

Cleared for Takeoff: An Overview of Aviation Medicine Relating to the FAA 'Basic Med' Examination

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KRVS (Jenks)



A Brief History

- ▶ Paul Bert (1833–86) of France is known as the *Father of Aviation Medicine*, the first to research physiologic effects of air–pressure on health, and oxygen toxicity
 - Investigated fatalities associated hypoxia and balloons
- ▶ 1903 First flight by The Wright Brothers
- ▶ Rapid aviation advances during The Great War
- ▶ The United States passed the Air Commerce Act on May 20th 1926, which created medical regulations for commercial pilots



A Brief History

- ▶ ACA eventually gave way to passage of Federal Aviation Act (May 1958)
- ▶ FAA created August 23, 1958
- ▶ FAA tasks Aviation Medical Examiner (AMEs) the authority to perform flight physical examinations and issue medical aviation certificates
- ▶ All current pilots depending on classification (I,II,III) have to undergo scheduled physicals
- ▶ Must be a physician to be an AME, cannot be APRN or PA

Types of Aviator Certificates

▶ First Class

- ATP

- Valid for 12 months under 40, 6 months 40 and over

▶ Second Class

- Commercial Pilots, Flight Navigators, and Flight engineers

- Valid for 12 months

▶ Third Class

- Private and Recreational Pilots

- Valid for 60 Months under 40, 24 months age 40 and over

Legal Authority of AMEs

- ▶ Title 49, United States Code
 - (Transportation), sections 109(9), 40113(a), 4701–44703, and 44,709 (1994) formally codified in the federal aviation act 1958, as amended, authorizes the FAA administrator to delegate to a qualified private persons; i.e. designated examiners, as matters related to the examination, testing, and inspection necessary to issue a certificate under the U.S.C. and to issue the certificate.
- ▶ Designated examiners are delegated the administrators authority to examine the applicants for airman medical certificate and to issue or deny issuance of certificates

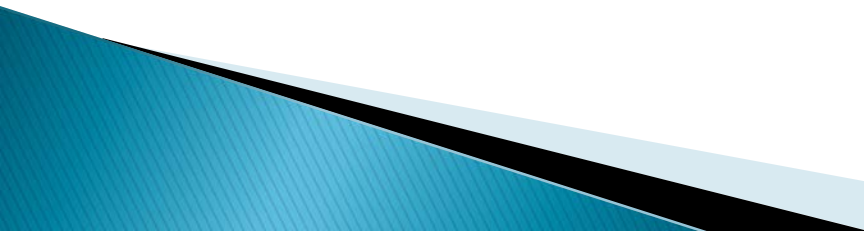
AME Demand

- ▶ 3,465 Aviation Medical Examiners in 2012
 - 664,565 Pilots in US 2019
- ▶ Broken into different regions with 12% being located in New Mexico, Texas, Oklahoma, Arkansas, and Louisiana
- ▶ A quick FAA database search for Air Medical Examiners shows the Tulsa Metro only has 4 and 7 in OKC, 56 total in OK
- ▶ Many AMEs no longer practicing
 - Increased regulatory demands



Guy Baldwin, DO

AME Demand

- ▶ Up until May 1, 2017 all pilots had to undergo testing with designated Air Medical Examiners
 - ▶ Since then, Class III Air Medical Examinations can now be performed by **ANY** physician (regardless of specialty) under the FAA BasicMed designation
 - ▶ Class I and class II medicals are still required to be seen by an FAA appointed AME
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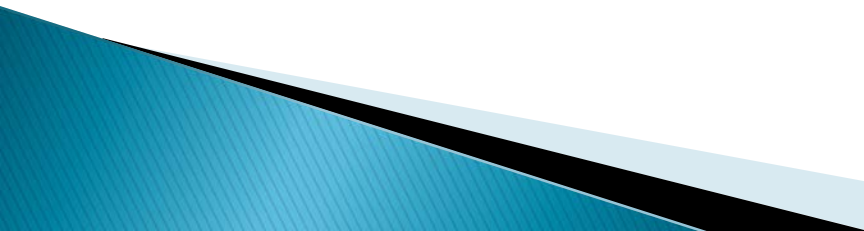
So What is BasicMed

- ▶ Essentially a type of “physical” with accompanying paperwork given by any physician (preferably patient/pilots PCP) thereby removing the cost and red tape of the FAA for low risk aviators to obtain medical clearance to fly



