

# FAA Airman Medical Certification

## Getting It Right the First Time

Welcome! We're glad you can join us for this AOPA Webinar. We will begin shortly. Tonight's Webinar will run approximately 1 ½ hours.

If you are having difficulty with your internet audio, you can dial this number at any time to listen: **(712) 432-1001 and use passcode 430370793#**

There is a known audio issue with Apple / Macs that often resolves with these steps:

1. Join the session
2. Go through Audio Wizard on first join and select the correct speaker/mic devices
3. Exit the session
4. Rejoin session one more time
5. Audio should now work as desired

During the presentation, you can post comments and questions in the "Chat" window, which is located on the left side of your screen. We will respond to as many as we can via chat, and will also stop for questions at intervals throughout the session.

We want to remind you that this is a public forum, and the Chat will be recorded and archived along with the session, so be careful not to post any confidential information.

# FAA Airman Medical Certification

## Getting It Right the First Time

- **Gary Crump,**  
Director, AOPA Medical  
Certification Services
- **Talbot Martin,**  
Attorney, Yodice Associates
- **Bruce Chien, MD,**  
Sr. FAA AME



Webinar presented by the AOPA Pilot Information Center

# “Tell Us a Little About Yourself”

➤ The FAA Form 8500-8 Airman Medical Certificate Application provides the FAA an opportunity to review medical history that goes “all the way back.”

➤ It’s a legal government document, so complete it carefully and thoughtfully.

**Applicant Must Complete ALL 20 Items (Except For Shaded Areas) PLEASE PRINT** Form Approved OMB NO. 2125-9234

Class of FAA Form 8500-8 (Medical Certificate or FAA Form 8500-2 (Student Pilot Certificate)) **FOR REFERENCE ONLY** 1. Application For:  Airman Medical Certificate  Student Pilot Certificate 2. Class of Medical Certificate Applied For:  1st  2nd  3rd

**MEDICAL CERTIFICATE CLASS AND STUDENT PILOT CERTIFICATE**

This certifies that (Full name and address):

3. Last Name First Name Middle Name

4. Social Security Number

5. Address Telephone Number

Number / Street City State / County Zip Code

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

Citizenship

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

11. Occupation 12. Employer

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

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

17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)?  No  Yes (If yes, below list medication(s) used and check appropriate box) Previously Reported:  Yes  No

17.b. Do You Ever Use Near Vision Contact Lenses While Flying?  Yes  No

**Limitations**

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

Date of Examination Examiner's Designation No.

Signature Typed Name

**EXAMINER'S SIGNATURE**

**ARMAN'S SIGNATURE**

18. Medical History - HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING? Answer "Yes" or "No" for every condition listed below. In the EXPLANATIONS box below, you may note "PREVIOUSLY REPORTED; NOT CHANGED" only if this explanation of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition. See Instructions Page

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headaches	<input type="checkbox"/>	<input type="checkbox"/>	Heart or vascular trouble	<input type="checkbox"/>	<input type="checkbox"/>	Mental disorders of any sort: depression, anxiety, etc.	<input type="checkbox"/>	<input type="checkbox"/>	Military medical discharge
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or lightheaded	<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Substance dependence or habit: a drug, habit, or substance used or abused in the last 2 years.	<input type="checkbox"/>	<input type="checkbox"/>	Medical rejection by military service
<input type="checkbox"/>	<input type="checkbox"/>	Unconsciousness for any reason	<input type="checkbox"/>	<input type="checkbox"/>	Stomach, liver, or intestinal trouble	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol dependence or abuse	<input type="checkbox"/>	<input type="checkbox"/>	Rejection for life or health insurance
<input type="checkbox"/>	<input type="checkbox"/>	Eye or vision trouble except glasses	<input type="checkbox"/>	<input type="checkbox"/>	Kidney stone or blood in urine	<input type="checkbox"/>	<input type="checkbox"/>	Swaind attempt	<input type="checkbox"/>	<input type="checkbox"/>	Admission in hospital
<input type="checkbox"/>	<input type="checkbox"/>	Hay fever or allergy	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Motion sickness requiring medication	<input type="checkbox"/>	<input type="checkbox"/>	Other illness, disability, or surgery
<input type="checkbox"/>	<input type="checkbox"/>	Asthma or lung disease	<input type="checkbox"/>	<input type="checkbox"/>	Neurological disorders: epilepsy, seizures, strokes, paralysis, etc.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Medical disability benefits

**Accident, Conviction, and/or Administrative Action History — See Instructions Page**

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

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

**Explanations: See Instructions Page**

**FOR FAA USE**  
Revise After Colored

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

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

— NOTICE —

Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or omits, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code, Secs. 1001, 3571).

