



Federal Aviation Administration MedXPress User Guide

Version 5.5

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Contents

2	Table of Figures.....	4
3	Introduction.....	6
3.1	The Medical Certification Process at a Glance.....	6
4	Request an Account	6
4.1	Request an Account Form	7
4.2	Account Request Result	8
4.3	Registration Confirmation	9
4.4	Privacy Act Statement	9
4.5	Change Password	10
5	Login	11
5.1	Privacy Act Statement	12
5.2	Login Confirmation	12
5.3	Home	13
5.4	Account.....	13
5.5	Help	14
6	Account Maintenance	15
6.1	Update Account Information.....	15
6.1.1	Update your Personal Information	15
6.1.2	Change your Password	15
6.1.3	Update your Security Question Answers.....	16
6.2	Forgot Password	16
6.3	Password Reset Notification	17
6.4	Session Timeout	18
7	Accessing Form 8500-8	19
8	Medical Examination Bill of Rights.....	19
9	Exam Type Selection	20
10	Pilot's Bill of Rights	21
11	Step-by-Step Form 8500-8	22
10.1	Navigation Breadcrumb	22
10.2	Navigation Buttons	22
10.2.1	Save and Complete Later	23
10.2.2	Cancel My Application.....	23
10.2.3	Check for Errors.....	24
10.3	Additional Instruction	24
10.4	General Section (Items 1 and 2).....	25
10.4.1	Item 1 Application For	25
10.4.2	Item 2 Class of Medical Certificate	25
10.4.3	Applicant ID	26
10.5	Demographics Section (Items 3 - 9).....	26
10.5.1	Item 3 Full Name	27
10.5.2	Item 4 Social Security Number	27
10.5.3	Item 5 Address.....	28
10.5.4	Item 6 Date of Birth	28
10.5.5	Item 7 Color of Hair	28
10.5.6	Item 8 Color of Eyes.....	28
10.5.7	Item 9 Sex.....	28
10.5.8	Designate a United States Agent for Service if Physical Address is outside the United States	29
10.5.8.1	Manage U.S. Agent Window	29
10.6	Prior Certification Section (Items 10 - 16).....	29
10.6.1	Item 10 Type of Airman Certificate(s) You Hold	30
10.6.2	Item 11 Occupation.....	30
10.6.3	Item 12 Employer.....	30
10.6.4	Item 13 Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?	31
10.6.5	Item 14 Total Pilot Time (Civilian Only) To Date	31
10.6.6	Item 15 Total Pilot Time (Civilian Only) Past 6 Months	31
10.6.7	Item 16 Date of Last FAA Medical Application	31

10.7Medication Section (Items 17a and 17b).....	31
10.7.1 Item 17a Do You Currently Use Any Medication (Prescriptionor Nonprescription)?.....	32
10.7.1.1 Removing Medications	33
10.8Medical History Section (Item 18).....	33
10.8.1 Item 18 Have you ever in your life been diagnosed with, had,or do you presently have any of the following?.....	35
10.8.1.1 Part 1.....	35
10.8.1.2 Part 2.....	35
10.8.1.3 Part 3.....	35
10.9Medical Visits Section (Item 19)	36
10.9.1 Item 19 Have you visited any health professionals withinthe last 3 years?.....	36
10.10 Declarations Section.....	37
10.10.1 Item 20 Applicant's National Driver Registerand Certifying Declarations:	34
12 Validate and Submit Application.....	34
13 Submit My Application.....	34
14 Application Successfully Submitted	35
15 Application Summary (Items 1 to 17b).....	36
16 Application Summary (Items 18 to 20).....	37
17 Application Summary (Continuation Page)	38
18 Application Submission Confirmation Email	38
19 Viewing Confirmation after Submission.....	39
20 Creating a New Application After Submission.....	40
21 Application Status.....	40
21.1 No Application Submitted.....	40
21.2 Submitted	41
21.3 Imported	42
21.4 Transmitted	43
21.5 In Review	44
21.6 Action Required	48
21.7 Transmitted Status – No Activity for More Than 60 Days	51
21.8 Certificate Decision – Medical Certificate Issued.....	52
21.9 Certification Decision – Denial, Disqualification, Withdrawal	54
21.10 Certificate Decision - Final Review	56
Appendix A: Instructions for Completion of the Application for AirmanMedical Certificate, FAA Form 8500-8	57
Appendix B: Additional Instructions (available by expanding applicable 8500-8 Items)	59
1. Application For	59
2. Class of Medical Certificate Applied For.....	59
3. Full Name	59
4. Social Security Number	59
5. Address.....	59
6. Date of Birth	59
7. Color of Hair	59
8. Color of Eyes.....	59
9. Sex	59
10. Type of Airman Certificate(s) You Hold	60
11. Occupation	60
12. Employer.....	60
13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?	60
14. Total Pilot Time (Civilian Only) to Date	60
15. Total Pilot Time (Civilian Only) Past 6 Months.....	60
16. Date of Last FAA Medical Application	60
17. Medication Section (Items 17a and 17b).....	60
17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)?.....	60
17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying?.....	60
18. Medical History Section (Item 18).....	60
18.a. Frequent or severe headaches.....	60
18.b. Dizziness or fainting spell	61
18.c. Unconsciousness for any reason	61
18.d. Eye or vision trouble except glasses.....	61

18.e. Hay fever or allergy	61
18.f. Asthma or lung disease	61
18.g. Heart or vascular trouble	61
18.h. High or low blood pressure	61
18.i. Stomach, liver, or intestinal trouble	61
18.j. Kidney stone or blood in urine.....	61
18.k. Diabetes.....	61
18.l. Neurological disorders: epilepsy, seizures, stroke, paralysis, etc.....	61
18.m. Mental disorders of any sort: depression, anxiety, etc.	61
18.n. Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.....	62
18.o. Alcohol dependence or abuse	62
18.p. Suicide attempt.....	62
18.q. Motion sickness requiring medication	62
18.r. Military medical discharge	62
18.s. Medical rejection by military service	62
18.t. Rejection for life or health insurance.....	62
18.u. Admission to hospital.....	62
18.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.	62
18.x. Other illness, disability, or surgery.....	63
18.y. Medical Disability Benefits.....	63

2 Table of Figures

Figure 1 Request an Account Button	6
Figure 2 Request an Account Submenu	7
Figure 3 Request an Account Form	7
Figure 4 Request an Account -- Privacy Act Statement	8
Figure 5 Account Already Exists	8
Figure 6 Account Request Result Screen	8
Figure 7 Sample Registration Confirmation Email	9
Figure 8 Privacy Act Statement	10
Figure 9 Change Temporary Password Screen	11
Figure 10 Password Successfully Updated	11
Figure 11 Existing User Login	12
Figure 12 Existing Account – Privacy Act Statement	12
Figure 13 Login Confirmation Screen Header	13
Figure 14 Login Confirmation Screen	13
Figure 15 Home Menu	13
Figure 16 Account Menu	14
Figure 17 Help Menu	15
Figure 18 Account Maintenance - Change your Password	16
Figure 19 Account Maintenance - Change Answers to Security Questions	16
Figure 20 Request to Reset Password	16
Figure 21 Request to Reset Password - Security Questions	17
Figure 22 Reset Password Confirmation	17
Figure 23 Password Reset Notification Email	18
Figure 24 Session Timeout Message	18
Figure 25 Start New Application	19
Figure 26 Continue Application	19
Figure 27 MEBR Notification	20
Figure 28 Exam Selection Question 1	21
Figure 29 Exam Selection Question 2	21
Figure 30 Exam Selection Question 3	21
Figure 31 Pilot's Bill of Rights	22
Figure 32 Step-By-Step Sections	22
Figure 33 Navigation Options	23
Figure 34 Save Application Confirmation	23
Figure 35 Cancel Application	24
Figure 36 Section Error Check	24
Figure 37 Additional Instruction	24
Figure 38 Help Cursor	25
Figure 39 General Section	25
Figure 40 General ATC Applicants and Incumbents	26
Figure 41 Demographics	27
Figure 42 Prior Certification	30
Figure 43 Medications	32
Figure 44 Medication Exact Match Not Found	33
Figure 45 Removing Medications	33
Figure 46 Medical History	34
Figure 47 Medical Visits	36
Figure 48 Medical History Records	37
Figure 49 Declaration and Submissions	34
Figure 50 Validate and Submit	34
Figure 51 8500-8 Step-by-Step Submit Prompt	35
Figure 52 Submission Confirmation	35

<i>Figure 53 Application Summary (Items 1 to 17b)</i>	36
<i>Figure 54 Application Summary (Items 18 to 20)</i>	37
<i>Figure 55 Application Summary (Continuation Page)</i>	38
<i>Figure 56 Submission Confirmation Email</i>	39
<i>Figure 57 Submission Confirmation and Expiration Date</i>	39
<i>Figure 58 Application Imported by AME into FAA System</i>	40
<i>Figure 59 Application Status tab</i>	40
<i>Figure 60 No Application submitted</i>	40
<i>Figure 61 Submitted Status</i>	41
<i>Figure 62 Imported Status</i>	42
<i>Figure 63 Transmitted Status</i>	43
<i>Figure 64 In Review Status</i>	44
<i>Figure 65 In Review – FAS Consultant opinion</i>	45
<i>Figure 66 In Review - After additional info/documents are received</i>	46
<i>Figure 67 My Documents and FAA Correspondence Lists</i>	47
<i>Figure 68 Action Required - Initial Info requested</i>	48
<i>Figure 69 Action Required - Additional Info needed</i>	49
<i>Figure 70 Action Required - Partial Info received</i>	50
<i>Figure 71 In Transmitted status for more than 60 days</i>	51
<i>Figure 72 Certificate Decision - FAA Issues Certificate, after AME deferred</i>	52
<i>Figure 73 Certificate Decision – AME Issues Certificate</i>	53
<i>Figure 74 Certificate Decision – AME Denial</i>	54
<i>Figure 75 Certificate Decision – FAA Denial</i>	55
<i>Figure 76 Certificate Decision – Final Review</i>	56

3 Introduction

FAA MedXPress is managed by the Office of Aerospace Medicine (OAM). OAM is responsible for a broad range of medical programs and services both the domestic and international aviation communities. Services provided by the OAM include:

- Medical clearance of air traffic control specialist and other FAA employees required to meet medical standards to perform safety-sensitive duties
- Pilot medical certification

As such, OAM has the responsibility for collecting and maintaining any information related to the medical conditions of pilots and certain covered positions within the FAA.

All airmen, air traffic controllers (ATCs) and certain other designated FAA employees are required to have FAA Medical Certificates or Clearance. The process of applying for an FAA Medical Certificate or Clearance requires completion of the OMB-approved, FAA Medical History Form 8500-8, and performance of a medical examination of the applicant by an FAA-designated Aviation Medical Examiner (AME). The AME is a private physician who is approved by the FAA to perform this function.

FAA MedXPress allows applicants to complete and submit their FAA Form 8500-8 online. FAA MedXPress securely transmits the completed form and makes it available to a designated AME to review at the time of the applicant's medical examination.

3.1 The Medical Certification Process at a Glance

- Connect to MedXPress at <https://medxpress.faa.gov>
- Request an account or login using your existing account
- Enter medical application data on the FAA 8500-8
- Submit your application
- Print the summary sheet
- Give summary sheet with confirmation number to your AME

4 Request an Account

The first step in gaining access to the electronic medical form is to create a MedXPress account. From the FAA MedXPress Login page, click the **Request an Account** button to go to the Request an Account Screen.

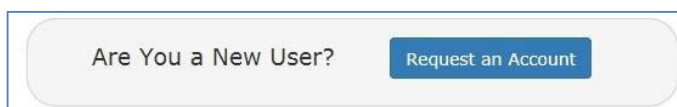


Figure 1 Request an Account Button

Alternatively, you can click **Account / Request an Account** from the Menu Bar on the FAAMedXPress Login Screen. This will also go to the Request an Account Screen.

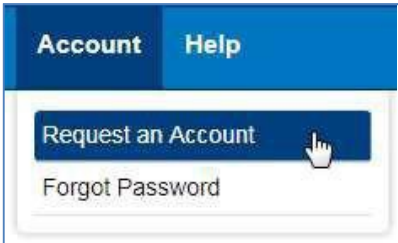


Figure 2 Request an Account Submenu

4.1 Request an Account Form

On the Request an Account Screen, you will be presented with a Request an Account Form. Complete the Form to request an FAA MedXPress account. An email containing your initial password and instructions for completing the Account Request process will be sent to the email address provided.

Complete the following steps to request an FAA MedXPress Account:

1. Enter your Last Name, First Name, and Middle Name or initial (if applicable).
2. Enter and confirm your email address. Take care to ensure the email address entered is accurate, as the password you will need to access the FAA MedXPress application will be emailed to you.
3. Select three security questions and enter an answer for each (you will be able to change the answers at any time). Select questions and answers that you will readily remember. You will be required to provide the correct responses to these questions should you ever need to make inquiries related to your FAA MedXPress account.

A screenshot of the 'Request An Account' form. The form has a title 'Request An Account' and a subtitle 'Complete the form below to request an FAA MedXPress account. An e-mail containing your initial password and instructions for completing the Account Request process will be sent to the address provided.' Below the subtitle, there is a legend '*Indicates Required field'. The form contains several input fields: 'Last Name', 'First Name', 'Middle Name', 'Email Address', and 'Confirm Email Address'. There are also three security questions, each with a dropdown menu for the question and a text box for the answer. The questions are labeled '*1:', '*2:', and '*3:'. The answers are labeled 'Answer 1:', 'Answer 2:', and 'Answer 3:'.

i. Figure 3 Request an Account Form

4. Read the 'Privacy Act Statement' and, if you agree and accept the terms, check the box.

You must read and accept the Privacy Act Statement below in order to proceed.

Privacy Act Statement (5 U.S.C. § 552a, as amended):

Authority: Information solicited by Request an Account Form is collected under the authority of [49 U.S.C. § 329\(b\)](#) and [6 U.S.C. § 1523](#).

Purpose: The Request an Account Form collects the name, address and security question and is used to create user account for access to MedXPress.

Routine Uses: The information collected will be included in the system of records notice [DOT/ALL 13 - Internet/Intranet Activity and Access Records](#) and will be subject to the published routine uses including:

- To provide information to any person(s) authorized to assist in an approved investigation of improper access or usage of DOT computer systems;
- To an actual or potential party or his or her authorized representative for the purpose of negotiation or discussion of such matters as settlement of the case, matter, or informal discovery proceedings;
- To contractors, grantees, experts, consultants, detailees, and other non-DOT employees performing or working on a contract, service, grant cooperative agreement, or other assignment from the Federal government, when necessary to accomplish an agency function related to this system of records; and
- To other government agencies where required by law.

The Department has also published 15 additional routine uses applicable to all DOT Privacy Act system of records. These routine uses are published in the Federal Register at 75 FR 82132 - December 29, 2010, 77 FR 42796 - July 20, 2012, and 84 FR 55222 - October 15, 2019, under "DOT General Routine Uses" (available at <http://www.transportation.gov/privacy/privacyactnotices>).

Disclosure: Submission of the information is voluntary; however, failure to submit requested information will result in FAA's inability to grant you access to the system.

☐ I have read and accept the Privacy Act Statement.

Figure 4 Request an Account -- Privacy Act Statement

1. Click on the **Submit** button. If the account is created successfully, you will see the Account Request Result Screen.

If the email address you provided is already associated with an account, you will receive an error message indicating the account already exists. You can reset your password from the MedXPress Login Screen by clicking the 'Forgot your Password?' link.

Request An Account

Please correct following error(s):

- Given email address is already associated with an account. You cannot register more than one user with same email address.

Figure 5 Account Already Exists

4.2 Account Request Result

The Account Request Result Screen confirms your account request is received and the next steps in the process. You will be sent an email to the account provided with a temporary password and instructions on how to complete the process.

Click the **Return to Login** button to return to the MedXPress Login Screen.

Your request for an FAA MedXPress account has been received.

A **temporary** password and instructions for completing the Account Request process will be sent to your email account.

If you do not receive an e-mail or if you require further assistance, please contact FAA MyIT Service Center:

By email : helpdesk@faa.gov (Monitored 24/7)

By phone : 1-844-FAA-MyIT (1-844-322-6948) (Monitored 24/7)

[Return To Login](#)

Figure 6 Account Request Result Screen

4.3 Registration Confirmation

Wait a few minutes and log in to your email account. You should receive the message shown below soon after submitting your information.

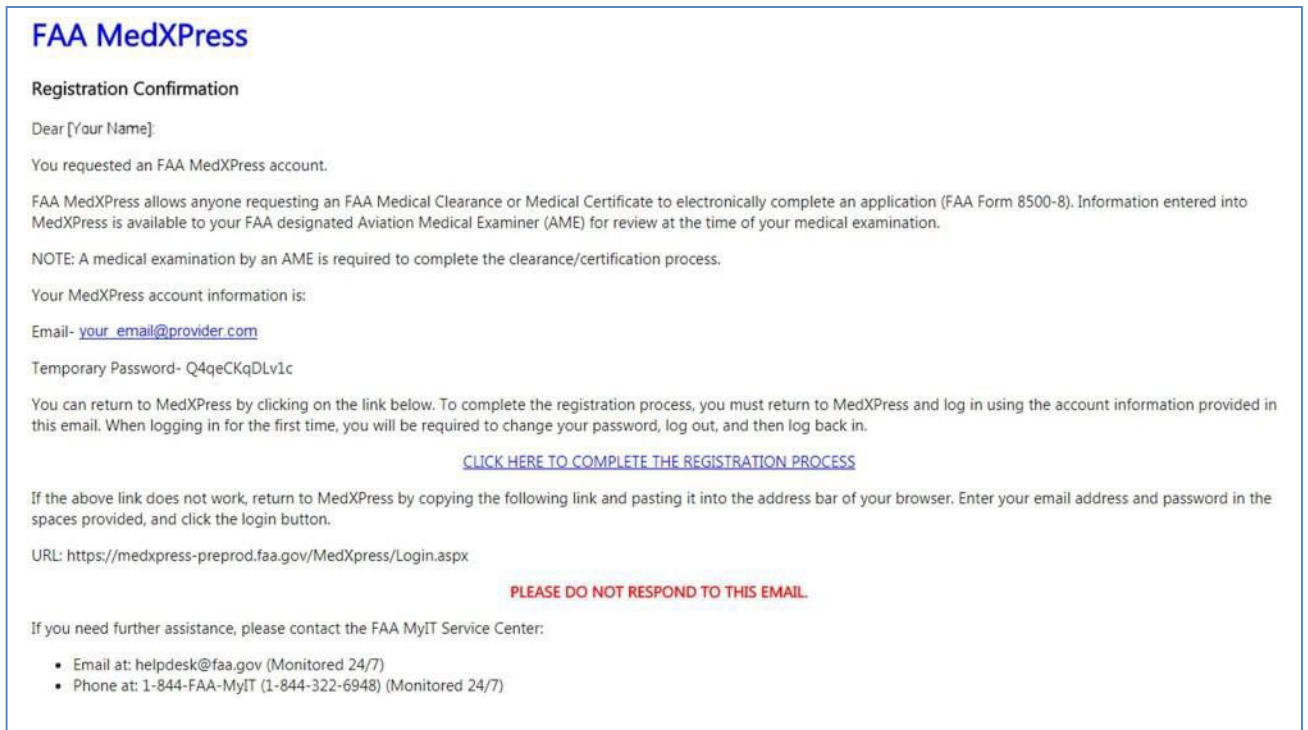


Figure 7 Sample Registration Confirmation Email

If you do not receive the message within a reasonable amount of time you can obtain the temporary password by contacting:

Federal Aviation Administration (FAA)
MyIT Service Center
Email: helpdesk@faa.gov
1-844-FAA-MyIT (1-844-322-6948)

To complete the registration process, you must return to the MedXPress site and log in using the account information provided in the email sent to you. You can return to the MedXPress site by clicking on the link provided in the email. You will be taken to the Terms of Service Agreement and Privacy Statement screen.

