Applicant Must Complete ALL 20 Items (Except For Shaded Areas) PLEASE PRINT

Form Approved OMB NO. 2120-0034

Copy of FAA Form 8500-9 (Medical Certificate) or FAA Form 8420-2 (Medical/Student Pilot Certificate) issued.

FOR REFERENCE ONLY

MEDICAL CERTIFICATE _____ CLASS AND STUDENT PILOT CERTIFICATE

This certifies that ***(Full name and address):***

VOID

Date of Birth	Height	Weight	Hair	Eyes	Sex

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

Limitations

THIS FORM CANNOT BE USED IN LIEU OF TURBOMEDICAL OR FAA MEDXPRESS.

Date of Examination	Examiner's Designation No.

Examiner

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

Citizenship _____

7. Color of Hair **8. Color of Eyes** **9. Sex**

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. ☐	☐	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 medication	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 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.	w. ☐	☐	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 willingly 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

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED.

REPORT OF MEDICAL EXAMINATION

21. Height (inches)	22. Weight (pounds)	23. Statement of Demonstrated Ability (SODA) ☐ YES ☐ NO Defect Noted:	24. SODA Serial Number

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
25. Head, face, neck, and scalp			37. Vascular system (Pulse, amplitude and character; arms, legs, others)		
26. Nose			38. Abdomen and viscera (Including hernia)		
27. Sinuses			39. Anus (Not including digital examination)		
28. Mouth and throat			40. Skin		
29. Ears, general (Internal and external canals; Hearing under item 49)			41. G-U system (Not including pelvic examination)		
30. Ear Drums (Perforation)			42. Upper and lower extremities (Strength and range of motion)		
31. Eyes, general (Vision under items 50 to 54)			43. Spine, other musculoskeletal		
32. Ophthalmoscopic			44. Identifying body marks, scars, tattoos (Size & location)		
33. Pupils (Equality and reaction)			45. Lymphatics		
34. Ocular motility (Associated parallel movement, nystagmus)			46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)		
35. Lungs and chest (Not including breast examination)			47. Psychiatric (Appearance, behavior, mood, communication, and memory)		
36. Heart (Precordial activity, rhythm, sounds, and murmurs)			48. General systemic		

NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form.

49. Hearing	Record Audiometric Speech Discrimination Score Below		Right Ear					Left Ear				
Conversational Voice Test at 6 Feet ☐ Pass ☐ Fail		Audiometer Threshold in decibels	500	1000	2000	3000	4000	500	1000	2000	3000	4000

50. Distant Vision	51.a. Near Vision	51.b. Intermediate Vision - 32 Inches	52. Color Vision
Right 20/ Corrected to 20/	Right 20/ Corrected to 20/	Right 20/ Corrected to 20/	☐ Pass
Left 20/ Corrected to 20/	Left 20/ Corrected to 20/	Left 20/ Corrected to 20/	☐ Fail
Both 20/ Corrected to 20/	Both 20/ Corrected to 20/	Both 20/ Corrected to 20/	

53. Field of Vision	54. Heterophoria 20' (in prism diopters)				
☐ Normal ☐ Abnormal	Esophoria	Exophoria	Right Hyperphoria	Left Hyperphoria	

55. Blood Pressure	56. Pulse	57. Urine Test (if abnormal, give results)			58. ECG (Date)
Systolic / Diastolic (Sitting, mm of Mercury) /	(Resting)	☐ Normal ☐ Abnormal	Albumin	Sugar	M M / D D / Y Y Y Y

59. Other Tests Given

60. Comments on History and Findings: AME shall comment on all "YES" answers in the Medical History section and for abnormal findings of the examination. (Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing.)

FOR FAA USE
Pathology Codes:
Coded By:
Clerical Reject

Significant Medical History ☐ YES ☐ NO **Abnormal Physical Findings** ☐ YES ☐ NO

61. Applicant's Name

62. Has Been Issued — ☐ Medical Certificate ☐ Medical & Student Pilot Certificate
☐ **No Certificate Issued** — Deferred for Further Evaluation
☐ **Has Been Denied** — Letter of Denial Issued (Copy Attached)

63. Disqualifying Defects (List by item number)

64. Medical Examiner's Declaration — I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

Date of Examination	Aviation Medical Examiner's Name	Aviation Medical Examiner's Signature
M M / D D / Y Y Y Y	Street Address	
	City State Zip Code	AME Serial Number
		AME Telephone ( )