

- 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).

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.

Figure 49 – Application Summary (Continuation 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.
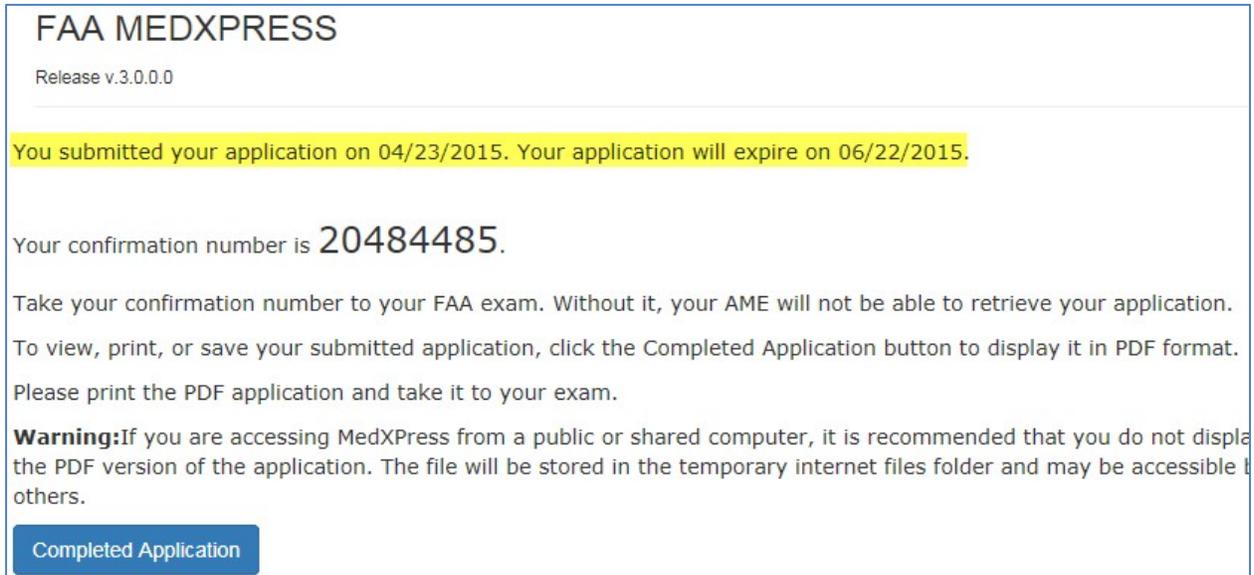
Figure 51 – Submission Confirmation and Expiration Date

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.
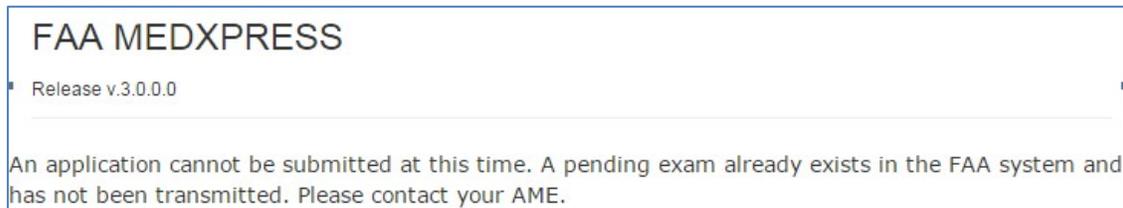
Figure 52 – Application Imported by AME into FAA System

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, no later 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)