Enter your email address and the password provided in the appropriate fields and click the Login button.

4.4 Privacy Act Statement

If you have read and accept the 'Privacy Act Statement', select the checkbox stating this and click on the **Submit** button. You will be taken to the Change Password Screen.

It is required that your temporary password be changed when entering the site for the first time.

You must read and accept the Privacy Act Statement below in order to proceed.

Privacy Act Statement (5 U.S.C. § 552a, as amended):

Authority: Information solicited by Request an Account Form is collected under the authority of 49 U.S.C. § 329(b) and 6 U.S.C. § 1523.

Purpose: The Request an Account Form collects the name, address and security question and is used to create user account for access to MedXPress.

Routine Uses: The information collected will be included in the system of records notice DOT/ALL 13 - Internet/Intranet Activity and Access Records and will be subject to the published routine uses including:

- To provide information to any person(s) authorized to assist in an approved investigation of improper access or usage of DOT computer systems;
- To an actual or potential party or his or her authorized representative for the purpose of negotiation or discussion of such matters as settlement of the case, matter, or informal discovery proceedings;
- To contractors, grantees, experts, consultants, detailees, and other non-DOT employees performing or working on a contract, service, grant cooperative agreement, or other assignment from the Federal government, when necessary to accomplish an agency function related to this system of records; and
- To other government agencies where required by law.

The Department has also published 15 additional routine uses applicable to all DOT Privacy Act system of records. These routine uses are published in the Federal Register at 75 FR 82132 - December 29, 2010, 77 FR 42796 - July 20, 2012, and 84 FR 55222 - October 15, 2019, under "DOT General Routine Uses" (available at <http://www.transportation.gov/privacy/privacyactnotices>).

Disclosure: Submission of the information is voluntary; however, failure to submit requested information will result in FAA's inability to grant you access to the system.

☐ I have read and accept the Privacy Act Statement.

Figure 8 Request an Account -- Privacy Act Statement

Click **Close** to return to the MedXPress Login Screen.

4.5 Change Password

You must change your password for one of the following reasons:

- You are logging in to MedXPress with a temporary password
- Your password is more than 365 days old
- This is your first login since MedXPress introduced new password guidelines on 07/01/2020

Enter a new password of your choice.

- Passwords are case sensitive
- Passwords must contain between 12 and 24 characters
- Passwords must begin with a letter
- No character may be repeated in sequence
- Passwords must include four types of characters:
 - English upper case letter (A through Z)
 - English lower case letter (a through z)
 - Number (0 through 9)
 - Allowable special characters ! # \$ %
- Previous passwords cannot be reused

Change Password

You must change your password for one of the following reasons:

- You are logging in to MedXPress with a temporary password
- Your password is more than 365 days old
- This is your first login since MedXPress introduced new password guidelines on 07/01/2020

Passwords Requirements:

- Passwords are case sensitive
- Passwords must contain between 12 and 24 characters
- Passwords must begin with a letter
- No character may be repeated in sequence
- Passwords must include four types of characters:
 - English upper case letter (A through Z)
 - English lower case letter (a through z)
 - Number (0 through 9)
 - Allowable special characters ! # \$ %
- Previous passwords cannot be reused

Email Address

saini.sushant@gmail.co

New Password

New Password

Confirm New Password

Confirm Password

Change Password

Figure 9 Change Temporary Password Screen

Confirm the new password and click the **Change Password** button. A confirmation message will be displayed stating that your password was successfully updated.

Password was successfully Updated.

You will be logged out of the system and taken to the Login screen.
Please login with your new password.

OK

Figure 10 Password Successfully Updated

Press OK. You will be taken to the FAA MedXPress Login page.

5 Login

Log in to the MedXPress application using your confirmed email address and password. If you do not have an account, you can Request an Account.

The FAA MedXPress system allows anyone requesting an FAA Medical Clearance or Medical Certificate to electronically complete an application. Information entered into MedXPress is available to your FAA-designated Aviation Medical Examiner (AME) for review at the time of your medical examination.

NOTE: A medical examination by an AME is required to complete the medical clearance/certification process.

Existing User

Email Address

Password

[Forgot Your Password?](#)

Login

Are You a New User?

Request an Account

WARNING: You are accessing a U.S. Government information system. This information system, including all related equipment, networks, and network devices, is provided for U.S. Government-authorized use only. Unauthorized or improper use of this system is prohibited, and may result in civil and criminal penalties, or administrative disciplinary action. The communications and data stored or transiting this system may be, for any lawful Government purpose, monitored, recorded, and subject to audit or investigation. By using this system, you understand and consent to such terms.

Figure 11 Existing User Login

5.1 Privacy Act Statement

Read the Privacy Act Statement and accept the terms by selecting the checkbox at the bottom of the screen. Click on the **Submit** button and the Login Confirmation Screen will display.

You must read and accept the Privacy Act Statement below in order to proceed.

Privacy Act Statement (5 U.S.C. § 552a, as amended):

Authority: Information solicited by the FAA Form 8500-8 "Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate" is collected under the authority of [49 U.S.C. § 40101](#), [40113](#), [44701-44703](#), and [44709](#) (1994) formerly codified in the [Federal Aviation Act of 1958](#), as amended, and [Title 14, Code of Federal Regulations \(CFR\), part 67, Medical Standards and Certification](#).

Purpose: The purpose of collecting the name, date of birth, mailing address, telephone number, citizenship, occupation, and employer's information is to process the applicant's request for an FAA Medical Clearance or Medical Certificate. Providing their social security number is optional and if provided will be used for proper identification of the applicant.

Routine Uses: The information collected will be included in the system of records notice [DOT/FAA 856, Airmen Medical Records](#) and will be subject to the published routine uses including:

1. Sharing of information with the National Transportation Safety Board (NTSB) for purposes of investigating accidents and incidents involving certificated airmen;
2. Sharing with the general public information relating to an individual's eligibility for medical certification, requests for exemptions from medical requirements, and requests for review of certificate denials;
3. Sharing personal information of airmen with other federal agencies for the purpose of verifying the accuracy and completeness of medical information provided to FAA;
4. Sharing past medical certification history with AMEs, so they may render the best medical certification decision regarding airmen;
5. Providing information about airmen to Federal, State, local and Tribal law enforcement agencies when engaged in an official investigation in which an airman is involved;
6. Sharing records of an individual's positive drug test result, alcohol test result of 0.04 or greater breath alcohol concentration, or refusal to submit to testing required under a

☐ I have read and accept the Privacy Act Statement.

Submit

Close

Figure 12 Existing Account – Privacy Act Statement

5.2 Login Confirmation

The Login Confirmation Screen verifies that you are logged into MedXPress and can complete the FAA Form 8500-8. Your logged-in username will be displayed in the upper-right corner of the header along with the ['Contact Us'](#) and ['Log Out'](#) links.



Figure 13 Login Confirmation Screen Header

Welcome to MedXPress! MedXPress is how you start an application for an FAA Medical Certification or Medical Clearance.


Be prepared for your exam.


Are you:


- a first-time applicant OR
- a returning applicant with new and/or changed medical conditions?

Here's what you need to know:

- ✓ Go to the Guide for Aviation Medical Examiners.
- ✓ Find your Condition(s).
- ✓ See what medical records you need to take to your AME.


[How to Use the Guide for Aviation Medical Examiners](#)


[Guide for Aviation Medical Examiners](#)


[Medical Certification Info](#)

[Start New Application](#)

Figure 14 Login Confirmation Screen

5.3 Home

The following options are available in the Home menu bar:

- **Home** – Returns you to the Login Confirmation Screen from anywhere within the MedXPress application

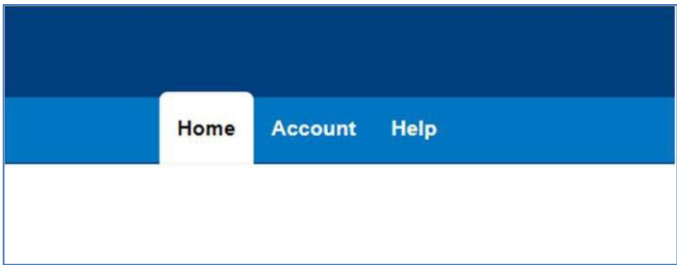


Figure 15 Home Menu

5.4 Account

The following options are available in the Account menu bar:

- **My Account** - Displays the My Account Screen where you can update your personal information, email address, password, or security answers
- **Log Out** (Only available after successful login)– Logs you out of MedXPress and returns the user to the login screen

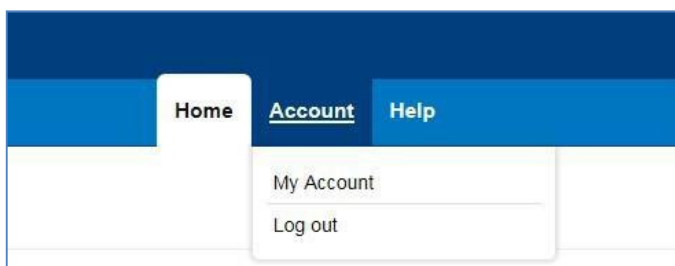


Figure 16 Account Menu

PLEASE NOTE: Each applicant must create and use their own account. Do not enter your application information into someone else's MedXPress account.

5.5 Help

The following options are available in the Help menu bar:

- **FAQ** - Displays a list of questions and answers commonly asked about MedXPress
- **Contact Us** - Displays contact information for the FAA MyIT Service Center that helps with MedXPress account-related issues, logging in, account lockout, and related issues
- **User Guide** - Opens the MedXPress User Guide
- **8500-8 Instructions** - (Only available after successful login) - Opens the Instructions for Completion of the Application Form 8500-8
- **How to Use the Guide for Aviation Medical Examiners** - Opens a document with tips for using the Guide for Aviation Medical Examiners
- **Guide for Aviation Medical Examiners** - Opens the guide that AMEs use for flight physical exams procedures
- **Medical Certification Info** - Opens Medical Certification home page
- **AME Locator** – Opens the tool that allows you to search for an Aviation Medical Examiner (AME) in your area
- **U.S. Agent for Service** – Opens the U.S. Agent for Service home page

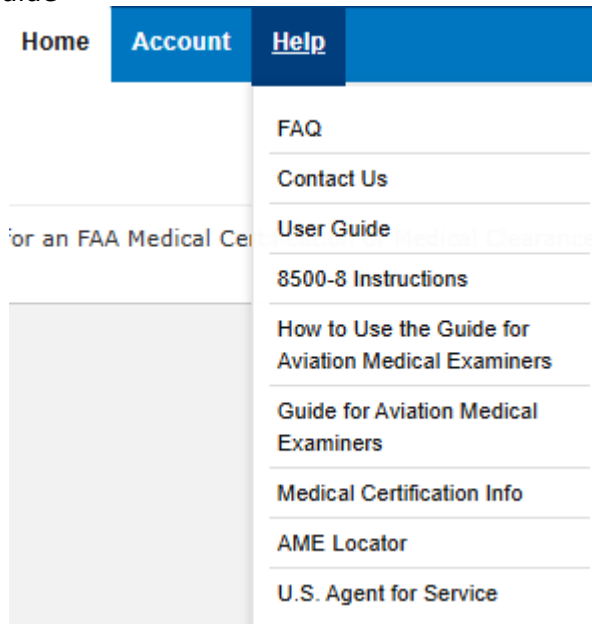


Figure 17 Help Menu

6 Account Maintenance

If you would like to update your personal information or change your password, you can select the **Account / My Account** at any time from the Menu Bar.

6.1 Update Account Information

To update your account information, click in the appropriate section and change the fields. You will receive this message below the screen title when information in any section is successfully changed: Account Updated Successfully.

6.1.1 Update your Personal Information

If you update your First, Middle, or Last name, the same name will be displayed on the Form 8500-8

- To update your Personal Information, click the field and update to the new value. To complete the change, enter and confirm your email address.
- Click the **Submit** button.

6.1.2 Change your Password

If you change your password, you will be logged out of the application and must sign in again.

Passwords are case sensitive. Passwords must contain between 12 and 24 characters. Passwords must begin with a letter. No character may be repeated in sequence. Passwords must include four types of characters: English upper case letter (A through Z); English lower case letter (a through z); Number (0 through 9); Allowable special characters ! # \$ %. Previous passwords cannot be reused.

Change your password.

Passwords are case sensitive. Passwords must contain between 12 and 24 characters. Passwords must begin with a letter. No character may be repeated in sequence. Passwords must include four types of characters: English upper case letter (A through Z); English lower case letter (a through z); Number (0 through 9). Allowable special characters ! # \$ %. Previous passwords cannot be reused.

Old Password: New Password: Confirm New Password:

Figure 18 Account Maintenance - Change your Password

6.1.3 Update your Security Question Answers

Your security question answers are used to identify you when resetting your password or contacting the Help Desk.

- Enter the new security question answers in their appropriate fields
- Click the Submit button

Change Answers to Security Questions

Security Questions	Security Answers
1: <input type="text" value="Mother's maiden name"/>	Answer 1: * <input type="text" value="Galapagos"/>
2: <input type="text" value="Elementary school name"/>	Answer 2: * <input type="text" value="Riverside"/>
3: <input type="text" value="Zodiac sign"/>	Answer 3: * <input type="text" value="Leo"/>

Figure 19 Account Maintenance - Change Answers to Security Questions

6.2 Forgot Password

If you forget your password, you can request a new password by clicking on **Account / Forgot Password** from the menu bar or the "Forgot Password" link on the MedXPress Login Screen.

The following steps will walk you through the process to change your password if you forgot or cannot log into MedXPress. At any time, you can click the **Cancel** button to be returned to the MedXPress Login Screen.

Step 1: Enter your email address in the box provided and click on the **Next** button.

Step 1: To reset your password, enter your email address in the box below and click Next

Email:

Figure 20 Request to Reset Password

Step 2: Answer the security questions in the boxes provided and click on the **Next** button.

Step 2: To verify your identity, you must correctly answer the security questions below and click Next.

Email: your_email_address@provider.com

Security Questions	Security Answers
1: Mother's maiden name	Answer 1: Galapagos
2: Elementary school name	Answer 2: Rive
3: Zodiac sign	Answer 3: Leo

Next Cancel

Figure 21 Request to Reset Password - Security Questions

Step 3: Your password has been reset. A temporary password and instructions for completing the Password Reset process will be sent to your email account.

Request to Reset Password

Email Address: your_email@provider.com

Your FAA MedXPress password has been reset. A temporary password and instructions for completing the password reset process will be sent to your email account.

If require further assistance, please contact FAA MyIT Service Center:

- By email at : helpdesk@faa.gov (Monitored 24/7)
- By phone at : 1-844-FAA-MyIT (1-844-322-6948) (Monitored 24/7)

Return to Login

Figure 22 - Reset Password Confirmation

6.3 Password Reset Notification

Wait a few minutes and log in to your email account. You should receive the message shown below soon after submitting your password reset request. If you do not receive the message within a reasonable amount of time you can obtain the temporary password by contacting:

Federal Aviation Administration (FAA)
MyIT Service Center
Email: helpdesk@faa.gov
1-844-FAA-MyIT (1-844-322-6948)

To complete the password reset process, you must return to the MedXPress site and log in using the account information provided in the email sent to you. You can return to the MedXPress site by clicking on the link provided in the email. You will be taken to the Terms of Service Agreement and Privacy Statement screen.

Enter your email address and the password provided in the appropriate fields and click the Login button. Once you have returned to the MedXPress site you will be required to change your password on login.

