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I. OUTCOMES OF THIS COURSE
(Course Objectives, Instructions for Completion of the course)

After taking this course, you will understand foundational concepts and procedures for the Federal Aviation Administration (FAA) medical certification process. This course will prepare you for the Aviation Medical Examiner (AME) Basic course if you are an AME candidate. Additionally, if you are an AME staff member, it will give you the knowledge to assist the AME in the performance of the examination process.

This course was developed for you because you can have a great impact on the efficiency and accuracy of the certification process. For example, an error you detect and correct prior to transmitting a FAA Form 8500-8 greatly reduces the administrative burden to the agency as well as strengthens the integrity of the certification process. Reduced administrative burden to the FAA results in quicker certification of those airmen who require a medical waiver (special issuance). Accuracy in the conduct and reporting of examinations ultimately results in a safer national airspace. In addition, by decreasing errors from the onset, administrative costs to the AME’s office are also reduced.

COURSE OBJECTIVES

If you follow the procedures outlined in this course your office will receive good ratings on the AME summary report, the certification process will flow smoothly and efficiently, and you will have contributed greatly to the goal of achieving aviation safety. You will be able to:

1. Briefly describe the aeromedical certification process and how the AME and his/her staff function as a member of the certification team.
2. Identify the AME team members and their roles in the certification process.
3. Achieve accuracy in completing FAA Form 8500-8, APPLICATION FOR AIRMAN MEDICAL CERTIFICATE OR AIRMAN MEDICAL AND STUDENT PILOT CERTIFICATE.
4. Assist the applicant in the completion of the applicant’s history component of the FAA Form 8500-8 and check for errors or omissions.
5. Electronically transmit the form after it is complete.
6. Perform your role in assuring the security of the FAA Form 8500-8 and the certification process.
7. Ensure applicable components of the Privacy Act and Healthcare Information Portability and Processing Act are met throughout AME’s components of the certification process.
INSTRUCTIONS FOR COMPLETION OF THE COURSE

During this course you will use for reference:

The Guide for Aviation Medical Examiners found at:
http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/media/guide.pdf

Appendix I, MedXPress FAA Form 8500-8

If you have questions about the program, please email the AME Education team at 9-AMC-AME-Distance-Training@faa.gov.

Throughout this course you will be referring to your AME Guide and will be asked to use the Guide to locate information.
II. THE CERTIFICATION TEAM, THE ROLE OF EACH MEMBER, AND THE CERTIFICATION PROCESS

THE CERTIFICATION TEAM

Medical certification of pilots is a team effort and you are an important part of the process. The contribution of each team member is equally important. The collective success of the certification process ultimately depends on the efforts of each person involved.

The certification team consists of the office of the Aviation Medical Examiner, office of the Regional Flight Surgeon, Aerospace Medical Education Division, Aerospace Medical Certification Division, the Federal Air Surgeon, and the airman applicant (who is also your customer). To function as a team, everyone involved in the certification process must understand the goals that are common to all members of the team. AVIATION SAFETY is the reason that the certification process and the certification team exists.

Notably, 379,000 airmen applied for FAA medical certification in 2014. These exams were performed by approximately 3100 AMEs around the world. These were reviewed by less than 150 FAA employees dedicated to airman medical certification. Amazingly, 99.9% of applicants were granted medical certification if they provided needed information to the FAA!

AEROMEDICAL CERTIFICATION TEAM

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THE FEDERAL AIR SURGEON

The Federal Air Surgeon has overall responsibility for the entire Aeromedical Certification System. Although the Manager, Aerospace Medical Certification Division, and the 10 Regional Flight Surgeons have been delegated the authority for day-to-day management of the system, the Federal Air Surgeon is ultimately responsible.

The Federal Air Surgeon is also responsible for updating certification policies and procedures in response to advances in medical science; The Federal Air Surgeon is actively involved in complex certification decisions that fall outside of normal interpretation of established standards and procedures. When airmen do not meet the established medical standards, the Federal Air Surgeon must assess their ability to
perform as authorized by the class of medical certificate applied for without endangering air commerce during the period in which the certificate would be in force.

The Federal Surgeon must also decide on cases in which applicants who have been denied certification by a Regional Flight Surgeon or the Manager of the Aerospace Medical Certification Division, and who are requesting reconsideration. In these cases the Federal Air Surgeon may obtain opinions of consultant medical specialists, as considered appropriate, and determine whether a Special Issuance (waiver) may be granted without compromising aviation safety.

The day-to-day functions of policy development and workup of special issuance cases for the Federal Air Surgeon is conducted by the Medical Specialties Division. Currently, this division adjudicates all Human Intervention Motivation Study (HIMS) and depression requiring SSRI special issuance cases. The Medical Specialties Division is responsible for the production of the Guide for Aviation Medical Examiners.

OFFICE OF THE REGIONAL FLIGHT SURGEON

Within the Office of Aviation Medicine there are ten regional Aviation Medical Divisions, each headed by a Regional Flight Surgeon. Nine of the regions are geographic within sections of the United States, whereas the International, Military, and Federal are a functional region. The Regional Flight Surgeon’s office is responsible for providing aeromedical information and consultation, making certification decisions in select cases, interpreting pertinent rules and regulations concerning certification, preparing medical cases requiring enforcement action, answering questions regarding medications, and providing local management of the AME program. The Regional Flight Surgeon for your region is your primary contact with the FAA.
Aviation Medical Examiners may receive a variety of correspondence from their FAA Regional Flight Surgeon’s office. This correspondence may include reminders to attend seminars, letters, or emails with information regarding policy or procedure changes, and letters of recognition for exceptional performance.

The Regional Flight Surgeon’s Office also plays a major role in AME quality assurance and performance monitoring. These offices send out annual individual AME Performance Reports to inform AMEs of their number of issuances, deferral/denial rates, and any errors found during the year. These performance reports serve as a major component for the periodic re-designation decision for an AME and may also be used as a mentoring tool by Regional Flight Surgeons.

When an examiner has a question or needs assistance in carrying out responsibilities, the Regional Flight Surgeon’s Office should be contacted first. Key players for AME assistance on the Regional Flight Surgeons’ staff are the Certification Program Analyst, the Surveillance Program Analyst, and the AME Program Analyst. For airman medical certification questions, the FAA Regional Certification Program Analysts may be contracted. The AME Program Analyst should be contacted about other issues such as equipment, AME performance, AME refresher training, or other AME office operation. In other words:

- FAA Form 8500-8 (Application for Airman Medical Certificate of Airman Medical and Student Pilot Certificate) and examination/AME Guide questions = Certification Program Analyst
- AME case review and site surveys = Surveillance Program Analyst
- AME designation, training, termination, error letters = AME Program Analyst

You may contact your regional office through the following link: http://www.faa.gov/licenses_certificates/medical_certification/rfs/

AEROSPACE MEDICAL EDUCATION DIVISION

The Aerospace Medical Education Division provides you with a variety of services which include:

- The AME initial and refresher training. This training includes the AME Basic seminar held three times a year in Oklahoma City, OK as well as several refresher seminars. The refresher seminars are held at various locations annually including in conjunction with the Aerospace Medical Association Annual Scientific Meeting and the Civil Aviation Medical Association meeting.
- Seminars, webinars, and the Multimedia AME Refresher Course (MAMERC)
- Physiology and Survival Courses http://www.faa.gov/pilots/training/airman_education/aerospace_physiology/cami_enrollment/
- The Federal Air Surgeon’s Medical Bulletin (FASMB) http://www.faa.gov/library/reports/medical/fasmb/

The Bulletin provides you with news and information about aeromedical certification and aviation medicine. AMEs are encouraged to submit articles to
the Aerospace Medical Education Division for publication in the Federal Air Surgeon’s Bulletin.

- Forms and brochures. Routine orders for FAA forms or supplies may be placed on-line at http://ame.cami.jcebi.gov/form_and_brochure/medicalform.asp.
- The AME knowledge exchange, http://www.faa.gov/go/ame. This page contains frequently used information for AMEs as well as updates and tools.
- AME Policy: http://www.faa.gov/other_visit/aviation_industry/designees_delegations/designee_types/ame/media/8520.2G.pdf
- The Civil Aerospace Medical Institute (CAMI) Library, http://www.faa.gov/library/online_libraries/aerospace_medicine/ which may be used by AMEs for research and publication support.

Of these products, you will use FAA Order 8520.2G on a daily basis, whether you do so consciously or not. This order describes the policies and procedures governing the AME program. This order outlines the requirements for initial designation, renewal, re-designation, and termination of an AME in the FAA.

In addition to requiring an AME to successfully complete the MCSPT, CAPAME, and the Basic seminar, it outlines the currency requirements for AME training. Specifically, it details the requirement for AMEs to maintain their designation through training at a minimum of every three years. On-site seminar training is required once in a 6-year period. The Multimedia AME Refresher Course (MAMERC) may be substituted for on-site seminar training in alternating three-year cycles.

THE AEROSPACE MEDICAL CERTIFICATION DIVISION

The delegated function of the Federal Air Surgeon to examine applicants and holders of medical certificates and to issue renew and deny medical certification are also delegated to AMEs and to authorized representatives of the FAS within the FAA including Regional Flight Surgeons, Aerospace Medical Certification Division (AMCD) and the Aerospace Medical Education Division (AMED).

