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APPLICATION FOR AIRMAN MEDICAL CERTIFICATE OR AIRMAN MEDICAL AND STUDENT PILOT CERTIFICATE

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UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration MEDICAL CERTIFICATECLASS AND STUDENT PILOT CERTIFICATE This certifies that (Full name and address):										
	Date of Birth	Height	Weight	Hair	Eyes	Sex				
Limitations >	s met the medica		s class of	Medical	Certificat	e.				
Date	e of Examination		Exam	iner's Des	signation N	0.				
Examiner	Signature		'							
_	Typed Name									
AIR	AIRMAN'S SIGNATURE									

FAA Form 8420-2 (3-99) Supersedes Previous Edition

INSTRUCTIONS TO THE AVIATION MEDICAL EXAMINER GENERAL INSTRUCTIONS FOR ISSUANCE OF ANY MEDICAL CERTIFICATE

Remove this page of instructions and attached certificate as well as the next page of instructions and attached certificate before giving the applicant any part of this form.

INSTRUCTIONS FOR ISSUANCE OF THIS (Medical-Student Pilot) CERTIFICATE

- 1. Applicant must (a) be at least 16 years of age; (b) be able to read, speak, write, and understand the English language; and (c) qualify at least for a third-class medical certificate
- 2. Destroy these instructions and the following page's Medical Certificate and instructions which are printed on white paper.
- 3. Give the applicant the instructions for completion of the medical history form and the history forms. Have the applicant complete the history form in triplicate.
- 4. When the application part is completed, destroy its instructions, remove the AME Work Copy (middle sheet in set), and record your medical findings and actions on the AME Work Copy. Type your findings and actions on the FAA/Original Copy. Give the Applicant Copy to the applicant.
- 5. If the applicant qualifies for a certificate: (a) reassemble the FAA/Original Copy and the AME Work Copy in their original order; (b) superimpose the Medical-Student Pilot Certificate (yellow) on the FAA/Original Copy, upper left area; (c) complete the certificate by typewriter; (d) sign the certificate in ink (both the AME and applicant must sign); and (e) issue the signed certificate to the airman.
- 6. AME's are required to use the electronic transmission capability of the Certification System (AMCS) and must maintain the FAA/Original Copy in their files or, if directed, forward it to the FAA in Oklahoma (see address below). If the Copy is forwarded to the FAA, the AME Work Copy must be retained as the file copy.
- 7. BE SURE TO COMPLETE AND SIGN ITEM 64 ON THE FAA/ORIGINAL COPY. forward the typed, completed FAA/Original Copy as follows and retain the AME Work Copy as a file copy:

FAA AEROMEDICAL CERTIFICATION DIVISION, AAM-300 P.O. BOX 26080 OKLAHOMA CITY, OK 73126-5063

8. BE SURE TO COMPLETE AND SIGN ITEM 64 ON THE FAA/ORIGINAL COPY.

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Passenger-Carrying Prohibited

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ian at all il certificate of Title 14 certificate. Ider of this art 61).		R'S CERT.	Lyb. Date							
sion of the airm nee of a medica Section 61.19 . a student pilot 61.23. The ho	CERTIFICATED INSTRUCTOR'S ENDORSEMENT FOR STUDENT PILOTS certify that the holder of this certificate has met the requirements of the regulations and is competent for the following:	INSTRUCTOR'S CERT								
CONDITIONS OF ISSUE: This certificate shall be in the personal possession of the airman at all times while exercising the privileges of his or her airman certificate. The issuance of a medical certificate by an Aviation Medical Examiner may be reversed by the FAA within 60 days. Section 61.19 of Title 14 of the Code of Federal Regulations (14 CFR part 61) sets forth the duration of a student pilot certificate. Unless otherwise limited, the duration of a medical certificate is set forth in \$61.23. The holder of this certificate is governed by the provisions of \$61.53 relating to medical deficiency (14 CFR part 61).		INSTRUCTOR'S								
		MAKE AND MODEL					Aircraft Category	Airplane	Glider	Rotorcraft
TIONS OF itle exercising that it it is a construction of the construction of the construction of the construction is a construction of the constru	CERTIFICATED I certify that the holder of thi competent for the following:	DATE								
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UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration										
MEDICAL CERTIFICATE CLASS										
This certifies that (Full name and address):										
	Date of Birth	Height	Weight	Hair	Eyes	Sex				
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Limitations										
Date	e of Examination	Exam	iner's Des	signation N	0.					
iner	Signature		•							
Examiner	Typed Name									
AIR	AIRMAN'S SIGNATURE									