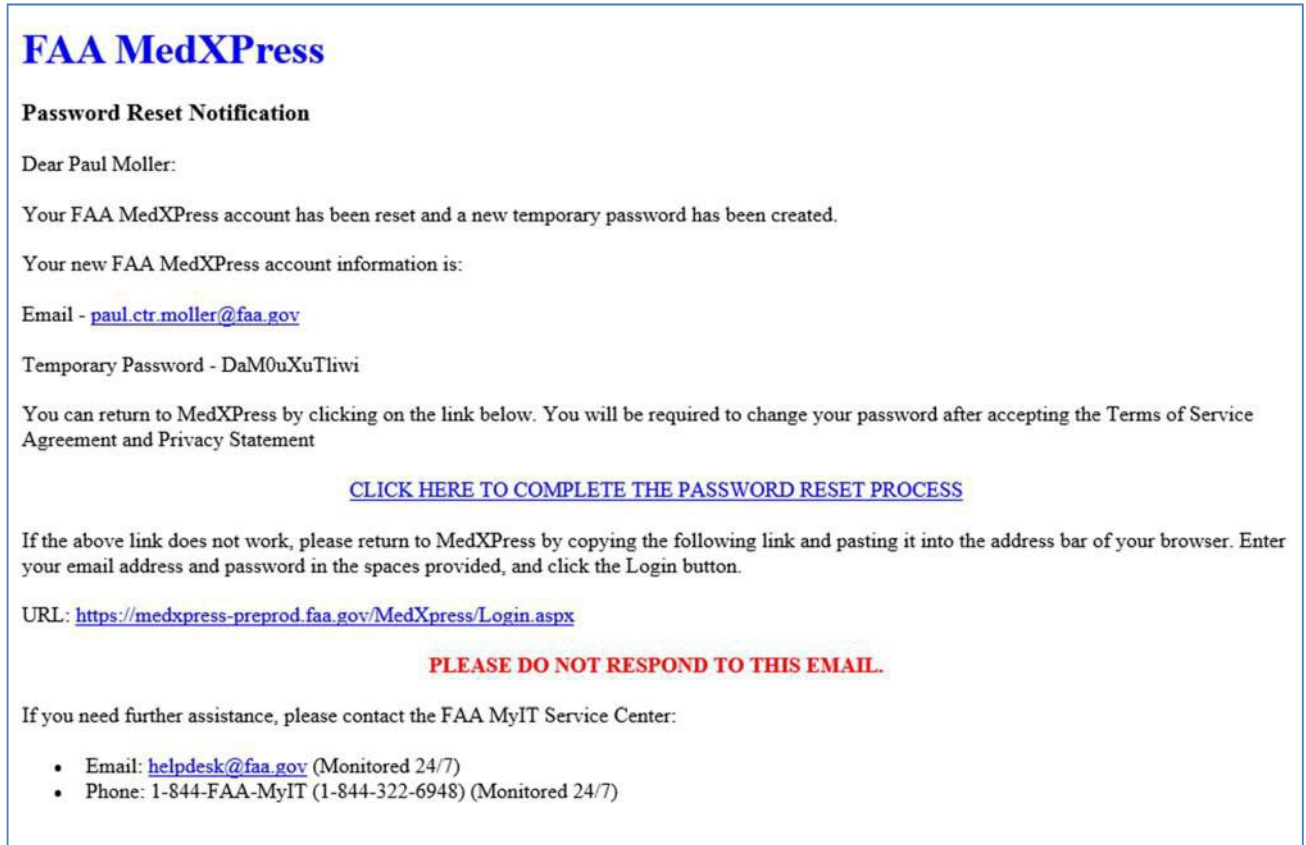


Figure 23 Password Reset Notification Email

6.4 Session Timeout

The MedXPress times out after 20 minutes of inactivity. If a user allows MedXPress to sit idle for 20 minutes or more, the session will time out and the user will be directed back to the MedXPress login screen.

On the 8500-8 screen of the MedXPress, the user will receive a warning message after 15 minutes of inactivity. If the user does not click on the **Continue** button on the session timeout warning message within five minutes of receiving the message, the session will time out. Once the session times out, any update or refresh action will send the user back to the MedXPress Login screen.

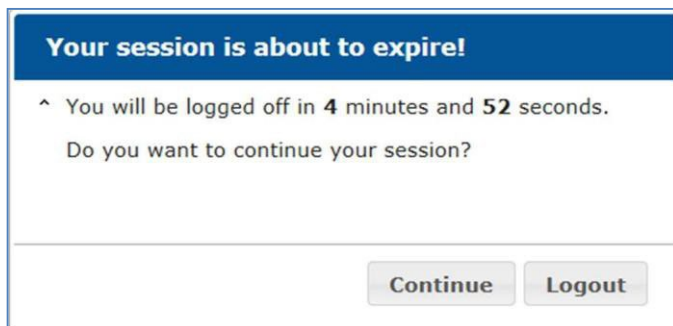


Figure 24 Session Timeout Message

7 Accessing Form 8500-8

From the Login Confirmation Screen, the user will have the option to:

- **Start New Application** – Displays the exam type selection screens
- **Continue Application** – If the user has previously saved an application, displays the 8500-8 Step-by-Step
- **How to Use the Guide for Aviation Medical Examiners** – Upon clicking on the link, the faa.gov page loads in separate tab
- **Guide for Aviation Medical Examiners** – Upon clicking on the link, the faa.gov page loads in separate tab
- **Medical Certification Info** - Upon clicking on the link, the faa.gov page loads in separate tab

Welcome to MedXPress! MedXPress is how you start an application for an FAA Medical Certification or Medical Clearance.


Be prepared for your exam.


Are you:


- a first-time applicant OR
- a returning applicant with new and/or changed medical conditions?

Here's what you need to know:

- ✓ Go to the Guide for Aviation Medical Examiners.
- ✓ Find your Condition(s).
- ✓ See what medical records you need to take to your AME.


[How to Use the Guide for Aviation Medical Examiners](#)


[Guide for Aviation Medical Examiners](#)


[Medical Certification Info](#)

Start New Application

Figure 25 Start New Application

Welcome to MedXPress! MedXPress is how you start an application for an FAA Medical Certification or Medical Clearance.


Be prepared for your exam.


Are you:


- a first-time applicant OR
- a returning applicant with new and/or changed medical conditions?

Here's what you need to know:

- ✓ Go to the Guide for Aviation Medical Examiners.
- ✓ Find your Condition(s).
- ✓ See what medical records you need to take to your AME.


[How to Use the Guide for Aviation Medical Examiners](#)


[Guide for Aviation Medical Examiners](#)


[Medical Certification Info](#)

Continue Application

Figure 26 Continue Application

8 Medical Examination Bill of Rights

Applicants applying for Pilot or Air traffic control exams will be required to read and accept the Medical Examination Bill of Rights notification before being allowed to proceed to select the type of application.

Read the Medical Examination Bill or Rights Notification and accept by selecting the checkbox at the bottom of the screen. Click on the Submit button and the Exam Type Selection screen will display. Click Back to return to the Start New Application screen.

You must read and accept the Medical Examination Bill of Rights Notification below in order to proceed.

Medical Examination Bill of Rights

As individuals, Applicants for Part 67 Medical Certification have the right to:

- Receive a medical examination with respect and recognition of the individual's dignity;
- Select an Aviation Medical Examiner (AME) of their choice as long as the AME has the required designations;
- Be advised of any conflicts of interest an AME may have which could impact the individual's medical examination determination;
- Request a chaperone or bring a trusted companion for a medical examination;
- Privacy when changing, undressing, and using the restroom;
- Ask questions about FAA medical standards and the applicability to the health status of the individual;
- Terminate an examination with the understanding that if the application has been imported by the Aviation Medical Examiner (AME) or the exam has begun, the AME must submit the incomplete application; and
- Be assured of privacy and confidentiality within the requirements of public and flying safety.

As individuals, Applicants for Part 67 Medical Certification have the obligation to:

- Disclose relevant information as outlined on the MedXPress application and instruction;
- Report an incident of alleged misconduct by an AME to the appropriate authorities, including to the [FAA Regional Flight Surgeon](#) responsible for the AME's designation management; and
- Report any alleged AME misconduct, without fear of retaliation to the individual's medical certificate or medical clearance, to the Administrator, Federal Air Surgeon, or the Regional

☐ I have read and accept the Medical Examination Bill of Rights Notification.

BackSubmit

Figure 27 MEBR Notification

9 Exam Type Selection

The exam type selection screens display a series of questions to determine the appropriate form 8500-8 questions to display and complete for the applicable FAA Medical Clearance or Certification. Accurate responses are essential to proper routing and processing of your application.

The first question asks "Why are you applying for a Medical Certificate or Clearance?". Select the response that best represents the reason for your application.

- If "Required for my employment" option is selected, Question 2 for Exam Type Selection will be presented.
- If "All Other" option is selected, the "Pilot's Bill of Rights" will be presented followed by the form 8500-8.

Accurate responses to the following question(s) will help ensure your application is routed and processed in the most efficient and timely manner.

Why are you applying for a Medical Certificate or Clearance?

☐ Required for my employment
☐ All Other

Figure 28 Exam Selection Question 1

The second question asks "Who is your employer?". Select the response that best describes why you are completing the application.

- If "Non-government", "Contract Company to FAA/DOT", "Government Agency other than FAA/DOT" is selected, the Pilot's Bill of Rights will be displayed followed by the form 8500-8.
- If "FAA/DOT" option is selected, Exam Selection Question 3 will be displayed.
- If "Not yet employed by the FAA. I received a tentative offer letter from the FAA to become an Air Traffic Controller" is selected; the FAA ATC Applicant Verification Screen will be displayed.

Accurate responses to the following question(s) will help ensure your application is routed and processed in the most efficient and timely manner.

1. Why are you applying for a Medical Certificate or Clearance?
Required for my employment

2. Who is your employer?

☐ Non-government
☐ FAA/DOT
☐ Not yet employed by the FAA. I received a Tentative Offer Letter(TOL) from the FAA to become an Air Traffic Controller
☐ Contract Company to FAA/DOT
☐ Government Agency other than FAA/DOT

Figure 29 Exam Selection Question 2

The third question asks FAA employees to select the purpose of their application. Select the response that best describes why you are completing the application.

Accurate responses to the following question(s) will help ensure your application is routed and processed in the most efficient and timely manner.

1. Why are you applying for a Medical Certificate or Clearance?
Required for my employment

2. Who is your employer?
FAA/DOT

3. You have indicated you are an FAA/DOT employee. What is the purpose of this application?

☐ FAA ATCS Medical Clearance
☐ Airman Medical Certificate
☐ Both

Figure 30 Exam Selection Question 3

10 Pilot's Bill of Rights

Applicants for medical certification will be required to read and accept the Pilot's Bill of Rights Notification before being allowed to proceed to the Form 8500-8 data entry screen.

Read the Pilot's Bill or Rights Notification and accept by selecting the checkbox at the bottom of the screen. Click on the **Submit** button and the Step-By-Step Form 8500-8 will display. Click **Back** to return to the Exam Type Selection screen.

PILOT'S BILL OF RIGHTS WRITTEN NOTIFICATION

The information you submit on the FAA Form 8500-8 Application for an Airman Medical Certificate will be used by the Administrator of the Federal Aviation Administration as part of the basis for issuing an airman medical certificate to you under Title 49, United States Code (USC) section 44703(a), if the Administrator finds, after investigation, that you are qualified for, and physically able to perform the duties related to the certificate for which you are applying. Therefore, in accordance with the Pilot's Bill of Rights, Public Law 112-153, the Administrator is providing you with the applicable written notifications related to this investigation of your qualifications for an airman medical certificate:

- The nature of the Administrator's investigation, which is precipitated by your submission of this application, is to determine whether you meet the medical standards for airman medical certification under Title 14, Code of Federal Regulations (CFR) part 67.
- Any response to an inquiry by a representative of the Administrator by you in connection with this investigation of your qualifications for an airman medical certificate may be used as evidence against you.
- A copy of the releasable portions of your airman medical file is available to you upon your written request addressed to:

Federal Aviation Administration
Aerospace Medical Certification Division
Medical Records Department, AAM-331

☒ I have read and accept the Pilot Bill of Rights Agreement and Privacy Statement.

Submit

Back

Figure 31 Pilot's Bill of Rights

11 Step-by-Step Form 8500-8

The Step-By-Step Form 8500-8 is a wizard-based format that breaks the form into smaller sections with the ability to save and quickly navigate through different sections.

The FAA Form 8500-8 is broken down into the following sections

- General (Items 1 - 2)
- Demographics (Items 3 - 9)
- Prior Certification (Items 10 - 16)
- Medication (Items 17a and 17b)
- Medical History (Item 18)
- Medical Visits (Item 19)
- Declarations (Item 20)

10.1 Navigation Breadcrumb



Figure 32 Step-By-Step Sections

10.2 Navigation Buttons

To navigate between sections, use the navigation buttons below the screen in each section.

NAVIGATION	DESCRIPTION
Previous	Moves to the previous form section
Save and Complete Later	Validates the on-screen fields <ul style="list-style-type: none"> • Saves the form, if no validation errors are found

	Displays validation failures, if found (does not save the current content)
Cancel My Application	Cancelling an application is the same as deleting the application, all data previously entered is lost. There is no way to retrieve this information once you cancel
Check for Errors	Performs a validation check on the form fields Displays validation failures, if applicable
Next	Validates the current section fields <ul style="list-style-type: none"> Saves the form, if no validation errors are found and moves to the next form section If validation errors found, displays them to the user (does not navigate to the next section)



Figure 33 Navigation Options

10.2.1 Save and Complete Later

Click the **Save and Complete Later** button to save changes to your application. Be sure to save your entries before exiting FAA MedXPress. You may save a partially completed form and return at a later time to finish. The following message will display when you click on the **Save and Complete Later** button.

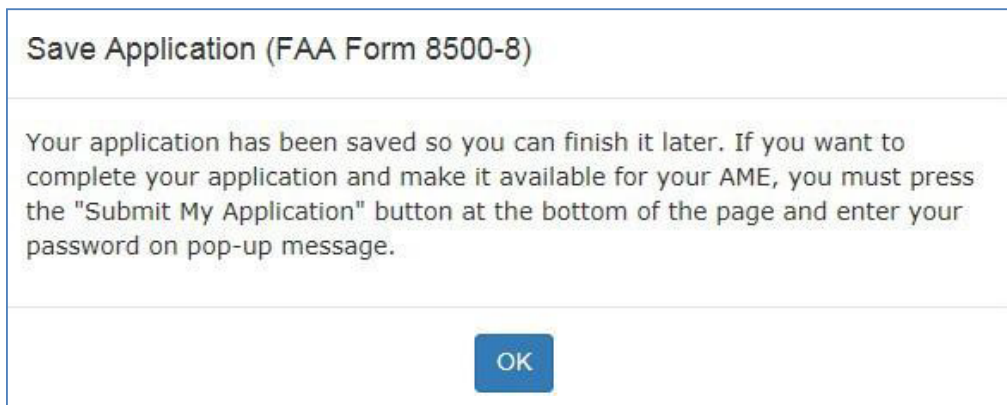
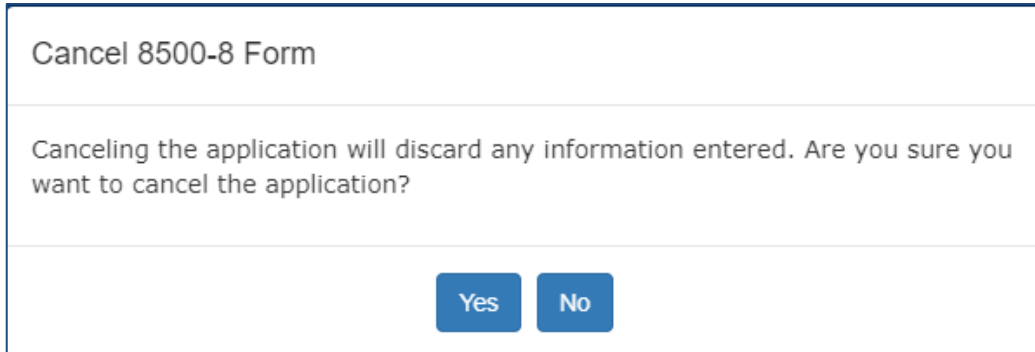


Figure 34 Save Application Confirmation

10.2.2 Cancel My Application

If you have inadvertently selected the wrong type of exam from the Exam Type Selection page, or if you have changed your mind and do not wish to submit an application at this time, you can cancel the application at any time prior to submitting the application by clicking on the **Cancel My Application**. A message will display asking you to confirm the cancellation.



A dialog box titled "Cancel 8500-8 Form". The text inside reads: "Canceling the application will discard any information entered. Are you sure you want to cancel the application?". At the bottom, there are two buttons: "Yes" and "No".

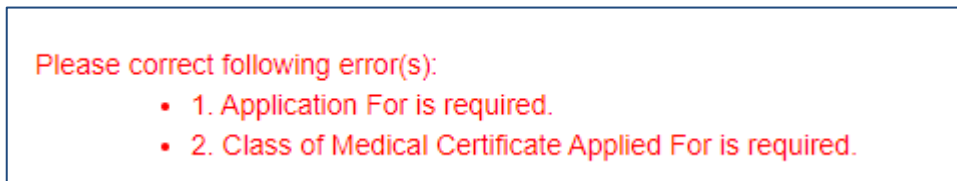
Figure 35 Cancel Application

Cancelling an application is the same as deleting the application, all data previously entered is lost. There is no way to retrieve this information once you cancel the application.

Click the **Yes** to cancel the application return to the Login Confirmation screen. Click **No** to remain on the current application.

10.2.3 Check for Errors

Click the **Check for Errors** button at any time to display a list of validation errors. Data must pass validation requirements before the application can be submitted. Validation errors will appear at the top of the Form 8500-8 data entry screen.

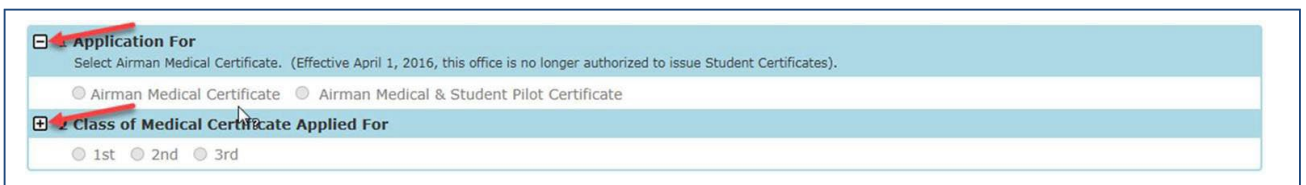


A box containing a red error message: "Please correct following error(s):". Below it are two red bullet points: "1. Application For is required." and "2. Class of Medical Certificate Applied For is required."

Figure 36 Section Error Check

10.3 Additional Instruction

Each section will have additional instruction to help the user accurately complete the Form 8500-8. The additional instruction text will be accessible for each item by clicking on any item row marked with a "+".



A screenshot of the Form 8500-8 data entry screen. It shows two sections: "1 Application For" and "2 Class of Medical Certificate Applied For". The "1 Application For" section has a dropdown menu with options: "Airman Medical Certificate" and "Airman Medical & Student Pilot Certificate". The "2 Class of Medical Certificate Applied For" section has a dropdown menu with options: "1st", "2nd", and "3rd". Red arrows point to the "+" icons next to the section titles, indicating where to click for additional instruction.

Figure 37 Additional Instruction

The user will also be alerted to the additional instruction when moving their mouse over those fields the cursor will change:



Figure 38 Help Cursor

10.4 General Section (Items 1 and 2)

The General section contains:

- Item 1 Application For
- Item 2 Class of Medical Certificate

NOTE: These Items are not required for FAA ATC Applicants and Incumbents.

Figure 39 General Section

10.4.1 Item 1 Application For

Radio button to select Airmen Medical Certification or Airman Medical & Student Pilot Certificate.

NOTE: Effective April 1, 2016, this office is no longer authorized to issue Student Certificates.

