

APPLICATION FOR MEDICAL CERTIFICATION

ITEMS 1- 20 of FAA Form 8500-8

This section contains guidance for items on the Medical History and General Information page of FAA Form 8500-8, Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate.

I. AME Guidance for Positive Identification of Airmen and Application Distribution Procedures

All applicants must be asked to show proof of age and identity. On occasion, individuals have attempted to be examined under a false name. If the applicant is unknown to the Examiner, the Examiner should request evidence of positive identification. A Government issued photo identification (e.g., driver's license, identification card issued by a driver's license authority, military identification, or passport) provides age and identity and is preferred. Applicants may use other government-issued identification for age (e.g., certified copy of a birth certificate); however, the Examiner must request separate photo identification for identity (such as a work badge). Verify that the address provided is the same as that given under Item 5, page 24. Record the type of identification(s) provided and identifying number(s) under Item 61, page 154. Make a copy of the identification and keep it on file for 3 years with the AME work copy.

An applicant who does not have government-issued photo identification may use non-photo government-issued identification (e.g. pilot certificate, birth certificate, voter registration card) in conjunction with a photo identification (e.g. work identification card, student identification card).

If an airman fails to provide identification, the Examiner must report this immediately to the AMCD, or the appropriate RFS for guidance.

II. Distribution of the FAA Form 8500-8 to the Applicant.

Both the yellow and white certificates and their instructions **must** be removed before the application is given to the applicant. The Information for Applicant and Instructions for Completion of the Application pages **must** also be given to the applicant.

On the general information and medical history page of the application, the applicant is to fill in Items 1-20 in his or her handwriting using a ballpoint pen, exerting sufficient pressure for all copies, to make legible imprints upon the Examiner's and airman's copies of the form.

III. After the Applicant Completes the Medical History Page of the FAA Form 8500-8:

The Examiner must ensure completeness and review all items 1 through 20. A medical certificate must never be issued to an applicant who refuses to answer Item 13, page 26; Items 16 and 17, page 27; Item 18, page 29; or Item 19, page 34; or to an applicant who refuses to sign the form (Item 20, front side of the examination form). The date for Item 16 may be estimated if the applicant does not recall the actual date of the last examination. However, for the sake of electronic transmission, it must be placed in the mm/dd/yyyy format. (See **Item 16**, page 27).

Verify that the name on the applicant's identification media matches the name on the FAA Form 8500-8. If it does not, question the applicant for an explanation. If the explanation is not reasonable (legal name change, subsequent marriage, etc.), do not continue the medical examination or issue a medical certificate. Contact your RFS for guidance.

The applicant's Social Security Number (SSN) is not mandatory. Failure to provide is not grounds for refusal to issue a medical certificate. (See **Item 4**, page 24). All other items on the form must be completed.

Applicants must provide their home address on the FAA Form 8500-8. Applicants may use a private mailing address (e.g., a P.O. Box number or a mail drop) if that is their preferred mailing address; however, under Item 18 (in the "Explanations" box) of the FAA Form 8500-8, they must provide their home address.

The applicant must personally enter all data and make all corrections on the application form. The applicant should initial all corrections. The application constitutes a legal document and *must be completed in the applicant's handwriting*. If for any reason someone other than the applicant enters information in Items 1-20, the person should initial beside that item (including any check marks), and the Examiner should add a note explaining in **Item 60**, page 153, the person's inability to enter the data.

Strict compliance with this procedure is essential in case it becomes necessary for the FAA to take legal action for falsification of the application.

ITEMS 1-2. APPLICATION FOR; CLASS OF MEDICAL CERTIFICATE APPLIED FOR

1. Application For:		2. Class of Medical Certificate Applied For:		
<input type="checkbox"/> Airman Medical Certificate	<input type="checkbox"/> Airman Medical and Student Pilot Certificate	<input type="checkbox"/> 1 ST	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd

The applicant indicates whether the application is for an Airman Medical Certificate (white) or an Airman Medical and Student Pilot Certificate (yellow), and the class of medical certificate desired.

The class of medical certificate sought by the applicant is needed so that the appropriate medical standards may be applied. The class of certificate issued must correspond with that for which the applicant has applied.

The applicant may ask for a medical certificate of a higher class than needed for the type of flying or duties currently performed. For example, a student pilot may ask for a first-class medical certificate to see if he or she qualifies medically before entry into an aviation career.

