Comprehensive Medical Examination Checklist

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.	☐

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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

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:	Suite:	
		City:	State:	Zip Code:
5.	Date of Examination:	_____ (MM/DD/YYYY)		