20. Applicant's National Driver Register and Certifying Declarations

I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent certifies authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written consent. Authority: 23 U.S. Code §31, Note.

**NOTE: ALL persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.**

I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant Date

FAA Form 8500-8 (9-06) Supersedes Previous Edition NDN: 0052-00-470-6002

# Notice the “NOTICE!”

**— NOTICE —**

Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571).

Applicant Must Complete ALL 20 Items (Except For Shaded Areas) PLEASE PRINT Form Approved OMB NO. 2125-0034

Form of FAA Form 8000-8  
Medical Certificate or FAA Student Pilot Certificate  
First Certificate class: **FOR REFERENCE ONLY**

**MEDICAL CERTIFICATE CLASS AND STUDENT PILOT CERTIFICATE**

This certifies that (Full name and address):

1. Application For:  Airman Medical Certificate  Airman Medical and Student Pilot Certificate 2. Class of Medical Certificate Applied For:  1st  2nd  3rd

3. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

4. Social Security Number: \_\_\_\_\_

5. Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name / Alias: \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ 7. Color of Hair: \_\_\_\_\_ 8. Color of Eyes: \_\_\_\_\_ 9. Sex: \_\_\_\_\_

10. Date of Issue: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Sex: \_\_\_\_\_

Has this (or medical condition) been reported in part 67, Federal Aviation Regulations, or this class of Medical Certificate:

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

11. Occupation: \_\_\_\_\_ 12. Employer: \_\_\_\_\_

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?  Yes  No If yes, give date: \_\_\_\_\_

14. Total Flight Time (Civilian Only): \_\_\_\_\_ 15. Past 6 Months: \_\_\_\_\_ 16. Date of Last FAA Medical Application: \_\_\_\_\_

17. Do You Currently Use Any Medication (Prescription or Nonprescription)?  No  Yes (If yes, below list medications) used and check appropriate box. Previous Report:  Yes  No

17A. Do You Ever Use Near Vision Contact Lenses?  Yes  No If yes, specify R (right eye), L (left eye), and the refractive index.

17B. Do You Ever Use Near Vision Contact Lenses?  Yes  No

18. Medical History - HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING? Answer "yes" or "no" for every condition listed below. In the EXPLANATIONS box below, you may note "PREVIOUSLY REPORTED" (no CHANGE) only if the duration of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition. See Instructions Page.

Yes/No	Condition	Yes/No	Condition	Yes/No	Condition	Yes/No	Condition
<input type="checkbox"/>	Frequent or severe headache	<input type="checkbox"/>	Heart or vascular trouble	<input type="checkbox"/>	Mental disorders of any sort (depression, anxiety, etc.)	<input type="checkbox"/>	Military medical discharge
<input type="checkbox"/>	Dizziness or lightheaded spell	<input type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	Substance dependence or habit (drug, alcohol, or tobacco) greater or less than 2 years	<input type="checkbox"/>	Medical rejection by military service
<input type="checkbox"/>	Unconsciousness for any reason	<input type="checkbox"/>	Stomach, liver, or intestinal trouble	<input type="checkbox"/>	Alcohol dependence or abuse	<input type="checkbox"/>	Rejection for life or health insurance
<input type="checkbox"/>	Eye or vision trouble except glasses	<input type="checkbox"/>	Fatigue, stress, or blood in urine	<input type="checkbox"/>	Substance abuse	<input type="checkbox"/>	Admission to hospital
<input type="checkbox"/>	Hay fever or allergy	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Malignant disease	<input type="checkbox"/>	Other illness, disability, or surgery
<input type="checkbox"/>	Asthma or lung disease	<input type="checkbox"/>	Neurological disorders: epilepsy, seizures, stroke, paralysis, etc.	<input type="checkbox"/>	Malignant disease requiring medication	<input type="checkbox"/>	Medical disability benefits

19. History of (1) any arrests; and/or (2) any convictions involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (3) history of any arrests, and/or convictions, and/or administrative actions, involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.