Additional Instruction:

Select Airman Medical Certificate. (Effective April 1, 2016, this office is no longer authorized to issue Student Certificates).

10.4.2 Item 2 Class of Medical Certificate

Radio button to select 1st, 2nd, or 3rd Class

Additional Instruction:

Select the appropriate class of medical certificate you want to apply for: See 14 CFR [§61.23](#) for the requirements for medical certificates.

10.4.3 Applicant ID

For FAA ATC Applicants and Incumbents this section (Items 1 and 2) would appear as in the screen shot below. They will be required to provide the Applicant ID the very first time and on subsequent visit the Applicant ID will be pre-filled.

The screenshot shows the 'General' section of the MedXPress application. At the top left is the 'General' tab, and at the top right is a blue button labeled '8500-8 Instructions'. Below the tab, the 'Exam Type' is set to 'FAA Air Traffic Controller with written authorization from your manager to take an examination for FAA ATCS Medical Clearance.' The 'Applicant ID' field contains the value '1234567890', followed by the text 'This is the Personal ID number you received from your Servicing Medical Office.' A blue message bar states: 'Based on your previous responses on this application, Questions 1 and 2 are not applicable. Please click next.' Below this, there are two sections: '1 Application For' and '2 Class of Medical Certificate Applied For'. Section 1 has a sub-header 'Select Airman Medical Certificate. (Effective April 1, 2016, this office is no longer authorized to issue Student Certificates).' and two radio button options: 'Airman Medical Certificate' and 'Airman Medical & Student Pilot Certificate'. Section 2 has a sub-header 'Select the appropriate class of medical certificate that you want to apply for. See 14 CFR §61.23 for the requirements for medical certificates.' and three radio button options: '1st', '2nd', and '3rd'.

Figure 40 General ATC Applicants and Incumbents

10.5 Demographics Section (Items 3 - 9)

The Demographics section contains:

- Item 3 Full Name
- Item 4 Social Security Number
- Item 5 Address
- Item 6 Date of Birth
- Item 7 Color of Hair
- Item 8 Color of Eyes
- Item 9 Sex

Demographics

8500-8 Instructions

Exam Type: Pilot (non FAA) - Airman, Non-FAA Air Traffic Controller, etc.

3 Full Name

Enter your legal name. If your name changed for any reason since the date of your most recent medical examination, list your current legal name in the General Explanations Pertaining to Medical History comment box (in the Medical History section). See 14 CFR §61.25 for the requirements for change of name.

Last Name

First Name

Middle Name

Suffix

Doe

John

Select

4 Social Security Number

Entering your SSN is optional. Enter your SSN in the box provided, or select the International/Declined to Submit checkbox if applicable.

123-45-6789

☐ International/Declined to Submit (A pseudo number will be generated by the system.)

5 Address

Enter your mailing address. Enter your telephone number. See 14 CFR §61.60 for the requirements for change of address. Do not use punctuation.

Number/Street

City

State

Zip Code

Country

6 Date of Birth

Select the month, day, and year of your date of birth. Select citizenship (e.g. United States).

Month

Day

Year

Citizenship

May

18

1965

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.

Select Hair Color

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.

Select Eye Color

9 Sex

Indicate male or female by selecting the appropriate radio button.

☒ Male

☐ Female

Figure 41 Demographics

10.5.1 Item 3 Full Name

- Text box to enter Last Name
- Text box to enter First Name
- Text box to enter Middle Name
- Dropdown list to select Suffix

NOTE that your last, first, and middle name is populated exactly as it appears in the **Account -> My Account** screen. Edits to your name must be made on the **My Account** screen.

Additional Instruction:

Enter your legal name. If your name changed for any reason since the date of your most recent medical examination, list your current legal name in the General Explanations Pertaining to Medical History comment box (in the Medical History section). See 14 CFR [§61.25](#) for the requirements for a change of name.

10.5.2 Item 4 Social Security Number

27

- Text box to enter social security number
- International/Declined to Submit (A pseudo number will be generated by the system). Check box to decline entering a social security number and have the system generate a pseudo number.

Additional Instruction:

Entering your SSN is optional. Enter your SSN in the box provided, or select the International/Declined to Submit checkbox if applicable.

10.5.3 Item 5 Address

- Text box to enter Number/Street
- Text box to enter City
- Dropdown list to select State
- Text Box to enter Zip Code
- Text box to enter Telephone

Additional Instruction:

Enter your mailing address. Enter your telephone number. See 14 CFR [§61.60](#) for the requirements for change of address. Do not use punctuation.

10.5.4 Item 6 Date of Birth

- Dropdown list to select Month
- Dropdown list to select Day
- Dropdown list to select Year
- Dropdown list to select Citizenship

Additional Instruction:

Select the month, day, and year of your date of birth. Select citizenship (e.g. United States).

10.5.5 Item 7 Color of Hair

- Dropdown list to select Color of Hair

Additional Instruction:

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

10.5.6 Item 8 Color of Eyes

- Dropdown list to select Color of Eyes

Additional Instruction:

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

10.5.7 Item 9 Sex

- Radio button to select Male or Female

Additional Instruction:

Indicate male or female by selecting the appropriate radio button.

10.5.8 Designate a United States Agent for Service if Physical Address is outside the United States

Per [FAA Advisory Circular 3-1](#), if your mailing address is outside of the United States, you will be prompted to designate a United States Agent for service of FAA correspondence. If you've entered a non-U.S. address, a "Manage U.S. agent" window will display after you click **Next**.

Enter your FTN. NOTE: your FTN *is the unique ID available on your either MedXPress or IACRA User account profile*. The system will automatically populate your date of birth based on your entry on the Demographics tab. Click **Submit**.

If your FTN is not found in the USAS's portal, a blank 'Manage U.S. agent' form will be displayed, and the following message will display:

- *'Your FTN is not known to the USAS database. If you recently created your FTN, please click submit again to create a new U.S. agent for Service'.*

After seeing the message, re-enter your FTN number, verify your Date of Birth and click **Submit**.

10.5.8.1 Manage U.S. Agent Window

After clicking **Submit**, you will see a subsequent blank '**Manage U.S. agent**' form that prompts you to enter your U.S. agent information.

- Select type of U.S. Agent: **Individual** or **Service Agent Company**.
 - Once the selection is made, the form dynamically adjusts to display the corresponding fields
- Complete fields:
 - **Mandatory fields:** These fields (marked with an asterisk *) are required for the form submission. The system will check that all mandatory fields are filled before the applicant can submit the form
 - **Optional fields:** These fields are not required
 - **Field tooltips:** Each field will have a tooltip that provides additional information about the required data or formatting for that particular field. Hover over any field on the small icon, the text will appear providing a brief explanation of the expected input.
- Click **Save**.

A confirmation message will appear to notify you that the U.S. agent has been saved successfully. After clicking 'X' on the pop-up window to close it, MedXPress will navigate to the next tab.

10.6 Prior Certification Section (Items 10 - 16)

The Prior Certification section contains:

- Item 10 Type of Airman Certificate(s) You Hold
- Item 11 Occupation
- Item 12 Employer
- Item 13 Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked.

- Item 14 Total Pilot Time (Civilian Only) To Date
- Item 15 Total Pilot Time (Civilian Only) Past 6 Months
- Item 16 Date of Last FAA Medical Application

Prior Certification

8500-8 Instructions

Exam Type: FAA Pilot, Aviation Safety Inspector, Aerospace Engineer, Test Pilot

10 Type of Airman Certificate(s) You Hold

Select the boxes that apply.
If you select None, that should be the only box you select. If you select Other, indicate an Airman Certificate (not represented) that you may hold (e.g. Aircraft dispatcher, Ground Instructor).

☒ None
 ☐ Airline Transport
 ☐ Commercial
 ☐ Flight Instructor
 ☐ Private
 ☐ Student
 ☐ ATC Specialist
 ☐ Flight Engineer
 ☐ Flight Navigator
 ☐ Recreational
 ☐ Other

11 Occupation

Enter your primary means of employment (e.g. pilot, air traffic controller, flight instructor, teacher, etc.). Enter "pilot" only if you currently work as a pilot.

12 Employer

Enter your employer's full name. Enter "self-employed" if applicable.

13 Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?

Select Yes or No. If you select Yes, enter the date your certificate was denied, suspended, or revoked.

☐ Yes
 ☒ No

If yes, give date

14 Total Pilot Time (Civilian Only) To Date

Enter your total number of flight hours. The flight hours you enter can be logged or estimated.

15 Total Pilot Time (Civilian Only) Past 6 Months

Enter your total number of flight hours in the 6-month period immediately before the date of this application. The flight hours you enter can be logged or estimated.

16 Date of Last FAA Medical Application

Select the date of your most recent FAA medical examination. If this is your first-ever application, select "No Prior Application".

☒ No Prior Application

Figure 42 Prior Certification

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

- Check box to select None, Airline Transport, ATC Specialist, Commercial, Flight Engineer, Flight Instructor, Flight Navigator, Other, Private, Recreational, Student
- Textbox to enter Other if checkbox is selected

Additional Instruction:

Select the boxes that apply. If you select "Other," indicate an Airman Certificate you hold (e.g., Aircraft dispatcher, Ground Instructor).

10.6.2 Item 11 Occupation

- Textbox to enter Occupation

Additional Instruction:

Enter your primary means of employment (e.g., pilot, air traffic controller, flight instructor, teacher, etc.). Enter "pilot" only if you currently work as a pilot.

10.6.3 Item 12 Employer

- Textbox to enter Employer

Additional Instruction:

Enter your employer's full name. Enter "self-employed" if applicable.

10.6.4 Item 13 Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?

- Radio button to select Yes or No
- Textbox to enter date or Calendar control to select date

Additional Instruction:

Select Yes or No. If you select Yes, enter the date your certificate was denied, suspended, or revoked.

10.6.5 Item 14 Total Pilot Time (Civilian Only) To Date

- Textbox to enter Total Pilot Time to Date

Additional Instruction:

Enter your total number of flight hours. The flight hours you enter can be logged or estimated.

10.6.6 Item 15 Total Pilot Time (Civilian Only) Past 6 Months

- Textbox to enter Total Pilot Time to Past 6 Months

Additional Instruction:

Enter your total number of flight hours in the 6-month period immediately before the date of this application. The flight hours you enter can be logged or estimated.

10.6.7 Item 16 Date of Last FAA Medical Application

- Textbox to enter date or Calendar control to select date
- Checkbox to select No Prior Application

Additional Instruction:

Select the date of your most recent FAA medical examination. If this is your first-ever application, select "No Prior Application".

10.7 Medication Section (Items 17a and 17b)

The Prior Certification section contains:

- Item 17a Do You Currently Use Any Medication (Prescription or Nonprescription)?
- Item 17b Do You Ever Use Near Vision Contact Lenses While Flying?

NOTE: Item 17b is not required for FAA ATC Applicants.

Medication
8500-8 Instructions

Exam Type: FAA Pilot, Aviation Safety Inspector, Aerospace Engineer, Test Pilot.

☒ **17a Do You Currently Use Any Medication (Prescription or Nonprescription)?**

- Select Yes or No.
 - You are required to enter ALL prescription and nonprescription medication you take.
 - You must enter the medication name; all other fields are optional.
- If you selected Yes
 - Enter the name of the first medication in the Medication Name box.
 - Enter the dosage amount in the Dosage box.
 - Select a dosage unit for your medication from the Dosage Unit box.
 - Select how often you use the medication from the Frequency box.
 - Select Previously Reported if you have previously reported the medication on an FAA medical application.
 - Click the Add button
- If an exact match for the medication does not appear, you will see an error message followed by a drop-down box of possible matches.
 - If you see the correct match, select it and click the Add button again.
 - If you do not see the correct match, select Could not Locate Medication and click the Add button again.
- Repeat Steps 2 and 3 for each medication.

☐ Yes
☒ No

If yes, enter medication information for each medication and click the Add button

Medication Name

Dosage

Dosage Unit

Frequency

☐ Previously Reported

Add
Clear

FAA MedXPress medication content is validated against licensed drug information supplied by the F.A. Davis Co. (FAD) in the Davis's Drug Guide.
Click here to view the FAD copyright notice and Disclaimer of Warranty.

☒ **17b Do You Ever Use Near Vision Contact Lens(es) While Flying?**

Do you use a contact lens in either eye for near vision? (for example: for reading or close up work)

☐ Yes
☒ No

Figure 43 Medications

10.7.1 Item 17a Do You Currently Use Any Medication (Prescription or Nonprescription)?

- Radio button to select Yes or No
- Textbox to enter Medication Name
- Textbox to enter Dosage
- Dropdown list to select Dosage Unit
- Dropdown list to select Frequency
- Checkbox to select Previously Reported

Additional Instruction:

- Select Yes or No.
 - You are required to enter ALL prescription and nonprescription medication you take
 - You must enter the medication name; all other fields are optional.
- If you selected Yes
 - Enter the name of the first medication in the Medication Name box.
 - Enter the dosage amount in the Dosage box.

- Select a dosage unit for your medication from the Dosage Unit box.
 - Select how often you use the medication from the Frequency box.
 - Select Previously Reported if you have previously reported the medication on an FAA medical application.
 - Click the **Add** button
3. If an exact match for the medication does not appear, you will see an error message followed by a drop-down box of possible matches.
 - If you see the correct match, select it and click the **Add** button again.
 - If you do not see the correct match, select Could not Locate Medication and click the **Add** button again.
 4. Repeat Steps 2 and 3 for each medication.

VALIDATION ISSUES AND ERROR MESSAGES

Please select the correct medication name from the drop down list below.
If you cannot locate the correct medication name, please check the "Could not Locate Medication" checkbox and click the Add button again. Click the Clear button to refresh the screen.

Medication Name

WELB

WELBUTREN

WELBUTRIN

WELBUTRIN XL

WELBUTRON

Dosage

Dosage Unit

▼

Frequency

▼

☐ Previously Reported

☐ Could not Locate Medication

Add
Clear

Figure 44 - Medication Exact Match Not Found

10.7.1.1 Removing Medications

Medication information can be deleted by clicking on the "Delete" link displayed to the right of each medication listed.

Medication Name	Dosage	Dosage Unit	Frequency	Previously Reported	
WELBUTRIN XL	2	capsule(s)	Twice Daily	Y	✕
ADVIL	800	mg	As Needed	N	✕

Figure 45 Removing Medications

10.8 Medical History Section (Item 18)

The Medical History section contains:

- Item 18 Medical History - Have you ever in your life been diagnosed with, had, or do you presently have any of the following?
- AME Guide: Item 18 Medical History - Upon clicking on the link, the faa.gov page loads in separate tab.

Medical History

8500-0 Instructions

Exam Type: FAA Pilot, Aviation Safety Inspector, Aerospace Engineer, Test Pilot.

18 Medical History - HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING? Part 1

Description	Response	Comments
a. Frequent or severe headaches	<input type="radio"/> Yes <input type="radio"/> No	
b. Dizziness or fainting spell	<input type="radio"/> Yes <input type="radio"/> No	
c. Unconsciousness for any reason	<input type="radio"/> Yes <input type="radio"/> No	
d. Eye or vision trouble except glasses	<input type="radio"/> Yes <input type="radio"/> No	
e. Hay fever or allergy	<input type="radio"/> Yes <input type="radio"/> No	
f. Asthma or lung disease	<input type="radio"/> Yes <input type="radio"/> No	
g. Heart or vascular trouble	<input type="radio"/> Yes <input type="radio"/> No	
h. High or low blood pressure	<input type="radio"/> Yes <input type="radio"/> No	
i. Stomach, liver, or intestinal trouble	<input type="radio"/> Yes <input type="radio"/> No	
j. Kidney stone or blood in urine	<input type="radio"/> Yes <input type="radio"/> No	
k. Diabetes	<input type="radio"/> Yes <input type="radio"/> No	
l. Neurological disorders: epilepsy, seizures, stroke, paralysis, etc.	<input type="radio"/> Yes <input type="radio"/> No	
m. Mental disorders of any sort: depression, anxiety, etc.	<input type="radio"/> Yes <input type="radio"/> No	
n. Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.	<input type="radio"/> Yes <input type="radio"/> No	
o. Alcohol dependence or abuse	<input type="radio"/> Yes <input type="radio"/> No	
p. Suicide attempt	<input type="radio"/> Yes <input type="radio"/> No	
q. Motion sickness requiring medication	<input type="radio"/> Yes <input type="radio"/> No	
u. Admission to hospital	<input type="radio"/> Yes <input type="radio"/> No	
x. Other illness, disability, or surgery	<input type="radio"/> Yes <input type="radio"/> No	

Part 2

Description	Response	Comments
r. Military medical discharge	<input type="radio"/> Yes <input type="radio"/> No	
s. Medical rejection by military service	<input type="radio"/> Yes <input type="radio"/> No	
t. Rejection for life or health insurance	<input type="radio"/> Yes <input type="radio"/> No	
y. Medical disability benefits	<input type="radio"/> Yes <input type="radio"/> No	

Part 3

Description	Response	Comments
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.	<input type="radio"/> Yes <input type="radio"/> No	
w. History of nontraffic conviction(s) (misdemeanors or felonies).	<input type="radio"/> Yes <input type="radio"/> No	

General Explanations Pertaining to Medical History

Did you check Yes to any of these questions? Go to the AME Guide to identify what documents you need to collect and take to your AME exam.



AME Guide: Item 18 Medical History

Previous

Save And Complete Later

Cancel My Application

Check For Errors

Next

Figure 46 Medical History

10.8.1 Item 18 Have you ever in your life been diagnosed with, had, or do you presently have any of the following?

10.8.1.1 Part 1

- Description of each item (a-q, u, and x)
- See [Appendix B](#) for additional instructions for each item (a-q, u, and x)
- Radio button to select Yes or No
- Textbox to enter Comments (only displayed if response is Yes)

Additional Instruction:

1. Select Yes or No for each item (a-q, u, and x)
 - Select Yes for every condition you've had or have been diagnosed with now or at any time in your life.
 - Select Yes for any condition already reported on a previous FAA medical application.
 - Do not report occasional common illnesses such as colds or sore throats.
2. Enter comments to explain each item you marked Yes.
 - Describe the condition as required in the 8500-8 Instructions.
 - Your comment must include a description of the condition and include the approximate date of diagnosis/occurrence.
 - Indicate whether you are taking medication (and any medication side effects) and whether you have had any hospital visits or surgery related to any item.