The Examiner applies the standards appropriate to the class sought, not to the airman's duties - either performed or anticipated. The Examiner should never issue more than one certificate based on the same examination.

ITEMS 3-10. IDENTIFICATION

3. Last Name		First Name		Middle Name
4. Social Security Number				
5. Address			Telephone Number ()	
Number/Street				
City		State/Country		Zip Code
6. Date of Birth	7. Color of Hair	8. Color of Eyes	9. Sex	
MM / DD / YYYY				
Citizenship				
10. Type of Airman Certificate(s) you hold				
<input type="checkbox"/> None	<input type="checkbox"/> ATC Specialist	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Recreational	
<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Private	<input type="checkbox"/> Other	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Fight Navigator	<input type="checkbox"/> Student		

The following information is required for identification of the individual who is applying for medical certification:

Item 3. Last Name; First Name; Middle Name

The applicant's last, first, and middle name (or initial if appropriate) **must** be printed. All applicants without a middle name should enter "NMN" or "NONE". Nicknames and abbreviated names **must** not be used. **NOTE:** If the applicant's name changed for any reason, the current name is listed on the application and any former name(s) in the EXPLANATIONS box of Item 18 on the application.

Item 4. Social Security Number (SSN)

Although applicants are asked to complete all questions on the application, the FAA Form 8500-8, they are not legally required to complete Item 4. The FAA requests the SSN for identification purposes and record control. Its use as a unique identifier may eliminate a mistake in identification.

Item 5. Address and Telephone Number

The applicant must print a permanent mailing address, including country, and the zip code (full nine digits if known). The person must also provide a current daytime area code and telephone number.

Item 6. Date of Birth

The applicant **must** enter the numbers for the month, day, and year of birth in order (e.g., 04/29/2000 for April 29, 2000). Name, date of birth, and SSN are the basic identifiers of airmen. When an Examiner wishes to communicate with the FAA concerning an applicant, the Examiner **must** give the applicant's full name, date of birth, and SSN if at all possible. The applicant should indicate citizenship; e.g., U.S.A.

If the applicant wishes to be issued an Airman Medical and Student Pilot Certificate (FAA Form 8420-2), the Examiner should check the date of birth to ensure that the applicant is at least 16 years old. Unless the applicant is at least 16 years old, a combined Airman Medical and Student Pilot Certificate *may not be issued*, even if the applicant will become 16 years old before the certificate expires (except as noted below).

The FAA will **not confirm** a certificate issued by an Examiner to a person who is less than 16 years old. The applicant must be at least 16 years old **at the time of application** to be eligible for a student pilot certificate for flight of powered aircraft. This minimum age requirement applies only to the issuance of the yellow FAA Form 8420-2, and never to the issuance of the white medical certificate (FAA Form 8500-9).

If the applicant is not yet 16 years old and wishes to solo on or after his or her 16th birthday, the Examiner should issue a white FAA Form 8500-9 (if the applicant is fully qualified medically). On or after his or her 16th birthday, the applicant may obtain a student pilot certificate for the flight from a FAA Flight Standards District Office (FSDO) or designated Flight Examiner upon presentation of the FAA Form 8500-9 (white medical certificate).

An alternative procedure for this situation is for the Examiner to issue the Airman Medical and Student Pilot Certificate, FAA Form 8420-2 (yellow), with the following statement in the limitations block of the student pilot certificate:

NOT VALID UNTIL (MONTH, DAY, AND YEAR OF 16TH BIRTHDAY)

This procedure should not be used if the applicant's 16th birthday will occur more than 30 days from the date of application.

Although nonmedical regulations allow an airman to solo a glider or balloon at age 14, a medical certificate is not required for glider or balloon operations. These airmen are required to certify to the FAA that they have no known physical defects that make them unable to pilot a glider or balloon. This certification is made at the FAA FSDO's.

There is a maximum age requirement for certain air carrier pilots. Because this is not a medical requirement but an operational one, the Examiner may issue medical certificates without regard to age to any applicant who meets the medical standards.

Item 7. Color of Hair

Color of hair should be entered as "brown," "black," "blonde," "gray," or "red." Lack of hair should be entered as "bald." No abbreviations or other colors should be used. This information is for identification only.