Future 4th generation physician and pilot

Patient Requirements

- ▶ A valid U.S. driver's license
 - ▶ An FAA medical certificate that was valid at any time after July 14, 2006
 - ▶ The pilot's most recent application for a medical certificate was not denied
 - ▶ The most recent medical certificate was not revoked, suspended, or withdrawn
 - ▶ One-time authorization for "Special Issuance" of a Medical Certificate for a select number of conditions
- 

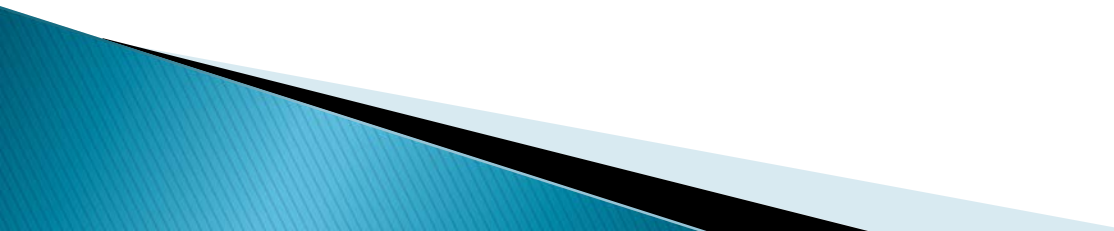
How Healthy Does your Patient Need to be for BasicMed?

- ▶ The pilot needs to be healthy enough so that they are not going to suddenly become incapacitated while operating an aircraft
- ▶ Key Word, “Sudden Incapacitation”
 - Suddenly or unpredictably
 - Is or may be incapacitating
 - Progresses at an unpredictable rate

FAA Special Issuance

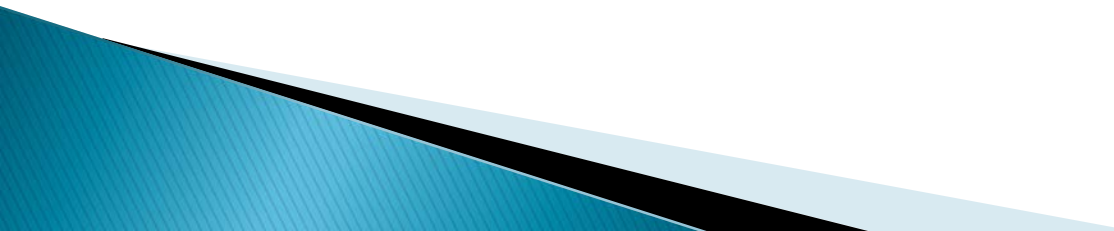
- ▶ Federal Air Surgeon may grant an Authorization for Special Issuance of a Medical Certificate (Authorization), with a specified validity period, to an applicant who does not meet the established medical standards. The applicant must demonstrate to the satisfaction of the Federal Air Surgeon that the duties authorized by the class of medical certificate applied for can be performed without endangering public safety for the validity period of the authorization

Special Issuance Medical Problems

- ▶ Mental:
 - Personality Disorder
 - Psychosis
 - Bipolar Disorder
 - Substance Dependence
 - ▶ Defer to AME
- 

Special Issuance Medical Problems

- ▶ Neurology:
 - Epilepsy
 - Disturbance of Consciousness without Satisfactory Medical Explanation of Cause
 - Transient Loss of Control of Nervous System Functions without Satisfactory Medical Explanation of Cause

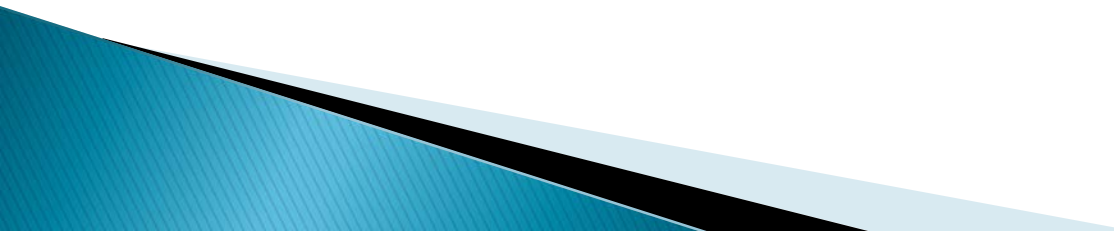
 - ▶ Defer to AME
- 

Special Issuance Medical Problems

- ▶ Cardiac:
 - Myocardial Infarction
 - Coronary Artery Disease Requiring Treatment
 - Cardiac Valve Replacement
 - Heart Replacement
 - Unstable Angina

