



**Federal Aviation
Administration**

FAA Aerospace Medical Certification Services Airman Satisfaction Survey

Comparison of Summary Results for:

**2008 Overall Results Compared with
2006 Results for Comparable Items**

Federal Aviation Administration
Civil Aerospace Medical Institute
Aerospace Human Factors Research Division
Oklahoma City, Oklahoma

And

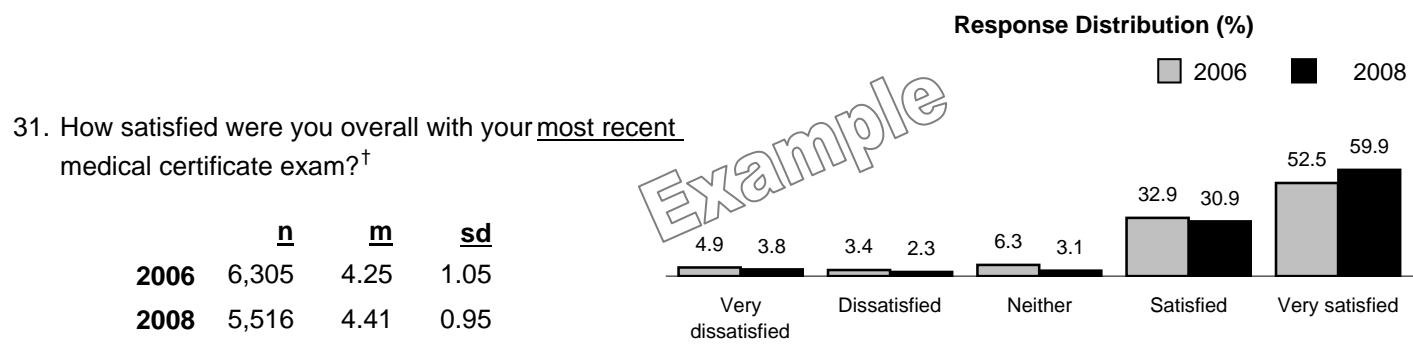
Xyant Technology, Incorporated
Oklahoma City, Oklahoma

Explanation of Report Content

The Federal Aviation Administration's (FAA) Civil Aerospace Medical Institute distributed a survey in 2006 to airmen who had recently sought medical certification from an Aviation Medical Examiner (AME). The survey examined satisfaction with Aerospace Medical Certification Services provided by AMEs, FAA Regional Flight Surgeons, and the FAA Aerospace Medical Certification Division in Oklahoma City. The survey was revised and re-administered in 2008. The goal of this effort is to evaluate the degree of customer satisfaction with Aerospace Medical Certification Services, identify areas in which the FAA may improve its services to airmen, and assess change in customer satisfaction as a result of those improvements.

The 2008 survey (see Appendix A) was distributed via US Postal mail to a sample of airmen who recently sought medical certification from an AME. Airmen were offered the opportunity to complete the survey online via the Internet or to complete and return the paper survey. Respondents were informed that completion of the survey, or any part of the survey, was voluntary. This report compares the results of the 2006 (N=6,322) and 2008 (N=5,540) distributions for equivalent items, and summarizes the overall results for airmen who met the criteria for inclusion in analysis and reporting (i.e., recently sought Class I, Class II, or Class III medical certification from an AME). Responses to open-ended survey items and respondent comments are provided in Appendix B of this report. Appendix C documents items where the wording or response option changed from 2006 to 2008. Items with wording changes are noted in this report by a cross symbol (†) following the item text. Response option changes are noted following the item.

Example of Report Format



Descriptive Statistics

Number of Respondents (n). The number of people that provided a usable (i.e., valid) response for an item.

Mean (m). The mean is the arithmetic average, or the sum of all scores for an item divided by the number of people who answered that item. Means are provided for items answered on interval scales (e.g., Extent). Each response option in the scale is assigned a number from 1 (low) to 5 (high). For example, on the Extent scale, the first response option (Not at all) would be assigned a score of 1, and the last response option (Great extent) would be assigned a score of 5. The response option 'Don't know' is not used to calculate the mean.

Standard Deviation (sd). The standard deviation is a measure of dispersion, or spread, of scores around the mean. Smaller standard deviation values indicate higher levels of agreement among respondents. The response option 'Don't know' is not used to calculate the standard deviation.

Response Distributions (%). Distributions can show where perceptions are negative or positive by looking at the percentage of the respondents choosing low (1 and 2) or high (4 and 5) response options. Most items are written so that a response of 4 or 5 is positive.

Frequency (n) and Percent (%) of Respondents. Items that asked respondents to mark all applicable responses (Mark all that apply) are represented in a table format where the frequency (n) is the number of respondents who chose each response option. The Percent (%) of respondents is calculated by dividing the number of responses for each response option (Frequency (n)) by the number of respondents who responded to the item (n) and multiplying by 100.

FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

The survey was intended to capture the opinions of US airmen from varying category and class ratings who had recently sought medical certification from an Aviation Medical Examiner (AME) for a Class I, Class II, or Class III medical certificate.

This report compares the results for airmen who responded to the survey in 2006 (N=6,322) with results for airmen who responded in 2008 (N=5,540) on items that remained comparable across survey distributions.

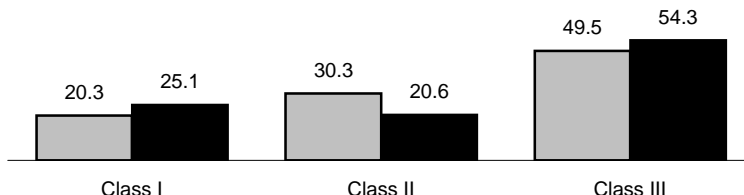
PART I. AME SERVICES

Response Distribution (%)

2006 2008

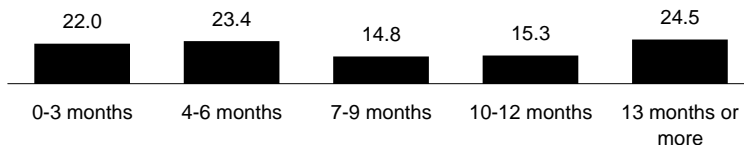
1. For which medical certificate did you most recently apply? (Required)[†]

	<u>n</u>
2006	6,322
2008	5,540



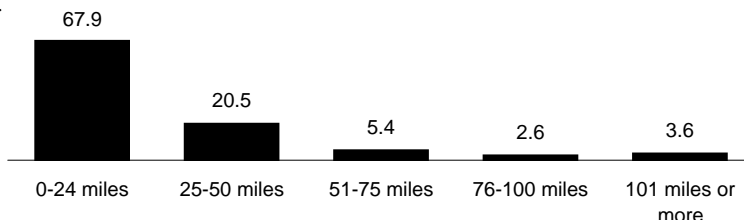
2. How many months has it been since you applied for your most recent medical certificate?

	<u>n</u>
2008	5,518



3. How many miles did you have to travel for your most recent medical certificate exam?

	<u>n</u>
2008	5,490



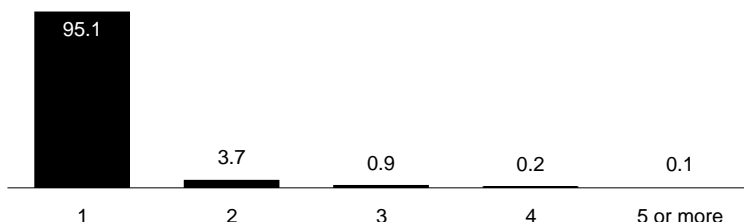
3a. If 101 miles or more, please explain. (See Appendix B, Table 1, for a list of explanations.)

	<u>n</u>
2008	182

Item 3a includes only those respondents who indicated '101 miles or more' on item 3 and provided an explanation on item 3a.

4. How many AMEs did you approach for your most recent medical certificate exam?

	<u>n</u>
2008	5,500



[†] Item wording changed from 2006 to 2008 (see Appendix C). Response distribution percentages may not sum to 100% due to rounding.

FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

PART I. AME SERVICES (Continued)

5. Why did you select the AME who conducted your most recent medical certificate exam? (Mark all that apply)

2008 $\frac{n}{5,532}$

<u>Frequency (n)*</u>	<u>% of Respondents**</u>
291 Referred by instructor	5.3
819 Referred by pilot	14.8
192 Referred by doctor	3.5
3,700 Performed previous exam(s)	66.9
221 Quick certification decisions	4.0
361 Low cost	6.5
2,208 Conveniently located	39.9
444 Other (Please explain)	8.0

*Frequency (n) can sum to greater than the number of respondents due to multiple responses [Mark all that apply].

**The Percent (%) of Respondents is calculated by dividing the number of responses for each response option by the number of people who responded to the item (n) and multiplying by 100.

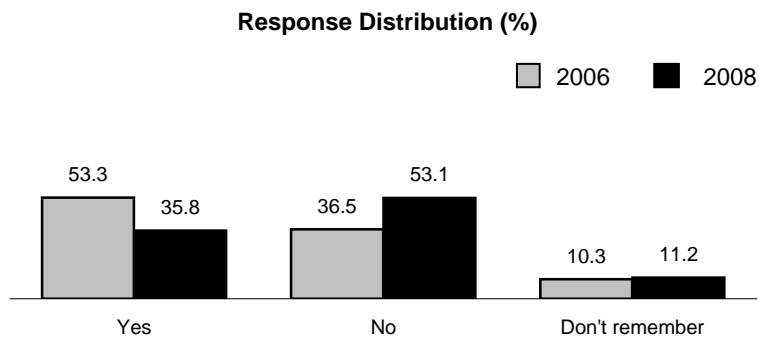
5a. If Other, please explain. (See Appendix B, Table 2, for a list of explanations.)

2008 $\frac{n}{443}$

Item 5a includes only those respondents who indicated 'Other' on item 5 and provided an explanation on item 5a.

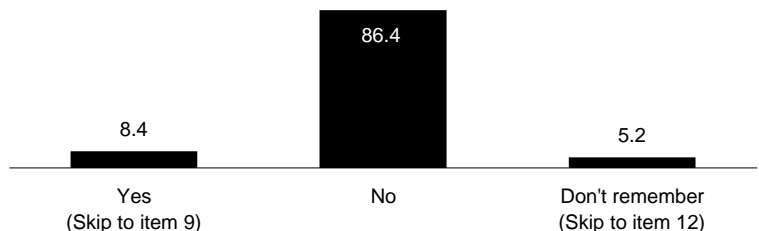
6. When scheduling your most recent medical certificate exam with the AME, did the office staff advise you to bring your medical history with you to the exam?[†]

2006 $\frac{n}{6,264}$
2008 5,515



7. Did you submit your most recent medical history on-line using Form 8500-8 through MedXPress?

2008 $\frac{n}{5,512}$



[†] Item wording changed from 2006 to 2008 (see Appendix C).
Response distribution percentages may not sum to 100% due to rounding.

FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

PART I. AME SERVICES (Continued)

8. If you did NOT submit your medical history on-line using Form 8500-8 through MedXPress, please indicate why. (Mark all that apply, then skip to item 12.)

<u>Frequency (n)*</u>	<u>% of Respondents**</u>
2008 <u>n</u> 4,708	
3,753 I didn't know about MedXPress	79.7
548 AME didn't use MedXPress	11.6
240 Didn't trust Internet security	5.1
259 No high-speed Internet service	5.5
87 Didn't understand browser requirements for MedXPress	1.8
623 Other (Please explain)	13.2

Item 8 includes only those respondents who indicated 'No' on item 7.

*Frequency (n) can sum to greater than the number of respondents due to multiple responses [Mark all that apply].

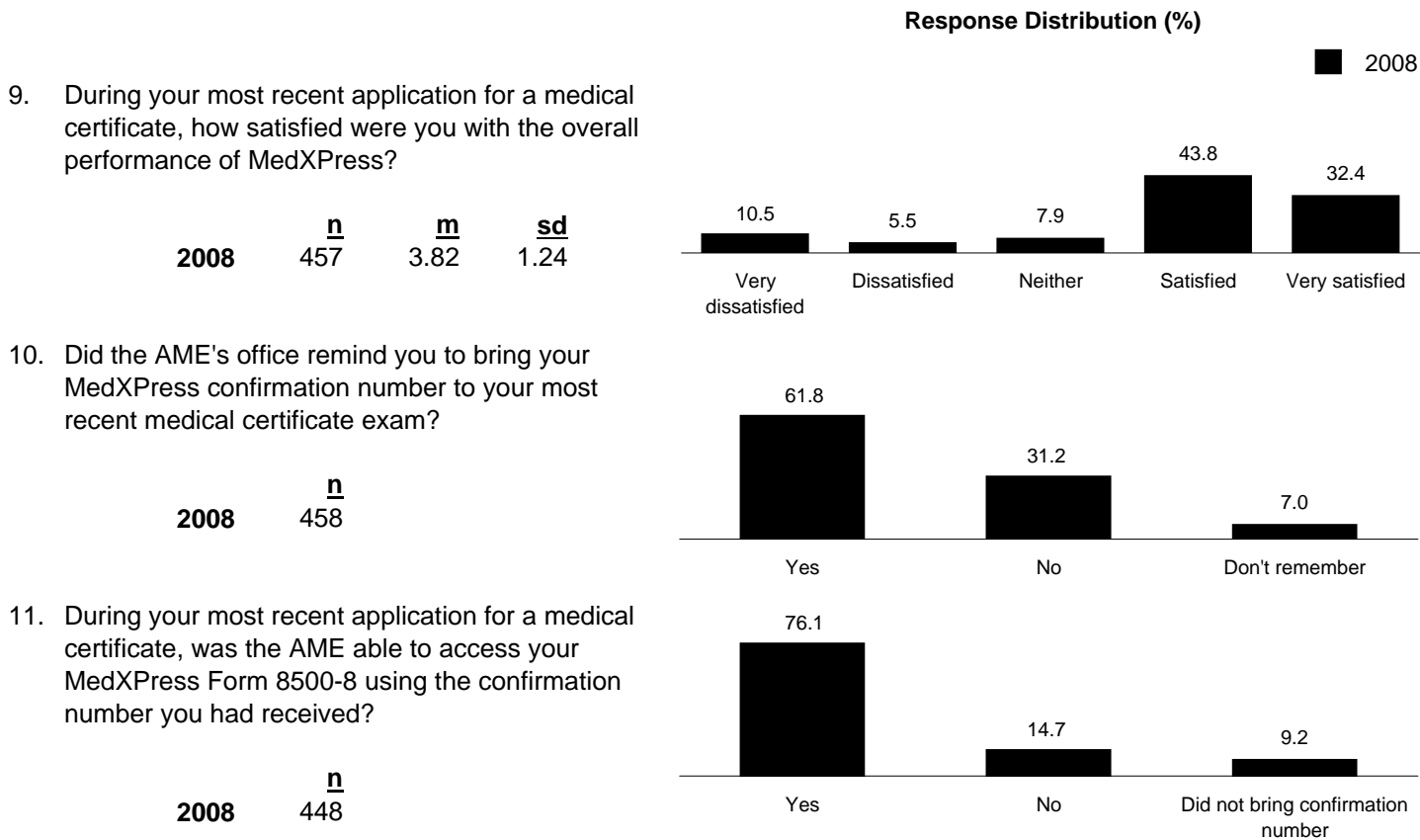
**The Percent (% of Respondents) is calculated by dividing the number of responses for each response option by the number of people who responded to the item (n) and multiplying by 100.

8a. If Other, please explain. (See Appendix B, Table 3, for a list of explanations.)

2008 n
616

Item 8a includes only those respondents who indicated 'Other' on item 8 and provided an explanation on item 8a.

For items 9 to 11, 2008 data includes only those respondents who indicated 'Yes' on item 7.



† Item wording changed from 2006 to 2008 (see Appendix C).
Response distribution percentages may not sum to 100% due to rounding.

FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

PART I. AME SERVICES (Continued)

12. Who reviewed your medical history with you during your most recent application for a medical certificate?
(Mark all that apply)

2008	<u>n</u>		
		<u>Frequency (n)*</u>	<u>% of Respondents**</u>
2008	5,472	4,785	87.4
		214	3.9
		322	5.9
		611	11.2
		159	2.9
		329	6.0

13. Who performed the physical exam during your most recent application for a medical certificate? (Mark all that apply)

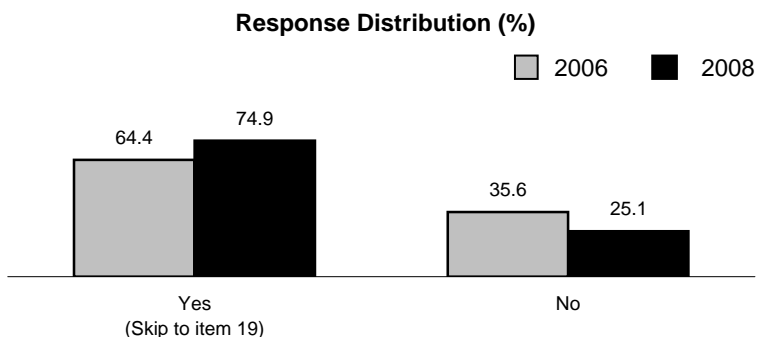
2008	<u>n</u>		
		<u>Frequency (n)*</u>	<u>% of Respondents**</u>
2008	5,512	5,344	97.0
		166	3.0
		391	7.1
		928	16.8
		97	1.8
		16	0.3

*Frequency (n) can sum to greater than the number of respondents due to multiple responses [Mark all that apply].

**The Percent (%) of Respondents is calculated by dividing the number of responses for each response option by the number of people who responded to the item (n) and multiplying by 100.

14. Was your most recent medical certificate issued on the same day as your examination?[†]

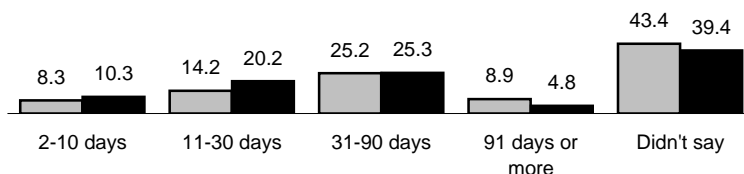
2006	<u>n</u>
2006	6,270
2008	5,445



For items 15 to 18, 2008 data includes only those respondents who indicated 'No' on item 14.

15. How long did the AME tell you it would take to receive your most recent medical certificate?[†]

2006	<u>n</u>
2006	2,169
2008	1,330



[†] Item wording changed from 2006 to 2008 (see Appendix C).
Response distribution percentages may not sum to 100% due to rounding.

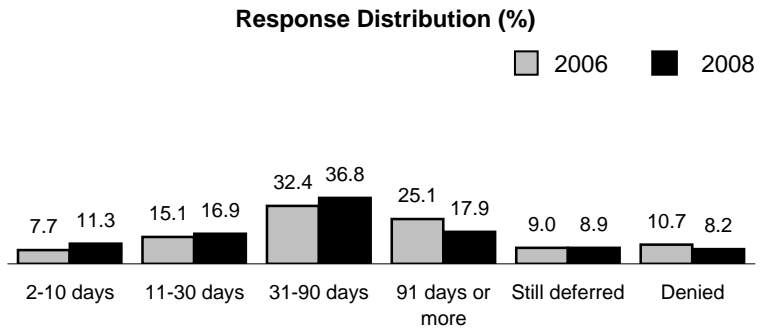
FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

PART I. AME SERVICES (Continued)

For items 15 to 18, 2008 data includes only those respondents who indicated 'No' on item 14.

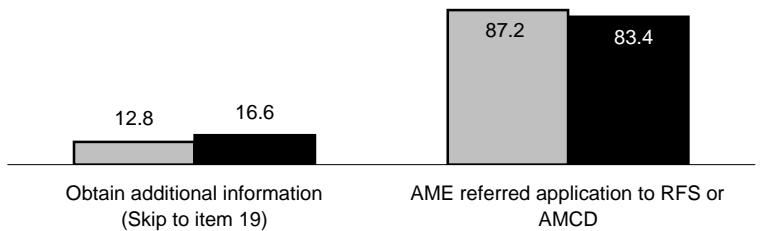
16. How long did it actually take to receive your most recent medical certificate?

	<u>n</u>
2006	2,201
2008	1,333



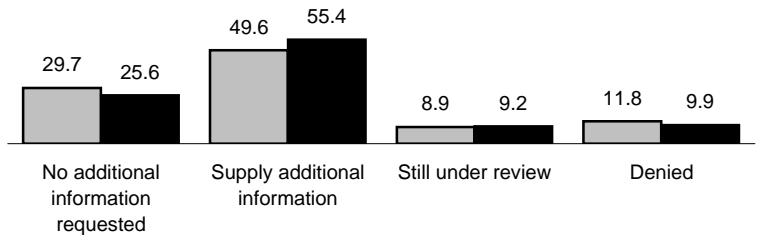
17. Which of the following best describes what happened to delay the issuance of your most recent medical certificate?[†]

	<u>n</u>
2006	2,101
2008	1,272



18. If you indicated that the AME had to refer your most recent medical certificate application to the RFS or the AMCD in Oklahoma City for review, which of the following best describes what happened?[†]

	<u>n</u>
2006	1,811
2008	1,046



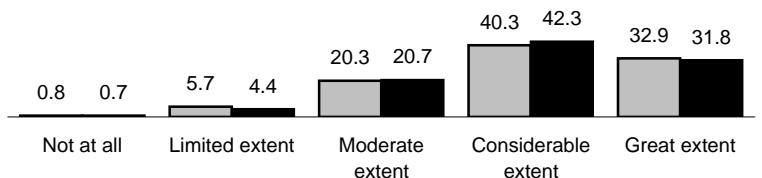
Item 18 includes only those respondents who indicated 'The AME had to refer my application to the RFS or to the AMCD in Oklahoma City for review' on item 17.

PART II. AME SERVICE QUALITY

During your most recent application for a medical certificate, to what extent did your AME...

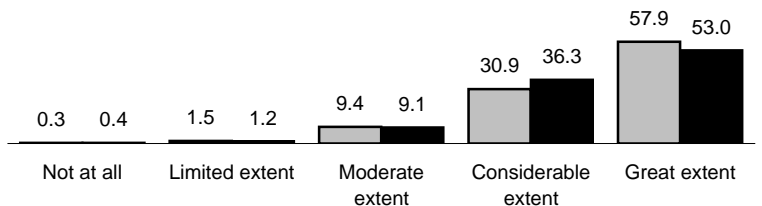
19. ...perform a thorough medical examination?[†]

	<u>n</u>	<u>m</u>	<u>sd</u>
2006	6,270	3.99	0.91
2008	5,510	4.00	0.88



20. ...provide a professional setting for the examination, including cleanliness and appearance?[†]

	<u>n</u>	<u>m</u>	<u>sd</u>
2006	6,254	4.45	0.75
2008	5,487	4.40	0.74



[†] Item wording changed from 2006 to 2008 (see Appendix C).
Response distribution percentages may not sum to 100% due to rounding.

FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

PART II. AME SERVICE QUALITY (Continued)

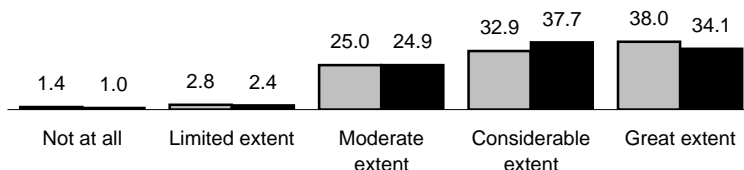
Response Distribution (%)

During your most recent application for a medical certificate, to what extent did your AME...

2006
 2008

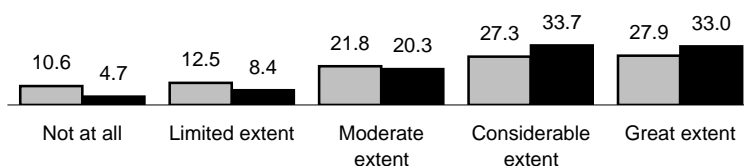
21. ...charge appropriately for his/her services?[†]

	<u>n</u>	<u>m</u>	<u>sd</u>
2006	5,994	4.03	0.93
2008	5,470	4.01	0.88



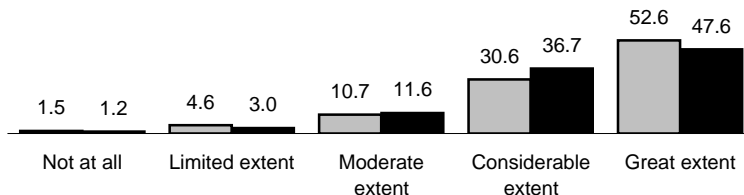
22. ...clearly explain your responsibilities in the medical certification process?[†]

	<u>n</u>	<u>m</u>	<u>sd</u>
2006	6,013	3.49	1.30
2008	5,478	3.82	1.12



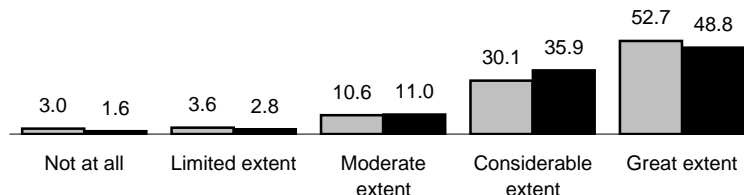
23. ...provide you with all the information you requested?[†]

	<u>n</u>	<u>m</u>	<u>sd</u>
2006	5,738	4.28	0.94
2008	5,437	4.27	0.86



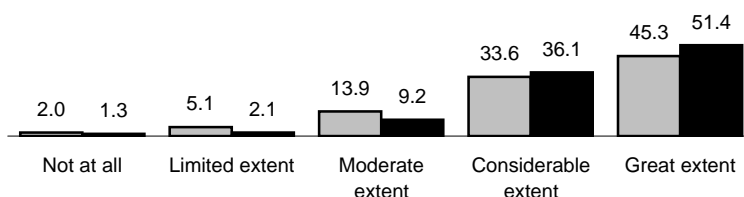
24. ...provide information you requested in a timely manner?[†]

	<u>n</u>	<u>m</u>	<u>sd</u>
2006	4,978	4.26	0.99
2008	5,411	4.28	0.88



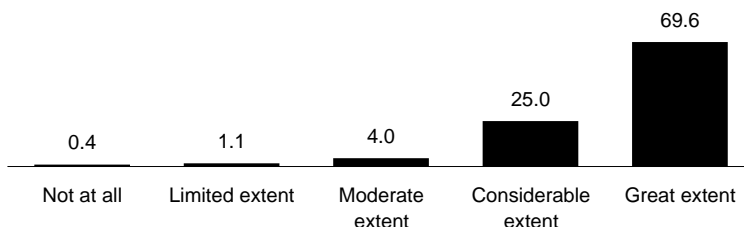
25. ...provide you with accurate information?[†]

	<u>n</u>	<u>m</u>	<u>sd</u>
2006	6,086	4.15	0.98
2008	5,440	4.34	0.83



26. ...treat you with courtesy?

	<u>n</u>	<u>m</u>	<u>sd</u>
2008	5,510	4.62	0.66



[†] Item wording changed from 2006 to 2008 (see Appendix C).
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FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

PART II. AME SERVICE QUALITY (Continued)

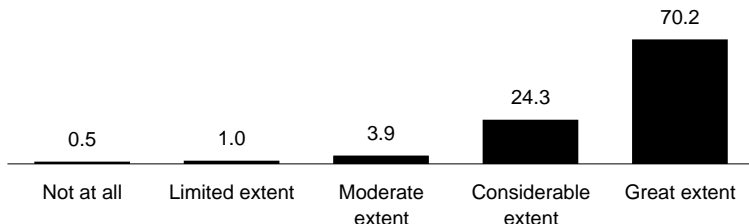
During your most recent application for a medical certificate, to what extent did your AME...

Response Distribution (%)

2006
 2008

27. ...treat you with respect?

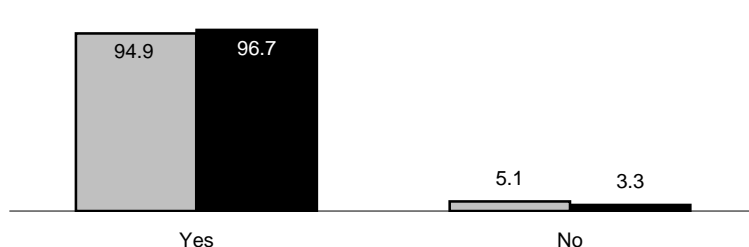
	<u>n</u>	<u>m</u>	<u>sd</u>
2008	5,509	4.63	0.66



During your most recent application for a medical certificate, did your AME...

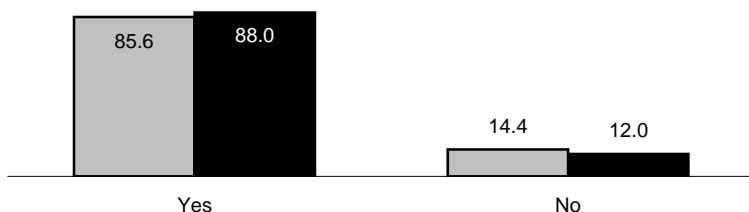
28. ...examine your eyes/ears with a medical device?[†]

	<u>n</u>
2006	6,282
2008	5,505



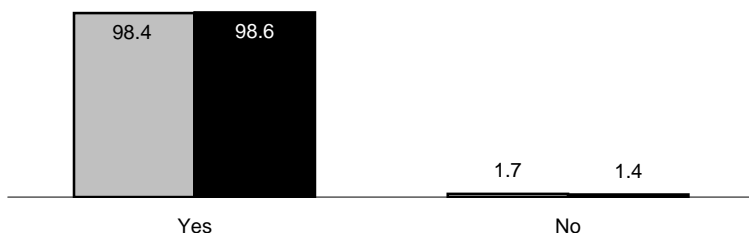
29. ...have you remove or undo articles of clothing for the exam?[†]

	<u>n</u>
2006	6,264
2008	5,496



30. ...listen to your heart/lungs?[†]

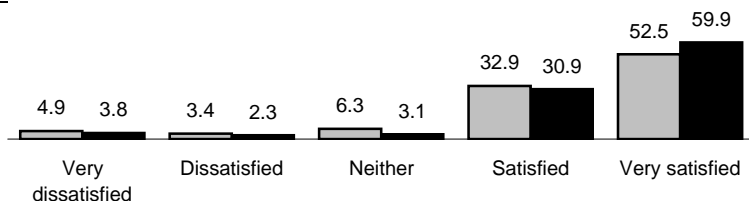
	<u>n</u>
2006	6,299
2008	5,510



PART III. OVERALL IMPRESSION OF YOUR MOST RECENT AME EXPERIENCE

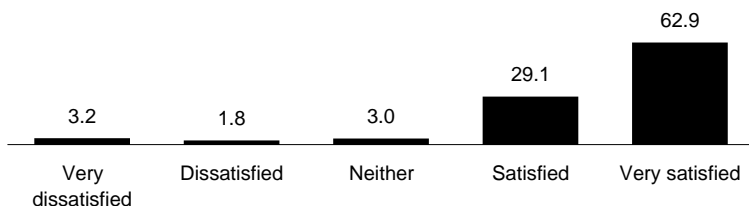
31. How satisfied were you overall with your most recent medical certificate exam?[†]

	<u>n</u>	<u>m</u>	<u>sd</u>
2006	6,305	4.25	1.05
2008	5,516	4.41	0.95



32. How satisfied were you overall with the quality of service provided by your AME during your most recent experience?

	<u>n</u>	<u>m</u>	<u>sd</u>
2008	5,509	4.47	0.89



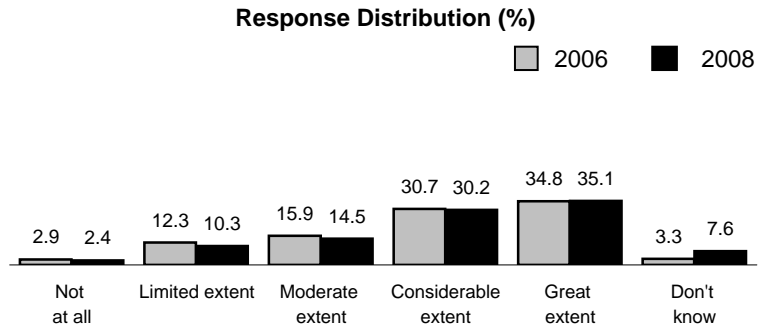
[†] Item wording changed from 2006 to 2008 (see Appendix C).
Response distribution percentages may not sum to 100% due to rounding.

FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

PART III. OVERALL IMPRESSION OF YOUR MOST RECENT AME EXPERIENCE (Continued)

33. Based on your most recent experience with your AME, to what extent does the FAA medical certification process ensure the safety of the National Airspace System?[†]

	<u>n</u>	<u>m</u>	<u>sd</u>
2006	6,277	3.85	1.13
2008	5,513	3.92	1.10



'Don't know' response option is not used to calculate the mean (m) or standard deviation (sd).

PART IV. FAA SERVICE QUALITY

34. During your most recent application for a medical certificate, what type of contact did you have with FAA medical representatives? (Mark all that apply)

2008	<u>n</u>		<u>% of Respondents**</u>
Frequency (n)*			
1,064	Phone		19.4
122	E-mail		2.2
1,185	Postal mail		21.6
3,654	None (Skip to item 45)		66.5

For items 35 to 44, 2008 data includes only those respondents who indicated 'Phone', 'E-mail', or 'Postal mail' on item 34.

35. During your most recent application for a medical certificate, with which FAA medical representative(s) did you have contact? (Mark all that apply)

2008	<u>n</u>		<u>% of Respondents**</u>
Frequency (n)*			
480	FAA Regional Medical Division		30.8
1,167	Aerospace Medical Certification Division (AMCD) in Oklahoma City		74.8
27	Washington, DC Headquarters (Office of Aerospace Medicine)		1.7

36. How long did the FAA medical representative(s) tell you it would take to receive your most recent medical certificate? (Mark all the apply)[†]

2006	<u>n</u>		<u>% of Respondents**</u>	
2006	1,904			
2008	1,628			
Frequency (n)*				
<u>2006</u>	<u>2008</u>		<u>2006</u>	<u>2008</u>
104	176	2-10 days	5.5	10.8
258	234	11-30 days	13.6	14.4
437	318	31-90 days	23.0	19.5
169	54	91 days or more	8.9	3.3
973	864	Didn't say	51.1	53.1

*Frequency (n) can sum to greater than the number of respondents due to multiple responses [Mark all that apply].

**The Percent (%) of Respondents is calculated by dividing the number of responses for each response option by the number of people who responded to the item (n) and multiplying by 100.

[†] Item wording changed from 2006 to 2008 (see Appendix C).

Response distribution percentages may not sum to 100% due to rounding.

FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

PART IV. FAA SERVICE QUALITY (Continued)

For items 35 to 44, 2008 data includes only those respondents who indicated 'Phone', 'E-mail', or 'Postal mail' on item 34.

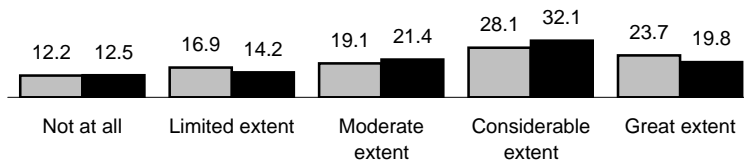
Response Distribution (%)

During your most recent application for a medical certificate, to what extent did FAA medical representatives you had contact with...

2006
 2008

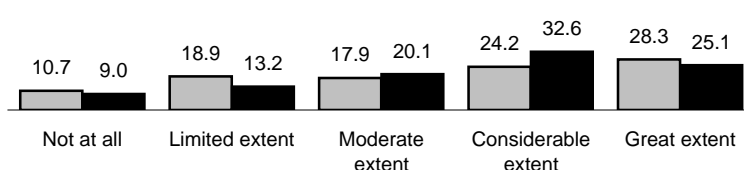
37. ...clearly explain your responsibilities in the medical certification process?[†]

	<u>n</u>	<u>m</u>	<u>sd</u>
2006	1,867	3.34	1.33
2008	1,699	3.33	1.28



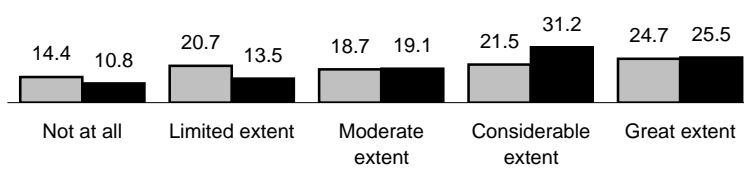
38. ...provide you with all the information you requested?[†]

	<u>n</u>	<u>m</u>	<u>sd</u>
2006	1,700	3.41	1.35
2008	1,661	3.52	1.25



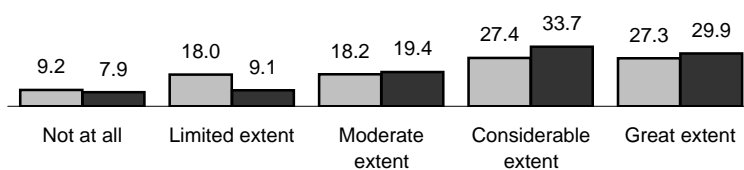
39. ...provide information you requested in a timely manner?[†]

	<u>n</u>	<u>m</u>	<u>sd</u>
2006	1,693	3.21	1.39
2008	1,653	3.47	1.29



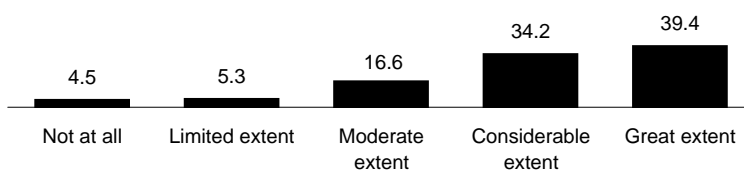
40. ...provide you with accurate information?[†]

	<u>n</u>	<u>m</u>	<u>sd</u>
2006	1,868	3.46	1.31
2008	1,664	3.69	1.21



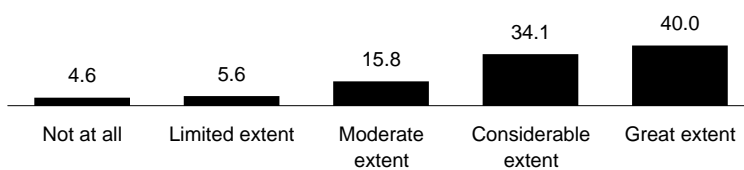
41. ...treat you with courtesy?

	<u>n</u>	<u>m</u>	<u>sd</u>
2008	1,689	3.99	1.08



42. ...treat you with respect?

	<u>n</u>	<u>m</u>	<u>sd</u>
2008	1,686	3.99	1.09



[†] Item wording changed from 2006 to 2008 (see Appendix C).
Response distribution percentages may not sum to 100% due to rounding.

FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

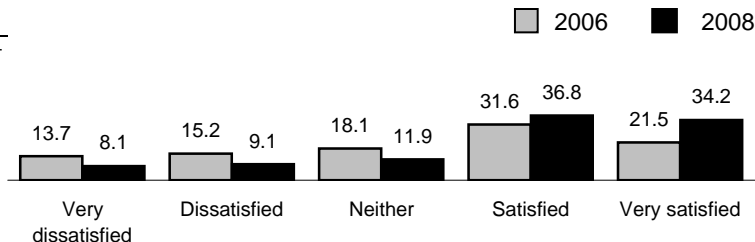
PART IV. FAA SERVICE QUALITY (Continued)

For items 35 to 44, 2008 data includes only those respondents who indicated 'Phone', 'E-mail', or 'Postal mail' on item 34.

Response Distribution (%)

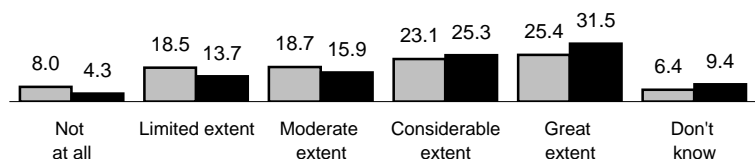
43. How satisfied were you overall with your most recent experience with the FAA medical representative(s)?[†]

	<u>n</u>	<u>m</u>	<u>sd</u>
2006	1,976	3.32	1.33
2008	1,709	3.80	1.23



44. Based on your most recent experience with the FAA medical representative(s), to what extent does the FAA medical certification process ensure the safety of the National Airspace System?[†]

	<u>n</u>	<u>m</u>	<u>sd</u>
2006	1,970	3.42	1.30
2008	1,726	3.73	1.22



'Don't know' response option is not used to calculate the mean (m) or standard deviation (sd).

PART V. BACKGROUND INFORMATION

45. What pilot certificates do you currently hold? (Mark all that apply)[†]

	<u>n</u>
2006	6,095
2008	5,507

Frequency (n)*

% of Respondents**

<u>2006</u>	<u>2008</u>		<u>2006</u>	<u>2008</u>
10	13	Student pilot	0.2	0.2
22	15	Recreational pilot	0.4	0.3
2,180	2,843	Private pilot	35.8	51.6
3,002	1,740	Commercial pilot	49.3	31.6
2,223	1,639	Airline Transport pilot	36.5	29.8

46. What ratings do you hold? (Mark all that apply)

	<u>n</u>
2006	4,754
2008	5,298

Frequency (n)*

% of Respondents**

<u>2006</u>	<u>2008</u>		<u>2006</u>	<u>2008</u>
4,611	3,458	Instrumental Flight Rules (IFR)	97.0	65.3
1,865	1,189	Certified Flight Instructor (CFI)	39.2	22.4
---	1,720	Do not hold any ratings	---	32.5

Response option for 'Do not hold any ratings' was not available in 2006.

Item 46 excludes those respondents who indicated 'Student pilot' on item 45 in 2006.

**Frequency (n) can sum to greater than the number of respondents due to multiple responses [Mark all that apply].*

***The Percent (%) of Respondents is calculated by dividing the number of responses for each response option by the number of people who responded to the item (n) and multiplying by 100.*

[†] *Item wording changed from 2006 to 2008 (see Appendix C).*

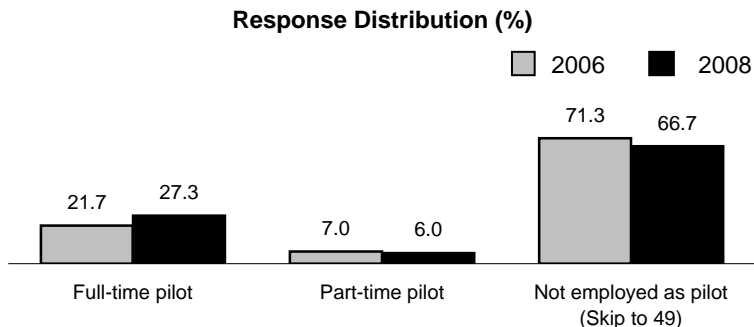
Response distribution percentages may not sum to 100% due to rounding.

FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

PART V. BACKGROUND INFORMATION (Continued)

47. How are you currently employed?[†]

	<u>n</u>
2006	6,037
2008	5,469



48. Are you employed as a pilot for a certificated operator conducting flights under...? (Mark all that apply)

	<u>n</u>
2006	1,058
2008	1,782

<u>Frequency (n)*</u>			<u>% of Respondents**</u>	
<u>2006</u>	<u>2008</u>		<u>2006</u>	<u>2008</u>
---	629	Part 91 (Corporate)	---	35.3
646	821	Part 121 (Flag, domestic, supplemental operations)	61.1	46.1
28	18	Part 125 (Aircraft with 20 or more seats and cargo payload of 6,000 pounds or more when common carriage is not involved)	2.6	1.0
9	5	Part 129 (Foreign air carrier & foreign operator of US-registered aircraft used in common carriage)	0.9	0.3
32	37	Part 133 (Rotorcraft external loads)	3.0	2.1
341	324	Part 135 (Commuter/On-demand operations)	32.2	18.2
80	54	Part 137 (Agricultural operations)	7.6	3.0
---	90	Part 141 (Pilot schools)	---	5.1
---	183	Other (Please explain)	---	10.3

Response options for Part 91, Part 141, and 'Other' were not available in 2006 (see Appendix C).

Item 48 includes only those respondents who indicated 'Full-time pilot' or 'Part-time pilot' on item 47.

48a. If *Other*, please explain. (See Appendix B, Table 4, for a list of explanations.)

	<u>n</u>
2008	181

Item 48a includes only those respondents who indicated 'Other' on item 48 and provided an explanation on item 48a.

**Frequency (n) can sum to greater than the number of respondents due to multiple responses [Mark all that apply].*

***The Percent (%) of Respondents is calculated by dividing the number of responses for each response option by the number of people who responded to the item (n) and multiplying by 100.*

[†] Item wording changed from 2006 to 2008 (see Appendix C).
Response distribution percentages may not sum to 100% due to rounding.

FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

PART V. BACKGROUND INFORMATION (Continued)

49. Which region handles your medical certification?[†]

		<u>n</u>			
		2006	2008		
		2006	2008	<u>% of Respondents**</u>	
<u>Frequency (n)</u>		<u>2006</u>	<u>2008</u>	<u>2006</u>	<u>2008</u>
109	79			1.8	1.4
Alaskan Region (AAL)					
359	311			5.9	5.7
Central Region (ACE)					
690	964			11.4	17.5
Eastern Region (AEA) [New England reported with Eastern Region for 2008]					
1,046	1,010			17.3	18.4
Great Lakes Region (AGL)					
270	----			4.5	----
New England Region (ANE) [Reported with Eastern Region for 2008]					
736	602			12.2	10.9
Northwest Mountain Region (ANM)					
1,165	1,014			19.3	18.4
Southern Region (ASO)					
710	676			11.7	12.3
Southwest Region (ASW)					
966	848			16.0	15.4
Western-Pacific Region (AWP)					

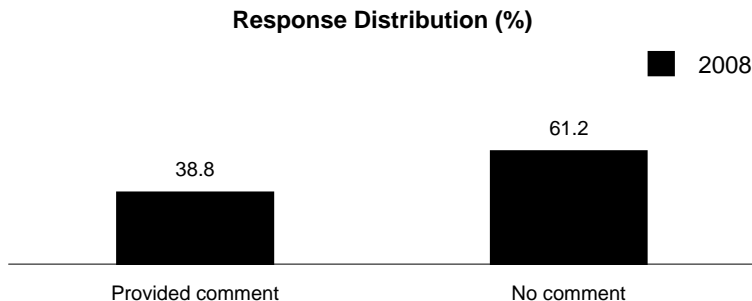
Response options changed from 2006 to 2008 (see Appendix C).

PART VI. COMMENTS

Item 50 provided airmen the opportunity to comment or offer helpful suggestions for improving Aerospace Medical Certification Services (AMCS). Airmen were informed identifying information such as names would be removed and that comments are subject to the Freedom of Information Act (FOIA). Those airmen who provided a comment were asked to identify the theme of their comments (i.e., compliment, complaint, recommendation).

50. Provide your comment(s) in the box below.
(See Appendix B, Table 5, for comments.)

		<u>n</u>
		2008
		5,540



50a. What type of comments do you have for improving Aerospace Medical Certification Services (AMCS)?
(Mark all that apply)

		<u>n</u>		
		2008		
<u>Frequency (n)*</u>			<u>% of Respondents**</u>	
688	Compliment		34.2	
559	Complaint		27.8	
1,078	Recommendation		53.7	

Item 50a includes only those respondents who provided a comment.

**Frequency (n) can sum to greater than the number of respondents due to multiple responses [Mark all that apply].*

***The Percent (%) of Respondents is calculated by dividing the number of responses for each response option by the number of people who responded to the item (n) and multiplying by 100.*

[†] Item wording changed from 2006 to 2008 (see Appendix C).
Response distribution percentages may not sum to 100% due to rounding.

Appendix A

FAA Aerospace Medical Certification Services Airman Satisfaction Survey

Appendix A: FAA Aerospace Medical Certification Services Airman Satisfaction Survey 2008

PURPOSE: This questionnaire is being administered to a sample of US airmen from varying category and class ratings who have recently sought medical certification from an Aviation Medical Examiner (AME). You have been selected to serve as a representative of your category and class rating, so it is important that you complete and return this survey to the Federal Aviation Administration (FAA). The goal of this effort is to evaluate the quality of aerospace medical certification services and identify areas of concern so that the FAA may improve its services to airmen.

AME SERVICES: Read each statement carefully and indicate your selection by marking the box that corresponds to the response that best describes your most recent experience in seeking your medical certificate.

1. For which medical certificate did you most recently apply? (Required)

- Class I
- Class II
- Class III
- Did not apply for a medical certificate (**Please stop here and return survey in enclosed envelope**)

2. How many months has it been since you applied for your most recent medical certificate?

- 0-3 months
- 4-6 months
- 7-9 months
- 10-12 months
- 13 months or more

3. How many miles did you have to travel for your most recent medical certificate exam?

- 0-24 miles
- 25-50 miles
- 51-75 miles
- 76-100 miles
- 101 miles or more
(Please explain)

If 101 miles or more, please explain.

4. How many AMEs did you approach for your most recent medical certificate exam?

- 1
- 2
- 3
- 4
- 5 or more

5. Why did you select the AME who conducted your most recent medical certificate exam? (Mark all that apply)

- Referred by instructor
- Referred by pilot
- Referred by doctor
- Performed previous exam(s)
- Quick certification decisions
- Low cost
- Conveniently located
- Other (Please explain)

If Other, please explain.

6. When scheduling your most recent medical certificate exam with the AME, did the office staff advise you to bring your medical history with you to the exam?

- Yes
- No
- Don't remember

7. Did you submit your most recent medical history on-line using Form 8500-8 through MedXPress?

- Yes (**Skip to item 9**)
- No
- Don't remember (**Skip to item 12**)

8. If you did **NOT** submit your medical history on-line using Form 8500-8 through MedXPress, please indicate why. (Mark all that apply, then **skip to item 12**)

- I didn't know about MedXPress
- AME didn't use MedXPress
- Didn't trust Internet security
- No high-speed Internet service
- Didn't understand browser requirements for MedXPress
- Other (Please explain)

If Other, please explain.

Appendix A: FAA Aerospace Medical Certification Services Airman Satisfaction Survey 2008

9. During your most recent application for a medical certificate, how satisfied were you with the overall performance of MedXPress?
- Very dissatisfied* *Dissatisfied* *Neither* *Satisfied* *Very satisfied*
10. Did the AME's office remind you to bring your MedXPress confirmation number to your most recent medical certificate exam?
- Yes* *No* *Don't remember*
11. During your most recent application for a medical certificate, was the AME able to access your MedXPress Form 8500-8 using the confirmation number you had received?
- Yes* *No* *Did not bring confirmation number*
12. Who reviewed your medical history with you during your most recent application for a medical certificate? (Mark all that apply)
- AME* *Physician's Assistant* *Other office personnel*
 Physician (non-AME) *Nurse* *No one reviewed my medical history with me*
13. Who performed the physical exam during your most recent application for a medical certificate? (Mark all that apply)
- AME* *Physician's Assistant* *Other office personnel*
 Physician (non-AME) *Nurse* *No one performed a physical exam*
14. Was your most recent medical certificate issued on the same day as your examination?
- Yes (Skip to item 19)* *No*
15. How long did the AME tell you it would take to receive your most recent medical certificate?
- 2-10 days* *11-30 days* *31-90 days* *91 days or more* *Didn't say*
16. How long did it actually take to receive your most recent medical certificate?
- 2-10 days* *31-90 days* *Still deferred*
 11-30 days *91 days or more* *Denied*
17. Which of the following best describes what happened to delay the issuance of your most recent medical certificate?
- The AME had to obtain additional information before issuing my certificate (i.e., a report from another physician). (Skip to item 19)*
- The AME had to refer my application to the Regional Flight Surgeon (RFS) or to the Aerospace Medical Certification Division (AMCD) in Oklahoma City for review.*
18. If you indicated that the AME had to refer your most recent medical certificate application to the RFS or the AMCD in Oklahoma City for review, which of the following best describes what happened?
- No additional information was requested from me before my certificate was issued.*
- I had to supply additional information and then my certificate was issued.*
- My most recent application is still under review.*
- I was denied a certificate for my most recent application.*

AME SERVICE QUALITY: Read each statement carefully and indicate your selection by marking the box that corresponds to the response that best describes your most recent experience in seeking your medical certificate.

During your most recent application for a medical certificate, to what extent did your AME...

	<i>Not at all</i>	<i>Limited extent</i>	<i>Moderate extent</i>	<i>Considerable extent</i>	<i>Great extent</i>
19. perform a thorough medical examination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. provide a professional setting for the examination, including cleanliness and appearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. charge appropriately for his/her services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. clearly explain your responsibilities in the medical certification process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. provide you with all the information you requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. provide information you requested in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. provide you with accurate information?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. treat you with courtesy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. treat you with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During your most recent application for a medical certificate, did your AME...

	<i>Yes</i>	<i>No</i>
28. examine your eyes/ears with a medical device?	<input type="checkbox"/>	<input type="checkbox"/>
29. have you remove or undo articles of clothing for the exam?.....	<input type="checkbox"/>	<input type="checkbox"/>
30. listen to your heart/lungs?	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL IMPRESSION OF YOUR MOST RECENT AME EXPERIENCE: Read each statement carefully and indicate your selection by marking the box that corresponds to the response that best describes your most recent experience in seeking your medical certificate.

31. How satisfied were you overall with your most recent medical certificate exam?
 Very dissatisfied *Dissatisfied* *Neither* *Satisfied* *Very satisfied*

32. How satisfied were you overall with the quality of service provided by your AME during your most recent experience?
 Very dissatisfied *Dissatisfied* *Neither* *Satisfied* *Very satisfied*

33. Based on your most recent experience with your AME, to what extent does the FAA medical certification process ensure the safety of the National Airspace System?
 Not at all *Limited extent* *Moderate extent* *Considerable extent* *Great extent* *Don't know*

FAA SERVICE QUALITY: Read each statement carefully and indicate your selection by marking the box that corresponds to the response that best describes your most recent experience in seeking your medical certificate.

34. During your most recent application for a medical certificate, what type of contact did you have with FAA medical representatives? (Mark all that apply)
 Phone *E-mail* *Postal mail* *None (Skip to item 45)*

35. During your most recent application for a medical certificate, with which FAA medical representative(s) did you have contact? (Mark all that apply)
 FAA Regional Medical Division
 Aerospace Medical Certification Division (AMCD) in Oklahoma City
 Washington, DC Headquarters (Office of Aerospace Medicine)

Appendix A: FAA Aerospace Medical Certification Services Airman Satisfaction Survey 2008

36. How long did the FAA medical representative(s) tell you it would take to receive your most recent medical certificate? (Mark all that apply)

- 2-10 days
 11-30 days
 31-90 days
 91 days or more
 Didn't say

During your most recent application for a medical certificate, to what extent did FAA medical representatives you had contact with...

	<i>Not at all</i>	<i>Limited extent</i>	<i>Moderate extent</i>	<i>Considerable extent</i>	<i>Great extent</i>
37. clearly explain your responsibilities in the medical certification process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. provide you with all the information you requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. provide information you requested in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. provide you with accurate information?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. treat you with courtesy?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. treat you with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. How satisfied were you overall with your most recent experience with the FAA medical representative(s)?

Very dissatisfied
 Dissatisfied
 Neither
 Satisfied
 Very satisfied

44. Based on your most recent experience with the FAA medical representative(s), to what extent does the FAA medical certification process ensure the safety of the National Airspace System?

Not at all
 Limited extent
 Moderate extent
 Considerable extent
 Great extent
 Don't know

BACKGROUND INFORMATION: Read each statement carefully and indicate your selection by marking the box that corresponds to the response that best describes your background.

45. What pilot certificates do you currently hold? (Mark all that apply)

Student pilot
 Recreational pilot
 Private pilot
 Commercial pilot
 Airline Transport pilot

46. What ratings do you hold? (Mark all that apply)

Instrumental Flight Rules (IFR)
 Certified Flight Instructor (CFI)
 Do not hold any ratings

47. How are you currently employed?

Full-time pilot
 Part-time pilot
 Not employed as pilot (Skip to item 49)

48. Are you employed as a pilot for a certificated operator conducting flights under ...? (Mark all that apply).

Part 91 (*Corporate*)
 Part 121 (*Flag, domestic, supplemental operations*)
 Part 125 (*Aircraft with 20 or more seats and cargo payload of 6,000 pounds or more when common carriage is not involved*)
 Part 129 (*Foreign air carrier & foreign operator of US-registered aircraft used in common carriage*)
 Part 133 (*Rotorcraft external loads*)
 Part 135 (*Commuter/On-demand operations*)
 Part 137 (*Agricultural operations*)
 Part 141 (*Pilot schools*)
 Other (*Please explain*)

If Other, please explain.

Appendix A: FAA Aerospace Medical Certification Services Airman Satisfaction Survey 2008

49. Which region handles your medical certification? (Required)

- Alaskan** (Alaska)
- Central** (Iowa, Kansas, Missouri, Nebraska)
- Eastern** (Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia)
- Great Lakes** (Illinois, Indiana, Michigan, Minnesota, North Dakota, Ohio, South Dakota, Wisconsin)
- Northwest Mountain** (Colorado, Idaho, Montana, Oregon, Utah, Washington, Wyoming)
- Southern** (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)
- Southwest** (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)
- Western-Pacific** (Arizona, California, Hawaii, Nevada)

50. What type of comments do you have for improving Aerospace Medical Certification Services (AMCS)? (Mark all that apply and provide comment(s) in the box provided).

- No comment Compliment Complaint Recommendation

Please provide comments or helpful suggestions. Identifying information, such as names, will be removed. Please note that comments are subject to the Freedom of Information Act (FOIA).

Thank you for taking the time to help us improve our services!

Appendix B

FAA Aerospace Medical Certification Services Airman Satisfaction Survey Open-ended Text Responses and Respondent Comments

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Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction Open-ended Text Responses and Respondent Comments

The 2008 Aerospace Medical Certification Services (AMCS) Survey of Airmen Satisfaction contained several open-text items. One item asked airmen to explain their response while others asked airmen to mark all the applicable responses and if the response of 'Other' was selected, a text explanation was solicited. Items with open text responses include items 3, 5, 8, and 48 (presented in Table 1 through Table 4, respectively). Additionally, airmen were provided the opportunity to make suggestions on how the FAA can improve medical certification support and service overall. Suggestions for improvement are listed in Table 5.

The 2008 survey was distributed via US Postal mail. Airmen were offered the opportunity to complete the survey online via the Internet or to complete and return the paper survey. Text explanations for items 3, 5, 8, and 48 and general comments provided at the end of the survey were transcribed. For both online and transcribed explanations and comments, identifying information such as names were removed and replaced with placeholders (e.g., [Name]).

Item 3 asked Airmen approximately how many miles they traveled for their most recent medical certificate exam. If the response was 101 miles or more they were asked to provide an explanation (item 3a). Explanations are shown in Table 1.

Table 1. 2008 Pilot Explanations for '101 miles or more' Response on Item 3.

3. How many miles did you have to travel for your most recent medical certificate exam?

a. If 101 miles or more, please explain.

- ** "180 air miles [City], AK to [City], AK."
- ** "A very experienced AME spoke at a WINGS program; I liked what he had to say."
- ** "Airline shut down home base and had to move but stayed loyal to my AME of 20 years."
- ** "AME is at my airline's domicile."
- ** "AME is familiar with my special issue."
- ** "AME of choice."
- ** "AME performed previous exams 30 plus years."
- ** "AME was recommended for special need cases. I had heart surgery for mitral valve replacement (Mech) I was finally issued "special issuance" cert. after passing all required tests."
- ** "An AME that I had worked with at [Airline] in [City], CO."
- ** "Applied to FAA at Oklahoma City, Ok by mail."
- ** "Area I live in has only two FAA Class 1 Medical Examiners. I did not like either one as a doctor or Examiner."
- ** "[City], CA to [City], CA."
- ** "Both examiners in [City, AL] were on vacation. I got my medical in [City, TX]."
- ** "Cheaper AME and was located on an airport."
- ** "Closest AME 120 mi was not available - Next 135 mi."
- ** "Closest AME 125 miles away."
- ** "Closest M.E. for my day off - no Flts."
- ** "Combined with routine physical at a clinic."
- ** "Commute to my domicile."
- ** "Commute to work - use services at base."
- ** "Company AME in different state."
- ** "Company doctor."
- ** "Company required Dr."
- ** "Couldn't get an appointment local."
- ** "Doctor is on location at an airport."
- ** "Doctor that I have seen for many years is 250 miles from my new home."
- ** "Domicile location."
- ** "Done while on vacation."
- ** "Due to Aortic valve replacement, I choose to use Mayo Clinic for the most thorough exam I can obtain."
- ** "Examiner out of state."
- ** "FAA Dr in [City, FL], I am in Virginia."
- ** "FL is where I live my AME is in [City, GA]."
- ** "Flying in Alaska and live in [City, WA] where my AME is located."
- ** "[City, NM] does not have an AME that can administer 1st class medicals. Traveled to [City, CO]. Why do you give such a small space for an explanation?"
- ** "From [City], AZ to [City], AZ. No service in [City, AZ]."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 1. 2008 Pilot Explanations for '101 miles or more' Response on Item 3.

**	"Given Special Issuance and Kidney Stones; Mayo was the best choice."
**	"Have been going to this AME for years."
**	"Have to travel on commercial airline 628 mi from [City, AK] to [City, AK]."
**	"Have used this examiner for years."
**	"I'm an airline commuter, not based where I live."
**	"I've been going to the same AME for over 30 years. I frequently travel to his location."
**	"I've kept the same AME, even though I've moved. He is in [City, TX] & I'm in [City]."
**	"I checked around, and phone book and couldn't find local."
**	"I continue to see my long time AME after a job transfer moved me out of state."
**	"I do this because I vacation at the AME location and visit my medical doctor at same location for check-up."
**	"I go back to the same examiner, although I have moved. He has my records and knows my situation."
**	"I got my original medical certificate from Dr. [Name] in Plattsburgh and since I have family there, I returned."
**	"I had just moved, did not know any of the AMEs in the area."
**	"I had moved to another city and continued with my original AME."
**	"I had to fly from [City], HI to [City, HI] to get my medical. Otherwise I would have had to drive over 100 miles."
**	"I have been seeing this AME for 20+ years."
**	"I have been using the same AME for over 20 yrs. He knows my health history. We moved."
**	"I have moved since my last medical and chose to go to my previous AME."
**	"I have specific FAA medical concerns with which this particular AME was most familiar."
**	"I have used same AME for 28+ years."
**	"I have used the same AME for many years. I am very comfortable with him and am willing to drive."
**	"I live around [City], Michigan. My AME lives around [City, PA]. I was based in [City, PA] previously."
**	"I live in a rural area. I travel 120 miles for annual glaucoma exam and 65 miles for biennial AME exam."
**	"I live in a small town."
**	"I live in [City], TX and my AME is in [City, MN] where I am based."
**	"I live in [City, LA]. AME is in Texas."
**	"I live in [City], CO, 120 miles from [City]. I did last one in [City, TX] during a physical at Cooper clinic."
**	"I live in [City], MN sell for [Company], had the exam by an AME in my sales territory for my convenience."
**	"I live in FL this time of year and my AME is in [City, NC]."
**	"I live in Florida - have used my AME for 10 years."
**	"I live in Florida but prefer to see Doctor in Memphis where I work."
**	"I live in [City], WA but work in [City], CO and I had my medical completed in [City], CO."
**	"I live in [City, NC] but my AME is in [City, NY] where I am based."
**	"I live in South America."
**	"I live in TN and Travel to Oklahoma where I have had my flight physical for the last 26 years."
**	"I live in [City], Arizona. I went to [City], California."
**	"I live on a boat in the Caribbean."
**	"I live on an island in Alaska."
**	"I moved away - wanted to return to same doctor."
**	"I moved but continue to use same AME."
**	"I moved to a different area but elected to use the same examiner."
**	"I moved to a remote area then traveled about 300 miles, one way, for my exam."
**	"I moved to Florida, but see my AME that I had in [City], OH."
**	"I must travel to [City, HI] 150 miles away."
**	"I need a special issuance."
**	"I needed a special issuance so I went to an expert in this type of certificate."
**	"I needed an AME with Special Issuance experience. My local AME was only marginally familiar with the process."
**	"I no longer trust the NASA Flight Medicine Clinic...chose to go to Cooper Clinic."
**	"I recently moved to another state, but felt more comfortable staying with the same AME for now."
**	"I recently relocated and my doctor is in the town I left."
**	"I return to same AME I've had for 25 yrs."
**	"I schedule medical in association with family visits."
**	"I travel because my AME is familiar with my medical history and is able to work with Ok City."
**	"I travel in my job so it was convenient to take the exam away from home."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 1. 2008 Pilot Explanations for '101 miles or more' Response on Item 3.

**	"I travel on the road for construction & did internet search for closest examiner for location at that time period."
**	"I travel to the same AME I have used for 20 years."
**	"I traveled 500 miles."
**	"I use an AME in [City], CA near where I used to live and I go back frequently."
**	"I was in Wash D.C. and used an AME there - I live in [City, GA]."
**	"I was visiting over 500 miles from my AME when I learned I needed to have a physical."
**	"It is a long story. The AME in [City], CA 70 miles from my home in [City, AZ], demanded cash up front after I had."
**	"[City], TX is approximately 260 miles from recent medical exam site."
**	"Like my AME. Over 15 yrs of service."
**	"Live at great distance from usual medical certificate examiner."
**	"Live in [City], CO examiner 150m away in [City, CO]."
**	"Live in [City], TX but do my medicals in [City], TX (Home town)."
**	"Live in [City], Alaska. Traveled 750 miles to [City, AK] to an AME with an opening in their schedule."
**	"Live in remote community."
**	"Live in rural area."
**	"Living overseas for short time."
**	"Local physician's fees are very high."
**	"Location mandated by employer."
**	"Long time patient of aero-medical physician (flight surgeon) merits my travel."
**	"Moved and liked old doctor."
**	"Moved away from previous AME; desired to stay with him."
**	"Moved to Nevada but kept same AME, previously 0-24."
**	"Moved, but flew back to get medical from my original AME, who is a family friend."
**	"Moved, but kept same examiner."
**	"Must travel to Saipan or Philippines for medical."
**	"My 3rd class medical certificate is approved annually in Oklahoma City under [Position] by [Name] and the next FAA physical exam was not required in 2008, but is now due by June, 2009."
**	"My AME is more than 101 miles distant from me."
**	"My AME practices in [City, KY], which is my hub. I live in [City, SC]."
**	"My choice to use the same AME."
**	"Nearest AME I am aware of is over 101 miles from my residence."
**	"Nearest city from remote location."
**	"[City] Air Traffic Control PEPC."
**	"No AMEs closer to home."
**	"No AME in my hometown so I travel to [City], MN."
**	"No AME is any closer. [City], CO to [City], CO and return."
**	"No AME that will do 1st class medicals in my area!"
**	"Only 1 AME in [City, NV] can do a 1st class medical."
**	"Only doctor that had an available opening."
**	"Out of town when exam was due. Used previous AME."
**	"Personal preference."
**	"Preferred AME at summer season base."
**	"Previous doctor retired and other doctors weren't taking new patients."
**	"Provider recommended by a co-worker."
**	"Recently moved to NC and went to former MD where all my records are kept."
**	"Recently moved, no time to find a new AME. Have since located an AME in my area."
**	"Renewed medical while visiting family 2nd home."
**	"Required round trip to my regular physician plus round trip to AME."
**	"Reside in very rural [City, CA]."
**	"Round trip from a rural island residence."
**	"Roundtrip to the nearest Class 1 AME."
**	"Seeing the AME that I've been with for the last several years."
**	"Simple flight, nice area, professional Dr/AME and a pilot."
**	"Special Issuance - Many trips to a total of three doctors for tests, lab work, etc."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 1. 2008 Pilot Explanations for '101 miles or more' Response on Item 3.

**	"Special issuance medical cert. thru airline supported program."
**	"Spend winter in [City, AZ] - flew home to regular AME."
**	"That is the closest AME that issues 1st Class Medicals to my home (157 miles away)."
**	"That is the closest examiner to me as far as I know."
**	"The AME is the closest to my home."
**	"The AME knows my medical history plus use time away to visit family."
**	"The closest doctor was booked out months in advance."
**	"The closest AME is in [City], MN. 105 miles away."
**	"The convenience of having the same doctor every year."
**	"The nearest certified doctor is out of town."
**	"The person I see still lives where I used to live - I choose to travel to him."
**	"The Western Pacific Region has a short list of "approved" AMEs I am required to use."
**	"There is no first class medical examiner in my area."
**	"There is no local AME; obtained medical when traveling out of town; 120 miles."
**	"There isn't an AME any closer than this. I actually drove close to 150 miles because I believe an AME should also be a pilot and the closer one isn't."
**	"This AME guided me through previous complicated certification processes."
**	"This AME is at a clinic and does not require an appointment."
**	"This AME was able to get all paperwork in order."
**	"Took stress test in [City], GA, my residence. Took phys in [City], GA, 2nd at work residence."
**	"Travel to airline base."
**	"Travel to [City], Alaska to my Doctor."
**	"Travel to hospital for stress test (annually)/travel to flight surgeon for medical."
**	"Travel to [City], MN for second opinion of cardiac condition."
**	"Traveled to MT in conjunction with a trip (1115 N.M.)."
**	"Trip to [City], Michigan and back to Detroit (150 miles)."
**	"Use AME that is familiar with my case."
**	"Use examiner in [City, Canada], in order to also renew Canadian medical."
**	"Used this Dr. prior to moving to AZ."
**	"Visiting hometown."
**	"Was in town for a meeting and went to previous AME since I moved."
**	"Went out of state by referral."
**	"Went to AME who is familiar with me."
**	"Went to an AME that fit work schedule."
**	"Went to Mayo Clinic ([City], MN), have been there before and wanted a thorough, fair evaluation."
**	"Went to see AME who does special issuance."
**	"When I began obtaining Class I physicals, there was not an AME any closer who offered them."
**	"Where my AME practices."
**	"While at Cooper Clinic for biannual physical I "tagged" Class III certificate."
**	"Work in [City] southern Philippines travel to the only AME in [City]."
**	"Work overseas and use company doctor."

Item 3a includes only those respondents who indicated '101 miles or more' on item 3 and provided an explanation on item 3a.

Item 5 asked airmen why they selected the AME who conducted their most recent medical certificate exam. They were provided a list of possible reasons and instructed to mark all the applicable reasons. If the 'Other' response was selected, item 5a asked for an explanation (shown in Table 2).

Table 2. 2008 Pilot Explanations for an 'Other' Response on Item 5.

5.	Why did you select the AME who conducted your most recent medical certificate exam? [Mark all that apply.]
a.	If Other, please explain.

**	"[Name] was too hard to schedule with - we need another AME in Mayes County."
**	"1st AME not available; 2nd AME took appointment for the same day."
**	"45 miles, not too convenient but the closest one, northwest Missouri. Could use an AME in Atchison County."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 2. 2008 Pilot Explanations for an 'Other' Response on Item 5.

**	"A friend was going to the AME for other reasons and needed a ride so I scheduled my appt. during his visit."
**	"A highly respected AME and knew my medical history."
**	"A very honest, caring exceptional AME and exam."
**	"Ability to perform 1st Class Medical."
**	"Able to combine with my annual physical for cost savings."
**	"Able to do both Canadian and US at same appointment."
**	"Able to fit my schedule."
**	"Able to fit my schedule."
**	"Accepts my insurance."
**	"Accepts walk ins."
**	"Acquaintance."
**	"Ad on board."
**	"Advertisement in EAA Newsletter and FBO."
**	"Air traffic control exam."
**	"Air traffic control medical, work had a list of Drs."
**	"All other AMEs in county that I contacted were unaccommodating."
**	"All other AMEs were booked out more than 30 days!"
**	"Also a pilot."
**	"Also retired Navy - and my eye doctor."
**	"Also, he is a pilot."
**	"AME also holds Pilot certification and understands needs of professional aviators."
**	"AME availability supported my schedule."
**	"AME described as being skilled in handling difficult cases, and eager to help airmen negotiate the system."
**	"AME has been designated as preferred provider of all company FAA physical exams."
**	"AME in town was not available for 2 weeks."
**	"AME is a member of our flying club and recommended by our directors."
**	"AME is a pilot."
**	"AME is also a CFI."
**	"AME previously used is not authorized to do Class I."
**	"AME retained by company."
**	"AME sent a card to me advertising his service."
**	"AME sent post card reminder and is less than 2 miles away."
**	"AME specializes in Special Issuance medicals."
**	"AME was a pilot himself."
**	"AME was a private pilot."
**	"AME was genuinely interested in my concerns and desires as an airman."
**	"AME was selected by my employer."
**	"[Airlines] medical examiner - mandatory for HIMS program."
**	"AOPA list."
**	"AOPA website for the nearest AME."
**	"AOPA website."
**	"Appointment availability. Nearest AME booked."
**	"Appointment time matched my schedule."
**	"Assigned by employer."
**	"Associate (in the same office) of my Cardiologist. He had access to all of my records."
**	"At current work place - performed free at work."
**	"ATC Controller requirement."
**	"Availability / Could schedule appointment the soonest."
**	"Availability or high cost made decision complicated."
**	"Availability."
**	"Available appointment fit schedule."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 2. 2008 Pilot Explanations for an 'Other' Response on Item 5.

**	"Available appointment."
**	"Available appointment."
**	"Available at last minute due to inop. EKG at preferred AME."
**	"Available the day I could get in."
**	"Available, not a jammed office."
**	"Available."
**	"Bad personal experience with another local AME."
**	"Been doing it for years and knows his stuff and the regs and is sincerely concerned for HIS PILOT'S!!!!"
**	"Best qualified AME - most experienced."
**	"Brochure at F.B.O."
**	"By local med office in [City] FSDO."
**	"By my chief pilot."
**	"Bypass graph, found AME that is Cardiologist."
**	"Can issue special issuance medicals."
**	"Closer AME no longer provided services according to their receptionist."
**	"Closer than others, but still far away."
**	"Closest AME (<5 MI) is booked up, so I went to someone a little further away with an open schedule."
**	"Closest AME that could schedule within 2 mos. and perform 2nd Class."
**	"Closest AME, however, still too far."
**	"Closest, interested, not many near by within 100 miles."
**	"Co-worker."
**	"Colleague."
**	"Company AME."
**	"Company arranged."
**	"Company Designated."
**	"Company issued AME."
**	"Company pays for medical at certain doctors."
**	"Company provided."
**	"Company Required Dr."
**	"Company selected."
**	"Competency - Knowledge of medical history."
**	"Competent and understands the system."
**	"Continuity of exams."
**	"Contract with my organization."
**	"Convenient appointment time."
**	"Convenient location and he is a pilot."
**	"Convenient time / date."
**	"Could provide EKG in office."
**	"Could schedule me sooner than others."
**	"Covered by insurance."
**	"Current AME in Iraq."
**	"Customer of mine."
**	"Dealt direct with Ok City."
**	"Did not have to wait a long time to get in."
**	"Direct company reimbursement."
**	"Direct mail solicitation to my home."
**	"Doctor was a pilot."
**	"Dr. [Name] is one of the helpful AME in the system."
**	"Dr. [Name] is the only AME who administers 1 st Class medicals in area."
**	"Dr. [Name] was my FAA examiner and family physician. I wanted a community care physician again so I could have all my medical records with one doctor when Dr. [Name] died I chose [Name], this was a bad mistake."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 2. 2008 Pilot Explanations for an 'Other' Response on Item 5.

**	"Dr. [Name] is genuinely concerned with serving his patients."
**	"Dr. had retired. Special Issue medical and no other Dr. wanted to do 1 yr renewal."
**	"Dr. is one of few remaining in area who maintains AME certif. Many have been driven out by cost of certification."
**	"Dr. was a pilot himself."
**	"EAA Aeromedical advocate."
**	"Ease of getting appointment."
**	"Easier to schedule than most AMEs. I call him and he always says come on in."
**	"Encountered problems (required waiver) with a previous AME and was offered no assistance."
**	"Exam office located on private air strip so I can fly to exam."
**	"Excellent AME who cares about his professional pilots, experienced and thorough."
**	"Excellent doctor."
**	"Excellent reputation."
**	"Excellent service."
**	"Excellent, efficient, helpful and concerned staff."
**	"Experience with my flight school and in working with my Psychiatrist in getting approval."
**	"Experienced with special issuance requirements."
**	"Extensive aviation experience."
**	"Extensive Special Issuance experience and history of working closely with FAA Aeromedical Staff."
**	"Eye doctor is part of my health insurance group."
**	"FAA recommended."
**	"FAA website for AMEs."
**	"FAA website."
**	"Faxes certificate copy directly to employer."
**	"Fellow Aviator."
**	"Fellow pilot."
**	"Fellow Pilot."
**	"Female AME."
**	"Female doctor."
**	"First AME I contacted had unhelpful receptionist."
**	"First AME I could find, previously used AME moved out of the area."
**	"First AME needed 1 month lead time for appointment."
**	"Fit my schedule."
**	"Flexible appointment hours."
**	"Flies on my airfield."
**	"Flight school listing."
**	"Flight school originally gave me a list. This dr. was on it and is a colleague."
**	"Former Air Guard flight examiner and friend."
**	"Former AME discontinued services."
**	"Former AME had moved out of state."
**	"Former FAA AME was in the process of moving his practice."
**	"Found in airman database."
**	"Found in phonebook."
**	"Found on FAA website."
**	"Found on FAA.Gov website."
**	"Found on internet search, close and convenient."
**	"Found on internet."
**	"Found on the web."
**	"Found one who could take me without appointment."
**	"Found through FAA AME referral service."
**	"Friend of family."

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Open-ended Text Responses and Respondent Comments**

Table 2. 2008 Pilot Explanations for an 'Other' Response on Item 5.

**	"From list of AMEs, appointment availability."
**	"Get's right to the point, doesn't try and do too much."
**	"Good doctor."
**	"Good doctor. Gives a thorough check-up."
**	"Good physician standing in the community."
**	"Good reputation."
**	"Got a card in the mail."
**	"Got AME from the internet listing in area."
**	"Got name at airport."
**	"Got postcard in mail."
**	"Great doctor!"
**	"Great doctor."
**	"Great examiner and would work very hard to help me get my medical back if I ever failed an exam."
**	"Great reputation as a top quality AME for a fair price with excellent flexibility in scheduling."
**	"Had been told he was an excellent doctor and been an AME for many years."
**	"Had disagreement with former AME."
**	"Had helped me navigate the OKC certification process in the past."
**	"Has had previous experience with special issuance cert."
**	"Having a physical at time & clinic offered the service."
**	"He has an ATP certification and a long history as AME."
**	"He holds airman medical certificate/pilots license."
**	"He is a pilot himself."
**	"He is a pilot."
**	"He is a pilot. His hangar is near mine. We are friends."
**	"He is also a pilot who flies at my airport."
**	"He is an excellent AME."
**	"He is my medical sponsor for special issuance/aftercare monitoring program."
**	"He is super."
**	"He was also my military flight surgeon."
**	"He was identified as a pilot on the list, but in fact, was an inactive pilot."
**	"He was the only AME near me for 30 miles. There should be one nearer to our [Airport]."
**	"He was the only one I could find that could administer a cogscreens."
**	"Helped with appeal process Dr. [Name] [City], CA."
**	"Helpful, respect his expertise."
**	"His interest in my complete health."
**	"His office returned my phone call (first choice didn't)."
**	"History with flight club."
**	"Honest and thorough."
**	"I am looking for someone new because of clerical errors from previous."
**	"I commute to my base from Jacksonville, so I wanted an AME in Jacksonville."
**	"I felt confident that he would help."
**	"I had scheduling problems with the closer AME."
**	"I have known him for many years."
**	"I heard him speak at an EAA Chapter meeting and talked with him about my needs."
**	"I know him from CAP."
**	"I like to patronize fellow pilots."
**	"I needed a medical sponsor familiar with substance abuse issues."
**	"I received a post card with the AME phone number just before my medical expired."
**	"I was looking for a female AME."
**	"I was told he had experience with complex issues."
**	"I'm a retired physician and the AME was in the same hospital."

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Open-ended Text Responses and Respondent Comments**

Table 2. 2008 Pilot Explanations for an 'Other' Response on Item 5.

**	"In a walk-in clinic that requires no appointment."
**	"In business for many years, did not the last AME used."
**	"In FAA approved AME network for providing FAA ASI examinations."
**	"In OSHA's Voluntary Protection Program."
**	"Instructed to by FAA."
**	"Internet."
**	"Is pilot himself, which I believe is a positive."
**	"It was for AASI medical after surgery."
**	"It's the AME the Company uses."
**	"Known in the past. Knows my case history. Excellent and thorough doctor."
**	"Known professionally - I am an ex-AME."
**	"Known to be easy - minimal exam, sure pass."
**	"Knows how to do special issuance medical with FAA."
**	"Knows my medical history."
**	"[City] only has one AME and his office had a fire and is no longer available."
**	"Later evening hours were needed given my profession."
**	"Letter from AME examiner offering to do the examination."
**	"Like him better than others in area."
**	"Limited number in area. Called first one I listed."
**	"Limited number of AMEs in my area who perform Class I physicals and AME would direct bill to my company."
**	"Listed as EAA Advocate."
**	"Listed as having USAF Flight Surgeon experience."
**	"Listed by FAA."
**	"Located on AOPA website for AMEs in my area."
**	"Located same bldg. as all required tests."
**	"Located via pilot website."
**	"Located where I was traveling out of town."
**	"Long history in aviation/Good solid advice."
**	"Looking for particular specialty (ophthalmologist), due to recent Lasik surgery."
**	"Low key environment - familiarity."
**	"Mail Card."
**	"Mailed Advertisement provided by AME."
**	"Mailed out card."
**	"Many in local area did not have appointments for over 30 days."
**	"Many were "booked-up" 2-3 mos and were unavailable."
**	"Many years history with this AME. Outstanding doctor."
**	"Many yrs of experience with him."
**	"MD is also a pilot and is very personable."
**	"Medical examiner of choice by my employer."
**	"Medical Files transferred to AME office following death of prior AME."
**	"Medical procedures performed at institution where AME located."
**	"Member of my Aero club."
**	"Moved to Colorado."
**	"My AME is an active Pilot."
**	"My AMEs are fellow Navy Reservists."
**	"My cert. requires a stress echocardiogram and lipid profile because it is special issuance. I use two drs."
**	"My doctor is also a pilot."
**	"My Dr. #1 died, records going to Dr. #2, Dr. #2 died, Records to #3."
**	"My employer uses this AME exclusively."
**	"My former AME was a rip off."
**	"My insurance is with Mayo."

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Table 2. 2008 Pilot Explanations for an 'Other' Response on Item 5.

**	"My last medical was sent to me from OK City and signed by [Name] D.O."
**	"My normal AME had just suffered a stroke."
**	"My previous AME died."
**	"My previous examiner retired and I received a mail solicitation."
**	"My regular AME would not return phone calls."
**	"Nearest Class 1 AME."
**	"Need a special AME."
**	"Neighbor."
**	"New to the area & picked the most convenient from AOPA website."
**	"[City] Air Traffic Control PEPC."
**	"No 1st class avail in [City], TX. [City, NV] was avail (equally convenient to me)."
**	"No appointment required."
**	"No fuss quick exam, great front desk staff."
**	"Not sure how to find a local AME other than this referral."
**	"Offered 1st class examination."
**	"Office designated AME."
**	"On my company's list of preferred AMEs."
**	"One of the only AMEs in our area that does class 1 medicals."
**	"One performs medical cert exams no waiting in waiting room."
**	"One 1 AME that does Class I other docs will do Class II or III."
**	"Only 1 st class examiner in [City], NV."
**	"Only AME able to see me at time."
**	"Only AME available when Tyndall AFB lost its only AME flight surgeon."
**	"Only AME who can do 1 st Class in county."
**	"Only AME who could give class 1 physicals."
**	"Only AME within reasonable distance authorized to give First Class Medical."
**	"Only available AME that was not booked up."
**	"Only Class I examiner within 50 miles."
**	"Only doctor that had an available appointment before my cert. expired."
**	"Only one close. Not really convenient."
**	"Only one I could find who didn't need 3 months notice."
**	"Only one in area who could give first class medicals."
**	"Only one we knew about (of)."
**	"Only one with compatible schedule."
**	"Only senior AME nearby for class 1 medical."
**	"Original AME passed away."
**	"Original doctor stopped practice."
**	"Original doctor was on vacation."
**	"Others not available within reasonable time."
**	"Outstanding physician."
**	"Paid by company."
**	"Paid by employer."
**	"Paid by my company."
**	"Part of annual physical."
**	"Part of the HMO that I belong to."
**	"Performed a seminar on medicals and seemed professional."
**	"Performed an excellent physical exam - thoroughly, competent, professional."
**	"Personal doctor also AME and a pilot."
**	"Personal experience."
**	"Personal friend."
**	"Personal friend."

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**	"Personally knew him."
**	"Phonebook."
**	"Physician contacted me by mail. Previous Dr. moved to another location and was not available for this exam."
**	"Pilot."
**	"Post Card From AME Previous AME stopped FAA exams."
**	"Posted advertisement in crew lounge."
**	"Previous AME retired and I got a postcard advertisement from another local AME."
**	"Previous AME retired."
**	"Previous AME retired."
**	"Previous doctor died."
**	"Previous Examiner retired."
**	"Primary AME recently retired and no other available at the time."
**	"Prior AME died."
**	"Prior AME was relocating."
**	"Professional colleague."
**	"Professional exam."
**	"Professional Pilot as well as AME."
**	"Provided the quickest apt."
**	"Quality care/inspection."
**	"Quick physical."
**	"Quicker appointment."
**	"Quickest appointment."
**	"Received a flyer in the mail just prior to my previous certificate's expiration date."
**	"Received a mailing from AME office accepting new patients."
**	"Received mailing from AME."
**	"Received offer in mail."
**	"Received special issuance."
**	"Recently moved, got list from local FBO of local AMEs."
**	"Recommended by a friend."
**	"Recommended by spouse who works in same building."
**	"Referral said he was a "good" guy. - Fair, young etc."
**	"Referred by adjacent flight school."
**	"Referred by company."
**	"Referred by employer."
**	"Referred by employer."
**	"Referred by FAA flight surgeon."
**	"Referred by FBO owner since doctor buys gas at this FBO."
**	"Referred by FBO."
**	"Referred by FBO."
**	"Referred by flight school."
**	"Referred by flight school."
**	"Referred by flight school."
**	"Referred by Flight School."
**	"Referred by flight school. Only one AME in town."
**	"Referred by friend (non-pilot)."
**	"Referred by friend in [City], MI."
**	"Referred by friend."
**	"Referred by List Provided by Aircraft Owners and Pilots Association."
**	"Referred by local FBO."
**	"Referred by local flight school."
**	"Referred by mechanic."

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Table 2. 2008 Pilot Explanations for an 'Other' Response on Item 5.

**	"Referred by my airline chief pilot."
**	"Referred by our pilot's union (contracted to help us)."
**	"Regular AME in military."
**	"Regular AME was booked for 2 months; he referred me to a new AME in my area."
**	"Regular Dr. was busy - received advertisement from new Dr."
**	"Reputation for giving a thorough exam."
**	"Required by employer."
**	"Required by FAA."
**	"Responded to post card the doctor mailed."
**	"Said to be experienced in cardiovascular matters."
**	"Saw ad in flying magazine."
**	"School recommended."
**	"Seems knowledgeable, cost is not low but is competitive."
**	"Seems like only two AMEs' capable of issuing 'CI' in [City, NY]."
**	"Selected from AOPA AME in my area."
**	"Senior AME needed in past so kept going to him."
**	"Senior AME."
**	"Senior AME."
**	"Sent me a postcard - I was new to the area."
**	"Service of my local medical clinic."
**	"Set up by company."
**	"Sooner availability."
**	"Soonest available appointment."
**	"Soonest available appointment."
**	"Special Issuance experience."
**	"Special issuance."
**	"Special Issuance."
**	"Successfully co-administered my medical appeal to OKC and Wash."
**	"Talked to him at an EAA meeting."
**	"Talked to M.D. at booth during the spring aviation trade show in Anchorage."
**	"The AME that is closer insulted me by saying that I should take a pay cut during our last round of contract give backs."
**	"The application was referred to the Manager, Aerospace Medical Cert. Div."
**	"The closest AME to where I live that does First class medicals."
**	"The doctor flies the same type of airplane that I fly."
**	"The Dr that I use to use had his privileges revoked."
**	"The Dr was a real professional, although being 460 miles from my home in [City] AZ."
**	"The guy that I used for the last several years retired and I picked a new guy whose location was convenient."
**	"The only AME in [City], NC, my hometown."
**	"The only AME that could work me in on short notice."
**	"The Regional Flight Surgeon has a short list of "approved" AMEs I am required to use."
**	"They contacted me."
**	"They mailed timely reminder."
**	"This AME, though far away is the quickest to travel to."
**	"This is the AME that our company uses."
**	"Thorough but not overly thorough, explains why he checks what he checks."
**	"Thorough/competent - excellent knowledge of medications I take."
**	"Time - only a three-day window."
**	"Time allowed."
**	"Time constraints."
**	"Time sensitive - had immediate opening."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 2. 2008 Pilot Explanations for an 'Other' Response on Item 5.

**	"Time was running out, he had an opening."
**	"Timeliness of the appointment."
**	"Took over office of previous AME (now deceased)."
**	"Took over practice from my previous AME, who retired."
**	"Unable to find one near where we live."
**	"Unable to pass physical exam by my AME."
**	"[Airlines] provided at [City, CO] ops."
**	"Vascular surgeon - extension 1 yr of Class III medical."
**	"Very courteous and knowledgeable."
**	"Very experienced."
**	"Very helpful to airman returning to flying from medical."
**	"Very knowledgeable about 121 Ops."
**	"Very knowledgeable about FAA cert process."
**	"Very pleased with initial exam."
**	"Was able to schedule me for an appointment on short notice."
**	"Was actually available to perform the exam."
**	"Was at Mayo Clinic for an Executive Checkup – added this option to it."
**	"Was himself a pilot."
**	"Was on an approved club list and was a woman."
**	"Was speaker at aviation forum."
**	"Was very helpful with a previous biennial clarification with another AME."
**	"We are both in medical field and friends."
**	"We have complete rapport and I receive a complete exam."
**	"We make a day of it and visit family close by."
**	"Web search...only one that came up near me."
**	"Well known, great AME!"
**	"Well satisfied with quality and professionalism."
**	"Went to Mayo Clinic [City, MN, have been there before and wanted a thorough, fair evaluation. Also Mayo has all my medical records."
**	"Wife and daughter went to him long ago."
**	"Willing to work with me regarding Special Issuance of medical certificate."
**	"Worked in the office where I had my last exam."
**	"Works with my schedule."
**	"Works with special issuance applicants."
**	"Yellow pages (after moving to area)."
**	"Yellow pages."

Item 5a includes only those respondents who indicated 'Other' on item 5 and provided an explanation on item 5a.

Item 7 assessed whether airmen submitted their most recent medical history on-line using MedXpress. Those respondents who responded 'No' to item 7 were provided a list of possible reasons for not using MedXpress (item 8) and asked to indicate all applicable reasons. If the 'Other' response was selected, item 8a asked for an explanation (shown in Table 3).

Table 3. 2008 Pilot Explanations for an 'Other' Response on Item 8.

8.	If you did NOT submit your medical history on-line using Form 8500-8 through MedXpress, please indicate why? [Mark all that apply, then skip to item 12]
a.	If Other, please explain.
**	"6 year authorization. Have special issuance for medical arthritis and sleep apnea must take letter from Dr's."
**	"Absolutely no med history - never hospitalized."
**	"Additional medical consults submitted as part of package - faxed."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 3. 2008 Pilot Explanations for an 'Other' Response on Item 8.

**	"Afraid a wrong keystroke might misinform AME."
**	"All done through U.S. mail."
**	"All FAA internet forms are hard to use and confusing."
**	"All of the necessary records were hand carried to my FAA Doctor."
**	"All records on file - special issuance branch."
**	"ALPA Aeromedical submitted all the necessary paperwork."
**	"AMCD required letters from family doctors."
**	"AME - already has medical history."
**	"AME advised me not to file because of the special issue medical."
**	"AME advised me MedXPress was not fully operational and wouldn't save time or effort in certification process."
**	"AME advised me we would use MedXPress for next exam (6 months hence)."
**	"AME already had medical history."
**	"AME already had my medical history on file."
**	"AME already had my medical history."
**	"AME did not mention MedXPress; he already has my history."
**	"AME does all necessary paperwork."
**	"AME employed by my primary care clinic, has access to my full medical history."
**	"AME had all info maybe he did submit I don't know."
**	"AME had copy of previous exams."
**	"AME had previous records already."
**	"AME has all my records. I don't know how he submits them."
**	"AME has complete history for last 7 years."
**	"AME has current medical history."
**	"AME has medical history, info is given at time of physical."
**	"AME has medical info available on-line, AME at clinic used for medical services."
**	"AME has medical records on file. He is my primary physician."
**	"AME has my medical history and I update at my appointment if need be."
**	"AME has my medical records and he inputs the information."
**	"AME has my records for many years past."
**	"AME has my records for the last 18 years."
**	"AME has past medical history on file, was presented with when checked in. If submitted thru MedXPress, am not."
**	"AME is also my primary physician. He already has my files."
**	"AME is my general MD as well."
**	"AME is my main doctor - he HAS my medical history."
**	"AME is my personal physician. He had my history."
**	"AME is my primary physician."
**	"AME knows my medical history."
**	"AME may have submitted the form."
**	"AME may have used it - I don't know."
**	"AME may have used MedXPress after the exam using data from the manual form in a location with Internet Service."
**	"AME might have submitted, but I didn't."
**	"AME never advised me about the service."
**	"AME not yet set up for this, I think."
**	"AME office staff advised me off MedXPress at conclusion of visit."
**	"AME provided copy of previous year's form with medical history."
**	"AME retained copy of previous medical history."
**	"AME retains previous medical history and records."
**	"AME said he submitted data on-line."
**	"AME sent copies of records (stress test results) by postal service."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 3. 2008 Pilot Explanations for an 'Other' Response on Item 8.

**	"AME submitted copies of all medical records from office."
**	"AME uses it now."
**	"AME was my regular dr."
**	"AME works at my health care provider - Mayo Clinic. Records are available to AME."
**	"Annual nuclear stress test required to be submitted to Oklahoma City directly as well as monthly reports from my internist on PT blood tests for last 12-18 months."
**	"AOPA advises against using MedXPress."
**	"AOPA forum members cautioned against using it; mistakes/erroneous entries not easily fixed (allegedly)."
**	"APP didn't work properly."
**	"Appropriate to submit through Flight Surg."
**	"As a rule, I do NOT send detailed personal data via internet."
**	"Attempted to use, but it would not accept agreed-upon username and password."
**	"Because of previous health conditions I am required to do an annual detailed cardiovascular report."
**	"Brought info in person."
**	"Can't make changes to MedXPress. Mistake stays in record permanently."
**	"Can't use a computer."
**	"Cardiologist submitted medical history to FAA."
**	"Chose traditional method."
**	"Comfortable with the old way."
**	"Company prepared for it."
**	"Completed MedXPress on-line, then at end was dumped off stating my log-in and log-off password was not the same! Used 8500-8 after that!"
**	"Complex h hp."
**	"Complicated - special issuance."
**	"Computer dumb."
**	"Computer illiterate."
**	"Concerned about difficulty correcting errors on form."
**	"Could not access it on-line."
**	"Could not access MedXPress – Not very user friendly, like most FAA websites. IACRA is a joke!"
**	"Could not access the website."
**	"Could not get password."
**	"Couldn't find MedXPress website."
**	"Couldn't get on-line."
**	"Couldn't remember my username and password."
**	"Current company submits to FAA."
**	"Did not agree with disclosure and use statement."
**	"Did not even think of it."
**	"Did not have any recent medical to report (last 3-4 yrs)."
**	"Did not have my medical history with me."
**	"Did not know it was even available."
**	"Did not meet qualifications for MedXPress due to medical history."
**	"Did not need to."
**	"Did not need to/AME is my personal medical Dr."
**	"Did not receive password from MedXPress in time."
**	"Did not take the time to educate myself re MedXPress - I do plan on using it for next medical."
**	"Did not think about it prior to exam."
**	"Did not think that it was necessary. I give it to AME."
**	"Did not think this was required."
**	"Did use AOPA version."
**	"Didn't feel comfortable with using MedXPress for fear of inadvertently screwing things up."
**	"Didn't know I was required to submit any medical history."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 3. 2008 Pilot Explanations for an 'Other' Response on Item 8.