10.8.1.2 Part 2

- Description of each item (r-t and y)
- Radio button to select Yes or No
- Textbox to enter Comments (only displayed if response is Yes)

Additional Instruction:

1. Select Yes or No for each Item (r-t and y)
 - Select Yes for every item that applies to you.
 - Select Yes for any item already reported on a previous FAA medical application.
2. Enter Comments to explain each item you marked Yes.
 - Describe the condition as required in the 8500-8 Instructions.
 - Your comment must include a description of the situation, and include the approximate date of occurrence.

10.8.1.3 Part 3

- Description of each item (v-w)
- See [Appendix B](#) for additional instructions for item v.
- Radio button to select Yes or No
- Textbox to enter Comments (only displayed if response is Yes)

Additional Instruction:

1. Select Yes or No for each Item (v-w).

- Select Yes for every item that applies to you.
 - Select Yes for any item already reported on a previous FAA medical application.
2. Enter comments to explain each item you marked Yes.
- Describe the situation as required in the 8500-8 Instructions.
 - Your comment must include: the offense, the name of the state or other jurisdiction involved, and the date of occurrence.

10.9 Medical Visits Section (Item 19)

The Medical Visits section contains:

- Item 19 Have you visited any health professionals within the last 3 years?

Medical Visit
8500-8 Instructions

Exam Type: Pilot (non FAA) - Airman, Non-FAA Air Traffic Controller, etc.

19 Have you visited any health professionals within the last 3 years?

1. Select Yes or No

- You are required to enter ALL visits to any health professionals (such as a physician, physician assistant, nurse practitioner, psychologist, psychiatrist, chiropractor, clinical social worker, or substance abuse specialist, including an EAP employer-sponsored specialist) for treatment, examination, or medical/mental evaluation.
- Multiple visits to one health professional for the same condition may be aggregated on one line (you may use the most recent date in the date field).
- You do not need to enter routine dental and eye examinations or periodic FAA medical examinations and visits to health professionals related to an Authorization for Special Issuance.

2. If you selected Yes

- Enter the month and year in the Date of Visit box
- Enter health professional's name in the Name box
- Enter the type of professional in the Type of Professional box
- Enter the reason in the Reason box
- Enter the health professional's address in the address boxes
- Click the Add button

3. Repeat Step 2 to add all your visits to health professionals.

☐ Yes ☐ No

If yes, enter information for each medical visit and click the Add button.

Date of Visit

Name

Type Professional

Reason

Number/Street

City

State

Zip Code

Country

Date	Name	Number/Street	City	State	Zip Code	Country	Type Professional	Reason
12/2014	Dr. Amy Johnson	123 Medical Center Drive	Arlington	VA	22209	USA	General Practioner	Physical

Figure 47 Medical Visits

10.9.1 Item 19 Have you visited any health professionals within the last 3 years?

- Radio button to select Yes or No
- Textbox to enter date (MM/YYYY) or Calendar control to select date
- Textbox to enter Name
- Textbox to enter Type of Professional
- Textbox to enter Reason

- Textbox to enter Number/Street
- Textbox to enter City
- Dropdown list to select State
- Textbox to enter Zip Code
- Dropdown list to select Country

Additional Instruction:

1. Select Yes or No
 - You are required to enter ALL visits to any health professionals (such as a physician, physician assistant, nurse practitioner, psychologist, psychiatrist, chiropractor, clinical social worker, or substance abuse specialist, including an EAP employer-sponsored specialist) for treatment, examination, or medical/mental evaluation.
 - Multiple visits to one health professional for the same condition may be aggregated on one line (you may use the most recent date in the date field).
 - You do not need to enter routine dental and eye examinations or periodic FAA medical examinations and visits to health professionals related to an Authorization for Special Issuance.
2. If you selected Yes
 - Enter the month and year in the Date of Visit box
 - Enter health professional's name in the Name box
 - Enter the type of professional in the Type of Professional box
 - Enter the reason in the Reason box
 - Enter the health professional's address in the address boxes
 - Click the **Add** button
3. Repeat Step 2 to add all your visits to health professionals.

If yes, enter information for each medical visit and click the Add button.

Date of Visit <input type="text"/>	Name <input type="text"/>	Type Professional <input type="text"/>	Reason <input type="text"/>
Number/Street <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	Country <input type="text"/>
<input type="button" value="Add"/>		<input type="button" value="Cancel"/>	

Date	Name	Number/Street	City	State	Zip Code	Country	Type Professional	Reason
12/2014	Dr. Amy Johnson	123 Medical Center Drive	Arlington	VA	22209	USA	General Practioner	Physical

Figure 48 Medical History Records

10.10 Declarations Section

This section covers the Applicant's National Driver Register and Certifying Declarations. This is a statement certifying that all reported answers are correct and that the National Driver Register may access information pertaining to your driving record.

Declarations

8500-8 Instructions

Exam Type: Pilot (non FAA) - Airman, Non-FAA Air Traffic Controller, etc.

20 Applicant's National Driver Register and Certifying Declarations:

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: 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.

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.

☐ Yes ☐ No

NOTICE

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 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).

Your application is not complete until you click the "Submit My Application" button and enter your password when prompted. To cancel the application please click the "Cancel My Application" button below.

Submit My Application

Figure 49 Declaration and Submissions

10.10.1 Item 20 Applicant's National Driver Register and Certifying Declarations:

- Radio button to select Yes or No

12 Validate and Submit Application

Your application is not complete until you click the "Submit My Application" button and enter your password when prompted. To cancel the application please click the "Cancel My Application" button below.

Submit My Application

Figure 50 Validate and Submit

13 Submit My Application

If you are sure all of the information entered is correct, click the **Submit My Application** button and enter your password when prompted. If there are any errors, they will be shown after clicking **Submit My Application** and you will be able to correct them.

Submit 8500-8 Form

I understand that by entering my password, I certify that I agree with the National Driver Register and Certifying Declarations. I further understand that I will not be able to change my application after I submit the information (only your AME will be able to change the application at the time of the physical exam).

NOTE: NDR Consent does not apply unless this form is used as an application for Airman Medical Certificate.

Password:

Submit

Return to My Application

Figure 51 8500-8 Step-by-Step Submit Prompt

IMPORTANT Once you submit your application, you will not be able to make any changes to it.

14 Application Successfully Submitted

If there are no errors, you will be taken to the Submission Confirmation Screen that tells you your application has been successfully submitted. The screen displays your confirmation number and gives you the option of downloading the completed application.

You submitted your application on 03/25/2025. Your application will expire on 05/24/2025.

Your confirmation number is **609483857243**

You **MUST** take your confirmation number to your AME or they cannot access your application.

You should also print a copy of your completed application for your AME to review. Click the "Completed Application" button below to access and print.


Be prepared for your exam.


Are you:


- a first-time applicant OR
- a returning applicant with new and/or changed medical conditions?

Here's what you need to know:

- ✓ Go to the Guide for Aviation Medical Examiners.
- ✓ Find your Condition(s).
- ✓ See what medical records you need to take to your AME.


[How to Use the Guide for Aviation Medical Examiners](#)


[Guide for Aviation Medical Examiners](#)


[Medical Certification Info](#)

Warning: If you are accessing MedXPress from a public or shared computer, it is recommended that you do not display the PDF version of the application. The file will be stored in the temporary internet files folder and may be accessible by others.

Completed Application

Figure 52 Submission Confirmation

You will receive a Form 8500-8 confirmation email that will also provide your confirmation number. If you lose your confirmation number, you can obtain it by logging back into MedXpress and clicking on the "Form 8500-8" link that will take you to the Submission Confirmation Screen or by contacting:

15 Application Summary (Items 1 to 17b)

Copy of FAA Form 8500-9 (Medical Certificate) or FAA Form 8420-2 (Medical Student Pilot Certificate) Issued.						1. Application For: <input checked="" type="checkbox"/> Airman Medical Certificate <input type="checkbox"/> Airman Medical and Student Pilot Certificate		2. Class of Medical Certificate Applied For: <input checked="" type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd			
MEDICAL CERTIFICATE AND STUDENT PILOT CERTIFICATE						3. Last Name JORDAN		First Name HAL		Middle Name 	
This certifies that (Full name and address): HAL JORDAN 1 Oa Sector 0 Coast City, CA 20814						4. Social Security Number 888229316		5. Address Number / Street 1 Oa Sector 0		Telephone Number 5558765309	
Date of Birth 02/20/1970						City Coast City		State/Country CA USA		Zip Code 20814	
Height 						Weight 		Hair BROWN		Eyes BROWN	
Sex M						6. Date of Birth 02/20/1970		7. Color of Hair BROWN		8. Color of Eyes BROWN	
has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.						9. Sex Male					
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 checked="" type="checkbox"/> Flight Engineer <input checked="" type="checkbox"/> Private <input checked="" type="checkbox"/> Other <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Flight Navigator <input type="checkbox"/> Student <input type="checkbox"/> Test Pilot											
11. Occupation						12. Employer					
13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, give date											
Total Pilot Time (Civilian Only)						16. Date of Last FAA Medical Application					
14. To Date 99999.99						15. Past 6 months 4400					
17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, below list medication(s) used and check appropriate box).											
Previously Reported											
ALCOHOL : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
LEV : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
LEVO : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											

36

16 Application Summary (Items 18 to 20)

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									
Yes	No	Condition	Yes	No	Condition	Yes	No	Condition	
a.	<input checked="" type="checkbox"/>	Frequent or severe headaches	g.	<input checked="" type="checkbox"/>	Heart or vascular trouble	m.	<input checked="" type="checkbox"/>	Mental disorders of any sort, depression, anxiety, etc.	
b.	<input checked="" type="checkbox"/>	Dizziness or fainting spell	h.	<input checked="" type="checkbox"/>	High or low blood pressure	n.	<input checked="" type="checkbox"/>	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.	
c.	<input checked="" type="checkbox"/>	Unconsciousness for any reason	i.	<input checked="" type="checkbox"/>	Stomach, liver, or intestinal trouble	o.	<input checked="" type="checkbox"/>	Alcohol dependence or abuse	
d.	<input checked="" type="checkbox"/>	Eye or vision trouble except glasses	j.	<input checked="" type="checkbox"/>	Kidney stone or blood in urine	p.	<input checked="" type="checkbox"/>	Suicide attempt	
e.	<input checked="" type="checkbox"/>	Hay fever or allergy	k.	<input checked="" type="checkbox"/>	Diabetes	q.	<input checked="" type="checkbox"/>	Motion sickness requiring medication	
f.	<input checked="" type="checkbox"/>	Asthma or lung disease	l.	<input checked="" type="checkbox"/>	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.	y.	<input checked="" type="checkbox"/>	Medical disability benefits	
Arrest, Conviction, and/or Administrative Action History --- See Instructions Page									
Yes	No	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.					Yes	No	History of nontraffic conviction(s) (misdemeanors or felonies).
v.	<input checked="" type="checkbox"/>						w.	<input checked="" type="checkbox"/>	
Explanations: See Instructions Page See Form 8500-8 Continuation Sheet for Comments								FOR FAA USE Review Action Codes	
19. Visits to Health Professional Within Last 3 Years. <input checked="" type="checkbox"/> Yes (Explain Below) <input type="checkbox"/> No See Instructions Page									
Date	Name, Address, and Type of Health Professional Consulted						Reason		
07/2020							FLU		
20. Applicant's National Driver Register and Certifying Declarations									
-- NOTICE -- 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 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).			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. 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. 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.						
			Signature of Applicant				Date 08/30/2021 07:49:43 am MMDDYYYY		

Figure 54 Application Summary (Items 18 to 20)

17 Application Summary (Continuation Page)

The Summary also captures the Confirmation Number, Date/Time the form was submitted, and the IP Address from which the application was submitted. The Continuation Sheet contains comments and medication information that did not fit on the first page of the 8500-8.

Form 8500-8 Continuation Sheet			
17.a. Medications (From page 1):			Previously Reported
Medication			Yes No
LEVORAL	.175	mcg	<input checked="" type="checkbox"/>
18. Explanations (From page 1):			
Minor health problems related to a period of time ranging from 2013-2014 where house was repossessed, dog died, and had the flu.			
18D Temporary medical condition brought on by stress and living conditions.			
18U Temporary medical condition brought on by stress and living conditions.			
18V Temporary medical condition brought on by stress and living conditions.			
18W Temporary medical condition brought on by stress and living conditions.			
19. Visits to Health Professional Within Last 3 Years. (From page 1):			
Date/Time Form Submitted: 5/4/2015 3:33:48 PM			
IP Address Form Submitted From: 10.143.133.94			

Figure 55 Application Summary (Continuation Page)

18 Application Submission Confirmation Email

You should receive the following confirmation email after you submit your application. It displays your confirmation number. You will need this number in order for your AME to view your application so either write the confirmation number down or print a copy of the email to take with you.

If you lose your confirmation number, you can obtain it by logging back into MedXPress and clicking on the "form 8500-8" link that will take you back to the saved Form 8500-8 data entry screen with your confirmation number displayed at the top of the screen or by contacting:

Federal Aviation Administration (FAA)
MyIT Service Center
Email: helpdesk@faa.gov
1-844-FAA-MyIT (1-844-322-6948)

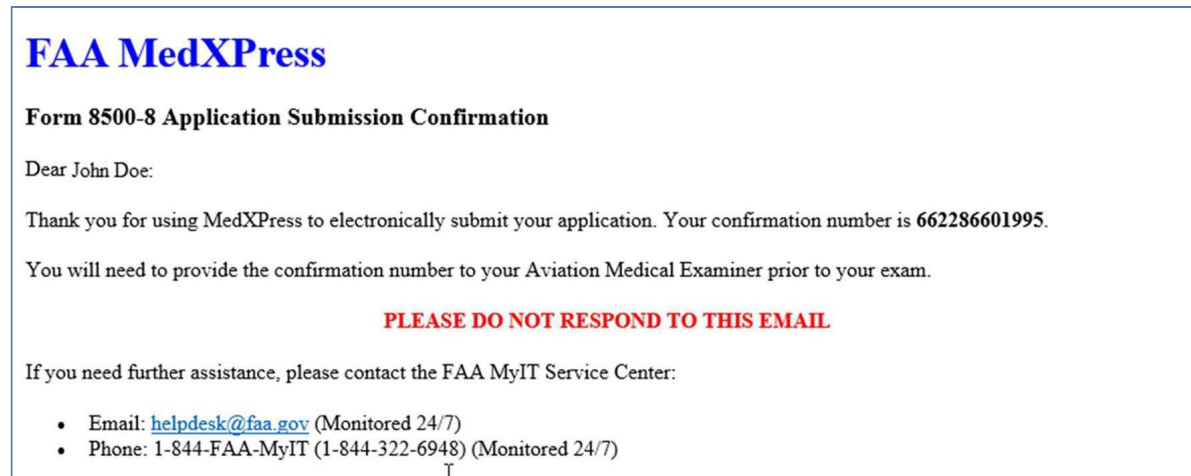


Figure 56 Submission Confirmation Email

19 Viewing Confirmation after Submission

Once you have submitted your application, you will not be able to make any changes to it. You will see the following message when you try to access the Form 8500-8 data entry screen until the AME imports your application.

You submitted your application on 05/29/2025. Your application will expire on 07/28/2025.

Your confirmation number is [REDACTED]

You MUST take your confirmation number to your AME or they cannot access your application.

You should also print a copy of your completed application for your AME to review. Click the "Completed Application" button below to access and print.


Be prepared for your exam.


Are you:


- a first-time applicant OR
- a returning applicant with new and/or changed medical conditions?

Here's what you need to know:

- ✓ Go to the Guide for Aviation Medical Examiners.
- ✓ Find your Condition(s).
- ✓ See what medical records you need to take to your AME.

[How to Use the Guide for Aviation Medical Examiners](#)

[Guide for Aviation Medical Examiners](#)

[Medical Certification Info](#)

Warning: If you are accessing MedXPress from a public or shared computer, it is recommended that you do not display the PDF version of the application. The file will be stored in the temporary internet files folder and may be accessible by others.

[Completed Application](#)

Figure 57 Submission Confirmation and Expiration Date

After your application is imported, you will see the following message, indicating that your AME imported the application and a new application cannot be created.

An application cannot be submitted at this time. A pending exam already exists in the FAA system and has not been transmitted. Please contact your AME.

20 Creating a New Application After Submission

Once the AME submits your application to the FAA, you will be able to create a new application (only available after successful login).

21 Application Status

Once the MedXPress applicant has at least one application in progress then the 'Application Status' tab is displayed on the top navigation. Application Status tab always displays the status of the most recent application of the MedXPress user.

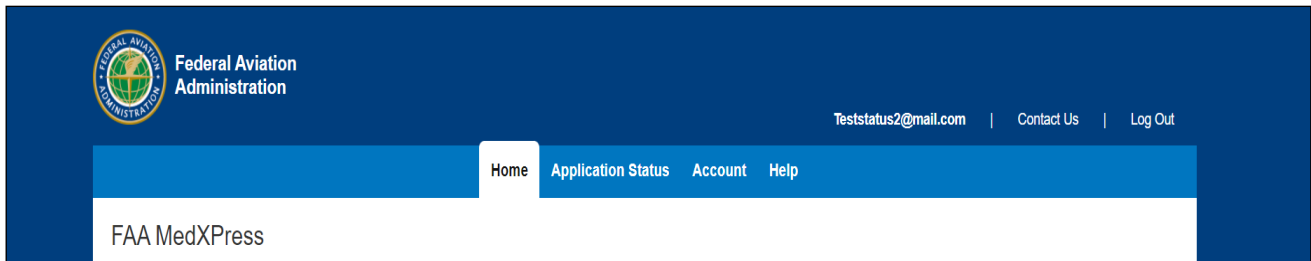


Figure 59 Application Status tab

21.1 No Application Submitted

The application status tab displays below information when the user has started filling the application (accepted the 'Pilot's Bill of Rights Written Notification' statement) but has not submitted application yet.

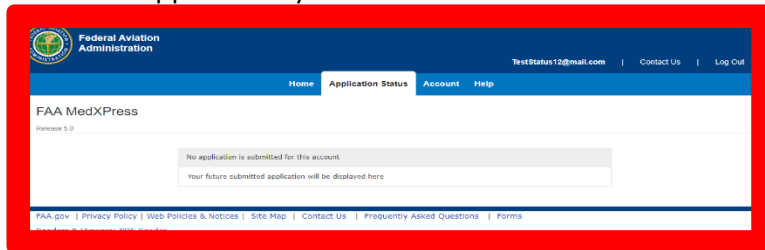


Figure 60 No Application submitted

21.2 Submitted

The application status displays as 'Submitted' when the application is submitted and is waiting for the AME's review.