- ▶ Defer to AME

Special Issuance

- ▶ If your patient has experienced a heart attack or one of the other previously listed conditions since last examination and is applying for BasicMed, they will be required to go through the special issuance process one time
 - ▶ Recommend your patient gather all pertinent medical data and seek out a designated AME for consultation
- 

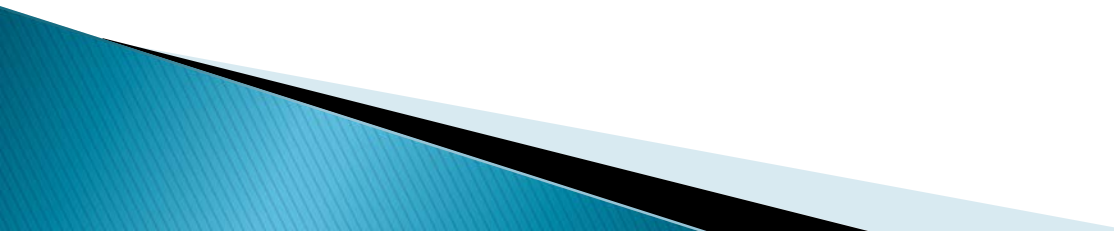
Medications

- ▶ FAR 61.53, prohibits acting as pilot in command or in any other capacity as a required flight crew member if that person:
 - ▶ "Knows or has reason to know of any medical condition that would make the person unable to meet the requirement for the medical certificate necessary for the pilot operation, or:
 - ▶ "Is taking medication or receiving other treatment for a medical condition that results in the person being unable to meet the requirement for the medical certificate necessary for the pilot operation."

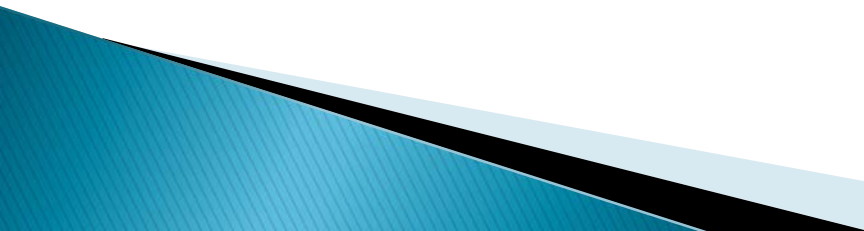
Medications

- ▶ The physician should not be solely worried about the medication, but rather the underlying medical conditions associated with the medications
- ▶ Again, potential for sudden incapacitation
guiding principle
 - **All medications** should be evaluated on this concept

Medications Continued

- ▶ There is no “Official List” of FAA approved medications in regards to BM
 - ▶ The condition as well as the medication could be the disqualifying issue from certificate completion
 - ▶ Even OTC medications could eliminate someone from BasicMed consideration
- 

Medications Cont.

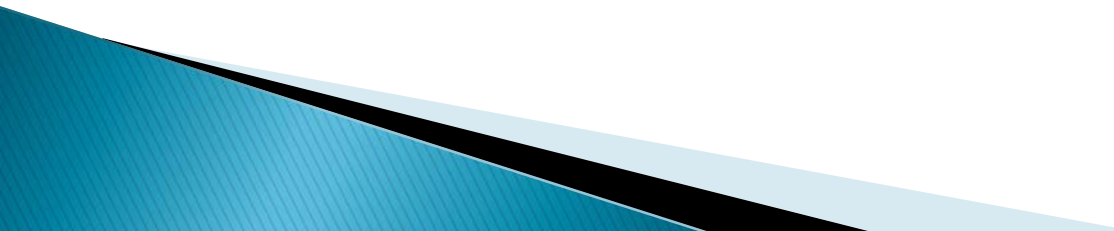
- ▶ Important to be objective from a legal standpoint
 - ▶ In a fatal crash, the pilots remains will be tested for prescription and over-the-counter medications
 - ▶ In general aviation, several hundred substances are routinely screened following a crash
 - ▶ Request for charts, lawyers, etc...
- 

