



### Comprehensive Medical Examination Checklist

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

#### 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.**