Comprehensive Medical Examination Checklist

BASICMED SECTION 2: INDIVIDUAL INFORMATION

(To be completed by the airman)

Form approved OMB No: 2120-0770
Expires: 04/30/2020

1-2	Omitted
3	Name: Last: First: Middle:
4	SS # (optional)
5	Address/street: Telephone: City State/Country Zip Code:
6.	Date of birth: Country of Citizenship:
7	Color of hair:
8	Color of eyes:
9	Sex:
10	Type of airman certificate(s) you hold: ☐ Airline Transport ☐ ATC Specialist ☐ Commercial ☐ Flight Engineer ☐ Flight Instructor ☐ Flight Navigator ☐ Private ☐ Recreational ☐ Student ☐ None ☐ Other ____________________
11	Occupation (optional):
12	Employer (optional):
13	Has your FAA Airman Medical Certificate ever been denied, suspended, revoked, or withdrawn? ☐ No ☐Yes If yes, give date __________ MM/YYYY
14	14. Omitted
15	15. Omitted
16	Date of Last FAA Medical Application ________ MM/YYYY or ☐ No Prior Application (If no prior application, STOP. You cannot use BasicMed.)
17	Do You Currently Use Any Medication? (Prescription or over-the-counter) ☐ No ☐Yes (If yes, list medication(s) and dosage used below.) **If additional space is needed, check this box ☐ and list information on an additional sheet of paper** Medication Name / Dosage
17b.	Do you ever use near vision contact lens(es) while flying ☐ No ☐Yes Answer "Yes" if you wear a contact in one eye only to correct for near vision or if you have one contact that adjusts for near vision and one in the other eye that adjusts for distant vision.
18	Medical History: Mark "Yes" if you have or had any of the following conditions at ANY TIME in your life. Explain when it occurred, the severity, how it was treated, and if you are currently taking any medication or having treatment for the condition or have to see a physician for the condition. Discuss any "Yes" responses with the physician doing this exam.

		No	Yes	Additional comments or explanations (Give details in the space below)
a.	Frequent or severe headaches:			
b.	Dizziness or fainting spell:			
c.	Unconsciousness for any reason:			
d.	Eye or vision trouble (except for glasses):			
e.	Hay fever or allergy:			
f.	Asthma or lung disease:			
g.	Heart or vascular trouble:			
h.	High or low blood pressure:			
i.	Stomach, liver, or intestinal trouble:			
j.	Kidney stone or blood in urine:			
k.	Diabetes:			
l.	Neurological disorders (epilepsy, seizures, stroke, paralysis, etc.):			
		No	Yes	

m.	Mental disorders of any sort (depression, anxiety, etc.):			
n.	Substance dependence, failed a drug test ever, or substance abuse or use of illegal substance in the last 2 years:			
o.	Alcohol dependence or abuse:			
p.	Suicide attempt:			
q.	Motion sickness requiring medication:			
r.	Military medical discharge:			
s.	Medical rejection by military service:			
t.	Rejection for life or health insurance:			
u.	Admitted to a hospital:			
x.	Other illness, disability, or surgery:			
v.	History of (1) any 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 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:			
w.	History of non-traffic conviction(s) (misdemeanors or felonies): (e.g. battery, assault, public intoxication, robbery, etc.)			

		Date	Name	Address	Type of Provider	Reason
19.	Any visits to a health professional within the last 3 years? □ No □ Yes If "Yes," list the date, name, address, type of provider and why you saw them. If additional space is needed, check this box □ and list information on an additional sheet of paper					

Airman's Signature and Declarations

In accordance with section 2307(b)(2)(A) of the FAA Extension, Safety, and Security Act of 2016 (Public Law 114-190), I affirm that:

☐ The answers provided by me on this checklist, including my answers regarding my medical history, are true and complete;

☐ I understand that I am prohibited under Federal Aviation Administration regulations from acting as pilot in command, or in any other capacity as a required flight crewmember, if I know or have reason to know of any medical deficiency or medically disqualifying condition that would make me unable to operate the aircraft in a safe manner; and

☐ I am aware of the regulations pertaining to the prohibition on operations during medical deficiency and I have no medically disqualifying conditions in accordance with applicable law.

Printed Name Airman Signature

NOTE: You must provide ALL sections (SECTION 1-3) of this checklist to your state-licensed physician who will perform and complete the comprehensive medical examination as required by Section 2307(a)(7) of FESSA.

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BASICMED SECTION 3: MEDICAL EXAMINATION

(To be performed by state-licensed physician only)

	Physician Use Only	
	Patient/Pilot name: **Patient/Pilot Date of Birth:**	**Examined**
1.	Head, face, neck and scalp:	☐
2.	Nose, sinuses, mouth, and throat:	☐
3.	Ears, general: (Internal and external (canals) and eardrums (perforation):	☐
4.	Eyes (general), ophthalmoscopic, pupils, (equality and reaction), and ocular motility (associated parallel movement, nystagmus):	☐
5.	Lungs and chest: (Not including breast examination):	☐
6.	Heart: (precordial activity, rhythm, sounds, and murmurs):	☐
7.	Vascular system: (pulse, amplitude, and character and arms, legs, and others):	☐
8.	Abdomen and viscera: (including hernia):	☐
9.	Anus: (not including digital examination):	☐
10.	Skin:	☐
11.	G-U system: (not including pelvic examination):	☐
12.	Upper and lower extremities: (strength and range of motion):	☐
13.	Spine and other musculoskeletal:	☐
14.	Identifying body marks, scars, and tattoos (size and location):	☐
15.	Lymphatics:	☐
16.	Neurologic: (tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.):	☐
17.	Psychiatric: (appearance, behavior, mood, communication, and memory):	☐
18.	General systemic:	☐
19.	Hearing:	☐
20.	Vision: (distant, near, and intermediate vision, field of vision, color vision, and ocular alignment):	☐
21.	Blood pressure and pulse:	☐
22.	Anything else the physician, in his or her medical judgment, considers necessary.	☐

Comprehensive Medical Examination Checklist

In accordance with 14 CFR 68.5 and 68.7, the examining physician is instructed to:

- Exercise medical discretion to address, as medically appropriate, any medical conditions identified, and to exercise medical discretion in determining whether any medical tests are warranted as part of the comprehensive medical examination; and
- Discuss all drugs the individual reports taking (prescription and nonprescription) and their potential to interfere with the safe operation of an aircraft or motor vehicle.

Physician's Signature and Declaration

☐ In accordance with section 2307(b)(2)(C)(iv), of the FAA Extension, Safety, and Security Act of 2016 (Public Law 114-190), I certify that I discussed all items on this checklist with the individual during my examination, discussed any medications the individual is taking that could interfere with their ability to safely operate an aircraft or motor vehicle, and performed an examination that included all of the items on this checklist. I certify that I am not aware of any medical condition that, as presently treated, could interfere with the individual's ability to safely operate an aircraft.

____

Patient/Pilot Name (printed) **Patient/Pilot Date of Birth**

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Signature of Physician who performed the exam

Physician's Information

1.	Full name of physician who performed the exam: Printed or Stamp	Last :	First:	Middle Initial:
2.	State license number:	State	Medical license number	
3.	Telephone number:			
4.	Street address:	Address: City:	Suite: State:	 Zip Code:
5.	Date of Examination:	____________ (MM/DD/YYYY)		