“Red Flag” Medications

- ▶ Anticoagulants
- ▶ Anxiolytics (benzos)
- ▶ Barbiturates
- ▶ Mood Stabilizers
- ▶ Insulin
- ▶ Opiates
- ▶ Chemotherapeutic drugs
- ▶ Muscle relaxants
- ▶ Any drug that produces drowsiness or other central nervous system effects and experimental or investigational drugs are prohibited



FAA–Do Not Issue vs Do Not Fly

- ▶ FAA has published rules for AMEs (Class I–III)
 - ▶ Medications for which they should not issue (DNI) to applicants without clearance from the Federal Aviation Administration (FAA), AND
 - ▶ Medications for which for which they should advise airmen to not fly (DNF) and provide additional safety information to the applicant
- 

DO NOT ISSUE (Classes of med)

- ▶ **Angina medications**

- nitrates (nitroglycerin, isosorbide dinitrate, imdur),
- ranolazine (Ranexa)

- ▶ **Anticholinergics (oral)**

- e.g: atropine, benztropine (Cogentin)

- ▶ **Cancer treatments including** chemotherapeutics, biologics, radiation therapy, etc., whether used for induction, "maintenance," or suppressive therapy

DO NOT ISSUE (Classes of med)

- ▶ **Controlled Substances** (Schedules I – V). An open prescription for chronic or intermittent use of any drug or substance
- ▶ PMP Review

DO NOT ISSUE

- ▶ **Diabetic medications**
 - Extensive, see link [here](#)
 - SGLT-2 inhibitors are **NOT** allowed
- ▶ **Dopamine agonists** used for Parkinson's disease or other medical conditions:
 - bromocriptine (Cycloset, Parlodel),
 - pramipexole (Mirapex), ropinirole (Requip), and
 - rotigotine (NeuPro)

DO NOT ISSUE

- ▶ **Hypertensive (centrally acting)** including but not limited to:
 - clonidine
 - nitrates
 - guanabenz, methyldopa, and reserpine
- ▶ **Over-active bladder (OAB)/Antimuscarinic** medications as these carry strong warnings about potential for sedation and impaired cognition
 - tolterodine (Detrol),
 - oxybutynin (Ditropan),
 - solifenacin (Vesicare).

Hypertension

- ▶ Controlled $<120/80$ mmHg
 - ▶ Elevated $120-129/ <80$ mmHg
 - ▶ Stage I HTN $130-139/ 80-89$ mmHg
 - ▶ Stage II HTN $>140/ >90$ mmHg
-
- ▶ In terms of FAA Criteria, should not exceed $155/95$ mmHg while seated
 - ▶ All non centrally hypertensive medications are okay in the eyes of FAA

DO NOT ISSUE

- ▶ **Psychiatric or Psychotropic medications**, (even when used for something other than a mental health condition) including but not limited to:
 - antidepressants (SSRI Policy)
 - anti-anxiety drugs – e.g.: alprazolam (Xanax)
 - antipsychotics
 - attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD) medications
 - mood stabilizers
 - sedative–hypnotics
 - stimulants
 - tranquilizers

SSRI Policy

- ▶ The applicant has one of the following diagnoses:
 - Major depressive disorder (mild to moderate) either single episode or recurrent episode
 - Dysthymic disorder
 - Adjustment disorder with depressed mood
 - Any non-depression related condition for which the SSRI is used i.e. anxiety

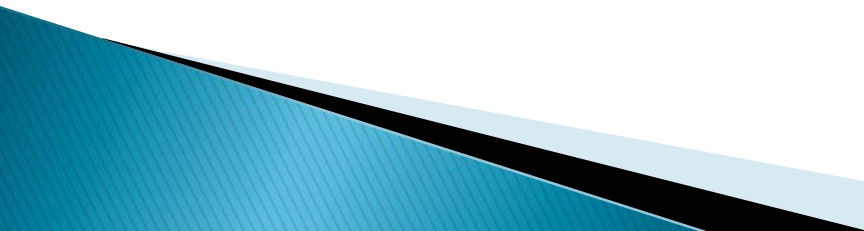
SSRI Policy

- ▶ The SSRI used is one the following (single use only):
 - Fluoxetine (Prozac)
 - Sertraline (Zoloft)
 - Citalopram (Celexa)
 - Escitalopram (Lexapro)
- ▶ Stable for 6 month period on medication

SSRI Policy

- ▶ The applicant DOES NOT have symptoms or history of:
 - Psychosis
 - Suicidal ideation
 - Electro convulsive therapy
 - Treatment with multiple SSRIs simultaneously
 - Multi-agent drug protocol use (prior use of other psychiatric drugs in conjunction with SSRIs.)

