

FAA MEDXPRESS**FEDERAL AVIATION ADMINISTRATION****Instructions for Completion of the Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate, FAA Form 8500-8**

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

Applicant must fill in completely numbers 1 through 20 of the application. The following numbered instructions apply to the numbered headings on the 8500-8 application form.

NOTICE -- Intentional falsification may result in federal criminal prosecution. Intentional falsification may also result in suspension or revocation of all airman, ground instructor, and medical certificates and ratings held by you, as well as denial of this application for medical certification.

1.

APPLICATION FOR -- Select the appropriate application type.

2.

CLASS OF MEDICAL CERTIFICATE APPLIED FOR -- Select the appropriate radio button for the class of airman medical certificate for which you are making application.

3.

FULL NAME -- If your name has changed for any reason, list current name on the application and list any former name(s) in the EXPLANATIONS box of number 18 on the application.

4.

SOCIAL SECURITY NUMBER -- The social security number is optional; however, its use as a unique identifier does eliminate mistakes. Enter a social security number in the box provided or select the International/Declined to Submit checkbox if applicable

5.

ADDRESS -- Enter permanent mailing address and country. Include your complete nine digit ZIP code if known. Provide your current area code and telephone number.

6.

DATE OF BIRTH -- Specify month, day, and year (e.g., 01/31/1950). Select citizenship (e.g., USA) from the drop down box.

7.

COLOR OF HAIR -- Specify hair color as bald, black, blond, brown, gray, or red by selecting the appropriate value from the drop down box.

8.

COLOR OF EYES -- Specify actual eye color as black, blue, brown, green, gray, or hazel by selecting the appropriate value from the drop down box.

9.

SEX-- Indicate male or female by selecting the appropriate radio button.

10.

TYPE OF AIRMAN CERTIFICATE(S) YOU HOLD -- Select the checkboxes that apply. If "Other" is checked, provide name of certificate.

11.

OCCUPATION-- Enter major employment. "Pilot" will be used only for those gaining their livelihood by flying.

12.

EMPLOYER-- Enter your employer's full name. If self-employed, so state.

13.

HAS YOUR FAA AIRMAN MEDICAL CERTIFICATE EVER BEEN DENIED, SUSPENDED, OR REVOKED -- Select "Yes" or "No". If "Yes" is selected, give month and year (e.g. 01/1950).

14.

TOTAL PILOT TIME TO DATE -- Enter total number of civilian flight hours.

15.

TOTAL PILOT TIME PAST 6 MONTHS -- Enter number of civilian flight hours in the 6-month period immediately

preceding date of this application.

16.

MONTH AND YEAR OF LAST FAA MEDICAL EXAMINATION -- Enter month and year. If no prior exam was completed select the "No Prior Application" checkbox.

17A.

DO YOU CURRENTLY USE ANY MEDICATION (Prescription or Nonprescription) -- Select "Yes" or "No". If "Yes" is selected, enter the name of the first medication in the "Medication Name" text box, enter dosage information in the "Dosage" text box, select a dosage unit from the drop down box, and select a frequency from the drop down box. If the medication was previously reported on an FAA medical examination, select the "Previously Reported" check box. Click the "Add" button. If an exact match for the medication could not be found, an error message will display and a drop down box of possible matches will be provided. Select the correct medication name from the "Medication Name" drop down box and click the "Add" button again. If the correct medication name is not listed in the drop down, select the "Could not Locate Medication" check box and click the "Add" button again. The medication and its associated dosage information will display below the appropriate column headings as "Medication not listed". The medication and its associated dosage information will display below the appropriate column headings. Repeat this process for each medication. Medication information can be deleted by clicking on the "Delete" link displayed to the right of each medication listed. Click here for help on entering medications.

17B.

DO YOU EVER USE NEAR VISION CONTACT LENSES WHILE FLYING? -- Select "Yes" or "No."

18.