20. History of nonmilitary convictions (misdemeanors or felonies).

EXPLANATIONS: See Instructions Page

FOR FAA USE  
Review Action Codes

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

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

22. Applicant's National Driver Register and Certifying Declarations

I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA, information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR for my review and written consent. Authority: 23 U.S. Code 467. Note:

NOTE: ALL persons using this form must sign a NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.

I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

FAA Form 8000-8 (7-08) Replaces Previous Edition N04-002-00-070-002

# Sometimes you need a lawyer

## The AOPA Legal Services Plan

Enroll Online Now!  
or Call 1-800-USA-AOPA

FOR ONLY  
**\$33**  
A YEAR

### WHY TAKE CHANCES?

You may be an excellent pilot,  
but are you also experienced  
handling the FAA?

### DID YOU KNOW?

The AOPA Legal Services Plan makes aviation legal assistance and representation available - and affordable - to all AOPA Members. Thousands of AOPA Members have already enrolled in the Plan. **PROTECT YOURSELF FOR AS LITTLE AS \$33/YEAR.**



# AOPA's TurboMedical

- Guides you through a sample medical application
- Catches errors
- Identifies potential problems
- Enables you to be proactive in bringing necessary paperwork to the AME.



# Step-by-step Guidance

Flight Planning   Aircraft & Ownership   Government Advocacy   Training & Safety

## TurboMedical

Instructions  
Interactive Form  
Review  
Print  
Save or Delete  
FAQs  
Q1: App For  
Q2: Class  
Q3: Name  
Q4: SS Number

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

1. Application For

Airman Medical Certificate

This is the correct box if you currently hold a valid Student, Recreational, Private, Commercial, Airline Transport Pilot, or Flight Instructor Certificate. You will be issued a white medical certificate for the appropriate class of medical applied for.

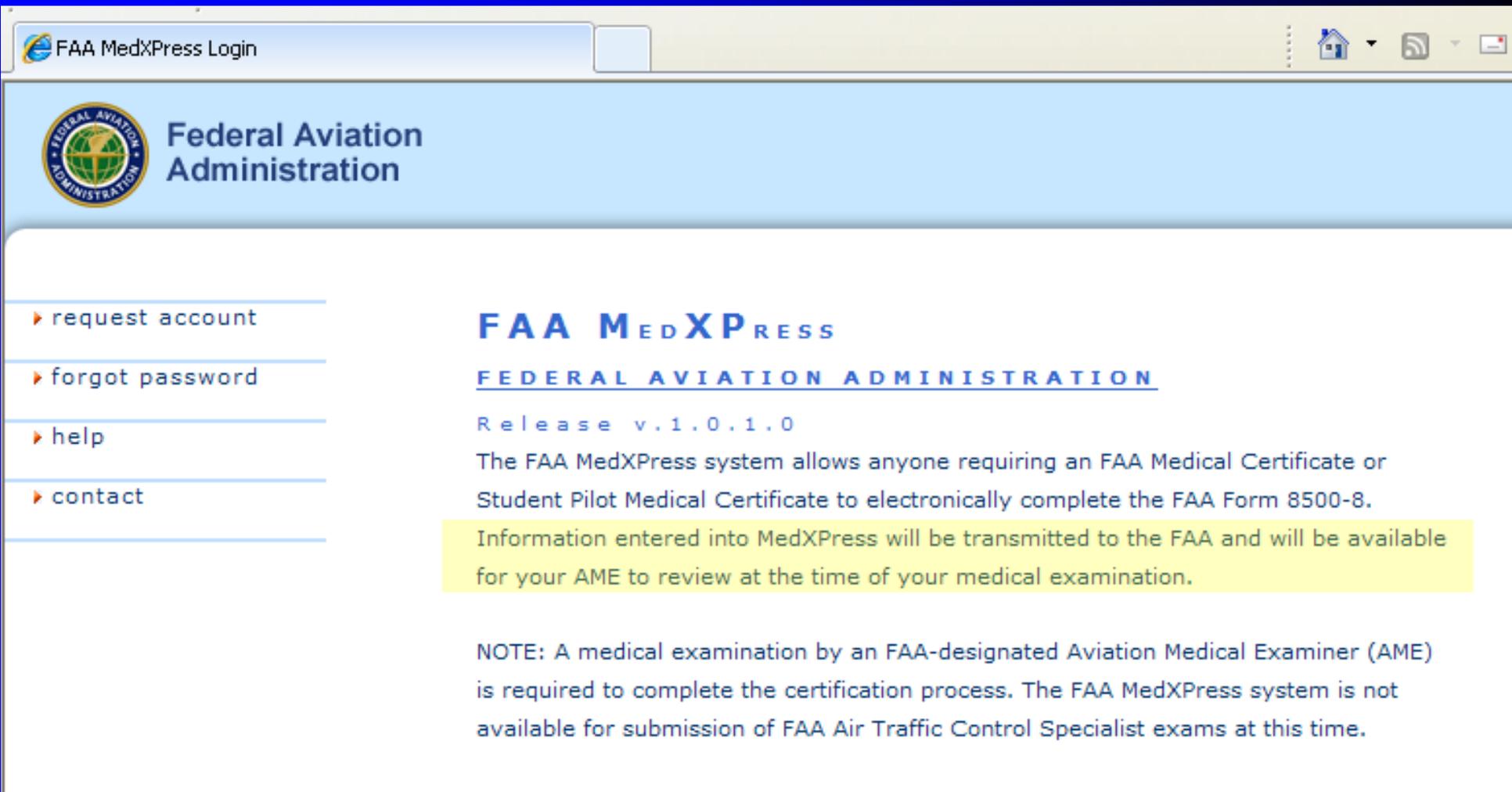
Airman Medical And Student Pilot Certificate