DO NOT ISSUE

- ▶ **Seizure medications**, even if used for non-seizure conditions such as migraines
 - ▶ **Smoking cessation aid** – e.g.: varenicline (Chantix)
 - ▶ **Steroids, high dose** (greater than 20 mg prednisone per day)
 - ▶ **Weight loss medications** – ex: combinations including phentermine or naltrexone
- 

Do Not Fly

- ▶ Airmen should not fly while using any medication, prescription or OTC, that carries a label precaution or warning that it may cause drowsiness or advises the user "be careful when driving a motor vehicle or operating machinery"

Do Not Fly

- ▶ For aviation safety, pilots should **not fly following the last dose of any of the (DNF) medications** until a period of time has elapsed equal to:
 - 5-times the maximum pharmacologic half-life of the medication; or
 - 5-times the maximum hour dose interval if pharmacologic half-life information is not available. For example, there is a 30-hour wait time for a medication that is taken every 4 to 6 hours (5 times 6)

Do Not Fly

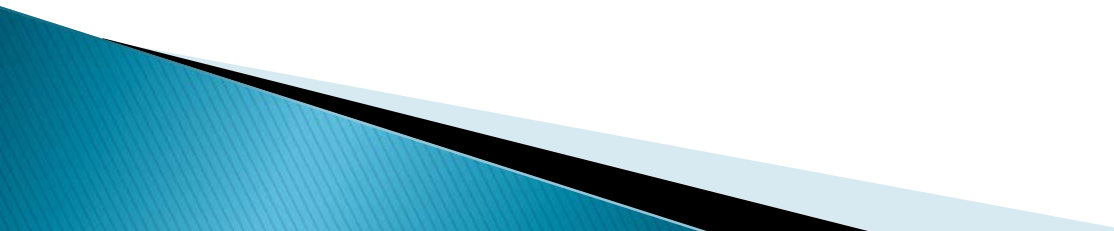
▶ Allergy Medications

- **Sedating Antihistamines.** These are found in many allergy and other types of medications and may **NOT** be used for flight. This applies to both nasal and oral formulations
- **Non-sedating Antihistamines.** Medications such as Claritin, Zyrtec, and Allegra may be used while flying, if symptoms are controlled without adverse side effects after an adequate initial trial period

Do Not Fly

- ▶ **Muscle Relaxants:** This includes but is not limited to carisoprodol (Soma) and cyclobenzaprine (Flexeril)
- ▶ **Acute Opiate RX**
- ▶ **"Pre-medication" or "pre-procedure" drugs:** This includes all drugs used as an aid to outpatient surgical or dental procedures
- ▶ **Sleep Aids:** All the currently available sleep aids, both prescription and over-the-counter (OTC), can cause impairment of mental processes and reaction times, even when the individual feels fully awake

Common Medical Problems Encountered on Exam

- ▶ Diabetes
 - ▶ HTN
 - ▶ Heart Disease
 - ▶ COPD
 - ▶ Asthma
 - ▶ Depression
 - ▶ Anxiety
 - ▶ Vision Problems
 - ▶ Age
 - ▶ ETOH Use
- 

Forms (9 pages)

Comprehensive Medical Examination Checklist

SECTION 1 – Instructions to the Individual and State-Licensed Physician

This checklist is to be used by individuals seeking to operate certain small aircraft in accordance with Title 14 of Code of the Federal Regulations (14 CFR), § 61.113(i). This rule (BasicMed) allows pilots to use this checklist, and other requirements, in lieu of holding a third-class FAA Airman Medical Certificate. Under BasicMed, an individual may only act as pilot-in-command (PIC) of an aircraft that is authorized to carry not more than 6 occupants, and that has a maximum certificated takeoff weight of not more than 6,000 pounds.

1. The individual must complete SECTION 2 of this checklist and provide the checklist in its entirety (including the completed SECTION 2) to the state-licensed physician performing the medical examination.
2. The state-licensed physician must perform a comprehensive medical examination addressing all items in SECTION 3 of this checklist. The physician completes the "Physician's Signature and Declaration" if the physician determines that he/she is not aware of any medical condition that, as presently treated, could interfere with the individual's ability to safely operate an aircraft.
3. The completed checklist shall be retained in the individual's logbook (in any legible paper or electronic format) and made available on request.
4. In order to act as PIC under BasicMed, an individual must receive a comprehensive medical examination by a state-licensed physician during the previous 48 months in accordance with 14 CFR 61.23(c)(3)(i).