**	"Didn't know if AME accepted the MedXPress."
**	"Didn't know if AME used MedXPress."
**	"Didn't know if my AME uses it."
**	"Didn't know it was needed. Only filled out forms supplied by AME."
**	"Didn't know much about MedXPress and didn't know if AME uses it."
**	"Didn't think I had questionable medical problems."
**	"Didn't think it would speed things up."
**	"Didn't think of it."
**	"Didn't trust internet security or myself on computer."
**	"Didn't trust possible misinterpretation and misuse by FAA."
**	"Didn't want to do it on-line."
**	"Didn't want to go through the hassle of AME maybe not recognizing on-line form."
**	"Didn't want to start cert process until prelim discussion with AME."
**	"Didn't want to take time to fill it out."
**	"Difficult to use, does not retain info upon refresh."
**	"Do not feel it is secure and do not have computer expertise."
**	"Do not have a computer."
**	"Do not have a computer."
**	"Do not have computer."
**	"Do not own a computer."
**	"Do not own computer and not interested in owning one."
**	"Do not take any prescriptions, no doctor visit in 2 years."
**	"Do not use internet."
**	"Doctor already has history."
**	"Doctor already knows my medical history, previous exams."
**	"Doctor died who had records."
**	"Doctor has my medical history for several years."
**	"Doctor is my primary also."
**	"Doctor stated it was too time consuming."
**	"Doctor submitted all paperwork."
**	"Doctor submitted paperwork not sure how he does it."
**	"Doctor turns in information."
**	"Doctors office does it."
**	"Does not allow for corrective action."
**	"Doesn't expedite anything!"
**	"Don't do computers."
**	"Don't know if AME uses MedXPress."
**	"DON'T KNOW IF Dr. uses and how he uses."
**	"Don't know if the office did. Also I am under a special issuance for stent implant."
**	"Don't like internet."
**	"Don't really have a medical history."
**	"Don't think it was working at the time."
**	"Don't use computer."
**	"Don't use computers."
**	"Don't use internet."
**	"Don't want to bother with it."
**	"Dr explained the program to me at the time of the physical."
**	"Dr. [Name] keeps my records and files all papers to FAA."
**	"Dr. had all my information from previous visits."
**	"Dr. had my previous medical history."
**	"Dr. has my medical history."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 3. 2008 Pilot Explanations for an 'Other' Response on Item 8.

**	"Dr. may have used MedXPress, I don't know."
**	"Drafted on-line - did not submit."
**	"Due to medical history, medical has been issued thru Oklahoma Aeromedical Div."
**	"Due to need for special issue not comfortable using internet procedure."
**	"Due to time constraints the airman did not utilize MedXPress."
**	"Easier for me to simply take MED history with me at time of visit to AME."
**	"Easier to complete paper application at AME's office."
**	"Easier to fill out form at AME's office."
**	"Easier to just show up and fill out form at office."
**	"Even if I knew about it, I would rather have had the doctor submit it after I filled it out in person."
**	"Every 6 months, my authorization request medical package, goes out FedEx."
**	"Everything was sent to Oklahoma per FAA for recertification due to medical issues."
**	"Examiner already had information."
**	"Examiner is cardiologist and exam followed FAA advice."
**	"Extensive medical history had to be submitted."
**	"Extra forms about surgery, etc."
**	"FAA appeared to be interposing between AME & airman!"
**	"FAA Form 8500-8 Completed at AME's office."
**	"FAA said I could not do the MedXPress."
**	"Failed to complete, then forgot about it."
**	"Family doctor for last 20 years."
**	"Figured that the AME should do it - that's why I paid."
**	"Filled and submitted AOPA form."
**	"Filled out forms at Dr's office before exam."
**	"First certification in 12 years - had stopped flying."
**	"First FAA medical with doctor."
**	"Flying international schedule and other time demands didn't allow opportunity to get it done prior."
**	"Forgot about it."
**	"Forgot about MedXPress."
**	"Forgot about MedXPress."
**	"Forgot about the program. If AME reminded for medical post has MedXPress, I would have done the on-line form."
**	"Forgot it was available."
**	"Forgot it was available."
**	"Forgot that the AME office said it was an option."
**	"Forgot to, didn't care."
**	"Forgot."
**	"Forgot."
**	"Forgot."
**	"Form not yet ready on-line."
**	"Former AME died and forms were lost."
**	"General concerns about digital health records."
**	"Had a medical condition that required lots of paperwork."
**	"Had a medical issue that required faxing and mailing."
**	"Had diabetic issues."
**	"Had difficulty logging onto the site - tried several times."
**	"Had medical issues to resolve with AME's help."
**	"Had my own records."
**	"Had not had problem with paper forms before; trust my AME (also my personal physician) to have all data."
**	"Had one (1) medical issue requiring FAA input."
**	"Had problems with MedXPress."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 3. 2008 Pilot Explanations for an 'Other' Response on Item 8.

**	"Had recent surgery and hospitalization and wasn't sure if I could use MedXPress."
**	"Had special medical condition that required a ton of paperwork (copies of all medical records)."
**	"Had to bring in Dr's report for a waiver."
**	"Hand carried to medical office after physical."
**	"Handled by AME."
**	"Have a "6 year Authorization for Special Issuance of Medical Certificate"."
**	"Have a word file that is updated regularly - print and take to AME."
**	"Have been going to the same examiner for many years. He has my history."
**	"Have SI for DM, so most info prev. reported."
**	"Have to go thru special issuance."
**	"Have used this doctor for 10 years."
**	"He already had info."
**	"He already knew my med history."
**	"He did past exams."
**	"He had my records of last 7 years."
**	"He has access to my records."
**	"He has my history."
**	"He has my medical history."
**	"He has my records from the last almost 20 yrs that I have gone to him for physicals. He may have used MedXPress."
**	"He knew my medical history, and I had my own doctors files over the past year, plus all my reading from medicine."
**	"History of testicular cancer makes my case a bit unusual – more reporting required.?"
**	"I'm an Aviation Safety Inspector for the FAA. They already have my medical history."
**	"I'm diabetic and have to send in 3 month history intervals of my medical records to FAA once a year."
**	"I'm not familiar with this form. Are you talking about the exam results? The AME submitted this automatically."
**	"I'm not of the computer (everything on-line) generation. Impossible to correct misinterpretations."
**	"I've been getting FAA medicals for so long that the FAA has a complete picture of my history already."
**	"I've been going there a long time and there are no changes."
**	"I am already flying on a special issuance and was familiar with medical history requirements."
**	"I am not computer literate."
**	"I am not that familiar with computers."
**	"I am on a special issue certificate."
**	"I am on special issuance."
**	"I am receiving Special Certification."
**	"I am required to have a MRI/radiology report and neurological exam - those reports are sent by the respective physicians to the FAA."
**	"I am slow using the internet and often get cut off."
**	"I asked the receptionist about it and they were not familiar with the process."
**	"I assume my AME submitted it on MedXPress, not me."
**	"I assume the AME provides this information to you."
**	"I attempted to use MedXPress but did NOT receive a confirmation number for unknown reasons."
**	"I believe AME didn't use it. Also, I need special issue medical C."
**	"I did fill out my medical history on-line, print it and take it to my exam. But I did not submit it on-line."
**	"I did not get it done in time."
**	"I did not have time that morning, so filled out the form in the doctor's office."
**	"I did not know I could submit info, I thought the AME had to do it."
**	"I did not see any advantage to doing so."
**	"I did not submit info on-line on exam date, but I assume AME did it for me."
**	"I did not, however, my AME did."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 3. 2008 Pilot Explanations for an 'Other' Response on Item 8.

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- ** "I didn't know about MedXPress. Also, I have been using the same AME for many years and they have my history."
 - ** "I didn't know I had to."
 - ** "I didn't submit anything. AME handled it all."
 - ** "I do know what method my AME uses."
 - ** "I do not have or use a computer."
 - ** "I do not know if AME uses MedXPress."
 - ** "I do not know if the AME's office uses MedXPress nor did they ask me."
 - ** "I do not need to. They already have the old stuff. Any new item, I'll tell them."
 - ** "I do not own a computer."
 - ** "I do not use a computer."
 - ** "I do not use computers."
 - ** "I do not use the internet."
 - ** "I do not use the internet."
 - ** "I don't believe it was available 24 months ago."
 - ** "I don't care to use the internet!"
 - ** "I don't currently have a medical history."
 - ** "I don't have any medical history."
 - ** "I don't know if the examiner used the form or not."
 - ** "I don't know. It is possible med staff used this service."
 - ** "I don't like computers."
 - ** "I don't need another user name and password."
 - ** "I don't trust the internet for my medical info."
 - ** "I don't use the internet."
 - ** "I forgot - have done it in past."
 - ** "I forgot about it."
 - ** "I forgot about it. Previous exam I submitted on-line."
 - ** "I forgot about MedXPress. I recall receiving a notification about it last year."
 - ** "I forgot about the new on-line procedure."
 - ** "I forgot about the program."
 - ** "I forgot that I could use the on-line system."
 - ** "I get a class II every year. I only have to update my history for the past 12 months on the paper form."
 - ** "I had already transferred all my record from Dr. [Name] to Dr. [Name]."
 - ** "I had an operator or computer malfunction."
 - ** "I had filled out the MedXPress page but forgot all about it by the time I went for the physical."
 - ** "I had surgery prior and knew I would need an SI."
 - ** "I have a pacemaker and pig valve so I have to submit every 6 months from my heart doctor and pacemaker tracings and echocardiogram."
 - ** "I have a special issuance medical (diabetes)."
 - ** "I have a special issued certificate."
 - ** "I have always brought in the documentation from my Doctor."
 - ** "I have been a special issue for 19 yrs and must submit treadmill tracings lipid profile and letter from Cardio."
 - ** "I have found few FAA internet programs to be easy to use."
 - ** "I have had problems with access and don't trust it."
 - ** "I have learned to distrust the FAA in handling data."
 - ** "I have no idea how the paper system works."
 - ** "I have no idea of the need to submit a medical history. I don't know what a form 8500-8 is. I'm guessing my AME handles all this."
 - ** "I have no recent medical history within the past year."
 - ** "I have no recent medical history."
 - ** "I have several medical issues and felt it best to work directly through the AME."

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Open-ended Text Responses and Respondent Comments**

Table 3. 2008 Pilot Explanations for an 'Other' Response on Item 8.

**	"I have some specific eye evaluation forms that need to accompany."
**	"I have special issuance cert."
**	"I have special issued medical."
**	"I have to have special issuance."
**	"I have used the same AME for over 24 years. He already has my complete medical history."
**	"I just submitted the records to my AME. I needed an S.I."
**	"I knew about MedXPress and meant to use it, but forgot."
**	"I knew I would be applying for a special issuance."
**	"I knew that it wasn't a straight forward application."
**	"I like the medical examiner to help me fill out areas I'm unsure about; didn't like filling out form in advance."
**	"I must take a stress test and have extensive questions answered by cardiologist - annually."
**	"I needed an exemption due to heart problems which were resolved."
**	"I needed blood pressure update from family physician."
**	"I now have high speed internet and will use on-line form."
**	"I only know about TurboMedical on the AOPA website."
**	"I prefer AOPA's TurboMedical process: better editing capabilities, better integration of the app with info."
**	"I prefer to fill out form when I get there."
**	"I prepared my medical history using MedXPress and used that to complete my form at the AME's office."
**	"I procrastinated until the day of the exam."
**	"I rarely use computers for anything."
**	"I received a postcard, but didn't have a good understanding of the process until I talked with the AME."
**	"I require a special issuance due to heart condition (M.I.)."
**	"I see no advantage to firing up a computer vs. filling out the form while waiting."
**	"I simply completed the history on the form."
**	"I think my AME did his part on-line."
**	"I tried to use earlier and it said it was not available. I didn't know it was ready."
**	"I used a similar product on AOPA website. (Might have been a link to MedXPress.)"
**	"I used ALPA Aeromedical office."
**	"I used AOPA's TurboMedical - actually forgot there was MedXPress."
**	"I used AOPA's TurboMedical on-line service. I wasn't aware of MedXPress."
**	"I used AOPA's TurboMedical."
**	"I used AOPA's TurboMedical."
**	"I used AOPA's TurboMedical. I'm not sure if my AME uses MedXPress."
**	"I used AOPA's version of 8500."
**	"I used AOPAs TurboMedical."
**	"I used it the time before, but just forgot about it the last time."
**	"I used the AOPA on-line form."
**	"I used the AOPA program."
**	"I used the form from AOPA for Page 1."
**	"I used the form provided on-line by AOPA."
**	"I used TurboMedical from AOPA. My examiner did not take it."
**	"I usually fill the Form 8500-8 at the AME office because in any case I have to wait my turn."
**	"I usually use the service provided by AOPA for completing my Form 8500."
**	"I utilized AOPA's "TurboMedical" & AME accepted that. I don't know how he transmitted the information."
**	"I wanted to talk to my AME before I might improperly answer a question."
**	"I wanted to use the MedXPress process, but AME wanted to use his own staff to fill out the form."
**	"I was special issuance, post transplant."
**	"I will never put anything about me on-line (medical or otherwise)."
**	"I would rather discuss materials and exam with my AME personally."
**	"If the AME uses MedXPress I am not aware of this service."
**	"Inertia."

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Open-ended Text Responses and Respondent Comments**

Table 3. 2008 Pilot Explanations for an 'Other' Response on Item 8.

**	"Information is not retained until next exam for reference."
**	"It has been about 20 years since my last flight physical."
**	"It has not been six months since last physical - was not required at that time."
**	"It took hours to get a password issued."
**	"It was a pain in the [Profanity]. I started and then decided it was more trouble than it was worth."
**	"It was my first exam since I was diagnosed with diabetes."
**	"It was new to me when I last got my medical."
**	"It was not convenient."
**	"It was not yet functional on-line when I tried it."
**	"It was the same AME as my previous 5 medical exams: no need."
**	"It wasn't available in February 2007."
**	"It wasn't on my checklist...I just plain forgot."
**	"Just did not get it done ahead of time."
**	"Just didn't do it on-line. I will check with examiner if that would be easier for him if I submitted it on-line."
**	"Just forgot it was available, but I will use next time."
**	"Just used form to organize my medical history."
**	"Knew about it but forgot to use it."
**	"Know medical history."
**	"Lack of legal protection of medical data on 3rd party servers."
**	"Lack of time to investigate this option."
**	"Local AME submitted to FAA Medical."
**	"Made a short notice appointment and did not have time."
**	"Maybe the doctor did but I don't know about MedXPress."
**	"Maybe the doctor did on his own."
**	"Medical Examiner may have used MedXPress - I don't know."
**	"Medical history already on file with AME since he is our family doctor."
**	"Medical history is maintained by AME."
**	"Medical history is very limited - was given orally and written down."
**	"Medical history not requested."
**	"Medical history on file."
**	"Medical history submitted to FAA via ALPA."
**	"Medical history was faxed directly to FAA Regional Medical Division."
**	"Medical information must go thru Oklahoma City FAA."
**	"Medical records are kept by the AME."
**	"Medical requires special review."
**	"MedXPress does not archive my data, and must be completed in its entirety each time."
**	"MedXPress does not work with MAC."
**	"MedXPress not in effect in my region at time of physical."
**	"MedXPress was new."
**	"MedXPress website not available/ready at receipt of MedXPress advertisement."
**	"MedXPress website was inoperative."
**	"More extensive medical history required."
**	"More than 30 yrs filling out app. No need to complicate the process."
**	"Must arrive early to satisfy clinic, paper form gives me something to do."
**	"My AME already has my history except for recent doctor visits."
**	"My AME and I discuss my history, he enters it on-line after I complete the application form."
**	"My AME handled the submittal. Never heard of MedXPress."
**	"My AME has my med history."
**	"My AME has my med history already."
**	"My AME is familiar with my medical condition."
**	"My AME submitted to Oklahoma city for their approval."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 3. 2008 Pilot Explanations for an 'Other' Response on Item 8.

**	"My AME uses the standard medical history form that I've used for years."
**	"My cardiologist sent my records to AME."
**	"My doctor did all paperwork & I don't know what he used."
**	"My doctor has been seeing me for physicals since student."
**	"My doctor/AME already has everything."
**	"My exam was performed by the same office. I assumed they also had my file with the data."
**	"My examiner has my records. He has been my doctor for years."
**	"My examiner is also my regular doctor so he already has medical history."
**	"My internet was down at the time."
**	"My medical dept. at FAA facility took care of it."
**	"My Medical Examiner knows my medical history."
**	"My medical history is none of anyone's business unless medical conditions are out of FAR standards."
**	"My medical history is very simple - nothing in it."
**	"My medical is reviewed every year by Oklahoma."
**	"My medical requires review by Oklahoma City (special issuance)."
**	"My past practice."
**	"My primary care physician is also my AME."
**	"My server could not open the website."
**	"Need special issuance due to history of CAD."
**	"Need to send info to Oklahoma City for Special Issuance Medical Certificate."
**	"Needed additional tests and reports."
**	"Needed letter from Optometrist delivered to AME."
**	"Needed medical review through CAMI Aerospace Medical Certification Institute."
**	"Needed spec issuance."
**	"Needed to make application for a waiver."
**	"Needed to show AME all recent test - i.e., Blood, EKG, Echograms etc. from another physician."
**	"No change in medical history since previous exam."
**	"No change."
**	"No change."
**	"No computer and thus no internet. Do not have time for internet."
**	"No computer at home."
**	"No computer capability."
**	"No computer in this house! Age 74 too old for computers."
**	"No computer."
**	"No computer."
**	"No history to report."
**	"No history."
**	"No medical visits between physicals."
**	"No need."
**	"No new medical history. No change in years."
**	"No recent medical history."
**	"No time."
**	"Not a new medical, just a 1 year paperwork review for sleep apnea."
**	"Not all AMEs have access to high speed internet in the normal office setting."
**	"Not available at the time of the exam."
**	"Not compatible with my I-Book."
**	"Not computer literate."
**	"Not computer oriented."
**	"Not convenient."
**	"Not good with internet computer."
**	"Not necessary."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 3. 2008 Pilot Explanations for an 'Other' Response on Item 8.

**	"Not sure if AME used MedXPress."
**	"Not used at that time."
**	"Not very sharp on computer."
**	"Not yet familiar with MedXPress."
**	"Nothing had changed since my last medical."
**	"Nothing wrong with paper."
**	"Office didn't know about it. AME said next time it will be available."
**	"Old fashioned."
**	"On going medical condition req. x-rays and Dr. report."
**	"One more hassle to overcome."
**	"Only need to place a copy with my employer."
**	"Other Cardio Test results required to be sent with exam results."
**	"Other history involved data from my personal doctor."
**	"Page did not work well, perhaps due to not having broadband at the time."
**	"Paper method has worked fine for me for 10 years."
**	"Paper was easier."
**	"Paperwork was submitted by virtual flight surgeons. Inc."
**	"Part of Special Issuance, and did not know how MedXPress worked."
**	"Perhaps the AME did (?) but I did not."
**	"Perhaps the AME used this service. I have no knowledge of it."
**	"Plan to next year."
**	"Plus prefer face-to-face dialog."
**	"Prefer to have the AME do it."
**	"Prefer to use AOPA's TurboMedical."
**	"Prepared Med History on AOPA Website."
**	"Previously each year received special issuance directly from OK City and have received letter informing me of necessary requirements."
**	"Primary test results and supporting documentation requested by your office."
**	"Prior history handled by same doctor."
**	"Probably company and AME did."
**	"Problems with duplicate applications in system."
**	"Re-apply after heart surgery."
**	"Really, forgot card came in mail."
**	"Reapplying to get medical from OKC."
**	"Recognized need for physical and Dr. [Name] was able to do PE on short notice."
**	"Record on hand at AME's office."
**	"Require special issuance."
**	"Require Special Issuance."
**	"Required evaluation by staff (FAA Medical) in Washington/OKC."
**	"Required labs needed."
**	"Required medical special with supporting docs is now routine."
**	"Same AME for 38 years. He has complete history on me and was expert at walking me through the process for SI."
**	"Same AME since for 20 years or so."
**	"Saw a postcard mailing about it, but didn't check it out."
**	"Saw some Drs were charging extra if an applicant used this service."
**	"Section on med form to fill in."
**	"See no need."
**	"Seeking medical after treatment for cancer."
**	"Sent direct OKC."
**	"Service provided by AME."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 3. 2008 Pilot Explanations for an 'Other' Response on Item 8.

**	"Since I was not aware of MedXPress. I used my former local AME."
**	"Sorry, but I do not have a computer."
**	"Special circumstances involved with this med. cert."
**	"Special issuance certificate."
**	"Special issuance medical application required significant paper work - not sure if MedXPress was used by the AME."
**	"Special issuance waiver."
**	"Special issuance, additional info required."
**	"Special issuance."
**	"Special issuance."
**	"Special Issuance."
**	"Special Issuance."
**	"Special Issuance."
**	"Special issue."
**	"Staff has us fill out old style paper form and they input into computer system later."
**	"Started to use it, then decided it would be less confusing to carry it in by hand."
**	"Stuck in old habit patterns."
**	"Submitted by the virtual flight surgeons in CO."
**	"Submitted medical certificate to my employer."
**	"System did not work, could not save."
**	"System kept crashing on me. Had to wait to [Unintelligible] day after registering - too slow."
**	"The AME filled out the on-line forms while I was with him. My appointment with him was several months before my b..."
**	"The AME has my medical history on file."
**	"The AME is located in the clinic where my medical history is located."
**	"The AME might have submitted this on-line using form 8500-8 but I'm not certain he did."
**	"The AME or myself have never submitted medical history until after I was diagnosed with Atrial Fibrillations."
**	"The AME performs the standard physical, but the FAA in Oklahoma must approve other factors."
**	"The AME sends it (my understanding)."
**	"The Doctor at the health care center has always done it before so I just figured he would submit it this time."
**	"The doctor did not mention this as an option."
**	"The doctor that performed my exam is my family doctor and has my med history."
**	"The DR's office said they had trouble with a few of them before me and not to use the on-line form."
**	"The office already has my medical history."
**	"The process I must follow is more complicated since it is issued by the Western-Pacific Regional Medical Office under Title 14 of the CFR's, Section 67.4-01. I'm wondering, does this survey really apply to me?"
**	"The same AME has done my last 10-12 flight physicals and has all pertinent records."
**	"They already have all of my records, lab tests, hospital reports, etc."
**	"They have my history on file."
**	"They have my records on file."
**	"This AME has been my Dr for 30 yrs. He has my med history."
**	"This AME has done my last 2 exams."
**	"This doctor has all my medical history."
**	"This doctor is my primary care physician and has all my records."
**	"This was my first application after a quad bypass operation."
**	"This was my regular doctor. He has my history."
**	"Time."
**	"Too complicated."
**	"Too involved compared to office visit."
**	"Too many records on-line of all kinds."
**	"Too much data reg. EKG, stress test."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 3. 2008 Pilot Explanations for an 'Other' Response on Item 8.

**	"Too new - didn't want to try it!"
**	"Tried - couldn't make it work."
**	"Tried it before and didn't work. Made more work for me and Dr. also took a lot of time."
**	"Tried MedXPress earlier (when I got a postcard about it) and it wasn't functional."
**	"Tried to use it but it would not work (or download, couldn't find it)."
**	"Tried to use MedXPress but the website was not yet operational."
**	"Tried to use, but it was a pain."
**	"Unable to access MedXPress."
**	"Unable to access the site."
**	"Unfamiliar with its use - was easy to bring written records."
**	"Unsure if AME uses MedXPress."
**	"Use AOPA TurboMedical."
**	"Use CPAP and had back surgery - easier to deal with my dr."
**	"Used 2 previous times. The print out is hard to read, small "x", and no contrast between form and answers."
**	"Used AOPA form."
**	"Used AOPA medical form."
**	"Used AOPA medical tool to prepare."
**	"Used AOPA tool to assist in form preparation."
**	"Used AOPA TurboMedical application."
**	"Used AOPA TurboMedical."
**	"Used AOPA TurboMedical."
**	"Used AOPA TurboMedical."
**	"Used AOPA TurboMedical."
**	"Used AOPA TurboMedical as I understood it was acceptable. AME said it was not."
**	"Used AOPA TurboMedical on-line system to create and fill out 8500-8 form, which I then printed."
**	"Used AOPA TurboMedical to research info and print form."
**	"Used AOPA TurboMedical which was helpful to me but didn't help AME submit the data. Will use MedXPress next time"
**	"Used AOPA TurboMedical."
**	"Used AOPA TurboMedical."
**	"Used AOPA TurboMedical."
**	"Used AOPA TurboMedical."
**	"Used AOPA version, printed it and attached to application."
**	"Used AOPA version."
**	"Used AOPA's medical form."
**	"Used AOPA's TurboMedical and provided to AME."
**	"Used it last year, forgot this year."
**	"Used similar form from AOPA."
**	"Used the AOPA form."
**	"Verbal medical history to fill out on their forms when I arrived."
**	"Very little medical history to submit also."
**	"Waited too long to get information in system."
**	"Waiting for next medical."
**	"Wanted a paper copy."
**	"Wanted to discuss it with examiner."
**	"Was a last minute appointment."
**	"Was new and I didn't trust it."
**	"Was not asked for medical history."
**	"Was not asked to or thought necessary."
**	"Was not available."
**	"Was not in service yet when I did my last exam."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 3. 2008 Pilot Explanations for an 'Other' Response on Item 8.

** "Was not required April of 07 - I think."
 ** "Was not required."
 ** "Was not sure AME used MedXPress."
 ** "Was not sure whether MedXPress would handle it because I have a special with sleep apnea."
 ** "Was petitioning for medical reinstatement following heart attack 5 years previously."
 ** "Was told that if an error was made filling out info, unable to correct it."
 ** "Was told to submit to FAA med - [City] Center by my former AME - will submit next to old AME."
 ** "Wasn't asked to."
 ** "Wasn't available at the time."
 ** "Wasn't operating at the time."
 ** "Wasn't working the day I tried it."
 ** "We couldn't/weren't able to login somehow (even though we registered days before)."
 ** "Went to AME; AME submitted material."
 ** "Why bother? I do not have any medical issues."
 ** "Why would I use MedXPress for 3rd class if I'm healthy?"
 ** "Why, my AME has history."
 ** "Will submit."
 ** "Wrote history on form. It takes 1 minute since I have short history."
 ** "You can't make changes on-line. I use my last 8500 to assist with filling out my new one."

Airmen who indicated on item 47 that they were employed as either a full-time or part-time pilot were asked under which Federal Air Regulation Part their certificated operator conducted flights (item 48). A list of Parts were provided; however, if the airman selected 'Other', they were asked to provide an explanation in item 48a (explanations provided in Table 4).

Table 4. 2008 Pilot Explanations for an 'Other' Response on Item 48.

48. Are you employed as a pilot for a certificated operator conducting flights under...? [Mark all that apply.]

a. If Other, please explain.

** "142 training center."
 ** "161 Pilot school."
 ** "Acceptance test flying and Part 91 aircraft ferry."
 ** "Aerial photography through flight school."
 ** "Aerial photography."
 ** "Air ambulance operator."
 ** "Air shows."
 ** "Air Tour - retired airline."
 ** "Air traffic control."
 ** "Aircraft Manufacturer - Engineering Test Flight Operations."
 ** "Aircraft manufacturer."
 ** "Aircraft OEM."
 ** "Also a pilot in the US Army Reserve, currently stationed in Iraq. My flight surgeon here is my AME."
 ** "Also mil. reservist."
 ** "Also Military reserve pilot."
 ** "Aviation Club and Sky Diving School."
 ** "Aviation safety Insp."
 ** "Canadian cargo."
 ** "CFI part time."
 ** "Civilian govt. Aircraft >100,000 pounds."
 ** "Civilian instructor at US Army Flight Training Center."
 ** "Civilian pilot for air force detachment."
 ** "Commercial fish spotter."

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Table 4. 2008 Pilot Explanations for an 'Other' Response on Item 48.

**	"Contract flying."
**	"Contract pilot for joint military navigator training."
**	"DPE."
**	"EMS Helicopter."
**	"Experimental aircraft [Company]."
**	"FAA - ASI."
**	"FAA ASI Air Carrier Operations."
**	"FAA ASI."
**	"FAA Aviation Safety Inspector."
**	"FAA Aviation Safety Inspector."
**	"FAA Designated Pilot Examiner."
**	"FAA flight inspection pilot."
**	"FAA Inspector, volunteer pilot for 2 museums - WWII Aircraft."
**	"FAA Ops Inspector."
**	"FAR Part 61 Flight Instruction."
**	"FBO 61."
**	"FBO pilot training."
**	"FBO."
**	"Federal government."
**	"Federal Government."
**	"Flight instruction."
**	"Flight Instruction."
**	"Flight instructor at US military flight school."
**	"Flight Instructor Part 61."
**	"Flight instructor part-time."
**	"Flight Instructor."
**	"Flight safety int'l instructor - active pilot."
**	"Flight safety international instructor Pilot DA 2000 KEMH."
**	"Flight Simulation Instructor."
**	"Flight Test."
**	"Flight training operations at Ft. Rucker, AL."
**	"Flight training."
**	"Fly for overseas company."
**	"Foreign airline."
**	"Foreign carrier."
**	"Free lance CFI."
**	"Free lance CFI."
**	"Free-Lance Instructor."
**	"Freelance pilot/flt. instructor."
**	"Full-time independent flight instructor."
**	"Government."
**	"Government."
**	"Government/Law enforcement."
**	"Hong Kong [Airline]."
**	"I am an FAA Aviation Safety Inspector."
**	"I am currently a military pilot seeking civilian employment."
**	"I am retired. Looking for 91 and 135 part-time work."
**	"I believe it is Part 91; I fly an owned aircraft for pleasure and sometimes business travel."
**	"I fly for the Navy and fly privately for pleasure."
**	"I need my medical...!"
**	"Independent certified flight instructor."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 4. 2008 Pilot Explanations for an 'Other' Response on Item 48.

**	"Independent CFI and Rec. Pilot."
**	"Independent flight instructor."
**	"Instructor at non-accredited school. Conduct biennial flight reviews and Instrument prof."
**	"Instructor by recommendation."
**	"Instructor Part 61."
**	"JAA TRE."
**	"Just retired in April from 31 years as a FAA DPE and now fly as a CFI."
**	"Law Enforcement – [City]."
**	"Law enforcement."
**	"Law enforcement."
**	"Law enforcement."
**	"Law Enforcement."
**	"Local Government Fire Department."
**	"Manufacturer Instructor Pilot."
**	"Medical air transport / police and homeland security services."
**	"Military Aviator."
**	"Military BE200 pilot."
**	"Military contract."
**	"Military contractor/EGG."
**	"Military Pilot with USMC."
**	"Military Pilot."
**	"Military transport."
**	"Military."
**	"Military."
**	"Military."
**	"Military."
**	"Military."
**	"Military."
**	"Military."
**	"Military."
**	"Military."
**	"Military."
**	"Military."
**	"Missionary pilot."
**	"Not a career pilot."
**	"Not employed by certificated operator."
**	"Overseas International Carrier in another country."
**	"Owner of flight school."
**	"Owner/operator Part 61 flight school."
**	"Part-time glider pilot."
**	"Part 105"
**	"Part 105 --- I fly jumpers."
**	"Part 142 pilot school."
**	"Part 142 school."
**	"Part 142 School."
**	"Part 142 training center."
**	"Part 142 Training Center."
**	"Part 142."
**	"Part 142."
**	"Part 142."

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Table 4. 2008 Pilot Explanations for an 'Other' Response on Item 48.

** "Part 142."
 ** "Part 61 - Freelance flight instruction."
 ** "Part 61 and self (Part 61)."
 ** "Part 61 Aviation program at a major university."
 ** "Part 61 CFII."
 ** "Part 61 flight instructor."
 ** "Part 61 Flight Instructor."
 ** "Part 61 Flight School Instructor."
 ** "Part 61 flight school."
 ** "Part 61 flight school."
 ** "Part 61 Flight school."
 ** "Part 61 flight training."
 ** "Part 61 Instruction."
 ** "Part 61 Instruction."
 ** "Part 61 Pilot training."
 ** "Part 61 State Government."
 ** "Part 61, Flight school, CFI."
 ** "Part 61."
 ** "Part 61."
 ** "PART 61."
 ** "Part time instructor."
 ** "Personal Business, Flight Instructor."
 ** "Personal use of aircraft."
 ** "Pilot schools under Part 61."
 ** "Police, search and rescue."
 ** "PPE."
 ** "Private flight school."
 ** "Public Use - Government."
 ** "Public use."
 ** "Recently left a 121 operation."
 ** "Retired - fly for pleasure."
 ** "Retired 121 Capt. Free lance CFI."
 ** "Retired part time pilot - CFI."
 ** "Self employed CFI."
 ** "Self Employed CFI."
 ** "Self employed flight instructor Part 61."
 ** "Self employed Flight Instructor, retired 121 Captain."
 ** "Self employed flight instructor."
 ** "Self employed flight instructor."
 ** "Self employed."
 ** "Self-employed instructor."
 ** "Self, Part 91, Pipe Ln and Pwr Ln. Patrol."
 ** "Sheriff's office."
 ** "Simulation Instructor."
 ** "SkyTyping Advertising with smoke messages."
 ** "Teach private pilot ground school to high school students."
 ** "Test Pilot under FAR 23, 25."
 ** "Test pilot."
 ** "U.S. Army contractor."
 ** "U.S. Army Flt school - contractor."
 ** "U.S. Government."

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Table 4. 2008 Pilot Explanations for an 'Other' Response on Item 48.

**	"Under contract to the U.S. Air Force."
**	"US government civilian employee."
**	"US Government."
**	"USAF."
**	"Worked for [City] Police Air Unit. On next question I am going to click Eastern. [City] is not there."

Survey respondents were invited to provide additional comments or offer helpful suggestions for improving Aerospace Medical Certification Services (item 50). When a comment referenced a specific item on the survey, the item number was inserted within brackets before the comment (e.g., [Item 1]). Table 5 lists respondent comments.

Table 5. 2008 Comments and Suggestions for Improvement of Medical Certification Support and Services

**	"'Physical' was not even to the standards of what high school students get to participate in sports...and this was for a First Class medical. Whole thing was completed in less than 10 minutes, including all the paperwork and EEG. Doesn't seem anyone who can walk and talk would ever fail. Prior applications were much more thorough and complete."
**	"(1) When requesting additional medical diagnostic examination(s) separate from the AME, the FAA/AMCS Office should allow sufficient time for the airman to coordinate and schedule appointment(s) with the required diagnosticians and associated diagnostic procedures. I received four (4) unnecessary letters of medical certificate denial because insufficient time was allowed to obtain clinician appointments, diagnostic procedure appointments, interpretation, and follow-up documentation returned to FAA/AMCS offices. (2) FAA/AMCS clinicians need to remember the difference between a recurring medical incident and non-recurring incident not requiring any further follow-up or treatment."
**	"(AMCs) is doing a great job for the safety of pilots and the airspace . In fact if the first class medical certificate change from 6 months to one year. So far every time I have an interview with airline I have to get a first class medical and that cost me money."
**	"(Compliment) I have found the Certification branch to be responsive to Airman needs. (Recommendation) It would help if there was clear and readily available reference material, when dealing with unusual certification issues, that could be obtained for discussions with one's personal physician i.e., if one has a particular condition, what are the important parameters from the FAA's perspective and of the available treatments what are those accepted by the FAA and what specific material should be prepared for presentation to the FAA. (Comment) I think the medical certification process does a good job in terms of avoiding medically induced flight incidents. What fraction of the total incidents this represents I'm not sure about. I've not seen any published data that addresses the issue of how many incidents we do avoid - the data would probably be interesting."
**	"[AME #] - Doctor did not use mechanical device because I brought a recent work up by an Ophthalmologist."
**	"[Item 13] My regular doctor also gave me a physical prior to AME. Your form (used during the flight physical) is too small. I'm 56 and by having to list every ailment I've had since birth requires more space, and why can't this be placed in a database so I don't have to reenter repetitive information (tonsils, allergies)."
**	"[Item 1] Didn't need - just wanted to be sure I was ok for higher levels - has since reverted to Class III. 1. Like MedXPress concept - gave AME opportunity to correct one of my faux pas on historical input. 2. Prior AMEs were certificate mills - this one is thorough, does the exam himself and is available for consultation. Between him and the AOPA I have managed to stay away from potential medication problems. At age 76 there's always something. 3. I believe we will have problems in light sport requiring drivers lic only unless FAA requires M.D.'s to forward medical history of pilots as our auto licensing does in CA. I personally found out later of one pilot passing an AME's exam while on a pacemaker - he no longer flies and I never realized he had a problem - smart man he quit ahead of the game. 4. One of your (now recently deceased) AMEs actually working for FAA at time of demise ran one of the cert mill's - I dropped him because he didn't know what Flomax was - he was dealing as though it were Flonase. Big difference in organs involved and he should have looked it up."
**	"[Item 1] Only provide for 1 year. Has been the case for over 10 years - and my health has remained constant - believe I should get medical for standard 3 years. [Item 33] Overly cautious. As previously stated, I have had a stress test every year for 11 years. My medical (third class) is then issued for one year, at which time the cycle is repeated. I appreciate the FAA's concern, but the medical situation hasn't changed for 11 years. The process is EXPENSIVE! Can't I be issued a medical certificate for at least 2 years? It would save me money - and extensive time."
**	"[Item 1] Special issuance 5/15/08, Medical exam records review only 5/07. [Item 15] Regional Flight Surgeons office. [Items 19-21] Records review only. [Items 28-30] Records review only. [Item 33] Not possible to predict sudden incapacitation. [Item 34] Recent medical history faxed and mailed to FAA Regional Medical Division. [Item 36] After I called. [Item 44] Not medically possible to predict sudden incapacitation. Eliminate

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Table 5. 2008 Comments and Suggestions for Improvement of Medical Certification Support and Services

	the requirement for medical certificate for private pilots. It is highly unlikely that potential for sudden incapacitation can be determined in a medical exam. A miniscule number of incidents occur due to sudden incapacitation of a private pilot."
**	"[Item 2] Began process in March 2008. [Item 6] It is all on-line in their office - I have been a patient 30+ years. [Item 7] Not sure of form number. [Item 12] Cardiologist. [Item 13] Stress test. [Item 17] My cardiologist said if I had a stent put in I would pass the stress test then I could be cleared by the AME, see item 50. [Items 19-30] My AME has always been thorough, professional, exactly, honest and I have great respect for him! [Item 32] AME doctor is always good! [Items 37-44] Very professional. [Item 45] Originally issued 1974. I imagine safety is your primary objective in reviewing a pilots medical condition. I am thoroughly frustrated because I exercise regularly - swimming many laps and use weight machines and am in better condition than the pilot instructors at our local FSDO who routinely give check rides and considered safe. The FAA staff at Aerospace Medical Center were fine! They informed me about the Bruce Protocol. So I practiced it for many weeks at the gym - full 9 minutes increasing at 3 min intervals and % grade and indicating I could attain 160 BPM just once would be adequate. When I went to take my stress test the cardiologist set the machine for "Accelerated Bruce Protocol" - % grade changes at 2 minute intervals as does the speed - so by the time I was past the 8 min. the grade was very steep past 15% and speed 5.7 MPH and my heart rate was about 175. I suppose it's the doctor's prerogative to use a higher standard. But it caused me to fail due to a very small anomaly. She has indicated that if I had a stent installed, it would solve the small blockage and I would be able to pass the test and go to the AME to complete exam. I suppose the AME must defer to the specialist. Now I need this procedure to be safe even though I routinely swim 20-50 laps at the racquet club pool - 82 inches long. I know I don't fit neatly into your scheme, but I miss flying and will probably eventually have the procedure done so I can be safe again."
**	"[Item 10] MedXPress was not in effect. I have always had good experiences with AMCS and the AMEs I have used over the years."
**	"[Item 11] Did not know about this!"
**	"[Item 13] Urine sample, blood pressure. [Item 28] Eyes - yes. Ears - no. AME provides very professional record review and medical exam. He is fairly friendly but conversation is pretty much limited to his asking questions, my providing answers. I have used this AME before and notice he always compares information from previous exams to one being conducted. If I do have a question he is always able and willing to answer. My personal physician may retire in next few years and I would seriously consider using AME as my new personal doctor (if he's taking new patients). I'm convinced he is knowledgeable and thorough which is more important to me than being super friendly."
**	"[Item 14] Failed - Type II Diabetes."
**	"[Item 15] After I submitted required items. FAA Aerospace Med Cert has changed what they want to renew a medical. That's fine, however, being told in advance would have really helped. I paid for GP doctor to run the same test twice this year. I was scheduled for flight indoc for much of the month so getting test run, paperwork to AME worked but I had 2 days to get it all done. All the stress was really unnecessary."
**	"[Item 15] 2 yrs. [Item 16] 1 yr to 2 yrs. [Item 36] 1 yr to 2 yrs. 1. Get appointment local doctor. 2. See local doctor maybe 2 weeks. 3. Make appointment with heart doctor. 4. 6 weeks see heart doctor. 5. Make appointment for stress test in six to eight weeks. 6. Take stress test. 7. See heart doctor in 8 weeks for results. 8. Send book of material to Oklahoma City. Take about 1 year to get my results. 9. Oklahoma City needs more information before issue med. cert. 10. About 9 to 10 weeks after send request get med. cert. Maybe 1 month left before start same process over again & cost 2500.00 to 5000.00. Is it worth it? Very poor service."
**	"[Item 16] Same day, but took several hours. Something needs to be done about the wait time after the exam is done, before the certificate is ready. That's something that has turned into a huge problem in recent years. Thanks."
**	"[Item 16] Same day. [Item 28] But not to my satisfaction. I just feel that an aviation exam should pay closer attention to eyes and ears and the 2-3 times I've gone in to my AME, the receptionist does the prescreening (fills out the form, checks eyes, ears and has one pee in a cup, etc.). The eye exam is a joke! I just find it ironic. And the hearing test machine they use is old and on its last leg. I know I have good vision and very sensitive ears, but what about the others?"
**	"[Item 16] 1 day (got it the same day as my exam). [Item 28] eyes - yes, ears - no. My AME and his staff were excellent. Very good/professional."
**	"[Item 16] 9 months 1. Was shifted from doctor to doctor several times. 2. FAA examiners (doctors) - shifted from doctor to doctor because they would not assume responsibility. 3. My two airplane organizations AOPA and EAA were very helpful in trying to expedite positive results."
**	"[Item 16] I got an OK letter. [Item 43] Where is my certificate? [Item 44] [Name] good - previous bad! [Item 47] Was a Part 135 pilot. Two and a half years ago I should have not lost my medical. My AME put the blame on Naproxen. Current Medical # coming. Existing medical [Pilot #]. Air Force pilot. Part 135 pilot. No accidents or

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- violations."
- ** "[Item 16] Terrible! [Item 17] This takes 2 1/2 months! [Item 18] But it took 2 1/2 months of delay's - problem with OKC - FAA processing due to mail delays of 6 weeks and 4 weeks. [Item 31] With FAA office - too slow! [Item 33] For 3rd class (not needed). [Item 36] Due to processing delays (poor). [Item 46] Fly VFR only (daylight and flat terrain low risk) my wife, co-pilot could take over in any event, which is more danger to public when in car. [Item 50] Reduce restrictions for 3rd class - since low risk. Suggest that OKC FAA Med office require only the internet data and not require paperwork mailed in addition. This slows processing horribly (2 1/2 months) Especially for lowly 3rd class. In my 28 yrs flying in and out of a busy airport, I do not remember any case of medical problems causing a crash. Older 3rd class pilots especially are more careful and take great pains to not fly over heavy populated areas or in heavy traffic and usually fly only day times in good weather. They cause few problems. The risk in driving a car in today's heavy traffic is considerably more risky. My wife is quite capable of taking over control of the plane in the event I should be sick or die. No risk to the public; in our car there is nothing she could do."
- ** "[Item 17] After report from another physician. I am an active farmer. Last year I flew 28 hrs. locally. I was given a urine test (for which I was told was invalid) which made my med certification questionable. I was sent to another dr. who took blood tests, the results were sent to FAA. Therein my med cert was granted. The expense and time I incurred is unreasonable and uncalled for."
- ** "[Item 17] Office staff doesn't get around to typing it up for a day or two. Give us a "No Change" block as an alternative to filling out the 8500-8 every time and risking inadvertent errors on a very busy form which requires very specific format to the inputs. I've only had two changes in 30 years!"
- ** "[Item 17] The AME "chose" to refer my application to the RFS or to the AMCD in Oklahoma City for review. Underwent lithotripsy for kidney stones. Also had arthroscopic procedure to remove gall bladder. My medical was held up for over 90 days, seems Oklahoma City needed additional info about .088 of synthroid that I have been reporting for over 3 years. Not impressed."
- ** "[Item 17] It had to be typed up. I have always been impressed with the thoroughness and care of the AMEs."
- ** "[Item 17] Regional Flight Surgeon was AME on info for me. [Items 19-27] It was handled by RFS [City] Center. [Items 28-30] Last time old AME did yes. I didn't know the procedure after I had to get FAA regional procedures done. I learned most from Dr. [Name] [City] Center & his secretary. He & she helped me very much. Thanks to them I got new III medical. Thanks [Name]."
- ** "[Item 18] ALPA Aeromedical coordinated thru the RFS. [Item 35] ALPA Aeromedical coordinated. [Item 36] Thru ALPA from RFS."
- ** "[Item 18] My date for application listed for special issuance was out by 1 mo. and he referred all info to RFS for issue rather than doing it himself."
- ** "[Item 18] Certificate issued but I also had to supply additional info. [Item 34] Fax. No complaints this year, but last year it took over 1 month to have my Holter monitor reviewed."
- ** "[Item 18] FAA office mistake! 1. Identify type of flying currently being done - Com? NonCom? 2. My AME tries to "sell" his particular weight reduction clinic for his personal gain unacceptable. 3. FAA needs to take a much closer look at Type II Diabetes - totally controlled! And reconsider what might disqualify some and not others!"
- ** "[Item 18] RFS said was ok on a Wednesday to my AME after 13 days, but wasn't mailed until following weeks, Friday - received Saturday. It just took longer than I thought for the referral to regional to get approved, but I understand its faster then OK City."
- ** "[Item 18] They lost or could not find the information sent by the AME."
- ** "[Item 18] Until I supply more info about medical conditions from 2005, 2.9 years ago. When I went to AME I filled out the exam as completely as I could, giving all true answers to the questions. The AME requested letter from 3 doctors on conditions in the past 2.9 years. Which I did get - however when I went to the FAA doctor he wanted 9 different things answered or completed. Can the FAA give the AME a sort of standard form about blood problems and different medical wanted a standard answer form so the pilots take one form to each doctor. So he doesn't have to go back and forth for different answers. The docs charge for every letter they write."
- ** "[Item 19] I'm not qualified to judge. [Item 21] Inexpensive. [Item 22] No need. [Item 23] I didn't request any. [Item 24] I didn't request any. [Item 25] Not needed. [Items 37-42] I didn't need to talk with them. They only sent letter."
- ** "[Item 19] Other doctors provided some required exams. When having to get reports necessary for waiver for coronary artery disease, Type II Diabetes and Sleep apnea it would be helpful if the FAA AMCS would provide a form for the cardiologist and other doctors to fill in the blanks. Doctors often have to re-write letters because they leave out required info and AME has to ask them to redo the letters so that all required info is included."
- ** "[Item 21] Don't know what going rate is! The medical form that applicant fills out each year needs an update. Some lines have too little blank space for the info requested. In other cases, it is not clear on which line the requested info should be entered."

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- ** "[Item 21] Yes."
- ** "[Item 24] I didn't request info. Airmen should have the option (at least for class II and III certificates) of having their regular PCP fill out an FAA form at their regular physical exam to reduce wasted time and money. The doctor would probably need to charge a little extra, but not as much as an entire additional exam. There is nothing in a class II or III exam that couldn't be done in an ordinary medical office. The public is more at risk from an impaired driver on a highway than from an impaired private pilot in average airspace."
- ** "[Item 28] Charts, lights, auditory machine? The FAA medical certification process is a joke! My AME is very thorough, but still only a B+ on a good day. I have had countless other AMEs that checked one ear and one eye and used a whisper as a hearing check along with a "how are you feeling". There is no periodic blood work only a superficial urine test. There is no standardization. Airline pilots are more stressed than ever and yet nothing other than a blood pressure check. Add some blood work and some real urine test beyond white blood cell count. And try some standards."
- ** "[Item 28] Eyes - yes. Ears - no. MedXPress was very hard to access for a couple of days. Kept getting error messages."
- ** "[Item 29] For EKG. The distance I travel to my AME and the 2 hours every six months it takes are not "fun" but I have selected this AME over other options - those AMEs were unacceptable for various reasons. I have complete trust in my AME."
- ** "[Item 29] Unsure. I'd like to see the effective dates for a 3rd class medical lengthened, especially for age 40 and under. I feel that 3 years is too short. Possibly 5 years? I understand 1st and 2nd Class timelines, but I think the 3rd class could be relaxed a little bit more. We are already required to have annual flight reviews, and that should be the time where pilots are fully examined yearly. Thank you!"
- ** "[Item 3] Three hours by boat."
- ** "[Item 30] Don't remember but do not think he did."
- ** "[Item 30] Can't recall. My examiner was quick, professional, and easy to talk to. I was truly impressed."
- ** "[Item 32] Satisfied w/exam but don't know if AME or Oklahoma City caused the 7 month delay. [Item 33] This is a judgment call. How would any of us know. Process took nine and a half months."
- ** "[Item 33] My AME talks to my heart doctor. I suppose I'm a special case as I had a pacemaker installed in 1999 and pig valve in 2000. I have had to get medical test of my pacemaker tracings and echocardiogram every six months, plus my heart doctor's personal letter, and send everything to Oklahoma. Many times my heart doctor's letter didn't get sent with the package and it messed up the timing. It seems it takes 90 days to get someone in Oklahoma to OK all the paperwork, and if any is missing, another 90 days to correct. The pacemaker and pig valve have given me good service and I still am very active and can work 10-12 hours a day and still have energy to do many other things."
- ** "[Item 33] Unknown; how do I know how many accidents are avoided?"
- ** "[Item 33] It is a waste of time & money! [Item 44] A total waste! 1) I have a pacemaker but am not nor have I ever been pacemaker dependent. Yet I am bothered every 6 months with expensive, needless test results. My cardiologist has consistently written that I am NOT pacemaker dependent. If it stopped, I would have no problem flying an airplane. 2) This last 6 months I was asked for doctor's reports on kidneys - (I had a kidney stone 15 years ago) & a hip replacement (which was done 7 years ago). Neither was a problem but I had to pay for useless doctors' reports."
- ** "[Item 33] To answer would require data of another country with control group (medical) of field experimentation (non-medical). Please use your resources to establish health! Follow guideline of the American Medical Association. Medications for disorders & diseases are to restore health. It is my understanding that you (FAA) use them for excluding people at age 47. I question the removal of pilots due to age. They are a wealth of experience & knowledge we cannot live without. I would rather see a medical restriction that required them to be with a copilot at the time, rather than loss of medical & knowledge pool depravation. By the way I am married white male 130 lbs with no medications or health issues. [Name]."
- ** "[Item 34] Do not trust FAA staff to be honest. If you wish to help general aviation (non-commercial) please drop the Class 3 medical for part 91 operations. However, we all know that the FAA does not like GA and is actively trying to kill it off. See attached sheet if attached sheet is missing, staff has probably suppressed uncomplimentary comments, on the other side of this sheet. The third class medical for non-commercial operations is at best, "a solution looking for a problem to solve". The 3rd class medical should be abolished, and replaced with self-certification for private pilot operations, as is done with other ratings (Light Sport Pilot, Balloon Pilot, Glider Pilot, etc). There are so very few medically-related incidents or accidents as to be statistically insignificant by almost any criterion. Even for the quite literal handful of medical incidents, the pilot is almost always carrying a valid medical certificate, often recently issued. So there is no predictive value to a current medical certificate. Cynically, it seems that the main goal of the system is keeping hundreds (perhaps thousands) of bureaucrats employed, with no tangible benefit to the pilot, the public, or the industry. The

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medical certificate is a significant procedural barrier to pilots with even minor medical issues - most that do not meaningfully affect the safety of flight operations or the degree of risk to the public. Whenever a pilot has any minor medical issue, they are swept up into an uncaring, inefficient system that makes the IRS look warm and friendly. The FAA medical seems to exist primarily to perpetuate itself, with a secondary goal of creating the greatest possible expense and inconvenience to the pilot. The pilot is presumed guilty until proven innocent, and that process can take many months and consume many thousands of dollars to resolve. And any resolution is temporary, with the same issue creeping back up at the next renewal cycle. I have seen some very good pilots grounded for insignificant medical reasons and procedural nonsense. These are pilots that I respect immensely, and would not hesitate in any way to send loved ones into the air with them - medical certificate or not. Eliminating the 3rd class medical would be the single best thing that could happen to revitalize general aviation. Alternatively, make each and every person sit for an annual aviation medical exam, with the threat of losing their employment if they fail to pass. Make the FAA staff live with the same system that the pilot population suffers under. These comments are being written by a pilot who is currently flying on his very last medical certificate. I am a very good and very safe pilot - who is routinely complimented by very high-quality CFI's on check rides. In fact, CFI's routinely come to me for type rating advice and informal instruction. I am physically much fitter than most of the people who sit in judgment of my medical status. But it is simply becoming too much hassle to continue fighting the FAA medical system every two years. When this certificate expires, I will leave aviation forever. Meanwhile, incompetent and unsafe pilots who can pass the exam will continue flying and creating a hazard to aviation safety."

** "[Item 34] Personal contact face to face at Sun 'N Fun Fly-In."

** "[Item 35] I think it was about prior med. history. [Item 36] I don't remember. Compliment: Overall, it was a fairly smooth experience! Complaint: Why must we have to fill out the same medical history information time after time? Recommendation: Leverage the use of technology to only include the pilot's new medical changes to the system. Whether its adding info or removing it. Not recalling a lifetime of medical info."

** "[Item 35] OKC regarding issue date of certificate. My AME supplied me with information that OKC FAA would require. However, it still took two round trips to get all the information and several hours each time. It also was difficult to get required information from cardiac physician, etc., of all tests done. They do not make photo copies. Should have some type of FAA printed easy to come by typed information folder which spells out in easy to read answers to what is required. It all turned out to be nothing and took several months to get medical."

** "[Item 35] Wonderful folks. I was treated so extremely well by Dr. [Name] and his assistant, I couldn't believe it! Very helpful, understanding, professional, and kind. I found it hard to believe I was in OKC! Absolutely the best."

** "[Item 35] Doctor only. If it isn't broken - why fix it? Old system works just fine. You could spend the money on more pressing issues! Good luck!"

** "[Items 37-42] I submitted hard copies by FedEx. Recently I have had no problems with the issuance and review of my medical certificate."

** "[Item 37] Did you receive useful information as requested by the FAA - Great extent. [Items 38-39] No request made. [Items 41-42] Telephone. [Item 42] Did you mail or Fax requested information from the FAA - Fax. [Item 43] Did you respond promptly to the requested information from the FAA - Great extent. My medical exam was applied for on May 8, 2008 over nine months since my surgery. My prosectomy was performed on 8-14-07 with no complications and asymptomatic from the disease. My answer to the medical certificate application that asks if you have seen a doctor recently was "I had a prosectomy." My AME read my notation and all he said was that he would "have to flag this to the FAA." He never asked me for my medical records in regard to this operation, that I had, just the name of the surgeon that I gave. I was told that I would be notified later of the results and I was excused. Several days later I was asked by the AME's staff to send them my current medical records, which I did. I also called the Mayo Clinic and asked them to send my medical records to my AME's office, and they did. I told the Mayo Clinic of my situation and would they please notify the FAA of my condition, and they did. My summary of the whole situation is that it could all have been taken care of on the day of my application 5-8-08 by the AME reviewing my records that I had and by calling the Mayo Clinic in Phoenix to obtain my prognosis, progress and my urologic condition and see no reason to prohibit me from obtaining my medical certificate at this time. My AME just did not want to take the time and effort to do so."

** "[Item 37] I didn't ask. I see my local ME in Alabama but everything goes to AMCD. We don't communicate with the regional office."

** "[Item 45] Did have 2nd Class until FAA revoked! I feel that the FAA is unfair to pilots with medical conditions. The FAA does not bother to get adequate info before taking away pilot medicals. I feel the FAA is not as educated as they should be on certain medical conditions and they jerk medical certificates without just cause. Then the FAA takes their time processing requests for reconsidering reissuance causing pilots to lose precious time on their license and costing them hundreds of dollars just to get the FAA to give them back what is legally theirs. It does not take a month to scan a letter!"

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- ** "[Item 46] ATP covers IFR rating. [Item 47] Currently seeking employment. Not so much a recommendation as an observation and suggestion, when I applied to get my medical back, one of the things the FAA required was a stress test with radionucleatide, now as you may or may not know, this entails having a radioactive substance injected into a vein so pictures of the heart may be taken, now, the FAA requires these pictures to be actual pictures on paper, the only problem is, no one puts them on paper anymore, they are put on CD type disc, my medical was delayed because of this, when I went to my cardiologist to get "paper" pictures, I found out that nobody does paper pictures anymore, they are all done on disc, when I called FAA med in OK, they just said "ok then, don't worry about it", so I had a procedure done that the FAA couldn't do anything with anyway. Did as I said, this delayed my getting my medical back by probably 6-8 weeks."
- ** "[Item 46] Currently working on IFR. I was very satisfied with the quality of service. Easy access to location and very professional doctors on staff. Thanks."
- ** "[Item 46] Flight engineer."
- ** "[Item 46] Float/Sea plane Single Eng. The time to have a pilot re-instated because of a correctable medical issue takes way too much time. We know of many other pilots that have had a correctable medical issue go through all the paperwork and medical test only to wait for years to get their pilot license back, if at all. Why can't this be corrected? Someone needs to be held accountable!"
- ** "[Item 46] Multi-engine rating. It costs me \$500.00 for Class II. I'm retired from federal government and if I have back up documents these should be used as my own physician already took EKG, blood, etc. I'm not flying for hire but since I did in past want to keep Class II. This doctor made me do stress test, EKG said FAA wants this."
- ** "[Item 46] SES. Very professional in all respects."
- ** "[Item 47] Air Traffic Control and a private pilot. AME know what they are doing. FAA should advise AME that pilots must contact them if any reason arises that would make their medical invalid. Also, that the medical expires when they cannot meet the requirements and not necessarily on the anniversary date."
- ** "[Item 49] Overseas FAA. FAA is doing a great job. Keep it up! [Name]."
- ** "[Item 5] Knew personally, I thought! I am acquainted with many pilots (non-employed) and the general impression of the FAA medical certification process is it is a sham. Some pilots conceal information. Others, who are perfectly fit to fly are denied. The recourses for reapplying are so tedious it simply is not worth the effort. Certain AMEs have a good reputation for being helpful. Others are, it seems, more interested in self-importance. A pilot must know the AME he sees; the system is not consistent. In my case, the information from my physicians that I was (am) well and more than capable, was ignored so we fly anyway! Other pilots are flying "time-bombs". Good luck."
- ** "[Item 50] Very satisfied."
- ** "[Item 50] What is done though is done well. Based on the number of accidents both on and off airport that the NTSB traces to pre-existing medical complaints for which one can screen, I feel medical certification is not effective. Effective interdiction for drugs and alcohol would yield greater safety."
- ** "[Item 6] But after doing 6 or 8, I know the routine. [Item 7] I use AOPA TurboMedical. [Item 8] But I copy onto his form at time of office visit."
- ** "[Item 6] But they don't issue the certificate. [Item 9] Couldn't use. [Item 16] After submitting required reports and paperwork. [Item 25] I didn't request info. Compliment: It seems to be working pretty well for me. Compliment and Recommendation: Initially, it took quite a lot of research, (numerous) phone calls, letters, etc. to discover how to get the job done. I've met plenty of other pilots who were not as aggressive as me, some of them are still patiently waiting for their paperwork to filter through the system. Maybe I was, and am more highly motivated, my livelihood depends on flying. Even as recently as my last issuance procedure I still have to stay right on top of the procedure to keep it working in a reasonably timely manner. My AME (or at least his staff) doesn't completely understand the procedure for special issuance of a medical certificate. Often they hold onto my paperwork for quite a while after my actual flight physical even with my urging. I'm not complaining I just have to be willing to do leg work like taking my packet to the post office myself, paying for overnight delivery, and calling the Western regional office to pave the way. They are always very nice and very helpful. In the last 7 years they always came through for me. My recommendation, make the system easier to use. It also occurs to me that the reason that I'm doing the renewal the way I am is because my AME could sign my medical but he is reluctant to do so in California, the litigation capitol of the nation."
- ** "[Item 6] He has my records. During my last medical, my doctor who is also an examiner had surgery himself. He was not able to answer request for additional information. Therefore, there was a delay in getting my medical and I couldn't fly for several weeks. I didn't know who to contact & was depending on my doctor to answer the FAA letter."
- ** "[Item 6] I knew to bring it. At my level, put pilot over 50 yrs old, the system is simple and it has worked well for me for the past 19 yrs. I like my AME. We have good discussions after my exam - the experience is enjoyable. I feel there are good AMEs here in Connecticut and have never heard any complaints from our local pilot

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- community. Bad news travels fast and I have heard none. This is a good thing so keep up the good work. If you do change the system, do not! I mean do not make the abrupt change as the FAA safety (wings) program. There was no transition from the old to the new and many left the system. Thank you for allowing my input."
- ** "[Item 6] Mail all to FAA at Oklahoma City. [Items 19-27] No physical exam, forwarded all medical data to FAA at Oklahoma City. [Item 32] Was diagnosed with AMD in left eye, but there are one-eyed pilots. [Items 37-42] All contacts were thru mail. [Item 43] Never talked to any representative, mail only. [Item 45] None, discontinued flying. [Item 48] Not employed in aviation, have not reapplied for class III license - not flying anymore. Sorry! Have been flying for 39 yrs, owned my A/C for 20 yrs, but since I was not able to satisfy the medical, I decided to quit flying for public safety. I have had my fun, now I leave the skies to others to enjoy."
- ** "[Item 6] They have my history. Keep up the good work! And tell us about MedXPress."
- ** "[Item 6] Brought it anyway. [Items 6 and 17] Very difficult to find out what information was needed, or was going to be needed, by my AME and RFS in terms of treatment and treatment summary from my non-FAA doctor. [Items 15 and 16] It took approximately 10 days to get my AASI from the RFS. I believe this happened as quickly as it did only because I paid a consulting service to advise me and my treating physician, what would be required by the FAA in terms of records, tests and, most importantly, treatment summary letter."
- ** "[Item 6] Had to list all current prescriptions. [Item 18] Response time too slow. Average 30 days for each additional requested information. Due to the medication I am taking, I had to deal directly with Oklahoma City. Also, had to repeat physicals, heart monitoring, blood work. Too much time for results from Oklahoma. Took me 6 months for my medical which was issued in October '07 and expired in December '07. Took 60 days to get my renewal. No communication with Oklahoma except by mail. No phone. No e-mail."
- ** "[Item 6] Have been going there for 5 years. Current doctor is great. Previous doctors were not up to standards. It would nice to be kept up to date on: which meds are allowed, what type of physical ailments are disqualifying, e-mails from FAA to pilots explaining those items and what the essentials of a correct FAA physical are."
- ** "[Item 6] I knew what was needed. After receiving a kidney transplant 05/07, it has been a pleasure working with FAA Aeromedical. It appeared to me communication between all doctors at Alpha, FAA, and transplant specialist worked well. Thank you for forward thinking, common sense, medicine."
- ** "[Item 6] Initially and continually. [Item 33] Many other processes and procedures provide greater safety. Need more examiners."
- ** "[Item 6] My AME is also my physician. [Item 7] My AME submitted it on-line. [Item 10] Physician took care of it. [Item 14] We had to do further test because of meds. I recently began taking meds for high blood pressure, cholesterol, and BPH. I could have had the test run ahead of time. Then, I was informed that the test had to be run and the FAA had to have the results in 9 days. My AME was going on seven days vacation the next day and then we were informed that if we didn't get it in within the 9 days then we would have to wait for 3 months or more. I had just had a costly engine rebuild and needed to be flying the engine. My AME came back in time to get the test results in. Naturally, all of this happened on Friday afternoon."
- ** "[Item 6] The office has it. [Item 33] AME can certify your physical condition at time of exam only, not for the following period of months. The pilot then must certify himself seems a valid state drivers license would suffice as valid to fly as a private pilot."
- ** "[Item 6] They had my previous history - 15 years. [Items 20-27] Yes. I have a physical every year since I got out of the Air Force which makes a second physical double cost. Should have some way to work this out."
- ** "[Item 7] It was years ago. [Item 9] When I got my private pilot certificate there was no MedXPress!"
- ** "[Item 8] AME has requested I Do Not use MedXPress. [Item 17] The AME did not understand how this is done. [Item 35] MedXPress help line. Please describe how a person will receive cert. and the time it will take to get. A flow chart would be helpful. My AME and I did not understand who did what at each step of the process. Before TurboX I would walk out with my cert. now I had to wait. Is this faster? Not for me, or my AME."
- ** "[Item 8] He didn't use. [Item 11] He didn't try. Have MedXPress repopulate for future exams."
- ** "[Item 9] Doctor handled it. Understand you must protect...but the depression-med, auto-denial practice seems to lead to deceit/concealment. Especially among professional pilots that might otherwise get help. US is way behind the rest of the civilized world, again, in understanding medical conditions. Very frustrating. I'm on meds now and I'm not depressed - perfectly fit to fly (isn't that the purpose?) - but I was going to (was considering) not getting treatment just to keep my medical certification. It just seems counterproductive and a little backwards to categorically deny certification based on meds alone. I mean, I'm under a doctors care for these. Now I may not be able to fly for a long time because I am seeking treatment. Thanks."
- ** "[Item 9] Don't know what this is! [Item 18] I didn't send in info - I'm in very good health, an excellent pilot, and you wanted unreasonable info."
- ** "[Item 9] I'd rather do just about anything not on-line but I'm old-fashioned. [Item 33] Hearing should be tested more precisely. Check hearing better."
- ** "[Item 9] What's MedXPress? [Item 12] I don't have any medical history. [Item 16] They typed it in the office

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- same day."
- ** "[Items 22-25] Don't really know how to answer these."
- ** "[Items 23-24] Didn't request info. [Items 37-42] Mark all that apply! [Item 45] Air Traffic Control Specialist. [Item 47] Retired ATCS. [Item 48] Not employed; retired ATCS; Part 91 operator. Whoever dreamed up this survey needs to think more broadly! Surely I am not the only private pilot/air traffic controller who operates under Part 91 who is retired. This also applies to the genius who mailed me a letter years ago after I had a motorcycle accident and was unconscious for 2 hours. The letter came months after my Class II certificate was issued stating, "you can still fly an aircraft but don't you dare if you have anymore periods of unconsciousness". They totally missed the fact that the reason was the motorcycle crash and that I was also an air traffic controller & that I had & still was separating aircraft since the Class II exam. Jeez Louise!"
- ** "[Items 28-30] Eyes = Yes. Ears = No. [Item 35] My AME had contact - I don't remember communications with the FAA AME. [Items 37-42] My AME had contact with the FAA Med Rep."
- ** "[Items 36-42] Question did not apply to my case. About 3 weeks after my medical, a new medical with an administrative correction was forwarded to me, along with a letter of explanation. All my experiences with the staff both in Oklahoma City and Washington, D.C., has been very positive. I found that if you are up front with the FAA, the FAA will work with you to get you certified."
- ** "[Items 37-42] Regional FAA only. Dr. [Name] of the [City] Regional office reviewed my application due to a history of ductal carcinoma in situ. [Name] informed me that he required me to submit chest x-rays & liver tests. When I inquired regarding the statute covering his mandated exams he either could or would not provide the information. When asked regarding the frequency and duration of said testing, again, no response. I found his attitude combative and elitist. [Name], the original AME was very helpful and encouraging. He seemed very knowledgeable and forthcoming. My experience with the Oklahoma FAA was also positive. I was kept informed of the progress of my application in a timely manner. [Name] [Pilot #]."
- ** "[Items 37-44] Didn't talk to them directly. The doctor did a great job. Very professional."
- ** "[Items 37-44] Only by mail. I would like to share with you my experience. Six years ago I had a heart attack which resulted in triple bypass surgery, I have had for the past six years done a 12 lead treadmill stress test and have been flying with a special issuance medical. Last year it cost me \$600, this is paid out of my pocket, I fly for pleasure. I know other pilots flying who have had heart attacks, who are 10 years older and they are only required to have this stress test done every other year. I have asked my doctor if he sees anything that is inhibiting my health that would require me to have a stress test every year. His response, I see none. I sent a letter with my stress test pack in last year and asked what it was that the examiner sees that wouldn't disqualify me to have my stress tests done every other year. If he sees something that concerns him on my medical condition I would be very interested in knowing my full medical capability to be P.I.C. I received no reply back when I received my special issuance medical certificate. Just the same information I get every year, saying the medical was good for another 12 months and submit the stress test in the required time period. Because of this, I am forced to stop flying. Because I cannot afford to keep my medical."
- ** "[Items 37-44] Re: Special issuance of Class 3 medical certificate. These comments apply to the first time I talked to and provided information to AMCD about 8-9 months ago. Most recent submission resulted in receiving certificate in 16 days. Amazing improvement! This questionnaire really doesn't address efforts required in acquiring a special issuance medical certificate. To summarize briefly, in July 2006 I had a LAD stent implanted. No previous heart problem - no pain, discomfort, angina. Hospital tests disclosed no heart anomalies. Submitted data to AMCD IAW protocol. AMCD requested EKG, for example, saying it was not recent enough. But protocol is totally silent in specifying currency. Then they managed to lose some of the data submitted. I know data package was complete because I assembled it IAW protocol order, put it in tabbed (referenced) loose leaf binder. And FAA Ok City personnel managed to lose it. All this time the clock was running and when they finally issued the medical, it was good for about 6 (six) months before expiring. Submitted most recent data package in June and got a wonderful surprise something like a 16-day turn around. That's great but I still have a problem with a comment on the cover letter that says in effect that my "ECG is abnormal" and "of no use in assessing your cardiac status". In classic bureaucratic foolishness no explanation of what the abnormality is and why it exceeds some quantitative measurement criteria. That's pure nonsense. After all, most all medical criteria for such conditions as eyesight, hearing, blood pressure are spelled out. Why not for an EKG/ECG? When I talked to an AMCD rep 1 1/2 years ago I couldn't get any information or help whatsoever. The rep was rude (maybe a "bad hair day") and said send us the data and we'll decide on whether it meets our "undefined" requirements. What really needs to be done is to develop a survey and questionnaire directed to those who have had to apply for a special issuance certificate. I'm sure a lot of informative and useful information on AMCD performance and effectiveness could be obtained. And corrective measures to improve the special issuance program could be developed."
- ** "[Name] & the [City, WA] office were of great help in getting my medical certificate approved in a timely manner. (I had two issues that could have resulted in a "special issuance" situation. I received clear direction & great

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- help in collecting the information needed for the FAA medical system to decide my case). Thanks!"
- ** "[Name] handled my issue with much more care and respect than I have come to expect with government employees. I was impressed."
- ** "[Name] in [City, UT] has been phenomenal to work with. The medical division in OKC was abysmal to work with for previous medical certification. Very difficult to get information from or to."
- ** "[Name] is a fantastic AME and I am in great health."
- ** "[Name], [City], CA, threatened to fail me because I did not have my vision checked prior to exam. My vision doctor at Kaiser said it was a big threat for someone who has good vision. It was an unpleasant experience and I refuse to go back for any other intimidation. I expect doctors to be fair, consistent with FAA regulations and be straight foreword. No B.S.!"
- ** "1. A pilot may drop dead leaving the exam and doctors office after passing exam. 2. Eyesight, hearing, mental acuity, and physical dexterity are primary concerns for me to access my ability to aviate. 3. My AME is also my primary care provider. 4. I have never had to communicate with the FAA medical flight surgeon. 5. Could not get on-line survey via internet explorer, and I didn't not want to screw around by e-mailing or pay to call."
- ** "1. All the AMEs I have seen over the past 47 years have been very professional, helpful, and fair. 2. The system from my perspective is working very well. 3. Recommendation: Consider - homeopathic medicine be included on the approved drug/Rx list."
- ** "1. Always professional, personal, competent and pleasant - reassuring. 2. Ultimately, the individual airman and flight deck team are responsible for safe flight operations. However - maintenance, certification and medical fitness quality assurance certainly plays a role in the pursuit of "zero" mishaps. Your conscientiousness is well taken and appreciated. Thank you."
- ** "1. AME failed to accept recent certification and detailed clinical history from my internal medicine specialist relative to my VERY minor and completely controlled hypertension, with no heart history or other physical issues. He expected me to repeat expensive and unnecessary testing after being completely cleared by my physician, in writing. My personal physician was amazed and thought it to be completely overkill. Additionally, if I did not repeat the tests, he would fail my physical and send it to the FAA. I invited the AME to talk directly with my regular physician. He said he had no time. The tests he was requiring would have cost approximately \$1000-2000. For a third class certification, very minor and completely controlled hypertension, it's nuts. As a result, I neither have a certificate, nor do I fly. Frankly, I could have told the AME I had no hypertension issues and he would have passed me. There was no other clinical evidence to indicate I otherwise had an issue. The price you pay for honesty. The process needs work. Disappointed I can no longer fly. I refuse to pay unnecessary expensive testing. Weeks later, I received a note saying from the FAA I "failed" my physical. I sent a response back indicating I had not failed anything other than to provide information...never heard back...very government like actions and classification. As a technical matter, the physical was incomplete, not failed. Aside from this incident, I remain in top physical condition, playing tennis three mornings per week and working as an executive for a mid-sized corporation. I am completely dissatisfied and feel cheated because I was honest. I can assure you, there are pilots flying the airways with plenty of medical issues. Thanks for allowing the input. Regards."
- ** "1. Create an information internet page on the internet that informs applicants of the tests and copies that are required for certification with various medical conditions. 2. Send the letters not only by regular mail, but also by e-mail. Every letter sent by mail takes at least 4 days. E-mail is instant. 3. Sometimes the representatives told me the case was under review and I received a letter the next day asking for more information. Their system needs to be updated faster. 4. It took almost 2 months for someone to look at my case and decide what information I needed to send. You need to hire more people. Two months is a ridiculous amount of time. 5. I lost 6 months of pay waiting for the FAA to review my case. That is at least \$15,000 of pay I will never see. But the bills do not stop coming. 6. Every time I sent some paperwork, it took at least a month for somebody to look at it. Almost 2 months until I received some sort of reply. 7. I had to call every workday in April to request information on my case, always on review. 8. I have to send tests in October for my next renewal in November. I hope that the process is better and faster by then."
- ** "1. Dr. (AME) retired with no follow up. 2. Tests requested by FAA are very expensive. 3. I have given up and will not get a medical. However, will not send in my license - in case I change my mind."
- ** "1. Eye and hearing test was done by a tech that seemed to know little about how to give it and had poor communication skills. 2. I was denied a III class certificate because of a hernia. However, the other reason was for neurological reasons. This was based on a question about taking aspirins. He asked did I take them. I said "Yes ever once in a while like 99% of the population. I explained that to him. A hernia I can understand denying a class III for, but taking an aspirin three or four times a year does not indicate neurological condition! Thank you. P.S. He just seemed to want to rush the process. Also, how can I change the "neurological" curse without a lot of expense."
- ** "1. FAA needs to study and become familiar with the various sleep disorders. 2. FAA should study the effects

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- of the various disallowed medications on an airman's ability to fly. 3. FAA should allow dose dependant use of certain disallowed medications if such treatment improves the airman's condition. 4. Regarding sleep disorders, the FAA should be more concerned about pilots with untreated sleep disorders rather than those who are under treatment by a sleep physician, even if this means taking low dosage of a disallowed medication, such as Clonazepam. 5. Concerning the disallowed medications, it is my opinion that there are many pilots who do not seek treatment for various conditions, if treatment requires taking a disallowed medication, and therefore loss of the medical certificate. 6. FAA should consider allowing Special Issuance of a medical certificate in selected cases in which an airman is taking a low dose of a disallowed medication, providing such airman provides medical documentation of the stability of the condition, provides documentation from a CFI/CFII of his ability to fly while taking the medication, and the airman takes and passes a special medical flight test, pursuant to FAR 67.401."
- ** "1. Faster approval times for students that have to submit extra paperwork for certain medical conditions that they may have or have had in the past. 2. More easier and open communication for students that are waiting for approval on their medicals. Should always be someone that they can go directly to - to find out the status of their medical."
- ** "1. Feedback by letter what information was missing? 2. No response after they got info. 3. I still do not know the status."
- ** "1. For all class III make the medical exam optional. I'm sure many aviation insurance companies would offer substantial discounts to those with medicals. 2. Include some form of medical education (i.e., prescription drug, OTC drug rules) in the BFR syllables."
- ** "1. I came back to flying about 10 yrs ago. The FAA medical certification system was broke. The system is working much better now. 2. I think commercial certifications should be handled completely separate from recreational flyers. If there is going to be a delay for anyone it should be recreational. The working pilots should get priority handling. Not to help their company by the way, to help their families."
- ** "1. In the process of providing documentation to support my special issuance medical, either the AME's office forgot to fax it, or (more likely) it was lost in the FAA AMCD paper shuffle. Subsequently I received the typical 30 day letter or loss of medical. 2. While I realize that quality of doctors varies, for me as a special issuance, greater trust needs to be put into the professionalism of the AME in evaluating my safety of flight abilities, minor items, in my case this year, such as skin cancer removal, should be within his purview. The FAA AMCD is not my personal doctor; nor do I subscribe to the practice of internet doctor prescription services, keep the AMCD requests to safety of flight relevant issues."
- ** "1. Medical certification should not be required for private pilots ticket (Class III). 2. Local AME should be able to issue Class III certification at time of exam. As it stands now."
- ** "1. MedXPress is unduly complicated and obtuse. If I, as a Sr. AME and computer literate user can not get it to work, how do you expect the average pilot to be able to complete it? 2. The AMCS server is very slow in the back and forth exchange of information and checking that is required. I am on cable and have very fast exchange with all other websites. 3. The drug checking portion is the very worst! Very slow, frequently trade names of common drugs are not present although I have personally added them to the database several times - Vytorin is one of the worst! 4. The FAA should have an easily accessed prohibited drug database - why do we have to use the AOPA drug database for information on drugs we are not familiar with? 5. The AMCS hot-line staff and AMCD physicians do an outstanding job of handling our problems in medical certification."
- ** "1. Provide a medical track for all certified pilots with interval based on age. 2. Track all regularly prescribed pharmaceutical for certified pilots. 3. Provide guidance to AME for required test (EKG, stress, etc.) based on medically accepted thresholds. 4. Extend interval period of medical certification based on trend and event history. 5. Include smoking, traffic and misdemeanor history in trend tracking."
- ** "1. System works well. 2. For my ASE and medical condition I am on a 1 yr. medical exam cycle and have not requested an exam beyond Nov. 30, 2007."
- ** "1. The AME was thorough in his exam and professional as well as courteous. But he spent a lot of time in dialogue that had nothing to do with medical certification. 2. One of my biggest complaints is the timing of sending paperwork to Oklahoma City and the undue time it took to receive answers. After spending countless money and effort to satisfy FAA required medical testing, often with FAA mandated time limits for submissions, the FAA responses are at their pleasure. If I am mandated to respond within 30 or 60 days, why can't the FAA do the same? Months go by eating into the time limits for the various Medical Classes often times requiring recertification in only a matter of months. It's a waste of time and money as well as very frustrating. Please speed up the system. It can be done. We pilots want to fly and do it safely. Help us to achieve that with support not bureaucratic hindrance."
- ** "1. The FAA has a 30 day timeout cancellation policy on paperwork for special waivers for heart stent patients. I understand that some timeout is appropriate, but I recommend that it be changed to 90 days. The 30 day

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- timeout is difficult to meet without using Express Mail, which is expensive. 2. The process for me to get my certificate back took about 6 months. My AME told me this is typical. However, the certificate was issued to be valid for one year from the original exam date, rather than from the grant date. This makes the certificate only valid for about 6 months. I recommend that the validation date be one year from the grant date rather than the original exam date unless the exam and waiver process extends more than one year, in which case the applicant could be required to start over. 3. The cost of the medical tests and procedures to satisfy the FAA requirements in my specific case was probably about \$1000. Although most of this was paid by my insurance, I believe that a comparison of the costs of this process to the national health care system versus the benefits to the nation would argue for a relaxation of the process requirements. This is especially true due to rapidly rising health care costs in the nation. I appreciate your consideration."
- ** "1. The only clear way I had to discuss this issue with the FAA was via Air venture, Oshkosh, WI; I am very grateful that the FAA medical services group participates w/the EAA to provide face-to-face contact. 2. I called a number of people trying to get my medical certificate back; it took 18 months and the issue turned out to be a clerical error (not medical); a large waste of time and economic loss. 3. In reviewing accident statistics, it appears the number of accidents due to medical complications is about the same for surface travel and air travel; I recommend elimination of extensive medical review for air travel as there is no proven or compelling reason to justify it."
- ** "1. Tried to use the on-line, would not accept the Username. 2. My flying ended due to a mistake of a 80+ AME who is now deceased. What a shame."
- ** "1. [Item 8] Question needs clarification: what is the title of Form 8500-8? And what is MedXPress? 2. [Item 6] The general sequence is to fill out a med. history form before the appointment. 3. I tried to use the internet survey and was not allowed access with the username included with these survey documents."
- ** "1. AMEs are hard to find and often busy with their regular patients and often their specialty has nothing to do with a general physical. I find it odd to have a physical that is more thorough with my dr. and then go to some stranger just to have my eyes, heart and lungs checked. I recommend that you allow General practitioners perform a full physical and it would qualify as a medical certificate. This would ensure that the exams were more thorough, and it would be done by ones own doctor who would be familiar with the pilot's medical history. 2. I provide on-line medical forms for companies. The medical certificate could easily be done on-line, you would get instant notification of issued medical certificates by what dr. you could run reports on any information collected on the form. If you are interested: [E-Mail Address]."
- ** "1. Cost is too high, \$85.00 - 95.00 for a 10 min exam. 2. Ability to have family physician perform and send EKG."
- ** "1. Cross reference names with ID/case numbers. 2. FAA is too impersonal - obviously most decisions are made by second/third level staff."
- ** "1. Drop the yearly EKG. Do it every 2 yrs or so. 2. For those of us w/excellent, consistent exams, let us go every 9 months or every year. Every 6 months is hard to schedule when we work a full month of flying."
- ** "1. Have AME follow specific guidelines, and not their personal opinions. 2. If there is a slight temporary medical problem, there should be a short time to correct problem with doctor before AME sends in rejection."
- ** "1. It took over 2 months from the AME exam to the FAA first letter to arrive, with a 30 day turnaround - after the letter took over 5 days to get to me. Not enough time to make proper appointments, and execute - Thanksgiving holiday. 2. This survey is dated 1 July 2008, it arrived on July 26th? 3. Return DATES required for return information to the FAA for certification were not clearly stated. Should be on the top of the letter in block. i.e., RETURN REQUIRED BY: or WITHIN 30 days of Letter date. 4. Address for FedEx is something like 5 lines. Someone needs to cut this back to 3 lines. Think what it takes to fill forms out. 5. Requests for information appeared to be punitive. Eye doctor (years of practice) indicated had never heard of FAA requesting information and test they requested of me. 6. Final instructions to me with certificate required 2 readings to understand. Lots can be done here to improve the FAA process for exceptions. Thanks for allowing me to participate in the survey."
- ** "1. My most recent certificate was issued with the wrong date, and indicated that it would expire a year before it should. Checking the on-line FAA medical certification database revealed that the FAA records were correct and that my certificate contained a typographical error. I therefore applied for a copy of a correct certificate and instead received a letter saying that I had to submit a lot of supporting documentation to prove that I could hold the certificate, even though my certificate was still valid. Going through bureaucratic hoops like this one, just to get a copy of a valid certificate indicates that the certification branch focuses on the wrong things and wastes their time as well as the time of the GA pilot and his/her doctors. 2. Certify the commercial passenger carrying pilots makes sense. Class III medicals for GA pilots does not make sense. Save the budget and eliminate them."
- ** "1. Special issue time has improved - thank you. 2. Several times I have included recommendations by my

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- cardiologist and have never seen any indication that they were ever noticed. You might think that the local MD or specialist knows more about my condition than someone reviewing paperwork at OKC."
- ** "1. Stop wasting resources on nearly worthless surveys like this. 2. Do away with the AME for Class II and III: have an FAA representative check vision and hearing, and have airman submit a medical history. Questionable candidates could then be examined by a specialist."
- ** "1. The ability to talk to a person on the telephone at AMCD. 2. Published timeframes, estimated, on how long process will take. 3. Better access to disqualifying pharmaceutical information, in layman's terms, for the pilot. 4. Continued outreach and education 5. A general doctor's website that can be accessed to review disqualifying drugs."
- ** "1) ATP Class I examinations every six months is too often for pilots under 60 years of age. Yearly would be sufficient. 2) To obtain a waiver you must write to the FAA Aerospace Medical Building, and then they will mail you a form that you fill out and submit for a simple color gun light test at the local FSDO. This is way too many layers of paperwork in today's computer world. You should be able to do all applications on-line. This is totally a government, inefficient, bureaucratic example of something that should not be!"
- ** "1) I am in excellent health so probably not a good candidate for this survey age 60 cholesterol 64, BP 104-80, HB at rest 60. 2) Owner operator. 3) I will use this AME because he is close to my office. 4) Never heard of the on-line system."
- ** "1) In the past and currently I have required special issuance for medication. The correspondence in the past has been confusing (your letters granting special issuance). The letters should be more clear - about requirements for next exam, etc. 2) Also the issuance should be for the full time between issuance and not lose the time required for FAA processing after my exam."
- ** "1) The survey instructions (cover letter, instruction sheet and on-line invitation) are overly complicated. I tried to use on-line survey but lost server connection. I spent more time reviewing instructions looking for information than completing the paper survey. 2) Username had the character "I" in it. Is it "1" or "l" suggest don't use these characters or try a different font. 3) Timeliness of survey. 12 months after medical exam makes it hard to remember."
- ** "1) Explanation as to why certain parts of exam relate to flying/pilot. 2) Listing of AMEs in local area."
- ** "1) I would like to see the FAA be more proactive in approving certain medications for use by pilots. 2) I also feel that a first class medical could be extended to a yearly exam."
- ** "1) My AME, Dr. [Name] and his staff do a great job! 2) Would like to see more info about MedXPress. Thanks."
- ** "1) Standardized items for each class medical. 2) Doctors should be required to use a checklist to perform exam - no more or less. 3) Airman should have a copy of this checklist. 4) The AME office should be visited by a representative of the FAA to assess the office, and equipment used for exams and to ensure it is up to today's standards."
- ** "1) Would like more feedback on the AMCS review process. Have a nice tan from waiting by my mailbox for my medical. 2) Would like to see the FAA provide more information as to what is required for 'special issuance'. Thanks to the AOPA information, I knew what to provide. 3) Had to call AOPA several times to find out the exact process. Discovering that the AME exam should come LAST and that tests are only good for 90 days was paramount. 4) Would be nice if special issuance medicals could be dated closer to time of receipt. Mine is good for about 8 months until starting to apply for the next one, and at the expense required it may not be a feasible thing to do. (i.e., You lose the time that the AMCS is cogitating on the review) 5) If my medical situation becomes that of a normal person (a very good possibility if it hasn't happened already), does one ever get off the AMCS treadmill?"
- ** "2 years ago I lost over 3 months of flying time due to the slow response from AMCD in Oklahoma City."
- ** "2 years ago, after receiving an approved medical cert from FAA, (my 3rd or 4th one) I was notified by FAA reps that due to the FAA's not locating a copy of a previous application, my flight privileges would be suspended in 30 days if it wasn't located and corrected by self. I was traveling at the time (flying) and the matter affected travel plans. I was able to contact my AME who sent another application copy to the FAA and the issue was closed. I felt the FAA could have been more helpful and understanding of a clerical error on their part, and less threatening. No hard feelings!"
- ** "3rd class physical is same as my driver's physical (Class B) one could be used for both."
- ** "6 months after I received my last medical I got a letter from Ok City saying that you needed more data before issuing my medical. The right hand didn't know what the left hand had already done. Years ago when I applied for my first medical I reported my history of kidney stones. Immediately I sent in all the data requested but it took 5 or 6 months for you guys to send me my medical. Most pilots I know hate dealing with you guys. I believe all pilots not flying commercially should be able to self certify without getting a medical."
- ** "9-8-2008 I was satisfied with the AME examination and Oklahoma City Medical Certification division prompt help in getting my Certification to fly. Sincerely, [Name], M.D."

