

PEL 1.3.071	 <small>רשות התעופה האזרחית Civil Aviation Authority</small>	PEL Handbook
Application for Medical Certificate		Revision 1
		01 AUG 10

1. Objective

- 1.1. This section contains guidance for completing items on the first page of the Application for Airman Medical Certificate form.

2. General

- 2.1. All applicants must be asked to show proof of age and identity. On occasion, individuals have attempted to be examined under a false name. If the applicant is unknown to the Examiner, the Examiner should request evidence of positive identification. Government-issued photo identification (e.g., driver's licence, identification card issued by a driver's licence CAAI, military identification, or passport) provides age and identity and is preferred. Applicants may use other government-issued identification for age (e.g., certified copy of a birth certificate); however, the Examiner must request separate photo identification for identity (such as a work badge). Verify that the address provided is the same as that given under Item 5. Record the type of identification(s) provided and identifying number(s) under Item 61. Make a copy of the identification and keep it on file for 3 years with the Examiner work copy.
- 2.2. An applicant who does not have government-issued photo identification may use non-photo government-issued identification (e.g. pilot certificate, birth certificate, voter registration card) in conjunction with photo identification (e.g. work identification card, student identification card).
- 2.3. If an airman fails to provide identification, the Examiner must report this immediately to the CAAI.

3. Reference Material, Forms & Job-Aids

3.1. Forms

- 3.1.1. PELF 1.3.070A - Application for Medical Certificate

4. Guidance for the Applicant in the completion of the Medical Application Form

- 4.1. The applicant is to fill in Items 1-19 in his or her handwriting using a ballpoint pen, exerting sufficient pressure for all copies, to make legible imprints upon all three copies of the form.
- 4.2. The applicant's passport number is not mandatory. Failure to provide is not grounds for refusal to issue a medical certificate. (See Item 4). All other items on the form must be completed.

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4.3. Applicants must provide their home address. Applicants may use a private mailing address (e.g., a P.O. Box number or a mail drop) if that is their preferred mailing address; however, under Item 18 (in the "Explanations" box), they must provide their home address.

4.4. The applicant must personally enter all data and make all corrections on the application form. The applicant should initial all corrections. The application constitutes a legal document and must be completed in the applicant's handwriting. If for any reason someone other than the applicant enters information in Items 1-19, the person should initial beside that item (including any check marks), and the Examiner should add a note explaining in Item 60 the person's inability to enter the data.

4.5. Any false declaration to the Examiner by the applicant will be reported to the CAAI for such action as they may deem appropriate.

**ITEMS 1-2. APPLICATION FOR; CLASS OF MEDICAL CERTIFICATE APPLIED FOR
(Hebrew forms of Application)**

 <small>רשות התעופה האזרחית Civil Aviation Authority</small>	1. Application Form For Medical Certificate	PELF 1.3.070A
	2. CLASS OF MEDICAL CERTIFICATE APPLIED FOR	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd

The applicant indicates which class of medical certificate desired.

The class of medical certificate sought by the applicant is needed so that the appropriate medical standards may be applied. The class of certificate issued must correspond with that for which the applicant has applied.

The applicant may ask for a medical certificate of a higher class than needed for the type of flying or duties currently performed. For example, a student pilot may ask for a Class1 medical certificate to see if he or she qualifies medically before entry into an aviation career.

The Examiner applies the standards appropriate to the class sought, not to the airman's duties - either performed or anticipated. The Examiner should never issue more than one certificate based on the same examination.

ITEMS 3-10. IDENTIFICATION

3. Name (Last, First, Initial)	4. Identificati	Citizenship
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	on #	
5. Address Number/Street City County/Region State		Postal Code
6. Date of Birth (dd/mm/yyyy)	7. Hair Colour	8. Eye Colour
9. Sex		
10. Type of licence you hold:		
<input type="checkbox"/> None	<input type="checkbox"/> ATC Specialist	<input type="checkbox"/> Flight Instructor
<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Private
<input type="checkbox"/> Commercial	<input type="checkbox"/> Flight Navigator	<input type="checkbox"/> Student
		<input type="checkbox"/> Ballon
		<input type="checkbox"/> Glider
		<input type="checkbox"/> Other

The following information is required for identification of the individual who is applying for medical certification:

3. Last Name; First Name; Middle Name

The applicant's last, first, and middle name (or initial if appropriate) must be printed. All applicants without a middle name should enter "NMN" or "NONE". Nicknames and abbreviated names must not be used. (NOTE: If the applicant's name changed for any reason, the current name is listed on the application and any former name(s) in the EXPLANATIONS box of Item 18 on the application.)