The Aerospace Medical Certification Division processes approximately 400,000 applications for medical certificates annually. Between the Aerospace Medical Certification Division and the Regional Flight Surgeons’ offices, around 17,000 authorizations are granted annually for Special Issuance.

The staff at the Aerospace Medical Certification Division presents lectures, conducts clinical examination demonstrations, and provides aeromedical or administrative consultation to AMEs and their staffs through AME seminars. Additionally, the division has a call center to answer certification questions for airmen and AMEs as well as a physician on-call to answer difficult questions. These services are available Monday-Friday from 8:00 a.m. to 5:00 p.m. Central Time except for federal holidays.
Regional offices are open similar hours in their respective time zones and are available for questions from any AME. AMEs should attempt to reach their regional office or the AMCD prior to contacting another region if possible. The Aerospace Medical Certification Division call line is (405) 954-4821, Option 6. Have your AME number available for the helpdesk.

Also of importance: FAA HOTLINE: 1-800-255-1111 (Anonymous reporting of Aviation Safety Issues)

In addition to administering airman certifications and providing consultation to AMEs, the division administers the Aerospace Medical Certification Subsystem (AMCS). This web based system (https://medxpress.faa.gov/loginnet/Login.aspx?app=AMCS) is an Aerospace Medical Certification Division program designed for the electronic transmission of FAA Form 8500-8. This electronic form is used for medical certification of all airmen. Since its inception it has eliminated most common errors and has expedited the FAA’s receipt of the form. A paper version does exist, but it may only be used for FAA employed Air Traffic Controllers.

For an airman’s application, the process by which a medical certificate is issued by an AME has been simplified over the past few years. When an airman desires to initiate the application for a medical certificate or a student pilot and medical certificate, he or she simply provides a complete medical history from the comfort of home through a web-based program called MedXPress (https://medxpress.faa.gov/). Once the airman finished the MedXPress history, the system provides a confirmation number. This confirmation number is provided to the AME on the day of the examination and the AME enters the number in AMCS.

Once the confirmation number is entered into AMCS, the airman’s medical history from the MedXPress application is populated in the AMCS history section. The rest is relatively intuitive and will be further explained during the Basic AME seminar. Two videos have been developed to assist you in explaining the process to airmen. These videos are found at http://www.faa.gov/tv/?mediaId=554 and http://www.faa.gov/tv/?mediaId=634. Of important note is that once the MedXPress confirmation number is entered into AMCS, the examination has begun for legal purposes and must be transmitted to the FAA.

Information and training on AMCS is provided by the Aerospace Medical Certification Division at AME seminars and kept current for AMEs on a continuous basis as changes are made to the system. You can call the AMCS Help Desk at (405) 954-3238 for information. They will answer any questions about AMCS.

Once the airman completes the application and the examination is performed by the AME, the AME may perform one of three actions: issue a medical certificate, defer the issuance of a medical certificate to the FAA if the airman does not meet the
required medical standards, or deny the medical certificate. The latter disposition is rare and will be discussed during the Basic AME seminar; however, deferrals occur relatively frequently and often require medical workup outside the scope of the standard AME examination. In this case, the Aerospace Medical Certification Division is the primary place to send documentation for medical workup in cases requiring special issuance.

The address to send this workup is:

MANAGER
Aerospace Medical Certification Division, AAM-300
Civil Aerospace Medical Institute
Federal Aviation Administration
Post Office Box 26080
Oklahoma City, OK 73125

THE AME OFFICE

AMEs and their staff members are the FAA's representatives in local communities. They provide guidance to the public on matters dealing with the medical aspects of aviation safety and aeromedical certification. In short, the AME and his or her office play a significant role in how the US population views the services and conduct of the FAA as a whole. Accordingly, your professionalism improves the public’s perception about the safety of the system. As such, designees serve at the pleasure of the FAA administrator. This means that designation is a privilege, not a right.

You have been carefully selected from a list of candidates who desire to be associated with the FAA and its reputation. You provided the essence of the certification program. Customer service, quality physical exams, and the efficient administration of the certification process locally are totally dependent upon you. However, you are not alone. Your Regional Flight Surgeon’s office will provide support and mentorship through telephone consultation and site visits to your office.

The FAA medical certification system depends upon trust for the airman to be truthful and for the AME to elicit the most accurate and comprehensive history possible based upon the questions asked on the 8500-8 form. The Basic AME seminar will go into detail on how to conduct the history and examination. It is the AME’s responsibility to assist the airman in understanding the nature of the questions. Severe penalties may result from false or incomplete statements on this form by the airman.

An AME may perform exams independent of any staff; however, AME office staff members can play a central role to the FAA certification system. These staff members are often the first contact for an airman. They provide customer service, instruction and oversight of the completion of the 8500-8 form as well as using MedXPress. Additionally, they may instruct airmen to bring documentation of medical workup for a condition to the FAA medical examination.
Although the AME is solely responsible for the accuracy, timeliness, and completeness of the 8500-8, the staff may help with quality assurance in the completion and submission of the form. AME staff members are also usually responsible for monitoring and ordering AME supplies, and play a vital role in the security of the certification system.

Simply stated, an AME staff member’s role may be divided into the following key elements:

- **Customer service**: The applicant’s first point of contact with the certification. The staff established the first impression of the process, the AME, and the FAA.

- **Quality assurance**: By carefully reviewing FAA Form 8500-8 to prevent omissions, errors in transcription, or erroneous entries, the staff may provide support to both the AME and the FAA. Staff members may enter the MedXPress confirmation number in AMCS, enter the physical examination findings on behalf of the AME, print a medical certificate, and even submit an examination to the FAA on behalf of the AME. All of this must be done with the AME’s oversight. The FAA medical certificate is not valid without the AME’s physical signature.

- **Security**: FAA Form 8500-8 is a controlled document and the AME and staff play a vital role in its protection. Currently all airman exams are performed on an electronic 8500-8 in AMCS, which makes AMCS password and computer access security extremely important. In fact, AMEs are required by the FAA to electronically confirm all users every 90 days as an added security measure in this system. For AME offices performing FAA medical examinations in FAA employed Air Traffic controllers as well as airmen, an additional layer of physical security is required. In this case, the 8500-8 used is still in paper form and must be secured in a locked area to prevent theft or fraudulent use.

In addition to providing a professional quality examination in a professional setting, the AME has several other requirements to maintain AME designation. All of these are outlined in the FAA Order 8520-2G and will be discussed in detail at the Basic AME seminar. You may find it at [http://www.faa.gov/documentLibrary/media/Order/8520.2G.pdf](http://www.faa.gov/documentLibrary/media/Order/8520.2G.pdf).

To give an overview of these requirements, and AME must at minimum:
- Perform ten examinations per year in an approved location.
- Maintain good standing with his/her licensing authority.
- Maintain a low error rate on examinations.
- Attend FAA training every three years.
- Use MedXPress and AMCS.
- Maintain up-to-date contact information.

Any voluntary changes to an AME’s designation or location must be communicated in advance with the regional office. Retirements, entering residency training, entering the military or resignation from the AME program are examples of these changes.
THE APPLICANT/AIRMAN/CUSTOMER

The applicant plays two roles, one as a valued member of the certification team, and the other as your customer. In your role as an AME, you do not have a physician-patient relationship unless you are already seeing the airman as a patient. With that said, your obligation lies with the FAA and the public who depends on the safety of the national airspace.

Your role with the applicant may take many forms: examiner, educator, consultant, and safety team member. In a healthy relationship you are partners. Certainly the goal of aviation safety is as important to the applicant as it is to any other member of the certification team.

As a member of the certification team the applicant is responsible for giving the AME/AME staff honest and complete information. As a customer the applicant deserves good and complete instructions on FAA policies as they pertain to airman medical certification.

Being an active member in the local aviation community allows AMEs to be seen as a trusted member of the team. Ways to enhance this visibility are to participate in flying, participate in local airshows, provide physiology lectures or other aviation medical topics at local airports, write articles in local newspapers, and interact with other local AMEs. All of these activities will enrich your practice and improve the bond between you and the applicant as teammates in aviation safety.

The Aerospace Medical Education Division also provides various training materials to AMEs to assist in aviation safety briefings and seminars within their local communities. For more information on training materials call 405-954-4831 or go to http://www.faa.gov/pilots/training/airman_education/.

THE CERTIFICATION PROCESS

The primary goal of the airman medical certification program is to protect air travelers and the general public. Additionally, the FAA strives to provide professional, proficient services to airmen and administer the medical certification process in an efficient manner. The FAA constantly seeks information to safely allow airmen with medical conditions to fly by reviewing the latest clinical trials, consulting leading experts in their respective fields of medicine who also have aviation medicine knowledge, and retrospectively looking at cases approved in our system.

The efficiency and timeliness of service to the airmen depends upon successful completion of FAA Form 8500-8 and transmission of the data to the FAA. Approximately 50% of the computer rejections could be avoided by accuracy in completing the form. The Aerospace Medical Certification Subsystem (AMCS) has built in quality assurance features that flag the user if a required piece of information is not included on the form or if data falls outside the required ranges. Although it goes a long
way to easing the process of certification for the AME and his or her staff, it does not prevent the AME from certifying an airman who does not meet FAA standards. Therefore, an in-office quality assurance program to cross-check the AME’s work is a useful tool. Three high visibility issues tend to be ECGs which are abnormal but are not commented on by the AME; medications which are not allowed to be used while exercising the privileges of the pilot’s license; or lack of enough information regarding conditions found on history or examination. The AME’s office staff fulfills a vital role if the AME chooses to use them as a partner in quality assurance.