Item 8. Color of Eyes

Color of eyes should be entered as "brown," "black," "blue," "hazel," "gray," or "green." No abbreviations or other colors should be used. This information is for identification only.

Item 9. Sex

The applicant should enter either male or female.

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

Applicant checks appropriate block(s).

ITEMS 11-12. OCCUPATION; EMPLOYER

11. Occupation	12. Employer
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Occupational data are principally used for statistical purposes. This information, along with information obtained from **Items 10**, page 25, **Items 14** and **15**, page 27, may be important in determining whether a SODA may be issued, if applicable.

11. Occupation

This should reflect the applicant's major employment. "Pilot" should only be reported when the applicant earns a livelihood from flying.

12. Employer

The employer's name should be entered by the applicant.

ITEM 13. HAS YOUR FAA AIRMAN MEDICAL CERTIFICATE EVER BEEN DENIED, SUSPENDED, OR REVOKED?

13. Has Your FAA Airman Certificate Ever Been Denied, Suspended, or Revoked?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date _____
MM / DD / YYYY		

The applicant shall check "yes" or "no." If "yes" is checked, the applicant should enter the date of action and should report details in the EXPLANATIONS box of **Item 18**, page 29.

The Examiner may not issue a medical certificate to an applicant who has checked "yes." The only exceptions to this prohibition are:

- The applicant presents written evidence from the FAA that he or she was subsequently medically certificated and that an Examiner is authorized to issue a renewal medical certificate to the person if medically qualified; or
- The Examiner obtains oral or written authorization to issue a medical certificate from an FAA medical office

ITEMS 14-15. TOTAL PILOT TIME

Total Pilot Time (Civilian Only) 14. To Date	15. Past 6 months
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14. Total Pilot Time to Date

The applicant should indicate the total number of *civilian* flight hours and whether those hours are logged (LOG) or estimated (EST).

15. Total Pilot Time Past 6 Months

The applicant should provide the number of *civilian* flight hours in the 6-month period immediately preceding the date of this application. The applicant should indicate whether those hours are logged (LOG) or estimated (EST).

ITEM 16. DATE OF LAST FAA MEDICAL APPLICATION

Date of Last FAA Medical Application	<input type="checkbox"/> No Prior Application
MM/DD/YYYY	

If a prior application was made, the applicant should indicate the date of the last application, even if it is only an estimate of the year. This item should be completed even if the application was made many years ago or the previous application did not result in the issuance of a medical certificate. If no prior application was made, the applicant should check the appropriate block in Item 16.

ITEM 17.a. DO YOU CURRENTLY USE ANY MEDICATION (PRESCRIPTION OR NONPRESCRIPTION)?

17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)?												
(If yes, list below medication(s) used and check appropriate box).												
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Previously Reported										
		<table border="0"> <tr> <td style="text-align: center;"><u>Yes</u></td> <td style="text-align: center;"><u>No</u></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<u>Yes</u>	<u>No</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Yes</u>	<u>No</u>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
(If more space is required, see 17.a. on the instruction sheet).												

If the applicant checks yes, give name of medication(s) and indicate if the medication was listed in a previous FAA medical examination.

This includes both prescription and nonprescription medication. (Additional guidelines for the certification of airmen who use medication may be found in throughout the Guide).

For example, any airman who is undergoing continuous treatment with anticoagulants, antiviral agents, anxiolytics, barbiturates, chemotherapeutic agents, experimental hypoglycemic, investigational, mood-ameliorating, motion sickness, narcotic, sedating antihistaminic, sedative, steroid drugs, or tranquilizers must be deferred certification *unless* the treatment has previously been cleared by FAA medical authority. In such an instance, the applicant should provide the Examiner with a copy of any FAA correspondence that supports the clearance.

During periods in which the foregoing medications are being used for treatment of acute illnesses, the airman is under obligation to refrain from exercising the privileges of his/her airman medical certificate unless cleared by the FAA.

Further information concerning an applicant's use of medication may be found under the items pertaining to specific medical condition(s) for which the medication is used, or you may contact your RFS.

ITEM 17.b. DO YOU EVER USE NEAR VISION CONTACT LENS(ES) WHILE FLYING?

17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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The applicant should indicate whether near vision contact lens(es) is/are used while flying. If the applicant answers "yes," the Examiner should counsel the applicant that the use of contact lens(es) (bifocal or unifocal) specifically for the correction of near vision is/are inappropriate. The Examiner must note in **Item 60**, page 153 that this counseling has been given.

