

Airman Medical Certification Services 2016 Feedback Survey

Enclosed is the airman feedback survey you requested. If you have already completed the survey online, discard this paper survey.

You will be evaluating the quality of airman medical certification services provided by:

- your Aviation Medical Examiner (AME)
- your Regional Flight Surgeon (RFS) Office and
- the Aerospace Medical Certification Division (AMCD) in Oklahoma City.

You will also evaluate your use of MedXPress (OMB control No. 2120-0034).

The FAA's Civil Aerospace Medical Institute (CAMI) strictly adheres to ethical standards, public law, and federal policies for safeguarding the confidentiality of all participants in this survey. All data provided will be kept private in accordance with the law. To preclude the identification of individual responses, all identifying information will be removed from the survey data prior to use by the FAA. Only analyses and reports of aggregate data will be produced and released.

Participation in the survey is completely voluntary.

Please return your completed survey, in the envelope provided. The survey must be returned **no later than DATE**. In the event the envelope is missing, mail your survey to:

FAA Civil Aerospace Medical Institute
Airman Feedback Survey (AAM-510)
PO Box 25082
Oklahoma City, OK 73125

For assistance, contact survey support at (405) 954-8579.

Paperwork Reduction Act Statement. A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0707. Public reporting for this collection of information is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the FAA at: 800 Independence Ave. SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ASP-110.

Airman Medical Certification Services 2016 Feedback Survey

Your thoroughness and honesty in completing the survey are appreciated. Your feedback will help us improve medical certification services offered to all airman applicants. Participation is voluntary and anonymous. Your responses will be kept private to the extent provided by law.

Instructions: Read each item carefully then mark the response that best describes your *most recent* application for an airman medical certificate. Note: Some items require a response in order to skip items not relevant to you.

Based on your most recent application for airman medical certification:

1. Which airman medical certificate did you apply for? (response required)

- Class I
- Class II
- Class III
- My medical certificate expired and I have not applied for another (Stop here and return the survey. Thank You!)
- I have never applied for an airman medical certificate (Stop here and return the survey. Thank You!)

2. How many months ago did you submit your application?

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

3. How many miles did you travel one way for the exam appointment with your aviation medical examiner (AME)?

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

Reason(s) for traveling 101 miles or more for your appointment: _____

4. How many AMEs did you contact before making your exam appointment?

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

5. What was the basis for selecting your AME? [mark all that apply]

- Referred by flight instructor or school
- Referred by airline or AME employed by airline
- Referred by pilot
- Referred by doctor or previous AME
- Performed my previous medical certification exam(s)
- Is my primary care doctor
- Makes quick certification decisions
- Licensed to perform needed service (Class I exam, special issuance, etc.)
- Handles complex cases
- Nearest location
- Earliest available appointment
- Low cost
- Other reason(s) (write in below)

Other reason(s) for selecting your AME: _____

Based on your most recent application for airman medical certification:

6. Did the AME's office tell you to bring the following to your exam appointment?

	Yes	No, but did need for exam	No, not needed for exam	Do not remember
valid photo ID.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MedXPress confirmation number.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
printout of completed Summary Sheet from MedXPress.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
list of your medications.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
medical history details (e.g., dates of hospitalizations and medical exams).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
current medical tests/lab results.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
past medical tests/lab results.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
special issuance paperwork.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SODA (statement of demonstrated ability) paperwork.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Did you use MedXPress to submit your application? (response required)

- Yes
- No (skip to item 15, on the next page)
- Do not remember (skip to item 15, on the next page)

8. Did your AME's office ask you to provide your MedXPress Summary Sheet before your exam appointment? (response required)

- Yes
- No (skip to item 10)
- Do not remember (skip to item 10)

9. Based on their receipt of your MedXPress Summary Sheet, did your AME's office ask you to bring additional documentation to your exam appointment?

- Yes
- No
- Do not remember

10. Overall how satisfied were you with the performance of MedXPress?

- Very dissatisfied
- Dissatisfied
- Neither
- Satisfied
- Very satisfied

11. How did MedXPress perform compared to your expectations?

- Far below expectations
- Below expectations
- Met expectations
- Above expectations
- Far above expectations

12. Overall how would you rate the performance of MedXPress?

- Very poor
- Poor
- Average
- Good
- Excellent

Based on your most recent application for airman medical certification:

13. Did the AME access your MedXPress form online during the exam appointment? (response required)

- Yes (skip to item 15)
- No
- Do not know (skip to item 15)
- Do not remember (skip to item 15)

14. What was the main reason the AME did not access your MedXPress form online during the exam appointment?

- I did not have my confirmation number
- My confirmation number had expired
- The AME was not accepting MedXPress
- The AME did not require MedXPress
- Other reason (write in below)

Main reason the AME did not access your MedXPress form online during the exam appointment: _____

15. During your exam appointment, who...? [mark all that apply]

	No one	AME	Another physician (not the AME)	Physician's Assistant	Nurse	Other office personnel	Do not remember
reviewed your medical history with you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
performed your physical exam.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Answer item 16 only if you indicated that an 'AME' performed your physical exam on item 15.