4. Identification Number

Applicants are asked to complete all questions on the application. They are not legally required to complete Item 4.

5. Address and Telephone Number

The applicant must print a permanent mailing address, including country, and the postal code. The person must also provide a current daytime telephone number with country and city codes included.

6. Date of Birth

The applicant must enter the numbers for the day, month and year of birth in order (e.g., 29/04/2000 for 29 April 2000). Name and date of birth are the basic identifiers of airmen. The applicant should indicate citizenship (e.g., Morovia)
There is a maximum age requirement for certain air carrier pilots. Because this is not a medical requirement but an operational one, the Examiner may issue medical

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certificates without regard to age to any applicant who meets the medical standards.

7. Color of Hair

Color of hair should be entered as "brown," "black," "blonde," "gray," or "red." Lack of hair should be entered as "bald." No abbreviations or other colors should be used. This information is for identification only.

8. Color of Eyes

Color of eyes should be entered as "brown," "black," "blue," "hazel," "gray," or "green." No abbreviations or other colors should be used. This information is for identification only.

9. Sex The applicant should enter either male or female.

ITEMS 11-12. OCCUPATION; EMPLOYER

11. Occupation	12. Employer	Telephone Number
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Occupational data are principally used for statistical purposes. This information, along with information obtained from Items 10, 14, and 15, may be important in determining whether a SODA may be issued, if applicable.

11. Occupation

This should reflect the applicant's major employment. "Pilot" should only be reported when the applicant earns a livelihood from flying.

12. Employer

The employer's name should be entered by the applicant.

ITEM 13. HAS YOUR CAAI AIRMAN MEDICAL CERTIFICATE EVER BEEN DENIED, SUSPENDED, OR REVOKED?

13. Has your CAAI Airman Medical Certificate ever been denied, suspended or revoked?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give date ____/____/____

The applicant shall check "yes" or "no." If "yes" is checked, the applicant should enter the date of action and should report details in the EXPLANATIONS box of Item 18.

The Examiner may not issue a medical certificate to an applicant who has checked

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"yes." The only exceptions to this prohibition are:

- **The applicant presents written evidence from the CAAI that he or she was subsequently medically certificated and that an Examiner is authorised to issue a renewal medical certificate to the person if medically qualified; or**
- **The Examiner obtains oral or written waiver to issue a medical certificate from the CAAI.**

ITEMS 14-15. TOTAL PILOT TIME

Total pilot time (Civilian Only)		16. Date of Last CAA Medical Application	
14. To Date	15. Past 6 Months		No prior application
		DD / MM / YYYY	

14. Total Pilot Time to Date

The applicant should indicate the total number of *civilian* flight hours and whether those hours are logged (LOG) or estimated (EST).

15. Total Pilot Time Past 6 Months

The applicant should provide the number of civilian flight hours in the 6 month period immediately preceding the date of this application. The applicant should indicate whether those hours are logged (LOG) or estimated (EST).

ITEM 16. DATE OF LAST CAAI MEDICAL APPLICATION

Total pilot time (Civilian Only)		16. Date of Last CAA Medical Application	
14. To Date	15. Past 6 Months		No prior application
		DD / MM / YYYY	

If a prior application was made, the applicant should indicate the date of the last application, even if it is only an estimate of the year. This item should be completed even if the application was made many years ago or the previous application *did not result in the issuance* of a medical certificate. If no prior application was made, the applicant should check the appropriate block in Item 16.

ITEM 17.a. DO YOU CURRENTLY USE ANY MEDICATION (PRESCRIPTION OR NONPRESCRIPTION)?

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17a. Do you currently use any medication (prescription or non-prescription) <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, list medication(s) used and indicate whether previously reported)	Previously Reported	
	Yes	No
	Yes	No
	Yes	No

If the applicant checks yes, give name of medication(s) and indicate if the medication was listed in a previous medical examination.