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- ** "90 days is too long to wait for medical certification. A lot more should be left up to local AME they know the rules."
- ** "A chair that revolves to test the susceptibility to vertigo should be included at any medical exam and mandatory for any medical certificate class."
- ** "A few of my pilot friends have had great difficulty dealing with FAA medical representatives. A better system for simple private (non-commercial) pilots is in order."
- ** "A few of the questions in this survey were difficult to answer because I was required to provide supplemental medical information to the Regional Flight Surgeon twice in six months. My medical certificate was deferred at my physical exam in September, 2007. A special issuance third class medical certificate was issued based on supplemental medical information. This medical certificate expired March 31, 2008, just a few months after it was issued. I then had to provide extensive additional information. I provided the additional medical information on 28 April, 2008. My current special issuance third class medical was issued in late June and I received it on 7 July, 2008. This medical certificate is valid until 30 September, 2009. My suggestions are as follows: 1. For medical conditions that occurred many years ago without any recurrence of any kind (in my case, mucoepidermoid carcinoma and an asymptomatic kidney stone), I am wondering why it is necessary to rerun those tests at this time. 2. The time to review my medical information and issue my medical certificate was over two months. I own an airplane and cannot use it when waiting for the medical certificate. It would be much appreciated if the processing time could be reduced. 3. It seems a bit excessive to be required to provide supplemental medical information twice in only a few months time. It would have been much appreciated if the validity of the first medical certificate would have been more that just a few months."
- ** "A lot of the older (60+) pilots start to have cognitive issues yet continue to say they are just as sharp as always. They are requiring extra training, sims, and instruction at my company and to be honest I am not confident of some of them up there if I am resting on a long international leg. Rec: We need some sort of additional screening of pilots who are in their mid 60's for safety!"
- ** "A perfectly healthy person is given the runaround and caused to jump thru hoops unnecessarily."
- ** "A person who fails a medical should not be prevented from flying in a category which doesn't require a medical exam."
- ** "A phone number on your correspondence would be helpful and appreciated."
- ** "A professional and satisfactory experience."
- ** "A prostate exam does nothing to improve flight safety - stop it. EKGs are simple and cheap - they should be used on apps older than 35."
- ** "A reminder of some sort stating that your medical is due to expire would be helpful. A listing of AMEs in my local area with the reminder would be helpful too."
- ** "A set fee or fee range should be set by the FAA that examiners must adhere to including when providing medical reports to apply for a special issuance."
- ** "A simple phone call to me would have clarified any and all issues regarding my medical concerns. I feel that I was denied my medical unnecessarily based on some bureaucratic decision. Yes, it is true that if I undergo certain steps, the FAA will reinstate my medical. The problem is that there seems to be no good reason for me to have to engage in these steps in the first place. I've spoken with the AOPA and they agree with me. It would be nice if the FAA would make an effort to treat us pilots as unique individuals rather than names and numbers on a form."
- ** "A stress test would be helpful part of an exam. How a pilot reacts under stress is important for a doctor/pilot to know. The decisions we make under stress are different from the decision we choose when we're relaxed. If you're aware of your limitations under stress, then you may choose to remain on the ground. The pilot of the KLM in the Canary Island tragedy was under stress. He chose to take off when he did not have a clearance to do so. I don't know if a physician can administer a stress test or who could. Maybe it could be an on-line test or part of the biannual review."
- ** "A. I have a previously reported condition. It is being treated successfully. It is a past and present matter of FAA record. However, due to a change of medications from one approved medication to another approved medication that triggered a request for additional documentation from my regular physician. It seemed like a bother for insufficient cause. Plainly, if my medication has changed my physician and myself are taking appropriate steps to maintain my good health. Additionally, if the medication is on the approved list AND the AME is notified of the change while finding nothing to note in the actual physical exam he administers, I have to wonder why the FAA sought out additional information on my situation. B. I am over 40. The rule change requiring medical examination every two years instead of the previous three has me wondering. If I pass a Third Class and a month later I am diagnosed with a condition or have an event that "might" otherwise require that I be grounded, then what makes the two year rule beneficial? A rule that would trigger additional and maybe ONE additional FAA physical exam for a new condition would seem to address the concerns of the FAA and yet let

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- airman of any age in a steady state of approved health continue to get their medical every three years."
- ** "Ability to access medical current records held by FAA to assist in preparing for next exam."
- ** "About a year prior to my most recent exam I had a bicycle accident which resulted in my being unconscious for less than a minute. Concerned that this might make me an unsafe pilot, I saw my physician, received an MRI, saw a cardiologist, had several heart tests, and was told that there were no irregularities. When I checked on my medical form for the FAA exam that I had been unconscious, the AME told me that he could not issue the medical certificate, and had to refer my papers to Oklahoma. After waiting a few days for the papers to get there, I called Oklahoma to ask what additional information I should provide. I was told to send as much backup as possible. I sent the cardiologist's report, my physician's report, the radiologist's report. After a couple of weeks I e-mailed to assure that all had been received. I was told that it was. After a couple of weeks I called again to determine the status. I was told that no information had been sent or was in the file. I sent it again, by e-mail. I continued to call every two weeks or so, and was told variously that the information was there, was partially there, was not there, or the person could not tell from the data available. I was also told that there was no way to tell me how long the review would take. One person told me that all medicals were being reviewed, in order received, including the ones where a certificate had been issued, and that there was no way for ones for which pilots were waiting before they could fly again could be advanced in the queue. Finally, about 3 months later, with no requests for additional information, I received my signed certificate from Oklahoma. I had not been able to fly for over three months, even though I had done everything possible to ensure safety: I had taken the initiative to have myself tested a year before my FAA exam, because I wanted to be sure I was safe. I told the truth when I filled out the form. I submitted all the information required to make a decision as soon as possible; even before asked. I waited, I called, I waited, I called, I e-mailed. All because of a bureaucracy that doesn't know how to set priorities. In between I couldn't fly. Tell me, what lesson have I learned about filling out the medical form honestly? What has the FAA taught me about not flying without a valid medical certificate? How did this process make the airways more safe?"
- ** "Accept a vision test from a licensed optician if performed in last 3 months. It would help when adjusting to new glasses especially if bifocal as you may have a more difficult time with vision test."
- ** "Accept paper EKG tracings."
- ** "Accessible, accurate, timely information from FAA Med. Ok City. Ability to check status on-line. Ability to correspond with someone. I commend them for having an open channel with the AOPA; that was the only place I was able to get any info regarding activities/status post AME exam. In over 30 years of flying this is the only time I ever felt that the FAA and pilot were not on the same team. Thank you for seeking my opinion."
- ** "Adds extra \$ into the pockets of MDs. Does NOTHING for the safety of the system. NOTHING, NOTHING, NOTHING. Total waste of time and money. Would never use the same MD for a REAL checkup."
- ** "Aero Med OKC use a little more discretion & or common sense in issuing of certification!"
- ** "Aeromedical cert group performing quite well. Thanks."
- ** "Aerospace Med Cert Div in Oklahoma City sent a letter requesting digital copies of all tests and a letter from my physician certifying the absence of any residual impairment. The letter implied that if the requested material were provided and FAA interpreted the data the same as the hospital did, I stood a good chance of being certified. The requested material was provided within the required time period. What I got was a pro formal denial letter that could have been written upon the initial review of my case. The only avenue the denial letter leaves open is a complete revision of my medical history - for a doctor to say that what happened never really happened. Looking back on the whole experience, it seems that the FAA put requirements on me, which in turn I placed on hospitals and doctors, to provide additional data when, in reality, the outcome was already determined. I and a lot of other people went to a great deal of trouble for no real reason."
- ** "After 30+ years it seems to me that for noncommercial no medical is required until a certain age. A pilot should know if he is fit to fly. Always have had good physicals and have never been to a bad AME."
- ** "After age 50 mandatory EKG and chest x-ray would be helpful to both the individual and FAA in determining continued flight status. Clearer directives on BP and allowable meds thru FAA website w/o restriction. IMO if individual had access to info regarding meds issues and effects on flight status they would be more willing to report or take action to correct situational health issues."
- ** "After approximately 9 years of annual battles with the FAA AMCD it is apparent that the FAA is more bent on disqualifying as many pilots as possible or at least make it so difficult that the pilot has to spend great amounts of money in medical fees to counter AMCD's overreactions. I was diagnosed with blockage of the circumflex about 10 years ago. Cardiologist performed heart cath and determined that I had more than sufficient collateral development and did not believe that heart surgery was needed, in fact thought it unwise to even consider surgery. Through the years I take a nuclear stress test complete with completion of level 4 and 10 minutes on the treadmill each year and even had to have a heart cath to prove the AMCD had over read a stress test. In fact the cardiologist stated that the only reason I would have to undergo a heart cath is to satisfy the FAA, as he

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- could see no reason to do the heart cath. My AME and cardiologist cannot understand why the FAA is so determined to ground someone that has no exercise limitations, stays fit, and undergoes vigorous annual testing, compared to someone that their physiology is unknown."
- ** "After developing a minor heart problem (not an attack) and having a stent installed, I did not fly for approximately ten years. My health improved considerably, so last year I applied for a medical (in May, 2007). My AME performed an examination, but informed me that a decision would have to be made by the RFS in Atlanta and that I would need to schedule a nuclear stress test. I am a veteran, and the VA provides all my health care. The test was completed and submitted, as were all my medical records. My medical certificate was issued in November 2007, backdated to May, 2007 and good for one year only. I just renewed again (applied in May) and received my certificate in July. There was no physical exam this time, only a paperwork review by the RFS. I am due to re-certify in May of 2009. Overall, despite the time it took, I can only applaud the FAA for thoroughness."
- ** "After FOUR MONTHS, supplying the additional information requested at the physical within one week, I have had one call returned from the regional office, no written correspondences and no progress toward obtaining a certificate. Extremely disappointing and frustrating."
- ** "After going through a period of substance abuse and going through the re-certification process I had to deal with many representatives in Oklahoma City. The representatives I spoke with regularly were very good in guiding me through the process and answering my questions in a timely manner. THANKS."
- ** "After providing requested medical information, additional request were made for different information unnecessarily delaying process. Non-relevant tests (in my opinion) were required at great expense with little value added and certainly no direct bearing on pilot safety. Layered contact system prevented discussion with decision makers and caused longer delays in the decision process (Phone answerers, reviewers, doctors). There appeared to be no value-added from those answering the phone. Their function seemed a false attempt to appease and put off inquiring pilots. Long delays in response kept me bureaucratically grounded for several months during critical learning curve in obtaining pilot proficiency skills. My experience with the regional FAA medical certification office has destroyed my confidence in their function as a protectorate and caused me to join other pilots in the belief that they function only as a bureaucratic anchor."
- ** "After returning from a disabling medical condition, I was treated with the utmost respect and professionalism from my AME to the offices in Oklahoma City."
- ** "After sending requested information to OK City, FAA, they requested additional information on a subject they had in their hand: A complete history (14 yrs) plus a letter from the physician in detail. Evidently they don't read all of their mail, but they issued me a certificate anyway, with very useful information on the medical flight test, should I want to upgrade to the next level. I am very satisfied!"
- ** "After surgery more information and testing was requested. My AME called OKC to find out what was required. He wasn't sure what was required. It took 2 months to figure out that I needed a physical capacity test and what level. Once I completed the test and I sent in the results I received a letter requesting a new EKG because of a transmit error in Dec. 07. I called the AMCD and asked why it took 18 months to find the error, they didn't know. I said I was going to wait to send in a new EKG to see if my physical capacity tests were going to be o.k. They said ok, I heard nothing for a month, called and was told they were waiting for an EKG. They wouldn't tell me if my physical tests were adequate. So, I returned to my AME, sent in a new EKG, and a month later received my certificate."
- ** "After taking the time to fill out Form 8500-8 Through MedXpress previous to my last exam so I wouldn't have to take the time to do it in the Dr. office it would be nice to know that they could retrieve it and make use of it rather than waste my time."
- ** "Against recommendations from some other pilots my primary health provider is also my AME. I do not know if this is good or bad in relation to my keeping my FAA medical but I would like to be able to state medical concerns to my "doctor" and not worry that I am setting up a chain of events that may cause me difficulties with keeping my medical."
- ** "Age 60 should be req'd for airline pilots. I've flown with captains at 58 that were not sharp and should have retired. The age 60-65 medicals should be more stringent."
- ** "Airman medical examinations seem to be taken for granted many times. I think AMEs could be more thorough in their examinations and provide "real" medical advice to the patient, rather than just performing the minimum exam necessary for the piece of paper. AMEs are sometimes the only medical professionals some pilots see regularly, so they should act more as a primary physician, than just an exam giver."
- ** "All AMEs I have had contact with were courteous, helpful and reasonably thorough - no complaints! Have felt for a long time some flt. Instructors are lacking, inability to properly instruct students - having spent some time as an instructor crop duster, long X-C's (no radio etc.) in past 60+ years feel that air safety can be contributed to by conscientious flight instructors - and students with common sense!"

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- ** "All dealings with the AME and the FAA have been positive and helpful. I am required to obtain a special issuance certificate due to heart surgery a few years ago. It would be nice if the requirements to re-certify were a little less stringent after demonstrating continued improvement each year since the surgery. I do, however, understand the concerns for the safety of the pilot, passengers and folks on the ground."
- ** "All FAA examiners I have been to were all very thorough and look very closely for issues, especially the AME doctors."
- ** "All FAA people were fair and considerate."
- ** "All my contacts with AMCS have been good experiences handled professionally and all representatives have been helpful and courteous."
- ** "All of my medicals have been a joke. The exams are a "once over easy." Either make the exams as tough as my personal physician gives me or do away with them altogether. Also, why not make any physician that is willing to fill out the paperwork qualified to give an FAA medical."
- ** "All of the AMEs I've experienced past and present are true professionals and take great pride in ensuring the safe medical status of our nations pilots."
- ** "All of the AMEs that I have dealt with over the years have been courteous and made the experience easy and fairly quick."
- ** "All personnel in CAMI in Oklahoma City were very polite and helpful. On any further correspondence with the FAA I would like to have a name and phone number to call if at all possible."
- ** "All who apply should have to take blood tests."
- ** "Allow (or require) medical history from family physician based on most recent physical exam as a starting point and supplement to the AME. Seems that this would be more comprehensive and prevent redundancies."
- ** "Allow active duty military flight crew physicals to suffice for FAA physicals."
- ** "Allow current reports from optometrist/ophthalmologist to take the place of office exam - conditions, equipment, results are more accurate."
- ** "Allow HIMS trained DOT substance abuse professionals to provide pilot monitoring for pilots who do not have a corporate monitor. This would allow the DOT SAP to assist the AME in getting an airman a Special Issuance under 67.107 back into the cockpit. Airman should not be restricted from a Special Issuance just because they don't have a corporate monitor. There are numerous DOT approved Substance abuse professionals who could fill the monitor roll better than an untrained chief pilot and help ensure compliance with remaining chemical free. Having the support of a management individual is OK but, it does nothing to ensure safety under HIMS. A chemical dependency expert (SAP) is clearly a better alternative and can provide superior oversight under HIMS when working in conjunction with an AME. It would also expand the AME system, you could have SAP's attend HIMS training in Denver and then they could work with ANY senior AME to put HIMS packages together. This would break up the log jam created by too few HIMS trained senior FAA AMEs. Face it, it's too costly for an AME to shut down their practice for 3 days to learn about HIMS. There just isn't enough money in it for the AME. A DOT SAP is already a chemical dependency expert, knowledgeable in DOT and FAA regulations and is already responsible for air safety and case oversight under 49 CFR part 40. The transition to HIMS monitoring would be a snap. Not to mention, with airlines going bust, SI pilots need to have the ability to continue to fly even if the company no longer exists. Besides, we all know that there are way too many pilots out there, who have a friend that owns an air taxi, write a letter for corporate monitoring and the pilot himself is writing the monthly reports. They are just filling the square and there is no REAL monitoring going on at all. Having HIMS trained DOT SAPs provide monitoring to pilots in conjunction with AMEs is win-win, it provides real monitoring, improves air safety, gives more access to special issuances and ensures monitoring availability should corporate sponsorship no longer be available for a pilot."
- ** "Allow more medications to be allowed for Class III medicals. They are much more stringent than is necessary."
- ** "Allow primary care (family) MD to perform FAA physical even if they are not an AME. This would allow for cost savings for pilot since health insurance would cover cost of annual physical and family MD is most familiar with medical history."
- ** "Allow private pilots to fly on driver's license medical the same as Light Sport. I do not feel that a two year medical makes me a better pilot. It only increases the overall cost to me and the FAA. The funds that are spent on maintaining this requirement could be better spent on upgrading airports and ATC."
- ** "Allow the age of commercial pilots who qualify to be extended a few years beyond the current cutoff."
- ** "Allow two to four week grace period for expiration of 1st class physical."
- ** "Almost 3 years ago, when applying for a previous medical certificate, it was determined that FAA medical had lost documentation of a color vision waiver. I was required to drive a total of 150 miles to a regional office to undergo "Lantern Signal" testing. The environment for the test was poor, & the examiner seemed distracted & unprepared. Later, I found that there might have been alternatives that would have worked better for me."
- ** "Although I have no personal first-hand experience in dealing with Oklahoma, several friends have related their

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- experiences, and it seems that the system is inefficient, resulting in needless and costly delays in making medical decisions. The words I hear discourage sending anything to Oklahoma for the most part."
- ** "Although I have not had any medical conditions that warrant seeking a waiver, I have heard of many "horror stories" of otherwise healthy pilots that have had extensive problems seeking waivers for conditions that should have never gone beyond the capability of the AME to make that decision that the pilot is fit to fly. Perhaps at the most, a follow up fee for a test or specialist could be prescribed with a "conditional" approval, then after satisfactory follow up/test/etc. the AME could sign off the pilot. In other words, some or more discretion in certain medical conditions should be extended to the AME."
- ** "Although I suffered a two month delay in securing my medical certificate this past year, and believe the FAA directions relating to the time frame for submission of documentation could have been better (but I could have been more diligent in confirming I correctly understood them), I praise the FAA for its diligence. Of course I am pleased when I receive my medical certificate. At the same time, I do not want the FAA to allow me or anyone else in the skies if they are not medically fit to be in the skies. Another very favorable comment, one can actually call via telephone and speak to a person. That is becoming less and less common in this world. Understandably, we all strive to be better. However, when I consider a commercial plane is landing every second, 24/7, the air traffic safety record is phenomenal."
- ** "Although I've been filling out the form for many years, I still manage to get some of the info on the wrong line. The form is dense and the lines are close together. The problem seems to be that it's not clear whether the info goes above the line or below it, i.e., address info...or, maybe I'm just getting old."
- ** "Although medical problems were found during the examination that need to be corrected, and can be corrected, I have found that most pilots, and myself, feel that it is much wiser to NOT inform the AME of any medical condition because the certificate will be deferred or denied. I was honest and brought up, #1, a history of kidney stones which had been corrected surgically, not knowing that two more had formed since 2005 (those stones discovered this year have been removed); #2, a cardiolyte stress test and angiogram AND another stress test by another cardiologist, all of which showed nothing abnormal at all; and, #3 a history of stress due to having been an Air Traffic Control Specialist for almost 25 years. Somehow the AME came up with "a history of pulmonary nodule" which does not exist. All of these conditions have to be answered by myself and the attending physicians. If I had not filled out the medical history form honestly at the time of my exam, none of this would have been discovered and I now would have a medical certificate. Every single pilot I know, and I know MANY, do not fill out the medical history form honestly to avoid what I am currently going through. Thus, the FAA Medical Department is making liars out of us aviators. I am happy that I did find out about the 2 new kidney stones before they became a problem, but all the rest is bureaucratic hooey, and has prevented me from obtaining part-time employment ferrying aircraft for a corporation."
- ** "Although my AME was thorough in the exam, I depend upon my primary health care doctor to manage my health. This is performed through annual physicals."
- ** "Although my medical was denied, for the most part there were no problems. I only wish that when I spoke with the regional FAA that they could/would be more specific in the information they need for my medical clearance. When asked what information was needed, the only response from a nurse that I received was an "update". The update was not what they needed. I am still trying with my physician to get the necessary information."
- ** "Although my SI was issued in a shorter time frame than what I was told to expect, it seems that in a case such as mine where there are no follow-up treatments or prescription drugs, and recovery for return to work was 1 week, an SI should be a simple matter and could be handled locally by my ME."
- ** "Although the AME followed the guidelines, the annual physical I get surpasses the review performed in the AMCS. There should be a way to extend the class 3 beyond the 24 months for those over 40 if they can document a comprehensive annual physical. There are no items that are not included. A three - four year cycle would still assure compliance and record keeping. Perhaps an annual report through a website of the physical completion, date and physician's name. It doesn't make sense for me to spend much more money, get many more answers and then within 6 months every other year to pay again to have an abbreviated version that would not identify the things that may come up in the regular annual physical."
- ** "Always great service from the FAA."
- ** "AMCD was very professional, answered all questions and expeditiously corrected any errors."
- ** "AMCS access needs to be simpler for older pilots. The procedure was so difficult. I gave up trying. Simply using the individuals name & certificate # should be sufficient."
- ** "AMCS and exams very important and useful for aviation professionals. Unnecessary and not useful for recreational aviation and for non-commercial activities. Medical exam requirements should be kept for all professionals and pilots involved in commercial aviation activities. Requirements should be removed from all other pilots involved solely in recreational, and non-commercial activities."
- ** "AMCS has been responsive and helpful in processing application for special issuance."

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- ** "AMCS in its first request for additional medical information should stipulate that it requires computer data disk(s) records for stress tests not just paper copies of stress test reports. All in all AMCS does a terrific job & the article in the August 2008 issue of AOPA Pilot cleared up several mysteries and personal misconceptions about how AMCS does its job! BRAVO AMCS & AOPA!!!"
- ** "AMCS is not keeping up with advances in medicine to the extent they should. Many of their policies on drugs and procedures were developed years ago, based on my experience."
- ** "AMCS needs to improve their system!! By using post mail it takes weeks before you hear anything and sometime the information pass thru the mail. I was first denied my certification because the mail system didn't deliver on time."
- ** "AMCS services are limited to two or three doctors in my area."
- ** "AMCS should try to find a way to inform the pilot how long it will take to approve his/her medical. Employ more people that are able to certify requests made by the AMEs to help speed up the process. Keep up the good customer service: Courtesy and respect are great. Time waited for medical approval needs to be reduced. Thanks."
- ** "AMCS works good, don't mess with it! If you want to affect safety, concentrate on SMS for all GA."
- ** "AME - Pilot Primary Physician/Specialist communication process is poor. Pilot intermediary degrades communication quality and generally requires repeat efforts for complete transfer of medical history. FAA test result time limitations may then require fresh tests, again delaying process. I am a 62 yr old with Coronary Artery Disease. Angiogram results and Cardiologist recommendations indicate Stent/Angioplasty/bypass protocols not required. Medical denied. Because of lack of communication? Lack of current test results? Lack of approved treatment protocol? Future options? No FAA follow-up or options guidance provided."
- ** "AME (local) should have full authority on special issuance exclusive of Oklahoma City. Emphasis should be toward recertifying pilots successfully - GA (& Airline/corp.) aviation are suffering enough from low student population as compared to 30-35 years ago. Remove bureaucracy of gov. from medical process regulation & guidelines can be well enforced by competent AMEs & Regional offices. Overall, present process greatly improved in last few years. Keep up the good work."
- ** "AME are expensive. It would simplify my life if the FAA could have used the results of my physical from my primary physician to avoid wasted time and money on my part."
- ** "AME didn't follow up on information that he said he needed. AME then referred exam to region office for completion. I then had to call region flight surgeon and give him information about physical exam. He did not follow up with my doctor for further information he said he needed. I then had to tell him that this was my OCCUPATION not just something I did on weekends. It seemed to me there was no urgency in his completion of certificate until I told him this. I then had to get some information from my doctor and fax it to him. I then received a letter stating I had passed my exam and that certificate would follow in approximately 2 weeks. I am a professional pilot not a student pilot and I feel that regional offices should be able to tell the difference. All one has to do is look at the occupational space on the form."
- ** "AME doctors are few and far between in this area. With their normal busy schedules they have limited time for Airmen Physicals. I feel like they could work more closely with my primary care physician especially since I get yearly, complete physicals with quarterly follow-up exams. This last time my Class III Cert which normally is good for 2 years was only good for one year as some medication & prostate surgery required review from the regional office. The form letters and information RE: my particular case was confusing and somewhat contradictory. I was able to muddle through it and get the proper info to them. However, because of computer problems & heavy case loads my info was not handled until a month after I responded & only because I made several follow-up calls. A better communication method needs to be in place for these special & specific cases which would include more personal contact with a Regional Flt examiner by letter, E-mail, even telephone and avoid those letters full of gobbly-gook and all encompassing generalizations. My background is 11 1/2 yrs USAF, 26 1/2 yrs Part 121 Air Carrier and 14 years just enjoying, occasionally getting in the air on nice days."
- ** "AME examiners should have a pre-exam form to fax, e-mail or mail to applicants to cover medical changes since the last exam. I knew from past experience to have a letter and surgery reports from my urology doctor to send with the application but was surprised to be asked for a blood test and EKG test to explain my low dose blood pressure medicine that was my option to take and not required. My ability to get these reports was not too difficult by being retired but a professional pilot would have been caused a great deal of difficulty that was just not necessary if the AME could have previewed any changes."
- ** "AME failed to send medical documentation I provided him to send with his exam to Ok City. This was required paperwork and thus delayed my approval."
- ** "AME friendly and courteous. Performed straight-forward appraisal of medical health with no "out-to-get-you" attitude. He/she seems supportive of pilots."
- ** "AME handling of paperwork requirements in response for further information from OKLA City leaves room for

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- improvement. Responses that are incomplete or not promptly forwarded to the FAA Med. Ctr can and do sometimes delay the process, and in some cases can even cause the applying airman to go through the whole medical evaluation again. A waste of time and money for the airman."
- ** "AME lied to me, questioned my honesty and integrity, and made untrue allegations to the FAA that cost me 2+ months work and considerable ancillary costs. Instead of allowing a 2nd opinion, the FAA believed the untrue allegations of a vindictive, unprofessional AME and made me prove a negative. The FAA gives too much power to AMEs and has no control over them."
- ** "AME misread EKG. It would have been simpler if he had just sent it to OKC for the process and issued the medical certificate. This cost me an extra \$230 and 120 miles driving to go back a second time."
- ** "AME needs to be on time. I was the first appointment of the morning and my appointment was almost 45 minutes late."
- ** "AME offices should get updated training and information regarding MedXPress."
- ** "AME service complaint: I got just a "little upset" when I found that my application got three weeks basket time in the AME office before it was mailed to Oklahoma."
- ** "AME should be able to issue all medical certificates!"
- ** "AME should be able to issue med certificate based on family doctor statements and blood work and his own knowledge if all readings are within acceptable standards."
- ** "AME should have mentioned the PSA test for me, a pilot over 50 yr old."
- ** "AME should have more authority in decision making. If the AME conducts a thorough exam and passes applicant, why waste more time and money to go thru another FAA flight surgeon review?"
- ** "AME staff was not familiar with the AOPA TurboMedical form that I used to expedite pre-exam paperwork."
- ** "AME was a pilot - covered medical history well."
- ** "AME was able to catch a medical situation that I was receiving treatment for from my private practitioner by reading my statements of most recent visits and treatments to the doctor or hospital."
- ** "AME was excellent, Dr. [Name] of [City], OR. I recommend him highly to other pilots, thanks!"
- ** "AME was excellent; would highly recommend."
- ** "AME was helpful and thorough. He offered to do an additional test. He seemed conscientious in doing his job and took issuing the certificate seriously, and professionally."
- ** "AME was proficient and seemed to enjoy what he was doing. He also provided information and instruction concerning aviator and men's health. I will always try to go to him as long as he is an AME."
- ** "AME was very courteous and professional, but didn't seem familiar with the MedXPress process. Would be nice for him to have had more training/exposure to MedXPress."
- ** "AME would not accept computerized application form. Should be made mandatory."
- ** "AME would not accept info as filed on-line thru MedXPress."
- ** "AME would not file an insurance claim for the examination. Would accept "Cash" only."
- ** "AME-Assisted SI works great."
- ** "AME's should be "user friendly", believe mine was."
- ** "AMEs are very professional and courteous; standardization of tests needs to be consistent from one AME to another."
- ** "AMEs need access to short, reliable cognitive assessments to measure neurological functioning - a mini cogscreen. It's possible. Also, there are better assessments of "hazardous attitudes" that can predict behaviors leading to rule violations. AMEs could administer or any psychologist."
- ** "AMEs need to know the rules better and be kept up to date. I was not issued my medical certificate due to poor vision which is entirely corrected by contact lenses. The AME didn't understand the rules and referred my case to the FAA. The FAA cleared it up and issued my medical certificate, but this whole process took more time and hassle on my part. This is all because the AME misinterpreted the rules for something that should be very straightforward."
- ** "AMEs should ALL be trained in the proper way to resolve a medical issue. Fortunately the AME I use, with great help from the PA (physicians assistant), helped many of my students/clients in resolving their medical issues. I have found this AME/PA "team" to be solution oriented and give good leadership to their patients in resolving medical issues. Example 1. Patient with high blood pressure was shown where to go for a blood test and then received proper FAA approved medication and was put on a proper diet and exercise program. After 3-4 months the patient complied with FAA Standards and was issued a FAA medical. Example 2. Patient had 2 DUI/DWI offenses over 10 years ago. I, the instructor, was given a phone number for the FAA Medical branch in Oklahoma. My student was instructed to send all medical and court records (with full disclosure) to Oklahoma. After a few months this individual received notice that a FAA medical would be issued with stipulations that he/she would prove on a yearly basis, I believe, that he/she was alcohol free. This is NOT the case with other

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- AMEs I have seen or know. I have "blacklisted" one AME due to his/her "inability" or "want" to resolve or solve a patient's medical issue. This AME takes the patients money and if that patient fails the exam, there is little to no effort put forth, from my viewpoint, by the AME to show the patient how to resolve or come into compliance within FAA medical standards. This should not happen. Part of the service by an AME should be a resolution process for those patients who do not meet FAA standards. Thank you for giving this consideration."
- ** "AMEs should have standardized examination procedures. This is based on comparing my most recent exam to the previous one. I feel there should be a standard checklist for all AMEs that list the minimum items that they should look at during each examination. If such minimum standard exists, then, perhaps the guidelines are not been followed."
- ** "Annually I have health review with my local MD plus I eyes examined every six months - good physical and mental health essential to my low time flying - safely! My AME really checks me thoroughly."
- ** "Another doctor in our corner of Northwest Missouri would sure be nice, we all have to drive about 90 miles round trip now to the closest AME which is in [City], NE. Dr. [Name], MD over in [City], MO tried to become an AME but was told there was no need, we had plenty. Guess I just don't know where they are in [City], [City] or [City], Missouri."
- ** "Another government inept organization. People on the dole."
- ** "Application process over internet was somewhat cumbersome and some forms/information did not print out correctly. Medical history and history of doctor's visits did not print."
- ** "Applying for a medical certificate after having heart attack and other medical problems is a very long process when all paperwork is reviewed by Aeromedical Center in OKC. The AME is fully capable of reviewing all the required documents and current medical status reports submitted from concerned treating physicians. The AME should be given authority to issue a Medical Certificate after the required review. Such a review does not have to be only under the jurisdiction of the Aeromedical Center. I am currently putting together all the medical status reports from my cardiologist, including the results from my latest stress test, and a report from my urologist concerning my successful treatment of prostate cancer, and a report from my endocrine diabetic doctor concerning my Type 2 diabetes. Everything looks very good, better than the last review before receiving my last Airman's Class 3 Medical Certificate. But, I will be extremely surprised if the FAA Medical staffers at the Aeromedical Center take less than 2 months to review these reports and finally issue my new certificate. The AME could do it appropriately in one day!"
- ** "Appoint more AMEs so that the charge for the exams falls into the reasonable range through competition. Many AMEs have very busy (outside the aviation industry) practices and do not want to see a recreational private pilot only once every two or three years. It is thus hard to get an appointment and they charge exorbitantly for their services."
- ** "Approximately 3 years ago, I required a waiver. My personal MD wrote a letter to Oklahoma City medical people explaining my condition as requested. No results occurred and a second request came from Oklahoma City medical personnel asking exactly the same questions that were requested previously with no other explanation. My doctor was in a quandary. Very much confusion was created and approx. 4 weeks of time was lost. One telephone call from Oklahoma City could have cleared up the confusion. We all need to work a little smarter."
- ** "As a 30+ year airline pilot with a complicated medical history, I feel that the FAA medical branch understands the importance my medical license has to me. They always treat me with dignity and respect. We appreciate the job you do."
- ** "As a CFI, I saw numerous opportunities to instruct go away due to the FAA not responding in a timely manner to my request for a special issuance medical. No FAA representative told me or provided me with appropriate written information as to documentation to submit with my application, hence it took several submissions to finally have the application approved and caused the process to take seven (7) months instead of the expected "within 30 days." My recommendation therefore is to publish a listing of the documentation that should be submitted. This can be done on your website or through communication with the AOPA or EAA website persons."
- ** "As a man the only thing I don't like is the coughing part when they have to check down below. But then again I don't think most men like it unless it's performed by pro AME female. All in all I am happy with the checks."
- ** "As a military pilot in the US Air Force, I receive an annual physical from an Air Force flight surgeon which far exceeds the level of thoroughness I've ever received from any FAA AME. If I'm able to pass that physical, the FARs should be updated to allow that physical to serve as a Class II physical - the same way my military flight training is recognized by the FAA as equivalent to a Commercial certificate, and the same way my annual check flight is recognized as equivalent to a biennial flight review."
- ** "As a pilot flying for a living, the system took too long to respond for both the request for additional information and to respond after received that information. In my situation the local AME could have handled my certificate

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- after receiving the info from my doctor."
- ** "As a private pilot I feel that medical regulations and standards at this level are too strict. Since a private pilot does not fly for hire or at a commercial level I believe that the medical is too detailed and the standards too high. I feel that passing a general physical every three or four years should be good enough for a private pilot. I am over 40 and my medical as you know only last for two years now. I should only have to get one every three or even four years."
- ** "As a professional aviator I have a responsibility to be in the appropriate state of health to assure the issuance of my airmen's medical. Both my AME and the helpful folks in Oklahoma City have answered my questions and offered advice. I feel all (OKC and AME) are qualified professionals."
- ** "As a retired airline pilot with 55 years of flying experience, I have had many experiences with FAA drs. Most have been good. One dr. had his nurse take my blood pressure and pulse, he asked me how I felt and issued my medical. All for \$35. My current dr. does a thorough physical for my 3rd class certificate. More stringent than many 1st class physicals I took while flying as a captain for [Airlines]. Our company dr. was always more thorough than FAA drs."
- ** "As a senior citizen who loves flying as a sport and recreation I believe the safety issue would be better addressed through driving records and financial records for pilots rather than medical issues, normally I find pilots who have good driving records and responsible financially are better pilots and I believe most insurance companies would agree. I speak on the level of the 3th class medical only, it should be driver license driven or at the most every 5 years. Current cost in general aviation is becoming a barrier for many of us and the medical issue adds to that burden while in my opinion does nothing in terms of safety."
- ** "As a third class holder, do we really need a medical in the first place?"
- ** "As a woman, I do not need nor want the AME physician to do any exams my general practitioner or OB/GYN physician performs."
- ** "As an older pilot (licensed in 1952) I've used several AMEs all of which were capable of determining ones fitness to continue flying after most illness, or surgeries, or at a point in life, to continue as a sport pilot. An AME should be highly qualified, but not too tightly bound by parameters and regulations. Speaking of sport pilot rules: Speed, 2 persons, no night, etc. are fine. Eliminating some fine safer aircraft like C150's - Ercoupes with 100 HP engines C-140's other older certified aircraft with higher H.P. engine conversions. That does nothing to promote safety."
- ** "As I am writing this, I have had nothing but good experiences with the system. Thanks."
- ** "As I have a chronic lung disease, each year I receive an Authorization for Special Issuance of a Medical Certificate. This is one of the most difficult and tricky documents to comprehend. It is never clear to me whether my AME is permitted to issue my medical or if my paperwork will need to be reviewed by the Regional office or at Oklahoma City. In past years, misinterpretation of the letter has meant that my medical lapses and I have waited up to 3 months for a response from Oklahoma. In other years, my AME has been able to sign and in some years the Regional has approved. I would like to [have] a clearly written letter with a very simple statement about who will be able to issue my medical; for instance, "Your AME will be authorized to issue your Class III medical certificate". This allows me to schedule my medical with appropriate time built in to allow for review by the appropriate authority."
- ** "As I remember, I could not get the MedXPress system to work for me. It would not keep certain information that I had entered. The hearing & eye exams were very complete and professionally administered."
- ** "As one gets older, the medical certification becomes more complex. I've had a pilots license since 1946 and have no problems passing the medical requirements. I also have a CDL with Hazmat for hauling oxygen, hydrogen, helium and nitrogen in liquid forms. We are required to have a thorough physical for that license also. The Medicare and Tri-Care for life people keep saying things like I have a borderline type II diabetes even though my blood test are always in the 140 to 120 range. I guess that I'm concerned that the government makes medical problems to try to take care of people from the cradle to the grave. I still work full-time drive tractor trailers when needed and have been retired as a Navy Capt. since 1986. I certainly wouldn't fly if I had any concerns about my physical condition."
- ** "As someone who has been obtaining FAA physicals since the 1970s, over the past eight years I have utilized several AMEs prior to my present one who went considerably overboard in their examinations. One female AME required total undress with poking and prodding, several other AMEs conducted astronaut physicals. There needs to be a more standardized and reasonable approach to these examinations."
- ** "As soon as the examiner (DO) saw my entries on the application, relating to open heart surgery and stent implants, he said "YOU KNOW YOU'RE GROUNDED". He then went to GREAT lengths to tell me how difficult it would to ever re-establish my eligibility for Class 3 physical approval. He pointed out the vast research, mountain of paperwork and the many physical tests and exams that I would face in convincing/satisfying the FAA that I was in fact able to safely operate a simple, single engine aircraft. He further said that as a

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- commercial pilot himself, he could appreciate my reluctance to quit flying, but I responded by stating that I felt the "system" was probably happy to see us "old birds" grounded. I later discussed my situation with my cardiologist who said he would assist me if I should decide to pursue gaining physical approval (which I have not done to date). I have never suffered a heart attack. I had 3 bypass surgeries in Aug. 05, which failed. I had 4 stents implanted in Aug. 06. I have had numerous stress tests, EKGs, echocardiograms, etc. all of which were termed normal. I take Plavix, Aspirin, Zocor, and Toprol daily. I am 77 years old and believe that I am in very good physical condition. I live a normal lifestyle with moderate exercise. I mow my own lawn, wash my cars, maintain my home and drive my motor home all around the US (and Alaska too). My question at this point is this: Why, with proper certification from my board certified cardiologist/surgeon can't I be issued a Class 3 physical with the restriction "SOLO OPERATION-SIMPLE AIRCRAFT ONLY"? This would appear to be a reasonable alternative to the horrendous process I was told to expect. I hope this survey is being reviewed by other than a statistician! Please respond. Thank you."
- ** "As the average pilot age increases and many pilots choosing to go the sport aviator class, the FAA should consider allowing pilots that have lost their medical to be allowed to enter the sports aviator system by: Passing a basic medical exam; Review of the condition that caused the loss of the medical with respect; being able to drive a car. This would put all airman on equal footing for sports aviator eligibility."
- ** "As the number of female pilots increases the FAA should be more proactive to recruit female physicians into becoming AMEs."
- ** "As you can see from my survey responses, my most recent medical certificate examination was generally a positive experience. However, my previous medical certificate examination resulted in three separate rounds of testing over a 4 month period of time until I was finally put on a Special Issuance medical for the presence of gallstones. Even my AME remarked that 'they are trying to find a reason to ground you'. This experience has made me question the FAA's commitment to civil aviation. I have always 'played straight' with the FAA and considered it my ally in helping to keep aviation safe. Now I find it hard not to consider it an agent of the government trying to thin out the general aviation pilot population. I will continue to be honest with the FAA because it is my nature to do so. I will, however, find it hard to condemn pilots who lie on their form 8500-8. This is a shame and makes us all less safe."
- ** "Assign one flight surgeon to oversee a person's case. Due to the nature and timing of the paperwork concerning my medical condition, my additional information was reviewed by a flight physician at the FAA that was different from the flight physician who reviewed my original information. The two doctors working my case were unaware that the other was also working my case. Delayed my certificate by 2-4 weeks."
- ** "Assure that all AMEs are provided with the proper "rules" to follow. For example, I have a Special Authorization Medical due to a history of prostate cancer. The FAA Authorization letter stated that my AME could make the final decision as to whether a Medical certificate could be issued immediately or deferred. My most recent exam was completed satisfactorily and a certificate issued by my AME. Within two weeks I received a letter from the FAA in Oklahoma City stating that I needed an EKG and further lab testing before they would approve my application. I immediately scheduled this with my AME and the decision by the FAA is still unknown as of this date. In the original exam my AME determined I did not need an EKG or extra lab work. I would appreciate more consistency in the decision whether my AME can make the proper "call" and hopefully a faster means of knowing whether my Medical certificate is valid. Thank you."
- ** "At previous cert. application, review was required by Oklahoma. It sat there for 8 weeks with no action. I had to request a review by Regional Flight Surgeon to move it forward. I was left hanging by the OKC office."
- ** "At the review level the decision making appears to involve inadequately trained personnel on some occasions. The initial mailings of supportive medical documents in some instances appear to be not well reviewed. Even though they contain the information that is needed the reviewer fails to comprehend and requests additional and sometimes unnecessary documentation which delays issuance."
- ** "At the time I was working for [Airlines] at [Airport] and moved to this doctor because his rates were within the limits allowed by [Airlines]. Still \$140 is a bit expensive. Overall this doctor is excellent and willing to answer all health-related questions."
- ** "At this point in my flying career, I am able to qualify for a third class medical. As I age and my health deteriorates to the point where I may no longer be certified to fly passengers, it would be nice to have a different class of medical certification for solo flight only."
- ** "Attempted to register on-line using MedXPress three days prior to medical exam and was unable to due to the computer network being down. I called the telephone number on the website and was told that the system was down and would be down for the weekend that I was attempting to register. I was finally able to register in the AME's office the day of the exam using his computer. I recommend that perhaps a backup website be available should the primary site goes down."
- ** "Auto drivers license should be all a private pilot needs."

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- ** "Background information on myself: I learned to fly at the age of 16 and had an airline career that spanned 37 1/2 years from 1952 to 1990 and today I still fly my Cessna 182. And all these years my experiences with the AMEs have been very good."
- ** "Based on my experience of the past 10 years, I feel the Aerospace Medical Services Division has vastly improved. In particular, I appreciate the ability to call in and check on the status of my medical certificate (Call to OKC). I realize that this is a process, and that fairness dictates that you proceed in the order in which documents are received. I also imagine (without knowing) that the Aeromedical Review Board is made up of volunteer Physicians, rather than paid staff. The one concern I have is that I am waiting on my medical so that I may return to work. As a professional pilot, this means that I am "out of the loop" as far as my personal economy goes. I do understand this is one of the risks I take in my profession. Would there be any way to "streamline" the process? Thank You."
- ** "Based on my experiences obtaining class 3 medical certificates, the medical examination has been efficient and convenient."
- ** "Based on my recent experience in applying for a Third Class Medical Certificate, I believe that the entire process needs to be revised. The procedures required were tedious and repetitive with numerous requests which bordered on the ridiculous scale of detail. The process seemed to be determined towards denying any individual consideration and from the beginning submittal was given a negative tone and ultimate denial. Even the physicians involved felt that the numerous requests for the same test results, usually in a different format, were beyond any reasonable expectations. Of course, ultimately I did become discouraged by the responses which were given by the Aerospace Medical Certification Division and decided not to pursue any further certification. I feel that this was the result which the Medical Certification Division was trying to achieve."
- ** "Based on my recent medical history, I contacted AOPA specialists to review my medical data before I went to the AME. They were very helpful. They contacted FAA after 30 days to find out the status of my application."
- ** "Based on the miniscule number of private pilot GA accidents directly attributable to pilot medical issues, I believe the huge bureaucracy associated with medical exams is a huge waste of taxpayer money. Spend that money requiring all automobile drivers to undergo a similar exam and you'll eliminate THOUSANDS of traffic accidents compared to the 5 aviation accidents every year."
- ** "Be less restrictive on the use of medications and conditions that really have little or no affect on safety at the Class 3 level."
- ** "Be more forthcoming on the telephone."
- ** "Be more proactive in treating high blood pressure, cholesterol findings. I changed AMEs after asking for evaluation of high blood pressure, with no action except status quo. Another AME I went to for second opinion was very proactive in both of the above mentioned criterion and I will use his services for future yearly FAA Medicals. Very satisfied with his processes."
- ** "Be prepared for a change in the number of problems related to pilots flying to the age of 65. It is still a hot topic with the pilot groups so much that older pilots encountering medical problems on the job past the age of sixty will likely be used as a tool in the media."
- ** "Because of pre-existing heart conditions, (atria fibrillation), the agency required additional tests evaluations, etc. The duplication of paperwork and different agents handling the paperwork proved to be very frustrating and unnecessary. It also took from Nov to April before a temporary certificate was issued. It expires on Nov. 30, 08, and I will have to duplicate all of the aforementioned tests again. They are expensive and time consuming. Only one person should handle all of the correspondence. It is impossible to get an agent on the phone, and letters were never answered. Call back numbers were furnished, but no one called back to clarify several problems."
- ** "Become a little more familiar with the Chelation process that I know many pilots are taking advantage of. Back in the 70's I was flying with [Airlines] pilots who were then having it done. Speaking from experience, I have seen positive results with the treatments given under the direction of a Cardiologist, prior head of the Cardiology Department at St. Mary's Hospital, and a highly thought of Medical Doctor both who are still practicing in [City]. My last two AMEs both commented on the status of my EKG in that they both stated it was one of the best they'd seen for someone my age. Thank you."
- ** "Been a pilot for 25 years.. Never heard of MedXPress.. How were we supposed to find out? RE: #13 didn't know I had a choice, we have ONE AME to service a medium sized city.. Why does FAA limit the number of AMEs? How much \$\$ do the chosen few send back to FAA for the distinction? I have always had a PROFESSIONAL annual physical.. Have NEVER understood why that very expensive annual physical from a reputable, certified MD is NOT accepted by the FAA.. I go to the very expensive, complete annual physical, then have to drive across town to pay an AME to check my eyes and ears (that's pretty much it) which were just checked.. Why does multi-state licensed MD hold NO credibility with FAA.. It is simply an unnecessary expense when flying is already too expensive for a teacher (that would be me).. The very best thing you can do for the FAA Medical procedure is to allow the complete annual physical examination by MD count as the 24 month FAA

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- physical exam."
- ** "Being anxious to get flying again I FedExed my second Holter monitor exam to Oklahoma City. When I called to follow up I was told that the mail is held for 5 days, and collected before being delivered! I could have used First Class mail and saved the extra money. It appears to take a very long time after the information is received at Oklahoma City that a medical review takes place. I wonder if 90 days is normal or if there is a way to reduce that wait period? I want to compliment the personnel who answers the phones when I would call to check on the status of my medical certification. They are extremely nice, very polite and very helpful!"
- ** "Being diabetic makes this a huge hassle but I'm glad I can still fly. My doctor says we pilots with diabetes are usually the best controlled because we have so much to lose. I believe if you are stable for a period of 3 years testing your HBAIC plus doctor visit every 3 months could be reduced to 6 month visits and if you were found to have any problems then back on the 3 month program. Also I believe the 100 to 300 limit of blood sugar could be 80 to 300 to keep our blood sugar levels lower and not cause damage to ourselves with higher blood sugar levels."
- ** "Being located in a reasonably sized metropolitan area (>50,000 people) serviced by a large medical community and two airports we should have several AMEs to service the area. The current AME was retiring and the one we have been directed to is 50 miles away."
- ** "Better access; website, newsletter, etc. of what medications, treatments, surgeries (Lasik, etc.) are allowed and authorized. Especially medications that are approved while flying."
- ** "Better analysis of hearing during exam. (More sophisticated testing - rather than the whispered word or phrase)."
- ** "Blood pressure requirements seem too stringent. I have ok pressures at home but always seem to be increased at the doctor's office. More leeway on blood pressure."
- ** "Blood pressure requirements should be based on a history over several months or years not on a one time test during the examination. If a pilot is nervous or is hurried before the exam, he can easily exceed the blood pressure limits. This does not accurately reflect his overall blood pressure and health condition."
- ** "Blood work would be good to detect any future problems."
- ** "Both my local AME and the regional staff were very helpful. Seems my app got "stuck" at the regional office, and took a week longer to issue than they said, otherwise no complaints."
- ** "Broaden LSA Rules - (medical & aircraft). A Cessna 150 should be an LSA. The 1320 mg tow requirement is too low. A Class 3 medical is really a waste. It is not thorough at all and a yearly physical at your local doctor is better value for the money. Make Class II medicals last longer. Again, not very thorough and a waste of money. I am not at all happy with the FAA medical system. Another example of excessive regulation and government waste costing us all money!"
- ** "Called Oklahoma City staff several times and each time very vague in answering questions and not at all focused on helping and effectively dealing with my needs. One of the form letters that was sent to me was in error and when I mentioned it contained inaccurate information not applicable to me, didn't really care and more like it was my problem to correct and not hers...The mindset of those that I talked with was generally arrogant and like "they were in charge and could do no wrong". Not at all helpful to someone seeking help and information to get medical certificate reinstated."
- ** "Carefully review AME certification. There are AMEs who are too old and use FAA exams as supplemental income. They use antiquated equipment that the AME admits gives bogus readings. Then it is my problem to sort it all out. Baloney."
- ** "Cease denying certificates that have no medical basis."
- ** "Certain medical conditions are very common such as specific condition and treatment of prostate cancer and do not seem to affect the flying skills of pilot's. I would like the AMCS to consider a less restrictive method to moving the pilot from a restricted position to a standard position. I may not have worded this correctly but prostate cancer in men over 50 is getting common and if caught early the treatment is very effective with hardly any side effect. If not caught early, the medical certificate is not high on the pilots priority list. He has other issues to worry about."
- ** "Certain situations or conditions require FAA scrutiny prior to beginning treatment. The only way I know to get this info is through ALPA Aeromedical. If the FAA's website provided information I could use regarding which drugs (for instance) I could take while maintaining my medical that would be very helpful when talking to my doctor. I have delayed certain preventive medicine regimens because the FAA is not in the business of preventing disease, but rather protecting themselves and the public. As a pilot I am very defensive about discussing anything medical with the FAA. This policy should change."
- ** "Certification for private pilots over 40 with no or stable (e.g., SODA) medical conditions should be for 5 years. Recommend: Consider that private pilots flying aircraft less than 12,500 gross weight be able to use a driver's license and not be required to get a medical exam. Note: Could not log into the internet due to bad username or

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- error."
- ** "Certify more AMEs. Cost are fixed because there is only one in town."
- ** "Certify more physicians as AMEs, therefore encompassing a greater database of doctors that can perform the rather routine AME. Or, allow any physician such as my own doctor to perform the exam. I found my FAA exams to be rather basic, and wondered why I had to travel out of town for a seemingly simple procedure."
- ** "Change the over 40 Class III to three year intervals."
- ** "Change your present requirement for melanoma for 3 yrs. clean after surgery, to apply for med cert. where brain not involved."
- ** "Changing the requirement from six months to one year for adults under 40 was a great improvement."
- ** "Charge cost reduction for simple private pilot exam."
- ** "Check with primary care doctor for full medical condition."
- ** "Class II physicals - should be good for 2 years."
- ** "Class III medical certificates should be increased duration for all ages - not just younger pilots."
- ** "Class III medical denied 4/7/2008 because of my history and clinical diagnosis of diabetes mellitus requiring oral antidiabetic medication for control. A 60-day observation period following institution of therapy with Metformin required. Question: Since the A1C blood test is administered on a 90 day interval should this observation period be 90 days."
- ** "Class III Medical should be patterned after the sport pilot medical requirements. Eliminate AMEs altogether as regular physicians can perform physicals every couple of years based on FAA guidelines and would in many cases do a better job as they are more familiar with the pilot history. Any physical condition outside the norm go to the treating physician (not an AME) for additional information anyway. The AME is a needless additional expense to the pilot and offers no increase to flight safety."
- ** "Class III should be extended to 3+ years for over 40 yrs old!"
- ** "Clear rules. Cheap, conveniently located and quick exam."
- ** "Clearer instructions needed for the SI process (cardiac in my case) for both the airman and the AME. Interim reports seem to be handled differently than those sent at the time of the medical exam, and this results in confusion as to when and where data should be sent."
- ** "Color vision test is only required once. If one is colorblind he doesn't someday have color vision. If one has color vision he doesn't someday become colorblind."
- ** "Complaint; the medical examiner never contacted me. I feel that the airman should be contacted before the denial is issued, so the airman could state his reasons against the denial. For example; my denial, my passed medical history was before 1995, I have been issued at least six medical certificates since then. Why 2008 a denial? A phone number to call the medical examiner. I would even go to Oklahoma City for an in person meeting. Comment; I thought the local AME not only reviewed the airman's medical records but examined the airman's physical condition and so stated in his report. Thanks for asking."
- ** "COMPLAINT: Regulations require that I have a "special issuance" (Cancer & hypertension). To allow plenty of time for completion of all requirements I apply early. When I receive my certificate it is good for one year from date of examination rather than one year from date of issuance. Thus, my one year certificate lasts only 10 months. RECOMMENDATION: Special issuance certificates should be good for one year from the date of issuance unless there are extenuating circumstances. COMPLAINT: May 5th- AME exam and forwarding of form 8500 by electronic means. The supporting documentation for special issuance was mailed by US Mail. June 9th a letter from CAMI stating the application dated May 5th was received on June 2nd and that there was no supporting documentation. Upon receipt of this letter I telephoned CAMI/OKC to find out what to do next. The lady said my supporting data had arrived but not been appended to my form 8500 yet. She said I should hear within a few days. Subsequently, a letter dated June 13th was mailed to me with a certificate which expires May 31st. RECOMMENDATION: Upgrade the mail service to meet current business standards (FedEx or USPS same day mail). Eliminate your "mail to be opened" backlog. Eliminate back log in attaching supporting data to electronically submitted form 8500."
- ** "Compliment - It's working and working well. Recommendation - Why can't my personal doctor perform this medical? How much more qualified is an AME?"
- ** "Compliance with state drivers license medical requirements is all that should be required for private pilots. The 3rd class medical infrastructure is a waste of tax money and airman money. After a precautionary quad bypass operation, I was required to undergo needless but significant and recurring medical expenses, Temporary loss of pilot privileges resulting in degraded airman proficiency, And Unnecessary mental concern over the possible loss of pilot privileges for the rest of my life. In addition, the already heavily burdened AMCS was forced to needlessly spend desperately needed resources on my behalf creating additional Tax dollar burdens. The process for 3rd class medical private pilots is a burden for everyone involved and results in increased safety concerns for all pilots. The danger to others from a pilot with low piloting proficiency who has been grounded for 6 months to a

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- year is significant and outweighs any safety benefit that the 3rd class medical might have provided. Thanks for allowing me to participate in this survey."
- ** "Compliment- My AME did an outstanding job in moving efficiently in getting approval for my medical certificate in a timely manner. He also was realistic in his assessment of my medical history and able to take current experience as a factor in determining my fitness for flight. Complaint- For some reason, the FAA representative did not approve of one of the medications that I was taking. However he did not provide a reason as to why this medication is not approved (i.e., side effects??). I spoke with my pharmacist and he did not think there was any significant evidence of side effects that would affect fitness of flight. I still do not know why this medication 'Optivar' was disapproved."
- ** "Compliment: Dealing with Oklahoma I was treated over the phone with respect and courtesy. At no time did I get a testy or disrespectful response. Complaint: It was very frustrating dealing with Oklahoma when after I provided all of the information requested, including opinions from several experts that I had no remaining problems that it took so long to receive my medical back. Especially after I was proactive in turning in reporting my condition and showing that I was adhering to FAA rules. I was also extremely frustrated that when my medical information was forwarded to another "expert" that it takes so long for them to review and issue an opinion. In addition at one point one FAA reviewer would not return my phone calls and was always absent from her office, I finally had to insist that I be forwarded to her supervisor. I can understand, after dealing with Oklahoma City, why I have heard a lot of pilots refuse to provide true answers to the FAA medical. Recommendation: FAA medical should review airplane accidents over the past decade and determine if their medical restrictions are truly warranted - I don't believe there are that many accidents due to people having seizures or other medical problems during flight. Everyone I know ground themselves if they have questions about their ability to operate a plane safely."
- ** "Compliment: During my last seven years of medical problems I have been impressed by the competency of the people in the Great Lakes region office. The only problem was that when I received my special issuance in 2007, no business reply envelope was included, as mentioned in the letter. Complaint: When I called OKC asking who to send my ophthalmologist report to, I was told by a secretary to simply give that report to my AME, who would evaluate the report (about retinal tears) and decide what to do. AME called Great Lakes and told me to send the report to OKC for approval, which took two months. I learned from the AOPA website that I needed a six year letter of authorization covering problems on a list of conditions that could be approved by an AME. Retinal problems are not on that list. I was grounded half of this summer. Lesson: Do not listen to a secretary. Recommendation: Those who answer phones in OKC should be more knowledgeable about FAA medical procedures or defer questions to someone who does know the procedure. Thank you."
- ** "Compliment: This is a GOOD system...where periodically, the AME looks for major medical problems that might affect safety of flight, but the pilot is allowed to "Self-Certify" his ability to safely execute each flight between examinations. This represents a safe, practical, balance in medical oversight as pilots responsibly exercise their flying privileges. Compliment: The AME routinely suggests other age-related examinations that might be appropriate for continued good health (e.g., yearly prostate screening exam, or routine health-fair blood test screening). In fact, since I believe such tests are a good practice in general at my age, I take with me the results of such screening exams for him to review if he so desires. Recommendation: I think what the AMEs charge for a routine FAA Medical exam and Certification is high. I would like to recommend a lower cost for a routine exam that requires no follow up action on the part of the Dr. or his staff."
- ** "Compliment: I was delighted to receive my medical back within 6 weeks. In the past, it would take months. Much more efficient. Complaint: Disappointed that the medical did not expire the month it was issued instead of the month the paperwork was received. I feel cheated out of two months while paperwork was being processed."
- ** "Compliment: Information available on the FAA website has made certification with controlled hypertension a trouble-free and fast process. I can arrive at the AME's office with all required test results and treating physician statements. That preparation enables a speedy issuance. Recommendation: Please continue to allow AMEs to accept the AOPA TurboMedical form as an alternate to the MedXPress on-line submission. Final Compliment: Thanks for asking. I am pleased to be a part of your feedback process."
- ** "Compliments: Increasing the duration of the different classes of certificates is a definite step in the right direction. Response time from Oklahoma City has improved in the last three years. Recommendation: Increase the time for renewal of medical certificates to two years for pilots who have had bypass surgery and remain in good health, and who have received their "6-year letter"."
- ** "Consideration should be given to self certification for those holding a Class III medical rather than a formal medical examination."
- ** "Considering how limited my physical was, my primary physician can and does provide a better physical, plus they have my full history. Flight physicals I received in USMC were true physicals. The new flight physicals just determine if I am still breathing."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 5. 2008 Comments and Suggestions for Improvement of Medical Certification Support and Services

- ** "Considering the aging pilot population, it concerns me that there's not a more detailed exam of the heart, such as an EKG. Particularly with so many of us involved in single piloted operations. Perhaps requiring them every 3 years after a certain age might be a good idea."
- ** "Contacting the local FSDO [City] for a color vision ramp check has not been as easy as I would have hoped. Perhaps the FSDO can reach out to AMEs in the area and provide update contact info and business hours that may be passed to any patient failing the Ishihara test. Otherwise, I've been quite satisfied with the AME system."
- ** "Continue to develop on-line communication and application process."
- ** "Continue to give explanations about blood pressure, eyesight, etc. Comparing test results to the required minimums to meet certification and comparing it to overall general health."
- ** "Correspondence from Oklahoma City could be more clear. Instructions and information requested are confusing."
- ** "Cost of having a medical done is quite expensive and the AMEs rarely accept medical insurance for part of payment."
- ** "Could be clearer definitions of disqualifying conditions and what medical information to bring. I thought I had the required information, it was deemed not relevant and I had to undergo more tests. My paperwork was handled by Oklahoma well and people FAA answered my questions and even sent additional information and e-mail to assist me."
- ** "Cramming the name and address of every Dr. you've seen for the last 3 years is idiotic and annoying. Should only have to report it once, not six times like I have to."
- ** "Create on-line exam application where renewal just requires updating medical history and limited information (hours flown, etc.) rather than completing an entirely new application each time. The information can either be retained in a system only accessible by AMEs (preferred) or accessible to pilots through appropriate security access provisions."
- ** "Current system works well. Although I have had no serious medical issues, friends of mine have! The process to reacquire medical certification seemed reasonable in all of those instances. Thanks for all you do."
- ** "Currently believe the system is very good and adequate."
- ** "Cut down on the turn around time. I had numerous times that took 5-6 months to receive a reply from OK City."
- ** "Date of exam May 12, 2008. Notice from FAA that they would begin processing July 7, 2008. Notice that they needed more info July 11, 2008. Requested info they already had."
- ** "Dealing with Oklahoma City after the recent procedure of having a stent placed in my LAD has been "no fun". I believe the local AME who I've seen since I was 16, has a better 1st hand knowledge of my health, than the bureaucratic MD entrusted in Oklahoma City. I certainly understand the intent of the FAA to have this oversight; however I don't believe this makes our skies any safer than if the local AME made these decisions."
- ** "Decrease the frequency of medical exams especially for private pilot."
- ** "Delegate approval to AME for routine medical conditions."
- ** "Denial of Class III medical should not affect sport/recreational pilot certification."
- ** "Denial was based on generic criteria (i.e., a medical condition that runs the gamut, from extremely MILD to very severe). Without a personal exam and follow-up, how does the FAA know where in this spectrum an individual falls? An INDIVIDUAL should be offered an opportunity to have his personal case reviewed in detail, possibly to show that generic criteria for the denial does not apply for that individual. NO SUCH OPPORTUNITY WAS OFFERED!"
- ** "Develop a cognitive skills evaluation method for older pilots seeking medical certification. As an active flight instructor, I frequently see older pilots who exhibit lapses in focus and attentiveness but still possess valid medical certificates."
- ** "Develop a test for color blindness that will determine if the applicant meets the requirement for a class III. Current AME testing is based on "perfect" color vision and for 7-10% of "color deficient" applicants they must either go to a specialist or apply for a SODA. A test to meet the minimum requirements set forth in 1996 FAR changes would be a great help for us. Thanks and hope this can happen!"
- ** "Develop review process to expunge AME misdiagnoses from a pilots record. For example, if a AME defers a medical for a heart murmur, however, an echocardiogram and future exams fail to detect any heart murmur, most likely the AME was in error. Currently, however, the pilot now has to check yes for heart issues on all future FAA medical applications due to the one erroneous diagnosis. I was impressed with how quickly the office in Oklahoma City processed my deferral."
- ** "Difficult to communicate with FAA, sent in all info test results, etc. to FAA for diabetic control. Still in denial. It would be good to actually talk to someone about my case. I am still in CAP as an Aerospace instructor, non-flying. FAA is difficult to communicate within the medical area. Hard to do by mail."

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- ** "Discontinue Class III medical exams. They do nothing to enhance safety. If I can drive 70+ MPH with oncoming traffic only 5 ft. away I believe I can fly safely!"
- ** "Disseminate more widely info on MedXPress option."
- ** "Do a more sophisticated job of medically evaluating pilots - use tactics that are more accurate at actually identifying medical risk."
- ** "Do away with 3rd class medicals. Use same standard as for sport pilot. MD's in the NE USA give pilot physicals a very low priority and are not interested in conducting physicals in a timely manner. Required medicals should only be for commercial and air carrier OPS."
- ** "Do away with medical certification services except for pilots flying for commercial compensation, i.e., Pilots exercising the privileges of a commercial or higher rating. There is a heck of a lot more people driving in a much more dangerous environment on the highways with marginal health than flying airplanes."
- ** "Do away with the certification for non-commercial pilots."
- ** "Do away with the Physical exams for Class III and II."
- ** "Do EKG on each exam!"
- ** "Do not believe most of the reasons behind limitations or restrictions placed on medicals are justified or substantiated with good medical facts."
- ** "Do not require pilots to perform unnecessary and expensive medical procedures just for FAA purposes (C.Y.A.)."
- ** "Do not understand why I must re-enter information that I have previously reported. Such as, birthdate, SSN, medical history, citizenship, etc. The application form needs to be updated. I used the new MedXPress form last year and did not find any great improvement over the paper form. An on-line form that the AME can access using my pilot certificate number and then enter the new info as needed. Then print the application for my signature. I think this would enhance speed and accuracy of the data collected and eliminate a lot of paperwork handling."
- ** "Do we need medical certificates for private pilots? Some studies say we don't? My experience with older pilots, and it is extensive, says that they say that its too much trouble getting a medical certificate so they quit flying. They are still around after 20 years or so and NONE left us suddenly!"
- ** "Doctor did mention MedXPress during the exam and said everything was (wrong) on-line."
- ** "Doctors need to modernize their offices, exam rooms and related medical equipment to enhance the sense that this medical exam is something to be taken seriously."
- ** "Documents and records given AME were not received AMCD in Oklahoma City. I had to provide copies directly. Delayed approval."
- ** "Don't know enough about AMCS to comment."
- ** "Don't waste postage by using large mailer envelopes."
- ** "Dr. [Name] and his staff treated me with respect and courtesy. Answered all of my questions. The office was very clean and friendly. I felt comfortable and stress free."
- ** "Dr. [Name] and his staff were excellent. I would suggest extending the length of time between exams for those pilots who are 40-60 years of age, just as you did for pilots under 40."
- ** "Dr. [Name] does an outstanding/thorough job."
- ** "Dr. [Name] is a fine AME, providing a valuable service to the pilot community. I was grounded approximately six weeks after my certificate expired in October 2007, even though the exam and paperwork were filed early in October. The nice people at the Aeromedical division in OKC could tell me nothing except where my application was in the system. Because of my special issuance (history of prostate cancer) is non-incapacitating condition, it should have been processed immediately, given the lack of symptoms and treatment. I recommend that the Third Class exam be handled by a simple form filled out by a family physician. It's so minor and pointless that it's a waste of an AME's time."
- ** "Dr. [Name] is excellent - no issues."
- ** "Dr. [Name] is professional and takes time to explain (for me about appropriate contact lenses)."
- ** "Dr. [Name] is the most thorough AME I have ever been to. I lost track of him 2 years ago, but I found him this year. I had my exam on 8/25/08! [Name]."
- ** "Dr. [Name] provides thorough physicals in a timely fashion, at a reasonable cost. I am completely satisfied with his service."
- ** "Dr. [Name] Regional Flight Surgeon [City] Office Dr. [Name] was instrumental in helping me work through a certificate deferral. He was available by phone for consultation and gave excellent advice as to how to proceed. He ensured my return to flying as soon as it was possible."
- ** "Dr. [Name] was thorough, professional, competent and courteous."
- ** "Dr. also provides digital prostate exam if wanted."

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- ** "Drop the 2 year requirement for pilots over 40 years old for Class 3 medicals."
- ** "Drop the EKG requirement for 1st class medicals for those over 40. It is a very burdensome requirement with limited use."
- ** "Drop the medical required for PVT/PST totally! Over the road trucks don't have to have it. Drivers don't have to have it. There is no evidence that it has decreased accidents. It's make work!"
- ** "Due to a hearing loss I was required to use "hearing amplification". The AME led me to believe that I needed hearing aids and I've now come to understand that the headsets that I use currently are adequate. After spending \$2500.00 on hearing aids."
- ** "Due to a heart attack I have to submit test results to OKC annually. I have always found the CAMI personnel very knowledgeable and helpful."
- ** "Due to an aortic valve replacement, it was necessary to apply for a waiver. All information requested was submitted to Oklahoma on three occasions. When I would call to see where I stood, I was told more information was needed. The information originally requested was sent yet another time, and after several weeks of waiting, I called again and was told additional information was needed. I asked what information was needed that had not been sent, and the person could not tell me. I finally had to write a letter to Dr [Name], and my class three was issued some six months after first applying. I fear I will have to be inconvenienced to this extent once again."
- ** "Due to an arrhythmia, I had a catheter ablation operation to correct my heart rhythms. Even though my doctor, who is an expert in his field, declared my operation a success and released me from his care, with no recommended restrictions on my activities, the FAA decided that I should be grounded for approximately 3 months additionally. Do they know me better than my doctor? I'm sure that they think that they are on the side of safety, but in this case it was silly. My recommendation is to give some consideration to the M.D. specialists recommendations, who actually treated their patient, and defer to an expert who might know a bit more in a certain area than the FAA."
- ** "Due to his lack of expertise on the use of certain specific medications by airmen, my AME decided to defer my medical. After submitting records from treating physicians, the AMCS in Oklahoma then requested additional, seemingly unrelated medical history records which had been previously reported but never questioned. The reason for this remains unclear even today! Once deferred, the review of additionally-requested medical records was not performed in a very timely manner. Ultimately, the letter that accompanied my approved medical indicated that the "reviewer" was not very thorough in reading through the records submitted by my treating physicians and referred to a "back surgery" which I have never had. I became increasingly frustrated by the delay in reviewing my records (which my treating physicians submitted in a timely manner) and the review process should never have taken almost 4 months to complete. Reading the incorrect reference to my "back surgery" only added insult to injury. There should be a way to track the status of a medical review (based on deferment) with some accountability on the part of the AMCS that currently appears to be lacking. Additionally, were my examining AME more knowledgeable of specific medications, no review would have been required in the first place."
- ** "Due to my medical history, each year I have to follow a set protocol with the FAA in the medical branch in Oklahoma City. They have always been very professional, helpful and extremely courteous. When I submit all the required documentation from each of my doctors, the FAA, after review of the information has always re-issued my second class medical in a timely fashion. I could not be more pleased with my dealings with the fine folks in the FAA Medical Branch in Oklahoma City relative to this matter. I consider it a privilege to deal with them each year. Thank you very much. [Name]."
- ** "Due to my type 2 diabetes I had special paperwork requirements for my medical certification. My AME was very good about making sure I knew of all that I needed to provide for the exam. He also made sure I knew all of the things I have to do going forward to maintain my certification. This AME did only FAA medical exams. My previous AME did them as an adjunct to his regular practice. This made my previous exams take longer, cost more and I feel made the AME less knowledgeable of my special needs."
- ** "Due to vague or unobtainable criteria, I have been striving to regain my class II cert. since March 2007. The process tends to shut applicants out."
- ** "Due to various medical problems I had to get a SODA in 1993 and since 2000 I am required to get a special issuance each year. The FAA has always responded in a timely and helpful manner, as has my AME. I think the FAA has become more lenient and "pilot friendly" in the past two decades. My thanks to all the FAA "docs" in OKC."
- ** "During my 40 years of flying, the Medical Certification process has always been a pleasant one. Even as the years mount, the examiners have always been courteous and encouraging. I compliment you on a fine system."
- ** "During my attempts to obtain my medical certification I contacted [Name], D.O., M.P.H. (or an associate) many times via certified mail concerning certain aspects of my recertification process. In some cases I was required to forward new test results from which a final decision would be made on my application. I later learned that these

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- tests results should not have been requested of me because I was still in a 6 month waiting period and the tests would have been done following the recovery period in order to reconsider my medical certification. In fact, the final letter of denial stated that I had not met the 6 month recovery period and yet I had been asked to submit various test results, etc. during this period of time. This meant that I gone to much needless time and expense on my part to satisfy these requests which were in error in the first place. In my last communication to Dr. [Name] (via certified mail), I requested information concerning the steps that I would have to take to be reconsidered for medical certification once my 6 month waiting period was over. I have yet to receive a response from Dr. [Name] or anyone in the FAA. Also, during my attempts to regain my medical certification, I received conflicting information from the Aerospace Medical Certification Division relative to the time periods for submitting information. For example, two different communications from the same FAA representative requested that I submit the same identical medical information - this again during the 6 month recovery period - one communication informing me that the information had to be submitted within 14 days or my medical certification would be denied while the other gave me 30 days to submit the information before my medical certification would be denied. In the former instance, it would have been impossible for me to arrange to have the necessary tests done and the reports issued within a 14 day time span. Furthermore, the time periods by mailings and any returns from the FAA were excessively long (one - 3 months). Needless to say that, although I felt that I was treated with courtesy by the FAA, the FAA needs to "clean-up-its act relative to communicating with airmen in a timely manner."
- ** "During my exam, my AME had a question for the FAA Medical Office, but nobody was available to answer the question. Had to do with paperwork requirements as I had some skin cancer (basal cell) removed. Someone should be available at all times for these questions."
- ** "During my last medical exam, for a 1st class medical the EKG leads were reversed by accident. This was corrected by the AME and sent again over the fax line the same day. However I received a letter from Ok City telling me if I did not correct the problem within 30 days, my medical would be suspended. I had to take time off from work to take a third EKG for a simple misunderstanding and a overreaction by Ok City medical."
- ** "During my last medical I brought extensive medical information with me including test results and doctor write-ups including a diagnosis. My medical application was denied for a reason that my doctors NEVER REFERRED TO in their write-ups. After seeing two of my treating specialists, they both wrote strongly worded letters rebutting what the FAA staff doctor had referred to in my case. This particular FAA staff doctor "overturned" his decision after my two treating doctor's letters were reviewed and gave me a 6 year waiver. This denial of my medical caused me to lose my job and incur a high cost (3 months of unemployment) as a result of the FAA staff doctor's rash decision. Maybe in the future more care should be given to reviewing medical documents, especially a diagnosis given by an expert specialist."
- ** "During my medical I reported a Driving Under Influence conviction. This matter was handled by both the AME and the FAA in a very professional and dignified manner. More Federal agencies need to take note of how the FAA operates."
- ** "During my visit to my AME I had missed 5 numbers on the Dvorine second addition plates. So he called the flight surgeon's office in Fort Worth. His assistant informed him that he was the AME and it was whatever he thought. So needless to say I got A nighttime restriction put on My Medical. I had to spend an additional \$85.00 for an Eye exam and a lot of Phone calls and letters to get this removed even though I was within your standards to receive my medical! The fact that the doctor didn't tell him what the AME guide says is appalling! But that is what I have come to expect from the FAA no one will ever give you clear information for fear of losing their job or something. This is something that the FAA needs to work on, If you can't (or won't) answer any questions correctly than who can!"
- ** "During the six month period in which my application for a medical was being processed I made numerous calls to the Medical Certification Division, Oklahoma City. I was never given any satisfactory answers to my inquires as to the status of my application. I was finally connected to "customer service" that never answered the phone and never returned any of the messages I left. I was able to get more help from the Northwest Mountain region, but the representative finally told me to stop calling because she would get in trouble for helping me. Now this is hard to understand! Documents initially sent to support my application took forever to be scanned into the "DIWS". Overall, my experience with the certification process was marked by the frustration of dealing with another uncaring bureaucracy."
- ** "During what was a very trying time for me professionally, because of a loss of medical certificate, I was given the information I needed to have my medical renewed in a professional and timely manner. Despite the loss of certification I felt the FAA and the AME with which I was working tried to do everything in their power to help me regain my medical certificate. The process worked for me exactly in the manner I was told to expect."
- ** "E-mail or mail renewal notice by class of medical received. This always seems to be done by private companies, FAA doesn't do this?"
- ** "Each airman has a face/ recommend a current photo. Paper documents don't really tell the whole story. An

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- airman friend of mine continues to receive his certificate but I wouldn't fly with him, ever. I am in very good condition and even though the FAA treats me fine I continue to have issues (according to them) when in actuality I pass all tests and am in darn good shape and stay in shape. The FAA examiners are very serious about their work and I am very appreciative of their diligence."
- ** "Each pilot's medical condition should be examined individually! I fly & spot land sch. 232 gliders weekly. I play squash and soccer. I ride bicycles up to 34 miles with no problem. I furnished med. evidence that my heart function, (today 116/72) is certainly good enough to warrant award of Class II med. Certificate. I am happy to discuss this case with anyone interested in this matter. [Name]."
- ** "Each time I have renewed my certificate I was told if my condition changed, medicated for blood pressure, to notify FAA, no problem. When I renewed this time, I had to again prove that my blood pressure issue had not changed. I wish I had known this was going to happen; I could have had all the necessary documentation prepared to tender with my renewal."
- ** "Each year upon renewal it would be nice if the AME would send out a notice or letter if additional information is needed or tests before hand. This would relieve stress. It would also expedite the renewal process, and not delay renewal. Thank you."
- ** "Ease up restrictions!"
- ** "Easy access to information that is required and the Medical conditions that can have an effect on passing the medical exam. As pilots get older their eyesight is affected and what are the eye problems that can prevent flying."
- ** "Easy to understand, with few changes over the years."
- ** "Educate the applicants when possible about the process and the need to keep thorough and accurate records."
- ** "Efficient!"
- ** "Eliminate requirement for Class III/Pvt. Pilot."
- ** "Eliminate the FAA medical. It has never proven to improve safety. A driver's license should be sufficient for private pilots."
- ** "Eliminate the need to list number of flight hours on the medical info sheet as that has nothing to do with my medical condition. It also seems pretty useless to try and remember all physicians and their addresses of all Drs I have seen in the last three years when I have a flight physical annually."
- ** "Eliminate the requirement for 3rd class medical."
- ** "Eliminating "assistant" to AMCD, who apparently just mindlessly files the same form letter to me over and over, sooner than necessary, and mindlessly, when I am pleading for extra time to meet (short) timelines from / over great distances, would help a lot. This specific problem proved pen ultimately annoying - and resulted in my foregoing further contact with their office, ultimately, for deferral to another time. Thanks a heap! (was this the goal of this tactic?)."
- ** "Emphasizing the standardization of items checked, and how they are checked during an exam. Some docs want to give you an astronaut level exam; some just want to get you out the door. Standardizing how the eye exams are given would be a big help. Some have you look through an optical device, some have you look at charts. Many people where I work have expressed difficulty with my AME's optical device (including myself), but no trouble at all when presented the eye chart on the wall. The last time I left my exam, I felt somewhat dissatisfied. This was due to: Elevated cost, reluctance to bill insurance (which does pay), me having to pay up front even though insurance would be billed, and troubles with the optical device as explained."
- ** "Entire process was handled professionally."
- ** "Even some older pilots, based on a good medical history, should receive a medical certification for a longer time period than now allowed. I am 62 and in very good health. Why every two years??"
- ** "Even though approval of my application took under 30 days this time, it would be nice if it could be done quicker, i.e., within 10 days."
- ** "Even though my application was denied, the correspondence was clear, concise and informative for the actions that I have to take with my AME to have my medical reinstated. I found the process efficient and complement all participants."
- ** "Every 6 months I receive another Class 1 Physical and must re-accomplish/fill out repetitive information on the FAA Medical Application form - information which the FAA already has (address, ratings, past medical visits, etc.). Why couldn't there be a different form for re-applications for medical certificates which are printed out from previous information which I could verify? It would save time for the Dr's staff, pilots and for FAA personnel evaluating the current completed forms."
- ** "Everyone was very helpful, it just took longer than expected."
- ** "Every statistic I have seen indicates that the proportion of pilot incapacitation is the same as that of the general public. It might make sense to eliminate this entire system."

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- ** "Everyone should be so blessed with good health as I am and you wouldn't have any problems. I'm 73, flown for 27 years, never had an accident & don't take any medications as I can't afford them. Now if you could just do something about the price of gas for my airplane."
- ** "Everyone should use AOPA's medical service prior to using the FAA's. This provides a comfort level and facilitates checking allowable medications and conditions. I made sure that my doctors only prescribe medications that the FAA allows and have taken steps to improve my health to maintain my medical in good standing."
- ** "Everything moves smoothly and efficiently."
- ** "Exam is reasonable & achieves the goal of certifying physically able airmen to the extent that any exam can do that."
- ** "Exam is waste of time and money. I am a physician. If you required lab studies (CBC, cholest., enzymes, 'lyts, etc.) you'd pick up more with far less money and less time. Wasted physical exams are ineffective especially if pt. is asymptomatic. Finally, my 93 yr. mother was allowed to drive without any physical. Imagine the number of people put at risk going in the opposite direction vs. the 100 hrs/year I spend aloft."
- ** "Exam was thorough. AME stated that a prostrate exam was not required for a Class 3 medical. Gave me my option to have it or not. I opted for it figuring that it was one more medical professional checking for possible problems."
- ** "Examiner highly recommended, without reservation."
- ** "Exams not covered by medical insurance. Up to \$100 every six months is too expensive."
- ** "Exams should not be required."
- ** "Excellent AME! Dr. [Name] Hillsboro, Ohio."
- ** "Excellent changes to process - efficient, convenient, and cost-effective!"
- ** "Excellent review process and service to reissue my Class I."
- ** "Excellent service, great doctors, and very helpful in all aspects."
- ** "Excellent service!"
- ** "Excellent system."
- ** "Expand the list of military flight surgeon certified to give Class II med. certificates."
- ** "Expedite FAA handling of waivers and rulings on medicals. I've had several friends/coworkers who had to wait months, out of work, for simple rulings."
- ** "Expedite processing of certification from time all required info is received in Oklahoma."
- ** "Expedite recertification process."
- ** "Expedite the service. Explain the reasons exactly, in layman's terms, what the problem is for not granting the medical. Provide suggestions on what the applicant could do to improve the chances for issuance."
- ** "Experience was great and makes you feel more comfortable flying with other pilots knowing they must pass these strict health and physical requirements. Recommendation - Make it easier to find locations of examiners. Perhaps a listing or website."
- ** "Extend 3rd Class medical to 3 years."
- ** "Extend the once per year Class I medical from 40-yrs of age to 50-yrs of age."
- ** "Extend the time between 3rd class medical requirements under 50 years of age."
- ** "Extend the time limit for which a medical is required."
- ** "Extend the time period between exams to every 3 years for those without any problems."
- ** "Extensive waiting period during the appointment time...AMEs seem to view giving a medical exam to an airman as a "non-critical" item during their office hours."
- ** "Eye exam doesn't seem very realistic. The FAA seems to think I am almost blind. But in reality I have no problems driving a car or seeing."
- ** "FAA - Provide a time frame for normal recertification to the pilot. This could be done with first mailing. Compliment - Dr. [Name] was outstanding. He was very professional and thorough. Dr. [Name]'s AME number is [AME #]. I would highly recommend him to other airmen."
- ** "FAA can speed up delay of processing by updating the process. Many new doctor's groups, along with new and better procedures and technology can ensure the public safety. There must be an alliance with every area of the country to aid and speed up the process. Why does special board only meet once a month? Livelihoods depend on your process and they are safer, professional and right. Help us keep our jobs!"
- ** "FAA gave me the impression that all AMEs use the MedXpress system; this is not the case, and I was not aware of that until visiting my AME's office, unfortunately after I completed the application on-line."
- ** "FAA has a medical examiner in [City] who lies, overcharges, falsifies data in order to intimidate applicants into gross overcharges for items not needed nor used. I fired the AME! Signed: Applicant with 3500+ hrs logged."
- ** "FAA has improved its time in returning re-certification certificates in less than 90 days."

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- ** "FAA is slow acting on/approving medical enhancements like lasik surgery."
- ** "FAA is too nosy with all the medical info and history. Medicals should have a price cap too. Lots of docs charge close to \$100 for a 1st class."
- ** "FAA is too slow to respond to those with medical issues requiring central office approvals."
- ** "FAA medical does not improve safety. The medical does not measure the applicants judgment."
- ** "FAA medical exam is not covered by my family insurance coverage under the "annual wellness" exam. FAA and insurance companies need to work this out to help minimize the medical exam expense. It should be a positive experience to get an exam, but the cost, not even partly covered, makes this a \$120.00 out of pocket expense. Thanks for providing space for input."
- ** "FAA medical exam should qualify also for CDL medical exam. Both are DOT exams; the FAA being more stringent, should fulfill the requirements of CDL exam. I take both exams at same clinic & same time, consecutively."
- ** "FAA medical exams are lax. Recommend a medical certificate encompass full eye, hearing and physiology exams to include an EKG. Recommend that pilots over 65 years of age have their "type" of flying taken into consideration by a "qualified and involved FAA representative" when the medical certificate is requested i.e., If a pilot is flying crop dusting or military contract flying, both of which are quite demanding the pilot should be thoroughly evaluated. Recommend that the FAA encourage doctors to become AMEs through financial or other incentives. Too many doctors avoid the job simply because it is a bureaucratic pain in the rear with virtually no incentive/recognition to accept the responsibility. As a government bureaucracy the FAA may not desire or even be able to improve itself. But it should try!"
- ** "FAA needs to ABANDON the medical business and leave it in the hands of competent local physicians. In the days of instant internet access, there is no conceivable reason for any physician not to be able to download any form necessary to meet FAA standards. Cancer patients today and others have INSTANT access to every piece of cancer research within minutes after it is published and FAA is still giving medicals circa 1970. The way medicine is practiced today is so far ahead of this it is like comparing a glass-cockpit aircraft to a J-3 Cub. A Microsoft Access program on the FAA computers could easily be entered and answered from the doctor's examining room and IF necessary either request additional information or summons a real FAA person to on-line request whatever needed. Most doctors now have a laptop or tablet with them in the examining room. Even if the AME system is kept, it needs to be vastly improved. The ONLY AME in our city just left and now there is nobody willing to do it, primarily because the fees are not worth their effort and no physician with a successful practice wants to shut it down for a week to go to Oklahoma City. As a CFI, the most amazing concept for new students to grasp is that there has to be "special" doctor to issue a medical when they are already going to a world-class health provider. I have been a patient at the same medical practice since 1962 and have been through four doctors there as some have retired and others specialize. These guys know more about my health than any AME could determine and they are 5 minutes from my office. My NEXT medical will involve a 180 mile trip."
- ** "FAA needs to look at duty limits and circadian rhythms. As an airline pilot those are more problematic as an Aeromedical issue. Duty should be considered from report to release not whether flying or dead head. Duty periods need to be limited to a shorter period for back side of clock flying. Duty regulations in their current form are ridiculous. FAA's focus needs to be on safety, the certification process is satisfactory in its current form and in compliance with current regulations."
- ** "FAA needs to update understanding about flying with contact lenses especially mono-vision."
- ** "FAA regional more helpful than my union, ALPA."
- ** "FAA should eliminate the Class III medical and replace it with the same medical requirements as for LSA pilots. Class I and II medicals would be required for pilots of commercial aircraft (ATPs) and for aircraft with more than 6 seats. The cost of administering and executing Class III medicals is not outweighed by the reduction of risk to the public, pilots, or passengers."
- ** "FAA should strongly consider accepting the AOPA TurboMedical Forms. If FAA does accept these forms as substitute for the FAA forms, then FAA needs to ensure that all FAA offices and AMEs know about it. My AME called the FAA regional office and was told the AOPA form was not acceptable, however AOPA maintains that the forms ARE acceptable. This confusion resulted in me having to fill out the FAA original forms by hand."
- ** "FAA Survey August 10, 2008 Comments C1 - Compliment; C2- Complaint; R1- Recommendation; C1 - I compliment the FAA Aerospace Medical Certification Service on their overall performance. My friends often cuss it, but the process is better than they complain about. It really is quite good. Thank you. C1 - My medical certifications have all been done by one AME since I started flying over 10 years ago. He and his staff are great. First class professionals all the way. C2 - I became frustrated when I started researching what medications, and later combination of medications, were allowed. My best resource is a pilot's user group's on-line guide. By not reading it adequately before taking a new medication, it caused my doctor and I to make an embarrassing

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- blunder. It resulted in my medical being recalled. It took only a couple of days to get my medication corrected, but it took 3 months with more doctor visits and more testing to plead my case, prove my good health and get my license re-instated. In the end, it worked! Hallelujah! But, oh, what a nightmare. R1 - Due to this experience, I recommend improving a pilot's / non-AME physician access to do's and don'ts on medication uses. Perhaps I should have called my AME ahead of time to ask his advice, but I didn't think of it. Besides, how does one call their AME during a regular checkup with their treating physician who wanted to add a new type of medication? Where could I have advised my doctor to go for help? C1 - A big compliment to the folks at AMCD in Oklahoma City that I dealt with over the phone. Those folks were great! I remember one time saying I did not want to call them more often than once a week to learn the status of my appeal. The young lady stated it was not a problem. She suggested I call back in a few days. Wow! That was huge! In closing, the anxiety a class III pilot over 40 has when applying for medical re-certification is akin to keying the microphone prior to entering controlled airspace the first time. Many of my friends avoid controlled airspace because they do not know what to say on the microphone and they fret for months prior to medical re-certification. Please continue striving for improvements in the process. Thanks for listening."
- ** "Far more physicians should be empowered to certify pilots. It's not rocket science. (At least for general aviation pilots)."
- ** "Faster approval of special issuances. Have people answer the phone who can provide answers, not "It's under review" Guidelines for how long a special issuance should take. First class medicals every 6 months is a pain in my tush, at age 49. I personally don't think the FAA exam is in-depth enough. Matter of fact, I think they are a joke in general. In my case, I had the integrity to disclose my situation, but had I not; it probably would have never been discovered. I see people walking in that are so overweight and unhealthy, and never get caught, clean bill of health they walk out with medicals. That's about it for now. I could write a while on this topic."
- ** "Faster processing of medical information given to FAA to avoid delay in receiving certification would be helpful. Maybe a phone call to pilot would clear up questions and expedite the process."
- ** "Faster response."
- ** "Faster reviews and decisions of medical certs for commercial pilots, particularly those who pay the bills by flying."
- ** "Faster turnaround for answers to questions would be helpful."
- ** "Filling out the medical form on computer would reduce time and make the process go much faster. Also, the medical form would look nicer."
- ** "First and foremost I would suggest that all AMEs should be given a standard test bank that will not change from doctor to doctor. This includes that the tests be performed on the same equipment. Ex. The eye exam: Some doctors use a machine that may not be up to working order where others use the old eye chart in the corner. I would rather just use the eye chart and the eye chart book than some machine that might not be up to specs. The exam also should be standard for all doctors. Some doctors seem to want to almost do a rectal exam just because they can. I believe the medical should cover the overall health of a pilot and make sure they can fly the airplane without medical problems. Next I would like to see more standardization in what doctors charge. I went to one AME who charged over \$200 for the exam. I think he did this just because he would use company insurance. Most of the time Company medical insurance does not cover the FAA exam. If my insurance does not cover it then I am out a lot of money. I believe there should be maximums on what these AMEs charge."
- ** "First off, I went in to check a problem with my chest pain. After seeing a cardiologist he recommended an angiogram where they found 2 partially blocked arteries which they took care of. I'm an Air Traffic Controller which requires a 2nd class exam, however they do not issue a 2nd class medical for me even though I supply them with a current cardiovascular evaluation, current lab and a current maximal treadmill stress test. I didn't have a heart attack and yet you people treat me like I've got leprosy. I took the initiative to check myself out and you will not issue me a 2nd class Airman Medical Certificate. I would like to do some flying that requires a 2nd class medical and you won't do it even though I work Air traffic which requires a 2nd class medical. What's with that? I really would like a response."
- ** "First, if only certain AMEs are approved for use by FAA employees, then you are denying employment to all the rest. Are some not truly qualified to be AMEs. Does this list indicate some are some better or more qualified than others? Does the AME community know about this list? Secondly, airmen who are proactive about their health, as I am, are penalized by having to provide additional and unreasonable amounts "proof" of their medical fitness if taking preventative precautions. My untreated blood pressure is well within FAA guidelines, but it is higher than I would like it to be. So I take a mild prescription that controls it to within my personal guidelines. Every year I am required to provide multiple sample blood pressure readings and a "note" from my doctor that I am not having adverse side-effects to the treatment. This causes me additional expense and always elicits a look of disbelief from my doctor. If I were having adverse side effects I would seek medical treatment and the FAA would know about it since it is reportable on the airman medical application. Get reasonable."

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- ** "Fix the "medical history" part of the form. Instructions imply we need to write down "everything". Some AMEs say write all visits (annual physical exam, annual dental checkup, dermatologist visit, etc.) Some AMEs say write down only "medically significant events". The USAF trained us, via flight surgeon briefings and safety bulletins, to know what physical conditions and what medications/foods/other factors could affect our aviating abilities and why we should take personal responsibility for our fitness to fly. The chances of "two-pilot" aircraft crashes for medical reasons is zero. For "single pilot" operations, training and personal responsibility are the way to go - change form to report only "medically significant events"."
- ** "Flt surgeon needs more experienced staffing, there are not enough folks to do the job in a timely fashion. Also need to apply more common sense on individual pilots medicals."
- ** "For 10 years, since 1997 I have received a special issuance medical certificate. Until this year, annually I have submitted required information directly to OK City. They in turn have reviewed the information and have sent me an authorization that I have taken to my AME or sent me a certificate directly. I have always been very satisfied with the OK City staff and have communicated with them both by phone and mail. My experience with my AME has been likewise very positive. I now have a 6 year authorization for direct submission of information directly to my AME. This is very helpful because it moves things along much more rapidly. Thank you."
- ** "For 18 years I have had a special issuance for one year at a time. The tests have been remarkably the same yet I never know from one year to the next what my status will be. The result is less safety training via simulator or three day seminars to say nothing of the medical expense. It seems I am caught by the "rules" rather than allowed some latitude through common sense. It seems odd the same agency that issues me a CDL license to drive 140,000 GVW (mi) on the highway (U.S. Dept. Trans) without any special test says I need extensive testing each year to fly. On a positive note the FAA staff I have had phone contact with are most pleasant. Thank you for this opportunity."
- ** "For class 3 medicals, it is great that there is a three year time frame between exams for pilots under the age of 40 years. This should be extended to older pilots as well. While medical concerns are always an issue, pilots that have no history of medical issues, should be granted longer time between medical exams."
- ** "For me the system works well."
- ** "For myself, as a very healthy individual, the system works fine and is, in fact, overkill. My feeling is that it will not be adequate with the change in the regulated age."
- ** "For non-commercial pilots a valid drivers license and a vision exam would probably be adequate. It will be interesting to see if the sport category that require only a drivers license and no previous denial of a certificate, demonstrates accidents attributable to medical problems at a higher rate than those pilots with valid medical certificates. I am a practicing anesthesiologist and don't think the current system really benefits safety for the non-commercial pilot. The time and money spend for the medical would be better spent for a more complete biannual flight review. The CFI for CFII reviewer would also be able to evaluate your physical ability to fly the airplane in your current state of health."
- ** "For private pilots - get rid of 2 year Class III exam! It would save time and money. Follow sport pilot rule - use drivers license as proof of health."
- ** "For private pilots I believe the requirements are excessive. One should be able to use a drivers license as proof of medical status. Professional pilots of course should be more stringent."
- ** "For private pilots, a drivers license should substitute for a Class III medical."
- ** "For situations in which the applicant is subject to special issuance, provided the conditions requiring special issuance remain static, the AME should eventually receive authorization to certify on a permanent authorization. Where a current status report is required to make a decision on a required deferral to Oklahoma City, if there is only a small amount of information required, (a good current status report from a physician), issuance should take less than 30 days, especially if the report is similar to previous ones. However, this year I received a letter allowing me to send the reports in early to pre-certify, which is greatly appreciated as it prevents lapses in flight time and resolves concerns of delays. Thank you for this effort to streamline the SI process."
- ** "For the last 3 years have had great luck with the KC, MO FSDO office, medical. [Name] in that office has helped me to a great extent and cannot compliment her enough for all her help."
- ** "For the past ten years I have been required to have a stress echo and lipid profile on a yearly bases and physical every other year. My Dr's. and I have requested, based on my good health that the stress echo could be combined with my physical to avoid multiple visits and expense. I understand the need for the testing because of my history of angioplasty and stent 11 years ago but every 12 months seems a little much."
- ** "For third class certificates increase the every 24 months to a longer period, even for those over 40 years of age, if in good health."
- ** "For those of us obtaining only a third class medical, there is no flying for commercial services. For many types of flying, lighter than air, gliders, etc. there is self certification. Sport pilot requires only a drivers' license. It would seem to me that based on that, the third class medical doesn't make flying safer. A lot of money could be

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- saved with no change in safety by requiring only a first or second class physical where it is now required and dropping the third class medical for non-commercial flying."
- ** "For three months, all I heard was "your case is under review, call back in a few days". You could replace whomever answers your phones with answering machines and no one would notice. If it's going to take three months to process a medical, then say so don't jerk people around. The State Department has a fast track program for passports. Why not have the same thing for medicals? "Want your app. to go to the top of the pile? Then come to OKC and bring your checkbook". I think most professional pilots would pay a reasonable fee to expedite the application - even an unreasonable one, for that matter - rather than wait for someone to get around to it. Sorry about the handwriting. I would have done it on-line, but "unique user ID" and "anonymous" don't exactly go hand in hand."
- ** "For time efficiency the new procedure seems considerable faster. There are some procedures I am still not familiar with. I think we are on the right track, and I thank you for your help."
- ** "For unknown reasons, I did not receive this questionnaire until Mid August. Sorry for the delay."
- ** "For working pilots, the med cert system is too capricious. For recreational pilots, the system and requirements are unnecessary. Please work toward standardizing and objectifying."
- ** "For years I have known and respected Dr. [Name] in [City], NE. He was removed as an AME by Dr. [Name] FAA. My most recent AME was negative about the FAA because of Dr. [Name]. I and many other pilots are not happy with Dr. [Name] removal."
- ** "Four years ago, I suffered a heart attack. I have since applied for and received a second class medical certificate. I have recently applied for a first class certificate. In each case, even though I supplied what was requested of me as regards medical documentation, there were still more documentation requested of me causing considerable delay in the certification process. While I understand the necessity of this documentation, I would have appreciated some knowledge of the requirements for said certification. I was advised of some required documentation by the FAA/OKC, but not all. Perhaps mine was a special case but I doubt it. The FAA must receive hundreds of requests a day for certification re-instatement as mine. The AME I felt offered little help beyond the obvious necessity to submit medical records. Just what, he wasn't sure but referenced sending everything as a shotgun approach. This is pretty much what I ended up doing. I am still waiting after several weeks as to the outcome of my latest application."
- ** "From FSDO perspective, many individuals seem to wait an inordinate amount of time, to have what appears to be minor issues, resolved."
- ** "From my 40 years in aviation, I tend to think the medical certification is worth something, but not a great deal. Until my most recent experience, it was not an event causing any undue critique. In my most recent application I was suspicious of the fact an "anomaly" was discovered when the only thing different from years of going to the same doctor, same office, same EKG equipment, etc. was the fact I am now over 60 yrs old. I suspect these applications are flagged which makes the whole process marginal from my point of view."
- ** "From my experience the AMCS is improving and is working the way it is intended."
- ** "From my point of view - the system seems to work well and is reasonable."
- ** "From my view, the AMCS process for medical certification is straightforward and fast. It is a necessary but painless process."
- ** "From the date of application 6/7/07, it took until 10/2/07 for an answer. Way too long! Also, the 5 yr. waiting time from treatment to consideration of another physical is ridiculous."
- ** "Generally seems to be a good system. Keep the exams in the hands of private practice examiners!"
- ** "Generally, I think I have been treated well to date. I have proteinuria, a kidney stone, and hypertension under control. Some of the requests by the FAA seemed excessive (see attached letter). I provided (in return), my medical records. To comply with all the requests would have cost me \$20,000 +\$10,000 in lost earnings. I am hopeful of an eventual approval, but not necessarily optimistic. (I am applying for a 3rd class, for approximately 30 hours/year)."
- ** "Get processing through OK City with as few assistants as possible."
- ** "Get rid of the colorblind test. I understand that colorblindness originates at birth. If you pass the color test at least once previously, then you're not colorblind and should never be colorblind. Unless of course there is trauma of some sort. Colorblindness doesn't happen later in life if I'm not mistaken. I don't believe it's like vision loss over time."
- ** "Get rid of the rent-a-AME in OK City. The one that handled my package was an idiot! Requesting test that have not been done in 10 yrs. He cost me thousands of dollars and if my source was correct, was 72 yrs old. Give me a break, get people who are current. Someone that has the pilots' and the public's best interests in his sights, not an old quack that did not make it in the private system."
- ** "Give AME more authority with medical issues. I think the AMCS is doing a very good job on the turn around time for medical issues."