Forms Cont.

Comprehensive Medical Examination Checklist

NOTICE: Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S.C Secs. 1001; 3571)

Paperwork Reduction Act Burden Statement:

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0770. Public reporting for this collection of information is estimated to be approximately 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required to obtain or retain a benefit (section 2307 of Public Law 114-190); no assurance of confidentiality is provided. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524

Forms

SECTION 2 – Information to be completed by the Airman

To operate an aircraft under BasicMed, you may only use this checklist to comply with 14 CFR 61.113(i) if you:

- Hold or have held a valid first-, second-, or third-class medical certificate issued by the FAA at any time after July 14, 2006; and
- The most recent medical certificate held (including an authorization for a special issuance certificate) must have not been denied, suspended, revoked, or withdrawn.

INSTRUCTIONS: After completing all mandatory fields in SECTION 2, provide both SECTION 2 and SECTION 3 to the state-licensed physician who will perform your medical examination.

1. **OMITTED:** Leave blank
2. **OMITTED:** Leave blank
3. **FULL NAME:** List current name. List any former name(s) in the "additional comments or explanation" box found in #18 of the checklist form.
4. **SOCIAL SECURITY NUMBER:** Entry is optional.
5. **ADDRESS:** Enter permanent mailing address and country of residence. Include the nine digit ZIP code, if known. (e.g., 20003-3230). Provide your current telephone number, including area code.
6. **DATE OF BIRTH:** List month, day, and year (e.g., 01/31/1960). **COUNTRY OF CITIZENSHIP:** Enter citizenship (e.g., USA).
7. **COLOR OF HAIR:** Specify as black, blond, brown, gray, red, or bald.
8. **COLOR OF EYES:** Specify actual (not contact lenses) eye color as black, blue, brown, green, gray, or hazel.
9. **SEX:** Indicate male or female.
10. **TYPE OF AIRMAN CERTIFICATE(S) YOU HOLD:** Select the checkboxes that apply. If "Other" is selected, write in the name of the type of certificate.
11. **OCCUPATION:** Enter major employment. Entry is optional.
12. **EMPLOYER:** Enter your employer. Entry is optional.
13. **HAS YOUR FAA AIRMAN MEDICAL CERTIFICATE EVER BEEN DENIED, SUSPENDED, REVOKED, OR WITHDRAWN:** Select "Yes" or "No." If "Yes" is selected, list the month and year (e.g., 01/1999) of the action.
14. **OMITTED:** Leave blank
15. **OMITTED:** Leave blank
16. **DATE OF LAST FAA MEDICAL APPLICATION:** Enter month and year. If you have no prior application, you cannot use BasicMed.
17. a. **DO YOU CURRENTLY USE ANY MEDICATION (prescription or non-prescription):** Select "Yes" or "No." If "Yes" is selected, enter the name of the medication(s), dosage, and frequency used.
b. **DO YOU EVER USE NEAR VISION CONTACT LENSES WHILE FLYING:** Select "Yes" or "No."
Example: If you have one contact that is calibrated to give you near vision and one that is calibrated to give you distant vision, check "Yes." If you wear a contact in only one eye to correct for near vision, check "Yes."
18. a – x. **MEDICAL HISTORY:** Select "Yes" or "No" for each item listed. For every condition you have ever been diagnosed with, had, or presently have, you must answer "Yes." Give the approximate date, description of the condition, its severity, treatment, and any medication(s) you used or continue to use for treatment. You must give an explanation for each item marked "Yes" in the "additional comments or explanation" box.
 - Do not report common, occasional illnesses such as colds or sore throats.
 - "Substances" include alcohol, PCP, marijuana, cocaine, amphetamines, barbiturates, opiates, and other psychoactive chemicals.

Forms

Comprehensive Medical Examination Checklist

- "Substance dependence" is defined by any of the following: increased tolerance, withdrawal symptoms, impaired control of use, or continued use despite damage to health, or impairment of social, personal, or occupational functioning.
- "Substance abuse" is defined as the following: use of an illegal substance, use of a substance or substances in situations in which such use is physically hazardous, or misuse of a substance when such misuse has impaired health or social or occupational functioning.