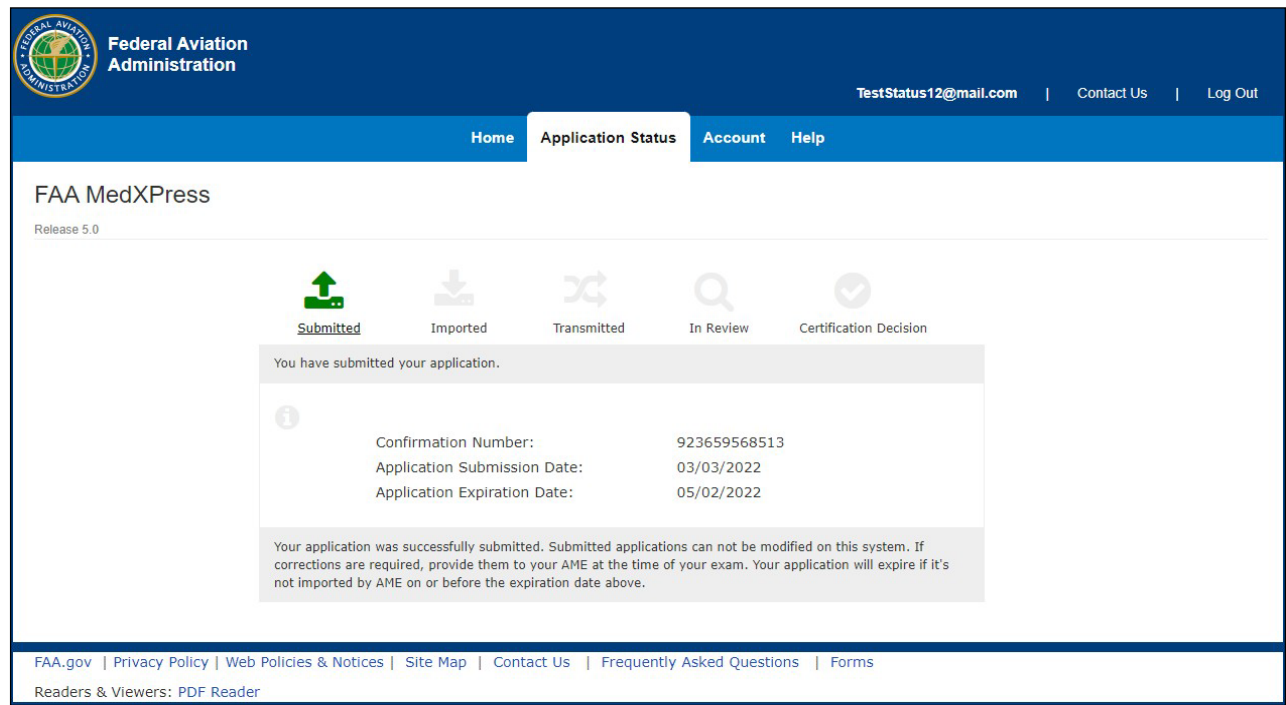


Figure 61 Submitted Status

21.3 Imported

The application status displays as 'Imported' when the AME has imported the application.

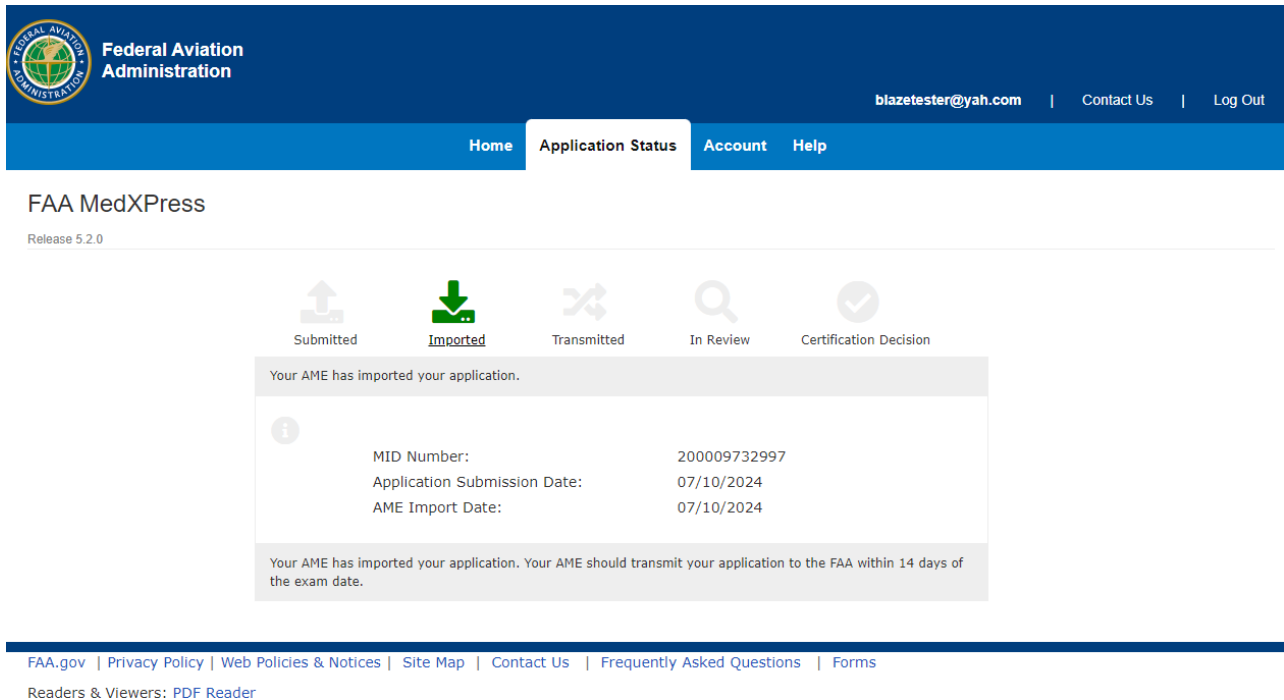



Figure 62 Imported Status

21.4 Transmitted

The application status displays the status as 'Transmitted' if the AME defers the application to the FAA for further review.




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Release 5.0

Submitted


Imported

Transmitted

In Review

Certification Decision

Your AME has transmitted your application to the FAA.



MID Number:200009846588

Application Submission Date:03/03/2022

AME Import Date:03/03/2022

Exam Date:03/03/2022

Exam Transmittal Date:03/03/2022

Your AME has deferred the medical certification decision to the FAA. We anticipate initial review of your application will be completed within 18 days. Once initial review is complete, you will receive correspondence with more details via mail. If you have not received a correspondence with the listed time frame, please contact the Aerospace Medical Certification Division at 405-954-4821.

Please Note: The complexity of your case and/or failure to provide all necessary documentation will delay processing. If you are asked to provide additional information, any delays in our receiving the required information will delay processing.

You are cautioned to abide by 14 CFR § 61.53, relating to operations during medical deficiency. Operation of aircraft is prohibited at any time new symptoms or adverse changes occur in your health status.

My Documents

Title	Date
ECG	03/03/2022

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Figure 63 Transmitted Status

43

21.5 In Review

The application status displays as 'In Review' when the FAA begins reviewing a deferred application. The informational text will change depending on the status of the application.

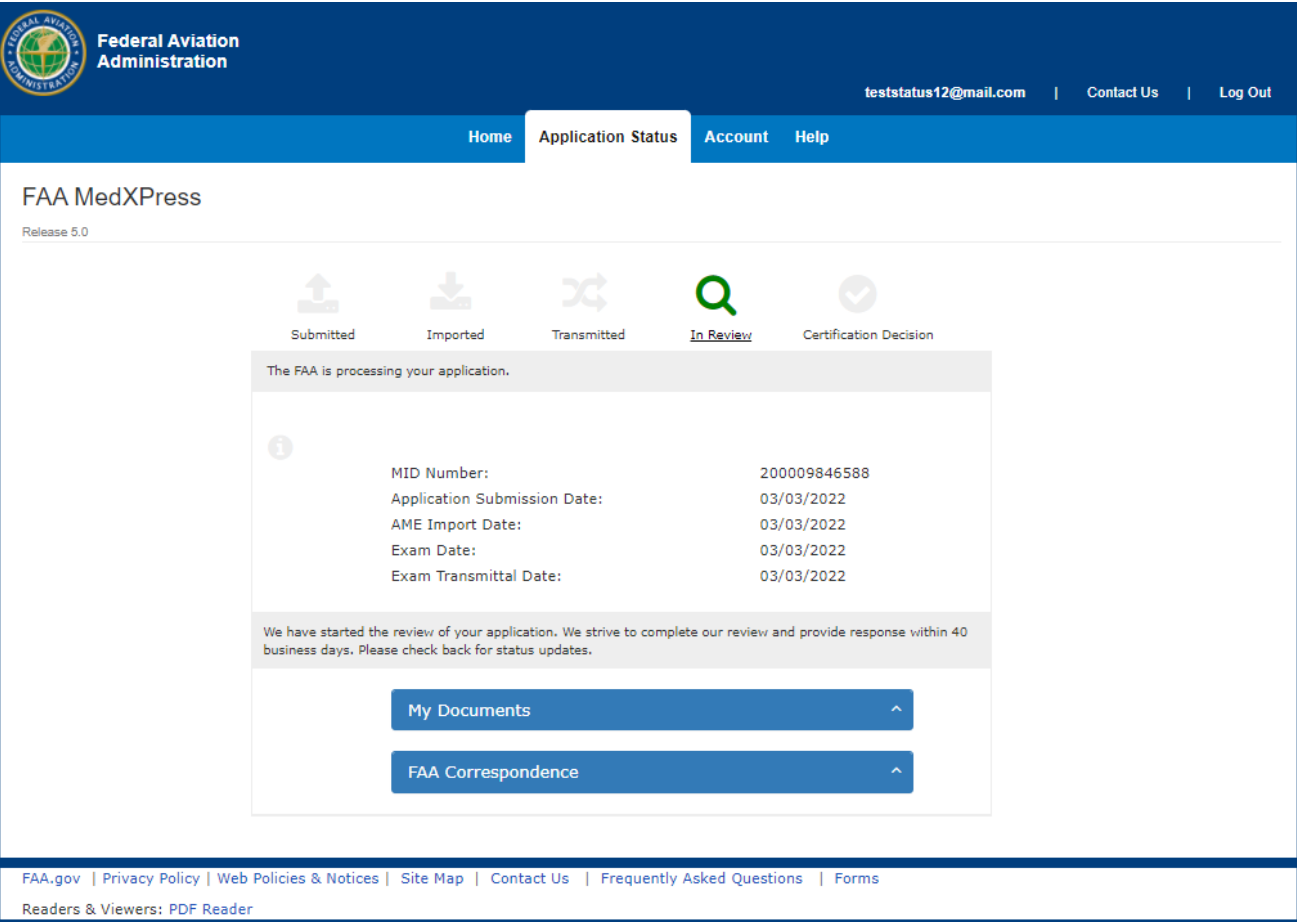


Figure 64 In Review Status

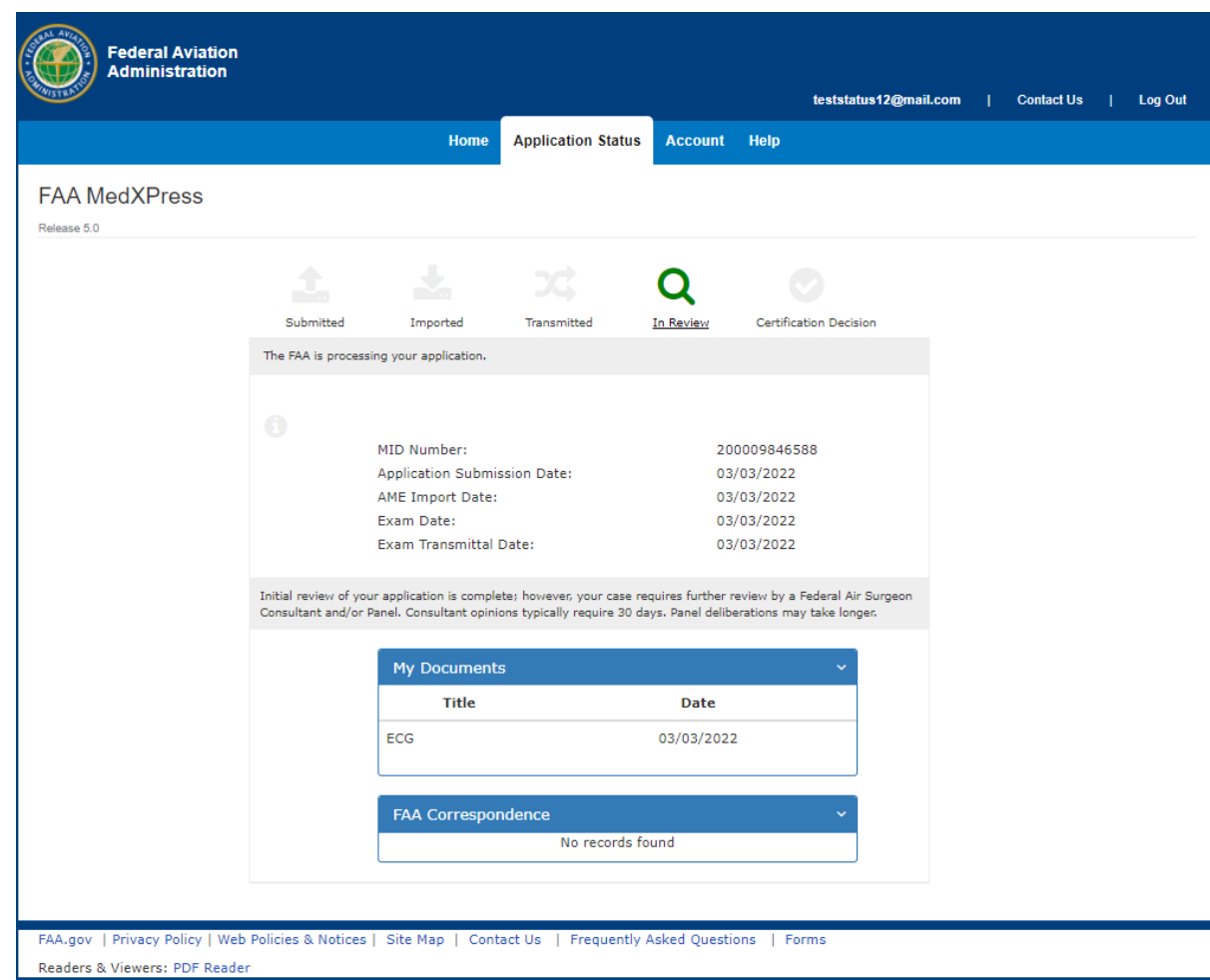


Figure 65 In Review – FAS Consultant opinion

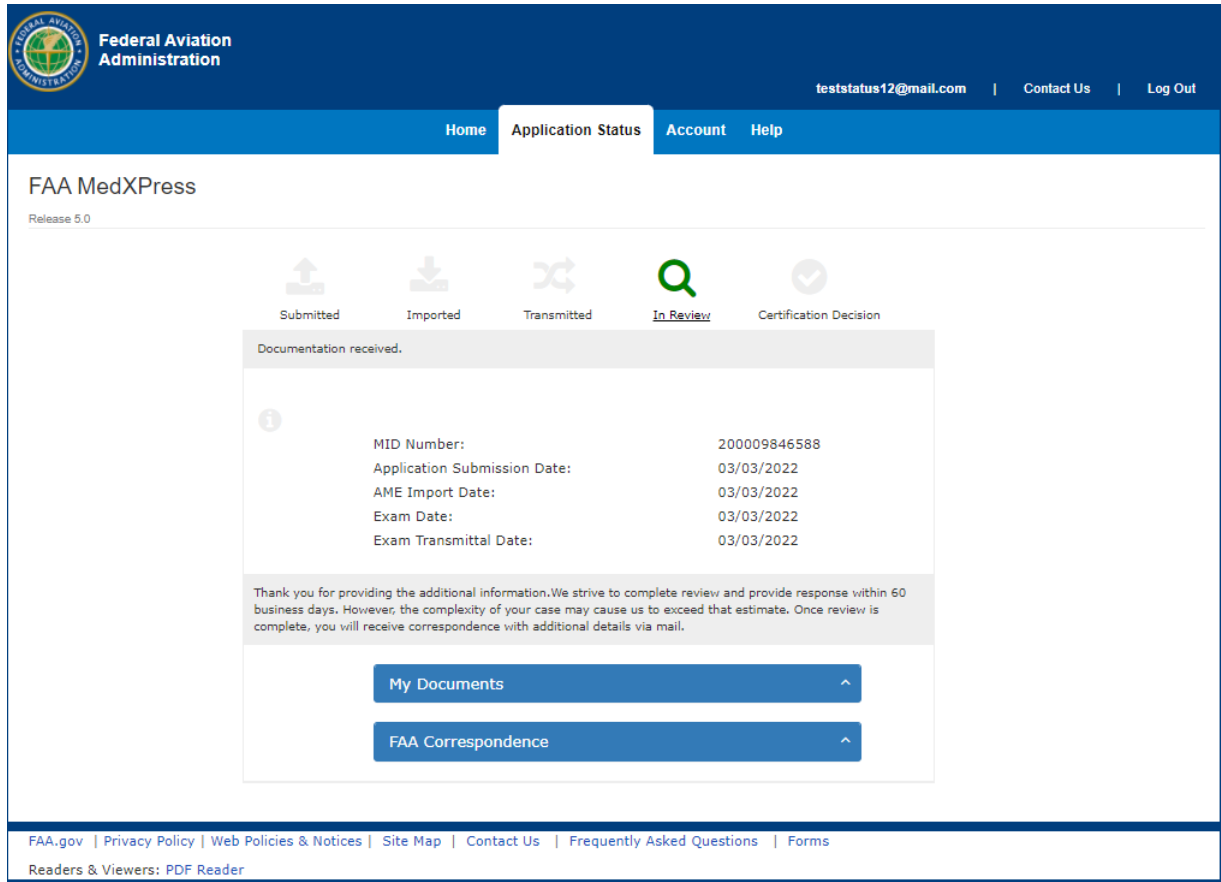


Figure 66 In Review - After additional info/documents are received

Clicking 'My Document List' will expand a list of documentation provide in support of medical certification. 'FAA Correspondence List' displays a list of correspondence sent to you by the FAA in regard to this application.