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- ** "Give AME more responsibility and ability to issue a special issuance 3rd Class medical."
- ** "Give local A.M.E. more decision making authority. It appears the A.M.E. cannot make a decision about the most minor physical "surprises" after the examination. I was glad the A.M.E. I visited was a pilot, there seem to be an easier understanding between his questions and my answers."
- ** "Give local AME more authority to make decisions. D.O. sitting behind the desk in Oklahoma City can't make good decisions based on written info from unknown sources. Increase weight limits of LSA to include more modern tri-cycled gear aircraft such as C150's and C152's for Sport Pilot category. This will increase safety of LSA category for pilots that no longer go for FAA medicals. Your system is already being skirted by many class IV medicals."
- ** "Give recommendations for replacement medications."
- ** "Given the recent change to the pilot retirement age from age 60 to 65, First Class standards must be raised. The pace of operations in 121 operations is more hectic, demanding, and more stressful than in any time since deregulation in 1978. The physical exam does not reflect the requirements in modern operations. FAA oversight needs to target AMEs that do not enforce an already low physical standard. My AME is exceptional! But, there are plenty that pass pilots and ward 1st Class licenses to those who are not up to the standard required in modern operations. The standard needs to change to mirror the requirements of today's industry. A height & weight standard needs to be created & enforced as well!"
- ** "Glad to learn through this survey of MedXPress. Will use it!"
- ** "Go to a driver's license medical like sport pilot for all 4 place or less aircraft."
- ** "Going back to question #3 -- The office in [City], CA was crowded and dirty! I also attempted to schedule my exam with the only AME in [City], but the office demanded \$200.00 up front for a 3rd class examine? So I then contacted a previous Dr in [City], AZ. although I had to travel 460 miles, it was the principal involved! I suggest and recommend that the FAA reduce the costs and yet maintain standards for doctors, particularly those who also fly themselves! So that more could be AMEs. This shortage is a serious problem, if the FAA wants to maintain a current pool of AMEs and keep costs to a reasonable level!"
- ** "Good AME here in the Philippines. Too bad there is only one of them. Because when he is not available it means a very costly and time consuming trip to the U.S."
- ** "Good job, I appreciate the consideration of all involved in the process."
- ** "Good Job."
- ** "Good move on yearly 1st class for guys under 41. How about every 2 years EKG for guys under 51? For most 1st class you are dealing with 2 person crews and the \$100 cost savings would help us first officers."
- ** "Great job!"
- ** "Great job!"
- ** "Great job. Very detailed process and respectful!"
- ** "Great system - keep up the good work!"
- ** "Great to be able to do this on the web!"
- ** "Greater communication of MedXPress program to airmen and AMEs. On the downside, what would we do while waiting for the AME if there was no paperwork!"
- ** "Greater publication / public affairs effort on MedXPress. Any tool which can ease the process is quite useful. For example, in my latest exam I indicated all relevant medical history and the AME commented that I only needed to provide information that was new since the last exam. If the FAA maintained a secure HIPAA-compliant system for pilots to enter this information and print the necessary forms with only required information (storing and archiving past information as relevant) this would improve the experience for the pilot and provide the FAA with a useable, updated, and accurate database."
- ** "Had exam on June 20th - had mailed all records from another doctor (dermatologist) associated with melanoma treatment prior to exam. AME did not transmit them to FAA until July 9th. I've called FAA twice and they say "it's being reviewed". Still don't know anything. AME initially told me I should get it in about 2 weeks from date of exam (June 20th)."
- ** "Had heart bypass operation in March 1999. Took forever to get back flying and through yearly requirements. System greatly improved since then. Should now only have to do physical, stress test and blood work up every two years instead of every year for Class III certificate."
- ** "Had to finally contact customer service at AMCD to get appropriate action on my request/consideration for application approval. No available direct communication avenue with application (with submitted justification) review personnel."
- ** "Had to send the same information to both [City] and OKC on three occasions and they would not use e-mail and repeatedly lost the mailed information. Also, from original April exam, issued by OKC in Sept. but now in only 20 months, and I get to go thru this again....Yuk. People in OKC were better than [City] who were the most rude I

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- have encountered. I was told by them that if I called again they would lose my file! I had only called every 2 weeks for an update, but was told the decider was in Washington and hadn't had the time to review the material. Then, sent to OKC for another six weeks. Great system!"
- ** "Had to wait for approval of a medication I was taking. Sent all required info to [City], NH. Had to call weeks later to get an answer on status. Was told paperwork was in pile on his desk, but was a month or so behind. Recommend: Get more help to process such a simple request, after applicant has fulfilled the requested info."
- ** "Have 1st Class (for captains) good for 12 months unless medical conditions warrant every 6 months. After age 65, every 6 months."
- ** "Have a service that reminds the pilot to get a renewal (Class III) a month or two ahead of time."
- ** "Have a set price for a standard physical. My exam doubled in price which seemed a bit excessive given the limited extensiveness of the 3rd Class exam. Don't intend to go back to this AME. (\$75 to \$150). And thanks for doing survey - good idea."
- ** "Have always received excellent service from AMCS. Thank you."
- ** "Have AMEs be tested for their own adequate vision & hearing to conduct exams."
- ** "Have doctors and staff familiar with the MedXPress."
- ** "Have had a medical certificate for over 40 years, and the last visit was the first where my application had to go for review (small surgery for melanoma). The AME sent the papers to the regional office for processing and thankfully, it was handled promptly and my Class I was renewed."
- ** "Have MedXPress archive my data so that I only need to update my information, and not complete the whole form each time. It would be nice to have 1st Class medicals for those less than 60 years of age last for one calendar year."
- ** "Have office staff inform to use MedXPress on-line before coming in. Shorter Wait. (Minor complaint) Was in the office 50 min. before being seen by AME. Would like to be seen closer to my appointment time. Not a big deal - for class III under 40 I don't go in very often. AME & staff very professional and efficient."
- ** "Have worked with Dr. [Name] and his staff [Name] several times over the last couple of years to resolve recent kidney stones. I was very impressed with the time that they spent with me over the phone and by mail to manage and resolve my issue. They were very friendly and showed concern for my situation. I just wish that I would receive more timely guidance in the form of letters from Oklahoma City. Quite some time has passed since my last letter explaining the requirements to maintain my class I physical. AME's are even a little confused with how to handle my medical applications."
- ** "Having ability to access what constitutes as pass/fail for medicals. Hearing, vision, blood pressure, heart rate, EKG results, etc."
- ** "Having been to several AMEs during my 29 years of flying, I think it should be mandatory for all pilots to use MedXPress. It guarantees that the AME will have the pilot's medical history captured in a consistent and thorough manner."
- ** "Having experienced a myocardial infarction, I am in the Special Issuance group. While most of my exams (including the most recent) have gone smoothly, the one before that got "hung up" there in Oklahoma City on authorization paperwork due to the stress test data required for AME authorization to conduct the actual physical examination being sent by overnight U. S. Mail and not via overnight/priority service (FedEx or UPS Red). It was well into the final month of my medical certificate validity that we reached the conclusion that something was amiss. No matter what we did (including several phone calls and eventually sending duplicate documentation by FedEx, it still took three more weeks for you to review it and respond with the authorization for my AME to conduct the examination. As a result, I was grounded for a over a week without a medical certificate, even though my physical condition was satisfactory. I recommend that the special issuance procedures for persons such as me with a recent (5-year?) history of good physical condition be vested in the (Senior?) AME with specific instructions and conditions for medical certificate issuance SUBJECT TO SUBSEQUENT REVIEW by your office rather than the current requirement for authorization A PRIORITY. Would this not reduce the workload in your office as well as provide (professional) pilots, such as myself with a good recent medical history, more uninterrupted service? Just a thought -- which you asked for."
- ** "Having had to go through the process of getting approved with hypertension and a kidney stone in the past, I think the greater approval authority given to AMEs has made the medical approval process much easier. My AME was very thorough and went well beyond what I expected. He is a pilot and that makes the process much better, I felt he understood me as a pilot and as a patient. The AOPA TurboMedical made it very easy to know what to talk to my family doctor about to determine what I needed to bring with me to complete my airmen medical certificate. I really like this AME, he demonstrates a genuine care about what he does, made me feel comfortable and discussed not only what was important for my flying health but my overall well being. Now if the FAA would extend the medical checkup to three years for those of us PAST the age of 40 like they just did for those under 40 even better. I have to admit, most men would not see a doctor unless they were sick, I see mine

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- on a regular basis so I can stay healthy and to continue to fly. My AME goes beyond what I would expect him to do. He cares about me as he would a regular patient."
- ** "Having the AME review all medical records is a very good way for process and certification. It saves time, money, and relieves the FAA for that responsibility. Either you are risk or you are not a risk in the air."
- ** "Having to get a class I every 6 months is too often. Change it to every 12 months if under 50."
- ** "Having worked in the field of internet security I am well aware of the flaws in the system. While the "MedXPress" server may be secure the remote system where the medical history is being entered may have "keystroke loggers, etc." running in which the owner or user is completely unaware of causing the medical history information to be sent to persons or places unknown. I believe that the medical history should be taken on paper by the AME and kept between the AME, the examinee and the federal air surgeon. This protects the doctor-patient confidentiality."
- ** "Help people with medical problems keep their medical certificate. A lot of work goes in to getting it. Thank you."
- ** "Help us keep our costs down for G.A. pilots. Thanks!"
- ** "Helpful, insightful, thorough."
- ** "Hoping this survey will help in that it keeps us safe and also the joys of flying. Thank you. Sincerely, a pilot."
- ** "How many accidents or incidents are medically caused? Should any of these had a different outcome with no medical? I do feel the medicals are good only to possibly alert pilots to a problem, not for a safety issue."
- ** "I agree with the current system and believe it is as good as it should be."
- ** "I already had a current third class medical with a special issuance that was still valid for another 6 months (July 08). My annual special issuance was due (January 08), so I wanted to have both due in January to save the cost of an additional AME visit. In January 08, I was issued a third class medical at the end of the medical exam, which had the wrong expiration date on it. I contacted the AME to get the expiration date corrected, which he did. A few weeks later, I received a letter from the FAA saying that the AME had marked on my application that I had open heart surgery and that I would have to provide more information for a special issuance. I contacted the FAA in Oklahoma City to let them know about the mistake the AME had made. I faxed a report from my heart Dr that showed that there had been no changes in my condition since my last exam. I tried to get the AME to help correct his mistake also, but received no help or communication from him. It was such a waste of money to me and the FAA to have to have another Dr visit & send additional reports to be reviewed when the AME should have been able to correct his mistake. I did receive another 3rd class medical after submitting the additional reports."
- ** "I also have a class A CDL license and carry a medical card for it. It seems very wasteful to have both when they could easily be combined."
- ** "I always have had very good response to questions or needs from the AMEs and were always willing to help. The only problems happened when the ole timers had to use the computer system and that ended their AME practice. They were not part of the new medical system which is more of a production line. A sign of the times!"
- ** "I am 61 and have a full medical exam every year including screening colonoscopy, stress tests, etc. These are all performed by my regular physician. He however cannot issue my medical certificate because he is not certified. Why can we not use the tests that are performed by our regular physician and then get supplemental hearing and eye tests to complete the physical and then have all the data reviewed and compiled by the FAA and then issue the certificate using the date from several sources which are the ones we use for our regular medical services. Cursory exams by an unknown physician seems duplicative and not as accurate as regular physician care."
- ** "I am 63 and do not mind the 24 mo cycle. However, I think you could use your MedXPress to ask the medical / Drug / surgical questions. If a person has a personal Medical Physician, and has had an exam in the past 6 months, and the Medical / Drug History is OK, I don't think that the AME exam adds anything to the ultimate safety of flight. I have friends who have had cardiac stents, and Cancer, and Diabetes, and I think you are doing a good job in evaluating them and then when appropriate, letting them fly again. Keep up the good work."
- ** "I am 65 years old and in good health. An EKG and two-year limitation on a class III medical seems excessive."
- ** "I am 72 years old, why did it take many types of tests for very mild high blood pressure. I am in excellent health. (My blood pressure was a little high for my exam). EKG, blood test, heart scan, letters, etc. What type of letter is really required from my personal physician? I don't use computers except for games."
- ** "I am a "recreation" pilot, currently without an aircraft. FAA issued my most recent medical certificate for 6 months only after detailed info from my doctor - treating my prostate cancer. Because of the expense, time and short duration of my medical certificate I have elected not to apply again until I can qualify for a 2 year med. certificate."
- ** "I am a former USAF pilot with 40+ years of flying experience. My first mistake was admitting I had Type II diabetes. Although legally required to do so, it is common knowledge in the aviation community that you never tell the FAA about any medical condition. My AME submitted the proper FAA forms along with copies of my

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latest blood tests which incidentally showed my diabetes was definitely under control. Unfortunately his assistant sent the package to your [City], VA office rather than Oklahoma City. No one in that office forwarded the package to Oklahoma City or returned it to the AME. It just sat on someone's desk. That delay cost me 60 days. It was only sent to Oklahoma City after I inquired to the AME. I next waited a couple of weeks, called Oklahoma City and requested that because of the 60 day delay could you please expedite my physical. I received the typical governmental noncommittal response. I next asked to speak to the person who signed the letter, but apparently those exalted folks don't speak to mortals. Shortly thereafter I was notified that my blood tests would have to be repeated for some obscure official sounding reason. Finally after numerous phone calls, 3 to 4 months later I received my conditional medical. During that time I seriously considered selling my airplane and giving up flying, but it's difficult to give up something you love to do."

- ** "I am a member of ALPA and used ALPA Aeromedical (virtual flight surgeons) in [City], Colorado to help expedite and ensure that my medical records were in order to get my medical certification. It seems that you could have an expedited procedure using the ALPA Aeromedical office. They went to great lengths to make sure my paperwork and doctor and lab reports were in order then they forwarded the packet to Oklahoma City for approval. Then it took 4 weeks to have you say my physical was approved. It seems that you could foster a better relationship with ALPA and have a streamlined process for the ALPA approved documents and applications. This happened in April 2008 and November 2007. I feel that in all I was denied my ability to work for at least 3 months total over the 2 events. This was a waste of sick leave and you prevented me from making a full paycheck for those 3 months."
- ** "I am a private pilot. I got my license in 1971. I have had my medical current every two years since then. I have been very pleased at the way it is conducted. I am also a commercial truck driver. The bi-annual medical for that is much less stringent than my FAA certificate. I get them both done by the same guy on the same visit. He just fills out one report for the State of California and then one for the FAA. He is about half done with the FAA exam when he stops and sends in the form. Thanks, [Name]."
- ** "I am a retired military pilot currently employed with a freight carrier under Part 121. 5 years ago I had a stent put in for blockage in an artery. Upon completion of the waiting period, I accomplished all required steps to regain my medical and said medical was reissued. I freely acknowledge that the recertification process was fair, thorough, and very necessary for aviation safety. The process also provided the additional benefit of providing clear clinical evidence that I was again completely healthy. The annual recertification testing process continues to assure both the FAA and myself that I am a healthy and medically safe pilot. The process remains fair, thorough, and necessary for aviation safety. The main issues that I take exception to are the fact that: 1. I do not get the full benefit of the 12 month medical authorization due to the recertification process and 2. That I am forced to be significantly concerned over loss of pay solely because I am awaiting issuance of the actual certificate annually. Issue 1: I receive only 11 months per year of medical certification. My original clearance after the stent procedure was issued in August. My current medical expires in March 2009. Each year, I must accomplish the required testing procedures 45 to 60 days prior to the expiration of the certificate. My previous certificate expired on 30 April 2008. I accomplished the specified tests on 4 & 6 March 2008. My visit to my AME was accomplished on 18 Mar 2008. The entire testing package was received in OKC on 20 Mar 2008. My current medical certificate now expires on 31 Mar 2009. This is obviously due to the testing dates. The point being that the applicant only receives an effective 11 month certificate annually. Due to the requirements of scheduling these tests, obtaining the written results, submitting the complete dossier, and waiting the review process, the applicant is forced to chase his / her renewal around the calendar. Issue 2: After submitting the required medical documentation, the applicant is forced to wait significant periods to receive the resultant approval or denial of the certificate. In my case in 2008, OKC receipted for my carefully prepared submission package on 20 March yet my certificate was not issued / approved until 01 May. Previously, my renewals were issued within 2 to 3 weeks of the package receipt in OKC. This extra delay affected my ability to provide my services to my employer in a timely, effective manner during late March early April. Take careful note that I find absolutely no fault with the requirements and the process what-so-ever. I also find no fault what-so-ever with the time required to carefully review and approved an applicants initial recertification after a serious medical procedure like a stent. I do, however, have great difficulty understanding the delay in approval of future renewals. Assuming that the applicant has provided all medical documentation requested in a complete & thorough manner, the following year renewals should be a matter of simple formality assuming that there is no degradation in the test results. It should be a matter of simple side-by-side comparison of the current results to the original results. In my personal case, the results are identical to the original recertification documentation, were briefed to me as being "perfect" by the medical specialists, and actually indicated some actual improvements in some areas. For follow-on annual certification, I submit the premise that an AME should be able to review the package carefully and issue my continuing medical certificate based on that thorough review. Once accomplished, the package would then be forwarded to OKC with the AME's endorsement for a final review with no further action required by anyone unless a notable variance from the required standards is found

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- during that review. In the case of a problem being noted, the AME and the applicant would immediately be notified and the appropriate follow-on actions directed by OKC. The AME always carefully assesses the medical fitness of the applicant prior to issuance of a certificate. The medical judgment of the AME should suffice with the future review of the documentation by OKC validating that judgment. After the initial OKC review of a recertification, when the applicant is provided the follow-on annual renewal requirements, the appropriate AME should be issued the specific standards that must be met by the applicant prior to the AME approving any further renewals. This premise will accomplish several goals. First, the applicant receives full benefit of the regulatory 12 months of validity for his / her medical certificate. Second, the applicant no longer has to be concerned about reduced income caused by delays in review and approval caused by workload for the reviewing authority. Third, the effect on the OKC reviewing staff is reduced as they no longer feel the pressure of issuing the certificate in a timely manner. And fourth, the FAA increases the already high integrity of medical certificate issuance through a built-in thorough review of a certain percentage of the certificates issued."
- ** "I am a retired USAF pilot and I fly just for recreation and enjoyment."
- ** "I am a special issuance after having an MI 10 years ago at the age of 54. My dealings with the FAA Medical Branch have been very professional and for the most part, timely. I have no complaints. I would like to see more AMEs available for Class I certification within my geographical area. There are plenty of Class II and III physicians but I must drive 50 miles one way. This is my third examiner in three visits due to a death and a relocation of previous examiners."
- ** "I am a strong advocate of electronic medical records. There can be mistakes made every time you are requested to fill out info on your medical history. Many times you guess at dates, etc. Make it electronic, more efficient and accurate. Costs less for all parties involved and is more accurate."
- ** "I am a type I diabetic. A simple checklist of needed items would be helpful for my annual submission. I have created one myself and amend it as necessary to make sure I comply with the regs in paragraph form."
- ** "I am a Type II diabetic. My blood sugar is kept under control with pills and dieting. Whenever there is a change in my medication, I have to wait for weeks for the FAA Medical in Oklahoma City to approve the change in medication. I would like to see local AMEs given the authority to authorize those changes. Thank you for the opportunity to provide feedback."
- ** "I am about to marry a doctor and we have discussed this process. She would have a hard time being an AME simply because of the amount of liability it potentially places on her for the small amount of money it pays. I personally being a pilot am not concerned about paying a small amount of money for a medical. I like it. I have had no problems with the process and am happy with my AME but I feel like there is not much incentive for the medical field in flight physicals. It seems like most AMEs that I know are pilots themselves and enjoy the freedom of flight "which is their incentive" as we all do."
- ** "I am an active member of AOPA and heard the FAA and AME will begin to accept the application filed from the AOPA website. I will need to renew my medical in about two more months and would find this more useful."
- ** "I am an airline pilot who suffered partial blockage of a minor artery in the heart. It was remedied with a stent. All my doctors said I was ready to go back to work in a month, and were appalled at the FAA's requirement that I had to wait 6 months to be able to apply to go back to my job. They were even more shocked that I was required to do another invasive procedure (Angiogram) when the Stress/Thallium test is much more precise to determine the heart's condition. In addition, due to the fact that the Medical Review Board only meets every other month, I had to wait 2 more months to have my case reviewed by the Board (procedure was done September 6, 2007. Board met March 6-7, 2008). It then took another 3 weeks to get the letter authorizing me to go back to work. This length of time might be ok with someone whose livelihood does not depend on flying airplanes, but for a professional pilot who has been out of work for 10 months, it is very emotionally and financially stressing. I highly recommend that the Board tailors their reviews based on the needs of the pilot to regain his Medical Certificate by meeting once a month, instead of every other month, and expediting the process of approval/disapproval. By the way, I am grateful that the Board did re-issue my Medical Certificate."
- ** "I am an MD for 30 yrs. My opinion is that the rigid, cumbersome FAA process only encourages pilots to avoid needed medical tests/exams. 50+ yr old airline pilots are probably the most "at risk" population due to fear of uncovering disqualifying conditions."
- ** "I am an older private pilot, relatively new to flying, instrument rated and very aware that I should set an example for excellence due to my age and experience in life, if not in years as a pilot. I try to do just that. My experience with flying, including FAA rules, annual aircraft exams, medical exams and instrument flying is uniformly satisfying. I only wish more people could enjoy what we enjoy."
- ** "I am applying for my initial FAA medical certificate. I have been a military pilot for 24 years, currently on flight status, and I am in the process of retiring and seeking a civilian flying job. I have provided the FAA with all waivers and documentation from my military medical records. Despite the significantly stricter medical standards of the military, I have had to schedule several additional tests to satisfy the FAA requirements. Without going

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- into a drawn out story; I have submitted additional information twice to the FAA and each time I was told of additional information that was needed. The second time information was requested for a separate issue that wasn't previously noted. I am now into the 3rd month of going back and forth to satisfy the requirements and will certainly go into the 4th month due to the time it takes to schedule additional tests and receive the results. My flight surgeon has been generous enough to work with me on this, he could have told me to seek out a civilian doctor at my own expense. I'm sure I'm not the only one with significant delays in this process, but the possibility of losing the civilian job I am retiring for is a concern. I was warned about being honest and forth-coming on my FAA application. I decided (rightly in my opinion) to be honest and felt that the waivers and documentation from my military flight surgeon would be self explanatory and sufficient. After all, I am flying cross country in National Airspace every day. I have no problem with the FAA's attempt to be thorough and salute their mandate of ensuring the safety of the flying population. I wish there was a process in place to streamline the amount of time this is taking and grant some validity to the military medical standards in place."
- ** "I am basically very healthy, but I have hypertension that is well controlled and obstructive sleep apnea that is well controlled with CPAP at night. I feel that the FAA is looking at me as a time bomb because I am over 60 even though I have well controlled medical problems. I walk every day and do construction as a pastime activity. I also hike on a regular basis. I think it'd be OK getting a medical every 3 years. I am an MD and have always managed my own care with my LMD. I think you could look more at the individual. Thanks."
- ** "I am completely satisfied with the way my AME conducts his exam."
- ** "I am concerned about the future availability of AMEs. Every AME I have ever seen is nearing retirement age or has already retired. I don't see new AMEs being trained and brought into the system in my area. Now is the time to prepare for the future."
- ** "I am confused. I have a special issuance which must be re-issued yearly (i.e., reports from various specialists have to be provided). My last visit to the AME was just supplying him with the required reports and not a physical. Let me just say that in the process of obtaining my special issuance the AMCD asked for redundant information until we had to explain to them the same information was supplied to them 3 times."
- ** "I am currently satisfied with the current system. I've been using the same AME for over 10 years. The office is very professional and does a great job in all aspects."
- ** "I am extremely happy to see that the FAA Medical Team has become more responsive and progressive in their acceptance of more advanced medical treatments. Their ability to approve more medical conditions that were previously disqualifying is testimony that today's medical advances do save lives and truly help the overall health and well-being of us all. Many of these advances have allowed those of us with certain conditions to live relatively normal and healthy lives and therefore should allow us to continue to fly both professionally and "for fun" provided we maintain appropriate medical surveillance and demonstrate reasonable physical capability. I believe that when we airman are monitored properly, we are often medically at less risk than others that have never had the battery of tests that I am now required to take (and pass) on a regular basis."
- ** "I am generally impressed with the improvement of getting exams passed with AASI when needed. Approach to keeping airmen flying has improved. CAMI is a bit slow to adopt new technology for certification, and at times under cautious, other times over cautious. For a government service you are doing a great job."
- ** "I am generally very satisfied. Both my wife (an instrument-rated pilot) and I have had significant medical certification issues that have been stressful but fairly dealt with to date. (My wife has rheumatoid arthritis & a history of migraines; I have a recent diagnosis of lymphoma currently in remission). We noted that multiple problems are dealt with individually by more than one person. It would be best if one reviewing physician could assess the 'whole person' considering each issue of course. (I am a physician myself)."
- ** "I am glad that first class medicals are now valid for one year. That was a good change. The cost of a medical exam is getting too expensive and there should be a way for a portion of it to be covered by insurance."
- ** "I am glad you reduced the requirement for pilots under 40 to 1 year. Going every 6 months made it less credible."
- ** "I am happy with the current system."
- ** "I am happy with the level of the examination I received. I would have replied on-line, but the address did not work."
- ** "I am not familiar with MedXPress. Never used it."
- ** "I am not fond of having my butt looked into nor my genitals felt. I do not see how these two areas will protect the airspace. Instead of looking in my privates for issues, perhaps the FAA should start showing up at airports, [Airport] for example, and request to see medicals. You may be surprised how many medicals will be missing across the nation."
- ** "I am not sure how effective this process is because I had a heart attack while sitting at home with no indication of a major problem. I was in good shape and walking 4 miles per day at 4/mph rate. with my blood condition in excellent condition. I took myself out of the cockpit and am waiting for an approval of my medical cert. I am sure

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- that there is no one thing that would improve this process but I think that a review of the process should be completed. The present medical exam does not ensure the safety of the pilot or plane I am here to attest to this. If you can fly a sport plane with a drivers Lic. then you should be able to fly any single engine airplane under 4000 lbs. (you may lose 4 people rather than 2) we lose more people on the roads every year than in the air. We already have enough problems with losing General Aviation and this would help bring the numbers back. Small light planes are not any safer than heavier planes. As with my situation I could have been in the cockpit instead of a chair at home with or without a medical cert. whether it be with a medical test or a drivers lic. neither would have changed the outcome if I had been in my plane! I had a medical cert. but that didn't change the developments one way or the other. I was lucky and was at home instead of flying."
- ** "I am not versed in MedXPress, but am now aware it exists. It might be a good idea to have this capability introduced in Wings seminar, ask AOPA and EAA to include it in their publications and on-line sites. May also want to re-emphasize it with the AMEs to help them in the process."
- ** "I am on a special issuance due to Insulin controlled diabetes."
- ** "I am over 50 and have to get my medical every two years. However, I am in better health than most people half my age. Hell, I can run most of them into the ground! ;-) I don't believe the length of time between physicals should be based on age. Your personal MEDICAL EXAMINER should be making that decision."
- ** "I am pleased that the duration of validity for the Medical Certificates have been lengthened."
- ** "I am pleased to use the MedXPress system. It is quick, simple, & saves time & money. I am not happy with the extra cost & effort to provide info from 3 doctors to qualify for my conditional 2nd class medical. I'm wondering if there is a better way. The system works, but added to the other rising cost of flying it is a race to see if old age or cost will end my flying days. My medicals cost close to \$500 each yr. Thanks for your efforts."
- ** "I am presently receiving periodical medical examinations/certifications for both a commercial drivers' license and for my pilot certificate. It would sure be nice to be able to roll these together, and receive certification all at the same time or through some centralized or reciprocally-recognized agreement between federal agencies. In particular, if I can pass the FAA medical examination, there should be no question of my ability to safely drive a truck (it seems the standards for the CDL medical certification are not as stringent as those for the FAA). I suppose the easiest way to work this would be to introduce legislation recognizing an FAA medical certificate as acceptable certification/documentation of a health examination required to drive with a CDL."
- ** "I am pretty well satisfied with the whole medical process. I think if a person is in good health that a physical should last 3 years like they do under age 40 but after some event/condition that might make the AME more cautious about the candidate that the evaluation period could be changed to 2 years or one year depending on the issue. There are pilots I know that are 60-70 years old and keep themselves in great shape, I think being a pilot keeps the majority of people very health conscious so as not to risk losing their passion."
- ** "I am required to annually submit documentation regarding my history of prostate cancer. The letter from FAA (OK City) was a bit confusing as to submitting the documentation direct to FAA rather than through the AME. Specifically, I was instructed to submit an "AME" cover sheet along with other documents direct to FAA in lieu of submitting to the AME, but the AME cover sheet required the AME's signature, date, etc. My AME is 60 miles away, and I don't plan to see him until time to renew my certificate, so I submitted the AME cover sheet without his signature. Still awaiting a response from FAA if I complied correctly with the documentation requirements."
- ** "I am required to have a stress test each year which is very expensive. I go to the Y 5 days a week and take no heart medicine. My heart Doctor says I'm doing great and does not want to examine me for two years, yet the FAA Dr. wants me to have a stress test every year. I think every two years for a stress test would be ok along with my 2 year medical exam."
- ** "I am satisfied with the current system. I have heard horror stories from people who lose their medical, and try to get it back. Possible, we could make it easier for them to get it back, when the condition is rectified."
- ** "I am satisfied."
- ** "I am somewhat concerned that there will be a shortage of doctors in my area in the near future. Both that I have gone to recently are aging, and a couple of others that I have known are retired and no longer practice. I would like to see any doctor be able to do the exam, especially for VFR pilots only needing a Class III exam. Thanks for the chance to survey."
- ** "I am thoroughly pleased and satisfied with my AME. He has been doing my exams for the past eight years, since I was a student pilot, and is an excellent physician and an excellent representative for the FAA medical certification process. Thank you!"
- ** "I am very disappointed with the amount of time it took for a response to my medical assessment."
- ** "I am very disturbed by the approach the FAA takes to pilot mental health. One might call it a "don't ask, don't tell" policy. Millions of Americans, including many thousands of pilots, suffer from anxiety and depression. It is unrealistic to expect a pilot to "self report" his or her mental health condition and thereby sacrifice his or her livelihood by losing a medical certificate. As a result, the vast majority of pilots with anxiety and depression are

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- concealing this TREATABLE condition from the FAA, and either taking medication in secret or, worse, self-medicating with drugs and alcohol. There is a better way."
- ** "I am very happy with everyone who helped me. I was denied at first because of a prescription I was using and when the AME explained the problem I stopped using it and continued the process of getting cleared. Took a little time, but the airplane I am building wasn't done anyway. The process worked for me."
- ** "I am very satisfied with how the current system works."
- ** "I am very satisfied with my AME. He does a thorough job, explains things clearly and is very professional."
- ** "I am very satisfied with my AME. I will also use him as my personal physician - which, at 45 yrs, I have not had in ages. I only, usually see a doctor for my FAA physicals & a dermatologist annually. My recommendation is to NOT make it more demanding, costly, time consuming for doctors to become AMEs. In my prior doctor's practice in Chicago, he always mentioned what a pain it was to keep his AME certification - time away, money, etc. Thanks."
- ** "I am very satisfied with the efforts the AMCS is making with regard to a new generation of older pilots and a daunting level of new pharmaceuticals. Thanks for all the support!"
- ** "I am waiting for a decision on another try to get a medical certificate. The examiners in Oklahoma City have forced me to spend large amounts of time and money over the last nine months sending first one document and then another from two local physicians. These doctors have supported my efforts with a box full of records and they have stated in writing that there is nothing wrong with my health, either mental or physical, that would prevent me from flying as a private pilot. They have both known me and my mental and physical conditions for many years. They are among the best doctors in this area and they are highly qualified men. I was denied a certificate on the basis of incomplete and incorrect information. I expect to be denied a medical certificate in the next few days again and I expect to be forced to spend more time and money on appeals. I will appeal as long as I have to which will include legal appeals if necessary. I have been flying since I was 19 years old. I am now 79 years old and I am just as able mentally and physically as I was 20 or 30 years ago. I have a PH.D. in chemistry and I teach college level chemistry at a state college. I ride bicycles, walk, run, drive cars, exercise every day etc. It is my opinion that I am being denied a medical certificate because of my age and for no other reason. I have talked to my state senator, who is also a pilot and he tells me that he has also had much trouble dealing with FAA. There is no reason to force private pilots to deal with this kind of nonsense. Certainly you need to protect the country from terrorists but you do not need to destroy private flying by loyal Americans."
- ** "I answered this survey based on my last application - 7/08 but prior to that (1/08) I had lost my 1st class for 18 mos. Regaining my physical proved to be straight-forward, timely and professional."
- ** "I answered this survey understanding that my most recent application was for my first class medical. Which I get every 6 months. If it was intended for my application after losing my medical because of GBS I had in 2002. Then I did not complete it correctly. I also have no idea what MedXPress is."
- ** "I apparently have developed white coat fear during the last few years. This causes my blood pressure to skyrocket during an exam, and lately even at the dentist's office. I take my blood pressure daily at home with an instrument confirmed to be accurately calibrated and that pressure is typically 132/84. This requires that I visit my GP's office to get 3 days of certified BP readings. This is a pain and requires that I take 3 days off from work. Why can't I just bring the last 3 BP readings in from the last 3 doctors' office visits?"
- ** "I appealed denial of my first application and the appeal was never acknowledged or answered."
- ** "I applaud the recent decision to allow first class medicals for those under 40 years old to be valid for one year!"
- ** "I applied for a 2nd class medical in Dec. 2007 by the local AME and assuredly passed the physical exam. AME deferred the medical to the FAA because of a kidney stone abatement as required by the FAA. I was advised this would take 6-8 weeks for the FAA to review - at which time I was currently enrolled full time as an aviation science student at the local university. After numerous telephone conversations with FAA personnel, I was advised that my file "must have been" on the flight surgeons desk for review and that I should hear from them soon. Notwithstanding the fact that I clearly passed my physical exam, the FAA's flight surgeon required other tests by treating physicians which proved to be overly burdensome and costly as well as untimely. In order to get a second class medical from the FAA it took over 6 months which prevented flight training during the semester. My complaint with the class medical in a more timely manner especially if the pilot (student) is in flight training status (and likely to be with an instructor) and have passed the medical exam per the AME!"
- ** "I applied for a medical over a year and a half ago, and it is still deferred they have requested a number of documents that I have sent them and then they send a request for the same documents again. I am a diabetic and it is way too hard to get a medical even just a 3rd class which is as far as I've ever applied. There are too many rules and everything is about paperwork and nobody can just use common sense anymore to say yeah, this guy is safe. I have been flying all my life and have about 700 hours and none of that time had I ever had any problems where I have not been able to fly and been in complete control of my airplane. I think for the special issuances if they seem healthy enough to fly then let them and make it so they don't have to mess with

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- paperwork 4 times a year but maybe just once or even extend it to 2 years. Because if there are hardly any reported cases of people becoming incapacitated during flight and it would also help keep general aviation going. There are so many people in the aviation community that have just stopped flying because they are sick of dealing with all the medical and paperwork because the way it is its like a never ending cycle. Once you get finished with one its about time to get ready for the next one. And while I'm at it, it would be so much better for aviation if you included higher weights like piper colts and Cessna 152s in the sport pilot class they are way more affordable then these new \$100,000 light sport and nothing more demanding in them than a j-3 cub. The way general aviation is looking, it is in bad shape I'm sure you can see it to but there is hardly any flying going on anymore and it's just not what it used to be. Not saying that fuel prices and higher all around costs don't have something to do with it, but if you could work on lightening up on the rules and change things a little bit I bet general aviation would actually pick up quite considerably and it would benefit everyone. I hope this helps and I really hope that in the future things will work out for the best."
- ** "I applied for my medical in either December or January 2008 because it was expired. I was on medication last year and was told by my AME that it would probably be 90 days before I could be issued a medical because I had to quit taking the medication. I confirmed this with the FAA in Oklahoma. I did indeed, and it took almost 2 months to get the information/paperwork from the FAA in Oklahoma, that I needed to get from my doctor. Once this was established and sent back to the FAA by me, I then got a letter on May 16th telling me that my medical couldn't be granted because of a corrected vision problem. Apparently, my vision is corrected to 20/40 in my left eye. Why wasn't I told this earlier? It's now July and still no word on my medical. I just had my eye doctor fill out the paperwork for the vision problem I have, and he confirmed it is now 20/20 corrected. The FAA in Oklahoma should have received this information by now. My main complaint is that I feel I should have been told about the vision problem when I applied for the medical so that I could get to an eye doctor to correct the vision problem while I was waiting out the time to be off of the medication I was on, and the other is that it takes so long for the Aerospace Medical Certification Division to give an answer on something, or get the necessary paperwork mailed out. As I said, I applied for renewal of my medical in December or January, and we're now in July and I still have no medical."
- ** "I appreciate the efforts of the FAA to use the internet and other electronic technology to streamline the entire medical certification process. It really speeds things up and cuts down on the amount of paper handled."
- ** "I appreciate the MedXPress option, and the transition to paperless processing of data."
- ** "I appreciate the opportunity to provide feedback on my recent experience in obtaining a class III airman medical certificate. My application was complicated in that my last certificate was issued in 1972 time frame. The instructions for what documents were required to support the application were confusing as they asked for me to provide every test result for every hospitalization for the last 30+ years. It was only of me speaking with the FAA booth at Sun and Fun did I get straight information that only the discharge orders were required. It would have taken a U-Haul trailer to deliver every test taken from 4 hospitalizations. It would help everyone involved if clarification on exactly what documents were required. Second, I found the letter notifying me that I would be granted a special issuance certificate to be overly bureaucratic and unnecessarily complex. I do not have easy access to the FAR and citing requirements for me to meet with only a FAR reference is difficult for me to understand and comply. Additionally, actions for me to complete and time frames were sprinkled throughout the document. I had to read each paragraph and "translate" it into something I could understand and consolidate into a single action list. The letter could benefit from a really good plain language rewrite. Again, thank you for the opportunity to offer suggestions."
- ** "I appreciate the professional manner in which I have been treated."
- ** "I believe a medical doctor can be trusted to do a class III exam and it would be covered by health insurance in my case and many others - it would also lead to more medical discussions i.e., health - nutrition, etc."
- ** "I believe all class of certification should have a Bruce Protocol Stress Test or equal, not just the cardiovascular pilots - I wonder how many would not pass. My AME & the Regional Flight Surgeon did an outstanding job."
- ** "I believe AMEs should also be current or former pilots."
- ** "I believe FAR Part 67 in my section of medical qualification for FAR Part 121 operations is very adequate."
- ** "I believe it is very necessary to require a medical for the professional and private pilots. I do not see how some of the tests are relevant i.e., vision. Not the test itself but the guidelines in which to pass or fail. Having to wear contacts or glasses myself, the test should be administered for corrected vision only. I don't understand why I have to test for uncorrected vision, a scenario in which I am only in bed asleep. (first class med)."
- ** "I believe medical certification of pilots a waste of time. No other profession I can think of requires similar standards. It is arbitrary and capricious to require pilots of private or commercial aircraft to undergo a physical examination. We are not exposed to any significant G-Forces or any rigorous physical strain in our job which would justify a physical examination of any type, ever. It is a shame that we pilots have to go to significant expense and trouble to be medically certified when other professionals in similar positions who are responsible

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for safety never, ever have to undergo medical certification of any sort. Some of the careers which immediately come to mind include: truckers, railroad engineers, cruise ship pilot, and even the physicians who perform our exams. Heck, if you are having heart or brain surgery, your doctor has never in his or her entire career been asked to meet any medical requirements to perform that work. This certification system is a mess, it is a bureaucratic nightmare if anything shows up on an exam, and 90 % of the people I have known who have had medical certification issues eventually regain certification, but only after spending thousands of dollars to address an issue which is in truth irrelevant. Our medical certification system needs reform. We need to allow for people to retain certification with a wider variety of medical issues, especially if a person only operates aircraft with two or more flight crew members. The underlying assumptions for our entire medical certification system are both false. The first assumption is that the aviation environment is inherently more dangerous than other working environments. A modern airliner is pressurized and climate controlled. The working conditions aboard a modern transport aircraft are identical to those you may experience sitting in your living room. The second assumption is that the medical certification process serves as a reliable predictive tool of serious health conditions. This is also false. I would suspect that rigorous statistical analysis would show that exactly the same percentage of people drop dead at their desks at work in an office building as do on the flight deck of an airliner. Both of these groups are very small and such an event would be entirely insignificant in a crew environment. The other pilot operating an airline is rated in the aircraft as well, and all crews are trained to be able to operate the aircraft in a single-pilot situation. In summary, it is not necessary to certify civilian pilots any more than it is necessary to certify truckers, locomotive engineers, or cruise ship pilots. In the modern era, the trouble and expense of having to go through repeated exams over one's entire career is a complete waste of time for pilots and a huge financial burden with no clear benefit to either the pilots or to the traveling public. Thanks for your consideration."

- ** "I believe requiring 6 month exams for Class I certs. is too frequent. More exams does not aid in safety, it is just a waste of time. How many accidents have been prevented by requiring 121 operators to have 6 month exams? The vast majority of accidents occur to pilots flying Part 91, which only requires exams 2-3 years. An annual exam would seem to be sufficient. I don't know of any other industry that is tested so often through physical, aptitude and mental tests. The AMEs giving the exams aren't even tested that often, and I'm usually in better health than them. The cost of exams isn't covered by insurance, since it is done so often, employers don't cover it, so it becomes a 6 month scheduling problem and a waste of \$250. I know my comments won't change anything but maybe like extending retirement to 65 we can update the medical process from the 1950's to present day."
- ** "I believe that a stress test needs to be added. There are plenty of pilots who meet the current certification standards, but are not "fit". The flying I do, international long haul, is physically demanding and I think physical fitness needs to be a requirement. Those that are seriously overweight and out of shape are at risk under these challenging conditions. I am very happy with my AME, in fact he is also my personal physician. This improves communication."
- ** "I believe that all medical certificate exams be covered by the airman's insurance. This exam is no different than making an office visit for a regular checkup. All the medical procedures and tests are the same; the only difference being that on a regular visit, the patient is only responsible for a co-pay. There is no reason why an airman should have to pay an out-of-pocket expense for a FAA medical."
- ** "I believe that allowing younger pilots to go three years before renewing a third class certificate is discriminatory to older pilots. All third class medical certificates should be valid for the same time limits. If the time is reduced, it should be based on the results of your most recent exam and only for certain specific items that may need monitoring."
- ** "I believe that diet and exercise has much more to do with overall wellness than any other single factor and should be clearly recommended by doctors and nurses over legal drugs."
- ** "I believe that medical examinations for private pilots are unnecessary. They do not contribute to the safety of the public. Private pilots don't carry passengers for hire. They fly airplanes with limited seating. They generally fly a very small number of hours each year. Accidents are far more likely to be caused by lack of currency than by a medical problem. The third class medical is just a financial burden with limited or no benefit."
- ** "I believe that my primary care physician should be able to approve my medical certificate, rather than requiring me to see an AME. The AME sees me only for the renewal of my medical certificate and does not have the intimate knowledge of my medical history that my primary care physician has."
- ** "I believe that our certification process takes a snapshot of the airman's health on that day. Maybe a more indepth look should be taken of the airman, such as a blood sample every other year, and every year over 50."
- ** "I believe that the class III medical should be a drivers license, not a required medical every other year. The FAA traditionally allows a person to kill themselves as long as it isn't for hire. If you are not commercially operating the aircraft no medical should be required."
- ** "I believe that the current requirement that a pilot needs to report any visits to a health care professional keeps

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- pilots from undergoing more stringent health screenings. I for one will not go to a health care professional for any reason. I am sure this will cause me to not be diagnosed with a fatal disease that could be cured if detected early enough. The FAA has a history of making it impossible to keep flying if there is any kind of medical problem even if there is no safety of flight issues. I believe that pilots are smart enough to know if they are safe to fly. Before each flight they will assess their condition. The mandatory exams are only good for one day. If pilots were free to work with their own health care providers, I believe the system would be safer than now."
- ** "I believe that the new rule allowing a First Class Medical to be valid for one year for those under 40 years of age is a positive move and eliminates unnecessary expense for pilots, availability for doctors, and paperwork for the FAA."
- ** "I believe that there are two few AMEs to choose from. Some provision should be made that the basic Class 3 examination could be performed by any licensed board approved MD or DO, who perhaps could take an on-line examiner quality training course. In this manner your physician who has a better understanding of your medical history could be in a better position to determine your medical flight capability than someone who sees the pilot once every 2 years (3rd class)."
- ** "I believe that there needs to be better technology available to examine someone with partial red/green colored blindness. An old faded book with numbers hidden in them isn't the same as looking at a light pointed right back at you. At my very first medical exam on 10/18/1999 the examiner noticed that I didn't see any of the available numbers in the book. He then asked me if I could recognize the different colors on stop lights and my truthful answer was "yes." He passed me with no limitations. Because I am not current at this time I haven't scheduled a trip to the airport with the local FAA representative. However I have contacted them and was told in detail the details of the pass for life/fail for life details."
- ** "I believe the AMCS does a very good job in providing safety to the general public. As we are a computerize society so to speak, it would be convenient if the forms could be on-line and once a pilot took a medical exam, the form would self enter all information. Then the pilot would only have to review for changes and additional information to be entered instead of filling the form each time."
- ** "I believe the certification process has improved significantly from the past. Many pilots are being recertified due to improved medical technologies that would not have in the past."
- ** "I believe the current system does a great job considering how complicated our airspace and certification system is."
- ** "I believe the FAA is making it unreasonably difficult for AME's to provide this service. I have heard that from three of them. The requirement to constantly change passwords is one thing that seems unreasonable. It is getting very, very difficult to find these services, and I believe that is because the FAA is making it a very tedious and expensive service for these MD's."
- ** "I believe the present system is valid and the physical exam that I received, along with my health visitations to my current family physician can and do give reasonable insight into the vital system of ones health to accept or reject a patient. Thank you."
- ** "I believe the process is good, and the requirements fair. I think that in today's world with the quality of medical services and the increased life expectancy, I believe the age of 40 Years, to require the medical exams to decrease from 3yr to 2yrs, should be moved to start at the age of 55 years old. Thank you."
- ** "I believe the process is important to flight safety and am happy to participate. I have been very satisfied with each examiner/exam that I have had."
- ** "I believe the system works well. I got a thorough medical exam."
- ** "I believe you should cancel the ability of any doctor that doesn't do at least 3 exams the previous year to do exams. My experience was that a doctor in [City], FL. that I had used as a medical doctor for a year said he did exams and I told him to do my class 3 for me. He did a class 1 and said every other doctor should do the same. He passed me in the office but told me that he wasn't sure what you required and sent my records to Oklahoma. That started a 2 year loss of license and cost me at least \$40,000. Not knowing if I would ever get my medical back I sold my plane 3 weeks before I got it back. My IFR currency is gone and I have to start over renting expensive aircraft to get current and do a FAA check ride. I was a pilot that did 50 to 100 rides a year for the EAA for kids that wanted to have their first ride in a small aircraft where they could actually control the aircraft. This was a joy for both of us. Bottom line is that you should have better control of your AMEs. The one that got me in trouble didn't know anything about airplanes, IFR, light sport was and never has been in a general aviation aircraft. He had to refer back to written instructions to even do the physical. I grew up in this business and my father was a doctor and did most of the exams in [City], Ohio and spent 5 years after retirement running Cleveland center. This doctor was a joke and should have his license pulled."
- ** "I can see no justification for requiring medical certification of non-commercial pilots. Statistics do not justify the expense/time required for the process. Significant resources are expended by pilots and FAA for little if any benefit. Private (non-commercial) flying should not have a stricter medical standard than light sport or glider

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- operations."
- ** "I can still fly as a glider private pilot of which I have logged just over 100 hours years ago. AME requested information on my thyroid medication. This has been reported to FAA since 1995 (see YOUR files of that date for surgeon's letter requested). "Medication previously reported" continuously since. AME request in form of a note with no further comment. Neither AME or Cardiologist reviewed "atrial fibrillation" with me that day (7/07). It was absolutely the first I heard of the term. And finally my urologist volunteered (in 3/08) that he observed the atrial problem in my file in January '05. Now why would he know and why as an urologist in a separate medical organization! This appears to be a broad interpretation of the FAA authorization as it appeared in the former forms, or at least a violation of the current privacy act. Your paper survey and on-line survey are not identical."
- ** "I completed the MedXPress form on-line and when I got to my AME his staff said he didn't use that. It should be mandatory for AMEs if it is available for the airman to complete prior to the exam. It was a waste of time filling it out ahead on-line when I had to redo it manually in the office."
- ** "I completed the physical in August 2007 and was told it would take some time because I had to see a cardiologist and have some special exams because of hypertension. Therefore I expected some reasonable delay. However when this external physician's work was completed, I expected to have a result in a month or two of that date. That was not the case. When I called FAA in Apr 2008 (approx time) to see when I could expect a result, I was told the FAA had never received the paperwork from my Doctor. I contacted the Doctor and his specialist stated they had a fax receipt for the transfer. (Somewhere my physical got lost between the Doctor and FAA). Dr. [Name]'s office resubmitted the paperwork at once and the certificate was quickly sent from FAA in May 2008. Total delay was about four months from when the doctor said everything was submitted. I believe that was partially my fault for not checking earlier but I did expect the system to work correctly the first time. It did not. I hope this comment helps. FAA was very helpful to identify the problem."
- ** "I consider my AME an integral part of my profession. I am lucky to have a caring and well informed AME with a great staff, Dr. [Name]. They have always answered any questions I have about medications or illness. This past year they proved to be invaluable after I was diagnosed with thyroid cancer. The FAA Aeromedical office, ALPA Aeromedical and my AME worked together well. I am lucky to have had such a positive outcome after a total thyroidectomy and follow up treatment. I am now cancer free but I am being monitored closely by an Endocrinologist. I received a detail packet from the FAA covering procedures and forms and reports required to get my medical back. ALPA Aeromedical, Dr. [Name] and the FAA Liaison, [Name], kept me on the right track. My AME then compiled everything and returned me to flying status after a first class physical. This allowed me to get back to work after 7 months on disability. Glad to be back!"
- ** "I could not get on-line <http://www.xyant.com/airmansatisfaction.htm>."
- ** "I currently have used the same examiner since the beginning. He is helpful and knowledgeable. Fortunately I have been healthy so there has been little to be concerned with. If something was to come up from a health perspective, I would be more inclined to see how the examiners can work with the pilots. Many are probably nervous about saying they have an issue and perhaps just walk away from it. It's the unknown that gets the pilots worried about going to examiners."
- ** "I deeply resent Dr. [Name] D.O., MPH warning dated 5-31-07: "You are cautioned to abide by Title 14 of the Code of Federal Regulations (CFR's) section 51-63 relating to physical deficiency, medication or treatment". I see no profit or advantage to go to a doctor, or AME, and not tell them the complete truth. Dr. [Name] implication indicates that I am not trust worthy. I resent the implication, i.e., the "caution". You would think that as a "manager, Aerospace Medical Certification Division" he would be more judicious in his selection of terminology."
- ** "I did get a couple of follow up calls from the FAA regarding my medical. One call was from an administrative person and one from a doctor. I have had a couple of other experiences with government agencies where I have found that they are working better than private industry. I appreciate the effort made by these different agencies and their staff. Thank you for your kind attention."
- ** "I did not understand the purpose of the question asking about removal of articles of clothing. I had to remove clothing for the EKG (completed by the nurse), but was not asked to remove clothing by the AME. Are you trying to question professional behavior or thoroughness? As a woman, the wording of the question raised red flags all over the place for me. My AME is very professional and I did not know how to answer the question."
- ** "I didn't know about the on-line history until I saw my AME. I took the information home where I went on-line to take a look. I filled out the information "after the fact." I think the on-line history will make the certification process shorter. Next time I renew, I'll give it a try. Thanks, [Name]."
- ** "I didn't previously hear about this on-line medical history submission. I think the FAA and FAA medical division should share e-mail information to send info on these things to us. Also, this may not be the right forum for this but the new safety program stinks."
- ** "I do believe in the medical certification process and the end to which it serves. There has to be an institution, of

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- some sort, to ensure that the person enjoying the privilege of flight is safe to do so. Piloting any aircraft takes a great degree of self discipline, aeronautical knowledge and learned skills but, fortunately for some of us, only limited physical capability. I am a hemophiliac with complications that include HIV and Hepatitis C positivity. I understand the necessity to ensure that my cognitive skills and other physiological functions are within satisfactory limits. My greatest concern is the cost of the cognitive screening process. It is my opinion that the high cost of testing is an undue burden on those of us who, in all respects except for the positivity, are as healthy and capable of safe flight as the complication free. Any relief available in this area, without sacrificing the strides in obtained safety, would be greatly appreciated. Thank you."
- ** "I do believe you are speeding up the special issuance process. I do appreciate that!"
- ** "I do like a fairly thorough exam. Especially for visual. A test I never had before this last exam: Look at the center dot, examiner brings pointer to periphery - tests for peripheral vision - but also shows "blind spots" in different quadrants. Would like to know results of heart rate & blood pressure. Think we should also be tested for depth perception."
- ** "I do not believe 1st class medical exams need to be done every 6 months. This is very expensive, and unless there is some problem that has been detected a 9 month or 12 month interval should be sufficient. The resting EKG is also has dubious merit, it can show problems that may have occurred in the past but show little about future problems. Possibly with pilots now able to fly over the age of 60 the close interval of exams might be advisable with older pilots, but pilots in the under 60 and certainly under 50 group should not be required to get examined every 6 months. I have no problems with my AME, he is competent and professional, in fact I like him more than my PCP."
- ** "I do not believe it should be necessary for private pilots operating under Part 91 to submit to a physical examination."
- ** "I do not believe MedXPress saves any time."
- ** "I do not believe that the current process is as efficient or practical as it could be. Most pilots have a PCP (primary care physician) that is not the AME. In such cases, the PCP knows the pilot's health history & current medical condition in far greater detail and the exam process is not as easily subject to any lapses in pilot reporting. It seems to me that air safety would be better served by permitting PCP's to conduct these exams against an objective set of criteria which, if met, would not require an exam by an AME. This would also promote more frequent pilot contact with his or her PCP and, therefore, better promote more consistent and holistic medical care of the pilot to the benefit of both the individual pilot and air safety. If objective criteria are not met, the pilot could be referred to, or elect to proceed to, an AME. This would also give the pilot the opportunity to address certain potentially disqualifying health issues (losing weight; getting a new Rx for glasses; starting hypertension meds, etc.) before fear of needlessly triggering the bureaucracy of red flagging a pilot's medical certificate. It seems to me that this would cure (pun intended), rather than create, more mischief as the current system seems to lend itself."
- ** "I do not care for MedXPress and distrust it. I do not believe the medical certification process is necessary and cost effective. I am not convinced getting a medical is providing safer flight. A driver's license is all that should be required."
- ** "I do not see anything wrong with the way it is."
- ** "I do not see how the FAA can improve as long as the doctors do their part and give complete honest exams. Possible increase in speed of review process if possible. Otherwise I am pleased with the overall process. Thanks."
- ** "I do not think that the medical exam is necessary for private pilot certificate. I think we should be able to visit our local doctor for this exam or as in the case of sport pilots, be able to use a driver's license."
- ** "I don't believe a medical should be required for a pilot certificate unless you are flying for hire or compensation."
- ** "I don't believe that a medical certificate should be required to fly solo in a small, non complex, private aircraft for pleasure."
- ** "I don't care if you know who I am. I can't tell you how dissatisfied I am with the process. Four years ago I went into a hospital with atrial fibrillation. It was corrected with 150 joules of electricity within 12 hours and I have had no problems since. I had every conceivable test including, an Esophageal echocardiogram and a Thallium stress test (that I passed with flying colors). You guys have a copy by the way. At the same time the hospital discovered that my A1C was too high (still under 7.0). I have controlled my glucose levels to a point where they have been 6.0 for the last two years and before that they were 6.4 and 6.1. You also had me wear a Holter monitor which showed no problems (you have a copy of this also). I sent in one or two letters from the Cardiologist at UPMC Presbyterian Hospital in [City], PA in which he said I was fine. My AME has been my personal physician since 1975. No one knows my medical history better than he does. You guys wanted me to have another stress test when I have a bad knee and the insurance company is not going to pay for me getting a test that is not medically necessary. You people have a lot of nerve to sit in Oklahoma and presume that you

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- know my medical condition here in Pennsylvania. I think since I have a commercial license that you assume that I am a professional pilot carrying many passengers when the truth is that I mostly fly by myself or with another pilot. I don't smoke, drink alcohol or take illegal drugs (and never have), nor any legal drug that would impair my flying. If I had any real medical problems I wouldn't think of getting in the left seat of my plane. Flying is one of the few things in life that I take serious, and I deeply resent the arbitrary stand that you took with me. You have taken my only hobby from me. I am going to take my blood pressure now because you have dredged up too many bad memories. I'll be surprised if you made it this far, but if you did, please forgive the spelling and punctuation (not my forte)."
- ** "I don't feel as though I'm a good candidate for this survey as I've never been sick, hospitalized, etc. I do not take any medication and have only broken a bone skiing. Hope this survey helps you though and I was happy to participate."
- ** "I don't know difference between AME & FAA doctor."
- ** "I don't know direct knowledge of any other person(s) comments or complaints but my own experience was very satisfactory and prompt. If there had been a problem or complication, I felt that with rational communication and/or enough information there would have been confidence and competence injected in the resolution."
- ** "I don't know how it could be improved, at least in my experience. I have been very satisfied with the services provided."
- ** "I don't like the new system. It's a pain in the [Profanity]. Two my friends who also used the new system didn't like it either. Please revert back to the old system."
- ** "I don't understand why the medication I take as needed to control migraine headache has caused problems in keeping my medical. I have taken the medication for 17 years, I use less now than in previous years (when I was younger), and I never fly when I'm using the medication. I would very much like an explanation."
- ** "I dreaded having to deal with the FAA medical examiners at Oklahoma City but found the experience very easy. Thanks!"
- ** "I experience severe white-coat hypertension. FAA should allow me to submit home BP readings in lieu of office measurement."
- ** "I feel a person under 50 only need a Class I medical once a year. Also feel a low standard fee should apply. One doctor may charge \$170 while the other only \$85."
- ** "I feel like a private single engine aircraft medical requirement be the same as LSA however, a Class I medical should be randomly checked for prescription drugs. AME's except medical history listed by pilot, the drug test should expose prescription for seizures etc. Pilot's that fly passengers are more apt to lie about medial history."
- ** "I feel that 3rd class medical certificates should be eliminated for private pilots just as it is for recreational & sports pilots."
- ** "I feel that after a certain age blood panels should also be required."
- ** "I feel that AME did an excellent job and was very courteous and helpful with everything. I believe that most pilots are smart enough to know when they have a medical deficiency that would affect safety and a medical exam should not be necessary for private pilot privileges just as it is not necessary for light sport privileges."
- ** "I feel that if a Pilot fails a Class III medical he should default to a Sport Pilot designation (providing he qualifies for and holds a valid Driver's license) and not be barred from flying for failing the Class III. This would be congruent with failing a higher Class medical but qualifying for a lesser Class medical. This would not bar the pilot from flying, unless he could not qualify for the lesser Classification. The pilot would still only be qualified to exercise the conditions of whatever class he qualified for. At present if a pilot fails a Class III for a condition that would not disqualify him as a sport pilot. He is not allowed to fly as a sport pilot. Even though he meets the qualifications required for sport pilot certificate. I recommend this incongruity be changed to allow a pilot that fails a Class III medical to defer to sport pilot if he meets the requirements of Sport pilot."
- ** "I feel that its unnecessary for a healthy young adult to have to get a first class medical every 6 months. It is a huge waste of money and of time. I think that the AME should be able to waive the 6 month check to a 1 year check if the AME feels that the patient is in great shape."
- ** "I feel that many of the FAA's doctors abuse airmen, they hold your medical over your head and treat you for beyond what is needed, and most generally in a lengthy amount of time usually for more than required. Basically to bleed your pocket book, as well as your insurance, I myself have experienced this first hand as a 48 year old construction worker. I work everyday and am plenty healthy enough to do so. One has to wonder why I'm on the ground and not in the air. Yours truly one thoroughly disgusted airman!"
- ** "I feel that pilots that fly not for hire do not really need a medical. If the third class medical was not required, I personally don't think it would have much effect on the safety of the National Airspace System. I feel if a pilot is in good enough health to have a drivers license they are healthy enough to fly a private plane. I do feel that a medical cert is very important for pilots that fly for hire."
- ** "I feel that the "hoops" I now must jump through are not necessary considering my cancer was completely

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- removed prior to the "special issuance" of my certificate. My PSA level continues to show no indication of any prostate cancer in any degree. Requiring me to now show no indication of change for the next six years is ludicrous considering the pathology and surgeon's medical finding post surgery! I elected to have my prostate gland removed, not treat the cancer (radiation, etc.). Each "case" should be studied individually and future certificates granted or denied accordingly to the AME's examination."
- ** "I feel that the FAA could do a better job of explaining "MedXPress" and what rights airmen have to access it. In that light, there are many competent pilots that have had a disqualifying illness which is treatable and recoverable. When the condition is corrected they have an impossible horror experience trying to regain their pilot privileges, even after proof of good health is presented by many physicians. This treatment is an examination and needs to be corrected."
- ** "I feel that the FAA medical exam program has very limited effectiveness as most pilots use their personal physicians for all medical maladies and only visit their AME to renew their medicals."
- ** "I feel that the FAA needs to put more stress on the fact that a successful medical is only good until you leave the AME office. We must always self exam ourselves before each flight and ground ourselves when we have a health or mental problem that can affect our in air performance."
- ** "I feel that the last several aviation medicals were just "window dressing" much like auto inspections are for licensing purposes. The annual physical that I receive from my primary physician is much more thorough than any of the aviation medicals I've received. Because of this I think it's necessary that I continue my annual physical even if I just received an aviation med. It is my suggestion that aviation meds be waved in lieu of annual physicals, especially for general aviation Class III requirements. It is a nuisance requirement, provides me no benefit, and adds more cost to general aviation. There is no reason why both medial exams cannot coincide and serve both purposes. Your attention to this request is greatly appreciated."
- ** "I feel that the medical exams performed on myself every six months are very professional, and I have never felt I was being "pushed" through the system."
- ** "I feel that the process could have taken a total of up to 90 days. I have provided the FAA with very good data from my cardiologist. As the time moved on to more than 90 days, I thought for awhile that I was forgotten. I tried to call the FAA in Oklahoma, but could not find the number. When the original letter came back from the FAA, it should have had a phone number and e-mail address so that the pilot can find out what can be done to speed up the process. (I was without a medical certificate for about 6 months). Thank you."
- ** "I feel that the system creates a lot of problems for people who have to go to the FAA to get their medical approved. The FAA office in Oklahoma is slow, unreasonable and I do not believe does what is in the best interest for safety. I think the actions of the doctors who review cases in Oklahoma need to seriously be looked at."
- ** "I feel that you are probably underfunded and overworked. It takes far too long to obtain medical certification and seems over the years to be increasing in time expended. I have about 8 or 9 months left on my ticket by the time I get certification, The process is one that is essential and I respect the work that this agency performs, but feel that it could be made more expedient, especially when there is no major physical change in the condition of the applicant. I've compared notes with other pilots under similar medical circumstance and there seems to be a general consensus that this is to lengthy a process."
- ** "I feel the denial of my medical certificate was wrong. The medical conditions they describe are not nearly as bad as they seem to think, they are things I have had for a number of years and have not affected my way of life which is farming. I get all the hard work done without any problems. And according to the doctors little change in the conditions has happened."
- ** "I feel the FAA should have a more relaxed medical requirement for general aviation pilots who fly only for recreation. I know the light-sport is a step in the right direction but light-sport aircraft are rare and expensive compared to the extensive fleet of aircraft available on a budget but somehow don't qualify as light sport. i.e., Cessna 150 and 152 for example should be light sport airplanes and they are for some reason not. They are safe, light, slow and inexpensive. I also believe that vision requirements should be the same as for driving a car. If I can see good enough to drive a car within three feet of a head on collision most of the time I should be able to fly an airplane that doesn't get within 500 feet of anything."
- ** "I feel the medical exam was a waste of time and money and the only reason I went to the expense and hassle was simply to comply with the law. I don't feel that the medical exams make the airspace safer and if my airplane would comply with LSNA I would switch to sport pilot certificate just to save the hassle and expense of the bi-annual medical exam. This is probably not what you want to hear but I was talking with a group of about 20 pilots at a recent fly in and their feelings were just like mine."
- ** "I feel the need for a longer then 2 year period for a class 3 medical should be looked into."
- ** "I feel you people do a fantastic job and are really knowledgeable at what you're doing. I felt bad when I failed my medical but when the doctor explained to me that it was over my medication, I listed Chantix and that was

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- the reason. When I was put on Chantix I wasn't told anything about it except it was the best. I thank you for what you had to do and I have a lot of respect for all of you. Thanks."
- ** "I feel Zoloft should be an approved medication."
- ** "I felt dealing on a Regional level was much smoother, and less lag time in receiving my medical from Oklahoma City."
- ** "I felt my most recent exam was good as far as how it was handled. I think it was thorough enough - but I'm in pretty good health and probably didn't warrant any extra examination beyond the basics. The staff was decent, the AME was good."
- ** "I felt the eye equipment used was old and possibly dirty. I did not pass the mid-range portion of the eye exam. I have never had vision issues in the past, so I will see an optometrist and retake (apply) for the Class II medical as I start my IFR training."
- ** "I find it wasteful to annually report routine visits to physicians for "general physical examination" purposes. Particularly ridiculous is that the form implies that I need to RE-REPORT these routine medical visits until 3 years has expired. Why do I have to report the same routine visit every year (or every 6 months in the case of a class I)? Shouldn't the form limit it to previously unreported only? Additionally, I noticed some AME's give substantially more thorough physicals. It's almost like they are determined to FIND something wrong with me. This is extremely disconcerting and causes substantial unneeded stress as a failed physical means I'm out of work until I wade through the bureaucratic nightmare. Additionally, the FAA policy of lengthy time for medical reinstatement (most often due to the only once a month or every 6 week convening of the medical board) is outrageous particularly when this cavalier attitude means I'm out of work while administrative folks take their sweet time. Thank you for providing this opportunity."
- ** "I find my FAA medical certification exams by AME [Name], MD of [City], VA, to be conducted in a very professional, thorough and cost effective manner."
- ** "I find that doctors will not follow the rules for a 3rd class medical. They want to do blood work and a lot of other things that are not required on more than one occasion I made them stop the exam and read the manual covering 3rd class medicals. This tends to make them mad. A doctor who doesn't like you can cause a lot of trouble for someone. And there are a lot of doctors just like that out there. So when you find someone you can work with you stick with him until he dies! Yes FAA, things are that bad out there."
- ** "I firmly believe that the FAA should make "drug testing" a part of the screening process."
- ** "I first became acquainted when flying for Part 121 carrier, had sleep apnea - N.W. Mt. Region fantastic to work with. Couple years later R. A. caused me to take 2 1/2 yr early retirement due to medical reasons. N.W. Mt. Region again was fantastic in assisting me in getting my medical back. I currently freelance instruct and teach weekend accelerated ground schools and flight instructor refresher clinics for aviation seminars. I have nothing but the best to say about my AME and the N.W. Mountain Region medical offices, very professional, yet friendly - I actually called there when one Dr. was retiring and told her thanks for all the help during the last years of my airline career!"
- ** "I flew commercially for over 35 years and only basically had 3 AME's so they knew my medical history. I only changed AME's when they retired. I retired last year and fly my Cessna 180 to enjoy the back country so only need a third class medical. I have had and enjoyed an excellent relationship with the FAA Airworthiness - Flight Standards - medical (AME's). Airline Transport Pilot, Airplane Single and Multi Engine Land, Commercial Pilot, Airplane Single and Multi Engine SEA, Helicopter - Rotor Craft, Flight Instructor, Airplane Single and Multi Engine Instruments, A & P with I.A."
- ** "I flew for 20 yrs without an event but will not fly again."
- ** "I fly for my personal pleasure. I do not take a special medical examine for my driving and I don't see the need for my flying. I also see my personal physician on a yearly basis for a physical exam and I also see an eye doctor on a yearly basis because I wear glasses. At my age, which is 62, it is very important to me to see my physicians yearly and as needed. I also see my physician on a regular basis for renewal of medication that he provides for me and the monitoring of that medication. My doctor is less than 1 mile from my home and he is not an AME. My AME is 20+ miles away from my home. My AME repeats the same procedures that my regular physician performs. I see it a cost that is unnecessary since the AME and his procedures are not covered by my insurance. I cannot do away with my doctors so lets do away with the AME or the class III medical exam."
- ** "I found AOPA's TurboMedical to be very helpful. It allowed me to prepare all the info that I needed in advance, and highlighted a few areas that I needed to review in more detail with the AME. Continuing to integrating this type of 3rd party system into the FAA's medical process would streamline the procedure."
- ** "I found my experience in getting my flight physical exam very satisfactory."
- ** "I found the AMCS to be very helpful and professional. During my recent special issuance, my condition was somewhat unusual, and it was difficult at times to obtain a clear answer as to what process to follow, whether a SODA would be required, etc. In fact, I was awaiting a permission letter to take a SODA ride when my medical

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- arrived in the mail. While a pleasant surprise, it did highlight some of the difficulty I had in obtaining accurate information at times. This was an unusual case though, and I never had any trouble finding someone to talk to when I called the AMCS switchboard."
- ** "I found the information and response very accommodating. I have worked with my physician and will decide if I want to reapply for my medical."
- ** "I found the MedXPress process very good except for the fact that my AME couldn't access my record. I like being able to fill out the form at home, where I have all the information I need. Perhaps additional follow up with AMEs to ensure their access would be helpful."
- ** "I get excellent service from my AME."
- ** "I get good service."
- ** "I gladly and humbly submit a recommendation. I'm accepting your sincerity that the reason for this questionnaire to gather information enabling you to better perform your duties and run a more efficient organization. During my recent interaction with your office to obtain a special issuance certificate, I sort of got the feeling that I could be dealing with a computer that was issuing requirements asking me to accomplish both different and duplicate information from three different Doctors. Maybe my AME (assistants) should have done a better job of communication, but I would have liked more oversight of the requirements as there was duplicity inherent in each area of consideration that would escape the reasonable man who would not see the big picture. There was confusion about what you needed from each Specialist to make a decision as to my medical condition which could result in delays and considerable more expense for duplicate tests. I'm assuming that the three major separate hurdles I had to accomplish was the reason for the above and completely appreciate your position. Having the ability to e-mail or talk directly with someone in your operation to answer/clarify the sometimes complex requirements would be of great value to one such as myself and to the Doctors doing the tests. I found that I had to explain to my specialists or their assistants just what you were needing from them for your requirements. Thank you for your good work. Feel free to use my comments."
- ** "I go to a competent flight surgeon AME because I fly in my plane and I want to be safe. Weed out the dishonest AME's. They are out there."
- ** "I go to my Cardiologist each year for a check up (high blood pressure). The AME always wants a statement from the doctor on my condition and that delays my receiving my medical that day. Is there a "form" I could take to my doctor that I can have them fill out while I am there. I could present that to the AME the day of the exam and not have wait for my medical to be mailed. There maybe a form but I am not aware of one."
- ** "I got an appointment in a timely manner and the examination and discussion were professional and useful."
- ** "I had 2 stents implanted 2 yrs ago. Is it necessary to have a Bruce stress test every year if all indications show that there are no reoccurring problems? Thanks."
- ** "I had a bad cold and when flying 1 time my legs were wobbly after landing. Told flight examiner, he held up issuing license and referred my application to Dr. [Name] FAA office in [City]. I called Dr. [Name] after 30 days. He said I was to old to fly (Age 82). Had a drunk and driving charge and bleeding of brain. I don't drink - NO OMUI- and I get a physical exam every year at Mayo Clinic no bleeding of brain. Dr. [Name] then sent everything to Washington. After all kinds of heart tests, MRI and lots of correspondence plus help from my Congressman after 11 months got my medical certificate. Dr. [Name] harassed me! I just returned from big game hunt to Africa. I work 10 hr days on my farm and Dr. [Name] grounded me for 11 months because of my age!."
- ** "I had a blocked artery five years ago, successfully treated, and so require an annual cardiac workup. I have submitted all the required information every year, and a year ago, the Aeromedical branch authorized my AME to issue the medical certificate without having to go to Ok City for approval. But then this year they came back and continued to ask for more, extensive information when there had been no adverse change in any of my physical conditions. The continual back-and-forth communication was so frustrating that I almost decided to give up flying, which I dearly love. Trying to talk to someone on the phone in Ok City is almost impossible and when you do get someone, you get a huge runaround and no answers. I have nothing good to say about their process."
- ** "I had a great physical. The Dr. was prompt, professional and very good at his job."
- ** "I had a kidney stone problem which was resolved. I think the rules are too stringent for Class III medicals. In my case I had a stone and I had plenty of warning and ill feeling which prompted me to ground myself. I believe most pilots in this country are going to monitor their own health problems and will ground themselves without intervention of the FAA. I can see Class I and II where pilots are flying for hire and need a closer look at their health."
- ** "I had a medical condition that was resolved some 7 years ago and the FAA still required me to get my medical every year since and required expensive testing which made it fiscally unfeasible for me to continue as a private pilot. So this year in frustration I discontinued my medical. I love to fly and have flown incident free for over 20 years. I believe in safety first but I feel you have been unreasonable and somewhat self seeking concerning my

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- situation even after medical clearance from my cardiologist. If interested you can investigate my records. Sincerely, [Name]. P.S. I won't hold my breath however."
- ** "I had a minor heart attack and stroke in late 2002. I have to go to considerable expense and time to continue my second class certificate. Because of these medical conditions I now have to wait to obtain my certificate. It seems that after some time with no medical effects the process to obtain my certificate could be simplified. Other than that you do a very good job."
- ** "I had a new AME because my last one retired. Because I had Hodgkin's Disease 28 years ago, he called the Regional FAA office for instructions - this despite the fact that I had already passed multiple FAA physicals AND was an active duty USAF pilot following my treatment for Hodgkin's Disease. IN other words, the FAA and the USAF both objectively determined that I was fit to fly on several occasions over nearly three decades. My case was forwarded to Ok City, and I found it very difficult to get accurate information, and the process took more than two months for me to get the answer I expected - continue flying! Local AMEs need more instruction and/or latitude to make judgment calls in cases such as mine. The Regional FE should never have forwarded this on to Ok City. I have annual physicals and am in excellent health - I had objective proof of that beyond my obvious physical appearance of a healthy male (not overweight, good heart, lungs, circulation, etc.). This delay was VERY disruptive to me and could/should have been avoided. I would be happy to discuss this further. [Phone #], [Name], [Social Security #]."
- ** "I had a positive experience with my most recent, as well as all three of my medical examinations. I had them with the same examiner. He, being a pilot as well as a medical doctor/examiner, was a wonderful person to deal with in experiencing a pilot medical examination."
- ** "I had a problem with my recent medical history. The communication channel was me, AME, OKC, Me, AME, OKC, Me, AME, OKC. I was issued an authorization with conditions that are no longer a medical issue. This leads to wasteful correspondence and frustrating time delays. Give the pilot secure on-line access to the current status of his/her application, including details of the issues involved."
- ** "I had a stent placed in my arteries in '04. The FAA medical review process is the most cumbersome process I have experienced in over 40 years of taking FAA physicals. Due to the stent, I must take a stress test every year, and then the medical is outsourced to another party. This has been taking up to three months to process. The Dr. doing the review has always requested additional info from my personal doctors, consuming more time. This same information was not requested when I was taking a Class 1 for at least 15 years, the only change being the stent. If I had it to do over, I would cut the honest medical info I furnished to you in good faith, to almost nothing. I took a Class 1 physical for over 30 years, with no real problems. Now, a Class 3 physical has made me want to give up flying."
- ** "I had a stent put in my right coronary artery and subsequently grounded myself. Upon waiting the required time I re-applied thru my AME to get my Medical Certificate back. The AME worked with those in Oklahoma City and I got good service, clear instructions regarding necessary data to submit and was back in the air in a reasonable amount of time. I fully understand a pause and follow-up data being required. I am very pleased with both my AME and the folks involved in Oklahoma regarding the process."
- ** "I had a very difficult time obtaining a status of my medical from AMCS. I recommend they include an e-mail address for questions or checking on the status of certificate. The postal system shouldn't be used for these type of matters. E-mail is quicker and reduces confusion in a more timely basis."
- ** "I had an angioplasty with stent in 1995, continued to submit all requested procedures for paperwork so I could maintain Class III Med. Cert. After 13 bloody years with no change in my condition you still require a very expensive process to have a cert. issued - a bit redundant, no actually [Profanity]. So this year I decided it wasn't worth the effort. Thanks so much to your medical staff & R&R."
- ** "I had an aortic heart valve replacement 11 years ago. I am basically very pleased with Oklahoma City requirements for getting and keeping my medical certificate active. What I did not like is the fact that I couldn't do an Echocardiogram until 90 days before expiration and couldn't see my AME until 30 days before expiration. Very often my medical expired before I received my new certificate from Oklahoma City. What I have been doing lately is going to my AME every year instead of every other year because he will review my letters from my cardiologist and family physician and issue the medical without me going through Oklahoma City. It seems like every time I have to deal with Oklahoma City things get screwed up. Last year they decided I had a thyroid condition even though I have never had a thyroid condition and every doctor wrote them letters that I have never had one. They still put it in the final letter for renewal this year."
- ** "I had Atrial Fibrillation that started in January of 2003. My AME discovered it in Feb. 2003 at a office visit for bronchitis. He medicated me for high BP and A-Fib and bronchitis. The Atrial Fib went away then showed up again in July 2003 during my Class III test. I went to a cardiologist and had a procedure that returned me to Sims Rhythm - took medications that has kept me there for the last several yrs. - the FAA med letters are difficult to decipher as to what I was to do each year to be re-certified for my Class III med - they need to be more clear!"

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- ** "I had bypass surgery at age 59 in 2006. I submitted 142 pages of medical documents to the FAA 6 months later and received my third class for one year. In year 2 my AME made me take 3 treadmill exams (stress, echo, thallium, regular Bruce protocol) at a cost of \$2100 to me. All normal. In year 3 he wants all again! My personal cardiologist says this is ridiculous. I agree."
- ** "I had bypass surgery last year and lost my medical. I worked with the [City] office and could not have been treated any better. True professionals, it took time but worked thru the process."
- ** "I had Dr. [Name] for my family physician for years & was very satisfied. He provided my medical examinations including FAA medicals. I would go every 6 mo for blood work, when my medical was due, he would give the FAA exam during the same visit. Dr. [Name] office scheduled a FAA exam for me with the understanding that they would draw blood during the same visit. This was made very clear during the phone conv. When I arrived for the exam they did not have any record of this and said they could not do both in the same visit. Said that it was against FAA rules. This story goes on & on. To sum it up Dr. [Name], is in it for the money not for care. He wanted me to come back the next day, even though I had been fasting for 12 hours. He would not take my blood, would not examine my prostate, etc. That's two different charges. I had this conversation with him a year earlier when he agreed to do both the FAA exam & a yearly physical as long as I paid for two visits, which I agreed to. I stressed that I wanted both the FAA medical & the blood work when I set up the second office call a year later. They agreed to it, three days later when I showed up for the visit, all had changed. I would not take my dog to [Name]. If [Name] was any kind of examiner I would not have identified him. He really needs to be removed from the FAA examiners. [Name] [AME #]."
- ** "I had great difficulty in learning from the FAA what additional information was required in order to proceed with my certification. I contacted an AME who was a volunteer FAA medical advocate who contacted Oklahoma City and learned what additional information was required. I supplied this additional information and received my certificate about 45 days later. It took 30 days from the time I was notified of approval until I received the letter of approval."
- ** "I had heart surgery in 1999, it took me 18 months, many, many exams and letters from specialists to get my ticket back. The FAA knew I had a heart condition for over 25 yrs. I was always under doctors care and there was no problem with my license. 2 1/2 yrs after I got my medical back and 4 yrs after the surgery the FAA decided I was no longer fit. They made this decision 9 months after I had been given and passed my second flight exam since my surgery. In spite of letters from doctors, surgeons, cardiologist and my AME, the FAA without reason withheld my medical cert. After 2 yrs I finally got it back, now they want a full stress physical every year. All my doctors say I'm in better condition now then before the surgery. Ridiculous!"
- ** "I had limited contact with the FAA and felt that the re-certification process for the candidate is a check box type situation and has very little to do with the actual health of the candidate. If you can not check a box or you fall a fraction of a percent under an FAA guideline then the answer is "NO!" No consideration is given to those candidates whose other areas of an application for re-certification are well above the normal. The re-certification process for candidates that have had a previous health issue, that has been corrected, is not given on a case by case basis."
- ** "I had no help from the AME after he deferred my application. I was unable to talk to anyone in Oklahoma City except to answer requests mailed to me. I was expected to know all of the medical requirements and could get no help from any AME."
- ** "I had not certified for approximately 16 years. Found the MedXPress web pre-cert to help speed things along."
- ** "I had prostate cancer and did not fully understand that the FAA had to approve my physical. My examiner didn't know how long it would take to get approval or if my current physical was still good. Apparently, this is a gray area which should be cleared up. Since I make my living flying this was a question of great concern to me. Fortunately, I went to Sun and Fun 10 days after my exam and was able to converse with one of your doctors at your facility on the field. He told me that my current physical was, in fact, still good as it hadn't been revoked. Furthermore, he was able to approve my physical on the spot. I feel very fortunate that things went so well for me but I still have no idea how long I would have had to wait if I hadn't wandered by your booth that day."
- ** "I had prostate cancer in 2001 and had to provide all of that information and backwards in the fall of 2006 which I understand. In addition, I have slight hypertension, high blood pressure and take 20 milligrams of Zestril. I've reported this for years. I'm 58 yrs old. I was required to obtain a stress test in order to get my medical renewed in the fall of 2006. It cost over \$5,000. I felt this was unnecessary as my blood pressure has been under control for years and all of this information had been reported to the FAA previously."
- ** "I had relatively minor eye surgery (left eye only) on August 7, 2007. September 12, 2007, I had an appointment with my AME and thought everything was OK. There have been no medical problems with my eye or anything else since then. I feel that I was without certification for six months or so longer than necessary. This may have been mostly the problem in getting the eye surgeon to fill out the requested forms and forwarded them to my AME and getting him to finish the paper process. After requesting AOPA (5/2/08) make a status inquiry, I

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- received information that my medical had been approved the middle of March. I received notification of approval from the FAA Regional Medical Division May 20, 2008. The eye surgery was not an emergency and I should have waited until January to have it done. As a cow/calf veterinarian, I normally do about 80% of my yearly flying during September through December."
- ** "I had sleep apnea and it took 60 to 90 days for the FAA medical examiner to clear me. My medical was issued at the end of November, but the exam was in the beginning of September so essentially I lost three months because the date of the exam was still September. It was not clear to me what I had to do in the off years between my exams to comply with the sleep apnea requirement of providing my annual exam information to the FAA."
- ** "I had surgery and discussed the whole procedure ahead of time with my AME. Once cleared by the medical doctors to return to work I went in to my AME and he submitted all my medical records. The whole process from that point took about 6 weeks."
- ** "I had tests in Dec. of 07, as EKG's, heart catheterization, blood pres, pulse, oxygen % test, and a number of other tests. When I went for a medical in mid April, my pulse, blood pressure, sugar, eyesight, were all within limits, (my wife is an RN). The doctor said he could not issue the medical at that time. He said he would have to submit extra reports. The FAA sent me a letter saying they needed a number of extra tests covering the info - that had already been sent. The additional tests would cost almost \$3,000.00. Needless to say, in this economy I would have to instruct for 10 years just to pay for the tests, let alone make anything."
- ** "I had to get my eye doctor to explain an eye surgery (laser) before the process of getting my medical renewed could continue. That had to be done on paper via US Mail. It would be nice if it could be done electronically. My Doctor ended up charging me for the service, because it took about an hour to provide the information that said I was OK to fly. Seemed like a waste of time and money on everyone's part, and now I have to get a special exam each time I renew, even though I see my eye doctor regularly."
- ** "I had to hire virtual flight surgeons to assist me and my cardiologist to complete all required paper work and submit in my behalf. This added an extra financial burden, perhaps more explicit directions to the cardiologist would help all concerned."
- ** "I had to resubmit my ECG and doctor's follow up more than once. Thanks to the glacially slow bureaucratic process I was out of work for more than two month's, at a cost to me of thousands of dollars. I think you should prioritize medical applications, and people that need them for there livelihood should not be lumped in the slow basket, with student applicants. Here's hoping that you all get a couple of months off without pay!"
- ** "I had to send all med records to [City] including records from my cardiologist and get a new Holter monitor test, this after he cleared me (after all sorts of tests) to do anything I wanted including hiking in Colorado at 12,000 ft plus. Communication was lousy (only by mail) and turn around time was extreme. A phone number to call for clarification would help."
- ** "I had to send more than once the same medical reports. Personnel should send the reports carefully."
- ** "I had to travel to [City] for the medical which is 74 miles away. My normal AME was removed from the AME list. He had done my exam for 15 years and had been very professional and thorough. The exam I received this time was of the same level which makes me concerned why my normal AME is no longer allowed to perform medicals. I would recommend he be reinstated."
- ** "I have "pre-hypertension." Requirements for addressing this issue have been detailed and timely from the FAA. I am pleased that your organization works with others, such as AOPA, to ease the preparation for physicals. Thank you for this survey!"
- ** "I have a complete annual physical with my family M.D. would like this to suffice."
- ** "I have a deferred medical that has to go through OKC before it's issued. My company requires it on the 25th of the month due and it takes quite awhile for the FAA to send me the certificate. This is VERY time consuming and usually causes problems with the company. The OLD way of doing the paperwork first THEN taking the medical worked so much better."
- ** "I have a difficult time understanding the thought process for sport aviation vs. private aviation when it comes to physical exams. We both fly but one takes a physical and the other one doesn't. Seems stupid to me. However, it might be nice down the road as I get older which makes even less sense."
- ** "I have a DOT med certificate also and I basically found that the Airman med cert and the DOT Cert could have been done by a General Practitioner. I think that the Airman Cert should cover a complete exam from top to bottom with blood test etc. I have felt this way since I first started flying. One medical problem up there can cause the lives of many and all precautions should be taken and that goes for me also when the time comes that I am not physically safe to fly. Thank you."
- ** "I have a feeling that many of my fellow pilots defer treatment for many common conditions because they feel that treating it will render their medical license invalid. This is of course potentially dangerous for a variety of conditions, high blood pressure being I guess the most common one. I think the FAA should be proactive in

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- informing pilots that a vast number of medical conditions are indeed certifiable and in many cases that approval can be given by your own AME. My own experience with the FAA medical procedures a few years ago when I had a bad EKG was very straightforward and professional. After a heart specialist cleared me medically it took only about two weeks for the FAA to reissue me my new First Class Medical. Thanks! [Name]."
- ** "I have a friend who's favorite statement is, "We'll do anything for a false sense of security." I think it will be interesting to see the statistics on the new recreational pilot category of PIC medical emergencies versus the statistics for the much more expensive private pilot requirements. I think for private pilots a checklist from your own doctor stating you have not suffered certain medical conditions should be sufficient and far more cost effective. If proof is needed to certify recovery from certain events or conditions then layout what proof is required and how to submit it to FAA. FAA should be required to respond in a given time period. Commercial pilots is a completely different situation and I believe the current system is probably cost effective."
- ** "I have a heart anomaly - Wolff Parkinson White, Type A, and my Class 1 medical certificate is being delayed while the FAA evaluates the condition. My only objection is with all of the additional information that the FAA has requested to verify what my doctor and I have known for years, and that is that the condition does not present any problems. And these additional tests are EXPENSIVE."
- ** "I have a heart-related requirement for annual stress testing for special issuance (s.i.). My submissions to the FAA have exceeded 50 pages each year for 5 successive years, the testing is expensive & time consuming and the processing thru FAA is unnecessarily cumbersome & frustrating. I thought the recently revised procedure for submitting the documentation to the AME would help, but it actually became a nightmare for me. The AME didn't send backup info to Oklahoma City, requiring more back & forth scrambling & delay. "Angst" was the operative word at the time. Further adding to the situation, I was not able to reach FAA's treadmill goal because the doctor who handled my stress test was unaware of the need for me to reach 85% of required heart rate, further delaying issuance of medical. Fortunately, a report test was allowed & I passed. My recommendations: 1. Streamline the requirements for s.i. as much as possible. 2. In the "off year" between medicals allow the pilot to send results directly to the FAA & not thru the AME. 3. Use the Regional FAA medical person for s.i.'s, not OK City. 4. Publicize in the aviation press that #3 region is where to send."
- ** "I have a medical waiver. The FAA (Oklahoma City) changes the rules and requirements without stating a cause or justification. High handed and unethical in my opinion."
- ** "I have a special issuance 3rd. Class Medical. I need to provide information between biannual AME visits by mail to OKC. In all cases, the experience has so far been satisfactory. On the last submission for my continued medical certificate, I submitted the required info to OKC and received my new medical within 30 days."
- ** "I have a special issuance certificate based upon a diagnosis of obstructive sleep apnea. I have complete control of the condition by nightly use of a CPAP machine. My fitness to fly was confirmed both by a specialist (Pulmonologist) who I have to see for five minutes every year, just to get him to state, in writing that my condition is unchanged, and by a single "Maintenance of Wakefulness Test" that I was required to undergo a few years back following the diagnosis. To my way of thinking my condition is not likely to change; sort of like my myopia. I don't have to see an Ophthalmologist every year to get, obtain a letter to state that my eyesight has not gotten worse. I find the requirement for the yearly trip to the Pulmonologist to be a waste of time and money and so does he (except for the money part, of course). While I don't expect for the FAA to waive this inconvenience just for me, I believe that once a sleep apnea patient establishes good control of the condition with whatever form of treatment he/she uses, then no yearly re-certification should be necessary. My answer to the effect that I don't think that the National Airspace is made safer by my DME is no reflection on him. He is a fine doctor, and an airman himself. However I think that the FAA places TOO MUCH emphasis on medical issues. So few accidents are ever related to medical events and yet the FAA still insists on very close scrutiny of the most benign medical conditions. I agree that all pilots should undergo periodic medical certification and should continue to "self certify". But the operators of light, single engine, aircraft should not be put to the same medical certification requirements as commercial and ATP's. I understand that they are not, but I think that a driver's license requirement for the class 3, such as now available to Sport Pilot's and such as is advocated by AOPA and other groups, is a good idea."
- ** "I have a Special Issuance certificate. The letter of authorization states it is valid until July 2010. In all the materials and documentation sent with the authorization, there is nothing that indicates what will happen when the authorization expires and I still meet medical standards for a certificate issuance."
- ** "I have a special issuance for a pacemaker (not defib) and now have to undergo diagnostics every 4 weeks. My primary care physician and electro physiologist consider the frequency of exam excessive since they closely monitor my health, the stability of the device, risk behaviors, etc. My electro physiologist says that I am significantly less likely to have a heart incident (given their close monitoring and my overall health, weight, and exercise habits) than the overall population or their perception of the extent of a Class III exam."
- ** "I have a special issuance for a stent done over 6 years ago. I sent the stress test information to Oklahoma City and got a letter back that was not clear. What was wanted was the original tracings, not copies but that is not

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- what the letter said. It took another 30 days of letters and phone calls to figure out that you wanted the original tracings not copies. Once that was correctly communicated the needed information was sent and the certification received. It would have saved us both time if the original communication had been clear."
- ** "I have a special issuance for kidney stones. The letter is good but could be clearer about the expiration date. The phone staff in Oklahoma is great. They are very helpful in pushing faxes along for the medical certificate on the years an exam is not required. The AME did charge 100% more than the previous time. This was partially my fault for not asking. He complained about the amount of data entry he had to make for the special issuance. Hopefully with the on-line data entry this will reduce his time and my cost, although I will not use the same AME in the future."
- ** "I have a Special Issuance for Sleep Apnea. I visit my ENT yearly prior to having my yearly Medical. With the report from the ENT and the Special Issuance form; from the FAA, the AME processes my medical without further trouble. I think the FAA needs to fully incorporate the TurboMedical Form from the AOPA into their process. I gave the TurboMedical Form to the AME last year and his Nurse had to completely reenter the info into the FAA Medical Database. WHY??? What a timesaver it would be to have our medical information on-line and accessible to us and our AMEs, like I can do now by signing into AOPA and picking Medical Turbo Form and all my data comes up. I know exactly the information I gave to the AME last year, and it is easy to update with new dates of MD exams and time flown and print it out for this year's exam. This should be the way the FAA handles the information, much like you do for the FAST Wings program... all on-line and easily available. Thanks for allowing me to help you provide better customer service for your customers... the Pilots and Crews flying today."
- ** "I have a special issuance medical because of a heart bypass. Every year I am sent a document to instruct the doctors on what the FAA wants from them so the FAA can issue my cert. Without fail, every year I have to go back to each doctor at least once & sometimes twice because they don't get it right. The reason they don't is because the protocol is written in one very long mind numbing paragraph that puts a person to sleep before he can finish reading it. From the time I get the first appointment, until I'm done takes 4 to 6 weeks because it takes so long to get back in again. What we need is a list of the procedures that they want done, not a thesis. (Pilots are used to check lists). I have 2 friends who require a special issuance' and they both have the same complaint. The only reason I filled out this survey, was so I could tell someone this."
- ** "I have a special issuance medical, a very complicated one. I was told by several doctors that FAA would not approve me. I went to a senior AME in [City] AZ. He told me it would be a long and exacting process. It was. But I have my medical and the requirements to keep it are reasonable. Costly but reasonable. I believe a lot of our older pilots should be looked at closer. I have to provide a complete set of labs and a doctors statement on my medical condition for the last year. I believe most older pilots should do the same. I'm in my mid 60's."
- ** "I have a special issuance medical. The past few times I have renewed my medical, I have had to get ALPA Aeromedical involved because of the slow response. I have had to miss work because it took so long to get my medical. I have to start the renewal process every 3-4 months just to keep my certification. With my stable condition, I believe my AME should be able to issue my medical and submit my records for review instead of having to run everything through OK City."
- ** "I have a special issuance, due to a pacemaker implant. (I am not pacemaker dependant). If my doctors say once a year is often enough I think the FAA should consider their opinion on a case by case basis. Going to the doctor every 6 mo is expensive and time consuming. This would be my only recommendation."
- ** "I have a special issuance. The first time that I applied for a medical a number of years ago it took almost a year to get the medical certificate granted. The most recent experience took less than 30 days. I was pleasantly surprised. Thanks for making the special issuance process more efficient."
- ** "I have a special issue certificate because of a heart problem. I have not had any change in status for several years and have never had high blood pressure. I have never had high cholesterol. I am active, doing physical work daily. I believe I am in better health than many pilots who do not experience the expense of a stress echo test every year as I do. I would like to have the FAA reduce the frequency of the required stress test after a period of no change in the pilots health status."
- ** "I have a stable heart condition not coronary; a history of atrial fibrillation.; slight valve diseases; a coronary angiogram in the past was negative; a one time diastolic BP reading of 90 mm Hq. FAA Regional MD says I have hypertension but my cardiologist sent 3 years of BP less than 90mm: It does make sense! With a negative angiogram I must do a stress test every year (which is a test for coronary disease. It does not make sense! They do ask for a Halter monitor with a Hx of atrial fibrillation. It does make sense but an ordinary EKG would detect atrial fibrillation; a lot easier and cheaper. After all these tests not needed I got my medical with a delay due to OK office which sent it to the [City] office - then the doctor was at a meeting for a week and on vacation for a week - unnecessary delay! Most interesting is my AME issued my medial at the time of my exam in 2007 in view of my stable (for years) heart condition then sent my records to OK office. He said he was told that was OK because the FAA wanted to reduce paperwork & 2008 my AME did not issue my medical saying the FAA