The certification process begins when an applicant for medical certification enters your office. You will be the applicant’s first contact in the aeromedical certification process and your service will influence the airman’s impression of the FAA and your office. Also, your first contact with the applicants will influence the way they view themselves in the certification process. By communicating that you recognize them as team members as well as valued customers you will make them feel that they are part of the team.

Even though applicants are team members and customers, our primary responsibility is to the flying public. Thus, it is sometimes necessary for the AME to deny or defer certification to the FAA regional offices or the Aerospace Medical Certification Division. The Guide for Aviation Medical Examiners is your go-to reference for certification decisions – also called aeromedical dispositions.

This guide is updated on the last Wednesday of every month and is available online using this memorable shortcut: [http://www.faa.gov/go/ameguide](http://www.faa.gov/go/ameguide).

This resolves to: [http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/](http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/). It will serve as the textbook and foundation for the AME Basic Seminar. It contains major sections of the laws pertaining to airman certification as well as some of the medical work-ups required by the FAA in order to grant the airman a waiver to fly.

In this guide, you will find that there are 15 specific disqualifying conditions for which an AME must deny or defer the decision the medically certify an airman to fly. These conditions are specifically disqualifying by federal law. There are many others which are generally disqualifying as determined by the Federal Air Surgeon. An example of a generally disqualifying condition is obstructive sleep apnea. Please refer to the Guide for Aviation Medical Examiners at this time to get a feel for its layout. Applicants who are medically disqualified for any reason may be considered by the FAA for a Special Issuance (waiver). A special subtype of waiver is the Statement of Demonstrated Ability for static conditions. These are also described in the AME Guide.
III. THE FAA FORM 8500-8 HISTORY (MedXPress)

(Items 1-20)

The first step in certification is the applicant’s completion of the history component of the 8500-8 in MedXPress. Refer to the 8500-8 section in Appendix I, Application for Airman Medical Certificate. As of October 1, 2012, the paper version of this form is used ONLY for FAA employed Air Traffic Controllers and should NEVER be used for anyone else.

The applicant should provide his or her confirmation number from MedXPress at the time of the examination. If the applicant does not have the confirmation numbers with her but has completed the MedXPress application, the confirmation number may be obtained by:

- Referring to the email account that the applicant registered with MedXPress
- Calling the MedXPress help desk at (877) 287-6731. The airman will be required to answer security questions which were set at the time of MedXPress account sign-up.
- The AME’s office may call the AMCS help desk at (405) 954-3238.

As part of ensuring the safety of the national air space, a photo I.D. must be used to determine the identity of the applicant. This will help to ensure that a certificate is not issued to someone other than the person examined. The FAA Form 8500-8 is a legal document and the information submitted in MedXPress is the applicant’s information. Any changes made in AMCS by the AME or staff must be understood and acknowledged by the applicant.

The information provided is protected by the Privacy Act and cannot be released without written consent from the applicant. If someone other than the applicant or the FAA requests information based on the examination, the best course of action by the AME is to refer them to the Aerospace Medical Certification Division. There is a staff to ensure information may be exchanged in a legally sound method under the Freedom of Information Act if warranted.

By signing the form the applicant authorizes the FAA a one-time access to their driver records. The National Driver Registry (NDR) address is provided, in case the applicant wishes to obtain a copy of any information regarding the driving history.

The medical history section in MedXPress requires each item to be answered either “yes” or “no”. Applicant should provide a “yes” answer for any condition they have had in their whole life. This is because some conditions may be debilitating for many years (or permanently) and may adversely affect the applicant’s ability to meet the medical standards in Federal Aviation Regulation (FAR), Part 67. If a response has been “yes” on one application, the same response must always be affirmative on all future applications.
If the condition was previously noted and cleared by the FAA then a response of “no change” or “previously reported” may be entered in the explanations block.

Item 1: Application For Airman Medical Certification OR Airman Medical and Student Pilot Certificate

The applicant must indicate the type of certificate requested and this must correspond with the type issued if the AME has the credentials to provide the certification. Only Senior AMEs may issue 1st Class medical certificates. “Medical Certificates” as well as “Student Pilot and Medical Certificates” may be issued from AMCS; however, you must be careful to ensure you choose the correct certificate when you print. Printing the wrong certificate from AMCS is a common issue and may be corrected by calling the AMCS help desk if you make the mistake.

International applicants may receive student pilot certificates from AMEs in foreign countries. If applicants from foreign countries are coming to the United States, they may obtain the student pilot certificate from an AME while in the U.S.

Item 2: Class of Medical Certificate Applied For

The applicant must check the applicable box to indicate the class of medical certificate requested and this must correspond with the class issues. A student pilot may be issued any class medical certificate requested as long as the medical standards are met. An applicant can request a class of certificate higher than needed for the type of flying planned.

If the class of the certificate requested is changed during the course of the exam, the AME must change the class indicated in item 2 and comment AMCS. Note that the class of certificate must agree with that issued or the application will be incorrect and the AME will receive an error. The AME should apply standards appropriate to the class sought, not to the airman’s duties either performed or anticipated.

The airman can apply for any class certificate. A higher class certificate will work as a lower class certificate for an additional time period. For example, a first class certificate for an airman over age 40 is good for 6 months. The same certificate can be used for the airman to fly as a second class airman for a year and will then revert to a 3rd class for 5 years from the date of the exam. Unless the certificate specifically states “Not valid for any class after ….date,” the above procedure will be in effect.

Medical certificates are valid for varying periods of time depending on the class of certificate and the airman’s age at the time of the examination.

A first class medical certificate is valid for the remainder of the month of issue; plus

- 6 calendar months for operations requiring a first class medical certificate if the airman is age 40 or over on or before the date of the examination, or
• 12 calendar months for operations requiring a first-class medical certificate if the airman has not reached age 40 on or before the date of examination, or
• 12 calendar months for operations requiring a second class medical certificate, or
• 24 calendar months for operations requiring a third class medical certificate if the airman is age 40 or over on or before the date of the examination, or
• 60 calendar months for operations requiring a third class medical certificate if the airman has not reached age 40 on or before the date of examination.

A second class medical certificate is valid for the remainder of the month of issue; plus
• 12 calendar months for operations requiring a second class medical certificate, or
• 24 calendar months for operations requiring a third class medical certificate, if the airman is age 40 or over on or before the date of the examination, or
• 60 calendar months for operations requiring a third class medical certificate if the airman has not reached age 40 on or before the date of examination.

A third-class medical certificate is valid for the remainder of the month of issue; plus
• 24 calendar months for operations requiring a third class medical certificate, if the airman is age 40 or over on or before the date of the examination, or
• 60 calendar months for operations requiring a third class medical certificate if the airman has not reached age 40 on or before the date of examination.

* Note: Each medical certificate must bear the same date as the date of medical examination regardless of the date the certificate is actually issued.

Item 3: Name

To ensure that the applicant is properly identified, the complete name, including complete middle name, is needed. Many names are the same; therefore birth dates are used for identification. No abbreviations or nicknames may be used. Applicants should enter last name, first name, and middle name or initial. If they have no middle name or initial, “none” or “NMI” should be entered.

If the applicant has changed names (s)he must:
1. Enter current name in item 3.
2. List previous name(s) in explanations box of Item 18
3. Provide a copy of appropriate legal documents if available.

Item 4: Social Security Number

Applicants are not legally required to give their Social Security number. The Aerospace Medical Certification Division will assign a pseudo number in lieu of a SSN. The Social Security number is the only information requested on the front of FAA Form 8500-8 that is not mandatory.
Item 5: Address

The permanent mailing address is required. The street name and number is preferred over a post office box. The telephone number should be one at which the applicant may be reached in the daytime, if possible. The city, state, country and ZIP Code are self-explanatory, but you should ensure that these are not omitted. The ZIP Code (first five digits) is very important. It allows the address to be entered into the computer.

Item 6: Date of Birth

The month, day, and year must be provided in numerically. MM/DD/YYYY format (Ex. 10/03/2000). International applicant must look at the formatting required in MedXPress to avoid certification problems.

Item 7: Color of Hair

The only acceptable hair colors are brown, black, blonde, gray, or red. Do not abbreviate. Lack of hair is referred to as “bald”. The color is the natural color whether dyed or not.

Item 8: Color of Eyes

The only acceptable eye colors are brown, black, blue, hazel, gray, or green. Do not abbreviate. The actual eye color must be provided and not contact lens color.

Item 9: Sex

The sex is what is stated by the applicant even if there is anatomical evidence to the contrary. The courts have ruled that the psychological status of people as well as their physical attributes may be used to determine sex. Therefore, the applicant’s stated sex should not be challenged. If the stated sex conflicts with evidence, a comment should be made in item 60. Sex change is not grounds for disqualification, but the FAA does require some workup. Questions regarding any issues from this item should be addressed to the Aerospace Medical Certification Division.

Item 10: Type of Airman Certificate(s) You Hold

All applicable boxes must be checked.
Item 11: Occupation

This information is used for statistical data as well as priority handling. A person who earns his/her living by flying is the only one who should list their occupation as pilot.