16. Did your AME...?

	Yes	No
perform a thorough medical exam.....	<input type="radio"/>	<input type="radio"/>
examine your eyes and ears with a medical device.....	<input type="radio"/>	<input type="radio"/>
have you remove or undo articles of clothing for the exam..	<input type="radio"/>	<input type="radio"/>
listen to your heart and lungs.....	<input type="radio"/>	<input type="radio"/>

17. To what extent did your AME...?

	Not at all	Limited extent	Moderate extent	Considerable extent	Great extent	N/A
provide a professional setting for the medical exam, including cleanliness and appearance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
charge appropriately for services.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clearly explain your responsibilities in the medical certification process.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provide you with all the information you requested.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provide information you requested in a timely manner.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provide you with accurate information.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
treat you with courtesy and respect.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Based on your most recent application for airman medical certification:

18. Overall how satisfied were you with your exam appointment? (response required)

- Very dissatisfied
- Dissatisfied
- Neither (skip to item 20)
- Satisfied (skip to item 20)
- Very satisfied (skip to item 20)

19. Why were you dissatisfied with the exam appointment? [mark all that apply]

- AME did not issue my certificate during the exam appointment
- The exam was not thorough
- Not examined in a professional environment
- AME conducted the exam at a different location than listed in the FAA directory
- I had to remove articles of clothing
- Not treated with courtesy and respect
- Other reason(s) (write in below)

Other reason(s) you were dissatisfied with the exam appointment: _____

20. Overall how satisfied were you with the quality of service provided by your AME? (response required)

- Very dissatisfied
- Dissatisfied
- Neither (skip to item 22)
- Satisfied (skip to item 22)
- Very satisfied (skip to item 22)

21. Why were you dissatisfied with the quality of AME services? [mark all that apply]

- AME did not issue my certificate during the exam appointment
- AME lacked knowledge of current airman medical certification standards
- Not informed of required documentation to bring to the exam
- Not informed of additional documentation that the FAA would require to issue my certificate
- Not informed of status of application
- Other reason(s) (write in below)

Other reason(s) you were dissatisfied with the quality of AME services: _____

22. Based on your most recent experience with your AME, to what extent does the FAA airman medical certification process ensure the safety of the National Airspace System? (response required)

- Not at all
- Limited extent
- Moderate extent
- Considerable extent (skip to item 24, on the next page)
- Great extent (skip to item 24, on the next page)

Based on your most recent application for airman medical certification:

Note: Skip to item 24 if you answered 'Considerable extent' or 'Great extent' to item 22.

23. What is the main reason for responding either 'Not at all', 'Limited extent', or 'Moderate extent' to item 22 asking to what extent the FAA airman medical certification process ensures safety of the National Air Space?

- Exam is not comprehensive enough to adequately screen pilots
- Not all AMEs perform thorough exams
- Deters pilots from applying for medical certification
- Encourages pilots to be dishonest on application for medical certification
- Other reason ([write in below](#))

Main reason for response: _____

Note: Skip to item 25 if you answered 'Not at all', 'Limited extent', or 'Moderate extent' to item 22.

24. What is the main reason for responding either 'Considerable extent' or 'Great extent' to item 22 asking to what extent the FAA airman medical certification process ensures safety of the National Air Space?