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- criticized him for doing so! Sad!"
- ** "I have a wonderful AME."
- ** "I have always been very satisfied with the AMEs who have done my flight physical examination. Even after prostate surgery in 1996, the FAA handled the additional documentation requirements expeditiously. I believe the FAA provides an extremely service to our industry and our nation. [Name]."
- ** "I have always had a good physical condition, and am physically sound today. I have never failed a medical exam. In 2001 I discovered I had contracted Hepatitis C through a transfusion during a hemorrhoid surgery. I was treated and cured by the Baylor Medical Center - Methodist Hospital – [City], TX. Since then I have had follow-ups every 6 months. Numerous records have been sent to Dr. [Name] - FAA - Okla. City - I have not been turned down for my medical certificate; however, they gave me only 2 weeks before my Class III med. Expired. According to their rules after review, my AME says I should have had one more year left. Since 2001 I have not been on any medication for Hep C-virus, I have sent him all records indicating that - plus a letter from the head of the treatment center, that I do not have the virus anymore and I am cured. I have sent all available records to them - they have deaf ears. In the last 10 yrs. there have been many new discoveries in the disease of Hep C - FAA needs to learn about them. My last 40 yrs - until now has been good relations with FAA. I have been - chief pilot, county - aerospace teacher - FAA examiner - Flight Inst. and a total of 16,000 hr. safety counselor. - Last correspondence from Dr. [Name] was quote, "A new authorization will be sent to you at the time or shortly before your current authorization expires". Not received yet."
- ** "I have always thought there is a chance airmen could lie when applying for a medical certificate regarding any serious health condition or psychological behavior, etc. that may disqualify them to receive the certificate. I think there should be a way (or maybe there is one I have no knowledge about) to make sure the entries airmen make are true, because I wonder these things especially when I am on the passenger seat."
- ** "I have an annual physical with my personal doctor that is a 100 times more thorough and he helps me stay in tip top shape. Though I need to go to an AME to get the certificate it is an extra expense that has no medical value (except the certificate) to me. I would think Aviation in general would be a safer place if every pilot had the equivalent of a military flight physical every year. At least they and the FAA would know the medical fitness of the pilots flying our skies. There is no reason I can think why that doesn't make sense. Many pilots rarely go to doctors. Who's helping to find the problems before they occur. Thank you."
- ** "I have an excellent AME who has had a successful and excellent career as a long time AME with 35+ years in practice."
- ** "I have been a special issuance medical (High blood pressure & Diabetic) for over 10 years now, and when the medicals were submitted and signed (approved) in OKC, It was never delayed provided we followed the instructions. Now my AME can sign the medical provided there are no changes, which is a great stress reducer. I think the whole medical staff does a great job."
- ** "I have been denied a medical certificate, with no option for review. There appears to be no established criteria for an appeal."
- ** "I have been flying for 41 years, which means more flight physicals than I care to remember. My current AME, Dr. [Name] of [City], GA., ranks at the very top of all the AMEs I've seen. He is professional, thorough, and takes the necessary time to answer questions and discuss any problems. No appointment is necessary and I've never had to wait more than 15 min. I strongly recommend this AME."
- ** "I have been flying for 44 years. In my opinion, the medical certification process has been improved greatly in recent years. I think there has been some very good work done in expediting and simplifying the special issuance process."
- ** "I have been flying for 52 years and have never had an accident or incident. I don't smoke, drink alcoholic beverages or take any over-the-counter medication or prescribed medication. I eat a healthy diet and I exercise daily. If I were to have an off day I certainly would not fly even though I have a current 3rd class flight physical. I believe it is an unnecessary personal expense for me to take a flight physical as I fly for personal enjoyment only and only in good weather. I don't believe the 3rd class flight physical enhances my flight safety in any way."
- ** "I have been flying since 1996 and have had several medicals through the years. Unfortunately, I have witnessed the spectrum of very comprehensive, thorough medicals and those where I have spent more time with the secretary/nurse than with the AME. I am in excellent health and have no reason to worry about not being able to qualify for a medical, but those shoddy exams performed by AMEs with a poor attitude do a disservice to all involved. There needs to be a greater emphasis on the part of the AMEs placed on the quality and scope of the physical, rather than on income received."
- ** "I have been flying since early 70's & I believe I have found my doctor (AME) to be very good!"
- ** "I have been going to Dr. [Name] in [City] for nearly 20 years. He is an OUTSTANDING doctor and surgeon, and is highly respected as an AME. His dedication to safety, and to the well-being of his patients, is legendary among [City]-area pilots. Dr. [Name] enforces regulations and vigorously protects the safety of aviation. Even

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- so, Dr. [Name] enjoys such a high level of trust, that more than a few aviators see him for non-aviation related issues. Have a medical problem of any kind? Go see Dr. [Name]. As for the FAA in general, it is my perception that the corporate attitude of Agency medical personnel has become less confrontational, and more cooperative. I hope that this trend will continue."
- ** "I have been HIV + since 1996. I have been granted authorization for special issuance for my First Class Medical. I have to submit lab reports, doctors' progress notes, etc. every 6 months. I also must submit to a yearly cognitive screening (CogScreen-AE). I have been submitting all of these items, when requested, since I have been back flying. My problem with the system is the way the reports are submitted and when they are due. In the past, I would gather all the required documents and forward them (well in advance) to the ALPA Aeromedical department in [City], CO. They would submit them to the FAA, and then I would be approved to take the FAA physical with my local physical, and he would issue me the certificate once he was satisfied that I had passed his/her physical. Now I have to make sure that I get an appointment on the very first day of the month (to ensure that the FAA has 30 days, at the most, to receive the labs, etc.) with my local AME. If I try to give the FAA more time, and take the physical in the month preceding the month I am due, then I lose a month, and would only have a 5 month medical, not a 6 month medical. He then gives me the physical exam, but defers my medical issuance to the FAA. The ALPA medical department has already forwarded the labs, etc. in advance, before I go to my AME. My AME transmits my information via MedXPress (on the first of the month). The problem is the 2 documents (MedXPress and the labs, cognitive tests) never seem to meet at the right time, or in the right office, in Oklahoma City. The last 2 times I took the physical, it came right down to the day before my medical was to expire, before I got my new one. I think this new system does not work, from my point of view. I do everything I am supposed to do, but still, on the month right up until my medical expires, I am waiting until, literally, the last second. I was also sent, twice, medical certificates, with the wrong expiration date on them. Then when ALPA calls the FAA, they say I never took the physical, and for me to check with my AME (after I sat there, and watched his assistance transmits the information to OKC). The FAA's view seems to be that the customer (me) is always wrong, or I did something wrong in submitting these documents. In other businesses, the opposite is true. I know the FAA is not a business. My airline requires that I submit my new medical by the 25th of the month that it is due. I have had to call my chief pilot both times, and tell him, that my medical, hopefully will be ready by midnight of the last day of the month. This is not right. Your system needs improvement. I also have to make sure that I avoid bidding for any flying, for the first week, after my medical is due, in case the FAA has not sent me my new one, just in case I become ineligible to fly. Thank you for listening to me and the fact that you are doing this survey really impresses me, and shows me that someone does listen and cares. Take care."
- ** "I have been informed that I have a resting tremor (left hand). The condition does not impair my daily function. I am taking no med. When informing my AME, we knew that documentation would be required. We did not know what or how much would be required. It would have been helpful if that was listed in some guidelines, I waited 3 months for a response. When I received the response from the Aerospace Medical Certificate Div., the requirements made sense. However I wish I could have spent the last 3 months scheduling the required testing."
- ** "I have been issued my class I certificate on a waiver since 1996. The regional FAA examiner was too busy and must have been traveling ALL of the month of May. His office staff had to submit my application to him by PDF as he wasn't in the office. This resulted in my certificate not being sent to me until June 14, although I had my Class I done on May 2. His delay made me miss 2 weeks of work. UNACCEPTABLE. This is my livelihood and career. Recommend that barring any change or obvious impairment to health, that the local AME be allowed to issue the certificate (even if it had been/is on a waiver) and then he sends the package to the regional office. They would have the option to allow the certificate to continue, or deny the certificate. That way I can keep flying while the regional office does whatever they do for 6-8 weeks. I would love to talk to someone about this. I've heard of 2 other cases involving this Central region office. This guy needs to do a better job or be replaced. One guy even called his senator about this office. [Name]."
- ** "I have been on Coumadin since 1994 for a pulmonary embolism. During that 14 year period, the FAA's procedures for handling my medical certification has changed often, frequently from year to year. The system has worked, in that I have never been without a current certification, but it has been very frustrating. It would help to have a person at the FAA's Okla City office whose job is to take phone calls from applicants, examine the status of a certification, answer questions and assist with processing."
- ** "I have been on special issuance medicals for about 14 years and the process has improved markedly during that time. In addition, special issuance approval time has also been reduced to a much more acceptable level. The "Super AME" program has also been an improvement in my opinion. It has been good to see a government agency making positive changes in their operation. Keep up the good work."
- ** "I have been quite satisfied with my AME, as he goes out of his way to help pilots by making himself available for appointments at nearly all times of the day throughout the week. He also behaves very professionally."
- ** "I have been taking FAA flight physicals for 40 years since I was 16. FAA continues to view themselves as an

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- extension of the military in their execution and mindset. Where else but for an FAA medical do you find a typewriter in use today. I still recall in past years having to obtain a waiver to wear contact lenses, outrageous. The overall medical process is still designed to be adversarial. It is time to relax the recertification process and have on-line self-certified extension for airmen who have no significant medical issues, who obtain recent optical exams and do not need class I medicals. With such a self certified extension pilots could apply directly to FAA aero-medical office, skipping the cost and complexity of an AME exam. The new under-40 rules and sport-pilot non-medical are good first steps but not nearly enough. Regarding my answer to question 33: I believe that the connection between these medical exams and air safety continues to be un-demonstrated."
- ** "I have been taking FAA medical exams for 32 years. During that time I have used only three AMEs. They all have been older, well established and experienced AMEs. I feel that they use their knowledge and experience as well as common sense when evaluating my health and physical ability to perform safely in the cockpit. They all have had a way of getting to the basics of my health in a competent and efficient manner. I have also been fortunate in that my health has always been good and I have not had to deal with the FAA medical staff directly. I cannot really comment on how they operate or respond to the pilot population. Finally, "If the system ain't broke, don't fix it!"
- ** "I have been taking flight physicals for over 45 years and in my view, they provide only a limited enhancement to safety. The exams are limited in scope and do not provide an accurate assessment of the overall health of the applicant. A complete blood workup and a stress test should be performed every 2-3 years for a First class physical. Perhaps this would get some of my fat over weight colleagues the incentive to get into shape. Of course, the cost and politics will never allow for a complete and meaningful Physical."
- ** "I have been taking physicals for over 40 years and have never had anything close to a bad experience of any sort. Not sure how it should change. If it is not broke, don't fix it."
- ** "I have been to some AMEs that if you walk, talk and have 50-100+ dollars in your pocket you get a clean bill of health. I personally like to get a full physical. I don't know if there is a procedure for spot inspections on some AMEs but it would eliminate some of those who just want a quick buck and don't care about the safety of aviation and others."
- ** "I have been treated in an excellent manner by your staff in the past 10+ years. Keep it up. My only concern is the turn-a-round time - seems a bit long."
- ** "I have been using this AME for several years now. We have an established relationship and he is very familiar with my medical history. As I was to be TDY at the time of required renewal. My cert. was done nearly 2 months early. He commented that it was as if I'd just been in, and as I more or less had. The exam was a bit more relaxed than usual."
- ** "I have been very pleased with both my AME and the FAA."
- ** "I have been very satisfied with my AME. I have Coronary Artery Disease and have had heart bypass surgery. My AME was most caring and helpful in my returning to flight status. I never hesitate in referring other pilots to him."
- ** "I have been very satisfied with my experiences with my AME and the recertification process. I have no complaints with the process, the AMEs, ALPA, and the FAA. All were most helpful."
- ** "I have been very satisfied with the current process. My current examiner provides good service, reasonable cost, and a good exam."
- ** "I have been waiting on my appeal. I have been awaiting the next step. I have been off of the medication the AME was concerned about. I am told if I pay someone \$1500.00 they will get the paperwork walked through the regional office. [Name]."
- ** "I have concerns/questions as to the actual safety to the Aerospace system that testing private pilots, operating relatively low performance aircraft compares to the cost and inconvenience of having periodic medical exams. I think that the original proposal for sport pilot/recreational pilot - using driver's license medical criteria would be sufficient for a high percentage of private pilot operations. Commercial and airline operations probably do need some form of medical supervisor, but what is the percentage of "catches" of real medical problems even in these areas?"
- ** "I have consulted many doctors with regard to my situation - mitral valve repair 4 years ago. The amount and types of tests that were required to verify my health were, frankly, absurd. There seemed a basic mistrust by the FAA of my cardiologist's letters stating my return to normal health requiring expensive unnecessary tests according to my doctors, taking into account that I am a flight instructor. The Oklahoma center seemed rigid without regard to actual facts. I eventually got my medical but it was expensive and not necessary and very time consuming. I recommend that your procedures be revamped to reflect modern medicine practices."
- ** "I have encountered very fair and for the most part very timely medical authorization reviews, and compliment the medical appeals group in what must be a huge undertaking, each month!"
- ** "I have found it difficult to reach someone directly to speak about the status and options relating to my specific

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- situation. Waiting for mailed correspondence to go back and forth wastes too much time. I wish all of my correspondence could be conducted over e-mail. I also would like to know how to reach someone via telephone: I made 5 or 6 calls around the country and still couldn't find out who to speak to."
- ** "I have found my AME to be helpful and completely professional."
- ** "I have full confidence in my AME. There should be less emphasis on color test. I see regular colors with no problem but not pastels as good. There are no pastel light signals."
- ** "I have glaucoma and have responded well to treatment. The repetitive exam is understood, but the letter of instruction was somewhat confusing. I admire the ability of some medical administrators to obfuscate the obvious, but sometimes just a little plain talk would be helpful...especially when dealing with an AME who is pressed for time (and aren't they all???) So if the FAA folks would just say "get this exam done by this date and this date and send us the results along with your medical eval" it might be a little easier on everybody. My instructions referred me to an original letter which neither I nor my AME was completely sure about. Making a mistake is sometimes understandable...not learning from it is not. I have learned not to make mistakes when dealing with Ok City because it takes so damn long to get it straightened out. Plain talk would help. Please."
- ** "I have gotten my physical from the same AME for more than 30 years. The physical is thorough within the parameters for the exam; he also encourages my staying fit and healthy to avoid any preventable medical issues that would affect my ability to continue to fly (my age is 64). He makes himself aware of my lifestyle and fitness with questions, so I feel that he encourages my staying healthy both by suggestions and his example of staying fit himself - all in all a very positive experience."
- ** "I have had a condition that required approval from Ok City for my first class medical. From 1995 through 2005 it was a painless process. From 2006 onward it has required a lot of additional paperwork for a condition that has not changed at all. When requesting information as to why there was a change, the response was the usual form letter I have always received without any explanation."
- ** "I have had a number of certification issues over the past ten years. I have always found the FAA certification procedures satisfactory if not always timely (Gulf war depletion of staff). Since accident rates due to pilot medical incapacitation are very low, even among non-certified glider pilots, I am not sure the expense and time required both for pilots and the FAA, for pilot medical certification can be justified. I completely understand the FAA's motivations however, and am more than willing to comply."
- ** "I have had a special issuance medical good for a year for the last 10 years, and see my AME every other year and he has been my only AME. This dealing with OK City every other year has gotten better lately, but was its bureaucratic woes for years with attitudes in Ok City, getting issuance dates pushed back. One year my local hospital said my myocardial test indicated I had a heart blockage. After doing a cat scan, and angiogram that showed it was a botched test. They re-issued me my new medical from OK City for only 9 months instead of a year! I am glad they cut out that dye test on future stress tests. We are on the honor system in aviation and I think my AME knows me (and I do take care of my health) and I think OK City should trust him to monitor me, he can deal directly with my family physician and cardiologist just as easy (and I get him copied on everything) and be the conduit to Ok City. It costs me a lot of \$ to keep my medical up and I don't mind and want to be safe, but find OK City issuance ridiculous as they never see me and don't know me only as a repository # for my paperwork. It seems to me that a lot of people must just give up flying because of the aggravation of dealing with paperwork and an agency too far removed. I am not against oversight of our medical condition and don't want to be a hazard to the NAS as well as sharing airspace with someone not up to standards. I believe if you approve an AME you should trust his character and expertise as he should be qualified to interpret my medical qualifications. We can't make the NAS 100% safe, but driving it into the ground with waste and duplication without better results doesn't make sense."
- ** "I have had a special issued 1st class medical for four years. The service provided by the AME, Oklahoma City and the region has been very good. It always comes down to the last couple days before the current medical expires. However, it has always been there and no flying days have been lost due to the medical."
- ** "I have had an overall positive interaction with the AMCD and FAA HQ in obtaining and maintaining my FAA medical certificate. I have had a lung (cancer) that was surgically removed. It has been in remission for 6 years. And the FAA has been very supportive in keeping me flying. Thanks!"
- ** "I have had exams from several different AMEs in the last 18 years. The one I use now is very thorough. I have used AMEs in the past that ran nothing more than "diploma mills" and did almost nothing other than a vision test and handed over the certificate. I did not feel comfortable with such a lack of medical evaluation. I changed doctors and now I am very happy with the quality of care and time spent answering my aviation related medical questions. Dr. [Name] in [City], GA. is a great AME."
- ** "I have had FAA aviation medical examiners examine me for a Class III medical certificate since 1948. [Name], M.D. was the worst medical examiner I have ever had. I would recommend he be removed permanently as an FAA AME. Dr. [Name] has no personality and does a very poor job giving physical examinations, and is a very

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- poor communicator. He does not keep his records straight. I have kept a copy in my file of his medical report. He listed medical problems that I have never had; serious problems. I have been a resident of Morristown for nearly 40 years. Seldom have I met such a rude person."
- ** "I have had glaucoma for 25 of my 29 years as a pilot. I have gotten a 2nd class medical every 2 years (so that I fly a 3rd class during the second year). I was granted a 2nd class that expired after 12 months (did not become 3rd class). This made no common sense because I requested and received a 3rd class, 2-yr medical after several letters (I have not flown commercial for several years). A 2nd class becoming a 3rd class after a year would have been essentially the same thing."
- ** "I have had Heart surgery to replace my Aortic Valve. My current medical status is healthy. I provided all the standard Heart patient information needed to retain my medical, (Stress test with Echo & Cardiologist Evaluation reports). The letter came 5 weeks later saying that I need to provide new complete set of reports & the Video of the Echo. In addition the letter indicated that I would need to redo the tests to have them from within a 30 day period, I was disappointed that it had taken so long to get a response. I made new appointments with my Cardiologist; he also was disturbed that the FAA reviewer didn't contact him so that the two of them could discuss the report & the evaluations. My Cardiologist is also an Airman and was disturbed that the Reviewer was asking for results from tests that are no longer considered to be relevant to heart patents. The next item that was really frustrating is that after re-submitting all the tests & results & the movie. Instead of getting a 2nd Class medical rating for 1 year, I was only granted a 30 day medical with no explanation. This makes maintaining a medical frustrating & difficult; it also requires that I spend more time in a Doctors office than I do Flying."
- ** "I have had no problems as of yet, but I have heard a few stories of people waiting YEARS to get their medical cleared. To me that is completely unacceptable and do not want to have to ever have to go through that."
- ** "I have had the same AME for 34 years and my file is pretty thick. A couple times I have tried other AMEs closer to my house or suggested by my employer with resultant errors in the conduct of the exam or processing of the paperwork. My AME is a responsible doctor and conscientious AME as well as his partner and their staff, especially compared to other AMEs."
- ** "I have had to work, off-and-on, with Oklahoma City for the past two years +/- . The following relates to those experiences. Written correspondence from Oklahoma City often leaves the reader confused as to what is necessary to comply with instructions. It is ludicrous that a phone call has to be screened BEFORE reaching a Customer Service Rep. It was only through frustration that I found out that there is a Customer Service Dept. Once I got to a Customer Service Rep., issues were quickly resolved. All communication is done by mail or fax. If there is any electronic communication (e-mail or web page) I don't know about it. The whole Oklahoma City experience, for a simple individual private pilot, is intimidating and not very customer friendly. The organization needs some Public Relations. The medical condition of Airmen is important to flying safety, but when individual help and support is needed there should be someplace to go without being intimidated and frustrated. Thanks for asking."
- ** "I have had very good service from the FAA's NE Regional Office. I am a special issuance medical and the office is always very helpful."
- ** "I have heard that the Class 3 medical is going to be removed from the req's to be met for private pilots. This will make it just as safe as it is now. I am told that even if you have a class 3 medical, every time you get in the left (PIC) you must self certify. Assuming responsibility should be part of getting into the left front seat."
- ** "I have held a medical certificate for 30 years and am 71 years of age. I have always thought these exams are essentially worthless and a considerable waste of time and money. I always have a thorough medical exam every year, complete with blood tests. The FAA exam covers very little and does not really certify that a pilot is healthy. The FAA exams should be discontinued in lieu of an exam by a family physician. If the FAA believes these exams are necessary, they should be extended to 3-5 years or longer if a regular exam is submitted. In any event, the FAA needs to thoroughly overhaul its process so that it means something or discontinue it entirely. Thank you for listening."
- ** "I have high blood pressure and could not find any information on what medical tests would be required prior to seeing the AME. This information needs to be clearly stated on the FAA website or FAR/AIM so we can be prepared with requested test results when we visit the AME and not waste time and money for a deferment."
- ** "I have made numerous attempts to resolve an issue to obtain my Class III medical certificate. I completed my examination in Nov. '07. The issue was a diabetic medication I was taking at the time. After a number of correspondence with the FAA in OKC and National Transportation offices I was finally told just to resubmit. The medication in question is not taken by me any longer. I kept on getting passed back and forth between FAA and NTA. I did get AOPA representative involved. I probably need to just reapply and start the process over."
- ** "I have no comments on the quality of AMCS. I do have comments on the survey. The survey's structure is bias toward a finding that AMEs are not supporting safety in the national airspace system. I urge an independent

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- verification of any finding based on this survey before any action is taken. The survey also ignores the fact that the FAA's New England Region is still active and vibrant. While Flight Standards may have reorganized its structure so as to merge the Eastern Region and New England Region, the other offices have not and this survey does not reflect that fact. [Name]."
- ** "I have no complaints, but I have heard horror stories about other pilots who have had to wait very long times from the FAA to get a decision about a medical condition. Slow bureaucratic delays. No one likes a bureaucrat. No delays! Thank you."
- ** "I have no condition that would prohibit safe operation of an aircraft but my last stress test only provided for 84% level and was denied as the letter I received stated that 85% function was necessary. This was not explained prior or my cardiologist who administered the test would have waited the extra seconds. My General Practitioner and Cardiologist have told me they see no reason I should be denied a medical certificate. The cost of redoing the stress test immediately after one was done was prohibitive and so I must wait a year so the test is again covered by insurance and repeat a test for one percent when both my doctors feel this is ridiculous and a waste of their time and mine as I have had no problems of any kind in a number of years."
- ** "I have no idea what MedXPress is, and neither does my AME's office! [Item 36] I received the certificate the same day when exam is complete. [Items 37-39] Do not apply. [Items 22-25] Do not apply."
- ** "I have noticed a growing shortage of aviation medical examiners in the [City], PA area. This is of concern as my examiner will be retiring."
- ** "I have paid thousands of dollars on requested exams. I have now gone through 3 double pages of requests and have recently received the same as the first request. I have passed all exams by the local hospital cardiologist office. I have not received any replies to my questions."
- ** "I have received very courteous, professional and efficient service from the entire Aeromedical system. Thank You!"
- ** "I have seen it get better over the years, so keep up the good work."
- ** "I have sleep apnea. The flight doctor recommended treatment. Having done this and having it help in my every day work as a truck driver. My flying hobby consists of 3-4 hours a month when possible. With the current treatment there is no problem. My big concern is having to go for a MWT which is not covered by insurance and could be very expensive. Not sure if this is the place to vent my problem but there it is. If you have any other options please let me know. Thanks, [Name], [Pilot #]."
- ** "I have some medical issues which the FAA hassles me about every year, in spite of the fact that my 2 long time Docs write every time that I have no danger there. It is one thing to err on the side of caution; it is quite another to put me through lots of aggravation when there is medical evidence that I am safe. It is just bureaucratic mess to me."
- ** "I have special issue for diabetics. Okla. - FAA very good, I'm very satisfied."
- ** "I have to compliment all the AMEs I've used in the past 23 years since I've been employed with the airlines. They've all been competent and professional."
- ** "I have to receive a special issuance every year from Oklahoma. The instructions don't want me to start the process until Feb. 1st, but I have to have the medical submitted to my airline by April 7th. If I don't start the testing earlier than Feb. 1, then I run into the chance on not receiving the special issuance authorization in time to schedule my AME exam and to get the certificate to my company before April 7th. If I don't get my medical certificate to the company in time, then I can't get a normal work schedule for the following month (May). The process takes a long time to get through OKC and I have no way of knowing how it is progressing. I have had to call every year to make sure it is moving along and that I get it back in time. I would like to be able to start the testing procedure earlier (i.e., Jan. 1st) to ensure that it is back in time."
- ** "I have to submit a letter from my doctor stating my health is good & my medication is working with no side effects. It took four and a half months after my FAA medical exam which I passed to get my medical certificate. FAA OK City kept asking for more information after my AME passed me with real good results and the letter from my doctor at the VA. It seemed to me to be very overly long."
- ** "I have two stents in my heart so required special processing through Oklahoma City. The service the first time was terrible, but this time was better. This situation has given me insight I would like to pass along. The threat of "losing medical" is keeping pilots with potential problems from seeking medical attention for the problem. (chest pains, alcohol problems etc.). I was given advice from a commercial pilot to not go to the same clinic for problems, prescriptions etc. as for FAA medical. The excessive, cumbersome path to keep medical is less than perfect situations is keeping some pilots from seeking appropriate help! The current feeling is that the FAA is trying to keep pilots out of sky because it is easier. Thanks for listening!"
- ** "I have Type 2 diabetes. Apparently AMEs have a difficult time keeping aware of the present combinations of medications which the FAA will approve. I was on a combination of 4 oral medications which yielded a terrific result with no hypoglycemic episodes over a 5 month period. Each medication was approved by the FAA."

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- However, when my case was submitted, the AME learned for the first time that 2 of these medications could not be taken together (Prandin and Januvia); I had to choose either one or the other and undergo another period of observation, which introduced a lot of stress into the equation, and delayed my application process. Naturally, my A1c went up, even though it remained within the guidelines. In my case, Prandin and Januvia in combination worked as a terrific therapy in combination with Metformin and Actos, but the FAA required me to pick either Prandin or Januvia. I hope that soon, they can all be taken together. It worked very well for me, with absolutely no hypoglycemic episodes. But, lest you misunderstand, I am most grateful for the FAA's favorable consideration of my appeal and allowing me to continue flying. Thank you."
- ** "I have worked with the Aeromedical Standards Office in Oklahoma City for the past 10 years. I have enjoyed outstanding treatment and reasonably fast processing of my 3rd class medical. Having to maintain the rigid standards to continue my flying such as stress testing, blood chemistries, etc. has made me a healthier and safer pilot, husband and father. I have nothing but respect for all the people I have interfaced with over the years at Oklahoma Aeromedical Standards and consider my treatment from them as first class."
- ** "I have worked with the NW Mountain Regional Medical Office since the late 90's getting approval to fly with sleep apnea, Arthritis (which finally ended my career early with the airlines), and large cell lymphoma. The NW Regional Office I feel has always gone well above the normal, especially when I was striving to get back to the cockpit after the sleep apnea was diagnosed. Everyone in the office was extremely helpful in what was an extremely upsetting time in my career. When the arthritis finally stopped me from flying they were very sincere and assisted all they could. Thanks to Dr. [Name] an arthritis specialist I again have a 2nd class medical and currently do both ground and flight instruction. Their help will never be forgotten. The staff for many years had a small booth at the NW Regional Fly-In at Arlington, WA and answered literally hundreds of questions daily from those in attendance which was done honestly, discretely, yet personally. They are an excellent example for the FAA!"
- ** "I haven't had any health issues so mine have been very straightforward. However, a particular friend has had nothing but delay after delay in receiving approval for a CI III. Just seems the FAA process has been too slow."
- ** "I hold a Class I medical with no restrictions. I must get this medical certificate every six months. I also get an Air Force flying physical once a year in my birth month that is more extensive than the FAA Class I medicals. That means I get three flying physicals per year. Therefore, my suggestions are 1) My Air Force flying physical should count for an FAA Class I medical. There should be a procedure where I send the results of my Air Force physical to the FAA Aeromedical Division and receive my Class I. 2) Since I don't have any restrictions on my medical and since I exercise quite often, eat healthy, am not overweight, I should be able to get a Class I once a year vice every six months. Granted those that have restrictions, weight problems, don't exercise, or have other significant issues should be on a more frequent schedule of exams. I think these two recommendations will not detract from safety and make it easier on all parties."
- ** "I hope all the doctors that are giving flight physicals are doing as complete of an exam as the one I received. I'm just getting back into flying and haven't a flight physical in 20 years, but this was the best I've ever had."
- ** "I hope that the FAA has started to think about how to screen for failing pilots. We have seen elderly drivers on the road for many years, now we will be seeing them in the air. I have flown with many pilots over the years that have shown a rapid decline in pilot skills as well as memory in the final years of their careers. Now that pilots can fly until 65 it concerns me a great deal. As a pilot with a part 121 night freight company, I can tell you that many of the older pilots just cannot stay awake, and I have no tools available to remove the aged pilots from flying."
- ** "I just feel that after failing a medical it shouldn't be so difficult and should not take 6 months or so to get your medical back especially a 3rd class."
- ** "I just wanted to comment on how quickly I received my medical. I am very pleased, and I think the system ensures airspace safety while ensuring the professional airman is able to continue with their profession."
- ** "I just wanted to express the need for more available AMEs in towns such as ours [City] and [City], Oregon with a combined population of approximately 15,000 which has no AMEs. I am not sure why but because of this I had to go to [City], WA to get my Medical Certificate. I also want to point out that I went through the process of on-line MedXPress got my confirmation # and the Doctor tried for a half hr. trying to access it to no avail then I had to apply all over again. Please get the bugs out of this process. Thank you for asking. Have a Great Day!!"
- ** "I keep the card in my wallet. In humid areas, the writing/printing tends to abrade off after some months. Yes, I could plasticize it, but I think I heard that is not allowed. Better if a more durable paper/plastic/ink combination was explored. Secondly, I wonder if the FAA send an e-mail "tickler" as a service to remind pilots to renew their medicals? Be an easy thing, I'm sure."
- ** "I knew going into my recent medical exam, that I would be deferred pending FAA OKC approval. I had taken myself off of flight status for 2 months while my AME and I developed a plan. Once the medical package was sent to OKC, there was an information vacuum from the FAA Medical Branch in OKC. I called twice a week and

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- could not get anyone to answer my questions. The FAA medical branch is "unapproachable". My career and ability to earn a living is at stake, and the only person I can speak with is a clerk who promised to put a note of our conversations in my file. Once I was issued my medical, I received a letter approximately one week later, challenging my EKG (not my original problem) and requesting that I complete a stress EKG (Bruce Protocol). This request was identical to the one I had received approximately 5 years earlier. I am not the person that should be pursued by FAA medical. The pilots who don't report their medical ailments and problems are the ones that should be examined."
- ** "I know in other countries the AMCS (part of the exam) requires dental, psychological, etc. They are a little more extensive (also blood test). Thanks."
- ** "I know most men don't like but maybe a hernia and a prostate check."
- ** "I like how you have computerized the on-line forms. Thanks."
- ** "I like MedXPress. One suggestion is that the three year history of visits to medical professionals be retained along with other personal information to simplify filling out the form each time."
- ** "I like my FAA doctor I made him my family doctor."
- ** "I like that you are moving to an on-line pre-exam process. All went well for me however I have heard that there are troubles getting connected at times, so if that's true, I hope that improves."
- ** "I like the idea of an express method to have previous med info on file with the FAA. I don't think we can be too careful regarding the med condition of our aviators."
- ** "I like the new on-line MedXPress system. I am looking forward to continuing to use this system to do the paperwork for my annual FAA medical exams."
- ** "I like the on-line application. Cut down on repetitive questions. (Same questions year after year) Some could be eliminated."
- ** "I like the requirement. Believe that PSA and cholesterol tests should be req'd in the blood tests, and more screening for aneurysms and heart blockage."
- ** "I like the system in that the exam is required on a regular basis. The DMV should invoke similar requirements to their drivers. I worry about the condition and health of those driving more than I do with those of us that fly."
- ** "I liked the new MedXPress system...preparing a health history prior to my visit with the AME allowed me to be more thoughtful, thorough and accurate. Several times I had to stop and check dates and details...the on-line service made it possible to take time and check records. I was able to be more thorough in providing information, and better prepared to ask questions and get information from my AME."
- ** "I live in a rural community and therefore expect to travel 65 miles to my biennial AME. I have well controlled glaucoma and expect to travel 120 miles annually to my ophthalmologist for the tests to send to my regional medical division. I feel that the service and individual concern each one gives me is excellent. Thank you for the survey."
- ** "I live in the large [City] area and was surprised at how few AMEs were located in the Baltimore/Frederick area. I don't know what is required to become an AME but it would be nice to have a few more choices/options."
- ** "I lost my medical due to a medical procedure which caused a heart attack. I found the system and the feedback to getting my medical back very cumbersome and difficult to work with. The paperwork had no phone contact number. I had to track it down. The requirements in getting the medical back were not always clear. I feel that in this type of case, a liaison who takes interest in the pilot should be assigned so that they can make the process more clear. This would also provide some feedback as to where the pilot is in the process. The current process involves multiple attempts at mailing in documentation (one of my medical information laden mailings was lost at your end). There is never any idea of when the medical will be reinstated. It is largely a "wait for the mailed response" element to this whole process. If a private company handled their clients this way they would not be in business very long."
- ** "I might have bad gauge about this, but from what I understand, if you fail a medical exam by an AME for a flight rating, that you cannot get a light sport rating to fly light sport aircraft. Again, I might have been given bad info, however, I believe that this should not be the case, and if you do not need an initial physical for LSA, then pilots who failed, regardless of the reason, should be allowed to be issued a LSA license. This may not be an AME issue, however, please see to it that an FAA official sees that. A 40+ year 10,000 hour pilot with a military aviation background has a silent heart attack and is in otherwise great health 25+ years after the fact shouldn't be grounded. This is the case of my grandfather, and I feel It crushed him after learning this news. Also, I think that military flight surgeons should be allowed to issue I, II, and III class medical certificates to active duty members, and should all be certified as such. I feel it's redundant that military has to go out and find an AME when we have one available to us, and in general, it's much more intrusive and extensive than the Class III requirements for an airman. I am a Naval Air crewman as well as an instrument rated private pilot with a complex aircraft endorsement. If it's good enough for Uncle Sam, it should be acceptable for the FAA as well."
- ** "I moved to [City, GA] about 18 months ago...I went to the FAA website to find an AME. The closest AME's

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- phone number no longer worked, the second one had moved away far enough to be inconvenient...I finally went to the AME that my Chief Pilot recommended. I guess what I am saying is that the FAA website listing AMEs is not accurate or up-to-date."
- ** "I need a Special issuance for Hypothyroid. The AME worked very well with the regional flight surgeon to give me special issuance based on my labs. While my MD was surprised that this would disqualify me for any sort of medical, I understand the need to determine that the condition is being managed by the medication. I voluntarily grounded myself the moment I was diagnosed, but the NE region was able to get me certified within the month which I felt was very reasonable. Thank you."
- ** "I need a special issuance waiver due to a heart stent done in 2004. January, 2008 was the expiration date of my 3rd Class Medical Certificate. Every November I have to do a stress test in order to receive a waiver by January. I did this and my physical at the same time. I was shocked to find I received approval but my waiver expiration was moved up to November. When I called AMCD to find out why, they said it was because I had done my physical in November. I asked if I could redo my physical in January and get the expiration moved back to January. They said "No." I called [Name] in Washington D.C., and she arranged it so I could. Why did I have to go through [Name], what is wrong with AMCD being a little personal? Related to this, I have in the past had to go through [Name] to get my waiver done by the expiration date even though I had done everything at the appropriate time. When the date approached I would call AMCD and their response was, "We're very busy." I would call [Name] and she would get it done on time. Again, why can't AMCD be a little more personal?! I have to do a stress test every year because of my stent. I was considered for a 6 year cardiac AME Assisted Special Issuance; however, due to ST segment depression greater than 1mm as seen on stress test, I was found ineligible. When I showed this to my heart specialist, he exclaimed right away "That is just a false positive; there is nothing wrong with you." Why didn't AMCD ask for more information from my heart specialist? This stress test is very expensive, so why am I doing it every year if there is nothing wrong with me?"
- ** "I never knew that I could access my medical records via MedXPress, and even now I do not know what website is MedXPress on for me to print out a medical record. Medical record helps expedite the process when pilot changes AMEs. I know its hard for FAA medical division to make everybody happy, but this kind of information is very helpful. If I could have provided my AME with the record probably he would have not sent my file to FAA for consideration. Glad if I helped in any way."
- ** "I not only see my AME every year - plus I have to go the Tucson heart hospital for treadmill test and so many other tests. Why in the hell can't you make this more simple every year. Did you ever try to get an appointment for the month your medical expires? Well try it sometime! You know, I know when I feel good to fly and not to fly. What good is a medical cert. if you don't feel good a week later after your test? I get tested every year for myself. Then 3 mo. later my pilot medical is due. So here we go again do you understand what I mean! My God you guys, let's get real. So let me tell you I fly my plane when I feel good - no problem when I get a cold or something, I don't fly do you understand? Lots and lots of pilots don't have medicals and they fly every 2 or 3 weeks. So you tell me what a medical cert. does to make you a safer pilot? I work every day - walk everyday - exercise everyday - so I know how I feel. I know a medical cert. is the law, but why do I have to spend all that time at hospital for your test. Please give me a 4 or 5 year medical card and keep it simple - ok?"
- ** "I personally don't believe there is a relationship between medical certification of private pilots and accident rates. It seems like the FAA is doing everything possible to discourage private pilots from using the system. The medical certification for private pilots should be the same as for recreational pilots. I hope this comes to pass in the future. Regards."
- ** "I really can't say anything negative about my most recent AME experience. I am in my late 20's and in very good health so my exam, although thorough, was very easy. Due to my age I am not required to get an EKG, however I did notice the machine in the exam room, so I would assume that all proper exams and requirements are administered by the AME. Although the examiner was a little pricey, it was close, convenient, and I got my appointment scheduled an for an hour after I called. So I spent \$20 more than I would have if I traveled 30 miles, but that \$20 would have been used in gas for the drive. All in all I give my 1st Class Medical experience a 9/10!"
- ** "I receive a medical a medical every six months. I feel that is excessive for someone in my age group. The six month medical would be appropriate for applicants over sixty."
- ** "I receive an annually renewable special issuance certification. The FAA personnel in the medical certification division have been extremely helpful. Turn around time on my authorization is usually 2 weeks or less. Anytime I have a question its one phone call and I never am on hold for more than a couple of minutes. Thanks for the timely service."
- ** "I receive excellent service and care from my flight medical office. They are well known and respected in the Memphis area. The entire staff are professional and care about the aviation community and this country."
- ** "I receive several mailings per year from the FAA and have never received anything about MedXPress. If this is something worthwhile, I submit that the FAA should start advertising it!"

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- ** "I received a certificate after correcting a medical issue. I believe the system is thorough and safe. Good job to all."
- ** "I received a letter saying my medical certificate would not be renewed and I should mail my existing certificate in to the Regional Medical Officer. The letter did not spell out why I was being grounded in terms I could understand, what I would have to show to be reinstated, or how I could regain my medical certificate. I still do not know."
- ** "I received letter from FAA in Oklahoma City that my application was being referred to others for review. That was last February. I have heard nothing since. I wrote them a letter two weeks ago. Still nothing."
- ** "I received my first airman medical certificate in 1975. Over the years I've found the medical certification process, and in particular the AME/applicant interactive process, to be a most positive experience."
- ** "I recently had a student apply for a Class III medical student license, the AME he went to was discourteous and did not issue his third class medical telling him FAA required 20/20 vision for all medicals. After him visiting an ophthalmologist to check his vision which was 20/25, he informed the AME of the regulations which she apparently was not informed of, finally was awarded his medical. Her conduct was not professional."
- ** "I recommend moving the age limit for a bi-annual exam to 55."
- ** "I recommend that all licensed and non-licensed pilots be required to obtain medical exam, for health safety reasons, on the ground and in the air."
- ** "I recommend that the doctors be required to perform a more detailed examination. The last couple of times I went, felt that all they wanted to know is if I was breathing. I have changed doctors 3 times and little has changed. I got spoiled by an Air Force Flight Surgeon when I was a new pilot, his 3rd Class medicals lasted 2 1/2 hours, but at the end, you knew if you were ok or not. I don't mind paying for a good physical."
- ** "I recommend that you give our local AMEs more authority to deal with pilot medical issues, rather than exposing the pilot to unnecessary groundings due to your rather slow response/review of medical issues. It is a disservice to the pilots by dragging out medical issues for such a long time, which frequently is the case. If you need to recommend a better qualified AME to address certain issues, you should recommend these persons to us to expedite compliance issues."
- ** "I reentered flying after several years lapse and when I was 65. It was understandable that such care was taken to assure my medical fitness. I am a physician and a former Naval Flight Surgeon with safety foremost in my mind and I agree with the process."
- ** "I relied heavily on AOPA's medical expertise to make sure I had all of the appropriate documentation in place prior to my exam (i.e., approved medications, required tests, reports and paperwork) I would recommend altering the Class III Medical requirements. Either through self-certification, lengthening time between medicals, or perhaps "no news is good news" - i.e., an initial medical that is good forever unless the pilot has a disqualifying condition. The pilot would be grounded until the condition was resolved and the certificate could be renewed with an AME. Depending on the condition, it may be necessary to put that pilot on a X year renewal. I'd say 99% of the civil pilot population should be able to self-certify after an initial AME visit. High marks to my AME. He did a great job."
- ** "I requested a 1st class medical and the AME forgot to give me an EKG so I will have to return for that and now I have a 2nd class instead."
- ** "I see no need for a 1st class exam every six months."
- ** "I see no need for the annual examination for Special Issuance Certification if there has been no significant change in health, based on primary physician's written statement and AME's examination, as required. Current process requires significant time and expense. Bi-annual exam should be sufficient to ensure safe operation by airman."
- ** "I see no problems with the current system. I am 48 yrs old & might do more exercise in the coming years. [Name]."
- ** "I see no reason for a private pilot to hold a 3rd class medical. Every pilot self certifies himself/herself ok to fly every time that they get into an aircraft. For hire, commercial pilots earn a wage for flying - we do not."
- ** "I sent [Name]@faa.gov an e-mail outlining the unnecessary delays I experienced after all the examinations and paperwork were submitted to the RFS's satellite office for review. My medical has been issued for many years through the special issuance procedures. Usually this goes forward smoothly. This latest process was far from smooth and it was only after numerous calls to the RFS's staff and several calls to CAMI that I finally insisted on speaking with the RFS. He was hard to reach because he was on leave and then out of town in Oklahoma City. The bottom line is that my medical application was buried under loads of his paperwork and essentially forgotten. When I finally spoke with him, he found my records in his computer system. He was surprised this had been forgotten and apologized for this delay. In one day he completed a necessary call to a CAMI doctor regarding my medical. My medical certificate was mailed to me later that same day. But it took lots of time and persistence on my part and his staff was not all that helpful. I never got the whole story until he and I spoke. When I called CAMI

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- for assistance, they merely said it was out of their hands and the RFS had the responsibility to issue. I asked the CAMI representative if they could determine if I was being rejected or if a medical would be issued. They did not say either way. I had previously found CAMI representatives to be very helpful and accommodating. Had I required my medical to hold my job, I could have lost the job and could have been seriously inconvenienced at the very least. Since I'm retired (from the FAA) it doesn't matter. In the future I suggest that some admin process be established to log in chronological order the receipt of medical requests. That way when a RFS is away for an extended period of time, he or his staff can address those requests that have been waiting the longest. Additional and newer "stuff" arriving in the office should not just be piled on top. My understanding is that is just exactly what happened in my situation."
- ** "I share the skies over my home airport w/many ultra-light and, (I'm pretty sure), illegally flying L.S.A.'s due to lack of medicals. I do not believe they are anymore unsafe than myself, as they don't fly if the weather is bad, or if they don't feel well. A 3rd class medical for a non-commercial, private, VFR pilot seems like over-kill and unneeded expense. It's been my experience in my 20 yrs plus of flying that the pilot community is very responsible about this type of thing. No one wants to hurt our privilege to fly!"
- ** "I still find it a violation of my rights to undergo the humiliating act of allowing my personal driving record to be tied to my medical certificate. Even though I do not have alcohol or drug problems - it enrages me to no end that I must risk my livelihood every 6 months to a possible record keeping or internet glitch. I would like the senators or rule makes who thought that one up to be subject to this insanity every six months. In short, I'm trusted daily with a multimillion dollar aircraft flying hundreds of people - why must I prove I'm innocent every six months of alcohol and drug abuse or any other felony! I know my AME found it offensive to him when EKG's were required to be sent via a telephone modem. Luckily, I have had no troubles or transmission glitches, however, I can tell you every EKG sent raises my BP when I must rely on phone modems and a doctor I will never know to evaluate my EKG. I go to my AME because he is a very good respectable doctor who I trust with my career and livelihood. I would like to see more discretion come back to the local AMEs. Overall, I have gotten 1st class medicals for 30 years now. I have found AMEs are generally a great group of professionals that up hold the FARs and make sure we are medically safe up there. For 1st class AMEs, I have only ran into 1 AME I would not go back to. Judging by his operation, I don't believe he is certified anymore for good reason. In short, I think your certification process is a good one. Thanks for your time!"
- ** "I strongly recommend the FAA medical office cease and desist denying the certificate based upon low probability health events. Further, the FAA medical office must trust the AME who puts actual hands on the pilot/patient to know more about the case and potentials than someone sitting in offices hundreds of miles away. The FAA medical office must cease and desist bottling the pilot into catch-22 situations based upon arbitrary paperwork submission deadlines as some doctors require more time just to get the appointment than is required for the paperwork to "be in." In fact, the FAA medical office should not, and cannot, prudently establish calendar deadlines for doctors and pilots to reply. The doctors live on their own schedules and the deadline conflicts cause much grief and loss of money to pilots, not to mention not being able to fly. The FAA medical office should not deny or establish conditionals on the medical for 'ability to fly' questions after the pilot has already flown with a designated FAA representative during the pilot exam, for example, proving the abilities are all there and everything works! The FAA medical office required me to have a heart stress test AFTER I had already had one at GREAT expense to me. The FAA medical office should be required to tell us pilots in writing what is going on a routine basis while a medical is under review. The FAA med office apparently drops a case after some arbitrary length of time even though the expensive heart stress test paperwork didn't get to them (apparently) in the timeframe that the FAA med office wanted. I still don't know what is going on with my medical and I'm sure it has been over a year! The FAA medical office must cease and desist holding the impression that "they know the patient flying problem probabilities better than the AME." (This is not a repeat of an earlier paragraph.) The FAA medical office should open/reopen a case when a pilot or pilot candidate requests it and not only after an AME examination."
- ** "I submitted my information to Oklahoma and now it is July but haven't heard a simple word back except for these surveys."
- ** "I supplied the information that the AME said was necessary. Oklahoma requested the same information plus additional information that has no bearing on my ability to fly safely. They were requesting information for events that occurred 8 years ago and have no bearing on my abilities. It was if they had no concept of what my condition was. Nor did they accept what was submitted on the AME's evaluation."
- ** "I take pain med but only when pain is extreme, I have never taken them even day before a flight. I explained this to the doctor and told him he could verify this through my pain management doctor. I don't even drink and do not have an addictive personality. I will not even fly if not checked out with a proficiency flight if I have not flown within 6 months. This flying is something I really enjoyed doing and now due to an injury I had no control over I have lost my privilege because I occasionally take a pain med and I mean hardly take at all. I will not even take med if I have to work the next day."

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- ** "I teach glider which requires no medical certificate."
- ** "I think 3rd class medicals should be good for 3 years."
- ** "I think a medical certificate is unnecessary for one that doesn't carry passengers. I also think it is useful only for commercial pilots."
- ** "I think all of you in my opinion are doing an excellent job. Keep up the great work."
- ** "I think AMCS is a large and cumbersome task that is handled and administered very well, thank you!"
- ** "I think AMEs should be more proactive in educating airmen on any documentation that may be needed if any, from treating physicians prior to them performing their exam. It would save getting letters from AMCS in OKC. Maybe have pamphlets or something."
- ** "I think every 6 months for 1st Class is too frequent."
- ** "I think every 6 months for a Class I medical is complete overkill. I think it is unnecessary and redundant. I also think the EKG is somewhat outdated and unnecessary. Turning 40 now and requiring an EKG every year I think served the flying public well 30 years ago. People are living much longer now. 55-60 would be a more appropriate age to require such testing annually. I do appreciate, however, the strides we have made in bypass surgery and the FAA understanding that pilots can still be very safe after certain medical conditions and procedures. I know no other industry that tests it's professionals as much and as thoroughly as commercial aviation. I need to test for my job numerous times throughout the year and that certainly adds to an airman's stresses. Between recurrent training/checking, 297, 293, 299 and EP drills, along with ongoing company education, the pressure never really lets up! I wonder if the FAA will ever let up on this 'unnecessary testing' and allow more progressive rides to take place for Part 135 and 121. That would be forward thinking and more in tune with modern times."
- ** "I think everyone should have a thorough physical examination for the best interest of everyone."
- ** "I think FAA medicals should include an appropriate weight for height requirement and tighter controls for age 60+ Class I medical holders."
- ** "I think for a first class medical an EKG stress test should be required starting at age fifty every five years."
- ** "I think for a private pilot that is not professionally employed that a drivers license should be substitute for a medical much like the Sport Pilot requirements."
- ** "I think getting my history automated would be a big help. I know this can be done on-line."
- ** "I think I filled this out already but still got another letter, so I might be duplicating data. It should have better tracking methods."
- ** "I think in the past 10 yrs the FAA has come a long way to getting up to date, however there is still a long way to go. There are many pilots neglecting their health in fear of not being able to continue to get medical certification. I feel there is much more compassion and concern to keep people flying today, but the word is not out how applicants can properly prepare for the exam & not be afraid of denial. The FAA should be promoting aviation! Thank you."
- ** "I think it is fine the way it is."
- ** "I think it would benefit the system a great deal if it would be able to take advantage of the technology advances in healthcare more rapidly. Some of the "newer" types of cold remedies and the like could be researched and accepted or rejected more rapidly I believe."
- ** "I think it's very safe now and easy to find a doctor."
- ** "I think my AME does a very thorough job."
- ** "I think overall a good job was performed at my last Dr. office visit. He was much better than the past examiners I used."
- ** "I think required medical exams are very important. Therefore the system in place is adequate and functional. I do also think that the examining physician should insist on additional consultation or evaluation when indicated, and not issuing the certificate until completed."
- ** "I think that [Name], M.D. is an extraordinary AME (& neurologist & aerospace medicine practitioner)! From repeated personal experience as well as conversations with area pilots, I know that he always gives a bona fide & thorough flight physical and can bring real expertise to bear when a flight physical is not "routine." Given his other work with the FAA in the Southwest Region, I think that the FAA and the local pilot community are fortunate to have such a tremendous medical asset and fellow pilot who is so genuinely enthusiastic about both general and commercial aviation."
- ** "I think that AMCS should look more closely into approving drugs for depression. I was taking 5mg of Prozac a day and grounded myself because it's not an approved drug. I had no side effects, and the extent of my depression was mild at most. It was just to get me through some occasional blue moods. I was feeling great, except for the fact that I couldn't fly. These drugs are slow acting and have no sudden side effect. I have been off of them for over two years now, but would benefit from a very low dose. I believe many people out there are

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- taking anti-depressants and not telling their AME about it. I think you can have it monitored much like you do with heart medications, etc. I'm amazed that conditions like Heart arrhythmia, Parkinson's, Organ transplant rejection, Pulmonary disease, Stroke prevention, and Migraine are approved with medication. With the exception of Parkinson's which is ongoing, all the other conditions are sudden, debilitating up to loss of consciousness, and acute, nor are there any warning signs. Depression doesn't mean psychotic or suicidal, and many psychiatrists are baffled as to why these are not approved."
- ** "I think that an exam every twelve months for a class one medical would be sufficient. Taking an exam every six months is too frequent. Unless an airman had something to show up that would cause concern there is no reason to do this every six months. It is becoming more and more expensive and it consumes time that many of us could use doing other things. [Name]."
- ** "I think that any licensed physician should be capable of issuing an FAA medical certificate if the applicant meets the standards required as the standards are fairly simple and clear cut. I think that an AME should only be needed for more complicated issues or special issuances."
- ** "I think that AOPA does a great job of communicating the need for pilot honesty when applying for a medical. It is informative for the FAA to work with the AOPA to write articles for the magazine that help to clarify issues that may arise."
- ** "I think that having a doctor that is also a pilot helps. He knows what I need as a pilot and can help with pertinent information where a non flying doctor may not have the same foresight. I am fortunate to have a doctor with multiple ratings and enthusiasm for aviation."
- ** "I think that my AME is knowledgeable and does a good job. He didn't cut any corners and completed the exam in a timely and professional manner. I don't have any complaints about the process. I do think that the medicals should have a picture on them to help ID the pilot."
- ** "I think that once a year would be appropriate for the duration of a 1st class medical certificate instead of 6 months."
- ** "I think that the current systems works well."
- ** "I think that the exams are redundant for most of us and superficial for the rest. For instance, I have to pay a retired obstetrician \$80 for, among a few other minor things, an exam that is no more than the eye exam for my driver's license. On the other hand, I see two Ophthalmologists regularly who are able to provide far more information on my sight and the problems I may have in that regard. There's no mechanism to solicit their opinion. Ditto blood tests and EKG's which I have regularly taken that are far more informative concerning my general health condition than a urine test which boils down to an intelligence test if you look at it objectively: who would be stupid enough to go to a flight exam after having drugs? Save us some bucks. Let our primary physicians cull the information they have on our health, and send it to you."
- ** "I think that the FAA needs to adopt more modern views on depression and its treatments. Because I was honest and sought treatment, I now am eligible for a class III medical certificate that is only valid for one year, even though my doctor has released me from all care and medication."
- ** "I think that the price of the flight physical should be a set price that is not determined by the local AME. Flying in this day and time is very costly. I have paid anywhere from \$74.00 to \$120.00 for a flight physical. I think that sometimes a local AME will charge too much just because he/she is the only one in town. My recommendation would be only allowing them to charge \$85.00 to \$95.00 for the physical to help keep the cost down for all pilots."
- ** "I think that the process should be more thorough and cost less - so far it appears to be a way to pay and get it done. If you have the cash, you will be approved!"
- ** "I think that your requirements for medical time limits are completely out of line. In my case, to have a time limit on eye surgery is completely wrong and should be reviewed to give time."
- ** "I think the 3rd class certification is fine the way it is. Wish that it didn't come every 2 years but suppose in later years deterioration can happen pretty fast."
- ** "I think the AMEs are doing a great job. I hear that from my coworkers as well. I'm not sure what it takes to become an AME but I'm sure a lot of other doctors would be interested if they had good information to go on. Maybe send out flyers to doctors and guide them to a website that spells out the who, what and how to become an AME. Thanks."
- ** "I think the EKG is way out of date like the rest of the FAA. We need a truly accurate MRI or something that will truly be useful to both the pilot, as he is paying for a real physical, and something that will actually tell the FAA something about the cardio health of the pilot. This done once every two years would tell us a lot more meaningful information. Just going through the motions of an EKG is a waste of time and money for everyone. Thank you."
- ** "I think the exam is about as much information as you can get for a reasonable examination. I have never had a serious health issue, so I am not sure what pilots have to go through in order to get their certificate if they encounter health problems."

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- ** "I think the FAA does a good job of monitoring the health of the nation's pilots."
- ** "I think the FAA has a God complex and is over regulating all aspects of general aviation."
- ** "I think the FAA is bogged down in rules and forms that are outdated. They can't see the forest for the trees. Each case should be on an individual basis."
- ** "I think the FAA is too restrictive for those that have had a heart stent. My doctor said that 5 minutes on the treadmill should have been sufficient to let the FAA know that my heart was functioning normally. He said that 9 or 10 minutes was a bit much to require. I agree, because I have been in perfect health for five years since the implantation. OKC requires either nine or ten minutes on the treadmill to pass the third class medical and that is just too restrictive in my opinion."
- ** "I think the FAA medical program has made great strides in the past few years in responding to special issuance medicals. I would like the FAA to consider expanding the medical self-approval to individuals with private pilots' licenses or for CFIs doing non-primary training. Keep up the good work. My only main question does this process actually improve safety? Perhaps an alternative is an annual physical by AMEs for those over 40 and if they qualify for motor vehicle license they could be approved for flight. Just a thought."
- ** "I think the FAA needs to re-evaluate its position on sleep apnea. At my wife's insistence I recently went to see my family Dr about my snoring and ended up being diagnosed with sleep apnea. I've never fallen asleep at my desk or while driving, I don't even take naps but suddenly I'm a hazard. I've been flying for 35 years with this condition and now that I'm being treated for it and sleeping better I need a re-evaluation every year with my special issuance. I would like to see them start treating it more like blood pressure and give the AMEs more latitude. My AME thinks the situation is ridiculous as well."
- ** "I think the FAA should become more involved with fatigue issues and address them ASAP before an accident of major consequences occurs. Some airlines are building pairings that take no consideration into account for sleep cycles and major disruptions of such. It may be legal "on paper" but physically it is dangerous."
- ** "I think the MedXPress electronic system is a great innovation and will speed the medical paperwork process a great deal."
- ** "I think the MedXPress is a very good thing and works very well in making the visit to the AME easier. There are certain medical conditions that need to be re-evaluated in a more timely manner by the FAA for some people to get their medicals back after losing them to a condition such as a heart problem or nerve problem. These people after undergoing treatment are safe to fly and should be allowed to fly by the FAA in a more timely manner. I hear of stories of it taking some people over a year to get their medical back after losing it to a health problem."
- ** "I think the MedXPress system is a nice advancement that allows me to complete it in a non-rushed environment, at home with access to all my medical records."
- ** "I think the process for physicians to be an AME should be easy and simple to comply with. Over the years I have wondered if we would have any AMEs in our area due to the hassle factor for them to be AMEs. I am lucky that my AME is a pilot who is interested in helping us by providing this local service. Thanks [Name]."
- ** "I think the process is very sound as it should be. I believe that all pilots should be able to accept a physician's judgment in a constructive way and be honest about their own health. This is probably the best accident insurance there is. Although many pilots like to feign the "Macho" aspect of being a pilot in reality I think most can accept constructive criticism and will modify their behavior accordingly. I believe this mainly because the AME is a pilot."
- ** "I think the process works well."
- ** "I think the program is concise, thorough and provides a great deal of safety to the nation's aerospace community."
- ** "I think the recent change to 5-year intervals for Class III medical certificate was a positive step."
- ** "I think the system does a good job. All of the AMEs I know, and the few times I have worked with FAA, everyone has been professional, direct, and responsive. I appreciate the help, the effort, and the dedication."
- ** "I think the system focuses on the important issues and skips the meaningless. One of the most significant benefits is that it forces pilots to pay attention to their physical health."
- ** "I think the system for making sure pilots are safe to fly is working well from my prospective. I have been to 3 different medical facilities in the 12 years of being a private pilot and all three have done an excellent job of making sure I was fit to fly."
- ** "I think the system works fine as is. Therefore, "if it isn't broke, don't fix it!""
- ** "I think the whole process took far too long. I started earlier than the recommended time frame and was still in limbo 6 weeks after my certificate expired. Every time I called FAA in Ok City I got the same patronizing "your medical tests are under review, call back later in the week." This went on for several weeks. They would never give me a time frame to expect a solid yes or no. Also, a lot of time was wasted when they needed more test results. They could have been proactive in contacting me and letting me know what was needed instead of waiting for me to call. I also think we should be given one person's name who is in charge of our situation, a

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- personal advocate so to speak, so we know who is doing a good job or not. This whole ordeal took so long; I got so frustrated that I didn't go near my plane for 6-7 weeks. Now I have battery problems from lack of use. The bills for these medical tests were over 7000.00 dollars. I still don't know if my insurance will pay. Is the FAA trying to drive us out the flying experience or just drive us crazy? By the way the pill I take (Atenolol) which started this mess is not depriving me from driving a semi on the highways where safety is probably more of concern than me flying my small plane over the countryside! The FAA needs to wake up and start using a little common sense."
- ** "I think there should be a removal of the medical requirement for 3rd class medicals, a drivers license should suffice."
- ** "I think there should be random drugs testing of all pilots holding a medical certificates, regardless of type of flight operations (for hire or not)."
- ** "I think they should extend 3rd class medicals to 4 years between exams."
- ** "I think third class medicals should be self-certified."
- ** "I think we need more AMEs. I have experience with two: Dr. [Name] has handled all my exams until this most recent one. I called his office during business hours to schedule my exam, but had to leave a message with his message service. His office never returned my call. After two weeks of waiting (and leaving more messages) I figured he was out of business. At this point, I was close to expiration, so I sought recommendations from pilots. Dr. [Name] was the only one I heard without a negative recommendation so I called him. His office scheduled quickly, and his exam was thorough, but I've rarely been treated so poorly. My thought as I exited was, "And I thought [Name] was arrogant!"
- ** "I think you could extend the period between exams. I think the 3rd class exam could easily be extended another year."
- ** "I thought my doctor was very thorough with all aspects of the exam. He explained everything in detail. Should any person not pass any part of the exam I believe he would not have certified him or her to fly an aircraft. I think it's a good system if all doctors follow the established rules."
- ** "I thought the exam was very thorough and as good as I get at the VA other than no X-Rays."
- ** "I thought the letters I received from the FAA were very cold and showed a lack of respect. I feel the persons involved either didn't understand the nature of my health condition or they didn't trust my doctor's opinion about my health. The FAA attitude in this experience indicates a lack of understanding of general aviation and private pilots who fly for recreation. Dr. [Name] and his associates should be removed and replaced."
- ** "I thought the process was very fair. I had some tests for cardiovascular disease. My AEE, Dr. [Name], helped me through the process. The FAA examiners in Oklahoma were prompt and accurate and fair. Turns out I did not have any disease. I thought it was fair, if I was going to fly a 3000 lb aircraft over the airspace in the USA that I should be able to confirm that I was healthy enough to do that."
- ** "I took my medical exam several months ago and delivered to my AMC a complete medical history of my eye accident. That information went into a black hole and I understand from other pilots that nothing comes out of the black hole. Nobody called me to discuss my accident and the extent of my injury or how it might effect my flying. I thought that strange that I was never contacted to discuss how I feel or how the accident might affect my flying, etc. Nothing, absolutely nothing but doctors reports which don't tell the whole story. I am still waiting on OKC to send paperwork to [City] FSDO office so I can get my medical check ride. I believe my physical was in early March 08. The guys in the [City] office said today that my paperwork has still not arrived and it has been months since my physical. I called them every week to see if the paperwork has arrived. The people in OKC are your weakest link, nobody could answer my questions about how long this process takes, what is involved with a Medical Flight Test, and where is my paperwork. They were waiting on me to tell them were to send the paperwork, I live and work in [City] why would I send it to Kansas City? Because of my eye accident I did expect some delay, but this is taking a very long time. Feel free to call me with any questions. Patiently waiting, [Name] [Address] [Phone #]."
- ** "I took my physical exam on March 12, 2008. A reply to get additional tests on heart because I have atrial fibrillation & on Warafin. Warafin made a new person out of me by getting my blood flowing & feeling 20 yrs. younger. All test results received by the FAA on May 6, 2008. Since then I have heard nothing. I am really hoping to get 2nd class medical approval. I am 65 yrs. old & took a lineman's job at the airport to be around airplanes. A flying job is waiting if I get my medical approved. Thank you. I tried submitting this on internet & could not connect."
- ** "I took the paperwork the FAA sent me, to my doctor. I do not think he understood what the FAA wanted. I sent the paperwork to FAA, that my doctor gave me. The FAA sent back the answer; that enough medical information was not enough to determine my medical condition, the FAA needed more information before they could give me my medical III class. The blood work showed my sugar was a little high, so I had to go on Glipizide 10 mg. I had to be checked for 60 days and sent blood work after 60 days. The FAA still said my doctor did not send enough

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- information, so after six mo. the FAA sent my 3rd class medical student pilot. AOPA contacted FAA, they said it was a mistake and they would correct it in 2 weeks, hopefully. Thank you."
- ** "I trusted my flight surgeon gave me a thorough flight physical, after I supplied him with my personal doctors every 3 months findings and medicine readings, and he would have signed me off right there, but he knew it had been sent to Oklahoma City before because I was on Sugar medication, which was under control. The last time it went to Okla. City it took three months and many phone calls, this time it took about 30 days and it is only good for 1 year or Aug 31. I have become so disgusted with the people at Okla. City, that I have given up flying as a hobby and assisting Civil Air Patrol with all their good deeds. I think if you guys at Okla. City don't trust the local flight surgeons then every one should go to Okla. City for their test, that way you bureaucrats would really have job security. This is typical government BS, some doctor has let someone by without checking the man out and instead of firing that one of ten men you shotgun the whole system. I guess what I'm trying to say is trust your doctors in the field and quit overseeing everything from Okla. City. [Name], [Pilot #], [Address], [Social Security #]."
- ** "I undergo a complete physical exam every year performed by my general physician. It would be handy and a lot more economical to not have to undergo duplicate exams."
- ** "I understand the need for the Class I physical standards to be what they are. However, for Class III I would like to be able to use my normal family physician since he probably knows me and my health better than the doctor that sees me every 2 years. It would also be a lot more convenient for me and would probably take part of the load off the AMEs that are having to give the Class I physicals."
- ** "I understand the safety aspect the FAA has to keep in mind when giving medicals in regards to public safety, but each situation should be treated individually and not just as a simple yes or no. I was diagnosed with a rare cancer that grows so slowly that I would not even be able to feel symptoms of the cancer for at least another 10 years. I am, and feel as healthy now as I did on my last commercial airline flight I conducted the day before my aviation medical exam which showed the cancer. Miraculously, in one day, I am just not suitable to aviate any type of aircraft! Now all I have to show for myself is a leave of absence that I had to take (unpaid), and a very expensive COBRA insurance. The loss of my aviation medical, even though all of my doctors at my cancer center have gone on to say that this form of cancer is so slow growing, that it will not affect you for quite sometime, if ever, has cost me so much in every shape and form of life, or lack there of. A nice quote the doctors told me is that if I was performing thoracic surgery tomorrow on a patient; guess what, you would be performing thoracic surgery tomorrow! My tumor has since shown shrinkage which I have documented with the FAA, and like I said, I am no different health-wise as the last airline flight I conducted in February. You will not even let me fly a small Cessna around. The FAA needs to adapt their services to the individual, and not just deny someone because they have a certain disease. All I have received from Oklahoma City was a nasty denial letter that says give us your medical certificates or we will prosecute you. I find your services absolutely terrible. The FAA needs to give their customers or users some credit or the respect to the fact if I felt unable to fly medically, or if a Cat Scan that I have every three months showed growth that could affect my performance in any way to be able to fly, I would take myself out of the cockpit like I learned to do when I first started flying."
- ** "I use an Apple Macintosh computer, latest version, and Safari browser. After completing the Form 8500-8 through MedXPress I was not able to complete the process in total. I was able to print the form as I had filled it out but apparently your system only works with Internet Explorer browsers. I brought the form that I printed out with me to my AME but it was not quite complete. The system would not let me complete the process because of my operating system and browser. I hope that this is clear enough for you to understand. Basically, if you do not use a PC with Internet Explorer browser the system doesn't work right."
- ** "I use my primary care physician & have been well satisfied. [Item 6] They had my med history."
- ** "I used the AOPA interactive questionnaire and then provided my answers to the AME. You may want to coordinate with AOPA and advertise your on-line system through them."
- ** "I very much appreciate the ability to have my medical referred to an AME and have him review my medical test/reports reviewed and approved by him. I must do annual stress test and other evaluation and reviews for special issuance of a certificate. Thanks for making this change to the process."
- ** "I wanted to thank the Medical staff at the [City], FL ARTCC. They are a great team."
- ** "I was caught by surprise, but FAA's follow thru was way better than mine. After I got additional info in, they acted much quicker than I would have expected."
- ** "I was deemed color deficient but I know I am fully and safely capable of night flight. The process of getting the restriction lifted has been tedious and difficult."
- ** "I was denied a first class medical due to a one-time kidney stone over 2 years ago. The FAA (OKC) requested additional documentation for the doctor who handled my kidney stone - however his office 'dissolved' records from that far back (2006). I'm stuck now without a medical because I can't prove anything about the kidney stone biopsy without having to have additional lab testing done. The FAA hasn't been helpful in letting me know

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- steps to take - even when requested. For now, I am simply 'denied.'
- ** "I was denied a medical certificate because of drugs being taken for depression; (Bupropion). My doctor that prescribed the medication does not believe that this medication has any effect on motor skills or cognitive thinking processes that would be detrimental to flying in any aspects. On the contrary not taking this medication would be more detrimental to aviation safety. AMCS seems to have a closed look at this aspect without consideration or knowledge of the treatment of depression. It's all right for those not being treated to go ahead and fly and prohibited to those who are being treated. I have heard through rumors about changes being made and have not heard anything from the AMCS about where they are at. Being treated as if and in correspondence that I was not a complete person without consideration was extremely discouraging."
- ** "I was denied my most recent medical certification due to injuries I sustained in early July 2007 in non-work related accident, so being chosen to complete the survey is both ironic and interesting to say the least. Having been a software engineer for 20 years prior to becoming a professional offshore helicopter pilot, I'm extremely versed in what is and is not possible from a data entry and database storage. Being very much an advocate of an application such as MedXPress as the preferred (if not only) method for entering and compiling data, I offer the following feedback based on my personal experience with it: I first and successfully used MedXPress in early May 2007, and was given a valid confirmation #. To my knowledge my AME was also successful in completing his part of the process and my second class certificate was issued by him the day of my exam. I've kept the .PDF generated by MedXPress for my records (attachment one). I again attempted to use MedXPress in late February 2008 but received no confirmation number and little more than "an error has occurred" message by the web interface. Please keep in mind that my input was properly submitted with no missing items and was successfully validated by the system, but no confirmation number was given to me. I went to my AME's office and explained what had happened. They were unable to complete things on their side, so I was forced to enter everything by hand on FAA form 8500-8, a considerable amount considering my medical history since being injured. I scanned my copy of FAA form 8500-8 for my records (second attachment - note that the second page of the attached was written by hand the day of my examination and I've transcribed it since). I later spoke with someone at the MedXPress help desk and explained the dilemma I encountered. They mentioned that they could see my application but were not authorized to clear the database "logjam" that was causing it. I wouldn't at all be surprised that the details associated with my application(s) are still in error. Database problems simply don't spontaneously correct themselves. All in all, I vastly prefer on-line submission methods over filling out forms. However, as you might imagine, it's both very frustrating and counterproductive to have to do both. I trust my comments will be taken constructively and lead to an improved on-line method of applying for airman medical certification. I'd like to be able to use MedXPress in the future when I (hopefully successfully) apply for medical certification again; being grounded, unemployed, and collecting disability is decidedly not my idea of an enjoyable aviation career since I love(d?) my job."
- ** "I was denied my third class based on the medication I am taking for Restless Leg, (Mirapex) I sent statements to the FAA from two doctors including my neurologist indicating that the medication did not cause drowsiness for me and that it in no way affected my ability to fly, in fact it would make me a safer pilot because I would be rested at night. My flight surgeon also indicated to me that he did not see a reason that I should be denied. I explained my attention to safe flying and my safety record in driving and day to day living. To no avail. The certificate was denied, I believe without any consideration at all. Most importantly I found the response from the FAA to not be empathetic at all and in fact it was rude and insulting. I was informed NO but was then informed that if I had any un-expired certificates that I needed to send them into the FAA within 15 days or I would be "PROSECUTED" First, why would I have any if I'm doing the right thing and applying for one? I wonder if anyone read or even considered my request. A more appropriate response would have shown empathy and may have said we will review again if conditions change, Sorry and know that you are disappointed, anything but a threat. It was an insult coming from our/my government. I still can not believe such a comment would ever be made. A threat....unbelievable! After I calmed down from the threat, I sent another request wondering if I could downgrade my private license to the sport pilot classification as I didn't care if I take a passenger or not, don't care if I fly at night. I just want to fly a small home built (KR2) or ultralight just for the fun of flying. An hour at a time, not cross country etc. I didn't even get the courtesy of a response. To me the way the whole ordeal was handled is unacceptable. If this lack of customer service happened in the private sector, someone would be fired or at least reprimanded. My passion and dream has been shot down....no pun intended. Every time I look to the sky to see a plane go over I get very upset and just plain angry. If I still sound angry and disappointed, I am. I truly hope someone pays attention and considers the public that you serve. In life I always lived with the philosophy that there should be reasonable exceptions to reasonable rules. I know that diabetics can now fly when they could not in the past. Transplant patients with all of their medications and complications have been allowed to fly. I can't believe that Restless Leg would be excluded. If the statistics are true, one in ten people have Restless Leg to some degree. I also have to believe that some of them are also flying, safely I might add. I certainly hope that people in general treat you and your co-workers with more respect than I received from the

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- FAA!"
- ** "I was diagnosed with a Pulmonary Embolism in April 2007. I was flying about 90 days later. I was told that was very fast. My AME and regional flight surgeon were definitely a great help to me and deserve a great deal of credit for doing so. It does help I'm in good shape else wise. I immediately began blood thinners and followed Doctors orders. I was told that it was nearly zero percent that I would have another PE while on blood thinners. So why could I not go back on flying status immediately? I had to wait for a requisite number of INR's to take place. After which I was cleared to go. Seems to me that I could have been back to work in a week or two after beginning my Coumadin treatment providing I continued to have my blood work. I think the system could be improved, although I am not unhappy with it."
- ** "I was diagnosed with an irregular heartbeat (atrial fibrillation). The information (FAA required treatment) to give to my cardiologist was very difficult to compile. Such a common ailment should have a simple checklist of how to proceed.. what tests required... protocol, etc. I had to retake my echo-stress test as I did not meet the 9 minute requirement on my first one (that info was not clearly noted). My records were sent complete and yet I received word back that things were missing. I have some doubts regarding the chart reading skills of the OKC office. Is it possible that stuff gets lost during the scanning process..?? Among other things, was asked for the date of my cardio-version procedure. There were at least three references to that date on the records that were submitted. Do I have to "yellow" highlight such information in the future? After six weeks of blood thinner (met the FAA level) I had a cardio-version procedure. A week later, I passed my Class I exam and all information was sent to FAA-OKC. Was informed that my medical would be issued shortly. Next received a revocation of my old Class II physical... and told I had to have a Holter test after 90 days (first I was told this). Did that and then told it would take ten days to get my medical approved. Eventually received medical with restrictions (will not revert to lower class) and instructions for future exams. Frankly, I feel that atrial fibrillation is common enough that a simple checklist would be published as to the procedure for medical certification. If another pilot had this condition, I could now tell him/her how to avoid all the mess I went through to get mine done. Of course, that assumes you won't change the rules for the next applicant. I was looking at FAA AME newsletters to get information, etc. It seems unnecessary that a pilot should have to spend hours on the internet searching many sources to find simple answers. I had a very cooperative and competent cardiologist... and he deserves to have a simple outline of FAA approved treatment to go by. I gave him a three ring binder with too many pages of info. A couple sheets of condensed info is all that should be necessary. My AME was very helpful and encouraging. He also warned me that I might be in for a "goat rope" with the FAA-OKC before this was over. His warning proved to be true. I can only assume this warning came from his previous experience with other clients. I am well aware of the critical nature of FAA medical to ensure the health of certified pilots. I did not detect a "let's get this done" attitude... more of a "submit your stuff and we'll see if you qualify" attitude prevailed. I dare say that the vast majority of pilots who deal with medical issues are not trying to beat the system and do have their good health at stake. FAA medical should be leading the way to make the process simple, expedient and consistent. Fortunately for me, I was employed and paid throughout the process. My employer spent thousands of dollars because of the mis-information I received during the process I went through. Furthermore, I now have a situation where I am carrying a Class I FAA medical dated May '08 and also have on record a Class II medical (issued March '07) that was revoked and surrendered Aug '08. In the future, I will be asked if an FAA medical has ever been denied or revoked. How is it that I should answer YES, when my old Class II medical was revoked after an approved Class I medical was issued... and I am currently flying under that medical? I intend to contact FAA legal for an interpretation, as I do not think I should ever have to answer that my medical was revoked. Under FAA regulations, since I had a known medical problem, I am required to cease flight activities until my health is airworthy again. There was no reason to revoke my prior medical as my condition was not permanent. This revocation also might put at risk any future desire to fly as a Sport Pilot. I've recently read a few articles in aviation journals regarding the "new" FAA medical that's so improved. So far, I am not impressed."
- ** "I was diagnosed with heart palpitations and slight mitral valve prolapse in 2001. My cardiologist diagnosed me with an extreme amount of caffeine intake at a later date. Right after that I dramatically reduced my caffeine intake and have had no symptoms since then, but I am still on a special issuance medical certificate. The cardiologist still has to evaluate me every year and has cleared me for normal medical certificate with no restrictions by letter on Feb 2003 and Mar 2008. AMCS, OK will not clear me for a normal medical certificate even with reports and letters enclosed clearing me. I spend a lot of money annually to renew my special issuance authorization for no apparent reason now because the cardiologist has cleared me since 2003. I think a further in depth review of airmen in my situation should be looked at closer to try and clear up special issuance medicals that shouldn't even be issued or at least only temporarily issued until a diagnosis is made which in my case was an extreme amount of caffeine intake and the reduction of caffeine cleared my symptoms. I thank you for allowing me to participate in this survey. I hope to some day clear my medical certificate in the future so as to have a professional career as a pilot."

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- ** "I was diagnosed with sleep apnea, through comprehensive sleep study. This triggered a whole host of additional medical information and restrictions. I am now a safer pilot because of my treatment than before it was diagnosed, but my medical is conditional. This encourages not reporting conditions or not seeking treatment when needed. I have clearly not slept completely before diagnosis for more than a decade, but now the medical process is complex and slow. I have chosen for now not to fly and battle this process. Thanks!"
- ** "I was disappointed that I needed to provide so much information from several different physicians as I am healthy and take no prescriptions. I am also concerned about the certificate only being valid for 12 months. This means I will need to spend many dollars again for another examination and the gathering of all information from oncologist regarding the routine 3 month checkups in just a few more months not the normal two years. I am pleased that I and other pilots are checked over thoroughly but I really feel the 12 month medical for a class 3 certificate may be just a little too much. I am also very pleased with the assistance from [Name] on assisting me in correcting the username as I thought it was a zero not an "o". She responded within 1/2 an hour--great customer service!"
- ** "I was disappointed that when I received my Medical Cert., the time required for FAA review was deducted from the total valid time of the Cert. I believe that if I apply in (example) December and my certificate is issued in February then the valid time should be from February on."
- ** "I was downgraded from a class II to a class III waived medical. All medical information was as good or better than my previous class II waived medical. AME sent in paperwork 38 days before my class II expired. No action or checking of paperwork for at least 10 days. When called I was told that it takes 90 days for a waived class III exam to be waived. Got different answers from different people when I called more than once. I was told that the information from my previous waiver said that it would take 90 days (forget about the cost of one quarter of an expensive waived medical exam being lost to FAA paperwork). However since I was downgrading from a class II to a class III I did not have any such paperwork. The AME was not properly informed about the amount of time required to get this waiver. There is something wrong with the system. If you can get them out in 90 days, you can clear your desk and get them out in 10 days. Is this section of the FAA grossly understaffed?"
- ** "I was fortunate that a new physician AME had opened in my neighborhood, otherwise my regular AME was booked up for 2 months. He has focused on professional pilots, giving them priority in scheduling exams. While I understand that, I believe all pilots (especially professionals) can and should schedule properly and well in advance and the AME should leave open times for private pilots. While my experience on this occasion worked out fine, it was a bit frustrating to not be able to see my regular AME."
- ** "I was frankly amazed at the speed with which my application was processed by the Oklahoma City Civil Aerospace Medical Institute. Their requests for information were timely after my file was referred to them by the AME. I responded with information in a timely manner, and in return, Oklahoma City quickly approved my application for a Class III Medical Certificate. This branch of the Federal Government is obviously very well organized and managed and would stand out in either a public or private comparison to other organizations. Thank you."
- ** "I was getting a new medical after years of non-flying. I knew little about the medical certification process; just did what the AME told me. It would be helpful to have a handout that explains what the requirements are so that I could be confident the AME was meeting them."
- ** "I was given an insufficient amount of time to submit the additional information that was requested by the FAA."
- ** "I was glad to see there is finally a relaxation in the time frame for medical recertification. Unfortunately I am over the age it applies. I would rather see more extensive exam requirements to allow for up to age 60 have the extended time frame."
- ** "I was issued a 2nd class cert and got a 3rd class from Oklahoma City. AOPA called for me and I got a 2nd class within 2 wks. Oklahoma City made error."
- ** "I was most impressed with the professionalism, courtesy, expertise and extent of the physical I experienced during my most recent AME."
- ** "I was not happy during my most recent medical certification process. My family practice doctor put me on a medication that was banned by the FAA. I had since removed the original problem (got a different job), was removed from that particular medication, successfully had no side effects for over a year, yet to be recertified for the medical certificate had to be evaluated by a psychiatrist. Why isn't the professional opinion and practice of the doctor who put me on the medication and also removed me from it isn't justifiable in the FAA's eyes? I am still under a restricted medical certificate and it has been over three years since using or needing that medication."
- ** "I was on special issuance for a while and the process was relatively smooth and the FAA personnel were helpful."
- ** "I was on special issuance, until diagnosed with prostate cancer - which then caused the Special issuance to not

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- be renewed. I do not understand these reasons since I continue to function daily as before. I do not understand why cancer is so prohibiting?"
- ** "I was pleasantly surprised by the way my AME was able to contact the FAA representative for clarification on the proper course to handle my application as to not hold up the issuance of my Flight Physical."
- ** "I was pleasantly surprised how quickly my waiver and Class I medical was processed and approved. ALPA Aeromedical helped me prepare the required documentation and it all went very smoothly."
- ** "I was pleased with the way my application for re-certification was handled, especially having been away from the system for over 6 years. I felt the work and communication between my personal physician, my AME and the FAA in Oklahoma City was properly handled with concern and respect. The integrity of the medical and its application process by all means has been maintained. At no time did I ever feel threatened by the process, if anything everyone worked diligently and expeditiously to bring me back to flying status (including myself). I could only say one thing that might be for consideration. Is there any way that pilots who earn their livings from flying could have a separate application process (in the event of loss of license and having to work with the FAA in Ok City). I would have appreciated getting back on the line a lot faster than having to wait 148 days from the time my AME initially approved me and flight training started."
- ** "I was quite pleased with the re-certification process. I had been without a first class medical for 2 1/2 yrs. The airline I work for uses "virtual flight surgeon's" in Colorado to handle all correspondence required to get a pilot back to flight status. I understand the process is very involved and was very happy, once all paperwork and legalities were satisfied. I'm back in the left seat and my health is great. Thank you."
- ** "I was reinstating my medical. The AME and the Certification Division in OKC were great allies in this process. At times the process was slow, but I understand the reasoning behind that. Kudos to Dr. [Name] (AME) and staff & Dr. [Name] (FAA) and his representatives."
- ** "I was rejected for a class 3 medical because I said I was taking Januvia (It has been approved as a drug since that time)."
- ** "I was required to supply the same information twice. Both my AME and my primary physician (also AME) were surprised by this."
- ** "I was satisfied with everything to do with Oklahoma City handling my case. Generally I feel a good job was done!"
- ** "I was satisfied with my AME & the entire Medical Certificate renewal process."
- ** "I was satisfied with the treatment and outcome of my most recent contact with the folks in Okla. City!"
- ** "I was satisfied. AME was professional. AME gave a complete exam, not only for flying, but for general health."
- ** "I was scheduled to stop some medications I was taking by my non AME physician. But I went to get my FAA medical before I was completely off the medication. This medication was only a temporary fix and did not inhibit my health. The AME had me go through the complete physical even though I had disclosed this to him in the beginning. He said I looked healthy then after the complete physical said he could not issue because of the drug I was taking. That was 6 months ago. I am waiting for my personal physician to write letters for me. I am perfectly healthy but can't fly. I have stopped taking the medication 6 months ago but I can't get my doctor to complete the letters to the FAA so I am frustrated."
- ** "I was sent a letter indicating that my medical certificate had been revoked due to a high glucose reading on my last lab work. It said nothing about my condition or what the glucose level had to do with disqualification. It also did not indicate whatsoever what could be done to regain medical certification of any class or if the disqualification was permanent. The letter came directly from Oklahoma City and left me unimpressed with the FAA medical community in OKC. I had a medical issue seven years ago and the FAA performed well at that time, but in my view quite poorly in this case. I do not feel that in order to keep the skies safe, the FAA has to disqualify airman without any clear explanation as to any further course that could be taken by the airman to rectify any problems identified by the FAA medical community."
- ** "I was sent a notice that my medical was approved by mail. Then 1 week later, I got a letter requesting more information to get approval for my medical. I had to call & find out why. Did they make a mistake & sent out a letter by mistake? You need to be more specific as to what you want & if I got a letter saying my medical is approved when it is not "fully approved," I'm confused."
- ** "I was sorry to see that all of our local AMES have stopped giving exams for what ever reason. We just have to drive to Indy or find someone else elsewhere. This is really just a comment but there was not a box for comments."
- ** "I was told by the FAA Regional office in [City] to submit a PSA test plus a brief description of the treatment that I received. I had a PSA test and a letter from the [City] cancer center and a letter from the doctor that did the last medical exam all of which were submitted to the [City] Regional office by the first part of April as of this date 15 July 08 I still have not received a medical certificate or an explanation why I might be denied a certificate."
- ** "I was told when I arrived at the doctor, that I could get my history on-line. This was new to me. I have no

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- complaints. Doctors office did a great job."
- ** "I was treated for a condition (acoustic Neuroma) 4 years ago for which my neurosurgeon has released me as fully recovered. The FAA still requires me to have MRI exams every year costing \$2,500 per session. I would like to see better cooperation between the AMCS and local doctors. Overall, once I provided the paperwork this year, the turnaround time was greatly improved. I saw a new medical examiner this year and he was very thorough and knowledgeable."
- ** "I was treated with dignity and consideration."
- ** "I was truly surprised how fast the FAA medical examiner issued my medical after submitting the required paperwork."
- ** "I was unable to open your website with Yahoo or Google. After 2 hours of trying I am mailing the survey to you."
- ** "I was unable to return to work for approximately 30 extra days due to confusion concerning an EKG transmission. My AME's office told me that it was a confirmed transmission. After many weeks of waiting, we discovered that OKC did not have the data. This was very frustrating and an unfortunate loss of sick pay."
- ** "I was unaware that treatment for prostate cancer could be a reason for grounding. Once the shock of that wore off, the letter from Aeromedical outlining the process for the Special Issuance allayed my fears. My AME did much to guide me through the process. Still flying for pleasure and hope to for a long time."
- ** "I was very apprehensive about this process, but it was conducted quickly."
- ** "I was very disappointed in the medical approval process. I read all the news about how it had improved, but not in my case. I went to my AME on Jan. 4, 2008 and did not finally get approved until June 26, 2008. I found the process to be one way. The [City] office would ask for additional information to which I replied then I would wait. Then [City] would need more information and again I would wait. There was no way to contact the [City] office, either by phone or e-mail, to determine what they really needed. (I sent my final package by certified mail but they did not return the green card but I guess they got the package since my approval was completed). I still would not have gotten my approval if it was not for the help of the AOPA staff. The AOPA was able to contact the [City] office and help me out. So in the future I will work more closely with the AOPA staff."
- ** "I was very disappointed in the way this was handled. After my exam it took well over a month before I got the notice stating what information was required. After sending back a copy of your letter with my cover letter explaining what I was sending in regards to your letter, it took over a month before I got a response which addressed only one of the two issues I sent information on. It took approx. 4-5 phone calls to your office over a period of approx 5-6 weeks to get the rest resolved. This kind of response is totally unacceptable. Your process should be reviewed for the future expeditious processing of anyone's future issues."
- ** "I was very impressed with the AME that got my certificate issued. I am sorry that I cannot use the AME I had been using (he has 40 years as an AME) but he is not familiar with complex medical issues (I have CML). My new AME works very close with the FAA and can get decisions quickly and get professional pilots back to work. I was about to lose my job as a corporate pilot flying a Gulfstream 550. This could have been avoided and I would have been back to work 3 months earlier if my case had been handled the way the people answering the phone at the FAA told me things would happen. I was told that my certificate would be issued after three months of taking GLEEVEC. Instead I was denied my certificate and told to reapply after another 3 months. I think that in the interest of safety to the public and for better service to pilots, AMEs should be given more authority to make decisions that are now made in Oklahoma City. Overall I am happy with the outcome of my last medical certification. This outcome is because of luck, not by design. If I was still dealing with the FAA on my own without the help of my new AME (that I found by accident) I would be out of work and without a medical certificate. Thank you for the chance to participate in this survey. I hope it helps to better meet the needs of applicants for certification."
- ** "I was very lucky to talk to [Name] of the [City] RFS office early on. She was very professional, knowledgeable and helpful. You should clone that lady. The process of dealing with Oklahoma City was very confusing and scary. I got a letter telling me what to do. Before I could respond to the first letter a second letter came telling me that I was taking medication that I was not taking and my personal doctor had never prescribed, and that I needed to go thru a completely different process. I then received one more letter telling me that I was being considered only for a class three medical. Since I fly for a living that was of no use whatsoever. I hope you receive this in the spirit that it is written. I only blame myself for allowing my health to deteriorate, but it appears to me that Oklahoma City needs a major overhaul. Thank you for you, for letting me vent."
- ** "I was very pleased with all the services provided by my doctor, and he informed me that the next time I need my physical, that I could do the paperwork on-line to save time. I will use the service for my upcoming physical. Thank you."
- ** "I was very unsure of what exactly to do next after my AME deferred my physical for a heart murmur. "Send an Echo cardiogram to OKC was not enough". I drove up to the Northwest Region office and those folks were

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- great. The lady who discussed the process with me gave me copies of info on what exactly they needed. I got my medical issued within a week of faxing info to the Northwest Regional office. Awesome! Government at its best!"
- ** "I was very upset with the service from the FAA during my medical complications. I was on medication that I was originally told ok to be on. Upon getting a medical exam, I had my medical suspended. I was told it would take only three months of being off the medication to receive my medical certificate. The entire process took over six months to complete. The only way to get this process completed was to hire a medical "assistant" to help get my medical back. This cost me thousands of dollars and should not have been necessary. The FAA provided very poor service in helping me get my medical back."
- ** "I went on blood pressure medicine, Dr. [Name] in [City, IN] guided me through the process, answered all questions. He is also concerned with general health, not just getting a medical."
- ** "I went to all the trouble of filling out the FAA from on-line, and then had to fill out all the forms again because the AME doesn't use the FAA system."
- ** "I will always believe that the examining physician is more capable of deciding that a pilot is fit to fly than physicians hundreds of miles away. It has been my experience that AMEs take their responsibilities seriously and would not certify a pilot with a dangerous condition to fly. The extra time and expense required to satisfy bureaucratic requirements that have no bearing on safety is discouraging people from remaining active in general aviation. I'm enough of a realist to know that my thoughts will have no effect on your policies. I can't recall a time when any government agency ever gave up any authority to improve efficiency."
- ** "I wish that the FAA would expedite processing of airman's medical certifications with minor disqualifying checks so that individuals (pilot) can resume flying. Certain medical conditions are disqualifying however safety in my opinion isn't compromised. We can see that in the sports pilot with no medical certifications. Overall experience with the FAA both national (Oklahoma City) and regional (NE) is very good! Thanks."
- ** "I wish there were more AMEs available. It's always a chore finding someone. Thank you."
- ** "I work for an African company and am required to pass their "physical exam" every six months. I would like to state that while I may be heard complaining about the FAA from time to time they are certainly head and shoulders above their African counterparts. This is reflected in the Nigerian Civil Aviation Authorities (NCAA) requirement that I maintain a current U.S. FAA medical certificate. The FAA medical protocol may not be perfect, but it is without doubt, the best around."
- ** "I would advise; considering the expense of flying, the sacrifice, the privilege; that the FAA do whatever it can to keep pilots flying and truly dispel the idea that "we're out to get ya!""
- ** "I would appreciate faster processing, or adjust the subsequent renewal date to incorporate FAA delay. Application was filed mid-May, approved mid-July; I'll need next cycle of tests in only 10 (not 12 months). It would be great if the FAA MedXPress system could accept as input AOPA's TurboMedical exam data (subject to approval of the applicant)."
- ** "I would ask the FAA to reconsider its position on psychotropic drugs. I needed to be on Prozac for several years due to difficult life circumstances, and benefited greatly by using Prozac. I was never suicidal. I am glad that I was a stay-at-home mom during that period of time, because had I been an employed pilot - what would I have done? Sacrificed my career and livelihood, or my mental health? It would have become a lose/lose situation. My fear is that there are pilots working with untreated mental illness, because if they seek treatment, they will lose their flying privileges. Which is more dangerous? A pilot on Prozac (or similar drug), or a pilot not being treated for a fixable problem? Thanks!"
- ** "I would be interested in knowing what tests are required for each level of medical certificate. I would also like to know what is considered satisfactory for each test. This information is probably buried in an FAA website, but I would like it to be available to me at the time of the exam."
- ** "I would continue to monitor an individual's height-to-weight ratio. I also think that with today's medical advances, re-instatement should be quicker once treatment has been administered."
- ** "I would eliminate examinations as much as possible. Obviously, Commercial Pilots should be medically certified, but I see no reason for Private Pilots and below to need such certification, other than, perhaps, an eyesight test and current driver's license."
- ** "I would expand your network of AMEs as they are too few and far between. More readily available examiners that could be coupled w/annual physicals would be a great service."
- ** "I would have liked to know what I should expect at an examination, since I hadn't flown for 15 years. I didn't know what would be tested & if I was even near healthy "aviation-wise" to successfully pass the aviation medical for a Third Class Medical."
- ** "I would have the same rules for GA pilots as the Sport pilot has. I would only require Commercial and CFI pilots and above to have a medical."
- ** "I would just like to say how great [Name] was, he was very helpful & went above & beyond with me."