Item 12: Employer

In this space either a specific employer or “self-employed” should be entered. The primary position of employment should be used. In some cases student, retired, or unemployed should be used as appropriate.

Item 13: Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?

This item requires a “yes” or “no” response. If answered “yes” the airman must enter the date of the action and report the details in the explanation box of Item 18. If a time limited certificate has been issued with follow-up, this is not considered a denial. If the applicant has a current certificate issued since denial, be sure that it is valid by having the applicant provide the appropriate letter. The AME may not issue a certificate when the response is “yes” except:

1. When an airman presents written evidence from the FAA that further issuance was made and the AME is authorized to issue.
2. When the AME obtains verbal authorization from the Regional Flight Surgeon or Aerospace Medical Certification Division.

Item 14 and 15: Total Pilot Time (civilian only)

This refers to estimated or logged civilian, not military, flying time. Enter zero (0) if there has been no flight time. This is used for statistics and when making a determination of issuance based on operational experience. Military time may be included in Item 18 or 60. The time provided should be identified in Items 14 and 15, estimated (EST) or logged (LOG). Total pilot time can be used for statistical data as well as providing information in regard to the airman’s pilot experience.

Item 16: Date of Last FAA Medical Application

If the applicant cannot remember the exact date, the approximate date or year is acceptable, even if it did not result in the issuance of a medical certificate. Check the appropriate box if there is none.
Item 17a: Do You Currently Use Any Medication (Prescription or Non-prescription)?

The question of medications is very important because many medications (or the underlying condition requiring the use of medications) may be disqualifying. Any mind or mood altering medications, or medications that cause dizziness or drowsiness are disqualifying. It is not necessary to declare the use of vitamins.

This requires a “yes” or “no” response. If the response is “yes”, the name, purpose, dosage, and frequency of the medication must be given. (Failure to disclose the type of medication following a “yes” answer causes approximately 20,000 application rejections per year.) Also “yes” or “no” should be marked to indicate if this was previously reported. Medications that are mind or mood altering, cause dizziness, drowsiness, or affect the central nervous system MAY NOT be used while exercising the privileges of airman duties. Over-the-counter drugs are “a contributing factor” in a significant number of all fatal aviation accidents. If an applicant refuses to provide a response in this item, DEFER!

Item 17b: Do You Ever Use Near Vision Contact Lens (es) While Flying?

This question attempts to discern if a person wears monocular lenses, i.e., one contact lens for near vision and one for distant vision. This is not allowed for flying. The simple fix is for an airman to remove the contacts and wear bifocal glasses or bifocal contact lenses instead. If the airman flies with bifocal contacts or bifocal glasses this does not apply. Additionally, flying with bilateral near vision contacts is self-critiquing when the airman attempts to view outside the windscreen and vision is blurry. This is not allowed for obvious reasons.

Item 18: Medical History

Frequent errors are made on this item. These errors result in the highest percentage of application rejects. Each item (a-x) must be answered “yes” or “no”. All “yes” responses MUST be brought to the AME’s attention.

PLEASE NOTE THE FOLLOWING:

1. If “yes” is checked, it MUST be explained under “explanations.”
   a. The AME will inquire about each “yes” answer and comment in Item 60 in AMCS.
   b. Of particular importance are conditions that have developed since the last FAA medical examination.
   c. If it has been previously explained in an earlier application, the statement “no change” is acceptable by the applicant. It must be further discussed by the AME in Item 60.
d. Item 60 is limited to less than 2000 characters in AMCS; therefore succinct descriptions may be required. AMEs may send supporting paperwork to the Aerospace Medical Certification Division. Identifying applicant information is required to be on this paperwork.

Item 60 should also contain comments for all abnormal findings of the exam. If “yes” is checked and “no change” indicated, ask the applicant about it and comment on Item 60. It is important that you watch for this because sometimes “no change” is improperly indicated on a first exam. The Regional Flight Surgeon may be contacted for advice on how to expedite certification when a “yes” response is entered.

Item 18a: Frequent or severe headaches

Severe headaches, especially ones of sudden onset, may cause incapacitation while piloting an aircraft. Full explanation of type, frequency, severity, cause, and treatment may be required before determining the applicant’s eligibility.

Frequent or severe headaches that require medication or treatment, such as migraines and cluster headaches, need further evaluation or additional documentation.

Item 18b: Dizziness or fainting spell

Dizziness or a fainting spell that was self-limited and not severe enough to require treatment usually requires only an explanation. Dizziness may indicate an inner ear disorder, cerebral disease, central nervous system (neurological) disease, or a circulatory disorder (cardiovascular). Further evaluation or documentation is needed if treatment was required.

Item 18c: Unconsciousness for any reason

An unexplained disturbance of consciousness is disqualifying. In the event the disturbance is explained, is benign, and is not likely to recur, the AME may issue a certificate. The AME should defer issuance and submit any available medical records and specialty reports with the application if surgical treatment was necessary to correct the cause.

Item 18d: Eye or vision trouble except glasses

The AME should question the applicant concerning any changes in visual experiences, injuries, surgery, current use of medications, or family history of serious eye disease, such as glaucoma. A “yes” response may indicate cataract, retinal, glaucoma, malignant or neurologic disorders, or the presence of a cataract or glaucoma.
Refractive surgery is acceptable; however, refer to the AME Guide for specific information. Applicants with a documented history of glaucoma must provide a current ophthalmology evaluation and FAA Form 8500-14. The form can be reviewed at [http://www.faa.gov/documentLibrary/media/Form/FAA%20Form%208500-14.pdf](http://www.faa.gov/documentLibrary/media/Form/FAA%20Form%208500-14.pdf). An AME can issue a certificate as long as pressures are within standards, are well controlled, and there is no loss of visual fields.

Item 18e: Hay fever or allergy

Allergy controlled by desensitization is not disqualifying. Occasional, season therapy may be certified by the AME with the stipulation that the airman not fly when symptoms occur and treatment is required. The AME must warn the airman and comment on Item 60 on the back side of Form 8500-8 if it is determined that occasional treatment is required.

Item 18f: Asthma or lung disease

History of frequent, severe attacks, or need for preventive therapy requires documentation before eligibility for medical certification can be determined. Pulmonary function testing including a current Forced Expiratory Volume, one second (FEV1) and Forced Volume Capacity (FVC) may be required along with a narrative summary from the treating physician.

History of a single episode of spontaneous pneumothorax is disqualifying until there is evidence of resolution and that no condition would be likely to cause recurrence. Results of a complete pulmonary evaluation must be favorable and must be sent to the FAA.

Childhood Asthma is usually outgrown, but adult onset Asthma may be severely debilitating. Significant bronchial spasms in Asthma or obstructive ventilation, such as in Chronic Obstructive Pulmonary Disease (COPD), may cause significant hypoxia at altitude and may be incapacitating. High doses of medication may have adverse side effects. The AME should first consult this section in the AME Guide and if they still have questions, they should consult with the Regional Flight Surgeon or AMCD.

Item 18g: Heart or vascular trouble

The AME should assist applicants in providing required documentation to the FAA. The AME should NOT initially issue the certificate if the response was “yes.” Further evaluation is required – for example, the AME may issue for hypertension if it is benign essential hypertension under adequate control. An applicant with any of the specifically disqualifying conditions should not be issued a certificate by the AME. Specific evaluations may be required to determine if an airman may be certified by Special Issuance.
Many other conditions may prevent the applicant from meeting the standard but may be acceptable for certification through an authorization for Special Issuance. Some of these are:

1. Arrhythmia
2. Cardiomyopathies
3. Valvular disease (including artificial valve replacement.)
4. Conductive disorders or use of a pacemaker.
5. Dissecting aortic aneurysms
6. Congenital cardiac disorders (e.g., Coarctation of the aorta, ventricular septal defects, and others.)

Item 18h: High or low blood pressure

Refer to the blood pressure section of the AME Guide. If there is a history of low blood pressure, other tests may be required. A stress ECG should be accomplished only if clinically indicated. The AME may issue if the airman meets CACI criteria for hypertension. The AME must defer if the CACI criteria is not met. And mail all required reports to Oklahoma City. A history of low blood pressure requires elaboration.

Item 18i: Stomach, liver, or intestinal trouble

History of an ulcer is not disqualifying as long as it has healed and the applicant is asymptomatic. The use of most medications for its treatment is acceptable.

Item 18j: Kidney stone, or blood in urine

History of kidney stones is not disqualifying in most cases. For a single episode, if there are no residual calculi and the metabolic workup is negative – issue; Otherwise, FAA decision is required. Multiple episodes or retained stones require deferral.

Blood in the urine may indicate that a renal tumor exists. If there is no kidney stone condition identified and a renal tumor or other kidney disease (glomerulonephritis, chronic renal failure) is diagnosed, the condition is disqualifying until successful treatment and full recovery is documented.

Item 18k: Diabetes

**Third class has a protocol; first and second class must have FAS review.**

Diabetes requiring insulin is a disqualifying condition requiring authorization for Special Issuance. Diabetics controlled by diet or oral agents must be deferred, but the AME can assist the applicant by providing the information from the Acceptable Combination of Diabetes Medications located in the AME Guide:
Applicants diagnosed with pre-diabetes with an Hgb A1C at 6.5 or less with a fasting blood sugar of less than 126 mg/dL treated with no medication or metformin only may be certified as a regular issuance after insuring they meet the criteria under the pre-diabetes worksheet.

