

Certificate Issuance

I have reviewed the enclosed medical report(s) and have determined that the report(s) is in accordance with this applicant's Authorization for Special Issuance of a Medical Certificate and the AASI Protocol 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 _____"
Date

Check all that apply:

☐ Interim certificate issued for disease(s)/condition(s) below – No examination performed.

ALL	AASI CONDITION	ALL	AASI CONDITION	ALL	AASI CONDITION
	Arthritis		Metabolic Syndrome, Glucose Intolerance, Impaired Glucose Tolerance, Impaired Fasting Glucose, Insulin Resistance, and Pre-Diabetes		Prostate Cancer
	Asthma		Glaucoma		Renal Calculi
	Atrial Fibrillation		Hepatitis C		Renal Cancer
	Bladder Cancer		Hyperthyroidism		Sleep Apnea
	Breast Cancer		Hypothyroidism		Testicular Cancer
	Chronic Lymphocytic Leukemia		Lymphoma and Hodgkins		Deep Venous Thrombosis (DVT), Pulmonary Embolism (PE), and/ or Hypercoagulopathies.
	Chronic Obstructive Pulmonary		Melanoma		
	Colitis (Ulcerative or Crohn's)		Migraine Headaches		
	Colon Cancer		Mitral and Aortic Insufficiency		
	Diabetes Mellitus – Type II Medication Controlled		Paroxysmal Atrial Tachycardia		
THIRD CLASS ONLY	AASI CONDITION			THIRD CLASS ONLY	
	Coronary Heart Disease				

☐ Certificate issued - New application and examination performed.

AIRMAN INFORMATION:

Name:

PI:

DOB:

AVIATION MEDICAL EXAMINER (AME) INFORMATION:

AME Name (Print):

AME Signature:

AME Number:

Date: