

## **20 APPENDIX A: Instructions for Completion of the Application for Airman Medical Certificate, FAA Form 8500-8**

Applicant must fill in completely numbers 1 through 20 of the application. The following numbered instructions apply to the numbered headings on the application form that follows this page.

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 – Check the appropriate box.
2. CLASS OF AIRMAN MEDICAL CERTIFICATE APPLIED FOR – Check the appropriate box 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.
5. ADDRESS – Give 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 (MM), day (DD), and year (YYYY) in numerals; e.g., 01/31/1950. Indicate citizenship; e.g., U.S.A.
7. COLOR OF HAIR – Specify as brown, black, blond, gray or red. If bald, so state. Do not abbreviate.
8. COLOR OF EYES – Specify actual eye color as brown, black, blue, hazel, gray or green. Do not abbreviate.
9. SEX – Indicate male or female.
10. TYPE OF AIRMAN CERTIFICATE(S) YOU HOLD – Check applicable block(s). If “Other” is checked, provide name of certificate.
11. OCCUPATION – Indicate major employment. “Pilot” will be used only for those gaining their livelihood by flying.
12. EMPLOYER – Provide your employer’s full name. If self-employed, so state.
13. HAS YOUR FAA AIRMAN MEDICAL CERTIFICATE EVER BEEN DENIED, SUSPENDED, OR REVOKED – If “yes” is checked, give month and year of action in numerals.
14. TOTAL PILOT TIME TO DATE – Give total number of civilian flight hours. Indicate whether logged or estimated. Abbreviate as Log. or Est.
15. TOTAL PILOT TIME PAST 6 MONTHS – Give number of civilian flight hours in the 6-month period immediately preceding date of this application. Indicate whether logged or estimated. Abbreviate as Log. or Est.

16. MONTH AND YEAR OF LAST FAA MEDICAL EXAMINATION – Give month and year in numerals. If none, so state.

17.a. DO YOU CURRENTLY USE ANY MEDICATION (Prescription or Nonprescription) – Check “yes” or “no.” If “yes” is checked, give name of medication(s) and indicate if the medication was listed in a previous FAA medical examination. See NOTE below.

17.b. Indicate whether you use near vision contact lens(es) while flying.

18. MEDICAL HISTORY – Each item under this heading must be checked either “yes” or “no.” 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 EXPLANATIONS block.

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 EXPLANATIONS box, but you must still check “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 checked, a description of the arrest(s), and/or conviction(s), and/or administrative action(s) must be given in the 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 the conviction in the EXPLANATIONS box. See NOTE below.

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. Give date, name, address, and type of health professional consulted and briefly state reason for 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 your employer-sponsored employee assistance program (EAP) may be excluded unless the consultations were for your substance abuse or unless the consultations resulted in referral for psychiatric evaluation or treatment. See NOTE below.

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.

## **21 Appendix B: Item 18 Additional Instructions**

### **21.1 a. Frequent or severe headaches**

For example: Chronic (daily or weekly) headaches, headaches that have required medical treatment, migraine headaches, cluster headaches, or headaches associated with visual or neurological symptoms.

### **21.1 b. Dizziness or fainting spell**

For example: Frequent spinning or lightheadedness; other factors associated with episodes of dizziness or fainting, such as headache, nausea, loss of consciousness, tingling, numbness, vertigo.

### **21.2 c. Unconsciousness for any reason**

For example: Unconsciousness, no matter how short, whether explained or unexplained.

### **21.3 d. Eye or vision trouble except glasses**

For example: Unusual visual experiences (halos, wavy lines, etc.), sensitivity to light, eye injury, loss of vision, vision discomfort, eye surgery.

### **21.4 e. Hay fever or allergy**

For example: Chronic or seasonal allergies controlled by allergy shots and/or medication, nasal allergies, nasal obstruction, sinus block, sinusitis.

### **21.5 f. Asthma or lung disease**

For example: Asthma attacks; use of an inhaler; COPD; chronic bronchitis; emphysema; fistula; fungal disease; pleurisy; pneumothorax; pulmonary embolism; pulmonary fibrosis; chest surgery; tumor(s).

### **21.6 g. Heart or vascular trouble**

For example: Angina, heart pain, coronary heart disease, heart attack, myocardial infarction, abnormal rhythm, atrial fibrillation, cardioversion, cardiac failure, congestive heart failure, heart enlargement, cardiac decompensation, hypertrophy or dilation of the heart, pulmonary hypertension, heart valve disease, heart valve repair or replacement, pacemaker, anti-tachycardia device, implantable defibrillator, congenital heart disease, endocarditis, heart inflammation, pericarditis or heart transplant.