If the applicant checks "yes" and no further comment is noted on FAA Form 8500-8 by either the applicant or the Examiner, a letter will automatically be sent to the applicant informing him or her that the use of contact lens(es) specifically to correct near vision is/are inappropriate for flying.

ITEM 18. MEDICAL HISTORY

<p>18. Medical History - HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING? Answer "yes" or "no" for every condition listed below. In the EXPLANATIONS box below, you may note "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition. See Instructions Page</p>												
Yes	No	Condition	Yes	No	Condition	Yes	No	Condition	Yes	No	Condition	
a.	<input type="checkbox"/>	Frequent or severe headaches	g.	<input type="checkbox"/>	Heart or vascular trouble	m.	<input type="checkbox"/>	Mental disorders of any sort; depression, anxiety, etc.	f.	<input type="checkbox"/>	Military medical discharge	
b.	<input type="checkbox"/>	Dizziness or fainting spell	h.	<input type="checkbox"/>	High or low blood pressure	n.	<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"/>	Medical rejection by military service	
c.	<input type="checkbox"/>	Unconsciousness for any reason	i.	<input type="checkbox"/>	Stomach, liver, or intestinal trouble				t.	<input type="checkbox"/>	Rejection for life or health insurance	
d.	<input type="checkbox"/>	Eye or vision trouble except glasses	j.	<input type="checkbox"/>	Kidney stone or blood in urine	o.	<input type="checkbox"/>	Alcohol dependence or abuse	u.	<input type="checkbox"/>	Admission to hospital	
e.	<input type="checkbox"/>	Hay fever or allergy	k.	<input type="checkbox"/>	Diabetes	p.	<input type="checkbox"/>	Suicide attempt	x.	<input type="checkbox"/>	Other illness, disability, or surgery	
f.	<input type="checkbox"/>	Asthma or lung disease	l.	<input type="checkbox"/>	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.	q.	<input type="checkbox"/>	Motion sickness requiring medication				
<p>Conviction and/or Administrative Action History - See Instructions Page</p>												
Yes	No	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.							Yes	No	History of nontraffic conviction(s)(misdemeanors or felonies).	
v.	<input type="checkbox"/>								w.	<input type="checkbox"/>		
<p>EXPLANATIONS: See Instructions Page</p>										<p>For FAA Use Review Action Codes</p>		

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" to the condition.

Of particular importance are conditions that have developed since the last FAA medical examination. If more space is needed, a plain sheet of paper bearing the applicant's full printed name, date of birth, signature, and the date should be used.

The Examiner must take the time to review the applicant's responses on FAA Form 8500-8 before starting the applicant's medical examination.

The Examiner should ensure that the applicant has checked all of the boxes in Item 18 as either "yes" or "no." The Examiner should use information obtained from this review in asking the applicant pertinent questions during the course of the examination. Certain aspects of the individual's history may need to be elaborated upon. The Examiner should provide in **Item 60**, page 153 an explanation of the nature of items checked "yes" in Items 18.a. through 18.x. An additional sheet may be added if necessary.

Supplementary reports from the applicant's physician(s) should be obtained and forwarded to the AMCD, when necessary, to clarify the significance of an item of history. The responsibility for providing such supplementary reports rests with the applicant. A discussion with the Examiner's RFS may clarify and expedite the certification process at that time.

Affirmative answers alone in Item 18 do not constitute a basis for denial of a medical certificate. A decision concerning issuance or denial should be made by applying the medical standards pertinent to the conditions uncovered by the history.

Experience has shown that, when asked direct questions by a physician, applicants are likely to be candid and willing to discuss medical problems.

The Examiner should attempt to establish rapport with the applicant and to develop a complete medical history. Further, the Examiner should be familiar with the FAA certification policies and procedures in order to provide the applicant with sound advice.

18.a. Frequent or severe headaches. The applicant should report frequency, duration, characteristics, severity of symptoms, neurologic manifestations, and whether they have been incapacitating, treatment and side effects, if any. (See **Item 46**, page 103).

18.b. Dizziness or fainting spells. The applicant should describe characteristics of the episode; e.g., spinning or lightheadedness, frequency, factors leading up to and surrounding the episode, associated neurologic symptoms; e.g., headache, nausea, LOC, or paresthesias. Include diagnostic workup and treatment if any. (See **Items 25-30**, page 39; and **Item 46**, page 103).