FAA Form 8500-9 (3-99) Supersedes Previous Edition

INSTRUCTIONS FOR ISSUANCE OF THIS MEDICAL CERTIFICATE

- 1. This certificate is for issuance to applicants other than those applying for a Medical-Student Pilot Certificate.
- 2. Destroy these instructions and the attached Medical-Student Pilot Certificate and its instructions which are printed on yellow paper.
- 3. Give the applicant the instructions for completion of the medical history form and the history forms. Have the applicant complete the history form in triplicate.
- 4. When the application part is completed, destroy its instructions, remove the AME Work Copy (middle sheet in set), and record your medical findings and actions on the AME Work Copy. Type your findings and actions on the FAA/Original Copy. Give the Applicant Copy to the applicant.
- 5. If the applicant qualifies for a certificate: (a) reassemble the FAA/Original Copy and the AME Work Copy in their original order; (b) superimpose the Medical Certificate (white) on the FAA/Original Copy, upper left area; (c) complete the certificate by typewriter; (d) sign the certificate in ink (both the AME and applicant must sign); and (e) issue the signed certificate to the airman.
- 6. AME's are required to use the electronic transmission capability of the Certification System (AMCS) and must maintain the FAA/Original Copy in their files or, if directed, forward it to the FAA in Oklahoma (see address below). If the Copy is forwarded to the FAA, the AME Work Copy must be retained as the file copy.
- 7. BE SURE TO COMPLETE AND SIGN ITEM 64 ON THE FAA/ORIGINAL COPY.
- 8. BE SURE TO COMPLETE AND SIGN ITEM 64 ON THE FAA/ORIGINAL COPY.

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The holder of this certificate must:

FIRST-CLASS 6 calendar months for those operations requiring a First-Class Medical

CONDITIONS OF ISSUE

- a. Certificate; 12 calendar months for those
- operations requiring only a Second-Class
 Medical Certificate; or 24 or 36 calendar months,
 as set forth in § 61.23, for those operations
 requiring only a Third-Class Medical Certificate.
 - SECOND-CLASS 12 calendar months for those operations requiring a Second-Class
- b. Medical Certificate; or 24 or 36 calendar months, as set forth in § 61.23, for those operations requiring only a Third-Class Medical Certificate.

THIRD-CLASS – 24 or 36 calendar months, as set forth in § 61.23, for those operations requiring
 c. only a Third-Class Medical Certificate.

PROHIBITIONS ON OPERATION DURING MEDICAL DEFICIENCY

For International Operations Only: Some holders may be affected by certain international medical standards. Consult the U.S. Areronautical Information Publication for U.S. differences with ICAO Annex 1 medical standards.

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Federal Aviation

Administration

INFORMATION FOR APPLICANT

Application For Airman Medical Certificate or Airman Medical and Student Pilot Certificate

Privacy Act Statement -

The information on the attached FAA Form 8500-8, Application For Airman Medical Certificate or Airman Medical and Student Pilot Certificate, is solicited under the authority of Title 49, United States Code (U.S.C.) (Transportation) sections 109(9), 40113(a), 44701-44703, and 44709 (1994) formerly codified in the Federal Aviation Act of 1958, as amended, and Title 14, Code of Federal Regulations (CFR), part 67, Medical Standards and Certification.