This includes both prescription and nonprescription medication. (Additional guidelines for the certification of airmen who use medication may be found in Chapter 4).

For example, any airman who is undergoing continuous treatment with anticoagulants, antiviral agents, anxiolytics, barbiturates, chemotherapeutic agents, experimental hypoglycemic, investigational, mood-ameliorating, motion sickness, narcotic, sedating antihistaminic, sedative, steroid drugs, or tranquilizers must be deferred certification unless the treatment has previously been cleared by CAAI medical CAAI. In such an instance, the applicant should provide the Examiner with a copy of any CAAI correspondence that supports the clearance.

During periods in which the foregoing medications are being used for treatment of acute illnesses, the airman is under obligation to refrain from exercising the privileges of his/her airman medical certificate unless cleared by the CAAI. Further information concerning an applicant's use of medication may be found under the items pertaining to specific medical condition(s) for which the medication is used.

ITEM 17.b. DO YOU EVER USE NEAR VISION CONTACT LENS(ES) WHILE FLYING?

17b. Do you ever use near vision contact lens(es) when flying? <input type="checkbox"/> Yes <input type="checkbox"/> No

The applicant should indicate whether near vision contact lens(es) is/are used while flying. If the applicant answers "yes," the Examiner should counsel the applicant that the use of contact lens(es) (bifocal or unifocal) specifically for the correction of near vision is/are inappropriate. The Examiner must note in Item 60 that this counseling has been given.

If the applicant checks "yes" and no further comment is noted on Application form by either the applicant or the Examiner, a letter will automatically be sent to the applicant informing him or her that the use of contact lens(es) specifically to correct near vision is/are inappropriate for flying.

ITEM 18a. MEDICAL HISTORY

18a. MEDICAL HISTORY – HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR, DO YOU HAVE PRESENTLY 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 Instruction Page.											
Yes	No	Condition	Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
a <input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headaches	g <input type="checkbox"/>	<input type="checkbox"/>	Heart or vascular trouble	m <input type="checkbox"/>	<input type="checkbox"/>	Mental disorders of any sort; anxiety depression, etc.	s <input type="checkbox"/>	<input type="checkbox"/>	Medical rejection by military service
b <input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells	h <input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	n <input type="checkbox"/>	<input type="checkbox"/>	Substance abuse or dependence, or failed a drug test ever, or use of illegal substance(s)	t <input type="checkbox"/>	<input type="checkbox"/>	Rejection for life or health insurance
c <input type="checkbox"/>	<input type="checkbox"/>	Unconsciousness for any reason	i <input type="checkbox"/>	<input type="checkbox"/>	Stomach, liver or intestinal trouble	o <input type="checkbox"/>	<input type="checkbox"/>	Alcohol abuse or dependence; failed an alcohol test	u <input type="checkbox"/>	<input type="checkbox"/>	Admission to hospital
d <input type="checkbox"/>	<input type="checkbox"/>	Eye or vision trouble except glasses	j <input type="checkbox"/>	<input type="checkbox"/>	Kidney stone or blood in urine	p <input type="checkbox"/>	<input type="checkbox"/>	Suicide attempt	x <input type="checkbox"/>	<input type="checkbox"/>	Other illness, disability or surgery
e <input type="checkbox"/>	<input type="checkbox"/>	Hay fever or allergy	k <input type="checkbox"/>	<input type="checkbox"/>	Diabetes	q <input type="checkbox"/>	<input type="checkbox"/>	Motion sickness medication required			
f <input type="checkbox"/>	<input type="checkbox"/>	Asthma or lung disease	l <input type="checkbox"/>	<input type="checkbox"/>	Neurological disorders, epilepsy, seizures, stroke, paralysis, etc.	r <input type="checkbox"/>	<input type="checkbox"/>	Military medical discharge			
Explanations: See Instruction Page											

Each item under this heading must be checked either "yes" or "no." For all items checked "yes," a description and approximate date of every condition the applicant has ever been diagnosed with, had, or presently has, must be given in the EXPLANATIONS box. If information has been reported on a previous application for airman medical certification and there has been no change in the condition, the applicant may note "PREVIOUSLY REPORTED, NO CHANGE" in the EXPLANATIONS box, but the applicant must still check "yes" to the condition.