Item 18l: Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.

Diagnosis of epilepsy or seizures is cause for disqualification no matter how remote the history. Applicants with a history of epilepsy MUST be medication and seizure free for 10 years before they can be considered for Special Issuance. Neurological conditions that may incapacitate MUST be deferred.

Other neurological conditions that may cause sudden incapacitation (other than seizure) are:

1. Multiple sclerosis
2. Myasthenia gravis
3. Muscular dystrophy
4. Central nervous system tumors that affect neurologic functions

General Transient Ischemic Attacks (TIAs), strokes, transient global amnesia, and reversible ischemic neurological defects require a one-year recovery period.

Seizures (other than epilepsy) will require a recovery period, seizure-free, off medication before an applicant can be considered for medical certification. Traumatic brain injury will be discussed during your seminar.

Item 18m: Mental disorders of any sort; depression, anxiety, etc.

History of psychosis is a specifically disqualifying condition. Use of antidepressants, narcotics, or any mood or mind altering drug MUST be deferred. Any supporting documentation must be mailed to the FAA.

Persons with psychological disorders may not have the ability to use good judgment in critical situations during aircraft operations. Conditions of concern are;

1. Psychoses: A specifically disqualifying condition
2. Personality disorder with repeated overt acts: A specifically disqualifying condition
3. Phobias
4. Bipolar disorders
5. Major depression
Items 18n and 18o: Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years/Alcohol dependence or abuse

“Substance dependence” or “substance abuse” may indicate an ongoing condition that prevents the applicant from meeting the medical standards in FAR, Part 67. The instructions are very clear on “substance dependence” and “substance abuse” and the drugs of concern. It is important to understand that FAA definitions of substance abuse and dependence differ from the DSM-V criteria. Refer to the AME Guide.

Conviction and/or administrative action history may indicate a condition, either substance abuse or personality disorder, that would prevent the applicant from meeting the standards. History of alcoholism and drug dependency is processed under Special Issuance. The AME should assist the applicant in obtaining proper documentation, which must be mailed to the FAA in Oklahoma City.

Item 18p: Suicide attempt

If the answer is “yes,” additional documentation must be provided, to include hospital reports and psychological evaluations.

Item 18q: Motion sickness requiring medication

The AME should defer is a problem occurs in flight, or medication is repeatedly required. There is no motion sickness medication, including the scopolamine patch that is acceptable while exercising the privileges of an airman medical certificate.

Items 18r, 18s, and 18t: Military medical discharge / medical rejection by military service / rejection for life or health insurance

A “yes” response to any of these items requires discussion with the applicant. Additional information may be required and reviewed before a determination can be made. As an example, paraplegics may have been discharged from the military, denied life or health insurance, but can be considered for airman medical certification through a Statement of Demonstrated Ability.

Item 18u: Admission to a hospital

For each admission, the applicant should record the date to the best of recollection, name of facility, and reason. A history here does not necessarily disqualify, but the medical condition requiring the hospital admission may.
Item 18v: Conviction and/or Administrative Action history

The applicant should answer “yes” for any:
1. Convictions involving driving while intoxicated impaired by, or under the influence of either drugs or alcohol.
2. Administrative action resulting in the denial, suspension, cancellation, or revocation of driving privileges.
3. Administrative action which resulted in attendance at an educational or rehabilitation program.

The applicant must provide the name of the state of other jurisdiction involved, the date of conviction and/or administrative action.

A single DUI or administrative action might be eligible for AME certification depending on the circumstances. These will be detailed in your AME seminar. A statement from the applicant regarding the event should be mailed to the Aerospace Medical Certification Division. The AME must be satisfied with documentation provided by the applicant that there is no alcohol or drug dependence and that it was an isolated incident.

If this has been previously reported, it is acceptable for the applicant to declare “previously reported, no changes.” However, the AME MUST comment on year of conviction(s) and reason(s) in Item 60.

Substance abuse is included under a DUI/DWI occurrence within the last two years. Substance dependence and substance abuse are specified as disqualifying medical conditions.

Item 18w: History of non-traffic conviction(s) (misdemeanors or felonies)

The date, reason for conviction, and a copy of the final court decree must be provided for review prior to issuance.

NOTE: Routine traffic violations need not be declared.

Other convictions, such as murder, armed robbery, child molestation, etc., may indicate a significant personality disorder that prevents the applicant from meeting the medical standards.

Item 18x: Other illness, disability, or surgery

There are many medical conditions that are not listed on the 8500-8. The AME should complete a medical history and identify if there are any other medical conditions not listed on this form, any prior surgeries or disabilities. Some examples would include OSA, history of cancer, past surgeries, etc.
If the applicant declines to complete this item, the AME MUST NOT issue a certificate. This item includes a history of cancer, which requires the applicant to be in total remission with no evidence of metastases. In such an instance, all treatment must be complete with no further treatment required. The AME MUST defer to the Aerospace Medical Certification Division. To meet issuance criteria, copies of hospital reports, to include biopsy findings, and a report from the treating physician that includes follow-up visits, must be mailed with the airman’s identifying information to the Aerospace Medical Certification Division.

Applicants who are Human Immunodeficiency Virus (HIV) positive who have not had symptoms and are not on medication, even for prophylactic use, are eligible for certification from the FAA. The application should be deferred and workup under the HIV protocol in the AME Guide should be sent to the FAA.

**Item 18y: Medical Disability Benefits**

If the applicant responds “yes” to this question, it is important to understand the extent of the disability and identify any underlying cause which may be aeromedically relevant.

**EXPLANATIONS:**

If the applicant does not have sufficient space in this block, an additional sheet with name, date of birth, Social Security number (optional) may be used, and should be and mailed with the airman’s identifying information to the Aerospace Medical Certification Division.

**Item 60**

For any “yes” answer in Item 18, Medical History, there must be a comment from the AME on Item 60. Item 60 should also contain comments for all abnormal findings of the exam. If “yes is checked and “no change” is indicated, question the applicant about it and make a comment in Item 60. Sometimes an applicant will incorrectly indicate “no change” on a first exam. Watch for this.

**Item 19: Visits to Health Professional Within Last 3 Years**

Be sure to check this item. It is frequently omitted. Also, if the applicant makes remarks under this item, ensure that there are appropriate comments under item 60. Visits to health professionals within the last three years are important for several reasons.

1. The applicant may have had a debilitating condition after the previous medical certificate application.
2. There may be an on-going condition that would prevent the applicant from meeting the standards.
3. The applicant may have a current condition or treatment that may be disqualifying.
The applicant must list visits for counseling only if related to a personal substance abuse or psychiatric condition as it pertains to THE APPLICANT ONLY. The applicant should list all visits in the last three years to a physician, physician assistant, nurse practitioner, psychologist, clinical social worker, or substance abuse specialist for treatment, examination, or medical/mental evaluation. Information about visits to health professionals should include the date, name, address, and type of 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 an employer sponsored Employee Assistance Program may be excluded, unless the consultations were for the applicant’s substance abuse, or the consultations resulted in referral for psychiatric evaluation or treatment. Visits to diet specialists, chiropractors, etc., should be listed.

Item 20: Applicant's National Driver Registry (NDR) & Certifying Declarations

MedXPress requires that the applicant read the declaration and the NOTICE on the application. Note that falsification could result in a $250,000 fine or imprisonment for not more than five years, or both. Please note that this consent authorizes the FAA a ONE-TIME ONLY access to information contained in the NDR.

Finalizing Review of Airman's History

The AME has the ability to change answers made by the applicant. With that said any changes made are recorded by AMCS and require a confirmation by the AME that the applicant is aware of the change. AMEs must review the history in person with the applicant since the applicant’s history could have changed in the interim between the use of MedXPress and the date of exam. In fact, a MedXPress application may be used for up to 60 days after the applicant completes it. After 60 days, the application in MedXPress is deleted by the system if not entered into AMCS.

IV. REPORT OF MEDICAL EXAMINATION (8500-8 Items 21-64) (AMCS)

After reviewing the medical history, the AME will perform the physical exam required by the FAA. Either the AME or staff member will then complete Items 25-48 in AMCS. The certification summary page ii of your AME Guide can assist you in determining whether any entries are outside of the acceptable limits specified in FAR, Part 67. AMCS also has built in flags to notify you if a value is outside acceptable limits for certification.
Items 21 and 22: Height (inches) / Weight (pounds)

Height and weight should actually be measured for true and accurate recording. Height and weight values should be rounded off to the nearest full number.

Items 23 and 24: Statement of Demonstrated Ability / SODA Serial Number

A person who does not meet the medical standards in FAR, Part 67, but has a static defect and can demonstrate his/her ability to safety perform pilot duties can be issued a Statement of Demonstrated Ability (SODA) by the FAA to operate the aircraft with minimal or no limitations. This SODA is a separate certificate which the applicant must bring to the exam. The Guide for Aviation Medical Examiners describes SODAs further and the topic will be fully discussed during the Basic AME seminar.

The AME is responsible for reviewing any SODA and assuring that the applicant is not issued a medical certificate that does not correspond with the SODA held by that airman. An airman who has a SODA for third-class must get a new SODA for second- or first-class. Of note: The physical defect on the SODA must be reviewed for the purposes of the exam and issuance of a certificate.

SODAs are valid for an indefinite period in a specific class until an adverse change occurs that worsens the condition. The most frequently issued SODAs are for vision problems or amputations.

Items 25-48: (NOTE: These Items Must Be Examined By the AME)

Any selection of “abnormal” on items 25-48 must result in a corresponding note in the block provided for NOTES. Should one of the items be checked “abnormal” with no description in the Notes section, pay special attention. Every abnormality must be described in detail.

Item 41: See the Guide for Aviation Medical Examiners for CACI-Testicular Cancer Worksheet.

The AME should comment on Item 44 whenever appropriate. Surgical scars, especially those which have not been addressed should be noted. Tattoos should be recorded because they may be useful for identification.

Pelvic, digital rectal, and breast exams are not required. They should not be performed unless another finding leads the AME to determine that they may be warranted. In this case, the issue should be discussed with the applicant and the applicant should be allowed to decide how to proceed. If the AME cannot issue a certificate based on insufficient information, a comment must be made in Item 60. The applicant can provide additional information to the FAA to obtain certification in the future.
NOTE: AMEs may test at the highest class standards they are allowed to issue in the event the applicant requests an upgrade of the airman medical certificate.

Item 49: Hearing

The conversational voice test is presently the standard of measurement for hearing. This requires that the applicant be able to hear the AME speaking from a distance of six feet using both ears. If the applicant fails the conversational voice test, an applicant may be given an audiometric evaluation instead of the voice test. Conduct of the exam is outlined in the Guide for Aviation Medical Examiners. Finally, if the applicant fails both of the above, a speech discrimination evaluation could also be done as described in the Guide for Aviation Medical Examiners.

If an applicant wears a hearing aid and can pass the test without the aids, no comment needs to be made other than noting it in Item 60. However, if the applicant requires the use of hearing aids to meet the standard, then the AME should note this in block 60 and issue with the following restriction: VALID ONLY WITH THE USE OF HEARING AMPLIFICATION

A SODA application is appropriate if the applicant does not meet the standards after the above procedure. In this case, a certificate may be issued by the Aerospace Medical Certification Division with the limitation “NOT VALID FOR CONTROL ZONES OR FLYING WHERE RADIO USE IS REQUIRED,” until such SODA testing can be accomplished. The applicant must provide an audiometric evaluation with speech discrimination and threshold levels to apply for a SODA.

Item 50: Distant Vision

Applicants for First and Second Class examinations must have corrected Distant Visual Acuity (DVA) of 20/20. Applicants for Third Class must correct to 20/40. Monocular pilots may qualify for a SODA for any class certificate, based on a medical flight test, if the good eye has no pathology, corrects to 20/20, and has no greater refractive error than + or – 3.50 diopters.

An applicant who has been treated by refractive surgery may be issued a medical certificate by the examiner if the applicant meets the acuity standards and the Report of Eye Evaluation (8500-7) http://www.faa.gov/documentLibrary/media/Form/FAA%20Form%208500-7.pdf indicates that healing is complete, visual acuity remains stable, and the applicant does not suffer from significant glare intolerance. This state of recovery is usually reached within 6-12 weeks after surgery. The examiner may defer issuance and forward the Ophthalmology Report 8500-7 to the Aerospace Medical Certification Division.
Item 51a: Near Vision

Applicants for all classes of medical certificates must have near vision acuity of at least 20/40 (uncorrected or corrected).

Item 51b: Intermediate Vision – 32 Inches

Applicants 50 years old and older seeking First and Second Class medical certificates must have intermediate vision acuity of at least 20/40 (uncorrected or corrected) at 32 inches. There is no intermediate vision requirement for Third Class medical certificates.

Item 52: Color Vision

Refer to the Guide for Aviation Medical Examiners for current color vision standards. The only acceptable color vision testing equipment is listed in the “equipment” section of the guide. Currently, however, an applicant may pass any of the acceptable tests for color vision (even after failing others) and still be issued a certificate without restrictions by the AME.

Item 53: Field of Vision

For instructions on examination procedures refer to the AME Guide. Only “normal” or “abnormal” should be checked.

Item 54: Heterophoria 20’ (in prism diopters)

A phoria test is recommended for all classes of medical certificates. Even though the phoria test is not required for Third Class, it would allow the applicant to upgrade to a higher class if desired.

If an airman fails the phoria test, the AME can still issue a certificate for any class as long as the applicant denies diplopia in every field of gaze. However, FAA personnel may require the applicant to take an eye exam by an eye specialist. The concern here is diplopia and confusion of visual cues while performing pilot duties.

Item 55: Blood Pressure

Most medications are acceptable by the FAA for control of hypertension. Refer to your AME Guide for acceptable medications. If blood pressure is controlled by medications, reports are required. The concern of hypertension is cardiovascular disease or cerebrovascular events that may cause sudden incapacitation. An applicant should not be issued a medical certificate if the sitting blood pressure exceeds 155/95.
See the Guide for Aviation Medical Examiners for the CACI-Hypertension Worksheet.

Item 56: Pulse (resting)

This refers to the resting pulse only. If the applicant is an athlete with very slow pulse, please comment in Item 60. Also note any irregularity of pulse.

Item 57: Urinalysis

The FAA only requires testing urine for the presence of albumin (protein) and sugar. If either is present, the “abnormal” box should be marked and the values recorded. In the absence of evidence of renal disease, a trace, or 1+ albumin in a urine test is of no concern and does not require further evaluation. A 2+ to 4+ albumin will require a urology or nephrology evaluation. If there is a trace of sugar, the test must be repeated, and a medical certificate may be issued if the follow-up is negative. Any positive test for glucose requires further evaluation.

Item 58: ECG

FAR, Part 67 states that the first-class airman’s ECG shall show an absence of myocardial infarction. If other abnormalities are noted (e.g., arrhythmia, conduction defects, etc.) an evaluation will be required before determination can be made of the airman’s eligibility. ECG transmission is required for First Class only. The first ECG is required at age 35, then annually at age 40 and thereafter. Since this is only required annually, at the time of the second exam that year the date of the transmitted ECG should be entered.

ECGs transmitted from locations other than the AME’s office (cardiologist, hospital, Air Carrier Medical Department, etc.) should be indicated by the AME in Item 60 and, when possible, the date recorded in Item 58. AMEs must interpret the ECG or have a specialist interpret it and the interpretation should be included in Item 60 PRIOR TO TRANSMISSION OF THE 8500-8 in AMCS. NOTE: ECG’s are now attached to the exam and sent electronically.

Item 59: Other Tests Given

There are no other tests routinely required for pilot applicants.

Item 60: Comments on History and Findings

For any “yes” answer on Item 18, Medical History, the AME must make a comment in Item 60. This item should also contain comments for all abnormal findings of the exam.
If “yes” is checked and “no change” is indicated, question the applicant about it and make a comment in this item. Sometimes an applicant will incorrectly indicate “no change” on a first exam. Watch for this.

The AME may comment on any concerns about the applicant’s behavior, unusual findings, unreported history, and other information through pertinent to aviation safety. The AME MUST check the appropriate box at the bottom of Item 60.

Item 61: Applicant’s Name

The applicant’s name must be typed because the forms may be photo copied during processing. Should the back of the form be separated from the front, it cannot be identified without the name typed on it. This does not need to be done on the hard copy if the information is provided electronically and transmitted to the AMCS via the Internet.

Item 62: Has Been Issued

1. Medical Certificate: Medical Certificate or Medical and Student Pilot Certificate
2. No Certificate Issued: This block should be used on all deferrals where further evaluation is necessary. This block is useful when you are working up a case but have run out of time before transmission in AMCS is required (14 days).
3. Has Been Denied: This block should only be used by the AME when a numerical standard (such as vision or blood pressure) is not met or when one of the fifteen specifically disqualifying conditions exists.

While the AME may issue a Letter of Denial for any of the specifically disqualifying conditions in the Guide for Aviation medical Examiners, it is encouraged that the AME defer and note why in Block 60.

Item 63: Disqualifying Defects

When an AME defers an application it is helpful if the condition for which the certificate is being deferred is indicated in Block 60. This should be provided on the electronically transmitted form.

Item 64: Medical Examiner's Declaration

The AME is ultimately responsible for the entire examination, including the typing. This item states “I hereby certify that I have personally reviewed the medical history and personally examined the applicant.”
This item also includes the date of the examination. This is the official date for certification purposes, which will appear on the certificate. Also, be sure the Aviation Medical Examiner’s name, address, and ZIP Code are included.

If you are not sending the application to the AMCD electronically for any reason, the Aviation Medical Examiner’s signature must be on the form. The AME must sign it in ink. Also, check to see that the AME’s serial number and telephone number are on the form. The telephone number should include the area code and should be typed. This is not required if the information is sent electronically via the Internet.

V. AFTER THE FAA FORM 8500-8 IS COMPLETE

After you have reviewed the form, ascertained its completeness and correctness, you are ready to issue the certificate. If the applicant has requested a medical certificate only, then the applicant can be any age, speak any language, and does not have to be able to read to qualify for this certificate. However, if the applicant does not communicate in English, the Regional Flight Surgeon or Flight Standards District Office must be notified.

If the applicant has requested the airman medical certificate and a student pilot certificate, he or she must meet the standards for at least a Third-Class Medical Certificate, be able to speak, read, and understand the English language, and be at least 16 years of age. The difference between the two certificates is basically the requirements of the student pilot certificate. If the applicant is unable to meet the criteria for the student pilot certificate portion but meets the medical requirements, the AME is only allowed to issue the medical certificate.

If the applicant wants to solo on his/her 16th birthday, the AME may issue the combined certificate up to 30 days prior to the birthday with the limitation “Not Valid as Student Pilot Certificate until (date of 16th birthday).”

If the applicant cannot speak English well enough for the AME to understand, only the medical certificate should be issued. The Student Pilot Certificate portion may only be issued by the Flight Standards District Office.

If the applicant holds a SODA, note the class of certificate for which it was issued and make sure that the medical certificate is not issued for a higher class. When you know which type certificate to issue, proceed with printing the certificate from AMCS. Certificates may be printed up to four times from AMCS.

VI. HIPAA AND PRIVACY

AMEs are required to be taught about HIPAA and privacy as part of the FAA’s mandate. All of the following information may be found on the US Health and Human Services website at http://www.hhs.gov.
The Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”) establishes, for the first time, a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services (“HHS”) issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). The Privacy Rule standards address the use and disclosure of individuals’ health information – called “covered entities,” as well as standards for individuals’ privacy rights to understand and control how their health information is used. Within HHS, the Office for Civil Rights (“OCR”) has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

A major goal of the Privacy Rule is to assure that individuals’ health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public’s health and well-being. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing. Given that the health care marketplace is diverse, the Rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed.

The Privacy Rule, as well as all the Administrative Simplification rules, apply to health plans, health care clearinghouses, and to any health care provider who transmits health information in electronic form in connection with transactions for which the Secretary of HHS has adopted standards under HIPAA (the “covered entities”).

Health Care Providers

Every health care provider, regardless of size, who electronically transmits health information in connection with certain transactions, is a covered entity. These transactions include claims, benefit eligibility inquiries, referral authorization requests, or other transactions for which HHS has established standards under the HIPAA Transactions Rule 6. Using electronic technology, such as email, does not mean a health care provider is a covered entity; the transmission must be in connection with a standard transaction. The Privacy Rule covers a health care provider whether it electronically transmits these transactions directly or uses a billing service or other third party to do so on its behalf. Health care providers include all “providers of services” (e.g., institutional providers such as hospitals) and “providers of medical or health services” (e.g., non-institutional providers such as physicians, dentists and other practitioners) as defined by Medicare, and any other person or organization that furnishes, bills, or is paid for health care.

Protected Health Information

The Privacy Rule protects all “individually identifiable health information” held or transmitted by a covered entity or its business associate, in any form or media, whether
electronic, paper, or oral. The Privacy Rule calls this information “protected health information (PHI).”

Privacy Rule Summary

“Individually identifiable health information” is information, including demographic data, that relates to:

- The individual’s past, present or future physical or mental health or condition
- The provision of health care to the individual, or
- The past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. Individually identifiable health information includes many common identifies (e.g., name, address, birth date, Social Security Number).

The Privacy Rule excludes from protected health information employment records that a covered entity maintains in its capacity as an employer and education and certain other records subject to, or defined in, the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g.

Basic Principle

A major purpose of the Privacy Rule is to define and limit the circumstances in which an individual’s protected health information may be used or disclosed by covered entities. A covered entity may not use or disclose protected health information, except either:

1. As the Privacy Rule permits or requires; or
2. As the individual who is the subject of the information (or the individual’s person representative) authorizes in writing.

Required Disclosures

A covered entity must disclose protected health information in only two situations:

(a) To individuals (or their personal representatives) specifically when they request access to, or an accounting of disclosures of, their protected health information; and
(b) To HHS when it is undertaking a compliance investigation or review or enforcement action.

Permitted Uses and Disclosures

A covered entity is permitted, but not required, to use and disclose protected health information, without an individual’s authorization, for the following purposes or situations:

1. To the individual (unless required for access or accounting of disclosures)
2. Treatment, payment, and health care operations
(3) Opportunity to agree or object
(4) Incident to an otherwise permitted use and disclosure
(5) Public interest and benefit activities
(6) Limited data set for the purposes of research, public health or health care operations

Covered entities may rely on professional ethics and best judgments in deciding which of these permissive uses and disclosures to make.

(1) To the Individual. A covered entity may disclose protected health information to the individual who is the subject of the information.

(2) Treatment, Payment, Health Care Operations. A covered entity may use and disclose protected health information for its own treatment, payment, and health care operations activities. A covered entity also may disclose protected health information for the treatment activities of any health care provider, the payment activities of another covered entity and of any health care provider, or the health care operations of another covered entity involving either quality or competency assurance activities or fraud and abuse detection and compliance activities, if both covered entities have or had a relationship with the individual and the protected health information pertains to the relationship.

Treatment is the provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another.

Payment encompasses activities of a health plan to obtain premiums, determine or fulfill responsibilities for coverage and provision of benefits, and furnish or obtain payment or be reimbursed for the provision of health care to an individual. Health care operations are any of the following activities:

(a) Quality assessment and improvement activities, including case management and care coordination
(b) Competency assurance activities, including provider or health plan performance evaluation, credentialing, and accreditation
(c) Conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs
(d) Specified insurance functions, such as underwriting, risk rating, and reinsuring risk
(e) Business planning, development, management, and administration
(f) Business management and general administrative activities of the entity, including but not limited to: de-identifying protected health information, creating a limited data set, and certain fundraising for the benefit of the covered entity.

Most uses and disclosures of psychotherapy notes for treatment, payment, and health care operations purposes require an authorization as described below. Obtaining “consent” (written permission from individuals to use and disclose their protected health information for treatment, payment, and health care operations) is optional under the
Privacy Rule for all covered entities. The content of a consent form, and the process for obtaining consent, are at the discretion of the covered entity electing to seek consent.

(3) Uses and Disclosures with Opportunity to Agree or Object. Informal permission may be obtained by asking the individual outright, or by circumstances that clearly give the individual the opportunity to agree, acquiesce, or object. Where the individual is incapacitated, in an emergency situation, or not available, covered entities generally may make such uses and disclosures, if in the exercise of their professional judgment, the use or disclosure is determined to be in the best interests of the individual.

(4) Incidental Use and Disclosure. The Privacy Rule does not require that every risk of an incidental use or disclosure of protected health information be eliminated. A use of disclosure of this information that occurs as a result of, or as “incident to,” an otherwise permitted use or disclosure is permitted as long as the covered entity has adopted reasonable safeguards as required by the Privacy Rule, and the information being shared was limited to the “minimum necessary,” as required by the Privacy Rule.

(5) Public Interest and Benefit Activities. The Privacy Rule permits use and disclosure of protected health information, without an individual’s authorization or permission, for 12 national priority purposes. These disclosures are permitted, although not required, by the Rule in recognition of the important uses make of health information outside of the health care context. Specific conditions or limitations apply to each public interest purpose, striking the balance between the individual privacy interest and the public interest need for this information.

Required by Law. Covered entities may use and disclose protected health information without individual authorization as required by law (THE DISCLOSURE TO THE FAA BY THE AME IS REQUIRED BY LAW IN THE COURSE OF AN AME EXAM.)

Other reasons include:

- Public health activities
- Victims of abuse, neglect or domestic violence
- Health oversight activities
- Judicial and administrative proceedings
- Law enforcement purposes
- Decedents
- Cadaveric organ, eye, or tissue donation
- Research
- Serious threat to health or safety
- Essential government functions
- Workers’ Compensation

Authorization. A covered entity must obtain the individual’s written authorization for any use or disclosure of protected health information that is not for treatment, payment or
health care operations or otherwise permitted or required by the Privacy Rule. A covered entity may not condition treatment, payment, enrollment, or benefits eligibility on an individual granting an authorization, except in limited circumstances.

Minimum necessary. A central aspect of the Privacy Rule is the principle of “minimum necessary” use and disclosure. A covered entity must make reasonable efforts to use, disclose and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request. A covered entity must develop and implement policies and procedures to reasonably limit uses and disclosures to the minimum necessary. When the minimum necessary standard applies to a use or disclosure, a covered entity may not use, disclose, or request the entire medical records for a particular purpose, unless it can specifically justify the whole record as the amount reasonably needed for the purpose.

Disclosure Accounting. Individuals have a right to an accounting of the disclosures of their protected health information by a covered entity or the covered entity’s business associates. The maximum disclosure account period is the six years immediately preceding the accounting request, except a covered entity is not obligated to account for any disclosure made before its Privacy Rule compliance date.

Luckily, from the standpoint of providing an FAA exam, AMCS provides a secure means of transmission of the required information associated with an application and keeps a record of that transmission on your behalf.

VII. SECURITY OF THE FAA CERTIFICATION SYSTEM AND FAA FORM 8500-8

If the AME performs FAA Air Traffic Control employee exams, the AME will be issued paper form 8500-8s. These paper forms may ONLY be used for exams on FAA employed Air Traffic Controllers. In this scenario, it is essential that both the yellow (Medical and Student Pilot Certificate) and white (Medical Certificate only) certificates are removed from the FAA Form 8500-8 before providing it to the applicant for completion.

The form is the property of the FAA and once begun, must be mailed to the Aerospace Medical Certification Division in Oklahoma City, regardless of the type or class of certificate applied for, even if the applicant decides to discontinue the application. Completed FAA 8500-8 forms should never be held by the AME for more than one month.

The paper FAA Form 8500-8 is a controlled document. The serial number is used to track each form from the time it is issued to the AME until it is completed and returned to the Aerospace Medical Certification Division in Oklahoma City or the Regional Flight Surgeon’s office. This is to ensure that they can be traced in case of fraud, theft, or
misuse. It is essential that forms be maintained and used only by the AME to whom they are assigned. They are NOT to be taken out of your office. You may NOT let the airman take the form home to complete the front side. You may NOT borrow forms from or loan forms to another AME.

Insure that the applicant has read the information on both sides of the instruction sheet and is aware of the National Driver Registry, falsification information, and Privacy Act statement prior to starting to fill out the form. Go over the instructions with the applicant to see if there are any questions.

It is extremely important that proper security procedures be established and followed to protect FAA Form 8500-8 from fraudulent use. Your efforts and alertness can prevent theft and misuse of the form. In the event the AME resigns or retires, all unused forms should be returned to the Aerospace Medical Certification Division. If the AME’s designation can be moved to another address (this is determined by the Regional AME Program Analyst) the remaining forms can be moved to the new location.

If an applicant brings in a form, try to find out where the form came from and call your Regional Flight Surgeon’s office or the Aerospace Medical Certification Division.

VIII. OBSERVATIONS AND FALSIFICATION

During an exam, an applicant might behave differently in the presence of staff rather than the AME because such behavior would cause the AME to question the accuracy of the information provided during the exam. The smell of alcohol on the applicant’s breath, or observation of repeated use of breath spray while filling out the form, should be noted and recorded in AMCS. This could be an indication of a substance abuse problem, which might not otherwise be detected.

If the applicant is a patient of the AME and there appears to be a falsification, review the patient record to verify your suspicions, then refuse to be a part of the falsification. The FAA queries the National Driver Registry (NDR) for every applicant. This national registry contains reports of all convictions for alcohol-related driving offenses. If an NDR query turns up a conviction that the applicant has failed to report on his/her application, the Security Division of the FAA will consider this a falsification.

Federal Aviation Regulation 61.15 also requires all airmen to report all drug or alcohol related driving convictions to the FAA within 60 days of the conviction. Failure to do so could result in suspension or revocation of any pilot certificates the airman holds.
IX. CONCLUSION

The safety of the National Air Space requires teamwork both internal and external to the FAA. Airmen, airlines, AMEs and other designees, airports, and the flying public all play a role. An AME staff member’s role is to ensure that the applicant understands his or her role and to obtain the most complete information on the applicant’s medical status.

The AME’s role is to obtain the most complete and accurate information on the applicant’s medical status and make an aeromedical disposition with the information at hand.

The Aerospace Medical Education Division prepares the AME Performance Summary Report, which is sent annually to all Regional Flight Surgeons and AMEs. Errors on specific exams are not provided in the report, but may be reviewed with the AME by the regional office. APPENDIX II shows a sample of an AME Performance Summary Report. This records the last training date, the number of exams performed, and identifies types of errors and error rate. AMEs will receive appropriate letters from the Regional Flight Surgeon (RFS) to inform them when they need to attend a seminar, their error rate is too high, or they have performed too few exams. Regional Flight Surgeons also use these annual reports for mentoring purposes. Attached to the sample Performance Summary Report are definitions of errors as they appear on the summary.

Once an AME has successfully completed the first few years of designation, there may be an option for an upgrade to Senior AME status. Only Senior AMEs are allowed to perform first-class examinations for Airline Transport Pilots. The AME should apply to the RFS for Senior AME status. Regional Flight Surgeons generally require that the AME has had three or more years of satisfactory performance, and error rate below 10%, and access to an audiometer and the ability to attach ECGs to the exam and transmit to the Aerospace Medical Certification Division.

An AME’s aeromedical disposition authority falls into three categories: issue a medical certificate based on full compliance with FAA standards, defer the decision to the FAA, or deny the medical certificate.

AMEs may be asked by airmen to assist with the preparation of a workup for an authorization for special issuance by the FAA. Although the airman may work directly with the FAA for this authorization, the AME can greatly facilitate, expedite, and provide consultation to the airman in this process. It is a service which many AMEs choose to offer for airmen at an additional cost over the price of the standard examination. With that said, the FAA does not regulate the cost of the AME examination or other work performed to assist an airman with the certification process. However, regional offices often maintain an estimate of average price for examinations in the local area.

The concept of aeromedical disposition and its interaction with clinical medicine will form the basis of the Basic AME seminar and your career as an AME. Good luck!
X. MEDICAL CURRICULUM DEVELOPERS AND REVIEWERS

June 2015 Update
All Authors of this document have disclosed that they have no financial relationship with any medical product manufacturer or medical service provider.

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Dr. Véronneau is the Manager, Aerospace Medical Education Division, Oklahoma City, OK. A former flight surgeon with the RCAF, and a long-time FAA CAMI employee he is board certified in Aerospace Medicine from the American Board of Preventive Medicine. He is a private pilot, a member of the Civil Aviation Medical Association, and a Lifetime member and Fellow of the Aerospace Medical Association.

Judith Frazier, M.D., M.B.A.
Dr. Frazier was recently promoted to the policy and standards section in Washington DC. She is a Board Certified Family Physician. She received her MBA in Health Care Administration and was designated as an AME in 2010. She started as an attending physician at the University of Oklahoma, and spent the next 5 years in private practice where she took care of pilots. Later, conducting medical certifications in AMCD and was instrumental in the conception and launch of the Conditions AMEs Can Issue (CACI) program. She has assisted the Medical Education Division extensively as a Subject Matter Expert, including seminar and video lectures.

Susan E. Buriak D.H.Ed, M.P.H. MS. Ed
Dr. Buriak holds a Doctor of Health Education degree from A.T. Still University of Health Sciences and is the Program Manager for Instructional Design and Evaluation, Aerospace Medical Education Division. She has extensive experience in instructional design, educational technology, curriculum development and assessment, from engagements in medical education, aviation training and public health promotion. She is certified as a systems engineering professional (CSEP), and Project Management Professional (PMP).

Brian S. Pinkston, M.D., M.P.H.
Dr. Pinkston is the former Manager, Aerospace Medical Education Division. He started his career as a family physician and is board certified in Aerospace Medicine and Occupational Medicine from the American Board of Preventive Medicine. He is a Fellow of the Aerospace Medical Association and is currently serving with the USAF.

Janet E. Wright, M.A.
Ms. Wright is the Team Lead for AME Education seminars in the Aerospace Medical Education Division, Oklahoma City, OK. She has been an educator for fifteen years, working at the United States Postal Service National Center for Employee Development prior to coming to the Civil Aerospace Medical Institute.

Farhad Sahiar, M.D.
Dr. Farhad Sahiar a Medical Officer in the Aerospace Medical Certification Division, Oklahoma City, OK. He is a former Senior Medical Officer with the Indian Air Force, former Division Director and Program Director of the aerospace medicine residency and the Master of Science programs at Wright State University. He is an instrument-rated private pilot and a Fellow of the Aerospace Medical Association (ASMA) and the Civil Aviation Medical Association (CAMA).
APPENDIX I

MedXPress Login Screen

FAA MEDXPRESS

Release 1001

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.

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

Existing User

Email Address

Password

Forgot Your Password?

Login

Are You a New User?  Request an Account
Request an Account

FAA MEDXPRESS
Release 3.000

Request An Account
Complete the form below to request an FAA MedXpress account. An e-mail containing your initial password and instructions for completing the Account Request process will be sent to the address provided.

*Indicates required field

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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

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Pilot’s Bill of Rights Notification

You must read and accept the Pilot’s Bill of Rights Notification below in order to proceed.

PILOTS BILL OF RIGHTS WRITTEN NOTIFICATION

The information you submit on the FAA Form 8500-8 Application for an Airman Medical Certificate will be used by the Administrator of the Federal Aviation Administration as part of the basis for issuing an airman medical certificate to you under Title 46, United States Code (USC) section 61.21(a), if the Administrator finds, after investigation, that you are qualified for, and physically able to perform the duties related to the certificate for which you are applying. Therefore, in accordance with the Pilot’s Bill of Rights, Public Law 112-133, the Administrator is providing you with the applicable written notifications related to this investigation of your qualifications for an airman medical certificate.

- The notice of the Administrator’s investigation, which is precipitated by your submission of this application, is to determine whether you meet the medical standards for airman medical certificate under Title 14, Code of Federal Regulations (CFR) part 61.
- A copy of this notification is required by the Administrator by you in connection with this investigation of your qualifications for an airman medical certificate may be used as evidence against you.
- A copy of the written notification is available to you upon your written request addressed to:

Federal Aviation Administration
Aerospace Medical Certification Division
Medical Records Department, AAM-331
P.O. Box 20402
Oklahoma City, OK 73125-9467

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

Submit Back
APPENDIX II REGISTRATION FORM

AEROMEDICAL CERTIFICATION STANDARDS AND PROCEDURES TRAINING

(Last Name) (Title: MD, DO, RN, LPN, etc.) (First Name) (Middle Initial)

Office Address (City) (State) (Zip code)

(Phone) (FAX)

(Email)