18. v. CONVICTION, AND/OR ADMINISTRATIVE ACTION HISTORY:

(1) Have you ever been convicted (which may include paying a fine or forfeiting bond or collateral) of an offense involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug;

or

(2) Have you ever been convicted, and/or subject to an administrative action by a state or other jurisdiction for an offense for which your driver's license was denied, suspended, cancelled, or revoked or which resulted in attendance at an educational or rehabilitation program? Individual traffic convictions are not required to be reported if they did not involve alcohol/drugs, suspension, revocation, cancellation, or denial of driving privileges, or attendance at an educational or rehabilitation program. If "Yes" is checked, you must give a description of the conviction(s) and/or administrative action(s) in the "additional comments or explanation" box. The description must include:

- The alcohol or drug offense for which you were arrested and/or convicted or the type of administrative action involved (e.g., attendance at an alcohol treatment program in lieu of conviction; license denial, suspension, cancellation, or revocation for refusal to be tested; educational safe driving program for multiple speeding convictions, etc.);
- The name of the state or other jurisdiction involved; and
- The date of the conviction(s) and/or administrative action(s). The FAA may check state motor vehicle driving licensing records to verify your responses.

18. w. HISTORY OF NON-TRAFFIC CONVICTIONS(S) (MISDEANORS OR FELONIES): Have you ever had any other (non-traffic) convictions (e.g., assault, battery, public intoxication, robbery, etc.)? If so, name the charge for which you were convicted and the date of conviction in the "additional comments or explanation" box.

19. VISITS TO HEALTH PROFESSIONAL WITHIN LAST 3 YEARS:

List all visits in the last 3 years to a physician, physician assistant, nurse practitioner, psychologist, clinical social worker, or substance abuse specialist for treatment, examination, or medical/mental evaluation. List visits for counseling only if it was related to a personal substance abuse or psychiatric condition.

Enter the date of visit as month and year (e.g., 01/1990), name, address, and type of health professional consulted and briefly state reason for consultation. Repeat this process to add all relevant visits to medical professionals in the past 3 years. Multiple visits to one health professional for the same condition may be grouped together on one line. You do not need to report:

- Occasional common illnesses such as colds or sore throats that resolved;
- Routine dental, eye, and FAA periodic medical examinations; or
- Consultations with your employer-sponsored employee assistance program (EAP) unless the consultations were for substance abuse or unless the consultations resulted in referral for psychiatric evaluation or treatment.

NOTE: After completing SECTION 2, carefully review and read the affirmation statements under the "Airman's Signature and Declarations." If you agree with the statements, sign and date the document. Once you have completed, signed, and dated SECTION 2, you must provide ALL sections (SECTION 1-3) of this checklist to the state-licensed physician who will perform and complete the comprehensive medical examination, as required by Section 2307(a)(7) of FAA Extension, Safety, and Security Act of 2016 (FESSA).

Forms

BASICMED SECTION 2: INDIVIDUAL INFORMATION

(To be completed by the airman)

Form approved OMB No: 2120-0770

Expires: 05/31/2023

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:	<input type="checkbox"/> Airline Transport <input type="checkbox"/> ATC Specialist <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Flight Navigator <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Student <input type="checkbox"/> None <input type="checkbox"/> Other _____		
11	Occupation (optional):		12 Employer (optional):	
13	Has your FAA Airman Medical Certificate ever been denied, suspended, revoked, or withdrawn?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, give date _____ MM/YYYY	14. Omitted 15. Omitted
16	Date of Last FAA Medical Application	_____ MMYYYY or <input type="checkbox"/> No Prior Application (if no prior application, STOP. You cannot use BasicMed.)		
17	Do You Currently Use Any Medication? (Prescription or over-the-counter)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list medication(s) and dosage used below.)		
	If additional space is needed, check this box <input type="checkbox"/> and list information on an additional sheet of paper	Medication Name	Dosage	
17d.	Do you ever use near vision contact lens(es) while flying	<input type="checkbox"/> No <input type="checkbox"/> 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.			
	Additional comments or explanations (Give details in the space below)			
		No	Yes	
a.	Frequent or severe headaches:	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Dizziness or fainting spell:	<input type="checkbox"/>	<input type="checkbox"/>	
c.	Unconsciousness for any reason:	<input type="checkbox"/>	<input type="checkbox"/>	
d.	Eye or vision trouble (except for glasses):	<input type="checkbox"/>	<input type="checkbox"/>	
e.	Hay fever or allergy:	<input type="checkbox"/>	<input type="checkbox"/>	
f.	Asthma or lung disease:	<input type="checkbox"/>	<input type="checkbox"/>	
g.	Heart or vascular trouble:	<input type="checkbox"/>	<input type="checkbox"/>	
h.	High or low blood pressure:	<input type="checkbox"/>	<input type="checkbox"/>	
i.	Stomach, liver, or intestinal trouble:	<input type="checkbox"/>	<input type="checkbox"/>	
j.	Kidney stone or blood in urine:	<input type="checkbox"/>	<input type="checkbox"/>	
k.	Diabetes:	<input type="checkbox"/>	<input type="checkbox"/>	
l.	Neurological disorders (epilepsy, seizures, stroke, paralysis, etc.):	<input type="checkbox"/>	<input type="checkbox"/>	
		No	Yes	