Of particular importance are conditions that have developed since the last medical examination. If more space is needed, a plain sheet of paper bearing the applicant's full printed name, date of birth, signature, and the date should be used. The Examiner must take the time to review the applicant's responses on the form before starting the applicant's medical examination.

The Examiner should ensure that the applicant has checked all of the boxes in Item 18 as either "yes" or "no." The Examiner should use information obtained from this review in asking the applicant pertinent questions during the course of the examination. Certain aspects of the individual's history may need to be elaborated upon.

The Examiner should provide in Item 60 an explanation of the nature of items checked "yes" in Items 18.a. through 18.x. An additional sheet may be added if necessary.

Supplementary reports from the applicant's physician(s) should be obtained and forwarded to the CAAI, when necessary, to clarify the significance of an item of history. The responsibility for providing such supplementary reports rests with the applicant.

Affirmative answers alone in Item 18 do not constitute a basis for denial of a medical certificate. A decision concerning issuance or denial should be made by applying the

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medical standards pertinent to the conditions uncovered by the history.

Experience has shown that, when asked direct questions by a physician, applicants are likely to be candid and willing to discuss medical problems.

The Examiner should attempt to establish rapport with the applicant and to develop a complete medical history. Further, the Examiner should be familiar with the CAAI certification policies and procedures in order to provide the applicant with sound advice.

18.a. Frequent or severe headaches. The applicant should report frequency, duration, characteristics, severity of symptoms, neurologic manifestations, and whether they have been incapacitating, treatment and side effects, if any. (See Item 46)

18.b. Dizziness or fainting spells. The applicant should describe characteristics of the episode (e.g., spinning or lightheadedness), frequency, factors leading up to and surrounding the episode, associated neurologic symptoms (e.g., headache, nausea, LOC, or paresthesias). Include diagnostic workup and treatment if any. (See Items 25-30 and Item 46).

18.c. Unconsciousness for any reason. The applicant should describe the event(s) to determine the primary organ system responsible for the episode, witness statements, initial treatment, and evidence of recurrence or prior episode. Although the regulation states, "an unexplained disturbance of consciousness is disqualifying," it does not mean to imply that the applicant can be certificated if the etiology is identified, because the etiology may also be disqualifying in and of itself. (See Item 46.)

18.d. Eye or vision trouble except glasses. The Examiner should personally explore the applicant's history by asking questions, concerning any changes in vision, unusual visual experiences (halos, scintillations, etc.), sensitivity to light, injuries, surgery, or current use of medication. Does the applicant report inordinate difficulties with eye fatigue or strain? Is there a history of serious eye disease such as glaucoma or other disease commonly associated with secondary eye changes, such as diabetes?

For glaucoma or ocular hypertension, obtain a Form 14, Report of Eye Evaluation for Glaucoma. For any other medical condition, obtain a Form 7, Report of Eye Evaluation. Under all circumstances, please advise the examining eye specialist to explain why the airman is unable to correct to visual acuity of 6/6 or 6/9. (Also see Items 31-34, Item 53, and Item 54).

18.e. Hay fever or allergy. The applicant should report frequency and duration of symptoms, and whether they have been incapacitating by the condition. Mention should also be made of treatment and side effects. The Examiner should inquire whether the applicant has ever experienced any "ear block", barotitis, or any other symptoms that could interfere with aviation safety? Barosinusitis is of concern and should also be ruled out. (See Item 26).

18.f. Asthma or lung disease. The applicant should provide frequency and severity of asthma attacks, medications, and number of visits to the hospital and/or emergency room. For other lung conditions, a detailed description of symptoms/diagnosis,

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surgical intervention, and medications should be provided. (See Item 35).