Except for your Social Security Number (SSN), submission of this information is mandatory. Incomplete submission will result in delay of further consideration or denial of your application for a medical certificate or medical and student pilot certificate. Other than your SSN, the purpose of the information is to determine whether you meet Federal Aviation Administration (FAA) medical requirements to hold a medical certificate or medical and student pilot certificate. The information will also be used to provide data for the FAA's automated medical certification system to depict airman population patterns and to update certification procedures and medical standards. For air traffic control specialists (ATCS) employed by the Federal Government, the information requested will be used as a basis for determining medical eligibility for initial and continuing employment. The information becomes part of the FAA Privacy Act system of records, DOT/FAA-847, General Air Transportation Records on Individuals. These records and information in these records may be used (a) to provide basic airman certification and qualification information to the public upon request; (b) to disclose information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities: (c) to provide information about airmen to Federal, state, and local law enforcement agencies when engaged in the investigation and apprehension of drug law violators; (d) to provide information about enforcement actions arising out of violations of the Federal Aviation Regulations to government agencies, the aviation industry, and the public upon request; (e) to disclose information to another Federal agency, or to a court or an administrative tribunal, when the Government or one of its agencies is a party to a judicial proceeding before the court or involved in administrative proceedings before the tribunal; and (f) to disclose information to other Federal agencies for verification of the accuracy or completeness of the information and; (g) to comply with the Prefatory Statement of General Routine Uses for the Department of Transportation.

Submission of your SSN is not required by law and is voluntary. Refusal to furnish your SSN will not result in the denial of any right, benefit, or privilege provided by law. Your SSN is solicited to assist in performing the agency's functions under 49 U.S.C. (Transportation). If supplied, it will be used by the FAA to associate all information in agency files relating to you. If you refuse to supply your SSN, a substitute number or other identifier will be assigned, as required.

The written consent authorization of this form under No. 20, Applicant's Declaration, permits the FAA to request information, if any, pertaining to your driving record from the National Driver Register (NDR). The FAA will then match such NDR information with the information you provide on the medical history part of the form. Since the NDR identifies only probable matches, the FAA will verify the NDR information it receives with the state of record. You have the right to request an NDR file check to determine if it contains any information and, if so, the accuracy of such information. Notarized requests may be sent to: DOT/NHTSA/NTS-32, 400 7th Street, S.W., Washington, DC 20590-0001, and must contain your complete name and date of birth. Other information about height, weight, and eye color will ensure correct positive identification.

Paperwork Reduction Act Statement:

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0034. Public reporting for this collection of information is estimated to be approximately 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required to obtain a certificate by 14 CFR Parts 61 and 67. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the FAA at: 800 Independence Ave. SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ASP-110.

Tear off this cover sheet before submitting this form.

Instructions for Completion of the Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate, FAA Form 8500-8

Applicant must fill in completely numbers 1 through 20 of the application using a ballpoint pen. Exert sufficient pressure to make legible e copies. The following numbered instructions apply to the numbered headings on the application form that follows this page.

NOTICE – Intentional falsification may result in federal criminal prosecution. Intentional falsification may also result in suspension or revocation of all airman, ground instructor, and medical certificates and ratings held by you, as well as denial of this application for medical certification.

- 1. APPLICATION FOR Check the appropriate box.
- 2. CLASS OF AIRMAN MEDICAL CERTIFICATE APPLIED FOR Check the appropriate box for the class of airman medical certificate for which you are making application.
- **3. FULL NAME** If your name has changed for any reason, list current name on the application and list any former name(s) in the EXPLANATIONS box of number 18 on the application.
- **4. SOCIAL SECURITY NUMBER** The social security number is optional; however, its use as a unique identifier does eliminate mistakes.
- **5. ADDRESS** Give permanent mailing address and country. Include your complete nine digit ZIP code if known. Provide your current area code and telephone number.
- **6. DATE OF BIRTH** Specify month (MM), day (DD), and year (YYYY) in numerals; e.g., 01/31/1950. Indicate citizenship; e.g., U.S.A.
- **7. COLOR OF HAIR** Specify as brown, black, blond, gray, or red. If bald, so state. Do not abbreviate.
- **8. COLOR OF EYES** Specify actual eye color as brown, black, blue, hazel, gray, or green. Do not abbreviate.
- 9. SEX Indicate male or female.
- **10. TYPE OF AIRMAN CERTIFICATE(S) YOU HOLD** Check applicable block(s). If "Other" is checked, provide name of certificate.
- **11. OCCUPATION** Indicate major employment. "Pilot" will be used only for those gaining their livelihood by flying.
- **12. EMPLOYER** Provide your employer's full name. If self-employed, so state.
- **13.** HAS YOUR FAA AIRMAN MEDICAL CERTIFICATE EVER BEEN DENIED, SUSPENDED, OR REVOKED If "yes" is checked, give month and year of action in numerals.
- **14. TOTAL PILOT TIME TO DATE** Give total number of <u>civilian</u> flight hours. Indicate whether logged or estimated. Abbreviate as Log. or Est.
- **15. TOTAL PILOT TIME PAST 6 MONTHS** Give number of <u>civilian</u> flight hours in the 6-month period immediately preceding date of this application. Indicate whether logged or estimated. Abbreviate as Log. or Est.
- **16. MONTH AND YEAR OF LAST FAA MEDICAL EXAMINATION** Give month and year in numerals. If none, so state.
- **17.a. DO YOU CURRENTLY USE ANY MEDICATION (Prescription or Nonprescription)** Check "yes" or "no." If "yes" is checked, give name of medication(s) and indicate if the medication was listed in a previous FAA medical examination. See **NOTE** below.
- **17.b.** Indicate whether you use near vision contact lens(es) while flying.
- **18. MEDICAL HISTORY** Each item under this heading must be checked either "yes" or "no." You must answer "yes" for every condition you have ever been diagnosed with, had, or presently have and describe the condition and approximate date in the EXPLANATIONS block.

If information has been reported on a previous application for airman medical certificate and there has been no change in your condition, you may note "PREVIOUSLY REPORTED, NO CHANGE" in the EXPLANATIONS box, but you must still check "yes" to the condition. Do not report occasional common illnesses such as colds or sore throats.

"Substance dependence" is defined by any of the following: increased tolerance; withdrawal symptoms; impaired control of use; or continued use despite damage to health or impairment of social, personal, or occupational functioning. "Substance abuse" includes the following: use of an illegal substance; use of a substance or substances in situations in which such use is physically hazardous; or misuse of a substance when such misuse has impaired health or social or occupational functioning. "Substances" include alcohol, PCP, marijuana, cocaine, amphetamines, barbiturates, opiates, and other psychoactive chemicals.

Conviction and/or Administrative Action History - Letter (v) of this subheading asks if you have ever been: (1) convicted (which may include paying a fine, or forfeiting bond or collateral) of an offense involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) convicted or subject to an administrative action by a state or other jurisdiction for an offense for which your license was denied, suspended, cancelled, or revoked or which resulted in attendance at an educational or rehabilitation program. Individual traffic convictions are not

required

to be reported if they did not involve: alcohol or a drug; suspension, revocation, cancellation, or denial of driving privileges; or attendance at an educational or rehabilitation program. If "yes" is checked, a description of the conviction(s) and/or administrative action(s) must be given in the EXPLANATIONS box. The description must include: (1) the alcohol or drug offense for which you were convicted or the type of administrative action involved (e.g., attendance at an alcohol treatment program in lieu of conviction; license denial, suspension, cancellation, or revocation for refusal to be tested; educational safe driving program for multiple speeding convictions; etc.); (2) the name of the state or other jurisdiction involved; and (3) the date of the conviction and/or administrative action. The FAA may check state motor vehicle driving licensing records to verify your responses. Letter (w) of this subheading asks if you have ever had any other (nontraffic) convictions (e.g., assault, battery, public intoxication, robbery, etc.). If so, name the charge for which you were convicted and the date of conviction in the EXPLANATIONS box. See NOTE below.

19. VISITS TO HEALTH PROFESSIONAL WITHIN LAST 3 YEARS

– List all visits in the last 3 years to a physician, physician assistant, nurse practitioner, psychologist, clinical social worker, or substance abuse specialist for treatment, examination, or medical/mental evaluation. List visits for counseling only if related to a personal substance abuse or psychiatric condition. Give date, name, address, and type of health professional consulted and briefly state reason for consultation. Multiple visits to one health professional for the same condition may be aggregated on one line. Routine dental, eye, and FAA periodic medical examinations and consultations with your employer-sponsored employee assistance program (EAP) may be excluded unless the consultations were for your substance abuse or unless the consultations resulted in referral for psychiatric evaluation or treatment. See NOTE below.

20. APPLICANT'S DECLARATION – Two declarations are contained under this heading. The first authorizes the National Driver Register to release adverse driver history information, if any, about the applicant to the FAA. The second certifies the completeness and truthfulness of the applicant's responses on the medical application. The declaration section must be signed and dated by the applicant after the applicant has read it.

NOTE: If more space is required to respond to "yes" answers for numbers 17, 18, or 19, use a plain sheet of paper bearing the information, your signature, and the date signed.

Applicant — Please Tear Off This Sheet After Completing The Application Form.

FAA Form 8500-8 (3-99) Supersedes Previous Edition

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18.	Medical History	- HAVE YOU	EVER IN	YOUR LIFE BI	EEN DIAGNOSEI	O WITH, HAD,	OR DO	O YOU	PRESENTLY HAVE REPORTED, NO C	ANY OF	THE FOL	LOWING	? Answer "yes"	or "no"
	reported on a pro	evious applicati	ion for an	airman medica	al certificate and the	nere has been i	no cha	inge in	your condition.	See Instru	ictions P	age		was
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mm of Mercury) 59. Other Tests Giv			ANA -	h-11		!!	"VEC" -		41	Madia	l I linkow	tion	and for		F		
60. Comments on H abnormal findings of	History and f the examin	i Findings: lation (Atta	: AME SI ch all co	nall cor nsultat	nment o	on all orts F	"YES" a -CGs X-	answers in -ravs etc t	tne to th	: Medica nis repo	al History rt before	section mailing	and for	ŀ		OR FAA	
g							,	,,,							Coded	By:	
Significant Medica	al History	☐ YES		NO				Abnorma	al F	hysica	Finding	js □	YES	NO	Clerica	l Reject	
61. Applicant's Nar	me			62. F	las Bee	n Iss	sued —						Medical & Stu	ident F	Pilot Ce	ertificate	
					☐ No	Cert	ificate Is	ssued — I	Def	erred fo	r Further	Evaluat	ion				
					☐ Ha	s Be	en Denie	ed — Lette	er o	f Denial	Issued (Copy At	tached)				
3. Disqualifying D	efects (List	by item nu	ımber)	<u>I</u>								.,,	,				
64. Medical Examin	ner's Decla	ration — I	hereby of	certify t	hat I ha	ve pe	ersonally	reviewed t	the	medical	history a	and pers	onally examir	ned the	e applic	cant name	ed on
Date of Examination		Aviation Me							<u>p</u>	. J.			dical Examine	er's Si	gnature	е	
M M D D Y	<u> </u>	Street Add	ress														
											AME	E Serial	Number				
	 	City			Sta	to		Zin Code			A N A E	- Talanh	ione (١			

NSN: 0052-00-670-6002

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+	5A +

Ap	olicant Must Complete <u>A</u>	ALL 20 Items (Exc	ept For Sh	nade	d A	reas) <u>F</u>	<u>PLEASE P</u>	<u>RINT</u>	Form A	pproved OMB NO	2120-0034		
Copy (Med	of FAA Form 8500-9 ical Certificate) or FAA		1. Applica				Medical and	2. Cla		dical Certificate A			
Form	8420-2 (Medical/Student Certificate) issued.		3. Last Na	☐ Airman Medical ☐ Airman Medical and ☐ Certificate ☐ 1st ☐ 2nd ☐ 3rd 3. Last Name									
М	EDICAL CERTIFICATE	CLASS	J. Last Na	ine			FIISUN	iaille		Middle Name			
	AND STUDENT PILOT (CERTIFICATE	4. Social S	Securi	ly Num	nher			_				
This	certifies that (Full name and addres	ss):	5. Address		.,		Te	ephone Nu	mber () –			
									,	,			
			Number / St	reet									
			City				State / C	ountry			Zip Code		
	Barat Barat I Waste I	U.S. 5 0.	<u> </u>	-									
	Date of Birth Height Weight	Hair Eyes Sex	6. Date of	Birth	мм	/ D D /	YYYY	7. Color	of Hair	8. Color of Eyes	9. Sex		
		dis addis a set 07. Fordered	Citizen	ship									
	s met the medical standards prescr iation Regulations, for this class of	•	I		nan Ce	ertificate(s) Y					·		
7.0	Tregulations, for this slass of	Wedical Certificate.	☐ Noi				C Specialist	☐ Filg	ht Instru	ctor ☐ Recrea ☐ Other	itionai		
,,			☐ Coi		•	_ ~	ht Engineer ht Navigator	☐ Stu					
ous			11. Occup		Jiai		Tit Havigatoi	12. Emp					
Limitations									,				
imi			13. Has Yo	our FA	A Airr	man Medical	Certificate Eve	r Been De	enied, Su	spended, or Revo	ked?		
_				Yes		☐ No	If y	es, give o	date	/ D D / Y Y Y Y	,		
D-4	of Evening tion	in a de Designation No	Total Pilot		(Civiliar		6 Months	16. Da	te of Las	t FAA Medical Ap	olication		
Date	e of Examination Exami	iner's Designation No.	14. 10 Dai	ıe		15. Fast	o wonths		/ D D /		lo Prior opplication		
7.	Signature			_	-	, ,	ledication (Pres	cription c	r Nonpre	scription)?			
Examiner			☐ No ☐	Yes	(If yes,	below list me	edication(s) used	and chec	k appropri		usly Reported es No		
can	Typed Name												
											┥ ┤		
AIR	MAN'S SIGNATURE								$\overline{}$	instruction sheet).			
40.	• P. LUCA LIANT NOLLENER IN	VOLID LIEE DEEN DIA ONO					n Contact Lens			∐ Yes L	No "		
l f	Medical History - HAVE YOU EVER IN or every condition listed below. In the	EXPLANATIONS box below vi	ou may note "P	RFVIC	USI Y	REPORTED	NO CHANGE"	only if the	explanati	? Answer "yes" on of the condition	or "no" was		
Yes	eported on a previous application for an No Condition	airman medical certificate and Yes No Conditi		no cha Yes			n. See Instru ndition	uctions P Yes		Condition			
a. 🗆	Frequent or severe headaches	g. Heart or vascular tr		m.			rs of any sort; xiety, etc.	r. 🗆	i	ry medical discharg	e		
b	Dizziness or fainting spell	h. High or low blood p	ressure	n.	□ Su	ibstance depe	endence or failed	s.	☐ Medi	cal rejection by milit	arv service		
c.	Unconsciousness for any reason	i. Stomach, liver, or in			ab	drug test ever; or substance buse or use of illegal substance the last 2 years.		• -	t. Rejection for life or health				
$\vdash \equiv$											ilisulatice		
d.	Eye or vision trouble except glasses		od in urine					u	 				
e		k. Diabetes	lora: anilonav	p		icide attempt		x	U Otnei	r iliness, disability, d	r surgery		
f. 📙		I. Neurological disord seizures, stroke, pa	ralysis, etc.	q. 🗌	∐ Mo	otion sickness	requiring medicat	ion					
	viction and/or Administrative Administrative							Yes	IN.				
v.	No History of (1) any arrest, and/o under the influence of alcohol	or conviction(s) involving dr	iving while into	xicate	ed by,	while impair	red by, or while Iministrative	w.	☐ Histo	ory of nontraffic			
	action(s) involving an offense(s	s) which resulted in the der	nial, suspensio	n, car	cellati	ion, or revoc	cation of driving	9		/iction(s) demeanors or fel	onies)		
Fyn	privileges or which resulted in lanations: See Instructions Page	alteridance at an education	iai or a remabil	itatioi	progr	am.			(AA USE		
-^~	idilationo: <u>eco metraetiono i ago</u>										ction Codes		
19.	Visits to Health Professional Wit	thin Last 3 Years.	☐ Yes	(Expla	in Bel	low)	☐ No	S	ee Instr	uctions Page			
	Date Name, Address,	, and Type of Health Prof	essional Con	sulte	t			Rea	son				
	— NOTICE —	20. A	oplicant's Na	tiona	l Drive	er Register	r and Certifyir	g Decla	rations				
	ever in any matter within the I herel	by authorize the National Drive	r Register (NDR)	, throu	gh a de	esignated Sta	ate Department o	f Motor Ve	ehicles, to				
		nation pertaining to my driving r ify information provided in this a											
knov	vingly and willingly falsifies, for my	review and written comment.	Authority: 23 U.S	Code	401, N	lote.				•			
sche	eme, or device a material fact,	NOTE: ALL persons using application for Medi	tnıs torm must ical Certificate (sıgn i or Med	t. NDR lical C	consent, ho ertificate and	owever, does no d Student Pilot	οτ apply υ Certificat	ınıess thi e.	s torm is used as	an		
		by certify that all statements ar	id answers provi	ded by	me on	this applicati	ion form are com	plete and	true to the		owledge,		
repr	esentations, or entry, may be and I a	agree that they are to be consider by Act statement that accompare		basis	or issu	ance of any F	FAA certificate to	me. I hav	e also rea	d and un ders	stand the		
	up to \$250,000 or imprisoried	ure of Applicant							I	Date			
(18	U.S. Code Secs. 1001; 3571).									M M / D D /			
	Form 8500-8 (3-99) Supersedes Previous	us Edition								NSN: 0052-0	0-670-6002		