This is the correct box if you are applying for your very first medical certificate and do not currently hold any other pilot certificate. You will be issued a yellow certificate that serves as both your medical and student pilot certificate. The student pilot privileges and medical certificate will be valid for 24 months, unless you are under age 40, in which case the medical

Done www.aop

# FAA's MedXPress

## Once submitted – it's final



The screenshot shows a web browser window with the address bar containing "FAA MedXPress Login". The page header features the Federal Aviation Administration logo and the text "Federal Aviation Administration". A left-hand navigation menu includes links for "request account", "forgot password", "help", and "contact". The main content area displays the "FAA MEDXPRESS" logo, the text "FEDERAL AVIATION ADMINISTRATION", and "Release v.1.0.1.0". A highlighted yellow box contains the text: "Information entered into MedXPress will be transmitted to the FAA and will be available for your AME to review at the time of your medical examination." Below this, a "NOTE" states that a medical examination by an FAA-designated Aviation Medical Examiner (AME) is required for certification, and that the system is not available for FAA Air Traffic Control Specialist exams at the time of the screenshot.

FAA MedXPress Login

 Federal Aviation Administration

- ▶ request account
- ▶ forgot password
- ▶ help
- ▶ contact

### FAA MEDXPRESS

FEDERAL AVIATION ADMINISTRATION

Release v.1.0.1.0

The FAA MedXPress system allows anyone requiring an FAA Medical Certificate or Student Pilot Medical Certificate to electronically complete the FAA Form 8500-8.

Information entered into MedXPress will be transmitted to the FAA and will be available for your AME to review at the time of your medical examination.

NOTE: A medical examination by an FAA-designated Aviation Medical Examiner (AME) is required to complete the certification process. The FAA MedXPress system is not available for submission of FAA Air Traffic Control Specialist exams at this time.



# Medications

17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)?

No  Yes (If yes, below list medication(s) used and check appropriate box).

Previously Reported

Yes No

*(If more space is required, see 17. a. on the instruction sheet).*

17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying?  Yes  No



# Lifetime Medical History



8. **Medical History** - HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING? Answer "yes" or "no" for every condition listed below. In the EXPLANATIONS box below, you may note "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition. **See Instructions Page**

Yes	No	Condition	Yes	No	Condition
a. <input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headaches	g. <input type="checkbox"/>	<input type="checkbox"/>	Heart or vascular trouble
b. <input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spell	h. <input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure
c. <input type="checkbox"/>	<input type="checkbox"/>	Unconsciousness for any reason	i. <input type="checkbox"/>	<input type="checkbox"/>	Stomach, liver, or intestinal trouble
d. <input type="checkbox"/>	<input type="checkbox"/>	Eye or vision trouble except glasses	j. <input type="checkbox"/>	<input type="checkbox"/>	Kidney stone or blood in urine
e. <input type="checkbox"/>	<input type="checkbox"/>	Hay fever or allergy	k. <input type="checkbox"/>	<input type="checkbox"/>	Diabetes
f. <input type="checkbox"/>	<input type="checkbox"/>	Asthma or lung disease	l. <input type="checkbox"/>	<input type="checkbox"/>	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.