18.g. Heart or vascular trouble. The applicant should describe the condition to include, dates, symptoms, and treatment, and provide medical reports to assist in the certification decision-making process. These reports should include: operative reports of coronary intervention to include the original cardiac catheterization report, stress tests, worksheets, and original tracings (or a legible copy). When stress tests are provided, forward the reports, worksheets and original tracings (or a legible copy) to the CAAI. The Guide provides that, for all classes of medical certificates, an established medical history or clinical diagnosis of myocardial infarction, angina pectoris, cardiac valve replacement, permanent cardiac pacemaker implantation, heart replacement, or coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant, is cause for denial. (See Item 36.)

18.h. High or low blood pressure. The applicant should provide history and treatment. Issuance of a medical certificate to an applicant with high blood pressure may depend on the current blood pressure levels and whether the applicant is taking anti-hypertensive medication. The Examiner should also determine if the applicant has a history of complications, adverse reactions to therapy, hospitalization, etc. (Details are given in Items 36 and Item 55).

18.i. Stomach, liver, or intestinal trouble. The applicant should provide history and treatment, pertinent medical records, current status report, and medication. If a surgical procedure was done, the applicant must provide operative and pathology reports. (See Item 38).

18.j. Kidney stone or blood in urine. The applicant should provide history and treatment, pertinent medical records, current status report and medication. If a procedure was done, the applicant must provide the report and pathology reports. (See Item 41).

18.k. Diabetes. The applicant should describe the condition to include, symptoms and treatment. Comment on the presence or absence of hyperglycemic and/or hypoglycemic episodes. A medical history or clinical diagnosis of diabetes mellitus requiring insulin or other hypoglycemic drugs for control are disqualifying. The Examiner can help expedite the CAAI review by assisting the applicant in gathering medical records and submitting a current specialty report. (See Item 48).

18.l. Neurological disorders; epilepsy, seizures, stroke, paralysis, etc. The applicant should provide history and treatment, pertinent medical records, current status report and medication. The Examiner should obtain details about such a history and report the results. An established diagnosis of epilepsy, a transient loss of control of nervous system function(s), or a disturbance of consciousness is a basis for denial no matter how remote the history. Like all other conditions of aeromedical concern, the history surrounding the event is crucial. Certification is possible if a satisfactory explanation can be established. (See Item 46).

18.m. Mental disorders of any sort; depression, anxiety, etc. An affirmative answer to Item requires investigation through supplemental history taking. Dispositions will vary according to the details obtained. An applicant with an established history of a

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personality disorder that is severe enough to have repeatedly manifested itself by overt acts, a psychosis disorder, or a bipolar disorder must be denied or deferred by the Examiner. (See Items 46, and Item 47).

18.n. Substance dependence; or failed a drug test ever; or substance abuse or use of illegal substance in the last two years. "Substance" includes alcohol and other drugs (e.g., PCP, sedatives and hypnotics, anxiolytics, marijuana, cocaine, opioids, amphetamines, hallucinogens, and other psychoactive drugs or chemicals). For a "yes" answer to Item 18.n., the Examiner should obtain a detailed description of the history. A history of substance dependence or abuse is disqualifying. The Examiner must defer issuance of a certificate if there is doubt concerning an applicant's substance use. (See Item 47).

18.o. Alcohol dependence or abuse. See Item 18.n. Alcoholism is disqualifying.

18.p. Suicide attempt. A history of suicidal attempts or suicidal gestures requires further evaluation. The ultimate decision of whether an applicant with such a history is eligible for medical certification rests with the CAAI. The Examiner should take a supplemental history as indicated, assist in the gathering of medical records related to the incident(s), and, if the applicant agrees, assist in obtaining psychiatric and/or psychological examinations. (See Item 47).

18.q. Motion sickness requiring medication. A careful history concerning the nature of the sickness, frequency and need for medication is indicated when the applicant responds affirmatively to this item. Because motion sickness varies with the nature of the stimulus, it is most helpful to know if the problem has occurred in flight or under similar circumstances. (See Item 29).

18.r. Military medical discharge. If the person has received a military medical discharge, the Examiner should take additional history and record it in Item 60. It is helpful to know the circumstances surrounding the discharge, including dates, and whether the individual is receiving disability compensation. If the applicant is receiving veteran's disability benefits, the claim number and service number are helpful in obtaining copies of pertinent medical records. The fact that the applicant is receiving disability benefits does not necessarily mean that the application should be denied.