18.c. Unconsciousness for any reason. The applicant should describe the event(s) to determine the primary organ system responsible for the episode, witness statements, initial treatment, and evidence of recurrence or prior episode. Although the regulation states, "an unexplained disturbance of consciousness is disqualifying," it does not mean to imply that the applicant can be certificated if the etiology is identified, because the etiology may also be disqualifying in and of itself. (See **Item 46**, page 103).

18.d. Eye or vision trouble except glasses. The Examiner should personally explore the applicant's history by asking questions, concerning any changes in vision, unusual visual experiences (halos, scintillations, etc.), sensitivity to light, injuries, surgery, or current use of medication. Does the applicant report inordinate difficulties with eye fatigue or strain? Is there a history of serious eye disease such as glaucoma or other disease commonly associated with secondary eye changes, such as diabetes? For glaucoma or ocular hypertension, obtain a FAA Form 8500-14, Report of Eye Evaluation for Glaucoma. For any other medical condition, obtain a FAA Form 8500-7, Report of Eye Evaluation. Under all circumstances, please advise the examining eye specialist to explain why the airman is unable to correct to Snellen visual acuity of 20/20. (Also see **Items 31-34**, page 46; **Item 53**, page 142; and **Item 54**, page 144).

18.e. Hay fever or allergy. The applicant should report frequency and duration of symptoms, and whether they have been incapacitating by the condition. Mention should also be made of treatment and side effects. The Examiner should inquire whether the applicant has ever experienced any “ear block”, barotitis, or any other symptoms that could interfere with aviation safety? Barosinusitis is of concern and should also be ruled out. (See **Item 26**, page 42).

18.f. Asthma or lung disease. The applicant should provide frequency and severity of asthma attacks, medications, and number of visits to the hospital and/or emergency room. For other lung conditions, a detailed description of symptoms/diagnosis, surgical intervention, and medications should be provided. (See **Item 35**, page 57).

18.g. Heart or vascular trouble. The applicant should describe the condition to include, dates, symptoms, and treatment, and provide medical reports to assist in the certification decision-making process. These reports should include: operative reports of coronary intervention to include the original cardiac catheterization report, stress tests, worksheets, and original tracings (or a legible copy). When stress tests are provided, forward the reports, worksheets and original tracings (or a legible copy) to the FAA. Part 67 provides that, for all classes of medical certificates, an established medical history or clinical diagnosis of myocardial infarction, angina pectoris, cardiac valve replacement, permanent cardiac pacemaker implantation, heart replacement, or coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant, is cause for denial. (See **Item 36**, page 63).

18.h. High or low blood pressure. The applicant should provide history and treatment. Issuance of a medical certificate to an applicant with high blood pressure may depend on the current blood pressure levels and whether the applicant is taking anti-hypertensive medication. The Examiner should also determine if the applicant has a history of complications, adverse reactions to therapy, hospitalization, etc. (Details are given in **Item 36**, page 63, and **Item 55**, page 146).

18.i. Stomach, liver, or intestinal trouble. The applicant should provide history and treatment, pertinent medical records, current status report, and medication. If a surgical procedure was done, the applicant must provide operative and pathology reports. (See **Item 38** page 77).

18.j. Kidney stone or blood in urine. The applicant should provide history and treatment, pertinent medical records, current status report and medication. If a procedure was done, the applicant must provide the report and pathology reports. (See **Item 41**, page 85).

18.k. Diabetes. The applicant should describe the condition to include, symptoms and treatment. Comment on the presence or absence of hyperglycemic and/or hypoglycemic episodes. A medical history or clinical diagnosis of diabetes mellitus requiring insulin or other hypoglycemic drugs for control are disqualifying. The Examiner can help expedite the FAA review by assisting the applicant in gathering medical records and submitting a current specialty report. (See **Item 48**, page 123).

18.l. Neurological disorders; epilepsy, seizures, stroke, paralysis, etc. The applicant should provide history and treatment, pertinent medical records, current status report and medication. The Examiner should obtain details about such a history and report the results. An established diagnosis of epilepsy, a transient loss of control of nervous system function(s), or a disturbance of consciousness is a basis for denial no matter how remote the history. Like all other conditions of aeromedical concern, the history surrounding the event is crucial. Certification is possible if a satisfactory explanation can be established. (See **Item 46**, page 103).