Forms

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

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.

Forms Cont.

BasicMed SECTION 3: Instructions for State-Licensed Physician

Comprehensive Medical Examination Checklist

This checklist is being submitted by an individual seeking to operate certain small aircraft in accordance with 14 CFR 61.113(i). This rule (BasicMed) allows pilots to use this checklist, and other requirements, in lieu of holding a FAA Airman Medical Certificate. The examination checklist may only be completed by a state-licensed physician. Under BasicMed, an individual may only act as pilot in command (PIC) of an aircraft that is authorized to carry not more than 6 occupants, and that has a maximum certificated takeoff weight of not more than 6,000 pounds.

As the examining physician, you are required to:

1. Review all sections of the checklist, particularly SECTION 2 completed by the airman.
2. Conduct a comprehensive medical examination in accordance with the checklist by:
 - a. Examining each item specified;
 - b. Exercising medical discretion, address, as medically appropriate, any medical conditions identified; and
 - c. Exercising medical discretion, determine whether any medical tests are warranted as part of the comprehensive medical examination.
3. Review and discuss all prescription and non-prescription medication(s) the individual reports taking and any potential to interfere with the safe operation of an aircraft or motor vehicle.
4. Complete the Physician's Signature and Declaration.
5. Complete the Physician's Information.

You should consider consulting available aeromedical resources on the flight hazards associated with medical conditions/medications, to include:

- The FAA Guide for Aviation Medical Examiners (AME Guide) at <http://www.faa.gov/go/ameguide>;
- The FAA Pharmaceuticals (Therapeutic Medications) Do Not Issue - Do Not Fly list at <http://www.faa.gov/go/dni>;
- Chapter 8 of the FAA's Aeronautical Information Manual (AIM 8-1-1), which addresses medical facts for pilots and is available at http://www.faa.gov/air_traffic/publications/;
- www.faa.gov/go/basicmed.

BASICMED SECTION 3: MEDICAL EXAMINATION

(To be performed by state-licensed physician only)

Forms

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

Forms

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)

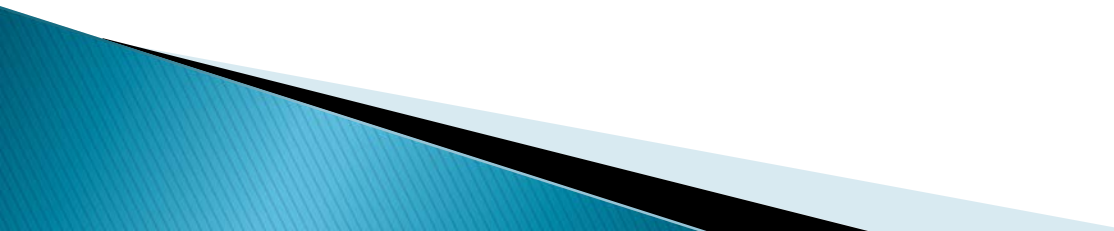
Patient/Pilot Date of Birth

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)		

How to Code

- ▶ 99213 vs 99214 vs 99396
 - ▶ Changed with recent 2021 CMS guidelines
 - ▶ Dependent on time, data review, medical management
- 

Overview

- ▶ BasicMed is an alternative certification to those patients who are pilots pursuing Class III AME physicals
 - ▶ Thorough review of patient's provided paperwork, medication list, and history
 - ▶ Remember this is a legal document so if you are uncertain about the applicants fitness to fly defer to AME!
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