# Lifetime Medical History



8. **Medical History** - HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING? Answer "yes" or "no" for every condition listed below. In the EXPLANATIONS box below, you may note "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition. **See Instructions Page**



Yes	No	Condition	Yes	No	Condition
m. <input type="checkbox"/>	<input type="checkbox"/>	Mental disorders of any sort; depression, anxiety, etc.	r. <input type="checkbox"/>	<input type="checkbox"/>	Military medical discharge
n. <input type="checkbox"/>	<input type="checkbox"/>	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.	s. <input type="checkbox"/>	<input type="checkbox"/>	Medical rejection by military service
o. <input type="checkbox"/>	<input type="checkbox"/>	Alcohol dependence or abuse	t. <input type="checkbox"/>	<input type="checkbox"/>	Rejection for life or health insurance
p. <input type="checkbox"/>	<input type="checkbox"/>	Suicide attempt	u. <input type="checkbox"/>	<input type="checkbox"/>	Admission to hospital
q. <input type="checkbox"/>	<input type="checkbox"/>	Motion sickness requiring medication	x. <input type="checkbox"/>	<input type="checkbox"/>	Other illness, disability, or surgery
			y. <input type="checkbox"/>	<input type="checkbox"/>	Medical disability benefits

# Arrests and Convictions

Arrest, Conviction, and/or Administrative Action History --- See Instructions Page						
Yes v. <input type="checkbox"/>	No <input type="checkbox"/>	History of (1) any arrest(s) and/or conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any arrest(s), and/or conviction(s), and/or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.	<table border="1"> <tr> <td>Yes w. <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>History of nontraffic conviction(s) (misdemeanors or felonies).</td> </tr> </table>	Yes w. <input type="checkbox"/>	No <input type="checkbox"/>	History of nontraffic conviction(s) (misdemeanors or felonies).
Yes w. <input type="checkbox"/>	No <input type="checkbox"/>	History of nontraffic conviction(s) (misdemeanors or felonies).				

- Traffic-related
  - Driving while intoxicated
  - History of arrests
  - Administrative actions
- Non-traffic convictions



20. Applicant's National Driver Register and Certifying Declarations	
<p>I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note.</p> <p><b>NOTE: ALL persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.</b></p> <p>I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.</p>	
Signature of Applicant _____	Date _____ M M / D D / Y Y Y Y

# Visits to Health Professionals Within Last 3 Years



19. Visits to Health Professional Within Last 3 Years.			<input type="checkbox"/> Yes (Explain Below)	<input type="checkbox"/> No	See Instructions Page
Date	Name, Address, and Type of Health Professional Consulted	Reason			

- Report new
- “Previously reported – no change”

# Questions



# The 15 Disqualifying Illnesses

- Specified in the Medical Standards, FAR Part 67, and are disqualifying by “history or clinical diagnosis”.
- Overview only tonight

- AOPA Webinar on Special Issuance Medical Certification, July 20 at 9:00 pm (Eastern Time).
- Dr. Warren Silberman, FAA Director of Airman Certification, CAMI
- Register online at [aopa.ilinc.com](http://aopa.ilinc.com)

# The 15 Disqualifying Illnesses

1. **Personality disorder manifested by overt acts**
2. **Psychosis**
3. **Bi-polar disorder**
4. **Alcoholism**
5. **Substance dependence**
6. **Epilepsy**



# The 15 Disqualifying Illnesses

7. **Myocardial Infarction**
8. **Angina Pectoris**
9. **Coronary artery disease that has required treatment, or, if untreated, has been symptomatic or clinically significant.**