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- ** "I would like to question the validity of the EKG. Several AMEs I have talked to tell me this is an outdated and unnecessary requirement that rarely provides any tangible results."
- ** "I would like to recommend that the FAA request ALL required information (i.e., tests, procedures, etc.) upon review of the pilot application for medical if special attention is necessary. Requesting one piece of information at a time tremendously delays the process for the pilot and intimidates other pilots from even applying, knowing that the procedure is more exasperating than the joy of achieving the certificate itself. Another recommendation is that the FAA representatives treat pilots (of ANY rating) with both respect and courtesy! Pilots applying for certification are real people, and when they ask questions of the only ones able to give them an answer, then are made to feel as though they are nothing more than an imposition, this is unacceptable and uncalled for. Please allow the FAA to be more "user-friendly!"
- ** "I would like to see 1st class medical duration lengthened for those applicants with acceptable age and health criteria. While I do not currently exercise first class privileges for my medical, having to go in every six months can be expensive and hard to schedule for many young pilots flying for very little money. It would also be nice if insurance companies were required to cover at least one FAA or other third party sanctioned medical exam per year as a routine health checkup. As it stands now, coverage is typically denied for any service that is required by a party other than the individual seeking care."
- ** "I would like to see a longer term, like 3 to 5 years, for private pilot (3rd class) medicals for those of us over 40 years old. I don't think there is any safety gain by having medicals every 2 years up to, say, age 65. If anything, only pilots who use their INSTRUMENT RATING should have to have a physical every 2 years."
- ** "I would like to see a study published that proves the FAA medical for class III improve safety of flight and is a cost effective program. Compare and contrast the sport pilot safety record with private pilot safety records wherein medical issues were a factor in accidents. Class three medicals for pilots operating under private pilot rules are a waste of time and money. I recommend the requirement be eliminated. My last medical application did not involve a visit to an AME. I was required to submit a letter from my private physician which FAA regional lost."
- ** "I would like to see a toll-free number advertised for general information questions. Most of the time I feel I am bothering my AME with questions I could have answered with a simple phone call or, possibly, an e-mail."
- ** "I would like to see an evaluation of how many medical incidents occur each year involving pilots that are the root cause of an accident. If there is sufficient information to justify it, I would personally like to see the medical requirements made less strict to allow people to enjoy the beauty of flying into their later years. I have had relatives and close personal friends have their medical certification denied and it was devastating to the individual in every case."
- ** "I would like to see an on-line website, restricted to FAA certificate holders, that would allow research and information regarding medical conditions, symptoms, various medications, etc."
- ** "I would like to see information provided to applicants. 1. Process for submitting additional information. A. Heart testing and reporting. My experience with OKC FAA med was very frustrating. I did not have any guidance from OKC on the expectation and process of reapplying for a medical certificate."
- ** "I would like to see some information come from the AME office regarding their involvement in the MedXPress program. No one wants to fill-in the form if the AME is not going to use it."
- ** "I would like to see the elimination of the 6 month renewal for the first class medical and make it yearly. I know if you are under 40 years the FAA did, but what is the significance of forty."
- ** "I would like to see the requirement for medical exams be dropped for private pilots. We all need to self-certify prior to each flight and a person's medical condition can change rapidly between exams. Something along the lines of the Sport Pilot certificate for all pilots that do not carry passengers for hire would make more practical sense, and the funds used to oversee the medical certification process by the FAA could be put to better use."
- ** "I would like to see the system changed to allow a third class medical certificate to be in force for a period of 36 months for a pilot 50 years old and under. Thanks."
- ** "I would like to see the third class medical elimination with the driver's license as a substitute. As you accumulate information regarding sport pilot statistics, maybe you can change these procedures. There is a great deal of money expended without a great increase in safety (my opinion). Thanks and keep up the good work."
- ** "I would like to see the two step EKG restored as well as the hearing test!!"
- ** "I would like to thank you for the good service I have received, and I really appreciate all your effort on my behalf. I think much of the medical evaluation done by the good people at the AMCD could be done by local AMEs. If the necessary evaluative criteria could be put into a database the AMEs could access, much of Oklahoma City's workload could be done by the local AME. This would help ease the workload of an (I imagine) overworked AMCD staff, perhaps free up some much needed tax dollars for more critical work you do, and even might streamline the process for the airmen. Thank you."

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- ** "I would like to thank, [Name] and [Name] at the [City] Medical Office, they were very helpful getting my medical back."
- ** "I would rather deal via e-mail with a person that can give me specific information and make decisions as opposed to the contract phone answering personnel. I needed a Special Issuance Class I certificate due to a stent placement in Jan. 07. If FAA policy is to not issue a class I Special Issuance (SI) without receiving a 6 month post procedure coronary catheterization/angiography then the FAA needs to specifically state that in the rejection letter. My rejection letter simply stated that the FAA did not receive the requested medical information and my certificate was denied. I had to contract with Pilot Medical Solutions for \$800 just to find out that the FAA would not issue a Class I SI certificate without a coronary catheterization. It has delayed getting my certificate by 4 months. My cardiologist did not do a 6 month catheterization because he believed that it was not necessary in my case. If I could have communicated directly with FAA medical certification personnel, I might have been able to clarify the requirement in a much more timely manner. My cardiologist suggested alternative procedures to a cardiac catheterization that would provide the same information and would be less invasive but based on the recommendation from Pilot Medical Solutions that the FAA would not accept anything other than a cardiac catheterization one was done. The FAA needs to specify which procedures are acceptable when communicating with the airmen. Other than maintaining my Class I as instructed, I hope I never have to deal with the FAA Medical Certification Division again!!"
- ** "I would submit that medical evidence does not support the FAA position that the 3rd class medical certificate cannot be safely self-certified. I believe that a great deal of time and money could be better utilized by FAA if the 3rd class medical were instituted under the same procedures as the Sport Pilot Certificate. Pilots are bound by the provisions of 61.53, and that should be enough."
- ** "I would suggest a better way for pilots to get information via fax. The fax number I was given didn't work right even though I sent my fax from several different machines. I finally resorted to sending the paperwork via USPS mail & it was finally received. This has been 1+ yrs ago & I hope its been resolved."
- ** "I would suggest eliminating AME doctors that are old and just use the system as a revenue stream. I switched AMEs due to this problem. The prior exams were just in and out as fast as he could do it. They were not thorough at all. I felt if I was walking and chewing gum at the same time I would pass. An example of this was the hearing test. While I was looking at him and the machine he said for me to tell him when I heard something. He moved the dial quickly right and then left and said, "Did you hear that"? I go to the AME knowing that I am healthy but I want to be the first to know if I am not. It is a disservice to the pilots if we are not given a thorough exam. My coworkers joke about how easy the exams are at this particular doctor. Thank you for allowing me this opportunity to give my opinions."
- ** "I would suggest that the AME could take responsibility for additional items needed for medical certification, such as evaluating stress tests, lab reports, blood tests, surgeons reports, etc. At least if there are additional questions, it could be handled at the local level which leads to faster certification. It seems that to communicate with CAMI by mail it takes 30 days between responses and communication is poorer."
- ** "I, like many others I know go to the AME for a med to fly. I have another physician to do the in-depth physical so I will know if something is wrong before the AME. Last thing I need is to go to the AME for a routine physical and come out unemployed because of a med test. Going to a regular doctor allows me to get everything in order should the need arise."
- ** "I'd like to see this be more of a judgment call for the DR. Because it isn't, I think people are intimidated from telling the complete truth."
- ** "I'd like to take this opportunity to say that, in 15 years of flying, my experience with AMCS, and with the FAA generally, have all been positive, courteous and professional, and I appreciate it. I know you've heard this before, but although the biannual (in my case) physical is only a minor inconvenience and expense, it's hard to see why a drivers license medical wouldn't be sufficient for a private pilot flying any single engine light airplane."
- ** "I'm 47 and in good health but I think these exams should be more thorough. They seem very basic and only take 10-15 minutes. I don't think they would uncover any serious illness. No blood test, only urine, eyes, chest. Kind of a "you look pretty good" exam. I never thought they were thorough enough."
- ** "I'm 57 and understand the importance of staying healthy. As such, I get a thorough (and expensive) annual physical exam every year from a very highly respected internist. I'm frustrated that the FAA requires a separate FAA exam, (which is not nearly as thorough as my annual exam) rather than relying on my internist's evaluation of my medical condition. This duplicate effort (and expense) certainly doesn't help me and I can't imagine that it helps the FAA anymore than a medical certification from my physician. So, my recommendation is that you guys cut this nonsensical requirement out of the regs. and allow personal physicians do the FAA certification. This would certainly make more sense than the current process."
- ** "I'm a 60 yr. old pilot who has accumulated over 22,000 accident free hours of flight time in the last 41 years. I recently moved and had to find a new physician. He wanted to run extensive tests because of my age...scoped

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- me top and bottom, had me do a three level treadmill stress test, and ultimately recommended medications for acid reflux that helped me immensely. All the test results indicate that I'm in very good health but it turns out the FAA won't allow me to take the prescribed meds because some people have adverse reactions to them. I don't have any problematic side effects but have had to discontinue their use to satisfy the FAA medical reviewers. Bull [Profanity]! I ground myself any time I don't feel fit to fly. There should be some latitude in allowing the use of medications that don't affect everyone the same way. Under an AME's supervision some relaxation of these prohibitions should be possible. Trial use can be conducted during periods when the pilot is not engaged in flight duties."
- ** "I'm a recent quadruple bypass patient who applied after the mandatory 6 month waiting period. The information required of non-AME physicians could be clearer. They don't seem to understand the specific data required to be submitted. I had to interpret for them the exact data required by the FAA."
- ** "I'm a retired farmer and being exposed to the sun a lot. I thought it reasonable to have yearly check ups by a dermatologist. I have done this for the past four or five years. A couple of years ago one examination showed a small skin cancer about 1/8 inches in diameter which was removed and to date no reoccurrence. Being truthful I reported it on my flight physical questionnaire. With all the correspondence back and forth with the FAA and my dermatologist my physical was finally approved, but was for one year at a time. Now my latest Class III physical is good for two years. It seems to me no larger than the cancer was, I should not have mentioned it on my physical questionnaire."
- ** "I'm a very healthy individual....the exam results and certification process is straightforward and really no problem. I use the exam as a part of my overall health checkup...that is, I include additional test not required."
- ** "I'm an airline pilot working for a major carrier with a special issuance certificate. The process for re-certification that I go through every year is very labor intensive. In addition to all the testing and lab work required of me by Oklahoma, FAA; they still take a long time to re-issue my Class I. Even when there's been no change to my condition. On top of that, the Aeromedical office seems to mess up the dates, and Class I expiration (e.g., took exam in May, the letter says, "see AME in Sept." which is inconsistent with the 6 month rule, and adds tremendous additional charges to me). Also costing me and the airline sick list time which I hardly have remaining."
- ** "I'm happy with my AME. However the costs are very high, especially for the E.K.G. Please try and limit costs if at all possible. I can go to another AME that is less expensive but not nearly as convenient. If that is the only remedy I'll do that."
- ** "I'm in good - 1st class health for my age. Thanks to my AME that always gives me advice. On diet, exercise, etc."
- ** "I'm sure that the program as presently established occasionally prevents pilots from being incapacitated during flight. That's probably rare, however. I've heard of more incidents of a pilot becoming incapacitated or dying while in possession of a current Airman Medical Certificate. Throughout my careers as an air traffic control specialist (also requiring a Class II Airman Medical certificate) and as a commercial pilot, I have known of many airmen in both career fields who have not sought a diagnosis of, or treatment for, symptoms that might be serious, and might be disqualifying when the doctor's visits, diagnoses, and treatments are reported to the FAA. The reason is, of course, the fear of losing one's medical certificate and subsequent termination or curtailment of their careers. In that, the program is counterproductive and undermines the intent of the program and the health and wellbeing of the airman. I recommend a program where airmen would be required to undergo a periodic exam, but the results sent to the FAA would merely say that any conditions found have been or are being treated, and that a certificate has or has not been issued based on the AME's findings. I realize that many AMEs would not accept such final authority, and that this would take the FAA out of the process to a large extent. I doubt the FAA would agree to such a program because of the number of medical and clerical employees that would be displaced, but airmen would, in my opinion, be less hesitant to seek treatment for serious symptoms. How about this: "We (applicant's name), and (AME's name), certify that any disqualifying or potentially incapacitating chronic or dangerous health conditions have been reported to the above-named AME and have been treated (or are being treated). Based on this information and a thorough examination by the AME, the AME considers the applicant fit for flight (or ATC duties), "subject to the following restrictions..." Thanks for listening!"
- ** "I'm very happy with how the FAA has handled my situation."
- ** "I've been a private pilot since 1999. I have always found the FAA to be one of the best governmental agencies that I have ever dealt with. The Medical Cert process I've gone through has always been very user friendly. I very much appreciate the level of security, and freedom, that results from the FAA oversight and management of our airways and aviation system. Please keep up the good work that you do, and keep our airways as user friendly for us private pilots as it currently is. [Name]."
- ** "I've been treated well during my years of interacting with the FAA. The people I've spoken with have been kind, considerate and helpful. I think they are doing a great job."

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- ** "I've been very pleased with the medical certification process; I think the system works very well."
- ** "I've felt well treated and examined for flight duty. I think if I had any limiting functions my medical examiner would catch them and make the appropriate notations."
- ** "I've flown with 2 or 3 pilots in the last year who have come back from flying after major motorcycle accidents. Somehow they got their FAA medical certificates back, but they should not be flying. One of them had to lift up his left leg with both hands and set his foot on the rudder pedal before he could stop the aircraft after landing. He barely had the strength in his legs to apply the brakes. Scary!"
- ** "I've had a good experience."
- ** "I've had good experiences with the Aerospace Medical Certification Services."
- ** "I've had Lasik eye surgery and am corrected as monovision with one eye corrected for distance and the other for near. I have to use correction in the near vision eye to pass exam for single eye. Process seems cumbersome, yet it works. Perhaps it would make more sense to base passing of eye exam portion of medical on performance of both eyes since I have two."
- ** "I've seen FAA examiners (medical) in various states (Iowa, Penna., Ill., Calif.) and they were all well prepared and competent. It is a rare privilege to be able to fly a private aircraft; we live with FAA personnel at many levels, they (FAA personnel) are uniformly helpful and professional."
- ** "If a person's medical is referred for FAA review, the FAA should attempt contact for some sort of discussion rather than just looking at the paperwork on hand. That's what I thought would happen, however, it didn't and it caused me considerable distress when I received the denial. Thank goodness our company has AMEs on staff who did have all my additional paperwork and got things turned around. I do believe it could have all been prevented/remedied had I had some contact w/FAA reps prior to the issue of my initial denial letter."
- ** "If applicant has proven for at least 2 year period they no longer possess symptoms leading to additional test required, drop those test. Many of these tests are expensive."
- ** "If I am a military pilot with a Class I physical through the USAF, and want to rent a Cessna for the weekend, I don't agree with making someone pay over \$100 to get a civilian class III physical when the military one is more comprehensive and more strict than an FAA class III. I understand there are liability issues, but there should be some way of covering all bases with the military physical. It was a waste of my money."
- ** "If I had not been truthful and openly honest with my medical condition, I may have had my medical certification, renewal, granted. My heart condition and Parkinson's are not outwardly evident and may be undetectable to an Air Medical examiner. The one's I have dealt with do not examine that deeply and if not informed, tend to give a superficial examination. Outwardly, I appear to be in good shape for my age group. I provided information from both of the specialists who are treating me for my health issues and they had written recommendations in support of my application. I was informed that I had the right to appeal the decision but I feel that this would be a waste of time due to the strict interpretation of the Code of Federal Regulations."
- ** "If it is Not Broke, Don't Fix It."
- ** "If it's not broke don't fix it!"
- ** "If the condition that required the records be sent to the FAA has not changed since the last renewal allow the AME issue the certificate if he is a senior AME."
- ** "If the FAA has questions or concerns about a previous physical, I feel they should explain the concerns in plain language and not keep the airman guessing what might be wrong."
- ** "If there is a discrepancy with an airman's medical that has been issued and current, it would be very helpful and considerate to the airman to contact him before any action is taken. This is especially helpful when the airman is fully employed as a pilot and the discrepancy can be resolved without the requirement of action being taken."
- ** "If you could have a few more MEs that would be good. My personal doctor did these in the past but currently does not. I'm not exactly sure why other than possibly an insurance issue."
- ** "If you get a class two flight physical in the military, why can't that be sent into the FAA for a medical certificate? A military exam is much more detailed."
- ** "If you have a heart attack and have surgery to have the problem fixed, you are better than before the surgery, you should get the medical back."
- ** "If you hold a drivers license, you shouldn't have to get a medical for private pilot and lower rating."
- ** "III Class should use driver license, should not require a medical exam."
- ** "IMHO, this whole process is a waste of time & money. Those pilots who are conscientious are "self-regulating" and do not fly with unsafe medical conditions. The others will "bend" or simply ignore the rules. All that the current FAA Medical process assures is that the examined pilot is not grossly impaired on the date of the exam. We would all be MUCH better off if the insurance companies required a complete ANNUAL physical exam. Maybe the FAA could even accept the personal physician's report of an annual physical. Anyone of flying age should be seeing their physician for a complete annual anyway, and that should suffice for the FAA and the

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- insurance companies."
- ** "Improve availability of qualified AMEs."
- ** "In 2002 I had a myocardial infarction. I was in school for my private pilot's license. I grounded myself and reapplied as per regulation. This was one of the most difficult and frustrating periods of my life. I was trying to communicate w/Oklahoma as per directions. It was so difficult I had to enlist the help of my Congressman to get a response. Oklahoma cost me thousands of dollars in flight school and delayed my private pilot's license by years. If you were to ask my opinion I would tell you that Oklahoma (AMCD) is staffed by bumbling bureaucrats that don't care about their customers I don't know if it is incompetence or just extremely poor customer service but I hope I never have to deal w/AMCD again."
- ** "In 2006 a SGT who was a diabetic with an insulin pump was deployed to Iraq. As a squad leader he served 18 months in a harsh environment responsibly taking care of not only himself, but his men. He did this as an infantry soldier with the 1st Infantry Division. I think it is time to consider Class I and Class II medical certificates to type 1 diabetics deserving of this consideration. Even if it is with limited restrictions. I believe that I am a much safer pilot, because of my diabetes. Being aware and prepared is what responsible people do, knowing ones limitations, and being accountable for their abilities. Please give this more thought and thank you."
- ** "In 34 years of flying, I have never had any issues with AMCS or my medical."
- ** "In 40 years of aviation, I have found new AMEs, when needed, via the recommendation of fellow pilots. I have never had problems finding a nearby, satisfactory AME. My current AME has been conducting my flight physicals for about ten years. I find the continuity of my file and his personal knowledge of my history works well in his bi-annual assessment of my suitability to continue flying. I don't see the system as broken. AMEs I have had have always seemed knowledgeable, professional, and with medical integrity...while at the same exhibiting reasonable judgment in behalf of the pilot."
- ** "In 46 years of active flying in various regions of the USA and Germany I have taken flight physicals from a wide variety of AMEs. In the last 5 years I have also communicated with my Regional Flight Surgeon on several occasions. I have been uniformly treated with professionalism and competence and all have been responsive to questions with timely advice. Unfortunately any and all contact I and many of my aviator friends have had with the Oklahoma City (AMCD) facility has been uniformly unsatisfactory. I find that my terribly negative view is also commonly held throughout the aviation community by pilots, physicians, AMEs, and FAA Regional representatives (RFS). The prevailing view is that the AMCD is at once medically incompetent, arrogant, highly dependent on form letters that clearly reveal that no personal review has been legitimately performed, arrogant in the denial and dismissal of any medical opinion no matter how prestigious or competent the source, and finally almost totally unresponsive in the length of time to generate a response. Some responses clearly are just sent to meet some response ageing deadline and reflect that previously requested information had been received but not read. Nonsensical requests for the same information previously requested and received seem to be routine. 30-60 days is the general response time. That time lag is routinely suggested by my AME and my RFS as well as aviation publications as being normal. Often that already unacceptable lag is exceeded. Up to six months has been experienced among my aviator peers. The most disturbing aspect of the AMCD operation is medical incompetence. I recognize that expertise in every medical situation that is required to determine fitness for flight is impossible but the universal dismissal of all inputs from surgeons as prominent as the head of the Cardio Vascular Surgery Department at the most prominent major hospital in this area as well as the dismissal of communication from one of the most prominent Oncologists and founder of a major Cancer treatment center in this area seems unconscionable to me. Absolute astonishment at AMCD decisions is the norm and is often expressed by medical professionals as well as by AMEs and the RFS. Obviously those latter opinions are "off the record". I recently discussed this general situation with very highly regarded physician AME in an area far from my home that I know personally. That AME reflected that in his area he works with his RFS as well as the applicant and reliable competent medical references to avoid AMCD decisions whenever possible. "It is a crap shoot" were the words he used to describe the AMCD operation. That physician is highly regarded by his peers in that area and I would think that opinion would bother the FAA. More important than my limited exposure to that sort of ineptitude that I am privy to is the opinion of publications. A recent article in the General Aviation News was titled "Don't lie to the FAA." The thrust of the article was the recognition that AMCD decisions were often incompetent and arbitrary but omission or falsification of data on medical exams was not the way to counter. Certainly that advice is valid. Unfortunately the bottom line advice was to be truthful but be prepared to proceed directly and swiftly to litigation. The author advised to plan for long delays and if they occur to have a legal plan ready to be executed. In my opinion an article like that ought to make the FAA seriously concerned about the viability of the AMCD operation and the prevailing opinion in the aviation world. A recent article in the Sport Aviation magazine and numerous articles over time in the AOPA publication continue to verify that same opinion. More serious than the opinion of the aviation world is the fact that unfortunately the incompetence is actually degrading safety by encouraging applicants to falsify applications. That is a serious consequence if true. This month's AOPA magazine again carries pretty much the same message in a lengthy article. I personally

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challenge whoever reads this opinion to look up the articles I have referenced and to read carefully for the message contained within. The FAA has a charter to both promote aviation and to promote aviation safety. The AMCD operation fails at both. This is not a new phenomenon but veteran professional pilots tell me that the problems are actually increasing rather than decreasing. As part of personal skill maintenance I periodically audit ground school classes in both Private and Instrument flight. I find that most aviation instructors share my negative opinion about the AMCD operation. One result is that some otherwise good students are likely to abandon efforts to enter aviation based on the "war stories" that emerge in the class whenever the subject of medical certification comes up. I apologize if this response seems pejorative and excessively negative. It is sincere nonetheless and reflects much more than my personal evaluation. I have never been a supporter of FAA privatization. The AMCD operation, however, needs either a complete change in the method of operation or conversion to a private system that utilizes the expertise that exists in the medical world. Operating as a secret dictatorial unresponsive body is not representative of the FAA mission statement nor does it provide competent service to the aviating public. In the questionnaire the RFS representatives are lumped with the AMCD operation. That is unfortunate as the RFS representatives are regarded as professionally competent whereas the AMCD representatives in my experience are generally not. My own personal situation is typical according to my AME. I was discharged a year ago after being cancer free for over 5 years from a solitary tumor removal. The most prestigious medical staff that can be accessed in [City], Utah have documented in writing that under all medical guidelines and in their personal opinion I am fit to fly without restriction. I have ridden over 10,000 miles on my bicycle in the ensuing period, including several over one thousand mile trips, and am considered a very fit person with essentially perfect vital signs. The FAA, without any opportunity for recourse, has declared me unfit to regain my third class medical. The AME and the RFS as well as the professional medical references I mentioned are absolutely astounded. The AME reflects that "There is just no way to predict the AMCD."

- ** "In FAA defense, my certification was handled very quickly, with endorsement that in the future the AME could issue medical in lieu of FAA. Thanks."
- ** "In filling out the application for my most recent medical certificate, I indicated I was taking the smoking cessation drug Chantix. I quit taking the drug about a week after the exam, but somewhere in that time frame, the FAA determined that the drug was not safe to fly with. I received a letter in the mail stating that and informing me that if they did not receive a response within 30 days, my medical certificate would be invalid. My concern is that I barely received the letter in time to respond due to extended travel and being slow to catch up on my mail. I would recommend that the FAA maintain a database of e-mail addresses for critical communications such as this. In today's world, that is much more likely to be received in a timely manner. As a professional pilot who relies on FAA medical certification for my livelihood, it is scary to think I could have been unknowingly in violation and subject to who knows what penalties and threats to my income. A final comment; your survey asks some questions that are probably inappropriate for a first class medical recipient. An example is; how well did your AME explain your medical responsibilities or review your medical history? I, like many professionals, have been seeing the same AME for years and we are both very well aware of where we stand in that regard. Any review of history would only take place if there were changes."
- ** "In general FAA medicals cost way too much."
- ** "In general, most services are most helpful. Suggest, if possible, a quicker review, decision, and info return to airmen who have been requested to send certain info to AMCS."
- ** "In Jan. '06 I had an operation for a Subdural Hematoma (believe it or not - bumped my head on back of Cessna wing). My neurologist cleared me for all activities 8 months later in Oct. '06. I went to my AME for new physical which he referred. He said didn't see a problem. FAA came back and took my medical. Said needed 2 years from operation. I and AME dug for anything in regs. Could only find a policy! To me, that seems very subjective. Not helpful to me or AME."
- ** "In June 2004 I had a small suspicious cancer spot on one lobe of my prostate. Being only 67 at the time I eluted to have my prostate removed. Because of the spot of cancer, which was removed, I now have to have an annual physical instead of a biannual, even though my PSA remains at 0.0. This is required until 2010. I feel it is unnecessary and double the expense. I will quit flying by the end of 2008!"
- ** "In letters from the Manager, Aerospace Medical Certification Division, requests for information were confusing. I am a pilot, not a doctor, and my doctor is not a pilot, and we had trouble interpreting what documentation was needed and from whom it was required. In the latest letter, dated June 24, 2008, the use of Chantix was questioned; it said consult physician concerning stopping its use, and requested a statement of discontinued use. I was later told on the phone that the statement should come from the doctor; but the letter was not clear on that. Similar statements/requirements have occurred in previous letters as well; in one concerning the use of Celebrex, it referred to "treating physician"; one doctor initially started the medication, but I currently see another; which one is the "treating physician"? I think we can all improve our communication of needs. Thank you!"
- ** "In my 20 years of flying, medical examiners have always been kind and courteous. Exams are getting expensive and the application form is error-prone if only filled-out from memory every two years. Suggest on-

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- line application form (FAA owned) that maintains history of previous applications so that inadvertent omissions are not a cause for disciplinary action."
- ** "In my case I need authorization from the FAA every 6 months to continue employment. I know you have many pilots to deal with, but if the certification release were somewhat faster it would make this process better to accomplish. I think this survey is a wonderful idea."
- ** "In my case, the AME was not the problem. After the exam I had to make several submittals of records to Oklahoma City - records were lost - was not permitted to talk directly to review personnel through receptionist - was fortunate to establish contact through EAA member services for review progress reports and status. Though receipts of records, at one point in time, were confirmed via registered mail, FAA claimed they did not have them. Continued contact with FAA by EAA kept me apprised of situation as records were subsequently found and review process was begun. In time, I was advised by the EAA contact that my request for a Special Issuance seemed it would be approved. After several more weeks with no FAA response, the EAA contact learned that my approval letter was sent out. Further inquiry determined that it was sent to an incorrect address, all this after 8-9 long years, since initial medical denial, of frustration and they didn't use my correct address. I feel fortunate to have finally achieved the certification I pursued for so long. I must add that the most recent record submittals and review process spanned a period of six (6) months. I am now content to be in the Sport Pilot class, not wanting to experience a repeat of the situation just described. Recertification would have been welcome but, NO."
- ** "In my dealing with the FAA representatives, I've had nothing but great experiences. FAA officials have been extremely patient, supportive, understanding and very accommodating. I've dealt with Mr. [Name] of the [City] FSDO and Dr. [Name] of the Kansas City medical branch. Both gentlemen have gone above and beyond to assist me in whatever matter of concern. Without their help, I would not be flying today."
- ** "In my opinion the FAA medical certification process is far too restrictive and far too difficult to deal with for many pilots. I know many pilots that have given up flying or gone to light sport flying because the process of renewing their medical was too restrictive and far too expensive even though they could qualify for a FAA medical certificate. These people are good safe pilots with many years of safe flying experience. They have no problems with their day to day activities including driving a car and related activities. The light sport pilot is a step in the right direction but there are many pilots that could continue to operate their four place Cessna, Pipers, etc. that are now restricted to light sport aircraft simply because the medical certification process is too difficult. These people are safe drivers with no medical restrictions in driving and they could and should be able to continue to fly in the airplanes they have safely flown for many years. Aircraft accidents caused by medical deficiencies is very small. The FAA should make every effort to keep the medical certification process simple, inexpensive and non-restrictive. Unfortunately, it appears that we are moving in the opposite direction."
- ** "In my opinion the medical examination needs to be done by the doctor. In my case the only thing the doctor does is to check my breathing and heart, asks me if I'm feeling OK and signs the papers. Everything else is done by a nurse or an assistant. The fee that he charges must be proportional to the work he performs. Thank you for taking the time."
- ** "In my opinion the system is working very well, and I feel that the service provided by the AME fulfills the requirement to check that pilots are in good health to fly."
- ** "In my opinion, yearly OBGYN exams, mammograms, etc should not be required to be listed EVERY year. And on the Internet site I am even required to remember the exact date. (Month should be enough.)"
- ** "In my simple medical certification situation. The FAA protocol is straightforward, appropriate and very reasonable. I remain concerned that medical protocols & testing is insufficient as pilots now fly to age 65. Current evaluation (as you well know yourselves) is inadequate to protect a high medical of medical safety."
- ** "In my years as a professional pilot all the examiners I've been in contact with were all informative and gave through exams. The advances in forwarding information to Oklahoma City gives me a feeling that we are much safer than before. Also, information regarding better health is a bit plus to me as a pilot."
- ** "In November 2007 had a First Class Medical Exam with an ECG transmitted to OKC office. In May 2008 I got a letter stating the ECG trace transmitted during my exam had some technical discrepancy and required me to go back to my AME and repeat the ECG and transmit it to OKC. From Nov. 07 till May 08 is a pretty long period of time to go before realizing there was a technical discrepancy with the transmitted trace. Seems like a long time but maybe with your number of people who look at these that's how long it takes to review all the traces you receive."
- ** "In previous years I had medical issues that had to be dealt with at the time with the FAA in Ok City. They had been handled and I was never denied a physical. When I went to this AME with my medical history, he did not ask me about it, he evidently thought it was all new stuff, and then sent it off to Ok City. He was supposed to send more info. Two weeks later when I started calling about the status, the people who answer the phones could not or would not give out information. I was told to call back in a few days. This went on for almost two

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- weeks and my previous medical was about to run out. Finally one of the people told me there was a number I could call to get through to the actual reviewers. I called, someone responded and at that time I found out they had not received any requested information. I called my AME and had them resend the info, I sent the info myself the next day, and the person I talked to was able to okay my medical and fax my company a letter stating I now had a current medical. The original people answering the phones should be able to give out some info. To you people it doesn't matter if we have a medical or not, but to us it's our very livelihood. You live in a sheltered world where your actions have no repercussions, but by treating us pilots like lab specimens this only makes us distrust and disrespect you that much more. Not that you care."
- ** "In prior years very slow response from AK Region 3 to 5 weeks. 1. They do not answer the phone and/or return calls. 2. Have adequate staff to answer phone."
- ** "In reference to the question concerning whether or not my visit to my AME ensured the safety of the National Airspace System. I stated it did not. As a private pilot, flying day VFR, locally, I self certify every time I fly. If I do not feel up to flying, I don't. Having a medical certificate in my wallet, in my opinion, is merely an inconvenient regulatory requirement, as apposed to being proof that the national airspace is safe. I obtain my medical every 2 years because I have to. I would prefer not to have to, as I will still personally determine my fitness to fly, at all times."
- ** "In the [City] area we now have only 7 AMEs for a SMSA Population of 500k. 10-15 years ago we had twice that many. From what I can gather, many have been driven out of the practice for the following reasons: 1) Cost and time commitment for renewal and training; and 2) Consolidation of what were usually private practice physicians (many former military Flight Surgeons) into mega medical practices managed by bean counters that were only worried about whether or not "profit centers" were profitable, obviously the AME service was not profitable. Up until about 8 years ago I was always able to find an AME who I could also maintain as my PCP under my insurance program. This was the best of all worlds when it came to fitness for duty and prohibited medications. I knew that my Dr. would understand my concerns in those areas. Unfortunately, due to the factors above, most of the good docs have been forced to give up their AME certs. Frankly, many who are left appear to be quacks, who can't make "in the big time". Three years ago I went to one AME whose exam was a joke. I never went back. I don't think the FAA can do anything about this trend without driving up the cost of the exams. Perhaps some lower cost training opportunities for the docs can be created e.g., On-line recertifications; more classes around the country, etc."
- ** "In the case of prior medical conditions, i.e., heart problems, high blood pressure or any other medical conditions that is being carefully monitored, it should not take the time it does if no further problems are involved. Example, a pilot has a valve replaced. He takes an annual physical which includes, full blood work up, echo cardiogram, Thallium Stress Tests, doctors evaluations, and other such requirements. He does this every year since his disability with no changes in medical status. Question, he holds a 3rd class medical cert., takes an AME exam, why the delay in issuing a special cert. and if there has been no change in his medical condition, why does he need to go thru this exhaustive medical every year? If for the last 2-3 or even 5 years there has been no change, why not issue a longer certificate with the AME permission. Why does it have to go to the FAA? Note: Tried to do this on-line but could not get through."
- ** "In the twelve years or so since I had my heart attack and required more extensive medical qualifications (stress tests, etc), I have had nothing but excellent service from AMCS. The only thing that ever delayed keeping my medical certification current was at my end (doctors' appointments, lab results, etc). The only problem I can recall is not being informed of missing submission information, and subsequently not receiving my certification. When I pursued this with Oklahoma, I was informed my blood work was missing. The procedure could have been expedited if they had let me know it was missing when they received the package. It cost me several months of enjoying what keeps me alive."
- ** "In total my dealing with the FAA AMCS was very positive. Staff was knowledgeable and courteous, and responses prompt. It was particularly helpful that my AME could reach AMCS staff by phone to get specific feedback on my case within a day or two."
- ** "Include AME fee structure for class I, II, III medical exams on the FAA AME listing website."
- ** "Increase age for 2 yr certificates to 55 rather than 40."
- ** "Increase duration of 3rd-class medical for pilots over age 50 if exam shows good health."
- ** "Increase duration of medical for those over 40 to a longer time. Allow use of driver's license for medical for private pilots not flying for money."
- ** "Increase services to airmen who may encounter a problem with certification both in increasing resources to address the problem and decreasing time involved in settling the matter."
- ** "Increase the thoroughness of the exam. Standards are too lax. I flew overseas and the medical exam was a REAL medical exam. There was no doubt in my mind if I had anything wrong they would have found it. The medicals in this country seem like just a formality."

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- ** "Increase time from 2 years to 3 or 4 years to exam."
- ** "Increased use of the internet is big improvement. Thanks."
- ** "Increasing time 1st class medical time period to 1 yr if under 40 is great. 6 months is a short time frame creating cost and effort to the general pilot population. Any medical condition that has such a quick onset to provide a safety concern in the cockpit, would most likely bring the applicant to the doc's office to be 'discovered' as opposed to 'found' at a 6 month checkup."
- ** "Info regarding changes in disqualifying conditions could be distributed on-line directly from FAA or via AOPA, etc. For me, AOPA is otherwise a key on-line source of info for broad issues of aviation including articles regarding med certification. While there may already be a good connection between FAA and AOPA to report changes in FAA's expectations--I will keep a better eye out for them."
- ** "Information on status of file (pending) telephone numbers to get information is hard to get."
- ** "Information packet needed to be submitted 2 times to obtain the certificate. Both packages were the same, so it appeared like one was lost during the process. Packages were the same as used for the first conditional requests. If more detailed or descriptive information was needed, it would seem that it would come up during the first conditional review 3 years ago. A little frustration is all."
- ** "Instead of general exams every six months for full time pilots seeking first class medical exams, I would recommend a more thorough exam maybe like every 12 months. It just seems like every six months is too often for the type of exam that is being performed. I would rather have a very comprehensive/more detailed exam every 12 months to ensure my overall health instead of a general physical every 6 months. Just my thoughts."
- ** "Issuance was smooth."
- ** "Issues that require a review should be dealt with in a more timely fashion. Medical personnel that have expertise in current practices and standards should be consulted to update the standards we must meet."
- ** "It appears that my AME has a good working relationship with the FAA in OKC & Kansas City. One phone call usually gets any situation resolved for Special Issuance Certificate. The FAA staff works hard to help us (pilots) meet our deadlines for medical certification. Thanks."
- ** "It appears that post 9-11 hysteria has clouded any level headed judgments your FAA examiners might make. I fail to see how the safety of the general public is served by denying a pilot his Medical Certification against the approval recommendation of the examining AME."
- ** "It can be variable. This last medical was very professional the previous one was awful and extremely unprofessional. That's why I searched for this AME and will go to him for the next upcoming medical."
- ** "It could have saved a little time if my information were accessible by the doctor on-line. The certificate was typed manually."
- ** "It does not inspire me with confidence when a board of certified medical doctors ask what medication and treatment plans I'm taking for nerve damage."
- ** "It has been difficult to maintain the same AME. It seems that many physicians stop doing the exams for some reason. You all should solve that problem. Consistency."
- ** "It has been my experience that all AMEs I have utilized in my aviation career (25+ years) have come from the military (flight surgeon) in the World War II, Korean conflict era. These AMEs have provided civilian pilots many decades of wonderful service, but as I am sure the FAA is aware, this plentiful supply of doctors was produced when the U.S. military had a phenomenally larger amount of aircraft and pilots. Almost without exception these AMEs are either dying off or retiring in my area without adequate replacements of any where close to the same quantity in the pipeline. It is getting very difficult logistically and becoming quite expensive to obtain an exam. Perhaps its time for the FAA to publish guidelines that a pilot could take to his own doctor to receive a flight physical certification since it has been my experience that my own private physician is more in tune with my health status and usually performs a more comprehensive annual exam anyway. Something to consider."
- ** "It has taken over a year to get my medical certificate back and I am not finished yet. You people ask for more information that my medical doctor can supply, such as more stress test tracings. In some respects it appears overkill. I have heard about several people who were given a clean bill of health only to die shortly there after. You may have heard about [Name]. If you are still concerned about my heart condition, last week, I bicycled 20 miles in one morning with no ill effects. I would be willing to bicycle race anybody in your organization that is about my age, 76."
- ** "It hasn't happened in the last few years, but in the past I have received letters from the FAA up to six months or more after my medical exam referencing items about my physical exam. I don't know if this has improved lately, but this time frame is unacceptable to be following up on an exam. If there is an issue or comments to be made in regard to the exam, it needs to be addressed within a more reasonable amount of time, say a month or so. In six months, one may be back in the Doctors office getting another exam."
- ** "It is a needless process. And I am sure that if I have a problem or ever take a medication, it will quickly become draconian, arduous and a huge pain in the rear."

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- ** "It is a waste of time and money to make a private pilot do this. I don't need a medical to drive and I do that a lot more than fly!"
- ** "It is becoming increasingly difficult to find doctors willing to do first class medicals. The last examiner I had, dropped his certification due to the fact he could not take the time off required to travel the distance to the course required by the FAA. While most doctors say it is not worth their time and expense to do the first class, this is a case where the doctor had already gone to the expense of acquiring the equipment needed but could not suffer the loss of income to take several days (due to distance to nearest training) off. If the FAA wants to go paperless could they not offer an on-line course for the doctors who are still willing to take on the burden of doing first class physicals?"
- ** "It is fine as is."
- ** "It is good to see AMEs having more authority to approve medical certification through AME evaluation instead of a requirement to have OKC evaluate minor medical issues. This seems to be beneficial for both the applicant and in reducing government paperwork. I recommend this flexibility continue and only issues of moderate level or more be required to have OKC intervention."
- ** "It is my opinion that all pilots should submit to the same cardiovascular stress tests during a Class III medical exam as those pilots being examined for their Class I medical certificates."
- ** "It is unclear why the FAA AMCD can't reference previous decisions on medical certification. Each time it is as if my chronic condition, which was previously reported, is news to the AMCD and requires several levels of scrutiny. (i.e., Hypertension and diabetes)."
- ** "It needs to be clearer from the Airman Medical Branch of just what specifically needs to be reported on your medical form as it pertains to medical professional visits i.e., doctor, dentist, chiropractor, psychologists, pharmacists, prescriptions, etc. While 'medical professional' is listed on the form, 'medical professional' needs to be defined in order to assist the airman appropriately in their requirement to complete the medical application form. The term 'medical professional' is too vague. Thanks for listening."
- ** "It seems silly to me to allow LSA to be flown by pilots (?) without a medical yet be so darned restrictive to private pilots that have had some common (by today's standards) medical issues. Diabetes, high blood pressure, corrective vision aids such as bifocal contact lenses, stents, etc. Remember, pilots voluntarily give the AME current medical information. A light sport pilot only needs a drivers license. The AME never tests the pilot's strength. Many pilots I see flying high performance airplanes IFR would get a coronary or a stroke if they had to push their airplanes into a tie down. Imagine what the exertion of scraping snow, frost and ice off would do to some pilots recently certified by AMEs. My recent experience involved an AME that did not understand how bifocal contacts lenses worked. What is up with that. Let's face it, the pilot population is getting smaller and older. Technology is providing said population with different tools and the FAA and the AME must keep up."
- ** "It seems as if the OKC FAA Medical Review branch, cannot correctly interpret the information provided by my AME, after requesting the same info, several times. They have misread information provided, and confused a nuclear stress test I completed in Nov 2007, as a stent placement which occurred in Oct 2006. The most recent request for medical information (following a letter of apology from the FAA Medical review Branch) was answered by the AME, Dr [Name], on 19 June , 2008. As of this date I have heard nothing from the FAA, about the information provided. This week, I contacted Congressman James Matheson, and Senator Orrin Hatch about this issue. I worked for the FAA for 21 yrs as a Flight Standards Inspector, and FSDO manager. If I had dealt with an issue in this manner with the public. I could expect a reprimand."
- ** "It seems as if there is no leeway allowed in considering an application for a medical. The mere fact that a condition or problem existed begins a process of submitting additional material and close review regardless of when the condition existed, regardless of the fact that there is no recurrence, and regardless of the fact that the applicant has engaged in numerous endurance events since the condition with no ill effects. I believe the doctor's statement that the condition has not reoccurred and requires no medication combined by my statement of engaging in demanding physical activity should be sufficient. We self-certify before each flight. If I'm sick or not well, I don't fly. I think a little flexibility and leeway needs to be included in the decision making process rather than an inflexible system that requires a boiler plate letter be sent in each situation. In my case, I had a problem of unknown origin, that was a one time event, that was almost two years prior to my last application for a medical and has not returned, has not impacted my ability to perform physical activities in any way once I recovered, but it placed me in a category that required limitations, review, and restrictions."
- ** "It seems most pilots go to the AME with the reputation for being "in-and-out" quickly with an easy exam. I don't know what the requirements are for the exams to pass, but I once flew with a guy who had a 1st class medical and had a heart attack 20 minutes before a part 135 flight. That doesn't make sense to me. I also see a lot of overweight pilots out there. There should be some minimum standards for physical appearance and fat and body mass index."
- ** "It seems that the FAA has greatly improved the medical certification process in recent years and has made

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- great progress in making the requirements more realistic. With this in mind, I believe that the 3rd class medical is no longer needed. Each private pilot should be able to self certify as is currently required."
- ** "It seems that the system is working well but I'm a little confused why a pilot operating under the light sport rules needs only a driver's license instead of a medical certificate of some sort."
- ** "It seems to be adequate for a physical."
- ** "It seems to be getting a little better with respect to effort and time req'd to get medical approved. It seems that the medical hoops one has to jump thru with respect to prostate cancer with no activity since 2001 are a little non-productive."
- ** "It seems to me that a 'day VFR only' 3rd class could be handled the same as a light sport with self certification."
- ** "It seems to me that over the years the Class II medical exam has become a rather casual affair. I sure hope the Class I exam is still as thorough as it used to be."
- ** "It takes too long to get an answer on a medical problem after all medical documents are sent in."
- ** "It took 6 weeks until I was told that additional information was needed from my physician in order to assess my case. Once I had supplied the additional information, it took another 6 weeks for my medical to be approved. This is too long."
- ** "It took three months for the FAA to get back to me and tell me that they needed additional information. I had completed all my testing one week prior to my actual medical exam date so that everything would be current. By the time they requested more information, all my latest testing (ONE WEEK BEFORE MY EXAM DATE) had all expired and I had to pay out of pocket for more testing. It took six months for me to get my medical issued because the FAA needed one simple report from my doctor."
- ** "It took too long for the FAA (12 weeks) to issue my certificate after I had a stent installed and did not have a heart attack. The AME was very helpful in obtaining my certificate this was prior to my present cert."
- ** "It was difficult to fill out this questionnaire! I fly with a medical waiver and I report to an AME every 2 years, but I must send medical records to the region on the in-between years. That meant I had to frame my answers for the AME exam 15 months ago - March and this March when I sent my papers to the regional office! I have no complaints about the regional office!"
- ** "It works as it is, without changes."
- ** "It works, keep it simple."
- ** "It would appear that in my sparsely populated area that the burden placed on examiners doesn't justify the amount of physicals that they can do. There have been some doctors that have dropped out of the program due to low volume vs. FAA requirements. I don't have an answer but you should be aware of this problem."
- ** "It would be easy to "hide" medical information such as hypertension, heart issues, etc. If one wanted to, since AME is generally not person's private physician. Is AME required to consult with private physician? With changing political landscape, there should be exam for "mental" state of pilot!"
- ** "It would be good to know more about the process ahead of time. I could collect more information on my medical history."
- ** "It would be great to be able to combine an annual checkup with the Medical Certification process. Some years I have had to do both and it is expensive."
- ** "It would be helpful for the FAA to act more timely in reviewing my certificate application. I was unable to fly over a month waiting for a response from the FAA. Fortunately, I don't fly for a living, but for someone who did, that length of wait time would pose a considerable hardship for the pilot."
- ** "It would be helpful if the AMCS could provide current training for their doctors or consult with experts in certain medical areas before certifying pilots with specific illnesses and/or diseases. For example, with my condition, which is HIV, I am being asked to fall into a certain category of lab results which are very outdated according to current research and standards. I am being asked to provide lab results and cognitive tests which are not used to define current progression or health at any other time. Specifically, rather than looking at "viral load" as a qualifying factor, they are still looking at CD4 counts. If you are going to look at CD4 counts, than the percentage of T4s to T8s should be used rather than the absolute CD4 number. If you are not taking HIV medications, it is easier to get your certificate which is self defeating. All of the current research indicates early treatment leads to long term survival. People who are not on medications will develop AIDS illnesses faster. The medications should not be the issue but instead the opportunistic infections which develop from not using therapy. Additionally, there are wonderful new treatment choices which have very limited side effects, none of which are depressed cognitive functioning. I do not feel I should be asked to get a Cogscreen every two years. These are quite expensive and unnecessary in my case. My medical doctors are quite capable of assessing my mental stability. To summarize, dealing with keeping my medical current is the only time I feel I am being treated unfairly in relation to having HIV and it somewhat feels my civil liberties are being violated. It is a perfectly manageable illness, in my case, yet I am still being asked to go through tests and procedures which do not provide any data to determine if I am safe to fly. It would be beneficial for the Aeromedical team to rely on the

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- advice of experts in certain medical fields in qualifying applicants for their certificates. HIV being one of these specialized areas. Thank you for the opportunity to express my opinions."
- ** "It would be helpful to receive information from the Oklahoma City office, on a timely basis as to what is going to happen. AOPA was helpful in this regard. Also, it appears the process in OKC is very slow."
- ** "It would be most helpful to have someone to call and discuss your medical problems with. In my case AOPA has been my only source of help in a timely fashion."
- ** "It would be nice if more AMEs could do all types of medicals including 1st class medicals. I've noticed that in my area a lot of the AMEs on the FAA website cannot do 1st class medicals. Also I am very happy that you extended the duration of a 1st class medical to 1 year for people under 40."
- ** "It would be nice if my DOT medical certificate or my 3rd class medical certificate held equal recognition, since the exams are the same for the most part. It's just a cost saver view. Thank you."
- ** "It would be nice if the process of getting a medical cleared through the FAA Flight Surgeon was quicker, mine being close to two months to receive my medical. However, I understand it was a busy part of the year when I needed to renew."
- ** "It would be nice to have some examples of "standard" letters when acceptable drug treatments require a "letter explaining no side effects or impairments when taking the drug." It would be nice to see via a Table of Contents, what medical reports are required to be obtained and submitted for various high frequency situations: e.g., knee surgery, herniated disk surgery, podiatry work, etc. Thank you for your interest."
- ** "It would be nice to receive an FAA reminder of upcoming due date with a list of new disqualifying medications, conditions, etc. I have never had any problems and the FAA has been very accommodating to me."
- ** "It would seem that with medical conditions that are out of the ordinary but pose no safety risk the system could be more streamlined."
- ** "It would take less time if AME could perform all tests required."
- ** "It's a system that works well. Most pilots take care of themselves knowing it is important to our career. Somehow encouraging a gym membership would be of great benefit. I use mine regularly - it helps in many ways but most recently I have found the gym helps in any stress relief from the current condition of the aviation business. I am 47 and am in great physical and mental condition. Thank you!"
- ** "It's a waste of time and money. I know whether or not I'm fit to fly. Many of my exams have been cursory; I have never "flunked" an exam. Some examiners are puffed up, all charge too much."
- ** "It's my understanding, from reading the industry magazines, that pilots who have been prescribed anti-depressants for mild depression may have their flying privileges revoked or suspended. This should be changed. The reason? Those who have been treated for mild depression would be less apt to be involved in an accident. This policy encourages pilots to remain depressed and, therefore, are more dangerous to the flying public due to their failure to have a physical problem dealt with. As depression is nearly always due to a physical problem, having that problem resolved would make the pilot safer."
- ** "It's nice to hear that you folks are taking the effort to improve the processes. I've seen a noticeable improvement in the timeframes and many pilots are noticing. Please keep up the effort. Thanks!"
- ** "It's taken AMCD OKC up to 6 weeks to review heart work ups (stress test and/or nuclear) for my angioplasty/stent procedure 11 years ago. Often they have all information that was requested but have misfiled or fail to find it. They have recently lessened their time restraints which allow me to take my tests earlier than 60 days prior to my deadline, which has gone a long way toward their review being accomplished in time. It would be more convenient for me to use the Seattle office since it is closer to my home and I could work with them in person if needed."
- ** "[Item 28] Eye chart. [Name] has always taken the time necessary to assure that my health is at a level suitable to perform my duties as a P.I.C. All my flying is recreational?"
- ** "It's very tedious to track out TOT. Time for Part 121 operations. Especially when all of that information is kept on hand with our employers."
- ** "Just a comment: I didn't use MedXPress I was not aware of it in Jan 2007. I did use AOPA TurboMedical - I was the first to take it to my AME. (Then we discussed putting a computer in the waiting area for future flight medicals). The process was much quicker w/TurboMedical. I will most likely try MedXPress in Jun 2009. Thanks."
- ** "Just a comment: I tried to respond via the internet, but the provided username did not work."
- ** "Just another hurdle in the bureaucratic process of this great country. Our government has way too many employees with too much power and nothing to do except get in the face of good, hardworking, taxpayers."
- ** "Just don't let "911" happen again. Thanks."
- ** "[City] regional AND [Name] are a cruel joke! My application went through four Drs to perform the testing that is required by Dr. [Name], (Local Dr's THAT ACTUALLY EXAMINED ME!!) before being submitted to Dr. [Name] (WHO HAS NEVER MET ME!). All of them signed off on my health. After being submitted (on May 2nd) my

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- application was delayed 16 days into June (!) before being referred to the bottom of the pile in Oklahoma City to start over. The system is bogged down, ineffective and so top heavy as to be absurd! There was nothing wrong with me yet it needed "blessings" from someone who has never met me! MY JOB WAS IN JEOPARDY due to this lousy system you have!!!! My boss has a brand new 18 Million dollar airplane that I couldn't fly FOR NO APPARENT REASON other than FAA bureaucracy!! It has been six years since the event that caused me to go special issuance. BACK Off already! Why can't an AME that is willing to sign off on me be allowed to do so with the FAA having the final say upon review, but in the meantime, allow us to go do our jobs until that eventual (!) review? Can you say turf battle? I finally sicked my Senator and Congressman's office on Regional and lo and behold my Medical showed up....go figure. This is the second year in a row that I have had to "burn" precious vacation time due to the ineptitude of FAA regional! How mad would your spouse be about this? I am sick of it! If it is the FAA's intention to stall us into getting out of aviation, it's working!!!!"
- ** "Keep applicant advised of certification process - i.e., tests required for special issuance; time line involved; will it be issued; is your condition disqualifying."
- ** "Keep doing a great job! I appreciate all the info. to keep current and make good decisions so everyone stays safe! God bless you! Best wishes on your continued success!"
- ** "Keep improving the system."
- ** "Keep my records off of the computer systems. The government does not have a good record of keeping computer records private."
- ** "Keep the price down!"
- ** "Keep up the good work!"
- ** "Keep up the good work!"
- ** "Keep up the good work. From what I can tell, if any medical problem arises you seem to have a procedure to follow to clear problem with medical."
- ** "Keep up the good work. Have a great day. It only gets better."
- ** "Keep up the great work."
- ** "[City] is in need of a few medical examiners, the only one we have had a fire in his in home office and is not doing medicals. I must travel to [City] to obtain a medical. The island of Hawaii needs more medical examiners."
- ** "Lack of standardization among AMEs."
- ** "Last application was held up because I had to add an additional medication to my list. Medication was common (Metformin) and thought turn around time could have been faster. Overall very satisfied with system and feel the airways are safer because of it."
- ** "Last attempt to use MedXpress caused problems. There were 2 applications in the system. One old and the current one. AME told me to call OKC. OKC told me to contact AME to fix the problem. End result was a paper application which defeats the purpose. It appears the AME has insufficient training in use of the system."
- ** "Last year May 2007 when I mailed my medical records to Oklahoma City - (Certified mail - return receipt) - one package - they lost half of the package. I had to send the information a second time. I was not given a reason why the information was lost. It took 4 months to get my medical certificate. This year June 2008 my AME forgot to send my medical history documents and my medical certificate was cancelled for about 3 weeks."
- ** "Leave it alone."
- ** "Leave the issuance of the medical certificate entirely up to the AME. Even with some medical problems the AME is better qualified to make a determination than an FAA doctor remotely located and totally unfamiliar with the pilot. Not to mention the delay encountered due to the time it takes to send information to the Region and the time it takes to get an answer back."
- ** "Leave the medicals to the doctors. That's what they do! FAA should worry about airplanes."
- ** "Lengthen the time duration for class II over 40 years of age. Price that is charged for time taken and service rendered is rather high."
- ** "Less strenuous testing for heart conditions AFTER the initial clearances. I am required to do expensive testing annually although I have had no symptoms for over 10 years and have had negative imaging two years in a row."
- ** "Let me get the compliment out of the way first. My phone conversations with the FAA rep in this region indicated that he went out of his way to get the help I needed in obtaining my medical. In part I feel it was because I was up against a deadline. Next let me say that I think all the FAA people I have worked with over the years are really trying to do a good job. I don't know if they are short handed or hamstrung by policy, but I have no complaints about them. Now, for the complaints. And this is all meant to be constructive criticism, for nothing gets changed without it, and nothing gets changed by badgering. I also want to add that I think some of the FAA's paranoia is because of a small group of dishonest pilots who, I think, cause the FAA to distrust all pilots. I will only refer to various medical problems as problem A or B because I am concerned that some of this report could be used to match up my symptoms with my actual name. I also want to state that I have not and will not

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fly if I am not able to. Indeed, I have grounded myself several times over the years (beyond the usual common illnesses). Problem occurred a number of years ago and I had to provide several specialist reports and test results. I received a limited medical and was able to return to flying. At some point, A went into remission for about 5-6 years, yet I had to annually get a specialist report saying I wasn't sick. At some point, the insurance quit paying for the exams, as I wasn't sick. This seems to indicate a "once sick, always sick" attitude with your department. After about six years, A came back and has remained under control since then. I understand the need for annual reports and have no problem with it. In both cases though, I had to obtain the services of outside medical assistance companies to push my case forward. Indeed, nothing happened in a timely fashion without them. I did not have to provide extra info in either case. It just took someone who knew what buttons to push to get my medical. This shouldn't be. I had been getting permission for Class X medicals, but at some point found the need for Class Y medicals. A polite letter requesting what I would have to do was never answered. At some point, my medicals became good for a year (from the previous six month limits). About a year ago, a possible problem came up during a routine exam by a non AME doctor. He wanted to see me back in six months, but stressed that I did not have condition B. There was only a trend towards limits. I asked him for a report to include with my next medical exam, thinking that would head off any request for extra information needed for my exam. Instead, it triggered a host of actions from the FAA. Suddenly my medical went back to six months and a form was issued to request doctor of condition B fill it out. He was puzzled as the form seemed to assume that I had condition B, even though he said I didn't, and the exam that day indicated so. He had difficulty filling it out because of this. Also, even though condition A and B are unrelated, I suddenly had to see doctor A as well for a report, even though I had previously only needed to see him once a year. His staff wondered if I was having a problem as I wasn't due for six months. Also, one doesn't just schedule with specialists without a lengthy delay. Doctor A submitted his report saying A and B are unrelated. I was eventually (although at the last minute, to the point I came within 2 hours of losing a trip) was issued a medical, but it was now limited to six months with no mention of condition B in the letter. In other words, what previously was OK for one year, is now only good for six months. Paranoia?? As I grow older, there are occasional times I would like to ask the doctor a question, or have a test performed, just out of curiosity, but am scared to death that this will trigger some full blown problem with your office, so I let it go. I will not hide or lie. When your office does things like this, it is job security for you. For me, it is income loss and possibly career loss. There needs to be a better balance. Also, why does it take some expert office to get my paperwork pushed through your office? Lastly, some sort of internet interface with your office would be helpful. Having to rely on postal service is maddeningly slow. Thank you for your time and consideration in reading this. I hope it helps."

- ** "Let our local AME do it all, it would take the workload off the AME in Oklahoma City, and it would save time and taxpayers' money. P.S. I tried to answer the best I could. Thank you."
- ** "Light sport aircraft pilots should have the same medical certificate."
- ** "Limit AME certification process to commercial pilots only."
- ** "Local AME was new and did not completely understand the FAA procedures as well as how to read diagnostic test results obtained from my HMO. FAA regional representative Dr. [Name] was extremely helpful and very responsive to my inquires and in reviewing my diagnostic reports and issuing my medical certificate. I was especially impressed and appreciative of the rapid and timely telephone responses received from Dr. [Name]. Thank you."
- ** "Lower cost would be better."
- ** "Lower the cost of exams."
- ** "LSA medical (drivers lic) should apply to private pilot (Non com and above, no ratings). If safety is not an issue w/LSA it would not be as stated above."
- ** "Main problem is the paucity of certified examiners. Need to find a way for physicians to more broadly participate in the certification process."
- ** "Make 1st class medicals last longer than 6 months."
- ** "Make a valid drivers license equivalent to a Class III medical certificate for pilots of airplanes (single engine with GW of 2600 pounds or less)."
- ** "Make it clearer what the AME can and cannot approve, e.g., in my case I supplied everything required however the case was still sent to LA and there it was approved with no further information."
- ** "Make it mandatory that airlines' insurance companies cover the cost of medical exams/EKG's if they are required for flight duty in addition to the regular yearly checkups. Additionally, because of the fact that most yearly (non-FAA medical) Dr visits include blood work and all of the other protocol required by the FAA for medical certification, consider allowing pilots who utilize FAA approved doctors for their yearly well checks to be issued a medical if the results of those yearly well checks meet or exceed the requirements of the FAA. Insurance will normally cover one well check per year. This will kill two birds with one stone."
- ** "Make it possible for the AME to complete the MedXPress form completely on-line and print the 8500-9 form for

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- the airman. Even though I went through the MedXPress process and provided the AME my copy of the 8500-8 form with the control number, he still had to use one of the old paper forms just to generate the 8500-9. If the system is truly paperless, he shouldn't have to type onto the old form. If the Airman Certification folks at AFS-760 can give us IACRA, then MedXPress should be able to do as well in issuing the appropriate medical clearance."
- ** "Make medical for 3 or 4 years to reduce airman's costs. I feel the extension would result in no increase of health related accidents."
- ** "Make rules concerning sport pilot rating not biased against pilots who are refused a FAA medical certificate [Name] does a great job here in [City], NC."
- ** "Make the first class only once a year until a certain age and then maybe twice a year. Maybe at age 49 or so."
- ** "Make the process relevant (i.e., stress test with treadmill instead of EKG.)"
- ** "Many of the medical criteria for issuance of medical certificates are not necessary for safe flight operation, especially class II & III. For Class I some important criteria are overlooked. In my opinion an active smoker or habitual (social) drinker should not be issued a Class I medical. It is far too easy to fool the AME to get Class I, and far too cumbersome to get Class II & especially Class III."
- ** "Many of us older fliers live in fear of loss of license due to failure of a medical. This fear could be greatly reduced if failure of a medical did not disqualify us from the sport pilot category, which as you know only requires a valid drivers license. My very capable, courteous & professional AME was Dr. [Name], located in [City], IN."
- ** "Many variations in AMEs procedures for testing, more standardization would be better."
- ** "May be approved by your local physician then reviewed by AME."
- ** "Maybe it's just me, but needing a special issuance of a medical certificate due to having a heart attack, I sometimes found it difficult to know exactly what documents were needed to be sent in with the application. Even after supplying the doctors' with a copy of the cover page it seems something more was always needed. I think it would be helpful if a numbered or bulleted list was supplied with the notice. By the time you find out something more is needed, try to make a doctor's appointment, take any necessary tests, gather and send the requested documents and then wait for the FAA's decision, months have passed. If you were fortunate enough to get the special issuance it's only good for 9 months. Seems to me it should expire 1 year from the time you grant the special issue. As a side note I attempted to fill out this survey on-line first using the password supplied with the original mailing, and could not gain access. I then filled out the paper survey and was about to mail it when I received another mailing urging me to complete the survey, but with a different password. Having then gained access and filling out the form, I attempted to submit it only to get an error message. Repeated tries to regain access failed. So not knowing if the on-line survey was received I mailed the paper one."
- ** "Maybe once every two years applicants should have blood work done to possibly catch the onset of some less obvious ailment."
- ** "[City] Oklahoma has only one AME, Dr. [Name]. It is almost impossible to get a useable appointment time to use this AME. I am sure if you look at how many airman medical exams Dr. [Name] does each year you will see that practically speaking, everyone must go out of our area to get an exam. Please add another AME for [City] OK or get a different AME. Thanks."
- ** "Med certificate denied because of high blood sugar. Appeal denied. VA gives me medicines, so should be proper and enough to make blood sugar w/in range of FAA. Therefore, have discontinued interest in general aviation and gone to boating."
- ** "Medical certificate should be issued in plastic laminated cards. Stop the issuance of paper certificate."
- ** "Medical Certification Division takes too long to review and issue medical certificates, I have been on special issuance each year for 16 years. Some years take more than 90 days for Oklahoma to process. Last year my blood test was difficult to read and I received a request to get a more legible copy, this put my certification process back on the bottom of the list according to the FAA rep. in Oklahoma causing an additional long delay."
- ** "Medical certification is the most stressful aspect of maintaining our airman's certificate. I personally feel that I don't have too much control over this aspect of assuring I can continue my passion of flying. Please help assure your aging pilot base that your goal is to ensure safety while helping pilots keep flying. I have heard too many horror stories. Regards."
- ** "Medical certification procedures is handled quite well. Keep up your high standards."
- ** "Medical certification should not be required for exercising the privileges of a private pilot certificate. There is no statistical evidence that medical certification improves aviation safety in non-commercial operations. The time and money would be better spent in additional flight training (i.e., wings program, new rating, etc.). Now that would improve the aviation safety record!"
- ** "Medical decisions should be made by doctors in the field who actually see the patient. The rules should be clear as to standards and information required."
- ** "Medical exams should be more thorough and have a longer duration."

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- ** "Medical form is antiquated. Need more space for doctor visits in last 3 years. An on-line PDF form or equivalent that can be filled out ahead of appointment. Maybe that is what MedXPress is since I am not familiar with it. Need to inform airmen about the availability and process of MedXPress."
- ** "Medical science can treat and cure many diseases. The ability to predict who may be suddenly overcome by a medical condition, based upon a flight physical, is really not at all very likely. The medical testing is pretty much a waste of time and money in the aviation community. For private pilots, the FAA should do away with medical examinations. For commercial activity, perhaps a general exam every 5 years should suffice. Do away with Class III physicals, combine Class I and Class II physicals, and only require them to be done once every 5 years."
- ** "Medical situations that involve going to a medical specialist for an additional medical form to be completed could be better streamlined if the AME and medical specialist could communicate the findings that were required and the decision for the issuance of the medical certificate would be decided by the AME with the information forwarded on to the FAA. This way there would not be the need to restrict the issuance of a medical certificate by someone not familiar with the pilot, the specialist and the AME. The large majority of medical specialists if they found something that would render a pilot medically unfit would not jeopardize their career and practice by issuing false information on an FAA form. This would eliminate the expiration of a medical certificate on an annual basis unless the AME thought differently. This would also aid the pilot applicant in scheduling the visit with a medical specialist and the AME without the pressure of an expiring medical certificate before its regular expiration time. As a pilot who makes one's living in aviation this would relieve some of the stress of scheduling of dual appointments within a certain time frame because of travel schedules."
- ** "Medicals should be more thorough to include blood work, heart and lung examination."
- ** "MedXPress - form 8500-8 or top page of website - the first time I used it I really had to dig."
- ** "MedXPress could be more widely used/advertised. Seems that some AMEs overcharge - if it's more than \$75 it's almost too high for the limited exam. Previous AMEs in [City], FL/[City], FL did not seem thorough. Maybe certain AMEs should be field tested or have facilities checked from time to time. Thank you for your service to airmen."
- ** "MedXPress form 8500-8 was very difficult to complete and required an hour plus. Had to re-enter and re-enter material - kept rejecting indicating certain items as not answered when I had in fact answered. I can ordinarily use most on-line applications - something needs fixed."
- ** "MedXPress is a great addition!"
- ** "MedXPress is a great step to ease the medical certification process. Please keep educating and encouraging AMEs to use this process!"
- ** "MedXPress is one of the best and time saving services with regard to Airman's Physical in recent memory. Also gives you time and access to related data and prescriptions (often were forgotten at AME's appointment), and completed in a more leisurely atmosphere. One recommendation to enhance the exam is a short (maybe 10 min or less) briefing in DVD form (on a player in the waiting room) on what to expect in the next hour or so of the AME exam, and show benefits and what other "classes" of exams entail and require, and where to find this info in the FAR's. For new pilots (primary), this will help them understand the medical side of their new interest, for the class 2 and 1 pilots, the value of recently medical information and safety."
- ** "MedXPress sounds like a great idea. My medical is due in October and I'll use it then."
- ** "MedXPress was a great time saver. I will recommend it to any other pilots planning to take their medical."
- ** "MedXPress was difficult to access 10-11 months ago. I hope this has smoothed out. The intent is good."
- ** "MedXPress works great!"
- ** "MedXPress, when it works, is a great tool. Trying to write by hand in the very small spaces on the medical exam is difficult. It's more helpful and useful to be able to fill it out on-line."
- ** "Might be a good idea to have a standardized/set fee for all AMEs."
- ** "Minimize medical requirements for sport pilot."
- ** "Monitor the # of FAA physicals each doctor does. Those who do many may be a problem. Send some of your people anonymously and see what you find. You might be surprised."
- ** "Months after I received certificate, I received letter saying I would have to provide information before my next physical re hypothyroidism. If the writer of the letter had read my file, she would have known that I provided that information for several years with each 1st class physical until I received a letter saying that no further extra submission would be required as the condition was clearly stable."
- ** "More AMEs are needed in my region. It is sometimes difficult to schedule an appointment around my (airline) schedule with the limited availability in this area."
- ** "More briefing during exam as to procedures and how they affect the applicant. The exam office was 100 degrees (no ac), I was late to the appointment and my B.P. checked 140/85. He took it one time and punched it into the computer. The FAA now says I have a "heart condition" I later went for a complete exam and my B.P. is

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- 120/80, I am not stuck with "heart condition" because of an inadequate exam."
- ** "More doctors."
- ** "More effort should be made to explain special issuances, and to make clear which steps are required on a continuing basis. The letter of authorization seems to ramble and takes reading several times to follow."
- ** "More information about MedXPress to GA pilots."
- ** "More rigorous exams. For example, every couple years require complete lab workup, chest x-ray. To fly past age 60 require an exercise treadmill exam for the heart. This will help determine who is really fit to fly past 60."
- ** "Most aircraft accidents are caused by pilot errors not medical conditions. I have no complaints with the current system as long as the AMCS understands their limited role in Aviation."
- ** "Most insurance companies will not cover the cost of medical certificates even for full-time pilots. Some help in this area of expenses would be nice."
- ** "Most of these questions were not applicable to my case - special issuance renewal based on required tests and analysis by cardiologists. Overall, the process has improved considerably over the past two years."
- ** "Most pilots I know don't depend on the Class I for health checkups, but have a greater depth & tests for physicals. It would be nice to not have to duplicate tests and/or provide the AME & FAA results from private doctors (stress test, blood, EKG work, etc.). This could save time, money, & resources."
- ** "Most recent experience was good, but I have noticed that examination quality has varied significantly over past several examinations. An earlier AME did not demonstrate understanding of certification requirements, had nurses perform significant versions of the exam, and did not seem to take the exam seriously. My first examination was a nightmare of inconsistent instruction and lack of established requirements for a previous medical condition. In my previous exam, the nurse evaluated my uncorrected vision to be better than the FAR limit, but the AME and nurses filling out the forms were completely confused by the "must possess corrective lenses" restriction on my certificate. It is as if they did not understand what the requirement was, why one might have such a restriction, and what to put on the certificate. I explained that my vision is borderline and varies from day-to-day. I always wear glasses flying to help see other traffic, but I do not need to use them driving.) I felt so poorly about the exam that I recommended other pilots not use this AME. My first AME experience was a nightmare. The exam was acceptable, but I went back and forth with the AME's office regarding a previous medical condition that had been resolved for more than 5 years (spontaneous pneumothorax due to low body weight). The office's nurse kept insisting that I obtain various pieces of information from my original physician and hospitalization, which proved exceedingly difficult given the time that had lapsed. Each piece of information I provided seemed inadequate, and the office could not articulate what they were looking for. Despite being in excellent physical health, having gained more than 30 pounds of muscle mass since the original incident, and running 10 miles per week, I seemed to be caught in a limbo of unwritten, subjective requirements. The incident took several months to resolve, including numerous conversations back with the FAA. With these experiences in mind, keeping AMEs current and ensuring they are performing to a standard seems to be a shortcoming. Additionally, having AMEs and an FAA support system that ensures consistent handling of case-by-case situations with logical consideration of aviation risks also seems to be needed."
- ** "My "old" AME was chosen because he is a pilot and seemed interested in keeping me flying & employed. His staff was uninformed, uninterested, & unhelpful. The AME never returned my phone calls or my employers. I currently go 1,200 miles to an AME who is solving my medical issues (pacemaker)."
- ** "My 3rd class medical was denied due to my voluntary attendance to an alcohol rehab. Program. The reason I attended was to give my attorney time to prepare my defense relating to me being charged with verbally threatening my wife. If I had known that this would result in denial of my medical I would not have attended the program. As I see it the system penalized people for seeking help. I attended on my attorney's advice and do not consider myself unfit to fly."
- ** "My AMCS was denied."
- ** "My AME - First in exploring soft prostate. First in identifying Liffic B/R. Excellent program. Don't reinvent the wheel."
- ** "My AME (Dr. [Name] - Baltimore) did a great job."
- ** "My AME and his office staff are very professional and perform thorough Class II physical exam."
- ** "My AME and office staff was both thorough in the exam, but helpful in answering questions. Moving to the electronic forms is a good idea. The old paper form had blocks far too small to provide the information."
- ** "My AME and OKC medical contacts were OK. The assignment for a medical checkride has fallen apart. The agent wouldn't ride in my 16 yr. old 1000 hr TT experimental a/c. He said, I'd have to rent an a/c with all logs so he could determine if it was "safe" to fly. I will have flown over 100 miles to get to FSDO. As PIC, I and I alone determine and am responsible for airworthiness! To rent an a/c for \$500+ to take this checkride is an undue burden and is not necessary. He said, "this regulation prevents him from a checkride in an experimental a/c." I want a medical checkride in my 2 place RV4!"

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- ** "My AME deferred my certificate last October due to a vision problem. He forwarded the information to the Northwest Mountain Region while I was still in his office. I was able to fax additional information in the next day or two. Within a week the authorization for special issuance was completed, signed and on its way to me. This was outstanding service on the part of Dr. [Name], the AME and Dr. [Name], the Regional Flight Surgeon. I'm sure their staffs had a positive impact on this efficiency as well. I'm hoping my application this year goes as well."
- ** "My AME did a great job informing me of what medical information I would need to provide due to my Prostate cancer treatment and high blood pressure. The Eastern region medical office was very helpful and provided excellent service."
- ** "My AME does a much better job than my personal physician and spends more time with me."
- ** "My AME does an excellent job and is thorough and professional. But the frequency of my medical certification should be decreased by half. Exams every six months are not necessary and are expensive."
- ** "My AME does an extremely thorough job. I have received 1st class medicals for years from him. I am retired now and desire only a 2nd class medical even though I do not actively fly anymore. My AME does not accept insurance, but neither does anyone else in the area."
- ** "My AME Dr. [Name] in [City], TN lost the results of my Angiogram and had forgotten to file with the Regional FAA Office. This nearly cost me my job. On the other side of that same coin, when Dr. [Name] with the FAA Southern Region got my application, she worked very hard to expedite the process so that my job status would be unaffected. Kudos to Dr. [Name] and the FAA. I think that for a lot of the AMEs I have experienced over the years, it's more of a life appointment with no chance for new competition and therefore lower quality service. These few old doc's need to be challenged by new and younger competitors that will take the AME appointment more seriously. My AME's basic incompetence nearly cost me a multimillion dollar career. I won't be rewarding him with my future business and I was basically patient number one for him having been with him since the first day of his AME practice."
- ** "My AME failed to notify me that he was not in receipt of my blood work from another physician. As a result, when I followed up two weeks later to find out why I had not received my certificate, I was told that because my physician failed to get the information to the AME within two weeks of his exam, that the data along with the information from his examination had to be forwarded to Southern Region for approval. I finally got in contact with Region who was very helpful, but it took over 90 days to get my certificate which left me with no currencies for VFR flight with passengers much less instrument competency. My AME was lax in judgment by not staying on top of the receipt of information in a timely fashion. One ticklered file and phone call could have preserved four months of flying for me."
- ** "My AME for the last 20 yrs retired. Caused a huge surge of medicals for the other AMEs. I was charged \$148 for my second class. Others in the area are charging \$65-\$90. That is my only complaint. Some of the AMEs closer to me turned me down, saying they did not want any other pilots for medicals."
- ** "My AME had no knowledge at all of the MedXPress program. He said he'd never heard of it. So the time I spent filling everything out on-line was wasted. I think AMEs should be REQUIRED to use MedXPress if the applicant wishes."
- ** "My AME has always been thorough, professional, efficient and courteous. There is a need, however, for more clear and concise guidance to pilots regarding what they must do to be reauthorized following a cancer diagnosis. I had a testicular cancer (seminoma) that was quickly and successfully removed by surgery, but since then it has been confusing and cumbersome to get my certificate renewed, despite the generally good efforts of my AME."
- ** "My AME has been an excellent advocate for aviation and aviation safety through his many years of service in both the USAF and in private practice. Thank you Dr. [Name]."
- ** "My AME has been outstanding. Dealing with Oklahoma City has been frustrating to say the least. Dealing with the mail is slow. Having to go to my cardiologist and AME to decipher what the instructions in the mail wanted me to do is frustrating. Finally, the requirements that the FAA has put on me to accomplish completely amazed my cardiologist and AME. Requiring invasive surgery to check to see if an implanted stent was ok. Just threw the cardiologist into a fit. Why are we doing that when the non-invasive stress echo and nuclear stress echo's tell the same things? Let alone the cost for all this. Thank goodness for insurance that covered that. Based on the info my cardiologist is telling me in trying to comply with the FAA, the FAA needs to update itself on procedures concerning cardiology."
- ** "My AME is a pilot himself and has been an AME for many years. He is very professional and really enjoys being an AME, Instructor and Pilot. It is a pleasure to get a medical and thankfully the FAA just granted him a five year extension for his AME. In my option the FAA needs to foster this type of relationship with the AMEs and Pilots who use this system. Unfortunately my AME is going to retire soon and I'm a little concerned about finding a new AME. I have always felt comfortable with my AME because I know that if I ever had a medical

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- problem he would be the best person to clear it up with the FAA Medical department. And God forbid if I were not fit to fly he would be the first person to tell me so."
- ** "My AME is a pilot, and understands the importance of verifying medical history and any issues in order to protect not only the safety of myself, as a pilot, but also the entire flying community. I believe the reason there are so few medically related flying incidents is due in large part to this medical certification process."
- ** "My AME is a true asset to the FAA community. I will continue to see him until I or he retires."
- ** "My AME is also my primary care physician. I think he is required to forward my application to RFS or AMCD to resolve issues that he is intimately aware of and fully capable of, and comfortable with evaluating for issuance of my medical certificate. Having to involve the RFS or AMCD simply prolongs the process and seems to do little to ensure the safety of the National Airspace System."
- ** "My AME is also my regular physician."
- ** "My AME is concerned about my health as am I to keep my license. Age 69."
- ** "My AME is extremely professional. The initial questions concerning MedXPress are, most likely, handled by his staff relieving me of any administrative responsibilities of filing/mailling/sending medical information to the FAA."
- ** "My AME is fantastic and up on all requirements, etc. He is never in a hurry and wants questions so he can be more helpful!"
- ** "My AME is fantastic. He is caring and truly has my well being in mind. I wish I could find one like him closer to my home."
- ** "My AME is great - professional. But, there are many AMEs who will give you a class I or II as long as you show up and breathe. You guys know who they are. They should be stopped."
- ** "My AME is great! He is an older gentleman, but I hope he maintains his practice for years to come."
- ** "My AME is most likely responsible for saving my life. Although my EKG was normal, he noticed an extremely slight irregularity in the sound of my heart and sent me to a cardiologist. A stress test resulted in angioplasty and stent insertion. This was 4 years ago. Each year I am happy to undergo exhausting stress/heart exam tests to ensure things are ok and I can keep on breathing and flying."
- ** "My AME is the best, but I've had some in the past that were marginal."
- ** "My AME is using an eye sight checking device that is in my opinion outdated. Shouldn't this equipment need to be up to date or at least updated at certain intervals? Example: My AME said I may soon need reading glasses. The same day I had an appointment with my eye doctor and they said my vision was better than 20/20. That has to be equipment problems that could easily cause problems in a pilots career."
- ** "My AME is very professional and although I believe he charges too much he is easy to see. His office is on the way home from the airport, so it's very convenient to drop in whenever."
- ** "My AME laminates my certificate for me, which I appreciate."
- ** "My AME recommends not using form 8500-8 thru MedXPress. He said if I make a mistake on the form and submit it, it is too difficult to correct. He prefers I do the written form, he will check for errors, then he will submit it. He says MedXPress is too inflexible if errors are made on the form 8500-8."
- ** "My AME specifically sent in all of the additional paperwork I brought him along with my application for medical to Ok City. He told me not to send in a duplicate packet as it might confuse the issue and result in a delay in approval of the special issuance. Well, Ok City lost the paperwork, sent me a letter anyway and denied ever receiving anything. So, I was forced to send in the paperwork anyway. In the future, I would recommend Ok City publish a definitive process for submitting additional records for special issuance medicals. Every year it seems like the process is different and an official page on the faa.gov website would go a long way to clearing up the mess on the airman side of the house. I would like to say that the length of time to get the letter in the mail has gone down drastically since I first had to apply for the SI in summer 2005. I would also like to make a request that more specific guidelines be published regarding medical certification of individuals with a single thrombophilia disorder. Is indefinite anticoagulation truly necessary? A single non-spontaneous DVT/PE event is generally only treated with anticoagulants for 3-6 mos. then discontinued. Anticoagulation has dangers and long-term side effects that are nearly as dangerous as a clotting event. What alternatives are there? No public information is available surrounding this issue."
- ** "My AME told me there would be additional charges for his services as he had to refer my application. I had already obtained all necessary documents for his referral at the time of my exam. Since I had Roux-en-Y gastric bypass there was a good deal of paperwork. My prior health issues are no longer a factor. The AME then sent me a bill for an additional \$800, which is absurd. Furthermore, my medical was issued with a 6 month expiration. Perhaps the FAA should do some research on the benefits of gastric bypass as it is now very common!"
- ** "My AME was interrupted three times while doing my exam. He had not told me to get a letter from my primary doctor beforehand. My AME was reprimanded from FAA the week before for passing someone with new onset high blood pressure without getting an EKG, so he was skittish about passing anyone. He wanted an exam and

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- letter from my primary doctor even though my history and medicine had not changed over the past other two exams. My doctor was out of town on vacation. So I was not able to submit this. I did get a copy of my complete medical record. I gave it to my AME office. Before my doctor could get a letter to the AME he went ahead and forwarded my medical and old record to Oklahoma City. I got the letter from my doctor but it was too late. Oklahoma City sent me a letter stating I would need the letter from my primary physician, which was forwarded. They also sent me a denial based on a medication in my record that I was no longer on, and it was not listed on my exam. Once we got this straightened out I was given a denial for being on Allegra-D instead of plain Allegra. Both are approved meds. I called and was finally able to speak with the AME at Oklahoma City about this. He was worried about ear drum rupture. I explained that I had no ear trouble, had completed the FAA physiology high altitude chamber ride and was primarily a glider pilot, not a power pilot. Glider pilots are constantly changing altitude and you do not do this if you have ear trouble. I also explained I had made more than one rapid descent at the end of the day from a wave flight either near or above 18,000 ft with no problems. He understood, but said since my file had been sent forward, I would always have to see my primary doctor and get a letter before seeing my AME. This has me wondering if I ever want to go through the trouble again, or just fly gliders from now on. Because of mishandling it took over 3 months to get my medical. I would also be happy to talk with someone about this. Sincerely, [Name] [Phone #]."
- ** "My AME was my personal doctor. I feel this added to the quality of my exam."
- ** "My AME was NOT a pilot. I would prefer that ALL AMEs were pilots."
- ** "My AME was thorough with questions and review of past history. Gave a much better exam than the last one."
- ** "My AME was very professional. He is the only one I've ever used so I don't have anyone else to compare him to. He takes time to answer all my questions and gives helpful advice pertaining to safer flying. Flying is a great privilege. I'm thankful to be a U.S. citizen and pilot. Thanks for all you do. Have a nice day!"
- ** "My AME, Dr. [Name] has always been very professional, efficient and supportive, in my experience. My contacts with OK City have always been pleasant, although there was at one time some confusion on my part over your need for additional medical documentation from a physician/specialist. The wording in your letter requesting this info was easily interpreted to mean that the data already supplied was being requested again. This was eventually cleared up with good results."
- ** "My AME, Dr. [Name] is organized and thorough. He offers me feedback on my overall health based on his findings during the exam. He can often see me on short notice and charges a fair fee for his services."
- ** "My AME's "close vision" test which is administered by the nurse always involves a "close up" eye chart taped to the wall of the examination room. I firmly do not believe that the lighting in the room is adequate for the test. I would suggest that there be some sort of standards in the amount of light required for the test to be valid."
- ** "My application had to be sent to OKC for approval. That took 90 days but my exam date was the original date and not changed to reflect the actual approval date so my medical was really good for only 9 months. I lost 3 months of use. The date should reflect the 12 months after the approval date."
- ** "My Aug 2007 Class I Physical cost me \$150 with EKG. My Feb 2008 Class I Physical cost me \$162 with no EKG. I'm trying to schedule my Aug 2008 Class I Physical and it's going to cost me \$250 for the physical and \$74 for the EKG. These costs are becoming out of control and ridiculous. Can you please get control of these AMEs and their unnecessarily high costs for these services."
- ** "My bad experience with this past medical certificate was not with the AME, but rather his staff. They forgot to do part of the eye test, so I had to make another trip to see them. Needless to say, I will be finding a new AME in the area. I have had a lot of medicals over my career, and they have been noticeably different at each AME I go to. I would think it could be more standardized. I also do not see the need to take a First class medical every 6 months. For younger pilots, it is in my opinion a waste of time and money. I think at some age "?" it should revert back to every 6 months."
- ** "My blood pressure was a little high. The AME put me on blood pressure pills. Every time I go to AME my blood pressure was high. When I went to my doctor it was ok. I had it checked for 10 days and it was ok. I am not sure why it was high when I went to the AME, but your office sent my medical. My blood pressure is good, but I am taking pills. I guess the AME did me a favor and put me on blood pressure pills. Thanks."
- ** "My case was deferred to the FAA Medical Examiner, who needed more info. I was given a limited explanation of what they needed and provided it. Hence, it was insufficient and needed to submit more information due to the poor initial explanation of what was needed. Each time this extended the process for 30 additional days. I was grounded for a time as a result."
- ** "My case was sent to OKC for review for two purposes; sleep apnea and a reported DUI. I am a professional pilot, so while waiting to hear back I was not flying. I was advised to call back and check periodically. This went on for a month and a half. Would it really be that difficult for someone to call and advise that a pilot is cleared and the medical has been sent?"
- ** "My certificate requires OKC approval. After following the instructions from OKC, which were confusing at best,

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- and submitting info, I was told that the process would take six to eight weeks to complete. This timeline would have left me with an expired certificate and, as a professional pilot, out of work. Since I had followed the instructions exactly and in a timely manner I asked for help. None was forthcoming. I had the local AME call OKC and ask for help, none was forthcoming. In fact no calls to OKC got past the original contact and never was any help offered. My local AME, going "above and beyond" contacted someone in the Northwest Region. Finally help arrived. The office in Washington was polite, understanding, and timely. Including a doctor who stayed late on a Friday night, and called me personally to tell me I would be able to go to work on Monday. It would be a great help if all future certification issues could go through WA and OKC could be avoided altogether."
- ** "My certificate was submitted to special issuance. It took 8 weeks. I would hope that time period could be shortened."
- ** "My children are grown, and our family physician retired, so I consider my AME to be my primary care doctor. He also is retired and so does only AME two days a week. I get blood work done a week or two prior to my exam and have it sent directly to his office. We treat the exam as an exam and an annual physical, and discuss the results of the blood tests, and lifestyle changes for good general health. He treats all of us as his patients, not just someone who shows up once a year to "PASS" the FAA exam."
- ** "My company's aeromed office was in phone contact with the FAA, OKC office, and just about as quickly as my required "stuff" was on the proper desk in OKC, my class I was approved. (it was a fairly mild form of type II diabetes) I was faxed my medical, and I went back to work. After having just been diagnosed, and the proper waiting period, I was impressed at how quickly I was approved. Thank you very much!!"
- ** "My complaint was with the AME not the FAA. The AME appeared too busy to answer my question or even advise on the step I need to take to receive my 3rd class medical. The FAA office was helpful and though slow in the review of my submitted documents the process did move along with a positive outcome."
- ** "My condition is that I flunked my EKG, nuclear stress test, and angiogram. I therefore had a successful quadruple artery bypass operation. After three months my attending surgeon said I could return to work. I informed him the FAA requires six months to recertify. He asked why so long because all looked well with me after three months. Also, my date to recertify is 9/17/2008. This is one day after your cardiac review board convenes. The next date I understand is 11/17/2008. My company is paying me and I am sure would appreciate my returning to work sooner if my tests indicate I am able. [Name] [Company]."
- ** "My current AME and his institution are first class in every respect. Note that you may want to ask about previous AMEs and exams on future questionnaires. In the past some exams I had were not good in my opinion."
- ** "My current AME does an outstanding and very thorough examination. (Eyes/ears/joints/lungs/heart, etc.). I have used him and will continue to use him because at the completion of my annual exam I leave confident knowing I am in generally good health. 2 years ago my AME volunteered to perform medical services in Iraq and I went to (2) other AMEs. I was dissatisfied with the extent of these exams. Basically took my check and gave me license. I recommend more cross the board testing to ensure AMEs are conducting adequate exams for pilots."
- ** "My current AME is great, however, the AME I had used for a previous exam (my regular AME was unavailable at the time) used some ridiculous computer survey that he told me he had developed and that from that he could tell what kind of physical and mental shape I was in. He performed a short exam then I spent the next half hour answering questions on a computer that asked questions about my health and mental state. He also commented that he would not pass me unless I was in top physical shape according to his program, that he was trying to get the FAA to use it exclusively, and that he was not afraid to "down" someone. He even stated, with pride it seemed to me, that he had downed more pilots and ATC personnel than anyone he knew because no one could beat his program for discovering problems. Needless to say, I never went back to him. I should have sent a message to Ok City but I was just glad to pass his "exam" and get out of there."
- ** "My dr. is very thorough in his examination. I feel confident that if every dr. is doing a complete exam like mine. The air would be very safe. However, I know all the dr's out there aren't as good and caring as mine. I hope this survey helps."
- ** "My early years of flying were as a member of the USAF, and those physicals were completed by military flight surgeons. Over the past 20 years I have used two civilian AMEs in southern Alabama and northern Florida, and have nothing but praise for each of them. They have been professional, thorough, fair and efficient."
- ** "My EKG showed bad. The opportunity should be given for AMEs to take more than one reading of EKG. The time, money and expense to straighten the whole mess out was considerable. Not to mention the loss of pay while I was out of work! Granted, all of the inconvenience was caused by my employer trying to cover their [Profanity] but, FAA should allow AMEs on site to take several readings."
- ** "My exam was expedited with little or no waiting. My AME was familiar with my medical history and scrutinized for any possible weaknesses that would affect flight. I was satisfied with my personal experience and believe the

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- FAA does due diligence."
- ** "My examiner has retired now and the doctor that took most of his patients would like to be an FAA examiner but was told he could not be due to the number already present in the area. It makes more sense to me to have continuity with someone that really knows my health history well, instead of finding a new examiner that does not know me and I don't know him. Maybe more examiners would be helpful in a case like mine."
- ** "My examiner, Dr. [Name], does a thorough job and I receive an examination once a year. He is also my regular physician and is familiar with my medical history. I am particularly pleased with the speed and convenience of the EKG portion of my exam, receiving results shortly after the information is transmitted electronically. [Name]."
- ** "My examiner, Dr. [Name], is great!"
- ** "My experience has been positive, and it appears that the examiner that I go to takes his job very seriously. He does a very thorough job and I feel he provides the kind of service the FAA would expect."
- ** "My experience is that the med. examiners do an excellent job."
- ** "MY experience was very good. I do feel that a medical does little to ensure the safety of the national airspace system, because a person's health can go bad at anytime. It does require a pilot to live a more healthy life and that does help. I think the time duration of the certificate needs to be expanded, because of in my case (special issuance) the tests are quite expensive."
- ** "My experience with AMCS has always been very professional."
- ** "My experience with AMEs is pretty limited. I have made 5 visits in my career with 3 different AMEs. Some are a bit more "slacked" than others, but I feel all have done a more than satisfactory job. I am only 31, look young and am very healthy and I still have to go through the full routine."
- ** "My experience with both the AME I visited for the medical and the experience I had with the AMCD in Oklahoma were very pleasant and I was treated with the utmost courtesy and respect and they both acted very expeditiously in solving my situation. Thank you."
- ** "My experience with my AME has always been pleasant, honest and helpful."
- ** "My experience with my AME has been good as has been the case with AMCD."
- ** "My experience with the AMCS was a timely response no time wasted in getting back with me. Thank you. [Name]."
- ** "My experience with the FAA and the AME has been entirely positive. However, I do not (so far) have any significant medical issues. Everything that I have heard, however, indicates that the FAA tries hard to accommodate pilots with medical problems."
- ** "My experiences with [Name], M.D., in [City], have been good."
- ** "My experiences with the medical certification process, most recent and prior, have been very good."
- ** "My experiences with the staff in Oklahoma have all been not only professional but compassionate, helpful and a willingness to treat me as an individual. Quite a difference from dealing with the FSDO personnel who seem dedicated to destroy general aviation, not help us. The Greensboro, NC FSDO in particular, if they are unhappy with their work they should quit. A complete housecleaning of senior staff should be done, this is confidential right? Hope so. It is a shame a few bad apples can cause "I'm from the FAA and here to help" sarcastic universal degrading remarks. Compare this to Oklahoma City where EVERY phone call or correspondence on a variety of subjects result in personnel really trying to be of help. I had an instrument candidate who left his written test in his truck in [City, TX] and needed it here in North Carolina, it was sent overnight and he made his check ride. This is what should be published. The FSDO should get out of general aviation, they have done enough damage.....we have a tough enough fight with fuel costs, insurance without having to fight "our own".....confidential? Hope so... [Name] ATP CFII [Pilot #]."
- ** "My first information was misplaced (lost) I received a letter requesting the information again. I sent it in and received my medical, almost a year later I received a letter requesting the same information again, after I had received my certificate. I received another letter 2 weeks later advising me to disregard the lost letter. You all need to get it together!"
- ** "My former AME was quite thorough. The last AME did no physical evaluation. I will schedule with the former AME next time."
- ** "My heart felt appreciation for the FAA and medical process!"
- ** "My hometown doctor is the AME. He has all of my med. records. This is very convenient."
- ** "My last AME appointment was followed by a review with the Regional office. The entire review process was a night-mare and I felt like I had no advocate nor real representation through the entire review process. The Western Regional office staff did not know of any set guideline on iron deficient anemia (a very common condition in women) and I was never allowed to speak with a doctor at the office. Nearly daily I sent in more and more medical information trying to guess what it was the doctors might want. This entire time I was not allowed to work (as an airline pilot) because I didn't have a medical! I was continually told by the regional office staff that I was not a priority (I am an airline captain who is the primary income earner in my house) and the doctor would

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- review my case sometime in the future (within a month or so!). They told me that he would not review my case until I stopped sending in information though?! The entire review process would have been much easier if the doctor would have immediately reviewed my file (along with any other first class medical holders that fly for a living) and let me know what they needed from me and my doctors. I am a professional and I deserve to speak with a professional who at least knows what my medical condition is. The office secretary I spoke with was truly clueless when trying to read the doctors notes to me over the phone. Every time we spoke she read something slightly different in his "notes". Furthermore, I spoke with an AME friend from another region (Colorado) who felt I should have never had to wait for the medical with a simple iron-deficient anemia diagnosis that was being actively treated and responding. This entire review process has scared me into taking ridiculously good care of myself so I never have to do it again!!!"
- ** "My last AME visit was unsatisfactory. 1. 99.00 card turned into 150+ since "we don't honor card" (then why did you mail it?). 2. With 20/15 vision I had to wait 2 months for a medical. With pilot population in a free fall 800K - 600K. The hassles/TFRS and etc. make it a lot easier to just ride my BMW's. I will not be seeing my previous AME again and I am an aircraft owner (C-177) who is just tired of all the hassle."
- ** "My last exam was fine. But the 2 previous exams were not. The doctors were unfamiliar with the exam procedures, and were slow. The equipment used on my eyes seemed very old. One office was dirty and quite uncomfortable."
- ** "My last experience with my local AME was most professional and complete."
- ** "My last medical exam was done in a professional and timely manner."
- ** "My last visit to an AME was over two years ago. Since then some medical issues have come up. I have tried to contact the FAA in OK and sent my medical info to them in April 2008 and now it is August 2008 and I have not heard anything from them. My AME died in April and I am trying to get my medical done with an AME that has taken over the practice. I am very disappointed that the FAA did not respond to my certified information that was sent to them. I did not receive at least an acknowledgement or what more I need to do if anything."
- ** "My local designated AME provides good service, and I can usually get an appointment in a reasonable timeframe. However, I used the new MedXPress form and his office wasn't able to print it, so I ended up re-doing all the work by hand (good thing I brought a hardcopy with me). The Regional Office was very helpful in telling me what documentation I'd need to submit to get my waiver, which was issued. The only negative comment was that office took longer to process than they originally said, and I had to call back."
- ** "My medical (III Class) was issued with an S.I. for my Type II diabetes and Sleep Apnea. With assistance from my primary care doctor as well as my Endocrinologist (diabetes doctor) we thoroughly went through my medical health. My AME spearheaded and organized all of the tests, letters of compliance, and reports so that the FAA would receive all of the pertinent information to issue my medical. I greatly appreciated his service and the encouragement to stay healthy and fly safely. The FAA responded quickly and positively to my Special Issuance Medical and I am flying. This has been a good experience."
- ** "My medical certification exams have always been straight-forward and relatively routine. I don't know many details about what to do if I have a medical issue or what medical issues have to be reported, however. Fortunately, I have never had to deal with this problem, but in talking with friends, I understand it is not the easiest thing to deal with. Also, my AME provides me with my last exam paperwork so that I know if anything has changed since my last exam. This is a really nice perk, but one that does not exist if you have to change examiners. Maybe MedXPress helps with this, but honestly I have never heard of this program. It sounds like a great idea, but I'm not sure the word is out."
- ** "My medical certification was denied because my family doctor's initial medical diagnosis was recurrent vasovagal syncope. However, my family doctor referred me to a cardiologist who diagnosed my episode as caused by an irregular heartbeat, not vasovagal syncope. My cardiologist prescribed Metoprolol 12 1/2 mg once a day, and the treatment has been successful; therefore, no further episodes in over 18 months. Recommend the AMCS initiate a follow-up program with AME whereby pilots denied medical certification the first time can revisit the AME with supporting documentation from their specialist, and reapply for medical certification given the original diagnosis was in error, and the diagnosis from a specialist is corrected with medication. I was told by my AME that I could not come back to him for re-evaluation, and request through him a reinstatement of my medical certificate based upon my - the new diagnosis, and medication program, which has corrected the medical problem. I believe this is a flaw in the system. I believe my AME, who knows my history, is best qualified to work with my cardiologist to determine if my medical condition is stable enough to qualify me for a medical certificate. Just my thoughts, and recommendation."
- ** "My medical history has been very uneventful and I have not had to use any other services from FAA services other than I've been receiving medicals from him for the last 17 years. Hopefully he'll remain until I retire."
- ** "My medical is issued via a Special Issuance certification. Each year, on a very regular basis, the FAA requests a list of requested medical information in order to assess my current health and maintain my existing med cert."