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Ap	olicant Must Co	mplete <u>/</u>	<u>ALL</u> 20) Items (E	хсер	t For Sh	nade	d A	reas)	<u>PLEASE</u>	PRINT	F	orm A	oproved ON	IB NO. 2	2120-0034
Copy (Med	of FAA Form 8500-9 ical Certificate) or FAA	FF-				1. Applicat	tion F	or: dical		n Medical and	2. 0	Class		dical Certifi		
Forn	ical Certificate) or FAA 8420-2 (Medical/Student Certificate) issued.		Airman Medical Airman Medical and Certificate Student Pilot Certificate 1st 2nd 3. Last Name First Name Middle Name									3rd				
М	EDICAL CERTIFI	S	3. Last Na	me			FIIS	t Name			wildale r	iame				
	AND STUDENT	F PILOT	CERTIF	4. Social S	Securi	tv Nur	mher				_					
This	This certifies that (Full name and address):						s	iy itai			Telephone I	Numb	er ()		
											. оюроо	10	o. (,		
						Number / Str	eet									
						City				State	/ Country				Z	ip Code
	Date of Birth Heigh	ht Weight	Hair	Eyes Se	(6. Date of	Birth	м м	I / D D	/ Y Y Y Y	7. Cold	or of	Hair	8. Color of	Eyes	9. Sex
						Citizens	ship		, , ,							
	s met the medical stan	•			I			nan Ce	ertificate(s)) You Hold:						
Av	iation Regulations, for	this class of	Medical	Certificate.		☐ Nor				TC Specialist	☐ FI	ight	Instruc		Recreati	onal
										ight Engineer	☐ Pi				Other	
ns						☐ Cor		cial	∐ FI	ight Navigator						
Limitations						11. Occup	ation				12. En	ıploy	/er			
miţ						13. Has Yo	our FA	A Air	man Medic	al Certificate E	ver Been	Deni	ied. Sus	spended, or	Revoke	ed?
Ē							ີ Yes		∏ No					/ D D / Y		
						Total Pilot		(Civilia	an Only)		16. 1	Date	of Last	/ D D / Y	Y Y Y	ication
Date	e of Examination	Exami	ner's Desi	gnation No.		14. To Dat		,		st 6 Months					□ No	Prior
						45 5 1/								YYYY	⊔ Aр	plication
Jer	Signature									Medication (Pr medication(s) us					Previous	y Reported
Examiner	Typed Name							()	,						Yes	
Xa	Typeu Name														— H	HI
	MAN'S SIGNATURE								//5			47			🗆	
						17.b. Do Y	(If more space is required, see 17. a. on the instruction sheet). 17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying? Yes No									
18. 1	Medical History - HAVE	YOU EVER IN	YOUR LIF	E BEEN DIAG	NOSED										"yes" or	
1	Medical History - HAVE Yor every condition listed be eported on a previous app	elow. In the	EXPLANA	TIONS box bel	w, you r	nay note "Pl	REVIO	USLY	REPORTE	D, NO CHANGE	E" only if the structions	ne ex	cplanation	on of the con	dition wa	as
Yes			Yes No		ndition	10 1140 500111	Yes	No	C	ondition	Ye	s N		Condi	tion	
a. 🗌	☐ Frequent or severe he	eadaches	g. 🗌 🔲	Heart or vasci	lar troub	le	m	□ Me	ental disord epression, a	ders of any sort; anxiety, etc.	r. [Militar	y medical di	scharge	