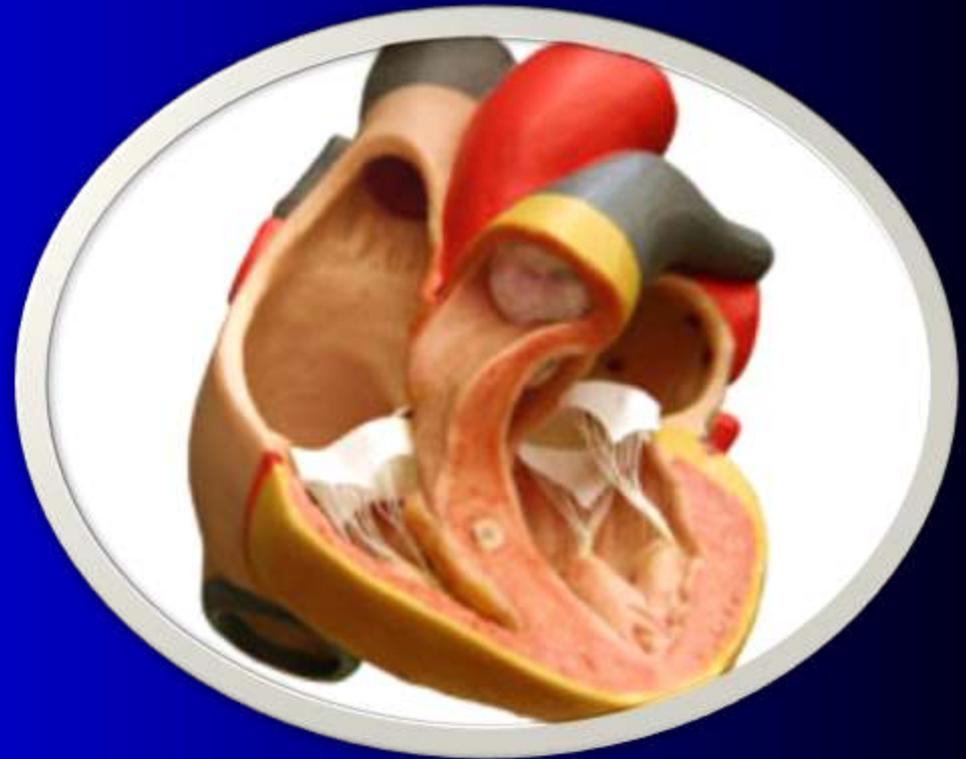


# The 15 Disqualifying Illnesses

**10. Pacemaker  
implantation**

**11. Cardiac valve  
replacement**

**12. Heart  
replacement**



# The 15 Disqualifying Illnesses

13. Diabetes mellitus requiring oral hypoglycemic medication or insulin for control
14. Disturbance of consciousness without explanation
15. Transient loss of nervous system control (*stroke or TIA*)



# 67.401-Special Issuance Authorization

- Is required when the condition is one of the 15 specified disqualifiers.
- May also be used with a time limitation for any other condition that the FAA determines requires more frequent re-evaluation.

- AOPA Webinar on Special Issuance Medical Certification, July 20 at 9:00 pm (Eastern Time).
- Dr. Warren Silberman, FAA Director of Airman Certification, CAMI
- Register online at [aopa.ilinc.com](http://aopa.ilinc.com)

# 67.401-Special Issuance Authorization



- **Includes more frequent reexamination, with testing to prove stability**
- **Pursuant to ICAO recommendations, FAA requires pilots to carry the authorization letter when they fly.**

# FAR 61.53

- Perhaps one of the most important regulations
- It is the “self-certification” mechanism that places the burden on pilots to determine eligibility each time they fly.