- Ensures pilots are medically safe to fly
- Deters pilots from flying, if not medically qualified
- Other reason ([write in below](#))

Main reason for response: _____

25. Was your medical certificate issued on the same day as your exam appointment? ([response required](#))

- Yes ([skip to item 37, on page 7](#))
- No

26. Which of the following best describes the processing of your application for a medical certification? ([response required](#))

- The AME required additional information before issuing my certificate ([skip to item 37, on page 7](#))
- The AME deferred my application for review to the Regional Flight Surgeon (RFS) or to the Aerospace Medical Certification Division (AMCD) in Oklahoma City

27. Did your AME explain to you the requirements for additional documentation to meet FAA standards?

- Yes
- No
- Do not remember

28. How long did the AME tell you it would take to receive a decision regarding your medical certification?

- Did not say
- 2-10 days
- 11-30 days
- 31-90 days
- 91 days or more

29. Which of the following best describes what happened after the AME deferred your application to the RFS or the AMCD in Oklahoma City? ([response required](#))

- No additional information was requested from me before being issued my certificate
- I had to supply additional information, and then was issued my certificate
- I have been contacted by the FAA and my application is still under review ([skip to item 31, on the next page](#))
- I was denied a medical certificate ([skip to item 31, on the next page](#))
- I have not been contacted by the FAA ([skip to item 37, on page 7](#))

Based on your most recent application for airman medical certification:

30. How long did it actually take to receive a decision on your medical certification?

- 2-10 days
- 11-30 days
- 31-90 days
- 91 days or more

31. Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? *[mark all that apply]*

	No contact	Phone	E-mail	Postal mail
Regional Medical Division/Regional Flight Surgeon Office.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerospace Medical Certification Division – Oklahoma City.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office of Aerospace Medicine – Washington, DC.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Skip to item 37 if you answered ‘No contact’ for all three FAA offices in item 31.

32. What was the longest time that the FAA medical representative(s) told you it would take to receive a decision on your medical certificate?

- Did not say
- 2-10 days
- 11-30 days
- 31-90 days
- 91 days or more

33. To what extent did the FAA medical representative(s) you had contact with...?

	Not at all	Limited extent	Moderate extent	Considerable extent	Great extent	N/A
clearly explain your responsibilities in the medical certification process.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provide you with all the information you requested.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provide information you requested in a timely manner.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provide you with accurate information.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
treat you with courtesy and respect.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. Overall how satisfied were you with the quality of services provided by the FAA medical representative(s)? *(response required)*

- Very dissatisfied
- Dissatisfied
- Neither *(skip to item 36, on the next page)*
- Satisfied *(skip to item 36, on the next page)*
- Very satisfied *(skip to item 36, on the next page)*

35. Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? *[mark all that apply]*

- Denied my medical certificate
- Not treated with courtesy and respect
- Not adequately informed of requirements for additional documentation
- Failed to explain requirements for additional documentation
- Not informed of status of application
- Poor communication on where application was in the review process
- Took too long to complete the review
- Other reason(s) *(write in below)*

Other reason(s) dissatisfied with quality of services provided by the FAA medical representative(s): _____

Based on your most recent application for airman medical certification:

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

- Not at all
- Limited extent
- Moderate extent
- Considerable extent
- Great extent

37. What year was your most recent airman medical certification?

- 2013
- 2014
- 2015
- 2016

38. Which pilot certificate(s) do you currently hold? *[mark all that apply]*

- Student
- Sport
- Recreational
- Private
- Commercial
- Airline Transport

39. Which rating(s) do you currently hold? *[mark all that apply]*

- Do not hold any rating
- Instrument Flight Rules (IFR)
- Certified Flight Instructor (CFI)
- Other

40. Are you currently employed as a pilot? *(response required)*

- Not employed as a pilot *(skip to item 42, on the next page)*
- Part-time pilot
- Full-time pilot

41. Is your employment as a pilot with a certificated operator conducting flights under the following?

[mark all that apply]

- Part 61 (Sport pilot)
- 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)
- Part 142 (Training centers)
- Other Part or Operation *(write in below)*

Other Part or Operation employing you as a pilot: _____

Based on your most recent application for airman medical certification:

42. Which region handled your most recent application for airman medical certification? (response required)

- Alaskan (*Alaska*)
- Central (*Iowa, Kansas, Missouri, Nebraska*)
- Eastern (*Delaware, Maryland, New Jersey, New York, Pennsylvania, Virginia, West Virginia*)
- Great Lakes (*Illinois, Indiana, Michigan, Minnesota, North Dakota, Ohio, South Dakota, Wisconsin*)
- New England (*Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont*)
- 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*)

43. Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *[mark all that apply]*

- Recommendation for improvement
- Compliment
- Complaint
- General Comment
- Nothing more to add

Use the following boxes to provide additional feedback as marked above. [Note: Identifying information such as names will be deleted from your comments. However, if the nature of your comment is specific to you, your confidentiality cannot be assured. Comments are subject to the Freedom of Information Act.]

Recommendation for improvement(s):

Compliment(s):

Complaint(s):

General Comment(s):