

Copy of FAA Form 8500-8 (Medical Certificate) or FAA Form 8420-2 Medical/Student Pilot Certificate issued.

FF-0000000

MEDICAL CERTIFICATE CLASS AND STUDENT PILOT CERTIFICATE

This certifies that (Full name and address):

Date of Birth Height Weight Hair Eyes Sex

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for the class of Medical Certificate

Signature
Typed Name

AIRMAN'S SIGNATURE

1. Application For:
 Airman Medical Certificate Airman Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied For:
 1st 2nd 3rd

3. Last Name First Name Middle Name

4. Social Security Number

5. Address Telephone Number ()

Number / Street

City State / Country Zip Code

6. Date of Birth M M / D D / Y Y Y Y 7. Color of Hair 8. Color of Eyes 9. Sex

Citizenship

10. Type of Airman Certificate(s) You Hold:
 None ATC Specialist Flight Instructor Recreational
 Airline Transport Flight Engineer Private Other
 Commercial Flight Navigator Student

11. Occupation 12. Employer

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?
 Yes No If yes, give date M M / D D / Y Y Y Y

Total Pilot Time (Civilian Only)
 14. To Date 15. Past 6 months 16. Date of Last FAA Medical Application M M / D D / Y Y Y Y No Prior Application

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
 Yes No

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

Conviction and/or Administrative Action History - See Instructions Page

v. Yes No History of (1) any 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 conviction(s) 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.

w. Yes No History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page

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 M M / D D / Y Y Y Y