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- This includes tests and reports from my medical doctors. Once this process was established, the re-cert process has worked quite well and there have been no lapses in my medical cert. I also believe, given all the info requested, my AME limits his exam to areas not covered in the info request."
- ** "My medical was held up for 44 days because my family physician prescribed a medication usually given to diabetics. My physician says "to prevent or delay the onset of type 2 diabetes". I have never had, and do not now have diabetes of any type. However, Dr. [Name] has determined that despite those facts, I am put in a "special issuance" category and have to prove that I still do not have diabetes on an annual basis (guilty until proven innocent). My question is, if I stop taking the metformin and my blood glucose level remains in the normal range, would I be placed back into the "normal" category of class 1 physicals? I feel a little background history is relevant here. Before my family physician put me on the metformin the A1C result was the same as the result after taking the metformin for six months (normal range for non-diabetic). I feel that in this case, there has been a gross abuse of power and typical failure to admit that another point of view is relevant and reasonable."
- ** "My medicine for hypertension has not changed in 15 years but you asked for new results? Why do you insist on sending out new form letters? It costs money and is useless."
- ** "My most recent AME has always treated me with respect as a fellow aviator and has given me suggestions as to lifestyle changes which would extend my flight career and my life."
- ** "My most recent exam and most recent issue of a medical certificate were two distinct events. My exam by my AME was done; however, Oklahoma put a one year restriction on my certificate and indicated the certificate would be issued for another 12 months if I submitted results of a medical test indicating no problems. The one year issuing of my medical certificate was done for 3 years. During that time period I was never told if I did not have additional problems for 3 years, I would be cleared and not have to submit the results of this additional test. I did not know if this one year restriction would be forever or over a limited period of time. A written request for an explanation was never answered. This year, the third year, I received a letter stating I was no longer required to take this additional test and would be issued a 2 year certificate (Third class over 40 years of age) I recommend AMCS inform pilots of what the process is to clear up these additional requirements."
- ** "My most recent exam was very thorough and professional. This was a huge change from my previous AME who gave a cursory exam in a conference room with little medical equipment. The disparity was striking. Somehow, the services need to be more consistent."
- ** "My most recent experience was completed within the time expected...30 days. The process this time last year (2007) took way too long....80 days."
- ** "My name is [Name] and I have a medical condition known as Benign Fasciculation Syndrome (BFS). I've had BFS since 1996 and will suffer with it, most probably, the remainder of my life. The FAA in the late 90s gave me a waiver for BFS but cautioned "operation of aircraft is prohibited at any time new symptoms or adverse changes occur or any time medication and/or treatment is required". In 2004 the conditioned worsened and I sought treatment. I was prescribed and tried multiple medications, in every case the FAA would not allow me to fly with these medications. I've seen many neurologists and they all agree that Baclofen is the best drug of choice and see absolutely no reason why I should not be allowed to operate an aircraft. Instead denying me a medical and not allow me to return to work. I was denied as recently as May 2008 at which time the FAA in Oklahoma did not even send my application out to neurological consultant but instead denied it in house. I find the actions of the FAA completely disgusting and would like for Dr. [Name] to personally review my case."
- ** "My next exam was due Feb 2008. In January I notified Ok City that I had not received any special issuance instructions. (In previous years I had received them when my special issuance medical certificate was received). I received the instructions the day before my medical appointment with my AME. I had already gotten the echocardiogram required by the previous years instructions expecting the same. My AME and I were both surprised to read the requirement for an extensive stress test. I scheduled the stress test immediately and got all of the results (charts and reports) to the AME the next week. It was now March and I was grounded because of the surprise. I received the special issuance about 5 weeks later. Recommendation: Send special issuance instructions with the special issuance certificate so the tests can be done before the medical runs out."
- ** "My only complaint is the cost of the Medical Exams. For such a limited examination the cost is too high. I paid \$120 for a 15 minute examination without an EKG. The FAA should impose a fee schedule to limit on what the AMEs are allowed to charge."
- ** "My personal experience with the system has been very positive. This is not the case with several of my associates."
- ** "My personal medical evaluation conducted by an AME has nothing to do with the FAA's medical certification process as it might affect safety in the national airspace system. Consider rephrasing the question."
- ** "My personal physician does a thorough annual physical, but has NO interest in becoming an AME. Why not permit ordinary physicians to do Class 3 medicals. It would save time, money and avoid traveling to a doctor

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- that you do not routinely see. This was much less of a problem when I lived in a large metropolitan area than where I now live in northern Minnesota."
- ** "My personal situation creates no unusual action with medical certification (same AME for past 18 yrs no illness since adulthood except for few colds take no medicine of any kind, same weight, blood pressure, heart rate since graduation, etc.). I have pilot friends who complain of very high costs (up to \$12,000) and many months waiting in order to be recertified due to (mainly) heart related abnormalities or diabetes. They complain mainly about the cost and time and number of repeated requests for info causing visits to several doctors and the added costs involved."
- ** "My phone contact with OKC Med was pleasant, informative, courteous, and to the point. Pleased with the system as it worked for me. Cannot say how AeroMed makes the airspace safe. That is a poorly phrased and improperly focused question. AeroMed doesn't / can't address personality and psych issues which probably affect the safety of flight more often if not more insidiously than the overt medical issues."
- ** "My physical takes almost 45 min and involves hearing test, eye exam, balance and perception. The physical was very complete. He reviewed my history and medication. Doctor also discussed using MedXPress and things that meds and medical conditions that could restrict or disqualify a pilots lic."
- ** "My present medical diagnosis requires me to submit CBC (Complete Blood Count) and medical history for the past year on an annual basis. I do not have a problem with this request. What I do have a concern with is the attitude of the manager of the Aerospace Medical Institute. All correspondence from this department is viewed by me as harsh and demeaning in nature. I am not attempting to hide any of my medical history, or current condition. More important, I have a problem with requests from this department demanding that I respond immediately, and then I wait eight weeks for their response on each occurrence. I can't imagine how someone who flies for a living financially survives under these conditions."
- ** "My previous AMEs were pilots and had a different attitude toward the exam. The last physician I had for the exam was not a pilot. He said he examined pilots for the extra income. This was very evident in the way he approached the exam. I understand that requiring an AME to be a pilot would drastically reduce the number of doctors to perform the examination, but I believe DRs with flight experience would provide a better service to both the FAA and the patient/pilot and would be a better advocate for safer skies for all pilots."
- ** "My problem had to do with medication. The FAA did approve all medication I was taking but did not approve of two I was taking together. The day of the exam I had the DR change the medications to approved medications that worked. It took the FAA more than 30 days to sign off on the medical. They were informed within 2 working days of the change in medicine. I do not understand why it takes so long for what appeared to be a minor problem. The AME said that we could not change the medical form to the new medicines. This almost cost me my Job. I asked the FAA if there was an approved list for medicine. Was told that there is none. I do not think the AME knew until he submitted the form that the medicines were not approved together. There should be some uniform list of approved medicines."
- ** "My process for Medical Certification was pretty lengthy, 9 months. I had to submit several rounds of reports and then test results to finally achieve our objective, it was time consuming, but all of the staff in Dr. [Name's] department were professional, prompt, courteous and detail concerned. I would rather spend the extra time in gathering accurate information, than to compromise safety. My whole experience with Oklahoma City was a painless one, and I have nothing but compliments for them."
- ** "My pulmonary function tests are now required every 6 months. This is much too frequent & too expensive and doesn't provide any meaningful information. Every 12 months was the right frequency as it had been for 6 years."
- ** "My recent exam required a complete cardiac workup for hypertension. My AME was able to arrange all the needed tests and review the results in record time compared to what would usually happen. It would be wonderful if all AMEs could do that. I would recommend AMEs have an specific arrangements for immediate access to understanding Cardiologists and/or Internal Medicine doctors to process airman exams as efficiently and quickly as happened to me."
- ** "My recent physical can be classified as being treated as "guilty until proven innocent" by the Regional FAA office in Kansas City. Instead of asking for clarification regarding test results and explanations, they assumed that I was hiding something. They wouldn't allow my AME in my town to issue the Class 1 certificate. They were quite slow in processing my physical, which caused a delay in getting my Class 1. I was off work for approximately 4 weeks waiting for a decision from them. When I FINALLY got approved for a Class 1 certificate, they fortunately faxed me a temporary certificate to use. The paper copy that I later got in the mail had an incorrect date (a date 2 weeks prior) on both the Medical certificate and the letter for future use. It took TWO more phone calls and mailings by the Regional office to finally get all of the paperwork in hand with correct dates. My AME should have been able to grant me a Class 1 medical certificate instead of the Regional office. The Regional office was very slow, not very helpful during phone calls, and almost inept in their ability to get the correct paperwork to me in a timely manner. Instead of solidifying their competence in my eyes, they have made

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- me afraid to talk to them at ALL for fear that they will misconstrue the things that I say and cause a delay in getting my Class 1 physical."
- ** "My recollection is that the form I had to fill out asked for information that went back before the previous AME exam. It should just be for events/occurrences SINCE last exam. Further, I went to the doctor for flu, etc., and it seems silly to ask for that type of information -- it is difficult to remember those relatively meaningless details."
- ** "My recommendation is that all pilots undergo the same courteous, professional and thorough certification process that my AME gives me. Hopefully, the AME profession can elevate itself, without regulation, to perform "first class" services even at a higher cost. Our life depends on it!"
- ** "My REGIONAL FAA Medical folks were GREAT in helping me with my certification.....the Medical offices in OKLAHOMA CITY were TERRIBLE at best. My AME had sent my paperwork there for review and it sat there 5 weeks with no action. I made numerous calls and was told "the application is under review by the doctors and I could have no contact with them". All the individual would say was that it could take a week or maybe months. I explained to that person that I was out of work until my medical was approved and was told "there was nothing he could do". The people in my Regional FAA medical office eventually intervened and the process was completed in ONE DAY!!! I was ecstatic AND appalled. RECOMMENDATION: Maybe some of the "Review and approvals" can be done at the Regional level instead of being automatically sent to Oklahoma City."
- ** "My relationship with various AMEs has always been cordial and straightforward. I've not had any problems requiring contact with FAA medical personnel. I really can't provide you with any feedback that might help you."
- ** "My response to question #33 - maximum safety is assured by denial of all medical certificates. I voluntarily identify myself to help eliminate the tortuous experiences which I have suffered in the past. It was the most obvious example of maximum age discrimination which one can imagine. I enclose copies of some of my correspondence for you to peruse. There had to be a problem and FAA, by all of the additional exams and manufactured requirements, was determined to find something wrong. These included a Holter Monitor, additional eye test, bradycardia concerns, stress test, cardiology and orthopedic recommendation letters from attending physicians. My medical was not officially 'Denied', but I could not fly without a valid medial certificate - just left in limbo! There was no answer to my questions nor to my correspondence except additional requirements for more exams and tests. All were completed with satisfactory results."
- ** "My responses are admittedly biased as I am a physician and have the good fortune of personally knowing several AMEs. However a well done AME exam still unfortunately has limited ability to protect the public against illness associated accidents. However it seems illness doesn't play a significant role in accidents. Does a well performed exam accomplish what we hope is being accomplished? Thank you for a well designed survey! Sincerely, [Initials]."
- ** "My roadblock to medical certification has been that I am being treated for hypertension, under control with approved medications, but have been subject to "white coat syndrome". Even though I know this may occur (the in-office BP reading were not within limits) and take with me BP readings and information from my Primary Care Physician, the AME had to still refer me to OK City, to supply the same information at which time the medical certificate was issued, but with almost 90 day delay. Recommend that the AME be allowed to review/evaluate a Primary Care Physician's report of hypertension control without forwarding to OK City, and to be able to issue the medical certificate."
- ** "My Special Issuance requirements cost around \$5,000 a year in tests. \$1,500 out of my pocket. This is an outrage!"
- ** "My special issuance was handled in a timely, efficient intelligent and prompt manner. I was frankly amazed at the quality of the service and promptness of a response."
- ** "Need a better source to locate an AME. 1. Don't know where to find FAA listing (if it exists). 2. AOPA listing was of no use."
- ** "Need a grace period like airline recurrent training i.e., if medical is due in Sept, it is valid to the end of Oct, and a medical certificate issued in Aug, Sept or Oct are all considered Sept renewal."
- ** "Need an internet connection/contact for submitting questions pertaining to a medical issue; either live chat or delayed response would be OK. Currently, AOPA has medical advisers at certain times which are excellent."
- ** "Need more AMEs."
- ** "Need to allow treating doctors i.e., Cardiologists, Endocrinologists to dictate the exam requirements using latest technology instead of what the FAA considers tried and true testing for future episodes."
- ** "Need to become more accessible."
- ** "Need to have more AMEs in the Birmingham area and make sure they don't all take vacation at the same time."
- ** "Needed to contact the FAA medical representative as my pilot license # was changed from my social, and ECG transmitted could not be matched to my records, should be able to manage that task without letters and threats to cancel a pilots certificate!"
- ** "Needs to have more definition given to the sports pilot certificate."

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- ** "New on-line system is an improvement."
- ** "Next physical date should be when you receive the actual certificate X # of years. Expand the SLA rules to all, 2 place SEL A/C this would eliminate a lot of costs and excess paper. The weight restriction of 1320 lbs (gross) is arbitrary and makes no logical sense. Many older A/C that qualify for SLA rules, when they were upgraded to 100 HP/0-200 from 85 HP went slightly over the wt. limit and so are not eligible. Ercoupe, Luscombe, Cessna 120/140/180, etc. Why?"
- ** "Nice to get a survey like this. It tells me you are interested in making continuous improvement. Good job."
- ** "No change."
- ** "No reason for an exam every 6 months (way too excessive)."
- ** "No recommendations - process was professional and efficient. Good job!"
- ** "Normally when I go to take my Medical exam, the Doctors Office would give me the paperwork to fill out plus a copy of the paperwork I filled out last time. The only things that really change are weight, age and time flown. Most of the time I can remember most of my old medical conditions, but there are times when I don't. What I am getting at is, it would be nice to receive a copy of my last paperwork in order to help me fill out the present paperwork. Then it would be easier to update the old onto the new."
- ** "Northwest Regional Aeromedical Division is great! Never saw an FAA division so dedicated to getting things done."
- ** "Not enough examiners. It is hard to find an examiner within a 50 mile radius from where I live. Too many have quit or only give exams on certain days. New examiners have not been added. I have approached some local Physicians and they either know nothing about AMCS or want nothing to do with the program."
- ** "Not my latest (most recent), but a previous biennial III medical left me quite disappointed (note this was by another AME that I got out of the phone book and from a mailer. This was my first time with this AME who didn't know me as a pilot and did not inquire as to my particular circumstances when this AME explained he/she could not issue an immediate III class medical. Granted he/she was leaving that week for a 2 month vacation (busy and pre-occupied). No questions were asked how this denial of medical certification would affect me. No bedside manner - definitely lack of personal touch. This AME did not inquire as to the previous circumstances of my medical history."
- ** "Not sure how you would other than try to find more doctors and more that are pilots."
- ** "Not sure if this is relevant here, but I would be more than willing to pay a little extra money to get a hard plastic version (Like a credit card) of my Medical Cert. A piece of paper doesn't last a whole year."
- ** "Note: I retired from the airlines in Feb 2008. That is why I answered I am currently not a pilot."
- ** "Now that the FAA is allowing pilots of Part 121 to work past age 60, they need to give the "senior" pilots a physical that tests their reaction time and alertness, along with memory."
- ** "Oct 6, 2006, NASA vision test mistakenly documented a retinal hole. Oct 18, 2006, FAA requested a visual field evaluation by a retinal specialist. Oct 20, 2006, the Ophthalmologist's exam stating "0 retinal tear" were FAXed to my NASA AME. Oct 24, 2006, FAA sent me a letter stating that the eye narrative was received. Feb 22, 2007, FAA again requested a visual field evaluation. Mar 12, 2007, the Ophthalmologist's exam results were FAXed to my NASA AME again. Nov 26, 2007, medical exam completed with another AME."
- ** "Of all the AMEs that I have seen for the past 30+ yrs. I have always been treated very well. Any questions that I had was always answered, with and explanation of their answer."
- ** "Often, I was either initially denied a Special Issuance because the FAA Regional Medical office had not read my file (everything was properly submitted) or a question was asked 25 days into the process that would have been answered by reading the previously submitted file (this happened multiple times). This delayed issuance by 2-3 weeks each time and caused a potential conflict with my flying at my job. Also, RM office & Flight Surgeon did not know the difference between a reportable disease and a disqualifying disease. I suggest a checklist of needed paperwork be a part of the submission along with a timeline of the disease progression. I submitted this last item so the RM office could better count the number of days since my treatment had ended (they had trouble with this task)."
- ** "OKC is so remote to real time medical evaluation, all third class special issuance should be entirely accomplished by AME. There is little public benefit to FAA 3rd Class medical certification. FAA Aeromedical staff should direct resources at Class I and Class II only."
- ** "Oklahoma City actually does a pretty darn good job. They are always pleasant and helpful when I call and talk to them. They even respond to e-mail! I think OKC does a really good job and is underappreciated."
- ** "Oklahoma City should provide some idea of a timetable for getting a decision on the issuance of a certificate."
- ** "On 4/21/08 I went to my AME to renew my medical certificate. After receiving my medical history, the AME sent the info to Oklahoma City. They sent it on to Central Region & they said they would act on it in 10 days. On the 29th of May I sent in more info & on July 1 received notes that I was denied. I have 30 days for reconsideration & did so. My doctors don't understand why I was denied."

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- ** "On form 8500-B, the sequence of blocks for answers is first yes then no except #17 were no is first. When in a pattern of providing answers it is easy to make a mistake and mark the wrong box. I did! Recommendation - Change it to match all the others on the form."
- ** "On March 19, 2007 I went to Dr. [Name] at family practice in [City], NE for a flight physical. After I had filled out all of the forms that I could, he came in and looked at it and said you won't get a medical certificate today. I asked why? He said you can't take certain medicines and fly. I don't remember the name of the medicine but I haven't taken it since. When he was done with the physical he said he was going to immediately fax the form to Oklahoma City. I have not heard from the FAA to this date. My opinion is that I must not have even taken the physical. [Name]."
- ** "On May 3, 2007 I applied for a second class medical certificate and advised the AME that I had undergone coronary artery double bypass graft surgery. He gave me a physical examination and advised me to put together an informational package including hospital admission summary including history and physical, coronary catheterization report, operative report, discharge summary, and blood pressure history summary report. Within a week I submitted this information together with a letter from the medical department which has followed my progress since surgery to my AME. He forwarded this information to the FAA in Oklahoma City. On June 28, 2007 I received a letter from the Aerospace Medical Certification Division acknowledging receipt of the above documents together with requirements for a second class certificate and an operational questionnaire (FAA Form 8500-20) and asked to be advised if I wished to be considered for a lower class certificate. I filled out the questionnaire and requested that I be considered for a third class medical certificate. I received a response from the same agency on August 14, 2007 stating that they had received my request for a third class medical certificate and again reiterated the requirements for a second class medical certificate. I responded on August 22, 2007 requesting requirements that had to be met for a third class certificate. They responded September 22, 2007 again with a form letter requesting basically the same requirements as for a second class certificate. On October 25, 2007 I received another letter from the same agency denying my application because of failure to submit the necessary information. I did not bother to respond since the last two letters from the Aerospace Medical Certification Division were signed by two different individuals for the same manager. I no longer have a medical certificate and I hope you can understand the reason for my dissatisfaction."
- ** "On MedXPress, where it asks about medicines and surgeries, you can put all previously reported but the form asks for all your doctor's visits in the last 3 years, which is impossible to remember. It should ask "since the last physical" and have a box for all others previously reported."
- ** "On my 2005 medical application I included the facts that I had a partial blockage of my right middle lobe and that I was using Xalatan. In Feb 2007 I received a phone call from the Eastern region F.S. office asking for a copy of my glaucoma field of view test and was told that it was just for records. I sent it. In July 2007 I received a letter from the Eastern region F.S. stating that my history of pneumothorax and glaucoma made me ineligible for certification under Title 14 of CFRS, but could be granted authorization for special issuance under Section 67.901 until Jan 2008. Prior to 1/08 I was to send glaucoma and pulmonary status to the Eastern region office. This information was sent in November 2007. My medical expired Jan 31, 2008 and I didn't receive my medical certificate until March, 2008 (after several calls to the office). 1. My pulmonary physician said the "pneumothorax diagnosis" by the F.S. was incorrect. The correct one is "Atelectasis". 2. My ophthalmologist stated that my glaucoma is the slow acting kind and my pressures are well under control. This has been a highly enlightening period for me and I would recommend that AMEs be given more authority for diagnosis and not someone a 1000 miles away. I don't understand why the Eastern region office reviewed my case."
- ** "On my application for a medical certificate, I disclosed that I had experienced difficulty with controlling occasional anger. I provided names of psychiatrist and psychologist who had provided successful treatment and listed medications being taken to control my anger effectively. I was denied a certificate because I was taking anti-depressants. I acknowledge that these medications include cautions about operating equipment until effects on individual are known. However, I've been taking these medications for over ten years without any ill effect. I don't think my ability to fly is hampered by these medications. I also take medications to lower cholesterol and blood pressure, but these are NOT disqualifying because physical test results show that these items are being controlled effectively. FAA should define/develop/deploy mental tests that can be administered to determine if an airman's mental health is too degraded to qualify him/her from flying rather than just relying on types/dosage of prescribed medications."
- ** "On the medical examination prior to the most recent examination the FAA medical certification staff would not listen to my treating physician and a neurologist who both indicated that there were no medical problems after an incident that was described as a possible very brief TIA. The FAA required extensive MRIs which my physicians indicated would be negative and they were. The out of pocket cost after medical insurance was several thousand dollars on top of the approximately eight thousand dollars paid by my medical insurance company. If the FAA had just listened to my physicians that cost could have been saved."
- ** "On-line filing of Form 8500-8 through MedXPress was easy, convenient and time saving. This is the first time I

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- have used MedXPress. I found out about it via a postcard from the FAA. I filled out the form on-line before looking for an AME. My AME's office staff did not seem to like the on-line form, but I don't remember their specific complaint. May have been a little tough to read as the font size was a bit small. I will use this method as long as it is available."
- ** "Once a box is checked in section 18 (have you EVER experienced ...) a pilot must check that same box on every visit. Thus it requires the pilot to keep a history and not to deviate from a previously reported problem. The history of a pilot's medical problems should be kept by the FAA. The questions on the form should be in reference to the time since the last medical. Also, because a problem MUST be reported on EVERY subsequent application for a medical, pilots are hesitant to check a box in this section if a problem occurred, even only once. Example; Have you ever experienced a Migraine headache? A pilot might have experienced a headache, but wouldn't know if it was a Migraine. To prevent reporting a headache (Migraine or not) on every visit, he will not report anything."
- ** "Once upon a time the exam included a check for enlarged prostate. Not a particularly comfortable procedure. However I did appreciate it as a useful part of a general health exam that may detect a condition that can become serious. Being in usually good health I don't get to visit doctors very often and thought it useful to get a comprehensive checkup at least once each two years. My cousin died, aged 50-something, of prostate cancer that was detected too late."
- ** "One of the things I appreciated about the medical examiner I use is he not only explained the FAA requirements but also gave information regarding staying healthy like my use of Lipitor."
- ** "One question that I had to answer on the written questionnaire was "Have you ever been convicted of a misdemeanor?" In my case I had to pay a \$100 fine 16 years ago over a dispute with a neighbor who put my children in harms way. The fine was for a charge of simple battery. I would like the question to have a time limit such as "... in the past seven years have you been convicted of a misdemeanor?" A misdemeanor is not a felony so cut us a little slack here please. I wasn't told to bring medical records to the exam and I cringed at the request to provide a complete medical history including dates for essentially my entire life. Please qualify your questions or limit the line of questioning to ailments that we have a history of or medications that we are taking. Do you really need to know that I had my tonsils out about 40 years ago? And that I could be subject to an enormous fine if any question is answered incorrectly? Is "I forgot" an excuse?"
- ** "Only been to one AME, thought he was good. I wouldn't know how to help suggest improving the system."
- ** "Only professionally employed pilots should be required to have a flight physical. Historical data supports the fact that the percentage of accidents attributable to medical issues are insignificantly small. Annual physicals for class I and three years for class II would seem to be excessive. And class III physicals for private privileges are completely unnecessary. The net effect or the current requirements is to illustrate to the public at large that the FAA is a high grade version of the postal system."
- ** "Originally applied for third class physical. Received letter from FAA saying I was issued 2nd class and would require an annual physical. Letter did not explain why I was required to have 2nd class when I applied for third class."
- ** "Other than having to find an AME that had a Farnsworth Lantern, to clear any restrictions, my AME was a great help!"
- ** "Other than lab test(s) assuming they are correct, the AMEs should have to examine a little closer to see if you are healthy enough to act as PIC. Paying for exam sometimes seems like the extent of interest."
- ** "Over 60 pilots require a more extensive physical and mental exam."
- ** "Over many years experience I found AMEs to be complete and accurate and I have utmost confidence in them."
- ** "Over the past six years, my FAA medical experience has improved. You seem to be moving in the right direction. I would suggest two things; 1) Letters from AMCS are written in legalese, they can be hard to understand, and are threatening as a result. 2) Turf issue, or lack of trust in other medical professionals. I have a long history of eye problems and see my eye doctor on a regular basis. He checks intraocular pressure, visual fields, etc. and completes a report. I take all to my physical, and the AME checks it out and is satisfied. A couple of weeks later I get a letter from AMCS telling me that my medical will become invalid if I don't send AMCS copies of my eye doctors reports and tests."
- ** "Over the years I have been very satisfied with the AMEs."
- ** "Over the years I have heard stories about pilots having their medicals revoked immediately after such things as carotid artery endarterectomy and coronary bypass. This is a revoking after the pilot had a problem identified and corrected. This should be improved."
- ** "Over weight pilots should be carefully examined."
- ** "Overall - a comprehensive, user friendly system that works very well."
- ** "Overall a good experience. All questions/issues handled promptly."
- ** "Overall AMEs do an excellent job! (I have been doing this for 32 yrs). Recommendation: Could use more first

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- class AMEs in West Michigan, also one AME I use charges too much compared to others. (\$220.00 for first class with EKG, compared to \$125.00)."
- ** "Overall I am satisfied the system is working and protects the flying community and the public. My first contact with CAMI was a letter from them stating what further information they needed to issue my medical. I responded with a letter stating my intentions. My letter included my e-mail address but did not request that it be used. All correspondence from them was by mail only and as I was traveling extensively from June on I received no further information until early September when I returned home. I should have requested that they use e-mail but since it was included in my address I think they should have used it in addition to the Postal Service. I am 69 and can wait to get the matter resolved. A person employed as a pilot might have greater problems. Please use e-mail also if given. Sidelight: I've had a First Class Medical continuously for forty five years. My new AME is an Ophthalmologist. He gave me the vision tests first, stated I was colorblind then checked my blood pressure which was just above the limit. I think it is funny but also a wake up to watch diet and exercise more."
- ** "Overall performance of the AMCS is outstanding. Good customer service working within "the rules." However, the AMCS might consider updating "the rules" and easing up a bit on the medical certification requirements (e.g., annual SI medical certificate approved by Ok City) for those individuals who have resolved cancer issues with no continuing threat to the airman's' quality of life."
- ** "Overall the process has worked fine for me. MedXPress has so far been unworkable - - the AME office I have worked with has expressed complete frustration with the system and will not use it."
- ** "Overall the process seems reasonable to screen out most critical events that may potentially cause catastrophic events. The question about whether I think the process provides for a safer airspace environment is not answerable by users as written. Statistically it can be determined whether there is a decrease in the number of predetermined events being screened for, but the real question you want to know is do we feel that this process gives the user a sense that significant problems are likely to be found, or that they won't 'get away with anything'. That is a tough question as it means that either the user was less than candid in their responses, or that they know someone who did 'get away with something'. As a family physician, I know we screen for what we can, but sometimes we have to base a treatment plan on immeasurable data. Whenever there is a motive to avoid the ugly details, people will. There is a motive when licensure is at stake. The counter balance to this is that not all details ARE important. Perhaps a better question to ask the users is 'Do you think there are any medical issues that should be addressed more effectively, and how would you do that?'"
- ** "Overall, a good system (AMCS). Need a better way of tracking health history. MedXPress is a bit cumbersome of a system, especially if you already have a long history with an AME."
- ** "Overall, really great service. Only slight improvement: Found it necessary over time to consult outside pilot supportive organization with personal situation questions to fully understand the medical exception process and other details needed to comply with FAA requests and requirements. Otherwise, I would have had to consult an attorney when there wasn't a legal issue, just to ask about details and to talk to someone at FAA that may have been able to provide that detail. Something other than standard FAA answers provided in printed format. I could never find that personal, client service representative resource through FAA. I never did get to talk to a real person. I did get good and reliable answers from civilian pilot association reps who knew who to talk to at FAA to get personal case answers on those individual circumstances and completed a form with them to allow FAA to provide the answers. That process worked very well and I compliment FAA for working with them."
- ** "Paperwork needs to be less, streamline the system it is old. The regs need to be rewritten 91, 135, 121, etc. After 30 years of filling out your medical info why do I have to keep filling out your medical history when you see the same AME every time for years. If you have had a recent medical problem that has happened since your last visit it should apply only. AMEs won't put you in the sky if you are not physically fit. If you see a new doc your history should apply. The doc's staff should not have to wade through all of the paperwork and the price won't keep going up. Thanks for listening."
- ** "People who take certain prescribed medicines such as Prozac to help control symptoms of depression, for example, should have no stigma attached to their ability to pilot. The application of these types of restrictions is very foolish as it encourages pilots who should be taking an appropriate medicine to avoid taking the very medicine that enables them to function normally as a pilot or in any other capacity. It is absurd to even try to police it, as a relatively large percentage of pilots, both private and commercial, simply use the medicines; but keep it a secret--and for very good reasons. This part of AIM should be carefully reviewed and rewritten, paying careful attention to informed medical opinions that are qualified to address the entire issue."
- ** "Perform a study to get data related to question #44. Rate of incapacitating events in the general population as compared to those with FAA medical certificates vs. age."
- ** "Perform drug screening."
- ** "Perhaps a better way to identify AMEs in a local area. I admit that there may be something on-line and I failed to look for such."

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- ** "Perhaps some physical screening is necessary but every 6 months for Part 121 captains is ridiculous and a waste of time and money."
- ** "Perhaps the FAA should reconsider their current position on disallowing an applicant for a 3rd class medical who is discovered to have a disqualifying condition during an exam from flying in the light sport category (LSA). I believe this decision should allow for some latitude based on the severity of the condition, i.e., if the condition would not preclude the applicant from safely operating a motor vehicle as deemed by the state government, then a failed applicant could then fly in the LSA category. As the rule currently stands, an applicant must be previously aware of any and all disqualifying conditions and simply not apply for a 3rd class medical, then fly under LSA rules."
- ** "Periodic inspection of AME medical facilities."
- ** "Personal history as pertaining to comments retired board certified Internist, 50+ years as a private pilot, USDF Flight Surgeon, 27 years doing flight physicals. The medical history is adequate having had numerous flight physicals and listening to fellow pilots discussing their physicals. I must say that many, many physicals performed by AMEs are limited and inadequate. It does seem that "checking the boxes" suffices for the exam. I also disagree with the FAA in that a drivers license is sufficient medical evidence to grant a pilot's license. For instance, insulin dependant diabetics with occasional 'reactions' have drivers licenses. Some 'reactions' result in varying degrees of incapacitation."
- ** "Personally, I have an annual physical exam and ophthalmologic exam each year which are far more extensive than the AME exam. It seems to me that the AME exam could be eliminated by submitting the results of those examinations."
- ** "Physical seems a bit superficial. Gross health issues would be identified, but there didn't seem to be a more in-depth history and physical. Perhaps the FAA knows the major reasons for grounding, in-flight health issues and this process addresses. I think a more in-depth history may identify additional questions."
- ** "Pilots always complain about something so, my only complaint was the 6 week wait it took from overnighting paperwork to receiving the approved medical certificate in mail. I understood I was one of many to be reviewed, so overall the process went very smooth. Thanks!"
- ** "Pilots and doctors consider the AMCS the most intrusive and least effective branch of the US Government. As with the rest of the FAA, all the emphasis seems to be on paperwork errors and getting even with individuals who don't fall in line. At top down personnel change is in order."
- ** "Pilots have an obligation to ground themselves if unsafe. I think with modern healthcare, a 3 year medical for all general aviation pilots up to age 60 would be sufficient. 60-80 should be yearly. I am 62, a yearly screening would be fair."
- ** "Pilots over 55 years old should have more extensive hearing and vision test requirements. I'm not happy you're letting pilots fly past 60 years."
- ** "Pilots that submit for special med. should be advised that their papers sent by regular U.S. mail should be advised that it will be delayed 2 to 5 weeks while the mail is examined for security purposes. If they are in a hurry they should be advised to use FedEx or UPS, etc."
- ** "Pilots who have succeeded in conquering a medical problem (i.e., prostate cancer, high blood pressure). Should not, at each exam, be submitted to emotional harassment or excessive demands of medical documentation to renew their medical."
- ** "Please allow current military aviation examinations to count towards FAA medical certifications. In my 17 years of military flying, every military aviation examination has been multiple times more extensive than the examination performed by an AME. Thank you."
- ** "Please allow easier ways, such as internet accessible status updates on the status of the medical application to allow pilots with the ability to know how long till they will receive word on the status of their medical certificates."
- ** "Please allow pilots the ability to deal with emotional health in a more realistic way as this has immediate affect on safety regarding physical health and contributes to the overall safety of the National Airspace System. The economic climate as well the climate of the aviation industry demand more attention to this aspect of the overall well being of aviation personnel."
- ** "Please check your question they repeat i.e., #33 and #44."
- ** "Please consider issue of clear communication on the use and procedure(s) involving pilots using form 8500-8 via MedXPress. Thanks for the opportunity to participate in this survey."
- ** "Please continue to document the acceptable drugs, so that I can plan my health care changes knowing that they will fit with the FAA medical needs. Please continue to document the standards for passing the medical exam, so that I can know up front if any medical condition I develop will be a problem for my medical."
- ** "Please hire only English-speaking American doctors in Oklahoma City, not Indians, Pakistan or any other Far East types. They seem to be able to answer only general, run-of-the-mill queries.... Anything out of the ordinary just blows their mind!"

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 5. 2008 Comments and Suggestions for Improvement of Medical Certification Support and Services

- ** "Please note that I was not required to see an AME in 2008 - not scheduled again until June 2009. [Item 15] Not applicable didn't see an AME this year. [Item 17] My application was sent by myself and appropriate non-AME doctors. Note most recent visit was in June 2007! [Item 31] Note this response relates to 2007 and not for my most recent medical certificate which I received on July 10, 2008. [Item 36] Not applicable - did not have contact with an FAA medical representative in 2008. [Items 37-44] I had no direct contact with an FAA medical representative this year. Due to scheduling by both my heart doctor and internist, I did not mail! They completed annual stress test, blood work and doctor's written letters until June 16, 2008. Your medical appeals section AAM-313 should all take great pride in the "speedy" processing and handling of my application this year. The returned letter from the FAA was dated July 9, 2008, postmarked July 10th and I received it on July 12th, all within an amazing 24 days from when you received my application. Congratulations to all of the staff who helped process my most recent application. Good work!"
- ** "Please note that my 3rd class medical expires in April 2009. My most recent application was due to hospitalization for prostate cancer, which was taken care of and I needed a special issuance certificate. I received all the information to obtain from my surgeon and sent it to the regional AME. I then received my AASI within a reasonable time. I have no complaints of how this was handled."
- ** "Please provide all pilots an e-mail, newsletter, or other form of notification of the MedXPress service. Maybe letting the trade publications know would help. Also, I found my AME with very little knowledge of AOPA's TurboMedical."
- ** "Please provide more of an explanation of previous (required) doctor's visits: when you've gone a year without seeing a doctor for something other than a physical; or for when you've visited a doctor within the past year and need to update the information. Repeating the same information year after year, to add one more line is a pain, and there is not enough room to input all of the information (MD's name, address, reason for visits, etc.) in the required fields. Do we put in Dental visits or yearly Optometrist (sp?) visits? Other than that, I love having this service on-line. It gives me time to make sure I have everything I need to properly input the information. I think my AME likes it too."
- ** "Please shorten review of me. Records - 90 days too long."
- ** "Please speed up process if it would not affect safety."
- ** "Please speed up the process!"
- ** "Please update the form! Spaces are uneven, small and difficult to fill in."
- ** "Possibly more staff to speed things along. Reps were very courteous on phone."
- ** "Post phone numbers of different depts. on-line so that it is easier to contact the department needed without having to be transferred over the phone several times."
- ** "Previous AME was not as professional as the one used 3 months ago. Current AME was excellent - thorough and professional."
- ** "Price caps on what can be charged! (Humor only)."
- ** "Primary concern was the appearance that my medical review was continually being processed. Several calls were required to ensure my certificate was being processed. Each time I called to check on the status of my review, I was basically told it was waiting review, and that it would be pushed through. I then waited the time period they specified plus an additional week or so before calling back. I was told the same thing again when calling back. I believe this occurred a third time. I believe had I not kept inquiring as to my certificate status, I still may not have it. In total the process took 6 months. That only left my certificate valid for 6 months. Believe the review process could and should be speeded up significantly."
- ** "Prior to examination, ensure all information for issuance is available. If not, notify applicant so certificated can be issued same day (e.g., blood test)."
- ** "Prior to heart surgery I held a valid third class medical cert. I had always had a mild heart murmur. It became more pronounced so surgery was recommended and performed successfully. After waiting 6 mos. I contacted an AME recommended for this task. He was familiar w/tests required. After an additional 6 mos. of tests & some re-tests I was granted a "special issuance" 3rd Class medical by federal flight surgeon in Oklahoma."
- ** "Prior to six years ago I submitted to flight physicals on a biannual basis. Since then I now have to do annual physicals which require extensive cardiovascular reporting. These tests are redundant and expensive, even after my insurance kicks in. NOT TO COMPLAIN! I recognize the importance of trying to keep our skies as safe as possible."
- ** "Problems came up with my medical history. Dr. [Name] and the FAA certification branch handled it well. I greatly appreciate their assistance and professionalism."
- ** "Procedure works well. I like the year to year renewal if medical conditions continue."
- ** "Process has been streamlined during the last 5 years. Yet, aware that medical could take up to 6 weeks plus after Oklahoma City has application. Thus AME expects the same. In truth, we need to gather all medical info/test at 10th/11th month period."

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- ** "Process is easy and quick. I am satisfied with the way the system works. It works much better than most interactions with govt I have had."
- ** "Process seemed to work reasonably well. AME and staff need more information on MedXPress. They seem to have limited knowledge of the system and procedures. And are mostly used to doing things the old way."
- ** "Process should be paperless in that it should allow for applicants to provide medical info via internet."
- ** "Process slow in getting back in touch upon review of denial."
- ** "Process took an excessive amount of time. I was never advised how long the process would take. I was not allowed to talk to the person actually handling my file."
- ** "Process works fine. PS. Could not access the website to do this on-line."
- ** "Prompt service, low cost, personable staff, no problem with answers to questions."
- ** "Provide all airmen with a comprehensive list of medications that are forbidden or could cause denial of a medical certificate. Had we known this we would have considered alternate methods of treatment. I had my medical certificate deferred because of a prescription medication I was using."
- ** "Provide better personal information between departments. Specifically, mailing and physical addresses. I personally experienced a long time delay in receiving my medical because of the wrong information was input in the computer system. Even after the information was corrected, it was not shared with other departments."
- ** "Provide for pilots ALL reasons to hold or deny a certificate. Provide a website where the thick book read by ME's can be read by pilots. I was grounded by a kidney stone, and had no idea it was a limiting condition."
- ** "Provide listing of medication/dosage that are acceptable for each specific class of medical, the internet will be an effective tool to accomplish this. This might provide for AME selection of alternate medication with better results on pilots. Also, a list of OTC medicines that are acceptable for consumption for colds, headaches and minor ailments - these are to be presented using the commercial name, i.e., Tylenol, Dayquil, etc., but must include acceptable dosage."
- ** "Provide more AMEs closer to my residence. Thank you."
- ** "Provide more latitude in issuing 3rd class medicals when non approved drugs are deemed safe and normal by treating physician."
- ** "Publish a newsletter for pilots. Thanks!"
- ** "Publish with the list of AMEs the charges for certifications. I then would not need to call and ask each AME. Saves my time. I know most other pilots will appreciate this refinement."
- ** "Put some teeth in the oversight of AMEs if you really are serious about air safety. Pilots know who the easy AMEs are and they get all the business. One suggestion - Assign a pilot to an AME randomly each year & require him or her to see that doctor. This would, of course, require a price fixing strategy."
- ** "Q1: Why is the AMCD in Oklahoma City has to evaluate: a) Prostate cancer operation - cancer free for over 2 years. b) Change in high blood pressure medication - to control the blood pressure to 125-135 / 80-95. c) Stomach problems (visits to doctor's office) - problems evaluated by my physician, local specialist, a team at Mayo Clinic - determined as a dietary problem, improved by change of diet. Q2: Why are these symptoms, office visits deemed to compromise the national airspace system? Q3: Why is a visit to the doctor's office has to be reported? Isn't it a prudent and responsible thing to do? Prevention? Well-being?, etc. Q4: Why is the AME considered an authority on my health by the FAA and (but) my family doctor is not? I see the AME once every two years, while I see my doctor every time I have a problem. He knows the history, treatments, lab works, etc. The AME has none of it, yet a 20 min. visit in his office will determine my medical certification."
- ** "Question: Is it possible to authorize AMEs as providers within health care insurance program, such as Blue Shield/Blue Cross, etc.? Thank you for the opportunity to participate."
- ** "Questions unanswered are because I just keep current in private piloting and don't apply - medical history overall is that I haven't had medical problems yet that would not let me fly "uneventful". "Respectfully"."
- ** "Reasonable process except for medical history requires too much detail. I believe that one should not have to report each time a doctor is seen for a sneeze (non-critical issue)... only should have to report something that would affect ability to fly...e.g., heart problems, vision, hearing, etc."
- ** "REC: Question [Item 46] "Certified flight instructor (CFI)" is not a "rating". The flight instructor certificate is a pilot certificate."
- ** "Receipt of requested information was acknowledged promptly."
- ** "Recent time extensions a good change. There should be a vehicle for pilots denied a Class III medical to subsequently qualify to operate under Sport Pilot using their driver's license. Or perhaps a Class III with a restriction if slightly relaxed standards are met."
- ** "Recently A new AME to my area gave an overview of FAA's medical program and AME's responsibilities to a group of local pilots. His presentation was very clear and covered possible effects of medications, both prescription/over the counter and illegal drugs. A valued contribution by the AME."

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- ** "Recently I visited my family doctor for my annual physical. I noted that I was feeling the pressure and stress from work deadlines. He recommended 50 mg of Zoloft at which time I reminded him I was a pilot and that the FAA frowns upon this classification of drugs (anti-depressants). Although both the doctor and I decided that the medication would only be for the short-term, the bad news is that the same classification of drugs that treat anti-depression treat stress and anxiety. Recommend the FAA take this into consideration when "prohibiting" certain medications for active pilots."
- ** "Recently I was diagnosed as a Type II diabetic. The ALPAI medical office provided assistance and guidance, in order for me to comply with the FAA requirements. ALPAI medical office submitted (FedEx) all my paperwork to the FAA medical office, at Oklahoma City. As a professional airline pilot, my livelihood and income is based on my ability to fly. It was extremely frustrating to me and costly, that it took the FAA medical office 31 days to review my paperwork and issue my medical certificate (via fax, at my request) after several phone calls. There should be a more expedient process for the Oklahoma City medical office. Consideration should be given for professional pilots to have an expedited service."
- ** "Recertification is too long and cumbersome process, the length in time must be shortened and made more friendly, at times the FAA medical branch has too much control over our careers and livelihood."
- ** "Recommend allowing private pilot who failed Class III physical to be allowed the option of recreational pilot certification."
- ** "Recommend better dissemination of info to pilots. I had never heard of MedXPress until I received this form."
- ** "Recommend lower frequency for commercial PE and a more thorough one. Physical exam which includes EKG, blood test, hearing test."
- ** "Recommend that FAA extends driver's license self-certification from LSA to include current Class III medical. The incremental loss of safety, if any, will be more than offset by the cost savings to both the FAA and pilots. The FAA has higher priority needs."
- ** "Recommend that trust be restored in the AMEs by allowing them to complete the form off-line and transmit at will after completion. FAA has caused a significant cost increase to the pilot by requiring the AME to input and complete the form in real time on-line one line at a time!! Please review the rationale for this rule. Also, once FAA has received requested medical test data, they should believe the data and stop asking over and over again for the same data at the next physical. The bottom line is that you should put more trust and faith in the AMEs to make the right medical decision without having to prove everything to the FAA doctors. The FAA doctors should realize that the AME is doing the exam and can see and hear the patient whereas the FAA doctor never meets the patient. My personal experience: My cardiologist put me on a mild dose for my slightly elevated blood pressure and I experienced mild dizziness at first because I mistakenly took it early AM. I told my AME about it, and WOW!! FAA went ballistic. My ENT put me thru a terrible barrage of tests that proved that I did not have vertigo. FAA demanded more expensive heart monitoring tests and stress testing. Finally, FAA approved, but made me repeat the same expensive tests on the next physical. It has been 4 years free of any indication of vertigo. FAA should learn to turn loose and allow the AME to make the decisions locally."
- ** "Recommend waiver for anti-depressants. Recommend mandate for AMEs to use MedXPress--saves time at Med office and reduces canceled appointments due to lack of required information. Recommend standardized AME fee. Recommend if annual exam overlaps with patient's general annual medical exam, that it be covered by patient's insurance in whole or part."
- ** "Recommendation: Listen to the patient not only their charts. Doctors need to listen to the patient, just because a previous doctor has written something in the chart, does not actually mean this is or will be a problem. If tested for something and tests come back everything ok, this should not be held against the patient. Negative tests should help - not hurt since they show there is no problem. With all the FAA rules and regulations, it makes pilots scared to go to the doctor for simple things because doctors write things in your chart that can cause problems with the FAA."
- ** "Recommendation: For special issuance, AMEs should be available for consultation to get the necessary documents prior to flight physical. Compliment: L.A. branch office gave quick turn around on special issuance."
- ** "Recommendation: If a physical is denied or deferred the AME should e-mail or fax the airman's info to Okla. City. In turn, the FAA Medical Branch should e-mail the airman the information he needs to complete his physical to obtain his certificate. This is especially true if the airman's job is dependant on obtaining his physical. It seems once the physical reports get to the FAA Medical Branch it takes a very long time to process the info before any decision is made on the outcome. I was told (hearsay) by a representative of the FAA Medical Branch that the info received can take up to three weeks just to clear security. Recommendation: Process all Professional Pilot applications first and in a timely manner."
- ** "Reduce the paperwork by establishing a baseline history, listing only changed medical information on each subsequent physical. Consider spacing the physicals for a Class I - one year, Class II - two years, and a Class Three - three years, regardless of age."

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- ** "Relax reporting requirements for pilots - since pilots fail to report some issues. Relax some medication reporting or report it but as allowed. Over age 50 stress test of the heart, then over 60. Relax reporting like before on mental health issues. More education of pilots on reporting, taking meds and process of losing your license. Simplify it. (This may get more accurate reporting). Change the form from reporting the last 3 years of what doctors have you seen. Rather to since your last FAA medical. Access to a website (confidential website) to medication and diagnosis which can be taken or acceptable to fly with or how to get your medical back if it is lost."
- ** "Relax requirements for the third class medical. If one is capable of normal life activities such as driving a motor vehicle he should be able to fly with third class privileges. Put nearly all medical decisions into the hands of the AME rather than requiring the special issuance procedures where reports have to be sent to the FAA for resolution."
- ** "Relax the 2 year requirement for renewal of 3rd class medical for 40+ non-commercial pilots."
- ** "Remote area AMEs don't have the pilot base to support costs to travel to OKC. Need to do on-line training or site visits to certify AMEs. We have three former AMEs, nearest would be 120 to 150 miles away. Call for further comments if you wish! [Name]."
- ** "Remove requirement to fill out application form when there have been no changes since the previous application. Suggest new short form in such cases. Name:, Cert#:, Last exam date:, Hours flown since last exam:, I certify there have been no changes to my personal data and/or medical history and condition since my last certificate was issued. Signed:, Date."
- ** "Remove requirements for medical certificate and allow drivers license for all recreational flying in aircraft less than 5,000 lbs gross weight."
- ** "Remove the requirement for a 3rd class medical for VFR flight. The Sport Pilot concept shows that it is not necessary. The number of medical related incidents does not justify the expense and complexity of maintaining a 3rd class certificate for VFR operations."
- ** "Remove the requirement for digital rectal exam, or advice physicians not to give one unless requested."
- ** "Request the AME to DO better tracking of the Pilot's medical History."
- ** "Require all FBO's to post a list of local AMEs to make it easier to have the medical done."
- ** "Require AME to use internet forms when provided by pilot."
- ** "Required 12 months of INR records - could not furnish due to conditions beyond my control. Reasons explained in correspondence. Submitted 3 mos of EKG's. Hypertension evaluation worksheet, 24 hour Holter monitor, cerebrovascular ultrasound, stress test, letter from primary physician and what INR reports I could obtain. Because could not submit exactly what was asked for - certificate denied."
- ** "Requirement for medical documentation - such as yearly Thallium stress ECG's after 7 years of normal considered excessive burden on class of pilot."
- ** "Respond (OKLA) to description of test 5 (exams). Required - and how and where to take the "required" Tests. Are the required black out tests?"
- ** "Restricted medications should be widely disseminated. I was prescribed a medication that is prohibited by the FAA by a physician who had a relationship with a drug company that I was unaware of. I took the prescription not knowing that it was a prohibited drug. I did not need the drug in the first place and would certainly not have accepted the prescription had I known."
- ** "Results showing that your medical certificate is current aren't posted on FAA website for airmen information on a timely basis. My exam was in May, website shows old certificate date."
- ** "Retired pilot."
- ** "Review takes forever! They asked for the same info more than once, and form and manner of info was not explained and had to be resubmitted i.e., my doctor had wrote my medical condition and OKC had to have it typed! More delays."
- ** "Routine visits to chiropractor, doctor, and dentist should not have to be listed by date - just summarized. I will not use the MedXPress form until there is an easy way to MODIFY the information on it."
- ** "Same AME last 30 years. Could not ask for anyone better."
- ** "Satisfied with service rendered."
- ** "Scheduling exam does not seem to be any problem. I feel comfortable getting exam by same doctor. Keeps records and can follow any changes."
- ** "Seeking meaningful input to the certification process is a great step in the right direction. Keep up the good work."
- ** "Seemed efficient."
- ** "Seems the system is working as intended. No problem in the area I live in and I hear no complaints. There are a few things that take too much time to get medical back. Would be good to see those things looked at to speed up

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- process. Having a mild stroke is one of them. THANKS keep up the good work. [Name]."
- ** "Seems to be a big backlog of certifications and an overload on the employees to get so much done."
- ** "Seems to be doing a good job of trying to keep healthy pilots flying & suspect health problems (people with) from flying. I am healthy, but I have an officemate who is not and cannot get current until health issues are resolved."
- ** "Seems to operate just fine from my perspective."
- ** "Service has improved greatly over the past 3 yrs. Days to get approved or rejected has come down considerably. I have been very pleased with the way my situation has been handled. Thanks!"
- ** "Service is great."
- ** "Services seem reliable and smooth."
- ** "Shorten the time between the AME submitting my application for a medical certificate and receiving it from the FAA."
- ** "Shortly after obtaining my last medical I inadvertently sent both my license and medical certificate through the washing machine. I was able to request another license through the website but needed to get a new medical certificate through the U.S. postal service which slowed down the whole process. Suggest an automated web based application process for these circumstances."
- ** "Should have blood test (cholesterol, etc) for ATP's."
- ** "Should have local AME issue SI license at the office and then send info to FAA as needed. I usually have my medical for 9 months out of the year which is very depressing when I know I am healthy. Sometimes it makes me want to give up flying! Please try to do something different. I have been going through this for 22 years, and have been active in trying to change this to my suggestion above. Thank you for reading my comment."
- ** "Should not require lifetime medical history for minor issues - say five to seven year history. Should not have to report other previously reported personal history. Thank you."
- ** "Should the Class 1 interval be changed to 12 months with the recent advances in diagnostic tools?"
- ** "Simple and easy. Doctor was good."
- ** "Simplify - longer duration, eyesight - allow eyesight corrective measure for all issues."
- ** "Simplify the forms and do them electronically. Example: under doctor visits over the last 3 yrs there isn't enough space and it's not clear if all visits are needed. The electronic form I found didn't include the back page for the doctor so we had to fill it out manually."
- ** "Since 'Age 65' is in effect, I have concerns about the current procedures. Many pilots are clearly physically out of shape, overweight, etc. It is my feeling that current procedures allow questionable states of health in the cockpit. I feel the standards should be tightened, especially as to ht/wt ratios and heart health of those towards retirement. Also, there appears to be no mental health criteria as there are occasional occurrences where I fly with pilots of questionable mental health. There also should be a mandated cap to the cost of a medical exam. Some are upwards of \$100."
- ** "Since "light-sport" pilots do not require a medical certificate (as I understand it) why not include all single engine (non-complex) fixed gear aircraft? What's the difference? Thank you."
- ** "Since 1987 (21 years) I have been filling out the exact same medical form in the exact same way answering the exact same questions over and over, twice yearly the last several years. I, as a professional airman would appreciate databasing this information so that I would only need to make changes that are new to any medical condition as opposed to this repetitive process. It is tedious and burdensome. Thank you."
- ** "Since all communication between the medical certification division and me was by letter, I never had the opportunity to talk to any of the persons involved with my case. My phone calls to the divisions only revealed that "a letter was forthcoming". It would be a positive step if an applicant could speak directly with the person or persons involved with the application pending before the medical certification division."
- ** "Since Congress has allowed pilots to fly to 65, recommend a stress treadmill at 55 & 60, blood (1) work-up. Basically, an executive physical performed at 55 & at 60, 61, 62, 63, 64. (1) (PSA & thyroid blood test). [Name]."
- ** "Since even FAA statistics indicate such a low incidence of accidents involving physical problems, I think the safety effort work be more productive if the FAA focused on major problems instead of medical issues. This is quite a hassle for pilots and quite an expense for tax-payers. In reality the potential for saving lives or preventing accidents is almost non-existent. I would recommend eliminating the medical requirements for any operation under sport pilot, recreational, and private pilot privileges as well as VFR flight instruction. FAA statistics show no significant safety difference between operations requiring a medical certificate and those that do not. Also, if there is going to be any medical requirement, it should be allowed to be done by any local MD or DO. Almost everything done by the AME and his staff could be done by any doctor. Only extraordinary cases would need extra attention."
- ** "Since having an atherectomy in 1994 I have had to deal with the FAA at OKC every year to renew my medical."

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- I think they do a great job and if you give them the correct information your medical gets renewed in a timely manner."
- ** "Since I get "special issuance" from OKC some of these questions were not clear in their reference to the AME or OKC. If I bring my interim report to the AME they give me a full 3rd class since they have no other way to access a certificate. I think OKC does not realize that personal physicians are under no obligation to supply any info, that they do it solely as a favor to the patient. In a recent submittal of "blood work" to OKC they diagnosed a problem my personal physician believed normal for me. They thereby inferred that my Johns Hopkins Associated physician was incompetent. This is a gross violation of professional ethics. If they had a problem they should have discussed it with him, not me first. Time limits for submittal of test results should be as broad as practical since, as was once told to me, "you'll just have to wait, I have sick people to provide for"."
- ** "Since I live in the OKC area it would be nice if I could drop my tests results off instead of having to FedEx everything across town."
- ** "Since I received my license several years ago, I have seen 3 different AMEs all have been very professional."
- ** "Since my last exam - my local doctor retired. I do not know where I will get my next physical due 4-09. Could mean travel of 120 miles to find FAA doctor. Physicals are very important, my doctor was always very thorough."
- ** "Since my special issuance for my medical certificate applied only to my vision and an optometrist corrected my visual resolution to 20/35. The 2.5 months delay seemed unnecessarily long."
- ** "Since the rule was changed to allow a five year period for Class III medicals for those under a certain age, something should be done for the over 40 crowd (maybe three or four years for a Class III). I would keep the current two year requirement for those over 60 however."
- ** "Since there are no AMEs closer than 90 miles, I recommend that licensed nurse practitioners be approved as AMEs, at least for Class III medical exams."
- ** "Since there is an ever changing list of medications on the market, I suggest the FAA make available on-line a list of medicines that: a) Are acceptable. b) Are not acceptable & would prevent applicant from getting medical. This list should be accessible to all, updated regularly, & include generic names."
- ** "Six months after my heart attack I was anxious to get my medical back. After sending 3 pounds (yes!) of paperwork along with my application I was told to expect a response in 60 to 90 days. I actually got a new medical in the mail less than 30 days after sending it to Oklahoma! THANK YOU!!"
- ** "Some confusion by the timing of AME sending exam information away and returned. Length has been reduced. I have been making appointments earlier to allow for time delay in processing but Med. Cert has been issued timely."
- ** "Some of the criteria for not being able to give immediate certificate are unfathomable, like any form of cancer. Most cancers do not impact ability to fly at all."
- ** "Some of the medications that are excluded for obtaining a medical certificate are too stringent. I shouldn't be disqualified for a medical certificate for taking a certain type of medication that is not 'approved' by the FAA. Each kind of medication affects each person differently, and should be reviewed on a case by case basis."
- ** "Some of the questions need to have an N/A, like #23-25 of your questionnaire."
- ** "Some questions were not answered because the Flt surgeon did all the paperwork and he is the only person I talked to about my physical."
- ** "Someone else's lab results ended up in my file or my lab results were misread, resulting in erroneous correspondence from the FAA. My AME called and resolved the situation but even after doing so, the subsequent FAA correspondence was in error. (A letter issuing a Class II certificate was accompanied by a Class III certificate). A request by me to fix the error was not answered. I would recommend telephone contact with airmen to ensure accurate understanding and to make correspondence more efficient."
- ** "Special issuance could be quicker from time to time there should be a review on the basis of scientific evidence of whether particular medical conditions affect flight safety. There is also the issue of how valid the medical examination is for predicting disabling conditions."
- ** "Special issuance denied for >3 sec heart pauses when I sleep. My cardiologist has no problems with that and called the FAA for the reason why as well as wrote to them. It's the rule was the answer. I find that NOT a satisfactory answer."
- ** "Special issuance medical was much faster this year. Thank you! Having taken the stress test to METS 13, I can attest there are many pilots with medical certificates who could not pass it, yet because they have no defected heart disease, they get their certificates with relatively little trouble. The average AME can not readily detect heart disease. It is even questionable how useful this whole process is as the incidence of sudden incapacitation is really very low. What is the actual risk, numerically, that you are avoiding with this whole medical review process for private pilots?"
- ** "Special Issuance process is very long. Other professionals in safety sensitive jobs do not have to wait as long; I

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- believe the time should be based on each individual's medical case."
- ** "Special issuance review is much improved and faster than in other years."
- ** "Special medical permits take too long in Oklahoma City. I had a bad diagnosis from a physician in 1993 stating I had a heart attack, I have to do a stress test yearly to keep my medical even despite the fact that several physicians, to include a cardiologist; state that it was a missed diagnosis in 1993 and my stress tests are always 100% normal."
- ** "Speed the process by which documents are reviewed at HQ. In my case several years ago, six weeks was required. It's way too long when you fly for a living."
- ** "Speed up the process for special issuance."
- ** "Speed up the review for denied applications and provide more specific information regarding the requirements for reinstatement."
- ** "Speed up the review process. It took less than an hour to review my file but six weeks to get to it."
- ** "Speed up the system - I was grounded for six months."
- ** "SSRI's should not be disqualifying medications. They are important in mental health, smoking cessation and stress control."
- ** "Standard pricing for exams."
- ** "Standardize the hearing test. The voice method is fine for pilots with existing Certificates. Using the hearing booth is a waste of time unless there is a problem, or perhaps on the initial issuance of a Certificate."
- ** "Standardize what AMCS would like the AMEs to tell us. Give pilots seeking medical certification a web-based questionnaire to complete prior to the appointment with their AME. If a more thorough medical history is required, I suspect that a considerable number of pilots will not be able to meet the certification. I don't know how this is directly related to increased aviation safety goals. All of the professional pilots with whom I work (A US Flag 121 carrier) know that health and fitness are central to keeping their FAA medical and work daily to uphold good health practices in spite of the ongoing destructive demands of this career."
- ** "Standardized Fed schedule."
- ** "Standardized tests. I have had all different kinds of vision screenings so never know what kind of machine is used or what is being tested except color vision which is obvious. Hearing should be tested also which I cannot remember ever being tested! Test to see if incredibly fast, complex sentences & fragments can be heard and understood. That would be realistic."
- ** "Stop basing fly/no fly decisions based upon worst case imaginary scenarios as the med team is far too scared of the "what if's." Is it negative publicity you're scared of? Use reasonable and average real life to evaluate fly/no fly decisions -- IF you must decide for us at all. We pilots are generally a responsible lot and know when and when we cannot fly safely, in general. Some of us don't need or want your interference."
- ** "Stop requiring the poor secretary to type the certificate up on an old typewriter. Make it possible for them to do it on a word processing program."
- ** "Straightforward, efficient and thorough."
- ** "Streamline the process and make it faster and easier. It's way too complicated especially if you have medical issues."
- ** "Stress test in conjunction with EKG's for pilots over 55 or at least 60 for class 1's."
- ** "Strongly recommend pilot self-certification (state driver's license) for pilots not exercising commercial privileges and for flight instructors."
- ** "Submitted initial physical info April 4, 2007. Did not receive answer, (asking for more info.), until July 2, 2007 (90 days). An "ok" to fly letter was received October 27, 2007 (120 days). I feel the AMCS in OKLAHOMA does not feel any urgency in reviewing and answering individual pilot medical reports. I have a pilot friend who sent his medical papers to Georgia and received an answer within 30 days. Both of us had by-pass surgery."
- ** "Subsequent to last med cert (4-08) I had total knee replacement. Recovery was complete & med status report submitted. 5 months elapsed before recertification was approved."
- ** "Suggest clearly placing the direct telephone number or e-mail contact on the FAA Medical Certification website to check the status of an Airman's certificate. It is virtually impossible to find a contact to the correct department using the toll-free number listed on the bottom of the website."
- ** "Suggest including SEL & SES among ratings."
- ** "Suggest that for private pilots that the current 24 month requirement for Class III physical be extended to 48 months - unless there is some marginal medical condition that might bear examination more frequently."
- ** "Suggestion: You have a paperwork statement at the beginning of this survey. I suggest that in order to save paperwork, time, postage, this survey should have been e-mailed (if you have my e-mail address - readily available by a phone call to Oklahoma) and in the e-mail then give choices to submit by internet or by paper. If a person chooses the paper method, then you provide a PDF link to download the form, and then a person could

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- print them out and complete them. Second... if some leg work was done first on behalf of your survey group, you would have found that my application for 3rd class medical is still being reviewed by Oklahoma. If your group could take the time to find out the status, then this survey should have been sent after a final determination was made pertaining to flight certification. Otherwise, this is a good survey."
- ** "Suggestions - keep in contact with the pilot requesting med cert. If I didn't call in June I wouldn't have known there was a problem. I am still waiting for my pilots license. I am now grounded. Everything was sent in by Jan of 08, I called in Feb. I was told they received everything and when I called in June they lost some of my tests. If I didn't call I would still be waiting for an answer. My doctor faxed in the test requested, I am still waiting."
- ** "SW Reg office was very efficient in resolving my certification problem. Replies to my questions were answered promptly and clearly."
- ** "System appears to work well for healthy applicants."
- ** "System has improved immensely in last 5-10 years. Verify you've got good docs (AMEs). Then, trust them."
- ** "System is thorough and burdensome. You will never catch the individuals intent on circumventing the regulations by adding requirements for every pilot and AME. They system really works about as well as can be expected."
- ** "System never works very well. Other areas are where FAA needs to spend resources - i.e., runway incursions (NASA newsletter), safety decision making."
- ** "System seems to be working very well."
- ** "System seems to be working well. It is the ultimate responsibility of the pilot to monitor one's health and not fly when ill or incapacitated."
- ** "System seems to work well!"
- ** "System seems to work well. Because my checkups are straightforward, I don't know how the system works when there are complicated problems."
- ** "System works fine for me."
- ** "System works too slowly. Oklahoma City way too busy! AOPA had to help speed process. I had to repeat procedures, which cost \$700, that Oklahoma City insisted had to be performed. Would not accept physician's statement of current health."
- ** "Systems seems to have improved significantly compared to the weak, inefficient system that existed in the 90's. Keep up the improvements."
- ** "Take burden off of Oklahoma City FAA & put more in hands (not all - just more) of local AME for simple things like kidney stones. All seem to handle situations well, but time consuming and burdensome to FAA."
- ** "Takes too long to get through the system."
- ** "Thank you for giving me a forum to complain about something important to me. I will be brief. I feel strongly that the current EKG program (the mandatory exam for Class I medical over 40) is a waste of airmen's money, lots of it. I know several airmen over 40 who have experienced heart attacks and/or angina while being surveyed by the EKG program. As it appears to me, the program does little to predict heart problems or identify airmen who are about to become victims of vascular anomalies. While these airmen were able to return to work after their misfortune, they lost valuable time at work; they incurred medical expenses, and, suffered damage to a vital body system while dishing out hard earned dollars for an EKG scan that goes into cyberspace. Got to go now. Thanks for letting me give you my two cents."
- ** "Thank you for keeping us safe. To do that - take back FSS or make certain that Lockheed Martin improves their employees technical and customer service skills. Thanks."
- ** "Thank you for making this certification process both useful and uncumbersome."
- ** "Thank you for your great service."
- ** "Thank you very much for developing alternative methods for compliance for those of us with medical issues. It would be very hard to tell my son we can no longer fly after spending 10 years building..."
- ** "Thanks for the opportunity to provide some feedback."
- ** "Thanks for the regulations!"
- ** "Thanks for trying to improve Medical Certification Services."
- ** "That all AMEs are taught consistent examination procedures. An applicant should know what to expect from every AME. There seems to be a wide range of examination procedures. My last medical was the most extensive exam I've ever experienced. I'm not saying that is good or bad. That exam seemed to be the first one I've had that was done to the exact specifications of the FAA rules. I'm saying there is a need for consistency. Are male AMEs required to give a female applicant a breast exam?"
- ** "The 1st class medical process is woefully inadequate. First of all, in a town of 300,000 people, there is no AME. We have to drive to a town of 25,000 to get a physical. Secondly, the exam is a waste of time and money. Why is an individual required to pay \$135-\$165 every 6 months for an exam that could be given by a nurse. The

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- AMEs only listen to the lungs and look in the eyes and ears. If the FAA is going to require a physical every 6 months for Part 121 operations, then make it count. Yearly blood work, every 3 years a hearing test of some kind, every 5 years a stress test. With proper testing, 1st class medicals could be annual and would count for something. As it is, there's a reason the AME that retired recently was called "no downs brown". Thank you for allowing my input."
- ** "The 31-90 day delay in my last application/certification was the result of a small retinal tear (and laser treatment) and no change in visual activity. An eval/follow up visit with my ophthalmologist occurred and the result plus the app/med certificate was sent to OK City. It was returned/passed fairly promptly (I guess 30+ days). Not bad! I am a former Senior AME myself!"
- ** "The 65 yr age rule for '121' is asinine! There needs to be an age limit on '135' also."
- ** "The ability to work with the AME and the regional office to get any problems resolved is great. I've had a special issuance medical. If the AME had any questions the regional had the answer within minutes. I was then issued a first class medical that day. If a special issuance has been successful for 3 years could the review be on an annual basis? Thanks."
- ** "The Administration seems to be able to ensure a level of physical and mental competence vital to the safety and integrity of General Aviation. My exchanges with CAMI varied, however, between courteous and helpful and curt and insulting. Overall my experience proved somewhat intimidating. I hope never to deal with them again."
- ** "The Aeromedical Division in Oklahoma holds medical reviews for waivers only once every three months. I find this to be very unsatisfactory. Reviews should be held once a month at a minimum as this is difficult to wait an additional three months. What the FAA needs to remember is that real people with families counting on income need this information quickly. I will say that the ladies I spoke to in Oklahoma were very nice and as helpful as they could be."
- ** "The Airman's Medical should be considered and entered into the same Health Care system. There should be a "code" for the examination since it is essentially a physical with the extensions for sight and sound. My primary care physician performs virtually identical examinations whether as an annual physical or an airman's physical (adding to this, checking sight and hearing). I am currently at the age where I must receive a Third Class Airman's Physical every year. It is a great waste to force me to pay for the Airman's Physical when my Health Care Account pays for annual physicals. I'm paying twice for the same physical."
- ** "The AMCS appeared to want little to do with my case other than the few "keywords" they were looking for. I would have appreciated some actual contact other than the written requests for more information. The whole process was very impersonal. Clearly the FAA has outsourced its responsibilities to anyone wanting to apply. As a private pilot I spent \$4000 complying with the FAA's requests for more testing to be denied due to the semantics of a non-FAA doctor. In fact not a single person I have seen regarding my medical was either a pilot or employed directly by the FAA. My medical is currently being appealed as the doctor in question believes his notes were taken out of context."
- ** "The AMCS does a satisfactory job in certifying pilots. A pamphlet with explanations and Glossary would help improve the process and service."
- ** "The AMCS is doing just what it's designed to do. Looking for major medical defects in pilots is appropriate but let's not turn this into a police state. Every wart on my private parts does not need to be public knowledge on the internet. Thanks."
- ** "The AMCS requires a thorough exam from my doctor, including a blood test and stress test, because of a heart condition. I think it is entirely appropriate for the FAA to screen applicants for a medical certificate, and even welcome the annual exam to validate my health. Keep up the good work!"
- ** "The AME and OK did a very good job. My problem lies with the USAF Medical Facility at [City] AFB. I was under one Doctor who reviewed my condition and approved my flying. He then got reassigned, a new civilian doctor was assigned and when I asked him he arbitrarily decided nobody should fly with any medical problem. I requested three times my records be sent to the FAA. The hospital/doctor failed to understand what the FAA needed. I recommend that the FAA make up a better letter explaining what they need from the attending doctor. The FAA then denied my medical because of the primary diagnoses and further denied a supplemental because of two medications I am no longer taking. I am now having to wait several months to reapply. First I need to find a doctor who will evaluate my condition based on my medical concision and not on a whim. I do not feel comfortable with this doctor. If the new doctor also decides I should not fly I can accept that but this guy did not give it a fair chance."
- ** "The AME and physical exam process is fine from a pilot's prospective. I am involved in a special issuance program for alcoholism. It has been an important program for the individual to continue his flying career while protecting the safety of the public. It has been a blessing. Thank you for the opportunity."
- ** "The AME and the FAA have provided very good service to me over the years. It keeps us flying me flying."
- ** "The AME could not find my records of previous exam in their files. It took almost 2 hours for the exam which

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- was about 1 hour looking for files. FAA should keep easily accessible on-line records to assure speedy retrieval of records by AME. Otherwise the medical exam was fine."
- ** "The AME deferred the medical certificate for a condition that I have previously reported for 20 years. (He has previously granted a medical certificate that AMCD revoked because of data, blood pressure that the AME ignored). The Regional Medical Division quickly straightened out the problem but it was an unnecessary exercise. I will not go to the AME again. I do think the Regional Medical Officer did a good job & showed common sense. Some AMEs seem to treat the FAA physical less seriously than other healthcare."
- ** "The AME doing my exam said I had diabetes based on a urine dip stick that had an expiration date of 2/2002 that was in 2006! He then did 2 finger stick tests with a meter and blood collection pads that had an expiration date of 12/2005 again this was in 2006. Both inconclusive. The cost to clear this is over \$1000.00 plus a lot of time wasted with FAA. Check your AMEs to make sure they are doing the job correctly."
- ** "The AME I previously visited for my medical certificate is extremely weak in providing a very thorough and supportive method of providing information when you have a limiting occurrence in obtaining a medical certificate. When I had my situation, the previous AME said "you have to wait 6 months". He provided me no information, contacts, or websites to help me understand what I had and needed to do. I do not visit this guy anymore. I have established a relationship with a new AME, and he was the one who provided me with information to work through the process. Hence my recommendation, 1) Ensure the AMEs provide professional "bed side manner" to advise, inform and encourage the candidate so he is not felt abandoned by the system."
- ** "The AME I use is a very competent and able examiner. I like the way he conducts the exam. It's very professional & timely; no time wasted & thorough."
- ** "The AME I use is very professional. However not all AME are this way. I have found one of the better ones. In the past I have had all types. Some even apply their own standards for the physical they want to perform."
- ** "The AME I use is very professional. I plan to use him as long as he holds his AME certification."
- ** "The AME I used is the same one I have used for my past three exams. His nurse does perform an eye exam, but it is done with one of these old and antiquated viewers that use to be used in elementary school exams. It is not a thorough exam and because of the devices age, it is difficult to use and in my opinion, gives false results. I mentioned this to the AME and he seemed extremely indifferent to my concerns on this issue...I think, he thinks I'm in denial about my eyesight, but that very same week I had my annual eye exam with my eye care doctor. On this last exam with the AME he chose to mark my medical as "having to have my reading glasses with me during flight". I do have reading glasses that are very benign prescription strength, and are more akin to computer glasses because I sit in front of a computer all day at work. I mentioned my concern to my eye doctor and after his thorough exam, he has not seen a change in my vision in several years. Also, he was confident enough to issue me a letter to carry, attesting to my vision capabilities. Since I've never used any other AME, I'm not sure if they all use the same type of device for eye exams, but if they do...I think this issue needs to be reviewed."
- ** "The AME I used was hard to get a hold of and not overly friendly although his staff was nice but did not know much about the process. I would like to go to someone else as I need to go back this fall but do not know where to find information. I usually go to AOPA for help and will do so in this as well but if there could be a system in place (maybe there already is) to direct people through the process it would be helpful. I also had trouble finding out what would happen since I am a special case and was told that I would have to get representation to help me if I was denied. Not knowing if I would be accepted or denied for almost two months was stressful as well as not knowing what the criteria were. Is there a listing anyplace of what items will medically drop you from pilot status? Thank you for your time and keep doing a great job to make things better!"
- ** "The AME I visited most recently to apply for a Class II medical certificate handled the exam and application with courtesy and professionalism."
- ** "The AME involved was very supportive and professional."
- ** "The AME is in the same office as my family doctor which helped because my health records were available. Also, if I needed my family doctor to answer any of the AME questions he was available. Thanks. Private pilot. Soft landings."
- ** "The AME knew me from previous exams and spent time with me reviewing my medical history; he also performed a prostate exam. I was very pleased with the exam."
- ** "The AME office that I used did not forward my medical information to the FAA Regional Medical Office in a timely manor. They delayed it over 14 days. I recommend that the AMEs be reminded of their obligation to act on applications quickly."
- ** "The AME provides an excellent third party evaluation for medical fielding potential problems related to aviation. Keep up the good work."
- ** "The AME said because I had a heart stent six years ago, he could not issue it from his office, but he would send it off and he was sure it would be no problem. Three months later, I had heard nothing and my AME's

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- receptionist suggested I call the regional office. It took hours on the phone to find out I had been referred to someone else. When I got in contact with them, they said it was under review. A couple of months later, I got a form letter requesting costly testing or I would be denied. Several years ago I gave up flying due to cost of medicals with high blood pressure. In recent years, I had lost 50 pounds, exercised and had normal blood pressure so I tried to get the medical again. Again, I got the litany of medical testing. My doctors (heart and personal physician) sent their data, but it wasn't good enough. I think the third class medical should be dropped as a requirement. It is a good thing I don't have to fly..."
- ** "The AME sent the wrong medical history in my name. The history he sent involved a pilot who had heart problems (stents, by-pass surgery and was deferred). It took 6 months to correct this error. The AME could have been more careful with his record reporting."
- ** "The AME should be able to issue a medical certificate electronically on the computer rather than using an old typewriter."
- ** "The AME should be given more authority to determine the appropriateness of non-approved drugs. I had a problem using a non-approved hormone replacement. It delayed my certification by six weeks & took up valuable time in AMCD. A pilot must be careful to use only approved medications. However, technology, and the drug industry moves forward much faster than the FAA. Giving the AME more authority will save time, money, & hassle. It will not negatively impact our overall safety. The AMEs are good doctors! Thank you for this opportunity! [Name]."
- ** "The AME should explain explicitly the medical history required before he performs the exam and charges his fee."
- ** "The AME that discovered the medical condition did not have updated regulations and information concerning the medical condition from the AMCD. Consequently, I had to contact AOPA and do my own research to determine the latest regulations and procedures. I was not notified by the AMCD that my file was transferred to the RFS. It would help to be notified in writing or e-mail that the RFS has taken over the certification process and not the AMCD. Thanks."
- ** "The AME that does my medical is very thorough. I have a SODA and he is completely understanding of my situation and knows how to deal with it, because he is also a medical doctor. He is very understanding about my past history on my application and is very encouraging. He is getting up there in age and it will be a sad day when he decides to retire. His office is close to where I work. When he does retire, I will try and find a place closer to home. I hope that I will be able to find an AME as good as him when that time comes."
- ** "The AME that I chose was a disaster. The opening comment from this AME was "If it were up to me I would be failing a lot of pilots. The FAA is far too lenient." My mistake was I didn't follow my instinct and just walked out. This AME was poking around looking for anything that she could fail me for. I was tortured with 2 additional exams nothing to be even a close problem. I had to spend more money and waste my time and the time of other doctors that could have helped people with real problems. It took the great effort of AOPA and the FAA regional office to get this unnecessary problem solved. In the end, after more delays from my AME, all of the reports were presented to the regional office. My certificate was issued within days. Thanks again for the help."
- ** "The AME that I use goes out of his way to work within my schedule."
- ** "The AME that I used asked health questions not required by FAA. This may expose future problems that could affect flying capability."
- ** "The AME that performed my exam would not issue my certificate due to an abnormal blood pressure reading. The reading was taken twice by his assistant. He said I would need a stress test and that the FAA would contact me with instructions. After my visit to the AME I went immediately (same day) to my primary care physician and had my BP checked. My physician said my BP was normal. I went back to the AME and had my pressure checked again by his assistant and was told again it was two high. He did not inform me that I could have my BP checked over the course of several days. I had to find this information myself by going on-line to the FAA website. My physician did this for me and the readings were all normal. A letter was sent to the FAA per instructions and my certificate was issued immediately. I think the AME may have been using defective equipment or inexperienced staff that resulted in an incorrect diagnosis causing me to expend a lot of unnecessary effort to resolve."
- ** "The AME that performed my examination did not seem to know what the medical requirements were. Did not care if you got your medical or not. He was only interested in the money he received. I believe AMEs should be aware of aviation and to the extent that pilots like to fly. How would he feel if someone told him he couldn't play golf anymore. His lack of knowledge and uncaring attitude led to considerable expense to obtain my medical. My regular doctor was very helpful in obtaining my medical. I will never go back to that AME and inform other pilots not to go to him. [Name]."
- ** "The AME was excellent in all areas."
- ** "The AME was extremely professional, appropriately cordial, and performed an excellent and thorough exam. I

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- appreciate that. That said, I feel strongly that the third class medical should be abolished and those flying "privately" should have medical qualifications based on: (1) Qualifying for/holding a current state drivers license, and (2) "Self Certification" for each flight, based on each individual pilot's current assessment of own health situation."
- ** "The AME was good. I had to contact the FAA in [City] New York and Oklahoma City. Both offices went out of their way for me at that time. They could not locate my past records and I had to submit new ones, which concerned me. They did not issue the certificate until they had the information and had one of their Doctors review it. Overall it was a pleasant experience. [Name]."
- ** "The AME was in it only for the money. Demanded costly blood lab work be done prior to the examination (The AME owns the lab). After he had my \$700.00 he said he did not find any problem, but was going to refer to the FAA Med. Representative and that I should hear from FAA in a "few months." I told him just what I thought about this (in not too kind of words). He later sent me a letter stating that he would no longer provide any care for me in the future. I contacted FAA Region and after providing some info they issued my certificate in a few days so I could go to work."
- ** "The AME was very pleasant and had an interest in flying. I had the impression he was interested in me and enjoyed dealing with pilots."
- ** "The AME was very professional and I was treated with respect and courtesy. My contact with the FAA medical representative was to confirm and acknowledge the decisions made by the AME. Overall.. a very positive experience."
- ** "The AME went out of his way (this is a busy doctor) to make several phone calls on my behalf and then called me back personally after he got the answers. He even personally followed up several weeks later. I never had any doctor in any medical situation go to the extent this AME did to help me get my medical completed. Also the folks he contacted in the [City] office were very helpful and friendly in the process and did everything they said they would in a very timely manner. Finally, my local FSDO who received my paperwork for a medical flight review was very efficient and timely in getting back to me to set up the check flight. Overall, I've never experienced an easier or more professional operation than I did getting this medical, following up on additional testing and then a check-ride. I will utilize this AME again."
- ** "The AME, have a very limited ability to detect impairment that is not readily available. He has to rely on the veracity of the patient. I as a physician would be reluctant to sign off somebody on a routine physical. I understand that time and cost are great factors to be considered, but I strongly believe the medical should be done by the airman's personal physician, who has cared for him for some time."
- ** "The AMEs have done a good job. There should be more AMEs located in major cities however. The closest one to me has recently retired and no one to replace him. I must now travel further to get my medical done."
- ** "The AMEs run the gambit from thinking they control the pilots to being very professional & helpful. Once you find a guy who's good and you feel comfortable with, you tend to stay with that doctor. There's such a distrust between the working pilots & FAA that I doubt if there's much discussion & there is no expectation of help if something pops up. The number 1 goal should be to keep a pilot flying."
- ** "The AMEs who I have used in recent years use assistants who are poorly trained and very unprofessional. The AME spends very little time with the pilot, everything is done by assistants. In my case, according to the AME, I did not pass the eye exam portion of the exam and she told me I needed to go to an optometrist for an eye exam and provide her with his report because one eye did not pass for near sight vision. Although it was inconvenient, I had to do it in order to get my medical so I ran to my optometrist and he examined me and there was nothing wrong whatsoever. He provided me with the letter to give to her. The eye exam in her office is conducted in a dimly lit hall and no doubt that was the problem. Since that was the only item I did not pass on, the AME should have had her assistant re-examine me instead of making me run all over town."
- ** "The amount of paperwork required for processing these, forced one of the best AMEs to retire from doing them. Too bad there are not as good of AMEs around in the immediate area. Very pleased with the most recent AME, I just visited, but understand he will probably not conduct 1st Class medicals. The closest AME is far from a desirable individual to visit."
- ** "The certification process has improved greatly in the last several years. It still takes longer than it should to receive information from Oklahoma City."
- ** "The certification process, in my experience, is excellent. It would be nice to have local AMEs, however. I don't know if all physicians are aware of the certification as AME. All MDs should receive information from the FAA that they may become AMEs. Overall, the entire process is a great asset to the FAA."
- ** "The computer form is a bad idea. There is a greater chance of entering data incorrectly and then you might never get things straightened out. It is not the health of the pilots that is an unsafe condition in the national airspace, rather it is lack of proficiency that is the greater problem. It is getting more complicated to go flying with each passing day. Do not make anything else (getting a medical) more complicated for pilots just to make

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- your job easier."
- ** "The correspondence with the Aerospace Medical Cert. Div. was very professional. The problem I had at the time of my initial exam with the Flight Surgeon in [City], WI was not being informed of the requirements when filling out the Class II medical form. I made a mistake somewhere on some information required and asked if it was acceptable to tear up the form and start over, this was not accepted and the form turned in was not clear and concise."
- ** "The courtesy, professionalism, and ease of access to my current AME is unsurpassed."
- ** "The current doctor I use for my medical does a great job. He is very thorough because he is the one signing his name on the certificate and not just doing it for the money. I have never had a bad experience with an AME."
- ** "The current system (with the additional on-line portion) is adequate and does not put up unnecessary hurdles in front of a prospective pilot or a veteran!!"
- ** "The current system seems to meet my needs as it is."
- ** "The current system works well. The cost really differs from AME to AME. I have paid as little as \$35 to as much as \$108 for a first class medical without an EKG. Would really like to have a convenient and low-cost medical. My last certificate was more than what I normally pay, but convenient."
- ** "The decision of changing the 1st class medical exam from 6 to 12 months was a good decision, because there are so many pilots that do not need the exam that often, but at the same time, should be a procedure depending on the age of each pilot, and because of that it will determine on what type of extra questions and procedures the AME should provide. Also I have attended two different AME and what I noticed was that after both examinations there was no "Established Procedure" to follow, each one did the exam under his own pattern. One more extensive than the other one, but if we want to guarantee the safety of our airspace, we need to know that one of the first steps to take is to have an established medical procedure for different airman certificates depending on the age and physical examination as well. Thanks."
- ** "The doc did a great job!"
- ** "The doc who does my flight physicals is very thorough and professional. If all the rest of the AMEs do as good a job, I'd say the system is working pretty well."
- ** "The doctor I had is also an instructor for planes and helicopters. I look forward to getting my exams because he is interesting to listen to and hear his stories. He does a good exam and tells me of things I should check with my regular doctor about."
- ** "The Doctor that handled my exam totally screwed it up including losing my file for two months. I had to call four times before they took me seriously and began looking for my file. The Doctor deferred my medical instead of just having me change my diabetes meds from the extended dosage (not FAA approved) to the twice a day dosage (approved by FAA). I mountain climb, sky dive, scuba dive, run and am more fit than men half my age but the FAA has done nothing more than outspend me to keep me from getting my medical. I run an Aerospace Company with more than 125 employees responsible for keeping military and commercial aircraft flying. I have more than 4000 hours and have been flying for more than 39 years. I can't afford to have more and more test done for no reason. The FAA's impossible requirements have denied me the greatest passion of my life. On top of that you won't even allow me to get a sport rating which requires no physical. I am taking my battle to my legislative delegation. By the way your survey is carefully worded to allow you collect positive information and validate your procedures. Yes, it is that obvious. Thanks. [Name]."
- ** "The doctor that I went to was the only one here in a large area and he retired at the end of June '08. Several other pilots drive long distances to get an exam as I guess I will need to do now. More doctors are needed for this service."
- ** "The doctor that reviewed my medical in Oklahoma City was more helpful than I expected. I appreciated his help more than I can express. I will ask for him personally if I ever have my medical reviewed again. I thank him very much."
- ** "The doctor's office should remind folks to bring needed items, like eyeglasses. When I made my appointment for the exam I was not told to bring reading glasses for the eye test. I don't need glasses for reading but I needed them for the eye test. This caused me to leave the doctor's office to retrieve them to complete the eye exam portion. The doctor was very robotic and very little discussion took place. It was almost a non event, other than costing me \$100."
- ** "The exam I had last year involved resolving a question about an unusual EKG that appeared before I had some minor surgery. The Medical Examiner did not accept a well prepared written report I had from a cardiologist, after several tests were performed, that there was no problem with my heart. He required that a stress test be performed which was scheduled to be completed in 2 days. Rather than wait for the results of the stress test, which of course showed no problem, the AME sent in a denial report to the FAA Regional Office. Trying to resolve the situation with the Regional Office resulted in my being without a Medical for over one month. This was an unnecessary waste of time on my part and on the part of the Regional Office. Overall, it was one great

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- big unnecessary HASSLE!!!"
- ** "The exam is a waste of time and money to me. I would much prefer to save that money to pay for a much more thorough exam by my own physician. If I felt my capacity for safe flight was impaired I would ground myself. My guess is that the exam rarely grounds a pilot that didn't already know of his problem and that the occasional exam can't possibly catch many problems at the on-set. I would guess that sudden on-set medical problems combined with stupidity, arrogance and lying causes most of the accidents that can be considered caused by a medical problem, and the examiner can rarely catch those. I'm in favor of self certification up to about age 65. Probably need exams after that age which means I would still have to get one."
- ** "The exam was held in an "office" not located in a medical building. But I understand that the FAA has since put a stop to that (heard through the grapevine). Although, I am in great health, I feel that the money spent was simply to get "legal" again. I will not schedule my next exam with this AME."
- ** "The exam went well and I would recommend this examiner to any fellow pilot."
- ** "The examiner that I had did a very thorough evaluation. While sometimes difficult to reach to schedule an appointment, the examiner was very flexible when I got through to him. Overall, I believe the system is working well for private class III medical exams."
- ** "The examining AME more than likely knows the type of flying the applicant will be doing and his capabilities and therefore should be the AME to issue a medical certificate. Medical decisions made by someone working in a cubical in Oklahoma City is a joke and certainly not relative to increasing safety. The AME that performs the examination should [be the] one to issue a pass or fail."
- ** "The experience I had with my AME was exceptional. The AME was knowledgeable, courteous and expeditious with the exam. All of these items are important during an exam as I am always pressed for time, but full of questions! As for the overall medical process, I am still discouraged by the time it takes for Aeromedical in Oklahoma City to process deferred medicals. While I have yet to be "victim" of this process, I have many co-workers and friends who have horror stories about medical deferrals that go through Ok City. Some of these people have experienced waits of 6-8 months for minor issues because of a paperwork snafu or backup in processing. This is unacceptable and needs to be addressed. My recommendation to remedy the situation is to empower the AMEs throughout the country to make most, if not all certification decisions. After all, the AMEs are doctors with many years of experience. The AMEs go through testing and re-testing to maintain their AME certification and should know what conditions are and are not certifiable. Let these fine doctors do their job and make decisions on the spot at the AME's office. Also, open a phone line for the AMEs to call Ok City if they need further advice before making a decision. But, don't continue on this path of making airmen wait for weeks and months for a decision. Many airmen depend upon their medical for their job and their livelihood. It is imperative that the process for medical deferral increase in its efficiency and speed. The way to do that is to empower the AMEs."
- ** "The eye exam needs improvements. I can pass an eye exam at the eye doctor and fail it at the AME."
- ** "The FAA AME program is a joke. As I'm sure you are aware a lot of AMEs don't give any more than a superficial exam. Also, I am appalled by the number of morbidly obese pilots I see flying part 121 aircraft. It's obvious they should not be able to pass a Class I exam."
- ** "The FAA continues to make every aspect of aviation complicated. They should be stream lining and making things easier with less red tape. There is no AMA that's going to issue a medical to a pilot that is unfit. The AMA should be given more power to make or change some of the FAA's rules and regulations. I have heard too many horror stories from pilots with a simple problem that have to deal with their regional offices. My AMA has been with me for 20 yrs. He is very professional and helpful. Please do not complicate the medical process anymore than it is. The FAA needs to pay a lot more attention to their own people who abuse their authority. I've recently fell victim to one of them and couldn't believe what was let to happen and continue to this day. The FAA needs to clean-up its own act instead of driving general aviation to a brink of extinction."
- ** "The FAA examiner was very nice."
- ** "The FAA has gone out of their way to assure fairness and good judgment in evaluating my medical condition. When I was a hairy cell leukemia patient, and participating in an interferon study, the FAA was willing to check with the Principal Investigator on the affect of the interferon treatment on my ability to fly, and was willing to trust me on grounding myself when it was unwise to fly. I fully appreciate the fact that the FAA was willing to evaluate facts and do what was right, instead of blindly following "procedures" as is the case with several other Government agencies I've had to deal with."
- ** "The FAA has improved greatly with the medical process i.e., time wise on answers to any questions I have had. Thanks a million."
- ** "The FAA has recently extended the duration of medical certificates for pilots under age 40, my recommendation is for the FAA to do this for pilots over age 40 as well. This could be done in a tiered approach. For example, pilots age 40 to 70, the third class medical cert. duration could be extended to 3 or 4 years. The second to 2,

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- etc. Pilots are living longer and healthier than when the regs were written 50 years ago. This would have the affect of reducing the workload on FAA staff and reduce expenses for pilots. Thank you."
- ** "The FAA has required a nuclear EKG and Stress Test for my Class III medical for a 6 year stable heart condition. This is a \$ 2,000 biannual harassment for this 66 year old. Seems like you're trying to ground me financially as well. What is your objective...stop seniors from flying? (A retired Air Force pilot)."
- ** "The FAA is much too large a bureaucracy devoted to controlling the business, professional pilot. It is a shame to put them through the same ordeal with a recreational flyer. By and large I am sure that most of us have what we need to determine our own fitness to recreate and enjoy flying as a pastime when not burdened with having to have it to earn our living. I am of the opinion that you, as an organization, are so involved with people with real problems that threaten their livelihood, that you don't spend any time with the recreational, low time community. This is as it should be, but it sure makes it rough on anyone who is truthful with their personal medical history. Giving a little information just brings about the never ending demand for more, more, more. And since we are in no hurry, seems to take forever over the most minor things. It is easier for someone to ask for more data, than to sit down and absorb what they have. Of all the information I have submitted over the last 10 years or so I would be really surprised to meet anyone who actually read any of it."
- ** "The FAA made getting certification such a hassle simply because I have a history of bladder cancer. That makes absolutely no sense to me. Are you worried that I'll relapse in flight? I found it humorous and sad that the FAA sent a huge envelope with a paper copy of this survey and a letter (citing the paperwork reduction act) telling me they'd like me to take this survey on-line. If you wanted to reduce paperwork, why not just send a letter with the link and have us request a paper copy if we want one?"
- ** "The FAA makes you jump through hoops and delays for months and at considerable costs with different doctors. These costs are extremely expensive. It seems the FAA wants to wear you down monetarily and emotionally to reconsider the cost of flying. When my family physician, the AME and intervention radiologist all were in favor for me to fly. None could believe it took more than a year and a half to get my medical certificate. Oklahoma doesn't believe other experts. (Doctors, they keep us dangling and spending big bucks). Recommendation. Call our doctors for their opinions and speed up the certification for the medical."
- ** "The FAA Medical Center in OKC was unacceptably slow in reviewing my Class I physical. I am a Professional pilot, currently flying 777 international routes, employed by a US Flag carrier. OKC's horrendously slow review process caused me to miss 90+ days of flying and pay. All documentation that was requested was submitted by my AME along with the Class I physical application. All instructions were followed to the letter and all correspondence was forwarded to OKC by overnight, certified mail. I was grounded for 3 months with no other explanation from the FAA medical center other than my application was "under review." There must be a more efficient processing procedure, and there should be a higher priority given to professional pilots whose careers and livelihood depend upon the possession of a Class I physical."
- ** "The FAA medical certification organizational structure is sound and effective. Like all organizations, humans must act and expect a level of efficiency based on qualification and motivation. The effective use on the delegation by the region to the AMEs must involve personal contact - explicit instructions (reg - etc) and frequent follow-up of the AMEs. I believe the organization is doing very well."
- ** "The FAA medical certification process has improved. Oklahoma staff is knowledgeable, friendly, and efficient."
- ** "The FAA Medical Certification Rep in Oklahoma City apparently was reluctant to either approve or deny me. Twice they asked for more data, some of which I had already provided. My AME phoned an FAA Medical Certification Rep in the Regional FAA office who agreed and phoned FAA in Oklahoma City. Within a weak I had my certificate. But it was only good for 3 months. I've about come to the conclusion that it's not worth fighting your damn bureaucracy. I have right at 5,000 hours of AF military flying time, mostly in fighters and I don't appreciate the run-around I got from your people in Oklahoma City."
- ** "The FAA Medical Dept. has been very supportive. The previous exam before my most recent I had some waiver issues that were quickly (for a government agency) resolved and satisfied. Keep up the good work!"
- ** "The FAA medical examination should be considered by all medical insurances to be a standard physical and be covered by the services provided. Most medical insurances provide annual physicals as part of the preventive medical business. The only difference with my airman's medical is the eye examination and the hearing examination. Off years, the AME will perform an ECG. My opinion is these should be part of a "normal" physical."
- ** "The FAA medical examiner made a trip to the [City] from [City] to conduct my medical flight test, which was greatly appreciated as it saved me from having to fly in unfamiliar airspace and from the expense of renting the plane and paying my instructor to fly to [City]. However, after the FAA medical examiner submitted the results of my flight test to the Oklahoma office, somehow it was lost. The Oklahoma office claimed that it was never received. My FAA medical examiner thus had to resubmit the results of the flight test. The medical flight test took place October 16, 2007, but I did not receive my medical certificate until January 8, 2008!"