18.m. Mental disorders of any sort; depression, anxiety, etc. An affirmative answer to Item 18.m. requires investigation through supplemental history taking. Dispositions will vary according to the details obtained. An applicant with an established history of a personality disorder that is severe enough to have repeatedly manifested itself by overt acts, a psychosis disorder, or a bipolar disorder must be denied or deferred by the Examiner. (See **Item 46**, page 103; and **Item 47**, page 115).

18.n. Substance dependence; or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years. "Substance" includes alcohol and other drugs (e.g., PCP, sedatives and hypnotics, anxiolytics, marijuana, cocaine, opioids, amphetamines, hallucinogens, and other psychoactive drugs or chemicals). For a "yes" answer to Item 18.n., the Examiner should obtain a detailed description of the history. A history of substance dependence or abuse is disqualifying. The Examiner must defer issuance of a certificate if there is doubt concerning an applicant's substance use. (See **Item 47**, page 115).

18.o. Alcohol dependence or abuse. See Item 18.n.

18.p. Suicide attempt. A history of suicidal attempts or suicidal gestures requires further evaluation. The ultimate decision of whether an applicant with such a history is eligible for medical certification rests with the FAA. The Examiner should take a supplemental history as indicated, assist in the gathering of medical records related to the incident(s), and, if the applicant agrees, assist in obtaining psychiatric and/or psychological examinations. (See **Item 47**, page 115).

18.q. Motion sickness requiring medication. A careful history concerning the nature of the sickness, frequency and need for medication is indicated when the applicant responds affirmatively to this item. Because motion sickness varies with the nature of the stimulus, it is most helpful to know if the problem has occurred in flight or under similar circumstances. (See **Item 29**, page 44).

18.r. Military medical discharge. If the person has received a military medical discharge, the Examiner should take additional history and record it in **Item 60**. It is helpful to know the circumstances surrounding the discharge, including dates, and whether the individual is receiving disability compensation. If the applicant is receiving veteran's disability benefits, the claim number and service number are helpful in

obtaining copies of pertinent medical records. The fact that the applicant is receiving disability benefits does not necessarily mean that the application should be denied.

18.s. Medical rejection by military service. The Examiner should inquire about the place, cause, and date of rejection and enter the information in **Item 60**, page 153. It is of great assistance to the applicant and the FAA if the Examiner can help obtain copies of military documents for attachment to the FAA Form 8500-8. If a delay of more than 14-calendar days is expected, the Examiner should transmit FAA Form 8500-8 to the FAA with a note specifying what documents will be forwarded later under separate cover.

Disposition will depend upon whether the medical condition still exists or whether a history of such a condition requires denial or deferral under the FAA medical standards.

18.t. Rejection for life or health insurance. The Examiner should inquire regarding the circumstances of rejection. The supplemental history should be recorded in **Item 60**, page 153. Disposition will depend upon whether the medical condition still exists or whether a history of such a condition requires denial or deferral under the FAA medical standards.

18.u. Admission to hospital. For each admission, the applicant should list the dates, diagnoses, duration, treatment, name of the attending physician, and complete address of the hospital or clinic. If previously reported, the applicant may enter "PREVIOUSLY REPORTED, NO CHANGE." A history of hospitalization does not disqualify an applicant, although the medical condition that resulted in hospitalization may.

18.v. Conviction and/or Administrative Action History. The events to be reported are specifically identified in Item 18.v. of FAA Form 8500-8. If "yes" is checked, the applicant must describe the conviction(s) and/or administrative action(s) in the EXPLANATIONS box. The description must include:

- The alcohol or drug offense for which the applicant was convicted or the type of administrative action involved (e.g., attendance at an educational or rehabilitation program in lieu of conviction; license denial, suspension, cancellation, or revocation for refusal to be tested; educational safe driving program for multiple speeding convictions; etc.);
- The name of the state or other jurisdiction involved; and
- The date of the conviction and/or administrative action

If there have been no new convictions or administrative actions since the last application, the applicant may enter "PREVIOUSLY REPORTED, NO CHANGE." Convictions and/or administrative actions affecting driving privileges may raise questions about the applicant's fitness for certification and may be cause for disqualification. (See **Items 18.n.** and **47**, page 115).