# FAR 61.53

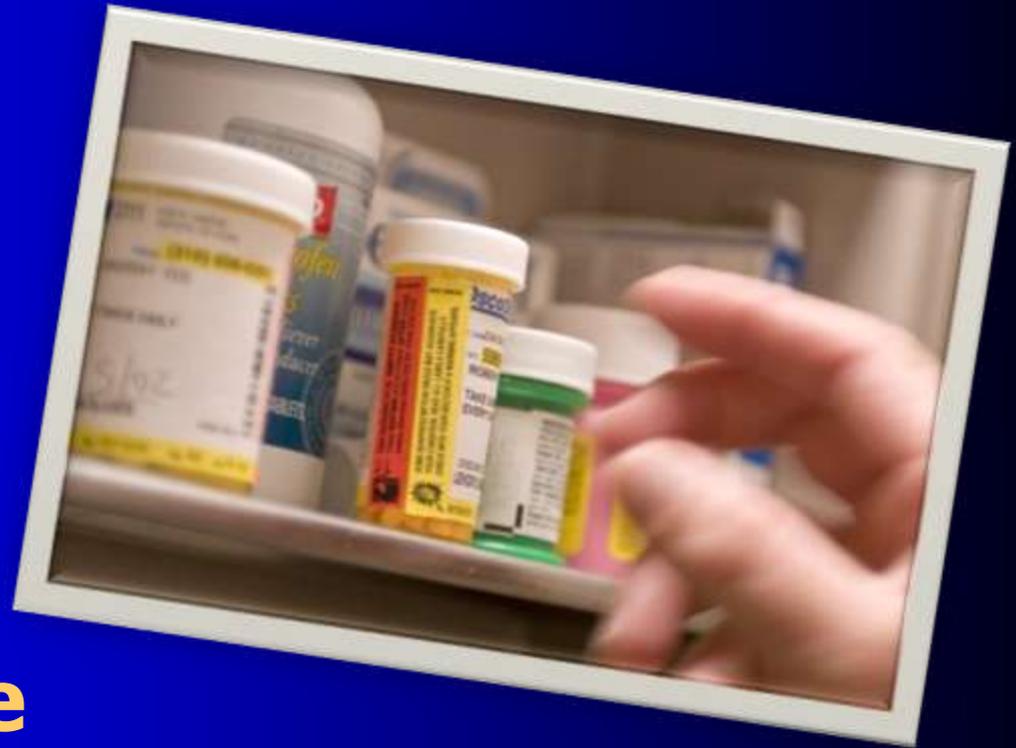


**“...A person who holds a medical certificate...shall not act as pilot in command...while that person:**

**(1) Knows or has reason to know of any medical condition that would make the person unable to meet the requirements for the medical certificate necessary for the pilot operation; or...**

## **FAR 61.53**

**(2) Is taking medication or receiving other treatment for a medical condition that results in the person being unable to meet the requirements for the medical certificate necessary for the pilot operation.**



# Medications - OTC's and Rx:

**FAR 91.17(a):**

**“No person may act or attempt to act as a crew member of a civil aircraft while using any drug that affects the person’s faculties in any way contrary to safety.”**



# FAA's position on Medications

- **The use of any drug that acts on the central nervous system may contraindicate aviation safety and therefore may be considered inappropriate for use while exercising airman privileges.**



# A Typical FDA drug warning

*More common side effects may include:*

Anaphylaxis (life-threatening allergic reaction), anemia, appetite loss, chest congestion or tightness, chills, confusion, constipation, convulsions, diarrhea, difficulty urinating, dizziness, dry mouth, nose, or throat, earlier-than-expected menstrual period, exaggerated feeling of well-being, excessive perspiration, excitement, faintness, fatigue, fluttery or throbbing heartbeat, frequent urination, hallucinations, headache, hives, hysteria, inability to urinate, increased appetite and weight gain, insomnia, irritability, lack of coordination, light sensitivity, liver problems, low blood pressure, nausea, nervousness, rapid heartbeat, rash and swelling, restlessness, ringing in the ears, sleepiness, stomach pain, stuffy nose, tingling or pins and needles, tremor, vertigo, vision problems (double vision, blurred vision), vomiting, weight gain, wheezing, yellow eyes and skin

# Disqualifying, or requiring special issuance

- Anticoagulants
- Antiviral agents
- Anxiolytics
- Barbiturates
- Chemotherapeutic Agents
- Experimental hypoglycemic
- Investigational
- Motion Sickness
- Narcotic
- Sedating antihistaminic
- Sedatives
- Tranquilizers
- Mood-altering

# Antidepressants

## NEW FAA POLICY

- New FAA policy regarding SSRIs
- Now allows 4 medications with diagnoses of depressive illness
- Requires thorough psychiatric and neuropsychological exam and periodic follow up from treating physician

# Antidepressants now allowed with special issuance

- The FAA recently changed the policy regarding use of SSRIs
- Now allows four medications with diagnoses of depressive illnesses
  - Prozac, Zoloft, Celexa, Lexapro
- Requires thorough psychiatric and neuropsychological and periodic follow up from treating physician