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- ** "The FAA medical process - undue anxiety for many pilots, both new and old. The process is much better than in years past. Too many pilots are afraid that the FAA will deny their medicals. Every pilot I know takes their health very seriously. The focus should be on keeping pilots healthy and flying! Overall, I am happy with the changes (including this survey) I've seen the past 5-7 years."
- ** "The FAA medical process makes people afraid of their jobs. I don't know what the guidelines are, the FAA's website info is written in doctors jargon. Every guideline should be spelled out and every doctor should follow the exact same exam. There should also be a 6 month "improvement" period for a failure. If I fail for high blood pressure I should retain my medical as long as it is not an emergency and as long as it is under control in 6 months."
- ** "The FAA medical representative gives more respect cooperation with medical doctor(s) that may be treating a pilot for certain medical problems. Clearly the attending physician should have a better (hands on) diagnosis than someone a distance away in Oklahoma. It's agreed that the FAA medical representative should certainly enforce the medical parameters, but with proper evaluation of the attending physician report."
- ** "The FAA medical system is based upon old medical technology. The FAA needs to keep up with the advancement in Medicine to enable pilots who are medically qualified to continue to perform their jobs without extensive delays created by the medical review process."
- ** "The FAA Medical system is getting better with less of a backlog unissued medical certificates awaiting review. Solutions for medical conditions are what is needed for issues that can stop a pilot from having a medical certificate. Being denied or deferred does not help anyone."
- ** "The FAA needs to approve a sleep aid which pilots can take during layovers. Especially in the night freight business, pilots are flying fatigued each and every night because they are only sleeping four or five hours each day in the hotel. Some aid which would help guys get closer to eight hours of sleep during rest would improve safety and the health of many pilots."
- ** "The FAA needs to change its attitude toward aviators. The FAA exists because we aviate not because you regulate. Every letter I have received from the FAA has a tone of intimidation. Most recently I was informed my 1st Class medical would be invalid if I did not get an EKG. I had an EKG, the AME transmitted it and the FAA lost it! So who was blame - me."
- ** "The FAA needs to update their role and the knowledge and criteria they use in the issuance of Special Medical Certificates. Both my Primary Care Physician and my Treating Specialist, who is a former USAF Flight Surgeon and an AME, see no reason why the FAA considers my condition as one that requires a Special Medical Certificate. During my discussions with the FAA physicians at CAMI prior to the issuance of my Special Medical Certificate, it appeared that they had no knowledge of the condition I had, and issued a Special Certificate only because they didn't know what to do. It is hard for me to accept that somebody sitting in an office in Oklahoma City pretends they know more than a physician who has spent his entire life researching my condition."
- ** "The FAA Office of Aeromedical Certification has made great strides in keeping up with the times in allowing waivers for certain conditions that historically have been disqualifying for an airman medical certificate. In keeping with this forward thinking, I strongly urge the Federal Air Surgeon to reconsider the use of certain stimulants prescribed for legitimately diagnosed individuals considered to be ADD or ADHD where these drugs have a pronounced positive effect (Adderall, Ritalin, etc.). Currently, these drugs are disqualifying. Many ADD individuals who have a hard time focusing and whose attention span is short, act and perform perfectly normally with small doses of these drugs once a day. It is counterintuitive, but these stimulant drugs have a calming effect on a true ADD or ADHD individual."
- ** "The FAA people in [City], NH have been more than helpful in many different ways. They have been a great asset to me and a pleasure to do business with. They all were just great. Thank you all."
- ** "The FAA requested additional information (testing) before they would issue my medical certificate, and then completely misinterpreted the additional information they requested, incorrectly issuing a certificate with a limitation on it. After writing Dr. [Name] and having the FAA look at the additional information they requested, the limitation was removed."
- ** "The FAA requires me to have a Thallium stress test and a Bruce stress test in alternating years due to bypass heart surgery 10 yrs ago. The V.A. doctor, my cardiologists and my AME feel this is not needed as I have no heart damage, never had a heart attack, get a physical check up per year and I am in excellent health. The added expense in time and money is a waste and so expensive that it reduced my ability to fly due to cost. I am not unable to fly because of the cost."
- ** "The FAA should provide a clear and concise order of the steps required to complete a special issuance medical, it would save a lot of legwork the first time you work through the procedure. Once you have ferreted out and comply with these requirements the process is quite rapid. Have been doing special issuance for 14 yrs in N.E., Western and Southern regions. Found this time (first issuance in the Southern region) that your internal communications caught up with the internet age, all worked quicker, however, I have never waited more than 30-

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- 35 days for my medical to arrive. When I've been traveling each office has forwarded the paperwork on request. Short answer, service has been great."
- ** "The FAA should provide a phone number to talk directly to the individual asking for more information and a template for the information needed for re-issuance of a medical certificate. Many physicians are concerned about possible liability issues that they perceive might result from reports they write in support of an FAA medical certificate. Say a pilot is treated for cancer, physicians not familiar with FAA requirements may write a single sentence stating, "The patient is doing fine with no complaints, and I can see no reason why he/she should not be cleared to fly." Obviously that level of simplicity won't be acceptable, will it? Other doctors may swing the other way and write a detailed summary that provides far more information than the FAA is asking for and may cause a denial of the certificate. Physicians are still not sure how detailed to be and does the FAA realize the time involved to write a letter to the extent shown below! And to write a letter that does not cause the certificate holder to be denied or result in a FAA letter asking for more information. Some detailed guidance would be nice... and a person to talk directly to... that is if you really are serious about this survey."
- ** "The FAA should set specific rules for prices that can be charged by the AME. My AME tried to charge me \$1,300 for a special issuance. I have heard he has done the same with some other pilots. Luckily, I don't make my living as a pilot and was able to refuse and pursue the certificate myself with the FAA."
- ** "The FAA takes the maximum time to respond. When you reply with answers they again take the maximum time to respond. If you are in the process already surely you should be placed in a separate queue otherwise if there are several follow-up questions, say 4, it could take a whole year to finalize. The saying that "The FAA is not happy until you are not happy" is quite appropriate."
- ** "The FAA website that identifies current AMEs was not accurate. None of the AMEs listed were still in the area and the only AME in [City] at the time, was not listed on the site."
- ** "The FAA, as with many other government organizations, seems to feel they need to control everything under their umbrella(?). The FAA has overwhelmed themselves and those they feel they protect because they feel the need to 'watch' everything and everybody and refuse to let the physicians they have chosen and trained to do their jobs, DO THEIR JOBS!!!! To that extent, the review and regulatory processes that we as airmen must endure, because of the bureaucratic paperwork and incessant regulatory checking and paper shuffling stifles the rest of us and keeps us all from doing our jobs. You are OVER protecting unnecessarily! And, of course, this goes throughout the FAA and not just the medical division."
- ** "The first class medical should be an annual qualification with the progress in medical technology!"
- ** "The first person I spoke with regarding my medical application was not very helpful. He was very brusque and gave me the impression he could care less. This was a little upsetting to me because this is my career we are talking about and I didn't want to lose my job. I called again 2 days later and spoke with another individual who was wonderful. Not only did she have a great attitude but took the time to research where my application stood and told me it was approved and should be arriving in the mail in a few days. This was such a pleasant shock, I was lead to believe that this would take weeks to months. Thank you for handling it so quickly! I received my medical and the steps I need to take to keep getting my medical in the future. The only recommendation I have is to make the steps a little clearer. I am still a little confused if I need a letter from my doctor the next time I go in 6 months or in a year. I have decided to have a letter from my doctor every time I go just to be on the safe side."
- ** "The first time through the special issuance procedure is confusing and time consuming; however, the subsequent submittals seem to move along much better. If there are no adverse changes in health issues, I do not see the reason for re-submittal to the FAA for approval of a third class medical."
- ** "The following is not a complaint just an observation. Initially I was confused about where I sent the requested information. I sent it directly to the FAA, when it should have been given to the AME for submittal. If a letter is sent that specify certain requirements then it should state if these are to be submitted directly to the FAA or through the AME. I am in favor of sending information directly to the FAA when its approval is required, with a copy to the AME."
- ** "The information flow from Oklahoma City to the applicant was slow. The delay in issuance of the medical certificate proved to be a problem for both myself and the company since I fly for a part 121 flag carrier. Information was submitted in a timely manner and the hold up was never explained. The clerks were very courteous but provided no info as to the delay or how to expedite. Use of non descript e-mail tracking or updates could prove to be more efficient than US Post."
- ** "The last certification was quick and easy. The two before that took mail and several phone calls to Oklahoma City, and only after in excess of 3 months, did certificates finally issue. It took way too long to process in Oklahoma City. The local AME is vastly more able to make better informed decisions, much more expeditiously."
- ** "The last medical was my 10th as a special issuance for diabetes. My condition has not changed and it still takes

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- 90 days to receive the medical. I don't see why for renewals the AMEs cant have a guideline in place so they can approve special issuance medicals instead of the additional overhead and time to send to the region or Oklahoma. The region is a significantly better alternative than OK. You can get information and help from the region. OK has gotten significantly worse after 2000. Now you only talk to a technician who seems like a computer reader."
- ** "The last time I used MedXpress I could not access the information I had previously entered on the 8500-8. It would be much easier to fill out the form on-line if I could see the previously completed form on-line while I am filling the form out."
- ** "The last two biannual examinations were conducted by a doctor who I would never have sought as my personal physician. It was evident he was an AME for the purpose of earning a fee. I will be using a different AME hereafter."
- ** "The level of effort seems appropriate for a III class medical."
- ** "The limitation of not being able to revert to Light Sport Pilot (LSP) privileges after failing a class 3 medical should be lifted. If a pilot knows in advance he might fail a medical, then all they have to do is not apply for a medical and continue to fly under LSP. Not too consistent."
- ** "The local AME should have the authority to issue or deny special medical certification for Private Pilots without the initial long delay in going through Oklahoma City. The paperwork delays at Oklahoma City are long (90 days). How can the people there judge the condition of the applicant more accurately than the local AME and his Physician? I'm sure the information can be sent there for the record and not require a delayed and meaningless stamp of approval from someone who has never met the applicant and has no direct knowledge of his ability to safely pilot an aircraft. What can they really add? Trust your AMEs. If the Oklahoma City interface and delays are intended to monitor AME performance do it in some other way that doesn't add unnecessary delay to the applicant's certification."
- ** "The machines used for the eye exam are difficult to use. When my eye doctor checks my eyes I am 20/20 with my glasses, but when I get to my FAA exam I have a difficult time reading the machine."
- ** "The main trouble that I had with my most recent exam was with my AME. He has only recently been certified and did not have all the necessary equipment in his office to do the physical. Then part of the eye exam was administered incorrectly. After the exam he had me change what I had written on my medical history - even though it is the same as two other members of my immediate family who have both been certified with no trouble! Then, the information he and his office gave me over the next several weeks was either incorrect or changed. They began by saying my certification had to be done in 24 hrs or it would be mailed away for review. He wanted medical records for evidence to send with my application. Then he wanted another blood test, he ordered more than the necessary tests, which I had to pay for, then he had even more trouble with the results. He mailed my application to the regional flight surgeon, but instead I got a letter from AMCD in Oklahoma saying they did not have all my information that was needed. Every step of the way my AME told me something which proved to be wrong, or he himself changed later and repeated his reasons as it all being because of FAA's regulations."
- ** "The major problem(s) I had with the AME I went to was: 1) The distance, he was more than an hour away. 2) At the EAA meeting he said the cost will be one amount but the price he charged was considerably more. 3) He asked me to ask my doctor questions but then was unsatisfied with the answers. After three tries I suggested that he contact the doctor himself rather than going through me. The AME highlighted topics he wanted my doctor to respond to so I was only the carrier. 4) After giving the AME all the charts and graphs he asked for he then wanted my doctor to explain them. If the FAA medical examiners can't read those charts and graphs then why ask for them?"
- ** "The Mayo Clinic experience was excellent and beyond my expectations."
- ** "The medical certificate was not issued at the time of the exam. This is true for the last 5 exams by the same examiner. No additional information was needed. The staff just took a long time, up to 30 days, to mail the completed certificate to me. If not complicated, I believe the certificate should be issued immediately after the exam is completed."
- ** "The medical certification process is dated. The actual questionnaire (medical history) is helpful as it will identify areas where an airman may have a condition that should be addressed however, the medical portion is very limited. It is almost as if any warm and breathing person can pass. I believe it should be less routine and be more in line with a real physical. I personally obtain a physical each year from my Internist and it is what I look to for identifying conditions that I may not be aware. I have no confidence that the current AME system will achieve this goal. Although, I was not aware of a computerized system for Medical History, I now will look for this as it is a great idea. I hope you have a goal of revamping this system as it is all too often taken for granted but is a necessary component of keeping our skies safe."
- ** "The medical certification process is very complicated and should be simplified. There are a limited number of

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- medical issues associated with pilots/people. Each of these issues should be categorized and placed in an automated database so that decisions can be made quickly and uniformly across the entire aviation community and no regional differences occur to skew the results. The FAA did this with their compliance and enforcement program years ago to improve uniformity of findings and speed up the process."
- ** "The medical certification process was absolutely the worst experience I have ever had. The FAA region doctor for Alaska, Dr. [Name], is the most incompetent flight doctor that I have ever run across. He intentionally delayed my medical as part of a power struggle with my attorney. With a pediatric background, he is in no way qualified to make a decision on an airman's medical regarding mental health issues. His indecisions also contributed to the delay in reissuing my medical. My financial health is dependent upon having my medical and his delay tactics cost me a promotion and 6 months of pay. He has no regard to the airmen whatsoever. I would suggest revisiting his qualifications as a doctor for the FAA."
- ** "The medical certification requirement should only apply to commercial or professional pilots who fly for hire. The medical certification requirement for Class III private general aviation pilots should be eliminated. In my opinion, medical certifications for this sector of the flying public have very little impact on flight safety."
- ** "The medical examination & certification program for all pilots is great for aviation & the individual, both for safety & health purposes."
- ** "The medical examination is adequate to meet the regulations, but it is probably not very closely related to safety. The biannual flight review is probably just as effective."
- ** "The medical process for a First Class Medical is basic. I would like to see a full physical. This is so other things besides eyes, heart, and lungs are checked. It is just as important to have preventative checks done as well. I know that I can go see my own doctor for this, but I am already at the office twice a year for my medical. Maybe I should have a choice of the basic or complete check up."
- ** "The MedXPress application is very good. I used it this time around to prepare for my exam, but didn't submit via MedXPress because I wanted to be sure of the continuity of data. Plan to submit via MedXPress for my next exam. Over the 40+ years I've been flying I've had many AMEs examine me. Without exception, they have all been very professional, knowledgeable and thorough. I have never had any sort of condition that would suspend my flying privileges, but I have talked with several pilots over the years who have because of medical conditions. That's a good sign that AMEs are conscientious about their role in enhancing aviation safety."
- ** "The MedXPress helps standardize everything, speeds up the process, and reminds me where I left off with my medical history last year."
- ** "The MedXPress thing is certainly not an improvement to just filling out the form in the Doctor's office. The problem with it is the confirmation number. There is no reason why a confirmation number is needed when pilots already possess licenses with their own certificate numbers on them. Why not use a pilot's certificate number for the confirmation; or a combination of Social Security Number, or Passport Number, or Driver's license number, with his certificate number? No other numbers that a person doesn't already possess would be needed, then."
- ** "The military flight physical is much more in depth than the FAA medical yet Military doctors are not certified to give an FAA exam in conjunction with a Military flight physical. Perhaps a program could be set up where this could occur. I also feel the current FAA exam is not a good indicator of a pilot's health."
- ** "The new age-based exams imposed are discriminatory to older pilots. The AMEs will need to charge higher fees to capture the loss of exam frequency, if they want to continue to make the same amount from FAA exams. The age 65 retirements will offset that a little, but overall, the fees have no place to go but up. The frequency of visits should be based on the individual's health using a standard of measures such as stress test, family history and BMI. The colorblindness test should only be performed on the initial visit, for colorblindness is genetic, and does not change with age. Once documented, this should not be done. Military members who are on active flying status should be exempt from equivalent Class exams. For example the USAF annual exam covers more than most Class I exams."
- ** "The OK FAA office requested information about a visit that I had to my physician (not my AME) and said they needed it within 30 days. I passed the request along to my doctor but when they tried to submit it to the FAA they were told that it was not needed until a later date. After 30 days, the FAA suspended my medical because they had not received the previously requested information. I feel like I complied with the FAA's request to the best of my ability and my Doctor and his staff insist the FAA said they did not want the information at the current time, so I have a suspended medical on my history due either to the indecision of the FAA as to whether they wanted information or else the FAA's departments are not talking to each other."
- ** "The on-line form is a good idea, but it shouldn't need to be accessed on-line during my medical exam. This slows down the process, waiting for the FAA servers when they are busy. The answers on the form should be easy to distinguish from the rest of the form."
- ** "The on-line registration makes it a lot easier and knowing what medical records to bring at the time of the exam, for special insurance, helps a lot."

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Table 5. 2008 Comments and Suggestions for Improvement of Medical Certification Support and Services

- ** "The only answer that I received from the FAA Medical was "It is under review, call back in a week". I received that same answer for 3 months. I was just about ready to call AOPA to see if they could help me when I finally got my medical in the mail. To make matters worse, my medical is good for only 9 months instead of a year. The medical should be good for a year from the time the FAA issues the medical, not 9 months. The FAA screwed me out of 3 months."
- ** "The only correspondence I had with the AMCD was via postal service. I received no reply whatsoever from the additional information I sent, even specifically asking for a reply."
- ** "The only quick reply was notification of denial. After two visits to the Mayo Clinic for additional testing (negative results), at great expense, and additional involvement by AOPA was the medical reissued. Submissions of medical information that I provided was given two different ID numbers further complicating the process. Twice during phone calls to AMC, I was cut off by attendant while checking request status. AME was unable to assist with application, as he had no idea how to proceed. Letters to AMC from my personal physician and specialist at Mayo Clinic concerning health issues went disregarded and further costly and unnecessary clinical tests had to be performed. After waiting 11 months for issuance I must submit the same tests again prior to the 2 year anniversary of certificate. I should have gotten a fresh 24 months!"
- ** "The overall exam was very good. The AME's staff were professional & courteous. I do think there is a lot of discrepancy in what is charged for an exam, regardless of class."
- ** "The past 12 years I have had a superior AME. Dr. [Name], unfortunately, Doc [Name] passed away last year and I had to find a new Doctor on very short notice. I found a new AME in [City] who actively flies. He and his staff have made the transition very easy for me. I look forward to another 12 years with a new superior AME."
- ** "The period from submission of all medical information to acceptance was 3+ months. The effective date of the one year approval was back-dated to the initial physical. I was given approval for a Class III for 9 months. The time from submission of all info and approval on denial is excessive to say the least."
- ** "The pilot should have a history and physical form signed by their primary care provider as part of the FAA exam. This form should be provided to the AME at time of FAA medical. Many pilots are not disclosing all medicines and history for fear of losing their medical. These forms are used for entrance into college and jobs. Why not increase examiners and lower costs to pilots by having nurse practitioners perform exams?"
- ** "The present system is a charade. Giving AME physicals is not the mainstream of the doctors work and it is treated that way. To them it is an easy, administrative way of making a few quick bucks. The nurses do what little work is required and the doctor simply checks the form and signs it. Their focus is on the form being administratively correct, not on the airman. There have been occasions where I have actually instructed the nurse as to how to give me the physical. It seems the number of AMEs has declined which allows the remaining ones to charge at will. Fee's vary by \$100 or more. Considering what they do, the fee should be \$0. Since most of our family physicians aren't AMEs, we pay extra for an AME to check our physical condition when they know very little about our health. Another problem is since our family physicians aren't made aware of what drugs will disqualify a pilot, they may inadvertently prescribe a drug that grounds a pilot when he sees the AME, when there is an appropriate alternative drug. SUGGESTION: Do away with the AMEs, at least for Class III/VFR pilots. Most of the private pilots are Class III/VFR and not confronted with the physiological problems of flight at altitude. For the Class III/VFR pilot, allow the family doctor to do the physical. A simple list of drugs that the FAA feels justify grounding as well as the existing conditions that will ground a pilot. Then the family doctor, who knows the patient intimately, would simply refer to the lists. If the situation is contained in the list, the paperwork is forwarded to the FAA as problem situations are today. RESULTS: Another layer of bureaucracy is eliminated, the person who knows the pilots real health condition (the family doctor) is doing the physical and the pilot is getting a REAL physical instead of a paper one. Also pilots would no longer be grounded from family physicians prescribing the wrong drug, which reduces the FAA's workload dealing with waivers, etc. Since glider pilots and LSA pilots need only do a "self" physical exam, supported by a drivers license, why not use similar wisdom for the Class III/VFR pilot?"
- ** "The present system works well. Please don't screw it up. I'm on blood pressure medication as a preventative. I was concerned that this might jeopardize my medical. Once it was recognized as a preventative everything worked fine. Though at first it was assumed by the Eastern region that I had failed something."
- ** "The procedure works well--but the form could be improved by providing a box that indicated "No change since last medical"."
- ** "The procedures for certification for an HIV positive patient are not even close to being current with the medical fields expectations of CD-4 & viral load numbers and how they change every 3 or 6 months. Also the medications that you have listed as disqualifying are the most advanced medicines with the least side effects. This is very old technology on the part of the FAA & causes unnecessary restrictions on healthy pilots. This is one example, I would imagine there are many more."
- ** "The procedures relating to Atrial Fib have been greatly streamlined in recent year, a great improvement."

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- ** "The process for a deferred Medical is extremely slow and complicated. There is no way to talk to an actual FAA Doctor about the issues. My paperwork with all the required reports was on the FAA Physician's desk for one entire month, when it actually only took him a few seconds to deny my Medical based on a parameter being off by a few percent. The denial was based on a report that was over a month old and nobody from the FAA Regional Office actually looked at me or my overall condition or talked to me. I hope that the FAA can speed this process up, since some of us actually have to feed our families by flying airplanes."
- ** "The process for applying for a waiver is not totally clear. There are a lot of horror stories and half-truths floating around. Not knowing how to contact the FAA medical staff directly was an impediment. I contacted the Experimental Aircraft Association Medical Advisor for a recommendation of how to proceed. The application for a waiver did not seem as mysterious once I had been through it. The process of obtaining a waiver and receiving my certificate took about 1/2 the time I was told by other pilots to expect. I also now have the exact medical evaluation procedures and paperwork requirements spelled out in my waiver which should make my next application a bit easier."
- ** "The process for applying for and being issued a medical certificate (that the FAA currently uses) seems to be very thorough, but also seemed to take a considerable amount of time to receive a response. Maybe it's just this day and age where everybody expects everything right now. I guess we all need to just slow down a little bit."
- ** "The process for me was slow and confusing. My AME and his staff were very helpful. My medical expired Nov. 30, 2007. I took my examination on October 10, 2007 to make sure there was plenty of time to take care of any details. I was not issued a medical until February 2008. During this time there was no medical reason for not issuing my medical, just significant red tape and hassle. I am taking Coumadin by choice, not requirement, as a precautionary measure only and my medical was delayed for months even though all doctors I am involved with indicated there was no issue. The FAA process was very frustrating and slow. I hope this helps."
- ** "The process for upgrading to a 2nd class after having a stent placed is cumbersome at least. A person has to want it severely to endure the lengthy process."
- ** "The process has greatly improved from a few years ago when I first had to submit annual doctor's letters for re-certification. This year was even faster and the staff was very helpful. Nice work!"
- ** "The process is fine. I'm a diabetic and simply couldn't pass the exam due to neuropathic complications. Fortunately, I was 59 1/2, so I retired. My last exam was in July 2007. The relatively low ratings on the dealings with the FAA were due to the fact that I simply received a form letter, so no real interaction took place. Now, I'm done with flying and I've filled out the survey, so please don't bother me about this again. Thank you."
- ** "The process is lacking in a method to ascertain the "mental" state of the applicant toward flying. A "psych exam" would be cumbersome and unwarranted but a question like "Have you been convicted of a road rage incident in the past 5 years?" could be very revealing about the applicant's ability to be allowed into the sky. A follow-up could be "Have you received counseling?" This comment stems from being "cut-off" on final several times, and seeing too many plane on top of plane accident pictures that would be avoidable if the self important attitude can be recognized and dealt with. If nothing else, the applicant would have a professional (the AME) reinforce the need for personal control at each required medical exam."
- ** "The process is largely unnecessary, demeaning, and probably results in causing some pilots to delay seeking medical attention so it will not be reported when they seek medical certification. In my last application my AME cleared me the day of the exam. He was well acquainted with my medical history. I was pleased it went so easily. However, a couple of months later I received notice that my certification was held up due to - details. Then followed several months of required status reports from various Doctors, additional exams, being forced to mark changes in 2 boxes on a copy I had marked in error, and other wasteful interactions. The most aggravating part was that all these things happened serially. I would respond to one demand, only to have another one presented after that. The end result was 6 months delay much paperwork and the same outcome the AME had granted in the first place."
- ** "The process is mostly a waste of time and money. It does little to enhance flight safety."
- ** "The process is very slow, even starting 2 months prior to the required date, starting with the physician that has to perform certain test requested by FAA. Once done it is out of our hands on how quickly his report is typed and sent to us. We then send all info to medical certification board in Oklahoma. They then review and if some additional info is requested we have our application go back to bottom of pile, therefore adding additional wasted time. All that makes it almost impossible to get the medical required on time. A person that flies everyday for pay could be without a job for months with no income because of the delay processing his application. Hopefully something can be done about this situation. Thank you."
- ** "The process is very slow."
- ** "The process seems competent and organized, to the extent that I have experienced it."
- ** "The process seems to be about right and reasonable."
- ** "The process takes too long with the FAA medical office in Oklahoma City office. My application was initially

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- sent in to that office in Nov. 2006 and each time they requested additional information, it took them too long to respond back when it was sent. It was finally approved in March 2008. The problem is that they did not except e-mail correspondence to shorten the process. Each time I sent information they requested, they did not respond quickly."
- ** "The process through OK City was expedient and professional. I don't think that the waiting period should be taken out of the medical's period of validity. That seems to be an added financial burden which is unjustified."
- ** "The process through Oklahoma City needs to be speeded up."
- ** "The process was very slow. No one could tell me when my application would be reviewed. It was a sit and wait thing. All because I needed an eye exam. This needs to go much faster!"
- ** "The prohibition of wearing monovision contact lens is baseless and should be rescinded immediately. The FAA allows both binocular contact lenses (so wearing contacts is okay) and also certifies pilots with only one eye or those who have had monovision corrective surgery (so monovision is okay). So what is the problem with monovision contacts??? Having worn monovision contacts for 15 years, my vision is BETTER with my contacts than with my glasses. You have created a constant problem for many of us just because of one, high profile accident where monovision contacts MAY have been a problem. Please change this unfounded rule."
- ** "The recent 12 month 1st class medical is a good improvement."
- ** "The recent letter I received about my medical certificate was written in such a manner that it appeared that I was some type of a criminal and not a person who had a special problem in getting an updated certificate."
- ** "The regional office quickly identified (along with AME) all of the documentation from other sources that was needed. While it was a lot of work to contact physicians out of state, I didn't have to make a "second round" of requests. Turn around time for my AME going back and forth with the regional office seemed expeditious. Overall a good process. Recommendation - develop some psychological screening for safe/dangerous behavior - causes a lot more accidents than medical issues."
- ** "The regional office staff was very courteous and personable on the phone; this made working with the FAA toward resolution of my certification issue not seem adversarial as it had in the past. I specifically worked with a representative named [Name], and I really appreciated the time and consideration that she put forth during what was a stressful time for an airman."
- ** "The representative who helped me at the FAA was very helpful."
- ** "The requirements are out of date with modern technology and place applicant in danger of death with out supported medical indication for the required test. A heart cath. is a procedure that at best is a danger that can be avoided with other modern sonic test in conjunction with nuclear studies. Physical condition, treadmill endurance in relation to age, cardiolite and echocardiograms should provide all the information needed to grant a medical cert. of any class. Some information on this survey does not apply to me, because I have to go thru special issuance each year."
- ** "The review process at CAMI was WAY too long. It took over 2 months to review my package -- long hx of Afib and new prostate cancer surgery with complete success. Two months is WAY too long -- two weeks would be more appropriate."
- ** "The review process at Oklahoma City is very slow. I was down (not able to fly) for over 30 days as my paperwork moved through the system. I even took my exam 30 days early! My AME is outstanding, he found a prostate condition (cancer) in the earliest stages and no doubt saved my life. Hats off!"
- ** "The review process prior to issue of special 3rd class cert was efficient & timely. My exam with the AME was on 9/17/07 & the issue letter was dated 10/2/07, which was remarkable."
- ** "The service for special issue certificates has improved a great deal. Thank you."
- ** "The services provided cover the items necessary for medical evaluation, no changes need be made."
- ** "The special issuance procedure is slow and very cumbersome. I think the AME should have more latitude in issuance of medical certificates when there has been no adverse change in an applicants health concerning the original problem."
- ** "The special issuance process should include the coordination with FAA Flight Standards which is permitted by regulations, so that operational restrictions may be imposed which would allow safe operation (i.e., candidates with a cardiac history should be permitted to fly with a co-pilot restriction). This coordination with Flight Standards should be routine and mandatory. The FAA should not require a medical certificate for employment of FAA aviation safety inspectors (GS-1825), because they rarely fly and only fly as observer, or fly public aircraft, which does not require a certificate."
- ** "The staff and AME of my last exam were both knowledgeable and considerate to me during the examination. A job well done!"
- ** "The survey process is not timely. I originally received it months after my exam and I attempted to complete in on the internet. First problem was finding the log in instructions in the massive amount of paperwork included with the survey. Then when I tried I could not log in. (I use the internet extensively in work something was not

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- intuitive in your process.) As result of not being able to log in I then completed the paper survey and mailed it. Apparently you did not receive it since months later I received follow-up post cards asking me to complete the survey. (It has been about 15 months since my exam.) In summary my biggest suggestion is that the survey should be sent promptly so that the respondent can remember the examination. Second suggestion is to review the documentation sent, simplify it, and review the internet log in process."
- ** "The system could be more automated. I have been flying for 35 years. Basically the system works very well unless there is a problem and then it takes forever to solve (as told to me by other pilots)."
- ** "The system has worked very well for many years."
- ** "The system has worked well for me over the 17 years I have been a pilot."
- ** "The system is detrimental to an airman's health. Most applicants would rather not seek medical care for a condition that may cause them problems obtaining a medical certificate. This is not right!! The system needs to be divided into two sections, one more stringent system for pilots earning a living from flying and a simpler system for those flying for pleasure."
- ** "The system is working very well."
- ** "The system seems to be OK."
- ** "The system seems to work quite well overall. However, I wonder why elderly, over age 70, private or commercial pilots are scrutinized so strongly while a "Light Sport" pilot needs only his or her driver's license for a medical. They all operate in the same airspace."
- ** "The system seems to work!"
- ** "The system worked smoothly for me."
- ** "The system works against pilot health by penalizing self-disclosure of problems prevalent in the general society. It's not that pilots never get depressed, it's that seeking help for such problems is disqualifying, thus the problem is ignored by the pilot, to the detriment of aviation safety. Such a scenario is typical of other unreported conditions. Reference the ALPA HIMS program for a better way to deal with such issues."
- ** "The system works too slowly. It seems that paperwork lags in some in or out box too long waiting for consideration."
- ** "The system works well and I am grateful to be a part of it. This survey is well constructed and easy to complete."
- ** "The third class medical requirement for private pilots is a waste of time and money. I am the best judge of my physical condition regarding my abilities to safely conduct any flight!"
- ** "The time from application to receiving certificate is too long."
- ** "The time lag between seeking assistance or clarification for required documents is significant, often going beyond 30 days. Because I receive a "special issuance" I made sure that I had all my paperwork squared away and sent it on its way to Oklahoma City sixty days in advance so I would not have a period of time when I was without a valid medical. I received my "special Issuance" the day AFTER my medical expired. The entire process leaves you full of anxiety that you (the seeker of the current valid medical) will be denied for the most insignificant of reasons, perhaps even just a paperwork problem. Then to rectify the "problem" it takes months of correspondence with Oklahoma City. I know many pilots who live in fear and actually suffer health problems simply worrying about taking their mandated physical and especially having to deal with an arbitrary and capricious AME."
- ** "The US has the safest and best run in the world. Don't screw with it!"
- ** "The ways of the AMEs testing are all extremely old. New and improved ways of testing should be implemented."
- ** "The whole medical process is outdated. Pilots that do not fly for hire should be certified just like a driver's license. Pass an eye exam, and self certify. If I have a cold or other illness I ground myself. I know when I am physically, and mentally fit to fly. The physical given by an AME is superficial, and says that you are fit on that particular day. I believe the FAA needs to take a serious look at revising the whole process. The Recreational pilot is permitted to self certify, why can't a pilot that only exercises the privileges of a private pilot do the same thing?"
- ** "There is a new piece of equipment in the field for conducting eye exams. During certain exams, this machine forces the columns of letters to overlap. Under these circumstances, I cannot read anything. My AME has informed me that I am not the only patient to experience this problem. We completed my exam at a wall chart. I believe that the manufacturer of this piece of equipment needs to re-evaluate the design and either repair or replace the models currently in use."
- ** "There is much to be said on this subject. I will say not every pilot is treated equal or the same. For example, I have spent under \$2,000 for a medical. I am in good physical condition, much better than several pilots who do not take stress tests. Why can't we get the med. cert. locally. Why can't we change. Thanks."
- ** "There is no contact with a FAA rep except the DR doing the exam during the application of a new medical."

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- ** "There is no level one data (proof) that flight physicals improve the safety of flight. The obstacles placed by the FAA's bureaucracy does nothing to improve safety of flight, adds delays and expense to the approval process, and potentially leads to false applications. The remedy is not to impose sanctions on false applications, but remove the cause for pilots making false claims. Substantially reduce the lengthy list of conditions requiring review, and for 3rd class accept drivers licenses."
- ** "There is no medical basis or accident / incident analysis basis for Third Class Medicals. They are totally eye-wash and should be eliminated. Non-Commercial operators should be able to self-certify."
- ** "There is no oversight. I don't know what you have to do to become an AME but once they do the differences are astounding. I am a retired airline captain who has gone through "drinking school". I have seen it all. I have had physicals where I never got within 10 Ft. of the Doctor. Hearing tests that were nothing more than the striking of a tuning fork and asking me if I heard it. I have also had quite comprehensive exams with the appropriate medical equipment. I had an AME relate to me that he had a call from a contemporary who had a pilot appear for a non-airplane related physical who was drunk. My AME asked me what he should do. He was, by the way, the employee assistance doctor for a small airline and I told him he should call the EAP representative at the airline. I saw him again six months later and asked him if he got in touch with the EAP and he said he had not called. Sad....very sad. I have had something approaching 50 physicals. Other than the "mills" used by most airline pilots none of them were anything approaching a uniform examination."
- ** "There is NOT an open exchange of information during the exam. What I mean is the AME "represents" the FAA. As such anything that MIGHT be disqualifying is not mentioned. Several pilots have mentioned they withhold information regarding how they feel and medical history. So instead of having an open dialog, the AME only hears the good. There is little opportunity to talk about how certain medical conditions that could impair safe flight. AND how some (disqualifying) conditions, if treated correctly, are acceptable to the FAA. Somehow this "adversarial" approach to the medical process needs to be addressed."
- ** "There is only one AME in our metro area (approx 80,000 population). That is beyond FAA control, but sure would be nice if we had more than one choice of physician to go to -- my family doctor is former military and disposed to do it, but says the process requires too much time away from practice to justify his getting certified. Have no way of knowing how true that is, but seemed to be a detriment to him. Guess that would lead to a recommendation that FAA communicate with physicians to let them know what is required and work with them to make certification less onerous in their minds at least."
- ** "There needs to be a liaison with the OKC or regional office where questions about one's certification process (if required) can be addressed in a timely manner. It appears that most of the time the airman is at the mercy of the "clock". In other words, waiting for certification from OKC or regional can take a great deal of time. If it were not for me pressuring my AME why I had not heard from OKC, I would have never have known that all the paperwork for my certification had not reached OKC."
- ** "There needs to be some consistency between AMEs. My AME will only use the machine for eye exams, no wall charts at all. The problem is the way the machine tests for distant vision is hard to accomplish. You have to trick your eyes to think that you are looking at something far away, otherwise you see columns overlapping each other. In the past, I've failed the vision portion of the exam with brand new glasses. The AME sent me back to my optometrist to be re-examined and to send a note confirming that my vision was okay. (My optometrist used a wall chart). My optometrist confirmed that my vision was indeed 20/20 both near and far. I have friends that have changed to another AME (who uses a wall chart) just because of this AME's eye exam. I asked my AME about this and he said that the machine was the only way he could do the exam."
- ** "There seems to be long delays in processing paperwork with the FAA. Why?"
- ** "There should be a process to more quickly approve new medicine. If a medical doctor prescribes a new medicine for a pilots condition that pilot should not be disqualified just because of some arbitrary one year rule. And even after the year passes the recertification is cumbersome. It seems that AMCS is biased against pilots who are taking medicine rather than relying on the doctors' judgment."
- ** "There should be bi-yearly bulletin with updates as to where AMEs can be found. I had a hard time finding one 'til someone referred me. Cheers."
- ** "There were a few things to consider in the beginning, ask if this was for an air traffic control medical. I got a second class medical because it is so close to the ATC medical. That would help with some questions like, how much did it cost, it was free to me. How long did it take to get the medical, the HR office at work, did a lot of the paperwork, and had it the same day, not 2-7 days was the quickest option. How long has the MedXPress been around for? When will it be allowed to be used by controllers. Thanks."
- ** "There's a lot of buzz that age by itself is a medical disqualifier. Not sure how valid that may be for typical GA flight and instruction."
- ** "These electronic forms require a confirmation # or similar. If you have entered registration with username, password, and have forgotten either, (you are done) going around through (forget your password) can take

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- several days. Username is worse to find out. I don't have any good solution!"
- ** "They are trying to prove that I have coronary artery disease. I had partial block artery in leg 3 or 4 years ago. They renewed my medical certificate at that time. I have had no changes of problems since. I recently had a stress test on treadmill to 90%, that was not good enough so they had me do a cardiovascular test on my legs and arms and etc. Then they wanted a report from my doctor. That was not worded right so had to get one that was. Then they wanted another stress test on treadmill that I went to almost 110%. I have passed all 3 tests, spend several thousand dollars and they still are not satisfied. They want to prove I have artery disease which I do not have, my local doctor who is a heart doctor says, I have never had heart problems."
- ** "They should speed up the paperwork in Oklahoma City. It takes way too long to get a reply!"
- ** "Third Class medical exams are quite superficial. There should be better testing. For example, no blood work is required. There should be screening for diabetes, heart disease, lung disorders and other illnesses that the airman may not be aware of. A more comprehensive physical is needed to ensure that all pilots are safe to fly."
- ** "Third class medical should be done by mail/e-mail. A questionnaire should be all that is required. Then if answers or comments indicate further exam is necessary, a medical exam could be scheduled. This would save time and expense. False data would be cause for punitive action and possible insurance loss. This would be an effective deterrent to lying on the form."
- ** "This AME deferred medical and sent me home. Other MD's are helping with my medical. When I went to the AME to get a copy of my medical records that was sent to the FAA was refused. I'm very dissatisfied with this AME. I felt like he had other things to do."
- ** "This AME provides me with a photocopy of my application for my files, and to use as a history of my applications for medical certification. (Medical certificates for me date back to 1978.) I find this history useful. Not all AMEs I have dealt with in the past have done this."
- ** "This doctor was pleasant, thorough, and did a good complete job."
- ** "This has been uncomplicated and my medical examiner is wonderful."
- ** "This is a complex system that has been working nearly flawlessly. Please don't screw things up by letting personal egos dictate change."
- ** "This is much quicker and simpler for both the applicant and medical staff. I will use this method again."
- ** "This is the first I have heard about MedXPress. Get the word out to the pilot population through means of a mass mail out or something to that effect."
- ** "This is the first time in 30 plus years of taking Medicals that I have had a problem which will require additional medical attention to regain my privilege to fly. It is a new experience now as I am awaiting further communications with the Oklahoma City group. I haven't received acknowledgement of my communications (after undertaking medical corrections within their 60 day window) with them yet (a period of over three weeks). Think they should acknowledge receipt of my information, even if in a queue for evaluation and further action. In this case my airplane now sits in my hanger for the past three months!"
- ** "This is the first time in forty years of flying that I didn't walk out of the AME's office with a medical certificate. I have received several letters from AMCS during the past seven months. They were usually requests for more medical evaluations or granting more time to obtain the evaluations. None of the correspondence ever contained an e-mail address, fax number, or phone number of someone in AMCS. I found a contact number on the medical section of the FAA website. A real person answered the phone and said "HOLD ON A MINUTE". I hung up after waiting more than 5 minutes. On my second attempt, I hung up after listening to a recording for more than 5 minutes. I completed all the medical evaluations requested by the FAA, but I did not receive my medical certificate. One of my students recommended that I call Dr. [Name] at AMCS. Dr. [Name] was courteous and professional. He accessed my records immediately and explained that AMCS had not received the evaluation from one of my doctors. He gave me a fax number so I could send him the report that day. I received my medical certificate the next week. Recommendation: Move to the electronic format for the 21st century! It's difficult enough to get an appointment with a specialist several months away. Then you have to wait for a response from AMCS in the mail. I pity the professional pilot who depends on that medical certificate for his or her survival!"
- ** "This last exam period was the smoothest with paperwork and timely notices and processing compared to previous renewal period. Thank you."
- ** "This past year I was required to submit a stress test to the main office in Oklahoma City. After doing so it would have been nice to get a written response back to me stating that everything was acceptable. Not knowing if there was a problem was a little stressful! As it turned out, no news was good news!"
- ** "This pilot has been on special issuance from Oklahoma City since heart bypass surgery in 1993. For several years after, I have had all kinds of administration difficulties caused by both the AME and FAA. There were periods of time I had no valid certificate. I fired my AME and went to a knowledgeable one which solved half the problems. There were still countless problems with Oklahoma City. All problems were administration in nature

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- nothing to do with medical issues. About two or three years ago there came about an enormous change in Oklahoma City and since then the process has become very routine and Oklahoma Certificates are issued within about 30 days. My only problem at this point is that my current AME has retired but I will be returning to the same office with another AME. I trust the new AME will have received good instruction from the retired AME. And so FAA is doing a great job these days. I do not understand this MedXPress issue. I receive a letter from Oklahoma in regard to my special issuance, with instructions. I take the letter and go to a local cardiac MD and he follows the FAA instructions in completing a cardiac stress test. I submit the test results as instructed, to FAA Oklahoma City and in about a month I receive a medical certificate. Every two years I also report to the AME and fill out a medical history form and am examined by the AME. He issues a certificate and in about 30 days I receive another from Oklahoma City. This seems to be a very smooth operation. In this process I have not recognized a process by the name MedXPress."
- ** "This process should be on-line."
- ** "This process takes too long. The people in Oklahoma City take too long to review the information. They had the information from the AME for 60 days before requesting a copy of my EKG. The EKG was done as a part of my physical and the cardiologist told me he could see no reason I should not be allowed to fly. It is now a little over 4 months and I still have no medical certificate. I question why the AME cannot make the decision."
- ** "This survey did not consider that I deal directly with AMCS between my visits to an AME. I have to provide a Dr.'s report and x-rays yearly for my medical to be issued. It is issued on a yearly basis, every two years I meet with the AME. Therefore, if some of my answers are confusing it is because the survey is not specific to my circumstances. This year the AMCS review went much faster than it had previously. I had my certificate in approx. 13 days after submission. One time I waited approx. 90 days. Thanks."
- ** "This survey does not allow special information input regarding Special Issuance Medicals, which have significantly different protocols than standard medicals. My most recent experience was the annual renewal of a Special Issuance medical, and as such did not require a medical exam, but rather the submittal of the appropriate information for the Atrial Fibrillation SI."
- ** "This survey is a waste of my taxpayer dollars. Just another government employee trying to justify his job and continue to keep his or her nose stuck in the taxpayer trough."
- ** "This survey seems redundant and a waste of tax payers money!"
- ** "This was my 3rd flight exam I have not had any problems with the process and the service has been excellent."
- ** "This was my 3rd time going to this AME, and yet, it was the worst experience of all three. He was not familiar with MedXPress process, nor AOPA TurboMedical form which I took to the exam, both of which I recommended to him that he use. He told me that he wanted his own staff to type the form. When the exam was completed, the charge for the exam had gone from \$100 two yrs. ago to \$208 this time. I questioned this, called other AMEs to find the average still at \$100, and then contested the charge. The Office Supervisor agreed to refund \$108; problem solved. However, in the course of the complaint process, I found that they did not distinguish between 1st, 2nd, or 3rd class medicals. They charged the same for all three. Also, during the exam, the AME had to call the NW office for guidance on two minor questions that should have been merely routine for a medical doctor. In short, I will not go back to this AME in the future. I recommend that you make every effort to allow pilots to go to their own family doctors for these exams, particularly for the 3rd class medical. It is a pretty basic physical exam. My own doctor will do a more thorough and professional job and can follow any necessary FAA instructions. If you are going to allow light sport pilots to use their drivers licenses as medical verification, then this would be a good change for the recreational and private pilots. Thank you for the opportunity to participate in this survey."
- ** "This was my first certification with type II diabetes. Extra information was requested, which was OK. However, my certificate took much longer than expected, even after all information was supplied. It apparently sat on the examiners desk for several days awaiting his signature."
- ** "This was my second visit to this AME's office. I knew ahead of time he would not be in the office, and I asked if that was a problem, and they said no. I went in and got the usual exam by a physician's assistant, nurses, I don't recall if another MD was there or not, but my AME WAS NOT PRESENT. I was told that he would review the exam before submitting it to the FAA. I received my first class medical certificate SIGNED by the AME on the day of the examination, without ever seeing him. I am not sure if this is normal for an AME or not, but it is the first time this has happened to me."
- ** "This was the first Medical exam in which I didn't leave the office with my class II certificate. It cost me over \$500 and approximately 6 hours of travel and doctor visits in order to provide the information necessary to confirm to the AME DR that I am physically fit to fly. I'm 33 yrs and passed the tests required at 124% of normal. This was by far the most time and money consuming medical exam since my first application for a FAA medical exam. Oklahoma staff took over a month for reply even though my AME sent the pertinent info with the Form 8500. This is unacceptable."

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- ** "This year my flight physical was conducted in Iraq by an Army Flight Surgeon who is also an AME. He did not charge me one red cent for the certificate. That was very nice. Back home, my AME is also excellent, but he says the FAA won't let him do Class I physicals as there are already enough AMEs on the Central Coast of California to do them. There are two between [City] and [City]. They are booked up solid and take months to get an appointment. There are other AMEs, but as I said, they are restricted from doing Class I. What could possibly be the reason?"
- ** "Thorough, professional experience with the AME."
- ** "Those people working out of the Northwest office were absolutely wonderful in checking out and getting me my certificate in a timely manner. I was already employed and needed my certificate as soon as possible, they accomplished this in a competent, timely and courteous manner, I can't thank them enough."
- ** "Through my AME, officials in the Western Region and Oklahoma City were very helpful in obtaining my medical certificate and waiver."
- ** "Throughout my years in aviation as a professional I never encountered any problems maintaining my medical status. Since then I have had a bilateral hip replacement and a radical prostatectomy. Although procedures have changed to take these conditions into consideration for the issuance of my medical certificate, I do not regard them as intrusive or excessive in any way (yet!). Of course, I now hold only a Class III. I have no problems with the system as it stands and no recommendations for any changes. It should be noted that I have been seeing the same AME for almost twenty years. From my perspective so far 'if it ain't broke, don't fix it.'"
- ** "To communicate with the applicant and to provide information in which to alleviate some of the required repeated physical exams that have been requested yearly."
- ** "To make it easier for processing special issuance medical certificates, establish criteria so that a designated AME can provide special issuance certificates on the spot to keep pilots flying without interruption. By developing this criteria, it reduces everybody's workload and makes issuing special issuance certificates more timely and efficient. Speaking from personal experience, I have to forward all medical reports with statements from my attending physicians to Oklahoma City for review prior to my flight physical appointment. Afterwards, I still encounter delays in receiving my new certificate every year. By establishing criteria for my AME to follow, such as reviewing my records from my medical information it will allow him to make the decision on the spot to issue a special issuance medical certificate. If he has a question he can consult his superiors for a solution to any concern he/she may have."
- ** "To me this survey is somewhat ambiguous. My normal medical is in July every two years. My last medical is and was a nightmare. The AME was one of the biggest jerks I have met in many years. He all but told me to stop flying. I had two heart stents put in two arteries just prior to the examination by the AME. I since have gone through and am still complying with all medical demands put on me by the FAA to maintain my license. The most recent AME examination was just two weeks ago. On the suggestion of another pilot I changed AMEs. Good move on my part. This has been a better experience although I am not done. Per the FAA's instructions the AME was only able to give me my medical through January 2009. I have many more exams and paperwork I must go through in order to maintain my medical for another two years. This is why I say this survey is somewhat ambiguous for me. Thank you for the opportunity to submit this survey."
- ** "To the best of my knowledge I do not recall receiving basic information about MedXPress; I would be interested receiving more information/awareness on this service. Also, I experienced an absence from flying due to a misdiagnosis of a medical condition, I am wondering why the AME did not first determine/verify if I indeed carried a medical condition before the AME mailed my records/airman certificate disqualification information to the FAA for review."
- ** "To Whom it May Concern: 1. Please put a limit on the age of the AMEs and the equipment he uses such as his stethoscope. 2. The old AME said I had a heart murmur. 3. He had me go to my family doctor they examined me and found nothing. Gave me a note for the AME. 4. The AME gave me my III Class certificate an the next thing I know I am getting a letter from the FAA saying I have to take a bunch of tests when I re-apply in 24 months. This is wrong!"
- ** "To whom it may concern: Age 75. I have had a pilots license for over 50 years. I was employed as a pilot for 40 years. As a commercial pilot I therefore have had 50 or more FAA medical exams. All without any medical problems until December, 2007. At that time I had a biopsy of my prostate due to a high PSA# at 6 1/2. Out of 10 samples, I was positive. A procedure was recommended. Second opinion was obtained and both urologists agreed on type of treatment. Contacted my AME and he advised me that I was grounded, no medical! Why? He said FAR regulations. But I am in perfect health! Too bad, they blanket cancer, stupid yes, but that's government. Why should a doctor in Oklahoma City or Washington DC make the decision to ground me, when neither one has ever seen me or know anything about me or my health? Let my AME make that decision, after all he's been my AME for about 20 years. He is a professional, he is a doctor, he should be more capable of making that decision than someone sitting at a desk 800 miles away."

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Surgery date: Feb. 8, 2008. Time 7:30 a.m. Type of surgery, Cryotherapy. Surgery went well, I walked out of the hospital at 2 p.m. My wife drove me home. I went back to the urologist in 2 weeks, check up, the catheter was removed. The doctor said to do whatever I was comfortable with. On Mar. 17, 2008 I went back to the urologist for a check up and asked for a PSA check as requested by the FAA in Oklahoma City. The PSA report was .03, perfect. At my request he gave me the enclosed report to pass on to my AME and re-apply (special issuance) for my medical certificate. It was sent Fed-Ex 5 days later to Oklahoma City. Approximate date 3-25-08. Finally on 7-5-08 I received my special issuance FAA medical from Oklahoma City, 100 days later. Totally disgusted, yes. Why? My AME should have been able to make the decision as to when I was able to return to flight status, which was when the paperwork was sent to Oklahoma City. 100 days delay due to government bureaucracy and job security. In 2005 and 2006 I had left and right total knee replacements. Far more major surgery than my prostate surgery. I made the decision when I once again could be pilot in command of a airplane. Any pilot/professional pilot, must make a decision each time they fly, that they are capable of flying that airplane.

This survey is late being returned because a friend of mine was diagnosed with prostate cancer (age 55) June 15-08. He had surgery on July 12 08. Just like me his urologist told him 30 days after surgery, do what your comfortable with. Go back to work. He is a professional pilot with a major corporation. His company is paying \$700.00 per day for a replacement pilot. To this date he has heard nothing from Oklahoma City, no medical certificate, what is the problem?

I feel like completing this survey, my time has been wasted, the returns will be scanned, recommendations made, then all goes thru the shredder. Nothing accomplished."

- ** "To whom it may concern: It's hard enough getting old, and even harder dealing with the FAA. My first deniable was in '99' when 1 doctor out of 2 heard a slight murmur. He said if I hadn't told him he wouldn't even had known. But because I told him he had to deny my medical certificate. In Dec. of '05 I had a pacemaker installed for an out of rhythm heart. Since then I don't even know I have a pacemaker. It's so smooth. My cardiologist gave me an OK to fly. The last list of tests included; current cardiovascular evaluation; stress echocardiogram coagulation studies; Halter monitor & reports from my cardiologist that gave me an "OK". My complaint is the FAA has taken the care of pilots out of the local FAA doctors hands who are qualified to tell if I'm able to fly or not. I'm a responsible citizen with no death wish. There needs to be some reform. I'm also a commercial driver of an 18 wheeler."
- ** "Told AME that I did want to take the exam if I was going to fail. Gave her my history. Failed antiquated eye device. Very difficult to contact her as sometimes her office would not answer the phone and did not have an answering machine. Works 3 days/week so I had to mail her a letter twice. AME would not mail EKG, etc. to OKC because she "did not have a large envelope." I had to drive 30 RT to her office to get it to mail. OKC very polite but had no info other than the doctors were still looking at the file. Since it takes about a minute for a cardiologist to evaluate an EKG like mine I see no reason it took 3 months to get the physical - and then it was the wrong class."
- ** "Tone down and explain the "warning" letters sent from OKC post physical."
- ** "Too few doctors in area - when I had to find doctors which were not at the company I worked for - there was excess travel time - phone calls - time off work for a general physical. My normal doctor already has but cannot perform for FAA."
- ** "Too many too often."
- ** "Too much medical information required for an applicant with Type II diabetes and well controlled HA1. [Name], [Address], [Phone #]. Thank You."
- ** "Too slow."
- ** "Too soon to tell. Hopefully mine won't be a problem. If a person with only one eye can fly, then my one eye going bad shouldn't be a problem. Time will tell."
- ** "Took over 90 days for a review of med records 2 years ago. Hope things have improved since 2006."
- ** "Tried on-line completion - website would not recognize username you provided."
- ** "Tried to access on-line several times - no success."
- ** "Try to attract more younger doctors into the AME program."
- ** "Try to cut the time frame down but most of all it seems that the wonderful people doing this job need more help, more personnel."
- ** "Try to shorten the review cycle for the exemption process."
- ** "Twice copies of a pathology lab report were sent in (for Kidney Cancer, I had the kidney removed), once by the AME and then a second time by me. Twice they denied getting it. This is odd at least in the second case as all that was sent was the cover letter and the pathology lab report and they obviously got the letter as they responded to it in a timely manner. At that time, a year ago, I had just been diagnosed with a second cancer (prostate) and so they denied my medical certification. Although that now too has been successfully treated with

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- surgery and there is no sign of either cancer, at present, I have no desire to fight bureaucracy and continue the process. I was just a "hobby" pilot and hadn't flown in some time anyway."
- ** "Two years ago (2007 renewal) I began to conform to an annual medical renewal process to ensure that my CPAP treatment effectively controlled sleep apnea. The process of renewing my first license was a bit of a challenge, but this most recent renewal (March 2009) was very professional and effective. I have previously noted to the FAA that while the 2007 letter of instruction from the FAA states that I am approved for a renewal medical under the annual inspection process for six years, the expiration date contained in the letter is only four years from the date of such letter."
- ** "Two years ago (Oct. 06) I had a single stent replaced. I was without symptoms before this and only required this because of an anomaly found in my routine cardiogram done each year during my physical. I am an active runner and tennis player but now I must endure the cost of a yearly echo cardiogram stress test that neither my cardiologist nor AME feels necessary. It is very expensive and proves little next to my strenuous physical activity endured as part of my normal living. This should not be an FAA mandated requirement but left to the joint decision of my cardiologist and AME!"
- ** "Two years ago I had a pacemaker installed. I did not have a heart attack nor do I have any heart damage. The FAA sent me a list of medical information they wanted. I sent it to them. A month went by and then they asked for more information. Most of the second request I had sent in the first time. I do not think that they even studied the first shipment of heart information. Most of what they asked for was worthless information. It serves no purpose as insuring safety. Your Oklahoma office is in over drive on over kill."
- ** "Two years ago I was diagnosed with cardiovascular disease, received stents and the worst news of all, my medical certificate became invalidated. I was so glad to hear that you had a process in place with specific guidelines for me to follow, to demonstrate that I could fly safely. It wasn't as difficult as I thought it would be, primarily because I was told what was required, so I could focus on getting those tests completed."
- ** "Unable to obtain any POC info for follow-up or status. Still not resolved!"
- ** "Understand you must error on the conservative side, but at one point I discussed depression with a doc, and now it is forever on my record, and a large hassle, even though it was nothing medical, it was only because of marital / external events, and those events are gone and there is not, nor ever was any problem with safety of flight, etc., yet I keep having to jump thru hoops. Hoops which should go away, because there certainly is not, and never really was any medical / safety issue. But because it was mentioned, then I get to jump thru hoops. I am guessing for the rest of my life? Why cannot someone in authority look at the issue? Stamp it "complete" and all forget about it? I guess because it is a government agency with plenty of red tape, and we just do not do it that way, so suck it up there pilot, salute smartly and shut up!! Am I right??? If someone wants to talk, call [Name] at [Phone #] thanks, [Name]."
- ** "Unless a pilot is employed or for hire his/her medical history does not need to be entered into this or any control database. Medical histories are private information that should be kept from mass databases unless a person's immediate health is below certificate standards."
- ** "Upon failure of exam provide pilot with info. as to what corrections, i.e., physical or otherwise, necessary to return to flt. status if he or she so desires. By the way how about letting me know."
- ** "Use e-mail more to speed-up the process of receiving new certificate."
- ** "Use personal physicians!"
- ** "Use the medical professionals to contribute to overall aviation safety education and assist aging pilots in their decision-making about self-grounding."
- ** "Very good service."
- ** "Very good."
- ** "Very happy with my current choice for AME. I was not satisfied with my previous one and even though I had to travel further, the service and professionalism I got was way above par."
- ** "Very nice people to work with. Seems they are carrying too great a workload. Having to wait/be processed almost 2 months for a medical is harsh. Please be reminded this is how we feed our families. We have pleasant, knowledgeable people in these positions. We just need more of them to get the job done quicker!"
- ** "Very satisfied with my experiences."
- ** "Very satisfied with the AME that I use and the process in general!"
- ** "Very satisfied with the service provided! My medical was deferred but I felt the process moved along efficiently!"
- ** "Very slow response from FAA medical on any waivers. Paperwork and requirements go beyond normal requirements and regulations."
- ** "Very thorough process from AME through licensing. [Item 9] Didn't use MedXPress. [Item 43] No contact except from letter."
- ** "Very thorough process. However, it did take approximately 75 days from the time my AME submitted my

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- paperwork 'til I was cleared by the FAA. This seems a bit excessive. But the info I received was clear and the process very thorough."
- ** "Visit to AME was a good experience - very professional!"
- ** "Was denied because of one medication that I no longer take. There was no logical reason for this denial, explaining why this action was taken. The notice does not explain whether I would be eligible now that I am not on medication. Overall it was just a notice without any explanation."
- ** "Was easy to do and very satisfactory."
- ** "Was required to repeat stress test because test lacked 15 seconds of being 9 min. Went 9:30 on second test. Same results - except in my wallet. A stress test is designed to show problems at max heart rate, not to indicate fitness to run a marathon."
- ** "We appear to be losing Physicians who are willing to be an AME and provide services due to the "hassle" they receive from the FAA. The FAA needs to meet the needs and concerns of the AMEs as well as the aviators."
- ** "We could not access on Internet. [Item 11] I don't know. [Item 33] How many accidents percent wise are attributed to medical reasons; 1 to 2%.
1. If additional info is needed; allow it to be FAA. 2. When writing the letter or required items to be sent to Oklahoma City state all tests and paperwork required. Example, the treadmill and all the reports necessary to document it. 3. Why do we still have to send pictures in when a DOD has it all. I have been very impressed with the help my AME and Oklahoma City have given me. I still can't believe my AME will do my physical and then work hard with Oklahoma City to help me acquire my medical for \$80.00. We have a good system, but can make it better. Thanks."
- ** "We have an incredibly well designed system relative to most everywhere else in the world. However, I have seen a major flaw in it with my own eyes. I have a friend who used to fly. She had her medical revoked because her jealous ex-boyfriend placed an anonymous call indicating that she was mentally unstable. To all of us who know her, nothing could be furthest from the truth, and it has been sad to watch her career, and all the things she has worked hard for be stripped from her. She has been guilty until proven innocent in this respect; it must be the other way around. She should have been permitted to keep her medical certificate while proving her balance. It is not the government's right to make that determination for her. This is the essence of America. Don't be sorry, be right."
- ** "We have many doctors in my area but no AME, closest one is now 90 miles away. None of the local doctors are interested in becoming an AME. What is the problem? Are you, the FAA, making it so difficult or complicated that they feel it is not worth the bother? It is also becoming difficult to find a CFI to do a BFR! Same problem?"
- ** "We need more AMEs! It is very difficult to schedule apts. Most AMEs here do it part-time and are booked for 30+ days."
- ** "We need more qualified AMEs. I have a 60 yr old brother who is a private pilot (has certificate) and owns a Beechcraft Skipper. His medical has lapsed and he asked me to get him an appointment with my AME. The administrative assistant told me that the doctor was not accepting any new patients. She stated that she fears he may drop the portion of his practice. We hope he continues to be an AME. My brother still does not have a medical even though he owns an airplane and a private license. Of course, we will find someone in the [City] area, but it would be nice if AMEs were easier to locate."
- ** "Well done!"
- ** "Well satisfied with the FAA folks. Need more examiners in the field."
- ** "Went perfectly smooth."
- ** "What a waste of a medical degree! What a waste of medical facilities! What a waste of aviation money! Wouldn't it be helpful if regional flight surgeon [Name] M.D. would communicate directly with attending physician and reveal what he is searching for?"
- ** "What advantage does having to see an AME for a 3rd class certificate add? Why can't any doctor (MD) provide the physical? As it stands now, I have to pay for 2 exams that don't appear to be very different from one another. In fact, my regular physical is more comprehensive than the flight physical."
- ** "What delayed issuance of my FAA Medical Certificate was the blood pressure medication that I was taking prior to the exam? It was a medication not allowed under FAA Standards. Had I known in advance that it wasn't an allowed blood pressure medication I would have switched to an allowed medication in advance of my exam. Consequently there was a rather extensive delay in obtaining my medical. I had to see my regular doctor. Explain to him that I needed a blood pressure medication allowed by the FAA. All of which extended the time by several months. The FAA should publish a list of medications that are not allowed and which is available to all airmen or potential airmen. Thanks."
- ** "What my AME does is no different than a regular physical. Why can't my regular physician (that is covered by my health care plan - and I don't have to pay out of pocket) certify me as healthy if there are no significant health

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- issues. I can understand the need to go to an AME in cases that are more complex. In today's healthcare system, the extra costs to a pilot, is just another costs that offers no guarantees of safety among pilots."
- ** "What prompted my complaint and thus this survey, is that with 20/30 vision and flying all nights, occasionally I could not read smaller finer printing. I mentioned this to the AME who told me to get an exam at an ophthalmologist. I sensed he was not thinking outside the box, because pilot's problems are not normal and he is a new AME. I consulted an Alpha doctor who told me to pick up a pair of reading glasses, and to tell the AME to call the FAA regional flight surgeon. I relayed this info to the AME, but he did not consult FAA regional and would not pass me on my medical without a full exam at the ophthalmologists (costing me most of a day off, a hundred bucks, and a pain in the butt with dilated eyes). My medical license was re-issued from OK City because the license the AME gave me said I must wear corrective lenses. I filed a complaint with the FAA regional flight surgeon's office because I was lucky that I had 2 weeks off. It would not be good for another airline pilot walk in with only a few days off in the same boat, then not be able to fly his next trip because he has to wait for an appointment for an ophthalmologist, instead of just buying a pair of reading glasses."
- ** "When a form is received which the FAA feels is incomplete, indicate what items you want redone, not the entire form."
- ** "When a pilot has a Medical problem it should be told to them from the beginning how long they are not going to have a medical. Then it should not be told if this and that get done you can re-apply for medical to only know that you are going to get denied again. I have spoken to the FAA at EAA Mr. [Name] about this issue!!!"
- ** "When a pilot schedules a medical exam, someone should ask the pilot if they have had any recent surgeries to prevent them from blindly walking into a situation with a medical examiner where the medical examiner has no choice but to revoke the medical certificate sought by the pilot and refer them to OK. When I talked to FAA in OK, they were not much help but to say "It's under review and we don't have any idea how long it will take." You could put a recording on for that - you don't need a human to say that every time. They won't let you talk to anyone and they know nothing about your case and they surely did not care at all about mine. You have no customer service. You are actually rude and very cold to the pilots seeking knowledge about their situation. Just tell them to be nice on the phone and show a little empathy or something."
- ** "When a request for additional information was sent to my AME, (and a copy to me), a document titled "DIABETIC - ORAL MEDICATION SPECIFICATIONS" was included. We (my AME, my non-AME physician, and I) believed we complied with all requested steps. Apparently one of the replies provided by my treating (non-AME) physician was not adequate and a second request for additional information was sent by the FAA. The "DIABETIC - ORAL MEDICATION SPECIFICATIONS" was also included in the second request, requesting ALL the diagnostic tests again. I complied again, subjecting to another set of blood tests, and called the FAA to find out what the problem was. I was informed that the FAA only needed a clarification of a statement provided by my physician, and that all the tests did not need repetition. The inclusion of the "DIABETIC - ORAL MEDICATION SPECIFICATIONS" in the second request, cost me a second round of fasting blood tests, and a second office visit with my (non-AME) physician. I understand the need for accurate and complete information by the FAA. A careless or insufficiently explained inclusion in a request for subsequent information generated unnecessary delays, (scheduling my lab work and doctors visit), unnecessary expense, (the costs associated with the aforementioned diagnostics), and a general sense of dissatisfaction and frustration with the process, as well as time lost flying, and a medical certificate valid for a smaller portion of the already short 12 months. Requests for additional information, especially second or subsequent requests SHOULD NOT BE form letters. They should be specific to the individual applicant, and reviewer."
- ** "When additional information was requested the letters stated it must be returned within thirty days of the date of the letter, sometimes the letter was dated as much as 2 weeks prior to delivery. Scheduling medical tests and results in that time frame is unreasonable. The requested information was also requested in bits & pieces, resulting in multiple doctor visits for related items and nearly 6 mo. delay in issue of cert. then the recert. date was still 2 yrs from original not date of cert."
- ** "When AME is unable to issue certificate on day of exam, it usually takes quite a while for Oklahoma City to issue the decision. It would be nice to have: A - A faster turn around in Oklahoma City, and B - an on-line system that allows the pilot to check the status of the certificate and interact with Oklahoma City staff."
- ** "When an airman is denied a medical, then that airmen or future airmen should be given detailed information on why it was denied and acceptable steps to possibly return that airmen to flying status. The headquarters office in Oklahoma refused to explain a fellow airman's denial in detail or state the specific reasons for the denial of a third class medical certificate. Response from the FAA is extremely slow if you get a response at all. My experience with AMEs has always been positive, but when it comes to the FAA and the doctors who ultimately determine eligibility for a medical certificate I find them to be incredibly unprofessional, negligent, and irresponsible."
- ** "When an AME has to defer to FAA, the process for certification is too long. An airline pilot could use-up a lot of sick-leave waiting for certification. Not sure how you fix it though."

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Table 5. 2008 Comments and Suggestions for Improvement of Medical Certification Support and Services

- ** "When applying for a special issuance medical, the FAA reviewer will not discuss anything with the applicant. Due to the nature of this medical, especially when the application is denied, the FAA office should (must) discuss the reasons for the denial with the applicant. Under some (rare) occurrences, the FAA may need additional information provided by the applicant. If the situation is not discussed directly with the applicant, some applicants may be denied unfairly. Currently, the FAA will only discuss an applicant with the AME. I think this needs to change."
- ** "When applying for waiver on medical cert., or for permission to use certain RX medications, wait time can be excessive. Recommend speedier processing of paperwork for waivers as at times, airman cannot fly until paperwork is processed. Also, more accurate processing of paperwork submitted to FAA should be used as the first time I asked for a waiver, the FAA did not have the correct diagnosis. Maybe the FAA needs more people to process medical paperwork more accurately and expeditiously."
- ** "When denying a medical due to medication, be quick, or at least able to provide a list of "banned" medications. It would also be nice to speak with an informed human on the phone. The process is exactly what is wrong with government. Let's apply some common sense to this problem. If a pilot is prescribed a medication that disallows flying, would it not make sense to have his doctor phone your doctor and have a conversation? Maybe if my doctor had sent a list of suggested medications or if you simply gave me a list of what was banned. Why should this take over a year to get done?"
- ** "When due services or changes are made to the process, I would like to be notified by postal service. For example, I was unaware of the on-line process for medical history entry. Overall I am very satisfied with process and recognize its importance to the safety of aviation."
- ** "When I applied for a medical certificate in 2006, I was required to provide additional information about issues that I had never had. On the most recent application for medical certificate I still had to provide information from a doctor regarding a condition that I never had."
- ** "When I bring a comprehensive eye exam from an eye physician to the AME why I am required to take another eye exam given by a young office assistant. This resulted in an enormous amount of time and at least several thousand dollars or more in expenses."
- ** "When I called the people answering the phone did their best to help. Someone else in my office had been through the same process immediately before me and it took several months to get his certification approved. I immediately contacted my Congressional Representative to help me try to "push" the process. It still took a little longer than I had hoped but I am sure there is much more to the review process than I understand."
- ** "When I completed the initial medical exam, the AME told me that she would refer the results to the FAA Regional Medical Examiner, Dr. [Name]. What concerned me was why the AME did that. I was never told why nor given a good reason. Just because was the type of response. Then, by what guidance did the FAA Regional Medical officer use to dictate what additional tests I needed to take. I never did get a response to that question either. When I renew my medical I am going to be certain I know what and why these medical people are making the decisions they do. I want to see the guidance they are using to make the dictates they do. I read FAR Part 67 Subpart A and B on the First Class medical certification process and did not see any reason for the additional costly tests, which were all correct."
- ** "When it is necessary to send information to Oklahoma City, the FAA request should be specific and complete. Using e-mail would improve communication and would certainly be faster than the US Mail system."
- ** "When medical certificates are deferred the FAA should make a decision in 14-20 days if the applicant should be approved or rejected of their medical certificate!"
- ** "When more info is needed a phone call or e-mail is much faster. I knew there was a letter headed to me on Friday. It didn't get mailed until Monday. I got it Thursday asking for more tests. I could have scheduled them on Friday and saved almost a week. Apparently your backlog is less now. It is very unhandy for a professional pilot to wait and not know what is going on for weeks. Better communications could help a lot and speed up the process."
- ** "When my initial inquiry as to requirements for reissuing my medical was made, the AME questioned individuals in Oklahoma City and conveyed their response. These were met when the process of actual application began, the two additional tests were requested with tight deadlines for supplying the test data. I decided to give up on the process. It would have been helpful to have all the requirements spelled out accurately from the beginning."
- ** "When one takes the time to understand the requirements and organizes the required information, the process goes very smoothly."
- ** "When requesting medical records from the airman, it would be helpful to know what time frame the records should encompass. As currently stated, the FAA letter required the submission of all medical records. For some of us, that could mean several decades worth of medical information. A time frame and perhaps the request for specific information relevant to the medical issue preventing issuance of the medical certificate would be more appropriate, and efficient."

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 5. 2008 Comments and Suggestions for Improvement of Medical Certification Support and Services

- ** "When talking to FAA in Oklahoma City, was very pleased with info and the way I was treated. They took time out and helped me, you can't always say that, and they did it in a very professional manner, thank you."
- ** "When the AME has to refer to AFS or AMCD ways to speed up the enroute time and shelf time of the paperwork would be helpful, especially to pilots really needing to use their certificates."
- ** "When the paperwork is sent in, it takes about a month to get my certificate. The folks at the Medical Appeals section are very helpful when info is requested."
- ** "When using MedXPress, My wait time at the medical examiners office was reduced."
- ** "When you have a question or a notification for an airman use the phone; not just a letter."
- ** "When you overhaul an airplane engine, the airplane can be flown. But, if you overhaul your body, it is difficult to get a medical."
- ** "While I appreciate the service provided by my AME, the exam was quite cursory. I cannot feel that it necessarily would protect aviation safety generally if others with medical conditions are given the same cursory review."
- ** "While I do wish someone would explain to doctors that an appointment time works both ways, and one should not have to wait for an hour after one's appointment time before seeing an AME, I know this is beyond the scope of the survey. I have had a look at MedXPress, and am glad to see the FAA is continuing in its progress with on-line forms. I wish the CAD would follow suit."
- ** "While it only took you (FAA) a matter of days to review and then withdraw my medical certificate, (in spite of approval by my AME and concurrence of his findings by a board-certified specialist) your response and re-issuance of my certificate took six months and representation by another group of doctors (VFS) resulting in the loss of my part-time pilot job. My recommendation is that you need to get more involved on a one-to-one basis or entrust your designees with enough authority so as not to completely ruin a pilot's flying. As a retired FAA employee (ATC) I have always defended FAA from complaints of indifference and bureaucracy; but after experiencing it first-hand, I can no longer do it. By the way: this survey took a lot longer than 10-15 minutes."
- ** "While not applicable to me it is my opinion that the medical condition and drug disqualifications for private pilots is too extreme. The medical exam and standards for those pilots flying for commercial purposes makes much more sense. In my opinion recurrent training would do more to improve safety. Sure there's a BFR but so many pilots know a CFI that simply signs them off. This isn't as often the case with a medical."
- ** "While pilots are waiting for results from Oklahoma, it could take up to 90 days. Please find some way to update the pilot, at least monthly, of progress of his/her application. Just to let the pilot know that they are still in the system, and haven't been lost or forgotten. I know it sounds ridiculous, but three months with absolutely no word can work on a guy's nerves, making him think he possibly has a problem or is going to be rejected. Waiting is not a problem. Not knowing what's going on during that time is what can cause a little nervousness. Thanks for all you do, [Name]."
- ** "While waiting to receive my medical certificate I called numerous times to check on status of my application - each time I was told it was being reviewed and I should receive notification within next few weeks. I think the FAA should provide me with an update on the status of the application on a regular basis - I should not be the one that has to make all the calls."
- ** "Why are airline pilots allowed to work past 60 when ATC controllers aren't and other agency members like (Nuclear, etc.)? I'm very disappointed the FAA allowed Congress to legislate safety for monetary reasons."
- ** "Why can't my primary care giver, who is an AME, run this through my medical insurance instead of charging me \$75 out of pocket."
- ** "Why do we have to fill in the form with my medical history every time I go to the AME? Why not have the historical info already there and just put in any changes? This will save a lot of time at the AME's office."
- ** "Why does it take so long for what seems to be normal additional info."
- ** "Why does the medical requirements need to be so strict on private Pilots with class III medicals. Your AME knows and can see more about the Airmen than you do in Oklahoma City. The FAA doesn't have any feelings for the Airmen of this country. Overall the Airmen are getting older and we need relaxed regulations that can keep us flying. With the cost of fuel and other flight related requirements it is not a cheap endeavor to do. I have known several good Pilots who have lost their medicals and it takes something away from them, a very important part of their life. I know the sport pilot requirements are for some people, but for pilots who have gone thru training and have had medicals with reasonable health we should be allowed to fly. Look at our highways, we have people who are driving that should not be and cause wrecks that kill many people. The number of pilots to car driver are not even close. We take better care of our pilots with our AMEs. Our AMEs need to have the last say, on who flies and who doesn't. Your commercial pilots should be held to a high standard, but to fly around the country side on Saturday afternoon is another story. I am very unhappy with the FAA medical processing system, I am of the opinion the Federal Bureaucracy want to ground as many Airmen as possible. With the numbers of Airmen declining you will not have a job someday! We will all be on the ground!"

**Appendix B: 2008 FAA AMCS Survey of Airmen Satisfaction
Open-ended Text Responses and Respondent Comments**

Table 5. 2008 Comments and Suggestions for Improvement of Medical Certification Support and Services

- ** "Wish I had been told about the sheet that could have filled in prior to my examination so the grumpy nurse would have been more pleased. Doctors offices should suggest this at the time of scheduling."
- ** "With a MAC, I can't contact your website either with Google or AOL."
- ** "With airline schedules it is hard to know your schedule far enough out to make an appointment with an AME. The FAA should certify more AMEs to make scheduling more flexible. Also, because the FAA requires these exams, they should be funded by tax money instead of my own personal money."
- ** "With all due respect - I do not see the need for specific AMEs (only) administering flight physicals. Most competent physicians could supply the same service and complete the paperwork especially now that it is input on a computer. The annual physical administered by my own physician is 3 times more detailed than that of the AME. His personal knowledge of my health is a better indicator of my ability to safely operate an aircraft. Furthermore, assuming a person passes the flight physical and no issues show up during the process, what guarantees are there that the same person wouldn't "stroke-out" the next day while flying? Recurrent training and testing of piloting skills make the NAS safer than any once in a while physical ever will."
- ** "With no health problems the system seems to be as efficient as possible."
- ** "With regard to special issuance medicals, if the Aeromedical board requires 60-90 days to ensure the medical, why can't the medical expire on the month in which it was approved rather than on the month in which the actual exam was conducted by the AME? Since the pilot is essentially grounded during the interim and the expiration is established as the last day of the month during which the exam was administered, the certificate is only valid for 9-10 months rather than 1 year. Making this change would allow the pilot to actually fly for 12 months before having to submit updated medical information and submit to the required exam by an AME. This is in reference to a previous, rather than the current exam."
- ** "With regards to question of employment, I answered as I was at the time of my application - full-time pilot. Since I was denied, I am no longer employed."
- ** "Work more closely with AMEs to pursue solving rest and fatigue issues."
- ** "Working to obtain Class II following DUT and corrective surgery - so far so good."
- ** "Works fine."
- ** "Works fine."
- ** "Works fine. I had completed my medical history using the AOPA on-line medical and was told that I could print that and it could be attached to the form at the AME's office. The AME made me hand write the form. Will be looking forward to submitting medical history on-line. Will change providers if that's what it takes. There is a lot of information and it will be more accurate if the prior report is the starting point. The AOPA TurboMedical is a great way to keep track of things."
- ** "Works great for me, no probs. Very professional!"
- ** "Works just fine for me and relatives, friends."
- ** "Works well for me. I hope it does not get so updated that it becomes a hassle."
- ** "Would be nice to have a list of ME's in my area."
- ** "Would have filled out more of this survey if I felt that I could trust the FAA for other than enforcement. I do not, due to past experiences with the FAA, and the federal government in general. Too much in aviation is "CYA", and that certainly hinders safety, more than it helps. There is more fear of the FAA than trust. That is sad!"
- ** "Would like to feel more confident that if something is not quite right on the physical that the process is there to help get the applicant corrected rather than get them out of the cockpit."
- ** "Would like to see FAA fix the "catch 22" that prevents pilots who fail a 3rd class medical exam but hold a valid drivers license to be able to fly with a sport-pilot certificate."
- ** "Would like to take physical without being disqualified for flying. I am deciding whether to take the next one or not so that I would be able to fly ultralights if I fail the physical. I know others that have done this."
- ** "Written instructions from Oklahoma City are not clear at all. For example a letter I received started out by saying "After reviewing your application, we cannot grant you a class II medical certificate." The letter went on for several paragraphs of confusing babble. It turned out that the chief medical examiner had indeed granted the application but I went for months without flying. It's fortunate my job did not depend on my keeping a current medical. No exam is required to determine that the airman does not have cancer. As a matter of fact, one could fly for years with cancer if it went undetected. Once it's detected however you make us jump through hoops to make sure there's no trace of the cancer. I'm being penalized for once having had cancer. Now I have to get additional tests and Doctors statements. Doctors do not like to take time to write a letter to satisfy what they see as "a make work project" to satisfy some bureaucrat. I'll have to say, I do not see the logic in this."
- ** "You already have several letters from me on this subject. You always send back my certificate with a restriction on hearing aids. I use them in everyday life but apparently your bureaucracy is too stupid to understand that I use headphones in my airplane and cannot abide the squeal produced by hearing aids. [Name]."

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- ** "You are more responsive than the past 50 years i.e., those applicants that had a medical problem and were trying to work with CAMI spent an inordinate amount of time & money. Good show!"
- ** "You extended the third class medical after I was past the age to take advantage of it. You have eliminated the medical for sport pilot, why not extend the duration for all third class medicals."
- ** "You folks have a lot of work to do in these matters. Overall, I think you folks do a good job considering the volume of pilots you work with and the number of FAA personnel dedicated to serve these pilots (and AMEs too). The amount of time taken to accommodate my application was "fair" due to FAA/CAMI internal controls. I say this because I was informed a major part of my medical application package, that was in response to FAA/CAMI's request, was lost and I had to resend the entire package to you folks. Things do, once in a while, fall through the cracks. I think a tighter internal controls process might be a valid consideration. I would like to recommend the following: 1. The FAA monitor the so-called legal firms who promote assisting pilots in obtaining their medical certificates. Many of these firms are a "rip-off" to the pilot; giving the FAA a bad name by association. 2. The FAA needs to eliminate the medical rule regarding the Sports Pilot Certificate where a pilot who was refused a medical upon application cannot act as a pilot in command of an LSA. This quirk in the FAR's is inconsistent with the standing rule and is not, if you will excuse the term, "fair." 3. The FAA needs to tighten up the testing procedures for the Third Class Medical. To identify one line on the eye chart with both eyes does not show visual acuity required. Nor does whispering three numbers to both ears. What happened to the diabetic urine test? This certainly is an important factor. Having been an NTSB Air Safety Investigator (ASI) for many years was a privilege that I was blessed to have been granted. During my tenure as an ASI I had investigated close to two dozen accidents where CAMI's TOX results showed either a causal or factor aspect to an accident. There were other accidents where I suspected medical influence but could prove not due to the quality of the TOX specimens. Had there been better medical records on the pilot(s) I could have presented a more factual report for probable cause determination. 4. I think your AME program is, over all, good. There are, however, a lot of freebie AMEs out there. Perhaps a better medical examination form the AME would use as a guide, and file with you folks, would tighten up the process. That's it for now. Thank you for asking. Regards, [Name]."
- ** "You have everyone scared to death that we are going to lose our medical. Then if medicals are so important why keep sport and rec. pilots close to populated areas up to 50 miles? Poor judgment and weather is what are killing people."
- ** "You have significantly reduced delays in processing SI paperwork. Turnaround for my package was less than 3 weeks."
- ** "You may want to leave some of the judgment calls to the pilot's own physician who has a more complete picture of the medical history, instead of picking out something which was actually insignificant off of a report and then beating it to death by demanding reports every year on something that the physician had considered "healed" for years."
- ** "You need to recruit more AMEs. Previously there were only 2 AMEs qualified or willing to do 1st Class medicals. With Dr. [Name] not doing FAA physicals anymore. What used to be difficult getting an appointment is now nearly impossible. There are a couple of doctors that do 3rd and 2nd class medicals but refuse to make the investment to do 1st class. Needless to say, with only one AME doing 1st class the fee is expensive and getting worse each visit. By the way I have never heard of MedXPress."
- ** "You repeat the same questions over & over! Why?"
- ** "You should do away with the EKG or replace it with a treadmill test. With Age 60 Rule change the hearing test should be standardized. The EKG is a spot check and raises the cost of medicals."
- ** "You should extend the time to 3 years between visits for the 40-60 year olds."
- ** "You take too much time reviewing medical information. If the doctor who examines you concludes that you are safe to fly, he should be allowed to issue the clearance. As a pilot for [Airline], I had to turn down many missions while waiting for the paperwork to clear."
- ** "Your MedXPress is great. This way I have a copy on-line and it makes it much easier for the examiner."
- ** "Your on-line service is great thanks."
- ** "Your policy on Liver enzyme testing is unethical and immoral. It lends to the saying among pilots: "I'm from the FAA; I'm not happy unless you're not happy". I understand your policy about screening for possible alcohol abuse when someone like myself has more than one alcohol related offense within 5 years, but to subject someone to a second liver enzyme test after the first one revealed A PERFECTLY HEALTHY liver is outright harassment. It is a financial and emotional drain on the pilot subjected to this treatment and should be re-evaluated. You're supposed to help, not put down and hurt those you say you are trying to help."
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Appendix C

2008 FAA Aerospace Medical Certification Services Airman Satisfaction Survey Comparison of Item Wording Across Survey Distributions

**Appendix C: 2008 FAA Aerospace Medical Certification Services Airman Satisfaction Survey
Comparison of Item Wording Across Survey Distributions**

The Federal Aviation Administration's (FAA) Civil Aerospace Medical Institute distributed a survey to Aviation Medical Examiners (AMEs) in 2006 that was revised and re-administered in 2008. The current report compares results of comparable items for the 2006 and 2008 distributions. This appendix presents the item numbers and wording across distributions for items where wording was revised, and where comparison data is shown in the report. In addition, response option changes are shown for two items (2008 items 48 and 49).

Table 1. Comparison of Item Wording Across 2006 and 2008 Survey Distributions.

2008 Item Number and Wording	2006 Item Number and Wording
1 For which medical certificate did you most recently apply? (Required)	1 For which medical certificate did you apply?
6 When scheduling your most recent medical certificate exam with the AME, did the office staff advise you to bring your medical history with you to the exam?	2 When making the appointment with the AME, did the office staff advise you to bring documentation appropriate to your medical history with you to the exam?
14 Was your most recent medical certificate issued on the same day as your examination?	5 Was your certificate issued on the same day as your examination?
15 How long did the AME tell you it would take to receive your most recent medical certificate?	6 How long did the AME tell you it would take to receive your medical certificate?
17 Which of the following best describes what happened to delay the issuance of your most recent medical certificate?	8 Which of the following best describes what happened to delay the issuance of your medical certificate?
18 If you indicated that the AME had to refer your most recent medical certificate application to the RFS or the AMCD in Oklahoma City for review, which of the following best describes what happened?	9 If your AME had to refer your application to the regional flight surgeon or the Aerospace Medical Certification Division in Oklahoma City for review, which of the following best describes what happened?
19 During your most recent application for a medical certificate, to what extent did your AME...perform a thorough medical examination?	10 To what extent did your AME...perform a thorough medical examination?
20 During your most recent application for a medical certificate, to what extent did your AME...provide a professional setting for the examination, including cleanliness and appearance?	11 To what extent did your AME...provide a professional setting for the examination, including cleanliness and appearance?
21 During your most recent application for a medical certificate, to what extent did your AME...charge appropriately for his/her services?	12 To what extent did your AME...charge appropriately for his/her services?
22 During your most recent application for a medical certificate, to what extent did your AME...clearly explain your responsibilities in the certification process?	14 To what extent did your AME...clearly explain your responsibilities in the certification process?
23 During your most recent application for a medical certificate, to what extent did your AME...provide you with all the information you requested?	16 To what extent did your AME...provide you with all the information you requested?
24 During your most recent application for a medical certificate, to what extent did your AME...provide information you requested in a timely manner?	17 To what extent did your AME...provide information you requested within a reasonable period of time?
25 During your most recent application for a medical certificate, to what extent did your AME...provide you with accurate information?	15 To what extent did your AME...provide you with accurate information?

**Appendix C: 2008 FAA Aerospace Medical Certification Services Airman Satisfaction Survey
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2008 Item Number and Wording	2006 Item Number and Wording
28 During your most recent application for a medical certificate, did your AME ...examine your eyes/ears with a medical device?	19 Did your AME examine your eyes/ears with a medical device?
29 During your most recent application for a medical certificate, did your AME ...have you remove or undo articles of clothing for the exam?	20 Did your AME have you remove or undo articles of clothing for the exam?
30 During your most recent application for a medical certificate, did your AME ...listen to your heart/lungs?	21 Did your AME listen to your heart/lungs?
31 How satisfied were you overall with your most recent medical certificate exam?	22 How satisfied were you with your medical certification exam overall?
33 Based on your most recent experience with your AME, to what extent does the FAA medical certification process ensure the safety of the National Airspace System?	24 Based on your experience with your AME, to what extent does the FAA medical certification process ensure the safety of the National Airspace System?
36 How long did the FAA medical representative(s) tell you it would take to receive your most recent medical certificate? (Mark all that apply)	26 How long did the FAA medical representative(s) tell you it would take to receive your medical certificate? [If given more than one time frame, mark all that apply.]
37 During your most recent application for a medical certificate, to what extent did FAA medical representatives you had contact with...clearly explain your responsibilities in the certification process?	27 To what extent did FAA medical representatives...clearly explain your responsibilities in the certification process?
38 During your most recent application for a medical certificate, to what extent did FAA medical representatives you had contact with...provide you with all the information you requested?	29 To what extent did FAA medical representatives...provide you with all the information you requested?
39 During your most recent application for a medical certificate, to what extent did FAA medical representatives you had contact with...provide information you requested in a timely manner?	30 To what extent did FAA medical representatives...provide information you requested within a reasonable period of time?
40 During your most recent application for a medical certificate, to what extent did FAA medical representatives you had contact with...provide you with accurate information?	28 To what extent did FAA medical representatives...provide you with accurate information?
43 How satisfied were you overall with your most recent experience with the FAA medical representative(s)?	32 Overall, how satisfied were you with your experience with FAA medical representatives?
44 Based on your most recent experience with the FAA medical representative(s), to what extent does the FAA medical certification process ensure the safety of the National Airspace System?	34 Based on your experience with FAA medical representatives, to what extent does the FAA medical certification process ensure the safety of the National Airspace System?
45 What pilot certificates do you currently hold?	37 What pilot certificates do you hold?
47 How are you currently employed?	35 Are you currently employed as a full-time or part-time pilot?

**Appendix C: 2008 FAA Aerospace Medical Certification Services Airman Satisfaction Survey
Comparison of Item Wording Across Survey Distributions**

<p>48 Are you employed as a pilot for a certificated operator conducting flights under...? (Mark all that apply).</p> <p>Part 91 (Corporate) Part 121 (Flag, domestic, supplemental operations) Part 125 (Aircraft with 20 or more seats and cargo payload of 6,000 pounds or more when common carriage is not involved) Part 129 (Foreign air carrier & foreign operator of US-registered aircraft used in common carriage) Part 133 (Rotorcraft external loads) Part 135 (Commuter/On-demand operations) Part 137 (Agricultural operations) Part 141 (Pilot schools) Other</p> <p><i>*Added Part 91, Part 141, and Other</i></p>	<p>36 Are you employed as a pilot for a certificated operator conducting flights under ... [Mark all that apply.]</p> <p>Part 121 (Flag, domestic, supplemental operations) Part 125 (Aircraft with 20 or more seats and cargo payload of 6,000 pounds or more when common carriage is not involved) Part 129 (Foreign air carrier & foreign operator of US-registered aircraft used in common carriage) Part 133 (Rotorcraft external loads) Part 135 (Commuter/On-demand operations) Part 137 (Agricultural operations)</p>
<p>49 Which region handles your medical certification? (Required)</p> <p>Alaskan Region [Alaska] Central Region [Iowa, Kansas, Missouri, Nebraska] Eastern Region [Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia] Great Lakes Region [Illinois, Indiana, Michigan, Minnesota, North Dakota, Ohio, South Dakota, Wisconsin] Northwest Mountain Region [Colorado, Idaho, Montana, Oregon, Utah, Washington, Wyoming] Southern Region [Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee] Southwest Region [Arkansas, Louisiana, New Mexico, Oklahoma, Texas] Western-Pacific Region [Arizona, California, Hawaii, Nevada]</p> <p><i>*Eastern and New England Region combined</i></p>	<p>39 Which region handles your medical certification?</p> <p>Alaskan Region (AAL) Central Region (ACE) Eastern Region (AEA) Great Lakes Region (AGL) New England Region (ANE) Northwest Mountain Region (ANM) Southern Region (ASO) Southwest Region (ASW) Western-Pacific Region (AWP)</p>