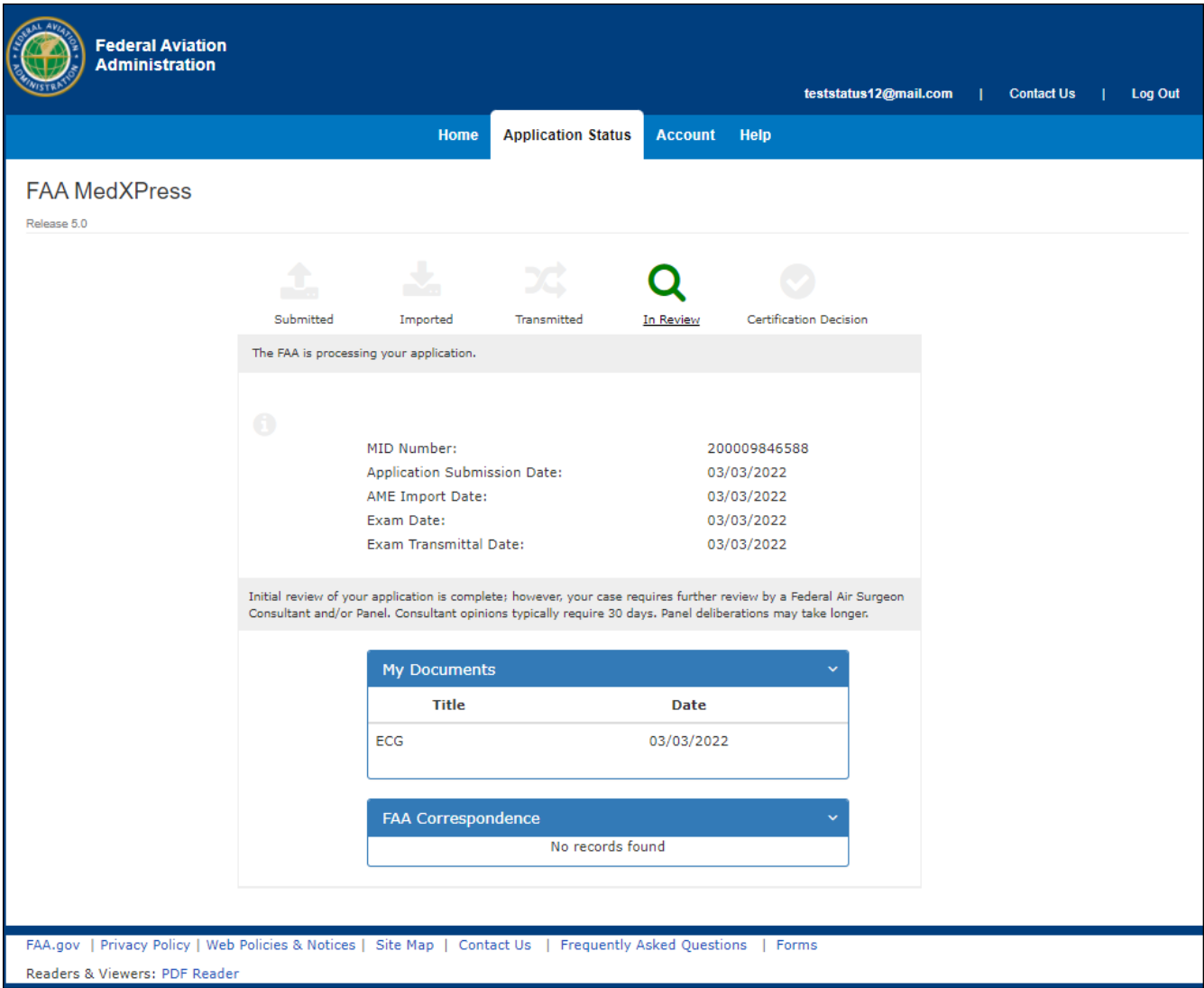


Figure 67 My Documents and FAA Correspondence Lists

21.6 Action Required

The application status displays as 'Action Required' when the FAA requests more information. The informational text will update depending on the type of request.

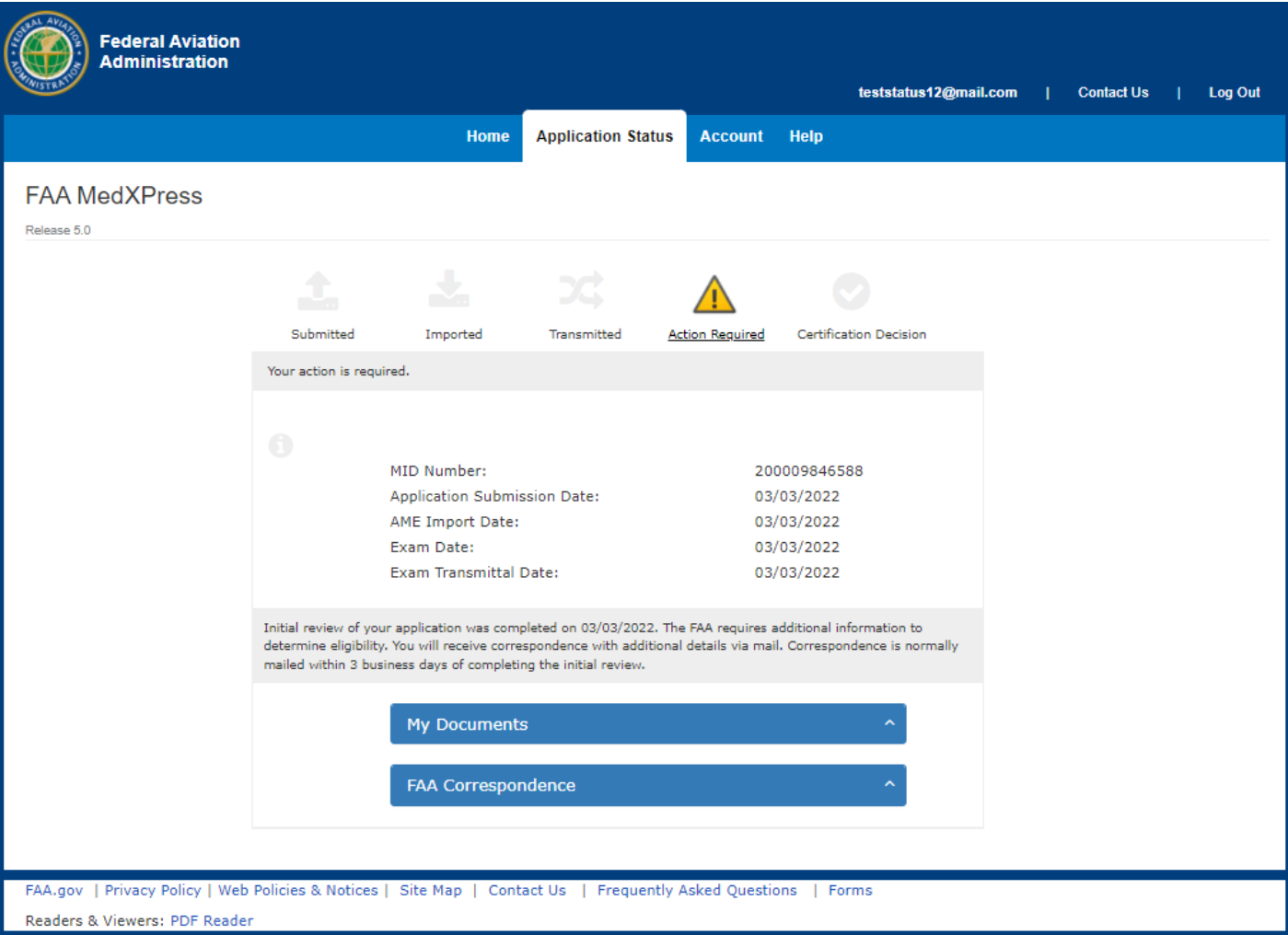



Figure 68 Action Required - Initial Info requested




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Submitted


Imported

Transmitted

Action Required

Certification Decision

Your action is required.



MID Number:200009846588

Application Submission Date:03/03/2022

AME Import Date:03/03/2022

Exam Date:03/03/2022

Exam Transmittal Date:03/03/2022

Review of your submitted documentation was completed on 03/03/2022. That documentation was insufficient to make a determination. The FAA requires additional information to determine eligibility. You will receive correspondence with additional details via mail. Correspondence is normally mailed within 3 business days of completing the documentation review.

My Documents

Title	Date
ECG	03/03/2022

FAA Correspondence

Title	Date
FAA correspondence	03/03/2022

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Figure 69 Action Required - Additional Info needed

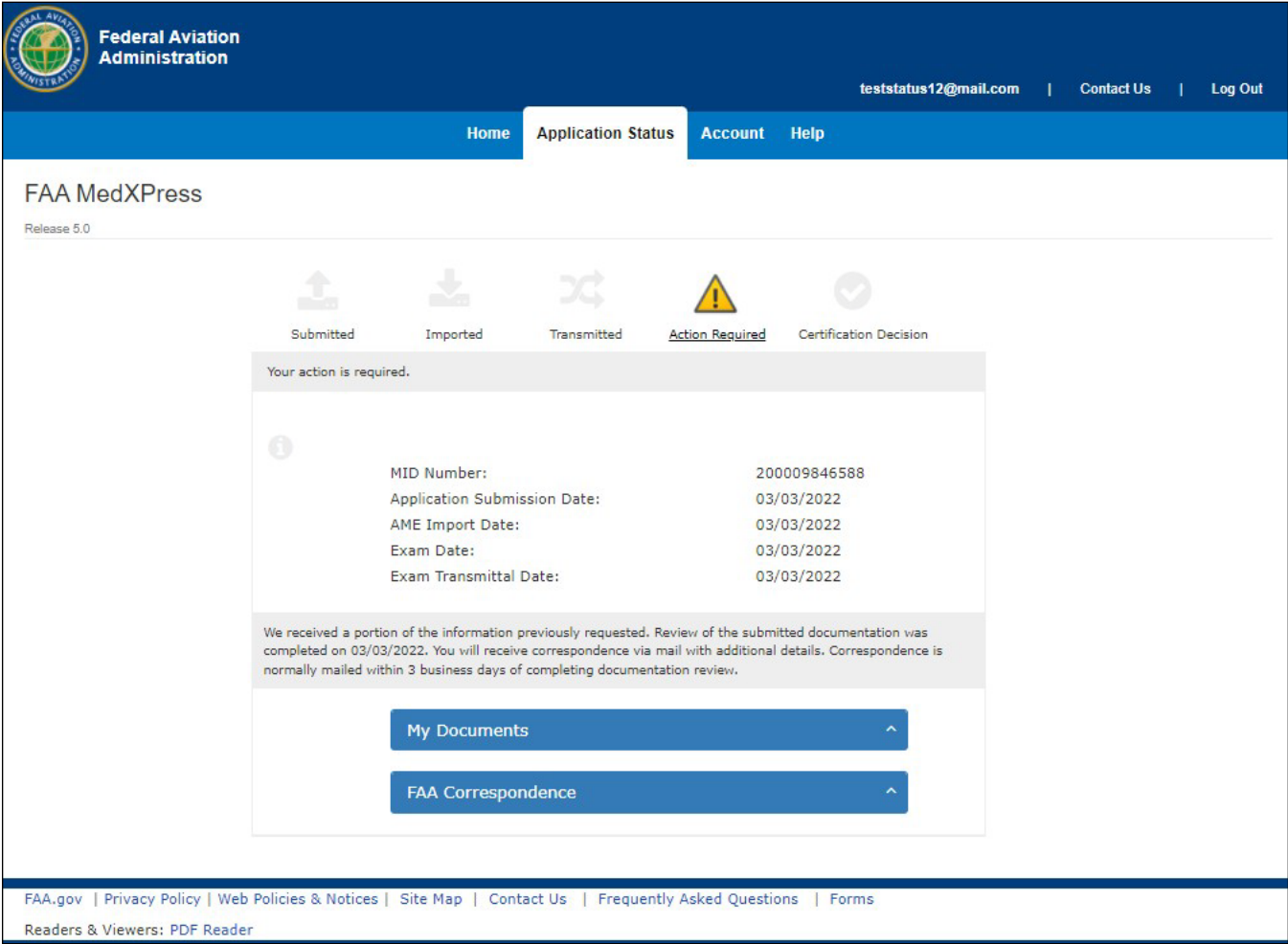


Figure 70 Action Required - Partial Info received

21.7 Transmitted Status – No Activity for More Than 60 Days

The application status will display a warning if FAA review of a deferred application is not initiated within 60 days.

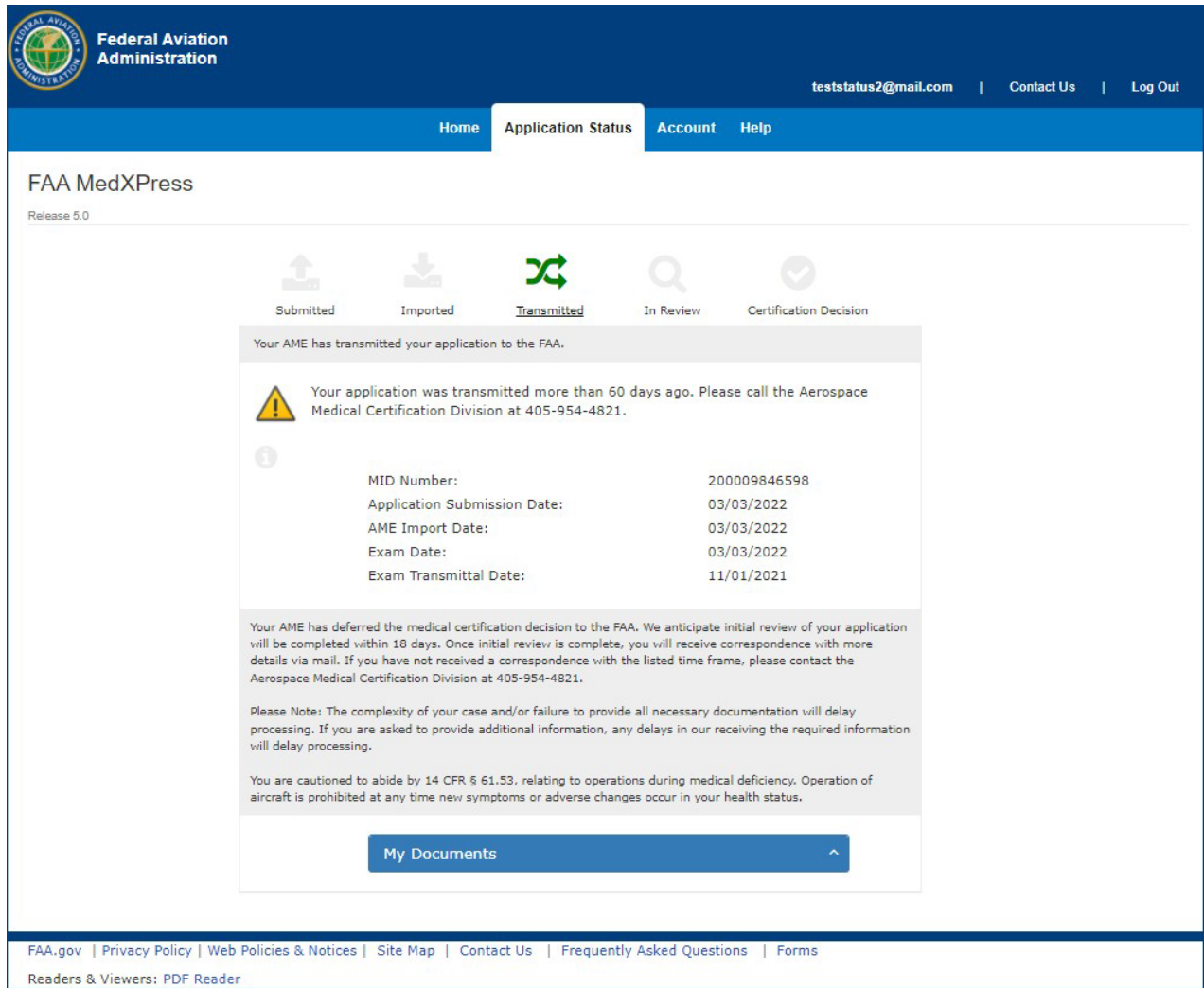


Figure 71 In Transmitted status for more than 60 days

21.8 Certificate Decision – Medical Certificate Issued

The application status displays a green checkmark and the medical certificate information when the AME or the FAA issues a medical certificate. The informational text will vary depending on the type of determination.

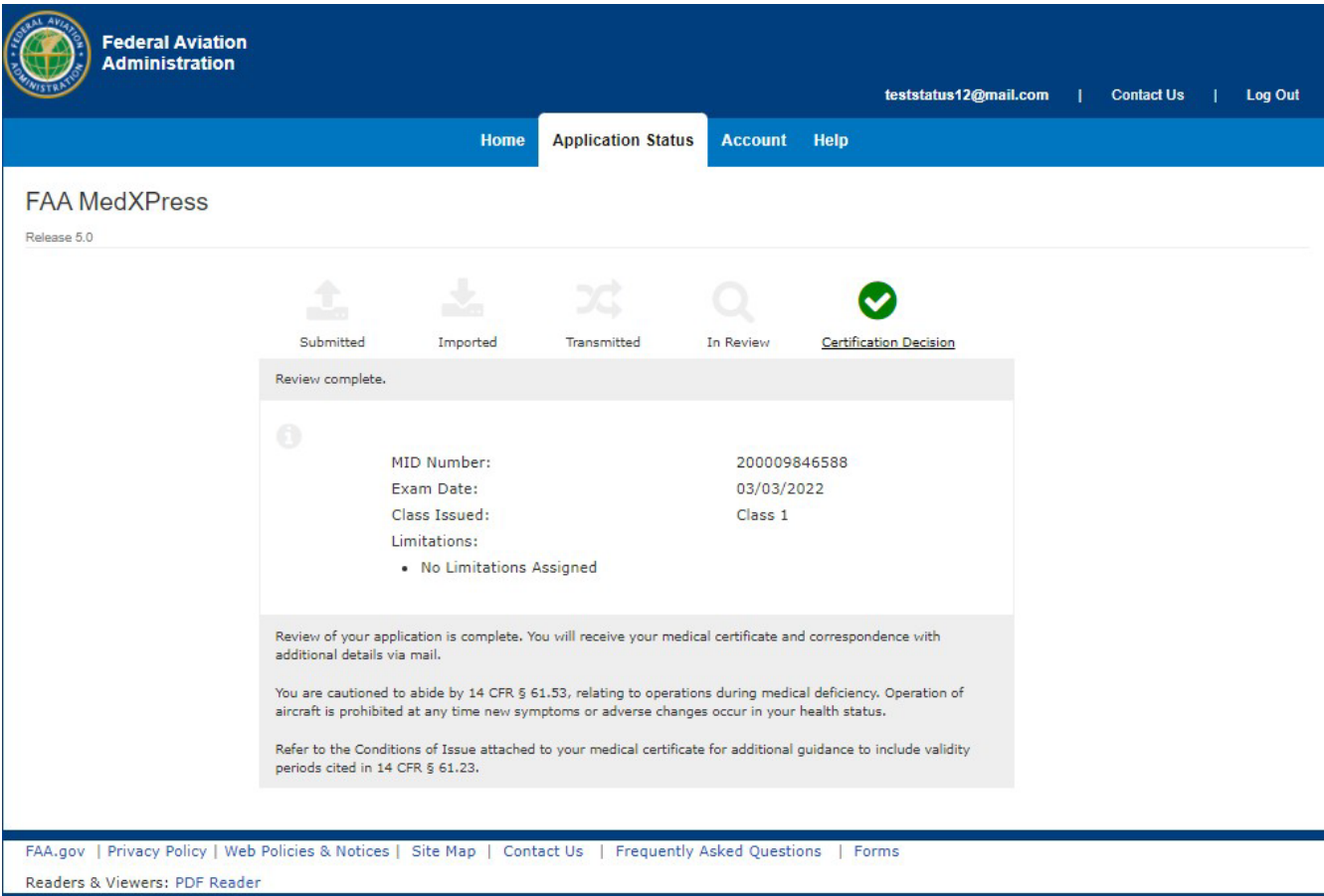



Figure 72 Certificate Decision - FAA Issues Certificate, after AME deferred




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Submitted


Imported

Transmitted

In Review

Certification Decision

Your AME indicates a medical certificate was issued at the time of exam.



MID Number:200009846532

Exam Date:03/03/2022

Class Issued:Class 2

Limitations:

- None

Please Note: If the FAA requires additional information, you will receive correspondence with additional details via mail.

You are cautioned to abide by 14 CFR § 61.53, relating to operations during medical deficiency. Operation of aircraft is prohibited at any time new symptoms or adverse changes occur in your health status.

Refer to the Conditions of Issue attached to your medical certificate for additional guidance to include validity periods cited in 14 CFR § 61.23.

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Figure 73 Certificate Decision – AME Issues Certificate

21.9 Certification Decision – Denial, Disqualification, Withdrawal

The application status displays a 'STOP' sign on the Certificate Decision when the AME denies and/or the FAA withdraws, disqualifies, or denies medical certification.

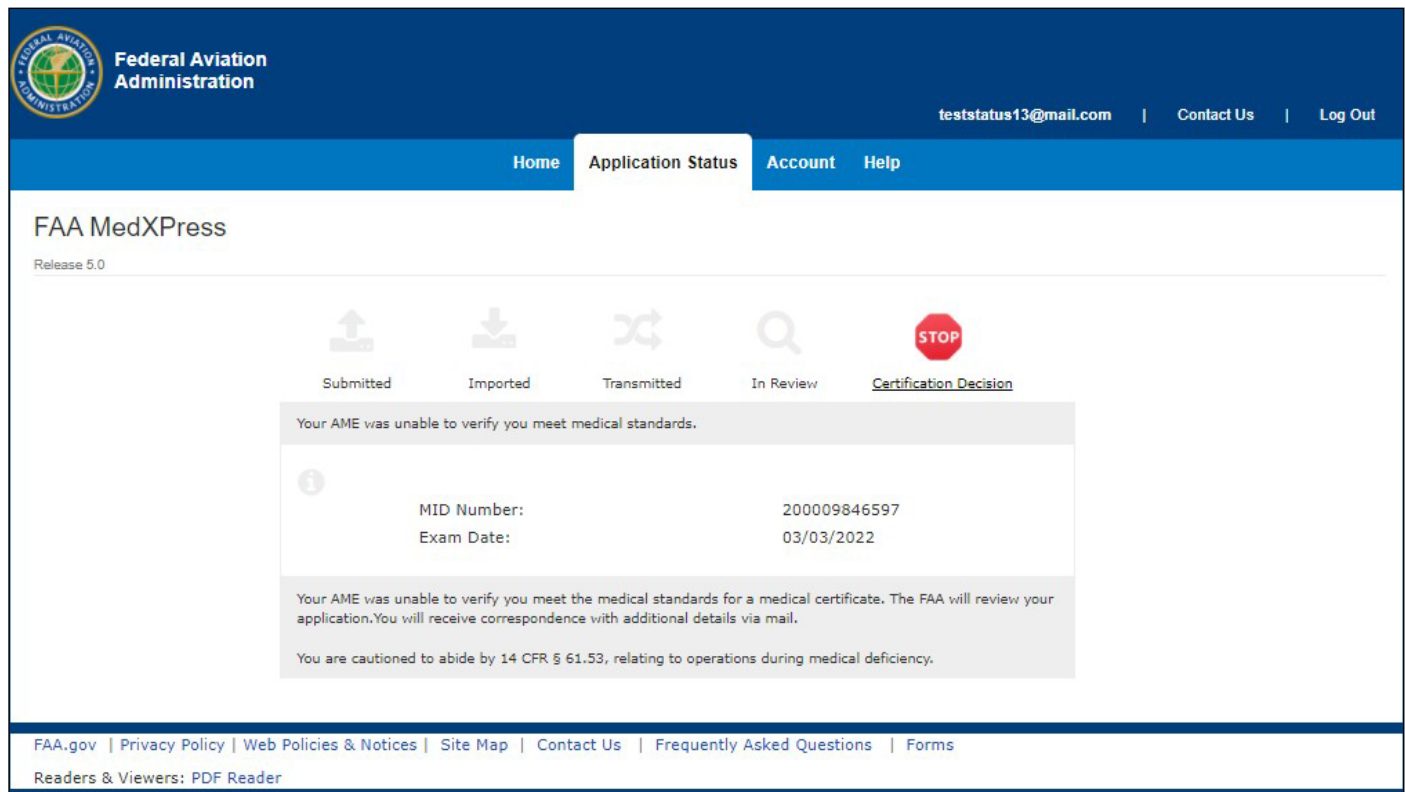


Figure 74 Certificate Decision – AME Denial

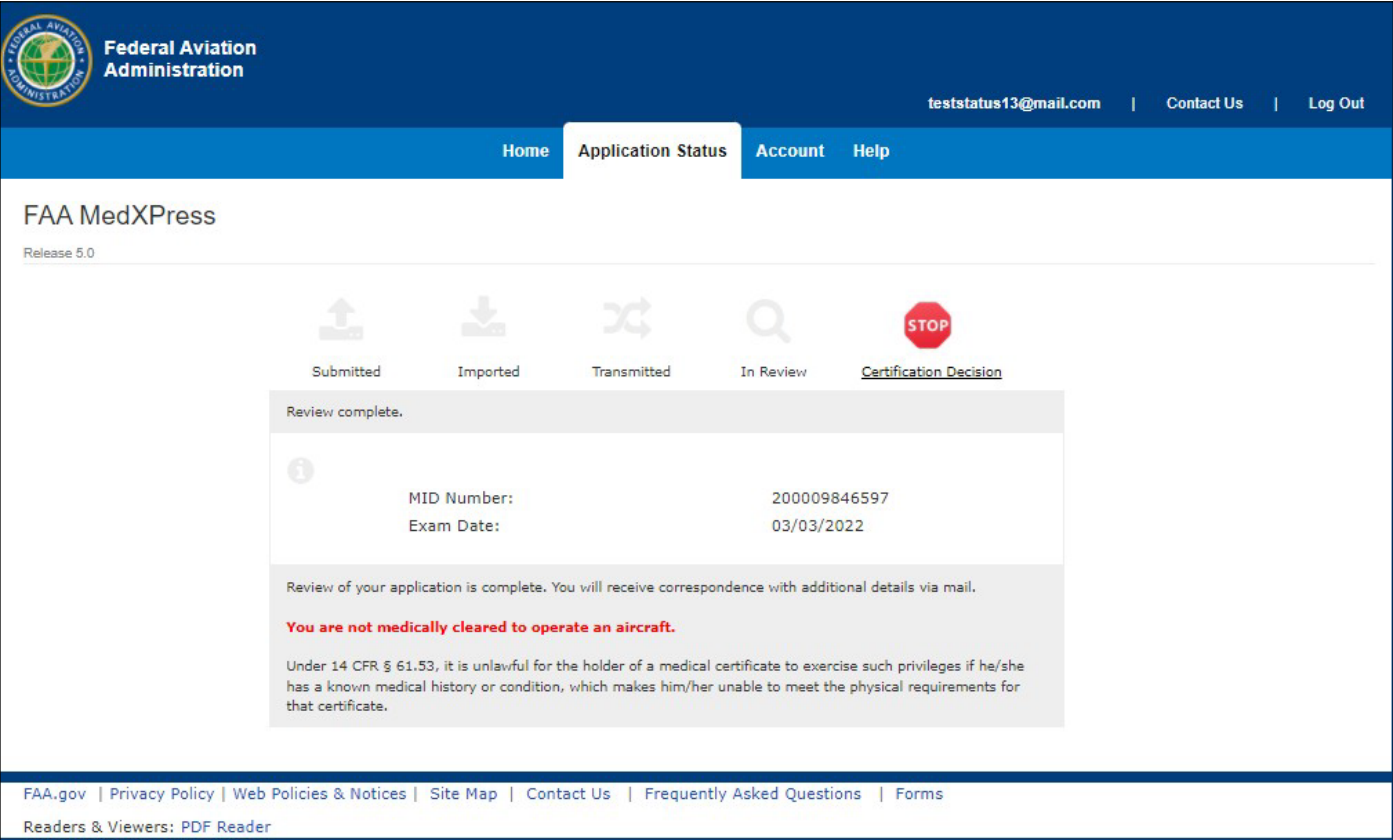


Figure 75 Certificate Decision – FAA Denial

21.10 Certificate Decision - Final Review

The application status displays 'Final Review' when the FAA's certification decision is being finalized.

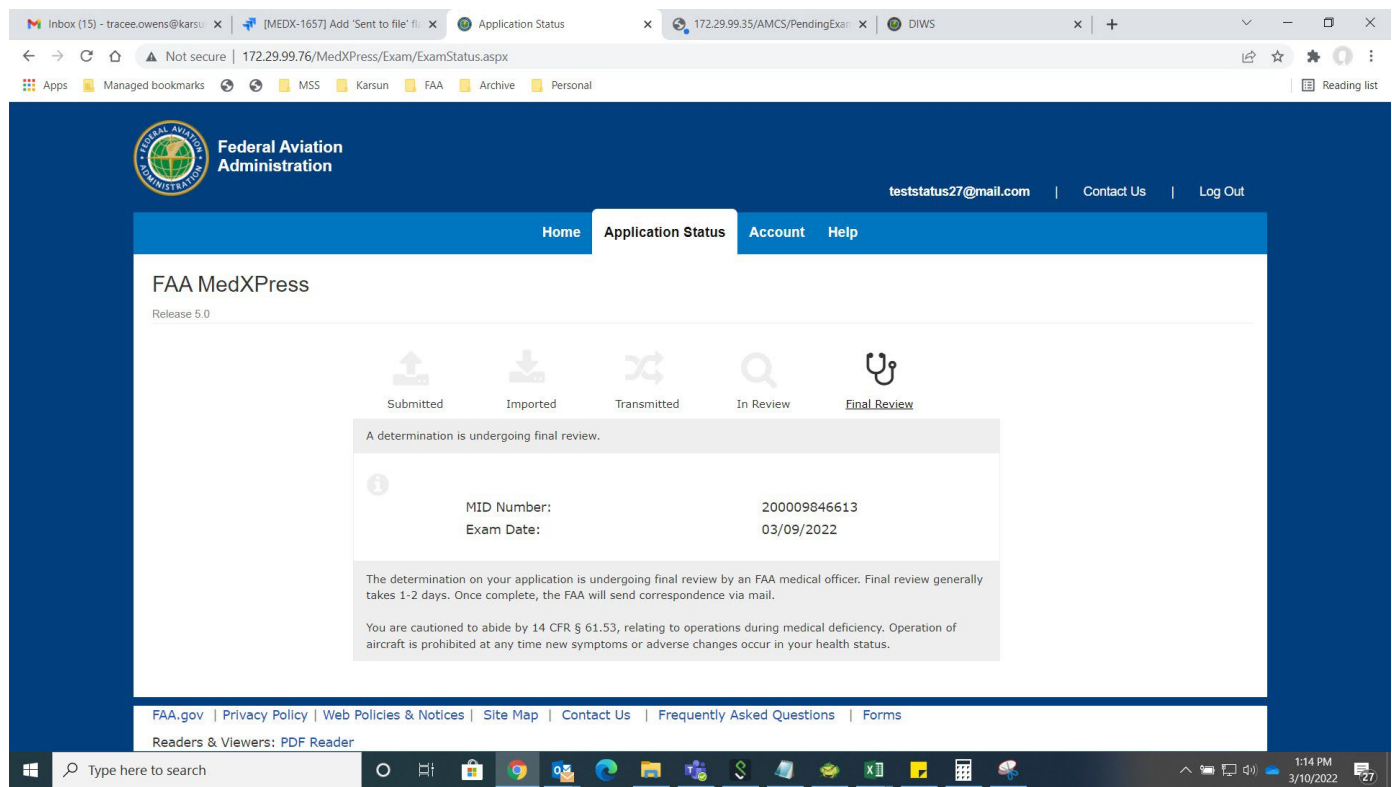


Figure 76 Certificate Decision – Final Review

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. DO YOU CURRENTLY USE ANY MEDICATION (Prescription or Nonprescription) –

- a) 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.
- 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.

Appendix B: Additional Instructions (available by expanding applicable 8500-8 Items)

1. Application For

Select Airman Medical Certificate. (Effective April 1, 2016, AAM is no longer authorized to issue Student Pilot Certificate.)

2. Class of Medical Certificate Applied For

Select the appropriate class of medical certificate that you want to apply for. See 14 CFR §61.23 for the requirements for medical certificates.

3. Full Name

Enter your legal name. If your name changed for any reason since the date of your most recent medical examination, list your current legal name in the General Explanations Pertaining to Medical History comment box (in the Medical History section.) See 14 CFR § 61.25 for the requirements for change of name.

4. Social Security Number

Entering your SSN is optional. Enter your SSN in the box provided, or select the International/Declined to Submit checkbox if applicable.

5. Address

Enter your mailing address. Enter your telephone number. See 14 CFR § 61.60 for the requirements for change of address. Do not use punctuation.

6. Date of Birth

Select the month, day, and year of your date of birth. Select citizenship (e.g. United States).

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 boxes that apply. If you select None, that should be the only box you select. If you select Other, indicate an Airman Certificate (not represented) that you may hold (e.g. Aircraft dispatcher, Ground Instructor).

11. Occupation

Enter your primary means of employment (e.g. pilot, air traffic controller, flight instructor, teacher, etc.). Enter "pilot" only if you currently work as a pilot.

12. Employer

Enter your employer's full name. Enter "self-employed" if applicable.

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?

Select Yes or No. If you select Yes, enter the date your certificate was denied, suspended, or revoked.

14. Total Pilot Time (Civilian Only) to Date

Enter your total number of flight hours. The flight hours you enter can be logged or estimated.

15. Total Pilot Time (Civilian Only) Past 6 Months

Enter your total number of flight hours in the 6-month period immediately before the date of this application. The flight hours you enter can be logged or estimated.

16. Date of Last FAA Medical Application

Select the date of your most recent FAA medical examination. If this is your first-ever application, select "No Prior Application."

17. Medication Section (Items 17a and 17b)**17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)?****1. Select Yes or No.**

-You are required to enter ALL prescription and nonprescription medication you take.

-You must enter the medication name; all other fields are optional.

2. If you selected Yes

-Enter the name of the first medication in the Medication Name box.

-Enter the dosage amount in the Dosage box.

-Select a dosage unit for your medication from the Dosage Unit box.

-Select how often you use the medication from the Frequency box.

-Select Previously Reported if you have previously reported the medication on an FAA medical application.

-Click the Add button

3. If an exact match for the medication does not appear, you will see an error message followed by a drop-down box of possible matches.

-If you see the correct match, select it and click the Add button again.

-If you do not see the correct match, select Could not Locate Medication and click the Add button again.

4. Repeat Steps 2 and 3 for each medication.**17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying?**

Do you use a contact lens in either eye for near vision? (for example: for reading or close up work)

18. Medical History Section (Item 18)**18.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.

18.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.

18.c. Unconsciousness for any reason

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

18.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.

18.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.

18.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).

18.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.

18.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.

18.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.

18.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.

18.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.

18.l. Neurological disorders: epilepsy, seizures, stroke, paralysis, etc.

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

18.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.

18.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).

18.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).

18.p. Suicide attempt

For example: Thoughts of suicide, attempted suicide.

18.q. Motion sickness requiring medication

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

18.r. Military medical discharge

No Additional Instructions

18.s. Medical rejection by military service

No Additional Instructions

18.t. Rejection for life or health insurance

No Additional Instructions

18.u. Admission to hospital

List any hospitalization(s) not already reported in the APPLICANT EXPLANATION box in relation to items 18a-y.

18.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.

18.x. Other illness, disability, or surgery

List any illness/illnesses or disability/disabilities not provided for in 18a-y..

18.y. Medical Disability Benefits

For example: Veterans Affairs (VA), Social Security Disability Insurance (SSDI), workers' compensation, and any other disability benefits.

19. Have you visited any health professionals within the last 3 years?

1. Select Yes or No

-You are required to enter ALL visits to any health professionals (such as physician, physician assistant, nurse practitioner, psychologist, psychiatrist, chiropractor, clinical social worker, or substance abuse specialist, including an EAP employer-sponsored specialist) for treatment, examination, or medical/mental evaluation.

-Multiple visits to one health professional for the same condition may be aggregated on one line (you may use the most recent date in the date field).

-You do not need to enter routine dental and eye examinations or periodic FAA medical examinations and visits to health professionals related to an Authorization for Special Issuance.

2. If you selected Yes

-Enter the month and year in the Date of Visit box

-Enter health professional's name in the Name box

-Enter the type of professional in the Type of Professional box

-Enter the reason in the Reason box

-Enter the health professional's address in the address boxes

-Click the Add button

3. Repeat Step 2 to add all your visits to health professionals.

20. Applicant's National Driver Register and Certifying Declarations

No Additional Instructions