18.s. Medical rejection by military service. The Examiner should inquire about the place, cause, and date of rejection and enter the information in Item 60. It is of great assistance to the applicant and the CAAI if the Examiner can help obtain copies of military documents for attachment to the application form. If a delay of more than 14-calendar days is expected, the Examiner should transmit the Form to the CAAI with a note specifying what documents will be forwarded later under separate cover. Disposition will depend upon whether the medical condition still exists or whether a history of such a condition requires denial or deferral under the government's medical standards.

18.t. Rejection for life or health insurance. The Examiner should inquire regarding the circumstances of rejection. The supplemental history should be recorded in Item 60. Disposition will depend upon whether the medical condition still exists or whether a history of such a condition requires denial or deferral under the government's medical standards.

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18.u. Admission to hospital. For each admission, the applicant should list the dates, diagnoses, duration, treatment, name of the attending physician, and complete address of the hospital or clinic. If previously reported, the applicant may enter "PREVIOUSLY REPORTED, NO CHANGE." A history of hospitalization does not disqualify an applicant, although the medical condition that resulted in hospitalization may.

ITEM 18b. FAMILY MEDICAL HISTORY

18b. Conviction and/or Administrative Action History – See Instructions Page					
Yes v. <input type="checkbox"/>	No o <input type="checkbox"/>	History of (1) any convictions (s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any conviction(s) 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 w. <input type="checkbox"/>	No o <input type="checkbox"/>	History of nontraffic conviction(s) (misdemeanors or felonies).

The applicant should list all visits in the last three years to a physician, physician assistant, nurse practitioner, psychologist, clinical social worker, or substance abuse specialist for treatment, examination, or medical/mental evaluation. The applicant should list visits for counseling only if related to a personal substance abuse or psychiatric condition. The applicant should give the name, date, address, and type of health professional consulted and briefly state the reason for the consultation.

ITEM 19. VISITS TO HEALTH PROFESSIONAL WITHIN LAST 3 YEARS

19. Visit to health professional within the last 3 years <input type="checkbox"/> Yes <input type="checkbox"/> No See Instructions Page. (Explain Below)		
Date	Name, Address, and Type of Health Professional Consulted	Reason

Multiple visits to one health professional for the same condition may be aggregated on one line.

Routine dental, eye, and periodic medical examinations and consultations with an employer-sponsored employee assistance program (EAP) may be excluded unless the consultations were for the applicant's substance abuse or unless the consultations resulted in referral for psychiatric evaluation or treatment.

When an applicant does provide history in Item 19, the Examiner should review the matter with the applicant. The Examiner will record in Item 60 only that information needed to document the review and provide the basis for a certification decision. If the Examiner finds the information to be of a personal or sensitive nature with no relevancy to flying safety, it should be recorded in Item 60 as follows:

"Item 19. Reviewed with applicant. History not significant or relevant to application."

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If the applicant is otherwise qualified, a medical certificate may be issued by the Examiner.

Reviewing medical authorities will ask for further information regarding visits to health care providers only where the physical findings, report of examination, applicant disclosure, or other evidence suggests the possible presence of a disqualifying medical history or condition.

If an explanation has been given on a previous report(s) and there has been no change in the condition, the applicant may enter "PREVIOUSLY REPORTED, NO CHANGE."

Of particular importance is the reporting of conditions that have developed since the applicant's last airman certification medical examination. The Examiner is asked to comment on all entries, including those "PREVIOUSLY REPORTED, NO CHANGE." These comments may be entered under Item 60.

5. Task Outcomes

5.1. Examiners Responsibility to review Application

5.1.1. The Examiner must ensure completeness and review all Items 1 through 20. A medical certificate must never be issued to an applicant who refuses to answer Item 13, Items 16 and 17, Item 18, or Item 19, or to an applicant who refuses to sign the form (Item 20, front side of the examination form). The date for Item 16 may be estimated if the applicant does not recall the actual date of the last examination.

5.1.2. Verify that the name on the applicant's identification media matches the name on the application form. If it does not, question the applicant for an explanation. If the explanation is not reasonable (legal name change, subsequent marriage, etc.), do not continue the medical examination or issue a medical certificate. Contact the CAAI for guidance.