

Aviation Medical Examiner Assisted Special Issuance

Certificate Issuance

I have reviewed the enclosed medical reports. I have determined that these reports are in accordance with this airman's authorization for special issuance and the Aviation Medical Examiner Assisted Special Issuance/Protocol criteria established for certificate issuance.

I have issued a _____-class medical certificate to the airman named below with all other limitations listed on the original certificate. The certificate issued is timed limited by the restriction "NOT VALID FOR ANY CLASS AFTER _____".

Check the following:

____Interim certificate issued for each disease/condition below - no examination performed

Arthritis		Hyperthyroidism
Asthma		Hypothyroidism
Atrial Fibrillation		Lymphoma and Hodgkin's Disease
Chronic Lymphocytic Leukemia Disease		Migraine Headaches
Chronic Obstructive Pulmonary Disease		Mitral and Aortic Insufficiency
Colitis (Ulcerative or Crohn's) Disease		Paroxysmal Atrial Tachycardia
Colon Cancer		Prostate Cancer
Diabetes on Oral Medication(s)		Renal Calculi
Glaucoma		Sleep Apnea
Hepatitis C		***

____Certificate issued - New application and examination performed

AIRMAN INFORMATION:

Name: _____

PI: _____ DOB: _____

AVIATION MEDICAL EXAMINER (AME) INFORMATION:

AME Name: _____

AME Signature: _____

AME Number: _____ Date: _____