

**DECLARATION OF OMISSIONS OR INCORRECT STATEMENT ON APPLICATION(S) FOR A
MEDICAL CERTIFICATE, FAA FORM 8500-8**

The following applies to all FAA Medical Certification application(s) dated from ____ through ____.

I have reviewed Item #18, Medical History - **HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING?** I make the following necessary changes to my application(s) noted above.

Yes No Condition

		18.a. Frequent or severe headaches
		18.b. Dizziness or fainting spell
		18.c. Unconsciousness for any reason
		18.d. Eye or vision trouble except glasses
		18.e. Hay fever or allergy
		18.f. Asthma or lung disease
		18.g. Heart or vascular trouble
		18.h. High or low blood pressure
		18.i. Stomach, liver, or intestinal trouble
		18.j. Kidney stone or blood in urine
		18.k. Diabetes
		18.l. Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.
		18.m. Mental disorders of any sort; depression, anxiety, etc.
		18.n. Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.
		18.o. Alcohol dependence or abuse
		18.p. Suicide attempt
		18.q. Motion sickness requiring medication
		18.r. Military medical discharge
		18.s. Medical rejection by military service
		18.t. Rejection for life or health insurance
		18.u. Admission to hospital

		18.v. History of (1) any arrest(s) and/or convictions(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 convictions(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.
		18.w. History of nontraffic conviction(s) (misdemeanors or felonies)
		18.x. Other illness, disability, or surgery
		18.y. Medical disability benefits

Please provide a detailed explanation below for each items you checked "Yes" to above. If you need a copy of your original application(s), you may request a copy of your records using the FAA Form 8065-2.

Explanations: (provide additional explanation page if needed)

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 devise 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).

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this _____ day of _____, 20_____.

Printed Name

Signature

PI#/Applicant ID