b.	Dizziness or fainting	spell	h. 🗌 🔲	High or low bl	od pres	sure	n. 🗌	□ St	ubstance de	ependence or fai	iled s.[Medic	al rejection l	oy militar	y service
с.	Unconsciousness for	any reason	i. 🗆 🗆	Stomach, live	or intes	tinal trouble	1	ab	the last 2 y	of illegal substa	ince t. [JE	Rejec	tion for life or	health ir	nsurance
d.	Eye or vision trouble e	excent dlasses		Kidney stone	r blood i	in urine	o. 🗌	\sim		ndence or abuse	e u.	7/-	Admis	sion to hosp	nital	
e				Diabetes		p. ☐ Suicide attempt x. ☐ ☐ Other i						<u>.</u>		curgony		
				Neurological	isorders	enilensy	1 _	=		•		#	_ Other	illi less, uisa	Dility, Oi	surgery
f				seizures, strol	e, paraly	/sis, etc.	q		otion sicknes	ss requiring medi	cation	丄				
	viction and/or Admir										I Va	s No				
v	No History of any arreunder the influence	est, and/or co	onviction((s) involving (riving w	hile intoxica/ arrest an	ated b	y, wh	ile impaire	ed by, or while administrative	w.[] Histo	ry of nontr	affic	
	action(s) involving	an offense(s) which i	resultéd in the	deniál	, suspensior	n, can	cellat	tion, `oŕ rev	ocation of driv	/ing			iction(s) demeanors	or felo	nies)
Evn	privileges or which		attendan	ce at an educ	ational	or a renabili	itation	prog	ram.			Щ	(11110			A USE
۱-^۴	lanations: See Instruct	uono raye														ion Codes
															CVICW 7101	.011 00000
19.	Visits to Health Profe	ssional Wit	hin Last	3 Years.		☐ Yes (Expla	in Be	elow)	□ No	D	See	Instru	ıctions Pa	ge	
	Date Nam	e, Address	, and Typ	pe of Health	Profes		•		,		R	easc	on			
\\/h	— NOTICE — ever in any matter within	the Lhere	hy authoria						_	ter and Certify State Departmen				iurnich to t	he E^^	
	diction of any department	or inform	ation perta	aining to my dri	ing reco	rd. This conse	ent cor	nstitute	es authoriza	ation for a single	access to	the in	nformation	on cont air	ned in th	e NDR
	ncy of the United States vingly and willingly falsifie			tion provided in						nall make the info	ormation re	ceive	ed from	the NDR,	if any, av	/ailable
con	ceals or covers up by any	trick,				•		,		however, does	not apply	, unk	ess this	form is us	ed as a	n
	eme, or device a material f tho makes any false, fictition	fact,	а	pplication for	Medical	Certificate of	or Med	lical C	Certificate a	and Student Pil	ot Certific	ate.				
or	fraudulent statements or	I nere								ation form are co						wledge, and the
	esentations, or entry, may I up to \$250,000 or imprise	be Drives		ement that acco			~u010 1	J. 133L	adiloc of all	, i , a continuate	111	,, o a	1640	and uil	acrolo	
not	more than 5 years, or both	ı. Signatı	ure of Appl	licant									ı	Date		
(18	U.S. Code Secs. 1001; 35	<i>(</i> 1).														Y Y Y
E A A	Form 8500-8 (3-99) Sun	areadae Dravia	uc Edition											NSN:	uu52-00	-670-6002