A single driving while intoxicated (DWI) conviction or administrative action usually is not cause for denial if there are no other instances or indications of substance dependence or abuse. The Examiner should inquire regarding the applicant's alcohol use history, the circumstances surrounding the incident, and document those findings in **Item 60**, page 153. (See **Item 47**, page 115).

NOTE: The Examiner should advise the applicant that the reporting of alcohol or drug offenses (i.e., motor vehicle violation) on the history part of the medical application does not relieve the airman of responsibility to report each motor vehicle action to the FAA within 60 days of the occurrence to the Security and Investigations Division, AMC-700; P.O. Box 25810; Oklahoma City, OK 73125-0810.

18.w. History of nontraffic convictions. The applicant must report any other (nontraffic) convictions (e.g., assault, battery, public intoxication, robbery, etc.). The applicant must name the charge for which convicted and the date of the conviction(s), and copies of court documents (if available). (See **Item 47**, page 115).

18.x. Other illness, disability, or surgery. The applicant should describe the nature of these illnesses in the EXPLANATIONS box. If additional records, tests, or specialty reports are necessary in order to make a certification decision, the applicant should so be advised. If the applicant does not wish to provide the information requested by the Examiner, the Examiner should defer issuance.

If the applicant wishes to have the FAA review the application and decide what ancillary documentation is needed, the Examiner should defer issuance of the medical certificate and forward the completed FAA Form 8500-8 to the AMCD. If the Examiner proceeds to obtain documentation, but all data will not be received within the 2 weeks, FAA Form 8500-8 should be transmitted immediately to the AMCD with a note that additional documents will be forwarded later under separate cover.

ITEM 19. VISITS TO HEALTH PROFESSIONAL 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

The applicant should list all visits in the last 3 years to a physician, physician assistant, nurse practitioner, psychologist, clinical social worker, or substance abuse specialist for treatment, examination, or medical/mental evaluation. The applicant should list visits for counseling only if related to a personal substance abuse or psychiatric condition.

The applicant should give the name, date, address, and type of health professional consulted and briefly state the reason for the 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 (EAP) may be excluded unless the consultations were for the applicant's substance abuse or unless the consultations resulted in referral for psychiatric evaluation or treatment.

When an applicant does provide history in Item 19, the Examiner should review the matter with the applicant. The Examiner will record in **Item 60**, page 153 only that information needed to document the review and provide the basis for a certification decision. If the Examiner finds the information to be of a personal or sensitive nature with no relevancy to flying safety, it should be recorded in **Item 60**, page 153 as follows:

"Item 19. Reviewed with applicant. History not significant or relevant to application."

If the applicant is otherwise qualified, a medical certificate may be issued by the Examiner.

FAA medical authorities, upon review of the application, will ask for further information regarding visits to health care providers only where the physical findings, report of examination, applicant disclosure, or other evidence suggests the possible presence of a disqualifying medical history or condition.

If an explanation has been given on a previous report(s) and there has been no change in the condition, the applicant may enter "PREVIOUSLY REPORTED, NO CHANGE."

Of particular importance is the reporting of conditions that have developed since the applicant's last FAA medical examination. The Examiner is asked to comment on all entries, including those "PREVIOUSLY REPORTED, NO CHANGE." These comments may be entered under **Item 60**, page 153.

ITEM 20. APPLICANT'S NATIONAL DRIVER REGISTER AND CERTIFYING DECLARATION

<p style="text-align: center;">— NOTICE —</p> <p>Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both, (18 U.S. Code Secs. 1001; 3571).</p>	<p>20. Applicant's National Driver Register and Certifying Declarations</p> <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>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.</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>	
	<p>Signature of Applicant</p>	<p>Date</p> <p style="text-align: center;">____</p> <p style="text-align: center;">M M DD YYY Y</p>

In addition to making a declaration of the completeness and truthfulness of the applicant's responses on the medical application, the applicant's declaration authorizes the National Driver Register to release the applicant's adverse driving history information, if any, to the FAA. The FAA uses such information to verify information provided in the application. The applicant should be instructed to sign Item 20 after reading the declaration. The signature should be in ink. If an applicant does not sign the declaration for any reason, the Examiner shall not issue a medical certificate but forward the incomplete application to the AMCD.