MEDICAL HISTORY -- Select "Yes" or "No" for each item under this heading. You must answer "Yes" for every condition you have ever been diagnosed with, had, or presently have and describe the condition and approximate date in the APPLICANT EXPLANATION box that will display once the form is saved. After you have answered each of the medical items by selecting "Yes" or "No," click the "Save" button to save the form. After the form is saved, the required comment boxes with their corresponding number (e.g., 18a) will display below the medical history section. All validation errors must be resolved before the comment boxes will display. An explanatory comment is required for each item marked "Yes." If information has been reported on a previous application for airman medical certificate and there has been no change in your condition, you may note "PREVIOUSLY REPORTED, NO CHANGE" in the APPLICANT EXPLANATION box by clicking the "PRNC" button, but you must still select "Yes" to the condition. Do not report occasional common illnesses such as colds or sore throats. "Substance dependence" is defined by any of the following: increased tolerance; withdrawal symptoms; impaired control of use; or continued use despite damage to health or impairment of social, personal, or occupational functioning. "Substance abuse" includes the following: use of an illegal substance; use of a substance or substances in situations in which such use is physically hazardous; or misuse of a substance when such misuse has impaired health or social or occupational functioning. "Substances" include alcohol, PCP, marijuana, cocaine, amphetamines, barbiturates, opiates, and other psychoactive chemicals. Arrest, Conviction and/or Administrative Action History - Letter (v) of this subheading asks if you have ever been: (1) arrested and/or convicted (which may include paying a fine, or forfeiting bond or collateral) of an offense involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) arrested, convicted and/or subject to an administrative action by a state or other jurisdiction for an offense for which your license was denied, suspended, cancelled, or revoked or which resulted in attendance at an educational or rehabilitation program. Individual traffic arrests and/or convictions are not required to be

reported if they did not involve: alcohol or a drug; suspension, revocation, cancellation, or denial of driving privileges; or attendance at an educational or rehabilitation program. If "Yes" is selected, a description of the arrest(s), and/or conviction(s), and/or administrative action(s) must be given in the APPLICANT EXPLANATIONS box. The description must include: (1) the alcohol or drug offense for which you were arrested and/or convicted or the type of administrative action involved (e.g., attendance at an alcohol treatment program in lieu of conviction; license denial, suspension, cancellation, or revocation for refusal to be tested; educational safe driving program for multiple speeding arrests and/or convictions, etc.); (2) the name of the state or other jurisdiction involved; and (3) the date of the arrest(s), and/or convictions, and/or administrative action(s). The FAA may check state motor vehicle driving licensing records to verify your responses. Letter (w) of this subheading asks if you have ever had any other (nontraffic) convictions (e.g., assault, battery, public intoxication, robbery, etc.). If so, name the charge for which you were convicted and the date of conviction in the APPLICANT EXPLANATIONS box.

19.

VISITS TO HEALTH PROFESSIONAL WITHIN LAST 3 YEARS 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. List visits for counseling only if related to a personal substance abuse or psychiatric condition. Enter the date of visit as month and year (e.g., 01/1950), name, address, and type of health professional consulted and briefly state reason for consultation. Click the "Add" button. The visit information will display below the appropriate column headings. Repeat this process to add all relevant visits to medical professionals in the past 3 years. Each visit's information can be updated or deleted by clicking on the "Edit" or "Delete" link displayed to the right of each visit listed. 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 your employer-sponsored employee assistance program (EAP) may be excluded unless the consultations were for substance abuse or unless the consultations resulted in referral for psychiatric evaluation or treatment.

20.

APPLICANT'S DECLARATION -- Two declarations are contained under this heading. The first authorizes the National Driver Register to release adverse driver history information, if any, about the applicant to the FAA. The second certifies the completeness and truthfulness of the applicant's responses on the medical application. The declaration section must be signed and dated by the applicant after the applicant has read it. To continue and accept the declarations click the "Yes" radio button and enter the current date (e.g., 01/30/2006), then enter your login password. By entering the password you are certifying that you agree with the National Driver Register and Certifying declarations. If you are satisfied that all information is accurate to the best of your knowledge, click on the "Submit" button. An application may only be submitted once. By entering your password and submitting the application you will not be able to access it again. Make sure that your application is complete and accurate before you submit it.