



CONSIDERATIONS WHEN APPLYING FOR AN FAA MEDICAL

The checklist below is intended to reduce application processing time for diagnosed conditions requiring FAA review. Please note, it is critical to have as much required documentation as possible completed and submitted at the time of your medical exam.

The FAA prescribes medical certification standards for pilots in the interest of aviation safety. The concept of Fitness for Duty encompasses both longer-term medical certification and real-time considerations. For example, a pilot can be medically certificated but not fit for duty because of a required wait time after taking medication, a potential adverse side effect of medication at altitude, or being too fatigued to safely operate an aircraft. Further, 14 CFR §61.53(a) prohibits a person holding an FAA medical certificate from serving as a required flight crewmember when that person has any medical condition, is taking medication, or receiving other treatment for a condition that would make them unable to meet the requirements of the necessary certificate.

While many conditions are reportable, relatively few medical conditions are ultimately disqualifying with the right treatment and favorable outcomes.

MEDICAL EXAM CHECKLIST

- Compile and review your complete detailed medical history.
- Compile a list of all prescription and non-prescription medications that you are **currently** taking.
- Review your medical history and medication list against the FAA's medical history questions (below) and the [FAA Do Not Fly/Do Not Issue List](#).

The following are the medical history questions that the FAA asks on the application for a medical certificate. These questions apply to both current diagnoses as well as any historical medical diagnoses in your lifetime. New applicants must consider their medical histories carefully, and renewing airmen should consider any new developments in the period since their last medical application.



Yes/No		Yes/No			
<input type="checkbox"/>	<input type="checkbox"/>	Frequent or Severe Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Substance Dependence or Failed a Drug Test Ever: or Substance Abuse or Use of Illegal Substance in Last Two Years
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or Fainting Spell	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Dependence or Abuse
<input type="checkbox"/>	<input type="checkbox"/>	Unconsciousness for Any Reason	<input type="checkbox"/>	<input type="checkbox"/>	Suicide Attempt
<input type="checkbox"/>	<input type="checkbox"/>	Eye or Vision Trouble Except Glasses	<input type="checkbox"/>	<input type="checkbox"/>	Motion Sickness Requiring Medication
<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever or Allergy	<input type="checkbox"/>	<input type="checkbox"/>	Military Medical Discharge
<input type="checkbox"/>	<input type="checkbox"/>	Asthma or Lung Disease	<input type="checkbox"/>	<input type="checkbox"/>	Medical Rejection by Military Service
<input type="checkbox"/>	<input type="checkbox"/>	Heart or Vascular Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Rejection for Life or Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	High or Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Admission to Hospital
<input type="checkbox"/>	<input type="checkbox"/>	Stomach, Liver, or Intestinal Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Other Illness Disability or Surgery
<input type="checkbox"/>	<input type="checkbox"/>	Kidney Stone or Blood in Urine	<input type="checkbox"/>	<input type="checkbox"/>	Medical Disability Benefits
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges, or which resulted in attendance at an educational or a rehabilitation program.
<input type="checkbox"/>	<input type="checkbox"/>	Neurological Disorders; Epilepsy, Seizures, Stroke, Paralysis, etc.	<input type="checkbox"/>	<input type="checkbox"/>	History of Nontraffic Conviction(s) (misdemeanors or felonies).
<input type="checkbox"/>	<input type="checkbox"/>	Mental Disorders of Any Sort; Depression, Anxiety, etc.	<input type="checkbox"/>	<input type="checkbox"/>	

Each item under this heading must be checked either “yes” or “no.” For all items checked “yes,” a description and approximate date of every condition the applicant has ever been diagnosed with, had, or presently has must be given in the EXPLANATIONS box. If information has been reported on a previous application for airman medical certification and there has been no change in the condition, the applicant may note “PREVIOUSLY REPORTED, NO CHANGE” in the EXPLANATIONS box, but the applicant must still check “yes” for the condition.

The FAA’s online [Guide for Aviation Medical Examiners](#), as well as the [MedXPress User Guide](#), contain detailed dispositions of most diagnoses on this list, and **you should advise your AME of any “yes” response on this list PRIOR to your visit.** Additional information about the reporting of conditions can be found through pilot advocacy associations, unions, and commercial services.

- If you have any questions, concerns, or discrepancies, **please consult your Aviation Medical Examiner (AME) or pilot advocacy group with any concerns PRIOR to submitting your medical application.** Be wary of sources of information that may be dated or based on anecdotal accounts. FAA standards and requirements are regularly updated, and personal experience can vary based on several factors.
- Complete the MedXPress medical application and print it for your records. Because of the need to repeat the reporting of information from one application to the next, it is always advisable to keep a copy of your medical application for your records. You can also [request your prior application\(s\) from the FAA Office of Aerospace Medicine](#).
- Schedule a physical examination with an AME. Supply your MedXPress Confirmation Number to the AME only when you are ready to commit to undergoing the FAA physical exam.
- Bring all documentation to your medical appointment. If you do not have the required documentation, the AME will likely be required to defer your application to the FAA for follow-up.
- If your medical is deferred to the FAA for follow-up, please supply any needed documentation as soon as possible.
- When you are issued your medical certificate, fly safely in compliance with 14 CFR §61.53(a).**