### **21.7 h. High or low blood pressure**

For example: Diagnosis of high or low blood pressure, whether treated or not; use of blood pressure medication of any kind.

### **21.8 i. Stomach, liver, or intestinal trouble**

For example: Appendicitis, bleeding ulcer, bowel obstruction, cancer, Crohn's disease, chronic hepatitis, cirrhosis, colostomy, irritable bowel syndrome, hernia, ulcerative colitis, any surgery.

### **21.9 j. Kidney stone or blood in urine**

For example: Kidney stone, kidney cancer, kidney transplant, blood in urine, chronic recurrent urinary tract infections, urinating frequently at night.

### **21.10 k. Diabetes**

For example: Pre-diabetes, type I diabetes, or type II diabetes treated with insulin, medication (oral or injectable), and/or diet and exercise.

### **21.11 l. Neurological disorders: epilepsy, seizures, stroke, paralysis, etc.**

Also, muscle weakness, disturbance of sensation, disturbance of consciousness, loss of coordination, head injury, concussion.

### **21.12 m. Mental disorders of any sort: depression, anxiety, etc.**

Also, attention deficit disorder, attention deficit hyperactivity disorder, bipolar disorder, obsessive compulsive disorder, panic attacks, personality disorder, post-traumatic stress disorder, psychosis.

### **21.13 n. Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.**

For example: Select Yes if you have been diagnosed and/or treated in an inpatient or outpatient setting for substance use. Select Yes if you ever had a diagnosis of substance use disorder. Select Yes for any and all positive drug tests whether administered at the federal, state, or local level, or by a private employer. For a detailed description of substance, substance dependence, substance abuse, and drug and alcohol testing, refer to 14 CFR §67.107, §67.207, and §67.307, paragraphs (a)(4) and (b).

### **21.14 o. Alcohol dependence or abuse**

For example: Select Yes if you have been diagnosed and/or treated in an inpatient or outpatient setting for misuse of alcohol. Select Yes if you ever had a diagnosis of alcohol use disorder. Select Yes for any and all positive alcohol tests whether administered at the federal, state, or local level, or by a private employer. For a detailed description of substance, substance dependence, substance abuse, and drug and alcohol testing, refer to 14 CFR §67.107, §67.207, and §67.307, paragraphs (a)(4) and (b).

### **21.15 p. Suicide attempt**

For example: Thoughts of suicide, attempted suicide.

### **21.16 q. Motion sickness requiring medication**

For example: Unresolved, chronic motion sickness (in flight while traveling by other vehicle) for which you must be medicated.

### **21.17 u. Admission to hospital**

Any hospitalization(s) not already reported in Item 18.

### **21.18 x. Other illness, disability, or surgery**

Any illness(es), disability(ies), or surgery(ies) not already reported in Item 18.

### **21.1 v. 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.**

For purposes of this application:

"Arrest" means being detained or taken into custody by any law enforcement or military authority for any reason related to a driving stop for suspected driving while intoxicated by, while impaired by, or under the influence of drugs or alcohol. List, for each arrest, the place, date, and circumstance (s) of the arrest.

"Conviction" means any judgment of guilt based on a jury, court, or military verdict, a plea of guilty, or a plea of nolo contendere/no contest. Examples include, but are not limited to, assault, battery, disorderly conduct, domestic violence, driving under the influence, driving while intoxicated, murder, possession of drugs, public intoxication, reckless driving, etc. If you answer yes, you should report all misdemeanors and felony convictions regardless of the classification of the conviction and regardless of whether the conviction is pending on appeal to another court. List the charge(s) for which you were convicted, the date of the conviction, and the state, federal, military, or foreign court in which you were convicted. If a conviction has been reversed or vacated in a final judgment, state the date of the final judgment and the court that issued the final judgment. If the record of a conviction has been expunged, state the date that the record was expunged and the court that ordered the expunction.

List, for each denial, suspension, cancellation, or revocation of your driver's license or driving privileges, the U.S. state, U.S. military base, or foreign country where the action occurred, the specific type of action taken (for example, the driver's license was denied, suspended, cancelled, or revoked, the date each action was taken, and the basis for the action.) Examples of educational or rehabilitation programs include, but are not limited to, anger management program(s), drug or alcohol treatment program(s), safe driving course(s), etc. List the type of educational or rehabilitation program you were required to attend as part of a criminal, civil, or military action, the entity that required you to attend, and the date(s) and place(s) of your attendance.