Photo Credit: Wikimedia Commons  
by Tom Varco

# AOPA's Database of Medications

AOPA Online - FAA medications - Mozilla Firefox

File Edit View History Bookmarks Tools Help

Back Forward Reload Stop Home <http://www.aopa.org/members/data> mapquest.com Paste

Copy History Cut Bookmarks Latest Headlines Medical Matters - AOP... <https://medxpress.faa.go...> Print

<b>Cialis</b> tadalafil		impotence therapy agent	erectile dysfunction	36 hour wait after use before flying	
<b>Cibenzylime</b> phenoxybenzamine		beta blocker	high blood pressure hypertension blood pressure	hypertension evaluation	complete 
<b>Cipro</b> ciprofloxacin		broad spectrum antibiotic	bacterial infections	<a href="#">status report and no adverse side effects</a>	
<b>Clarinox</b> desloratadine		antihistamine	allergic rhinitis	no adverse side effects	
<b>Claritin</b> loratadine		antihistamine	allergies allergic rhinitis	no adverse side effects	
<b>Clinoril</b> Sulindac		non-steroidal anti-inflammatory	arthritis	no adverse side effects	complete 
<b>Clomid</b> clomiphene citrate		non-steroidal ovulatory stimulant	infertility	<a href="#">status report and no adverse side effects</a>	
<b>Clonazepam</b> clonazepam	<b>NOT ALLOWED</b>	benzodiazepine	seizure disorder panic disorder		

Done

# Questions



# Pilot in Command

- **ACTING** versus **LOGGING** pilot-in-command time
- **FAA distinguishes between the two, and logging PIC time is legal without a medical as long as the ACTING pilot in command is properly certificated.**



# Choosing an AME



# So what happens if the AME doesn't issue a certificate?

- **Issuance** - 94% of medicals are issued at the time of examination
- **Deferral** - AME passes the buck to the FAA for a decision
- **Denial** - finding of disqualification

# Deferral

- **A deferral means a delay, so plan accordingly**
- **Often, the response will be a request for additional information (FAR 67.413)**

**Wait**

# How many pilots actually get denied?

- **455,000 applications**
  - **12,719 special issuances**
  - **3184 denials**
  - **2617 did not pursue further (.7%)**
  - **567 final denials on the books (.5%)**

# What class of medical do you really need?

**First Class**

**Second Class**

**Third Class**

- As a general rule, apply for the LOWEST class you really need.
- ATP privileges require a first class medical.
- Commercial requires a second class.
- Student, recreational, private requires a third class.

# CFIs: What class of medical do you really need?

- **FAR 61.23(a)(3)**  
...must hold at least a third class medical certificate while exercising the privileges of a flight instructor certificate.

**Third Class**

# Sport Pilot



- **Self certification with a valid state drivers license and no knowledge of a medical condition that would make you unable to safely operate . . .**
- **But there is a catch - - -**

# Sport Pilot



- **Your most recent medical certificate or special issuance must not have been**
  - **denied,**
  - **suspended,**
  - **or revoked!**

# Working with the FAA

- **Persistence**
- **Diligence**
- **Attention to detail**
- **Knowledge of your medical condition AND of the certification process**



**AOPA's  
Medical Services Program  
can help in several ways**

# **AOPA's**

## **Medical Services Program**

- **Essential Level**

- **Periodic follow up with the FAA to track the progress of your case through the review process**

- **Comprehensive Level**

- **Periodic status inquiries as with Essential, PLUS review of your medical records before they're sent to the FAA.**
- **Ensures that everything the FAA needs is included, and that the review will result in issuance of a medical certificate.**

# AOPA's Medical Services Program

- **Enroll online**  
<http://www.aopa.org/info/certified/medical/index.html>
- **Or call AOPA 1-800-USA-AOPA  
(872-2672)**



# Final Questions



- Thanks for participating!
- A recording of this Webinar, and the slides, will be posted online by Friday  
[www.aopa.org/members/pic/webinars.html](http://www.aopa.org/members/pic/webinars.html)
- More medical info is online  
[www.aopa.org/members/pic/medical/](http://www.aopa.org/members/pic/medical/)
- Contact us at 800-USA-AOPA or email [pilotassist@aopa.org](mailto:pilotassist@aopa.org).
- We will leave Chat open for 10 minutes after audio ends.

